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**Washington State New Journeys**

**Comprehensive Assessment (CA)**

**Template**

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**Comprehensive Assessment Table of Contents**

[Introduction to New Journeys Comprehensive Assessment](#pg_3) ………………………………………………….. p. 3

[Comprehensive Assessment Process (Figure 1)](#pg_7) …………………………………………………......................... p. 5

[Elements of the New Journeys Comprehensive Assessment](#pg_9) ……….………………..…............................... p. 6

[Comprehensive Assessment](#R_CA) ………………………………………………………………………..……………..………... p. 8

[Tip Sheet for Mental Health Screening](#R_CA) ……………………….................................................................. p. 8

[Mental Health Clinical Interview Template](#pg_10) …………………………………………............... p. 10

[Tip Sheet for Personal Strengths](#pg_16) ……………………………………………………………………………… p. 16

[Personal Strengths Interview Template](#Interview) ………………………………………………………… p. 17

[Tip Sheet for Physical Health](#pg_21) …………………………………………….…………....……………................. p. 19

[Physical Health Interview Template](#pg_18) ………………...…………………..………………............. p. 20

[Tip Sheet for Substance Use](#pg_29) ……………...….………..…………………....…............................................... p. 28

[Substance Use Interview Template](#pg_24) ………………...……...…………..…………….................... p. 29

[Tip Sheet for Sociocultural Screening](#pg_27) ………………………….…….…………………….....…................ p. 32

[Sociocultural Interview Template](#pg_28) …..……...………….…….………….…................................. p. 33

[Tip Sheet for Psychosocial Interview](#pg_31) ………………………….…….………………................................. p. 36

 [Psychosocial Interview Template](#pg_32) …..………………….…….………….…................................. p. 37

[Tip Sheet for Employment and Education](#pg_35) …………………………....………..…………………........... p. 39

 [Employment and Education Interview Template](#pg_36) ……....………..………………................ p. 42

[Family Interview Template](#pg_45)………………………………………………………………………………………………………. p.45

[Tip Sheet for Putting It Together Worksheet](#pg_50) ……………………………….….…………………………............... p. 50

[Putting It Together (PIT)](#Together) …………………………………………………….……..…………..………............................. p. 52

[Stages of Treatment](#pg_53) ………………………….……………………….……….………....……............................................ p. 55

![C:\Users\skopelov\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\ZR4LXOV6\red_flag[1].png]()[Areas for Further Assessment Worksheet](#pg_55)  .………………………..………..……......................................... p. 56

**Introduction to the New Journeys Comprehensive Assessment**

The New Journeys Comprehensive Assessment (CA) has four primary aims:

1. to facilitate **engagement** of the participant with the New Journeys team,
2. to develop **a shared understanding** with participants about their experiences, interests, strengths, needs, and preferences,
3. to provide a mechanism for a **team-based assessment** (Integrated Summary), **clinical formulation** (Putting It Together or “PIT”), and **person-centered treatment planning**, and
4. to facilitate **measurement-based care**.

Drawing from similar assessment tools within other team-based models of care, the New Journeys CA includes an assessment of the following domains:

|  |  |
| --- | --- |
| **Mental Health**  | **Sociocultural** |
| **Personal Strengths****Physical Health** | **Psychosocial****Employment and Education** |
| **Substance Use** |  |
|  |  |

Team members take responsibility for completing sections of the CA based on their area of specialty and role on the team (See Table 1), then compare notes with other team members regarding different perspectives, interpretations and to reconcile both corroborative and conflicting information gathered.

**Data Sources:**

Data sources typically include, but are not limited to:

* Participant interviews,
* Family and/or natural support interviews (see interview template p. 45)
* Direct observation of the participant,
* Participant self-report and clinician-rated measures entered into REDCap for the New Journeys evaluation,
* Other agency-required assessments and documentation, and
* Other medical records

In addition to comparing notes with their team, team members are encouraged to use multiple data sources so that they can “triangulate” the information gathered to solicit a more accurate assessment.

**Gathering the Data**

**Interviews can be completed in any order based on team members’ clinical judgment.** Team members can complete them in parallel (i.e., multiple team members may be working on it at the same time) or sequentially. **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 each domain of assessment.** Team members have discretion in selecting relevant questions and their own style and conversational approach. The more that team members make their sections “their own,” the more they will be able to build rapport and engagement with participants. Participants are often willing to share information in the context of an empathetic, warm, and reflective listener. Under such conditions, many participants will feel like they are genuinely being heard for the first time by the team and this can be a profoundly healing and positive experience in and of itself. [[1]](#footnote-1)

Information can also be gathered during more informal times together such as in community visits or while driving or engaging in other types of case management (e.g., while grocery shopping, running errands together). Here, the clinician is mindful of the information needed, however does not force the issue outside of the normal conventions of friendly, curious interaction.

While much information can be collected in interviews and completion of self-report measures, the team should not feel limited to this as a data source since any and all interactions with the participant and the participant’s natural supports can provide valuable information. In some cases, other sources of information become a primary source when participants are not engaged or when a more trusting relationship with the team needs a longer timeframe to be established. In these cases, the assessment can be updated once the participant becomes more actively engaged.

***REDCap Measures*** *that align with assessment areas in the interview template are denoted by the following symbol:*



***Team Member Notes*** *and interview considerations are denoted with the following symbol: *

***Areas for Further Assessment*** *such as self-harm, suicidality, or posttraumatic stress symptoms should be documented on the worksheet found at the end of this document. These areas are highlighted in the interview template by the following symbol: *

**Completing the Integrated Summary:**

One each team member completes their interviews and other data collection, they should each summarize their written findings, then come together with the rest of the team to discuss those findings and modify as they conjointly prepare the **Integrated Summary**. It is important that the assessment process initiates a collaborative exchange among team members and creates a forum where integration of New Journeys specialties reliably occurs.

**Completing the Putting It Together (PIT):**

Once the integrated summary is complete, the participant and New Journeys team members together explore the participant’s values, preferences, and strengths as well as current challenges and the precipitating and maintaining factors that will guide the selection and delivery of New Journeys interventions. The **PIT** worksheet allows the whole team to have a “snapshot” view of the more salient elements of the participant’s presentation, circumstances, needs, resources, and preferences for treatment, thus enabling the team to consider relevant context for engaging in person-centered treatment planning.

 Figure 1. Flow of New Journeys Clinical Processes

**NJ Measurement Battery + data platform**

**Comprehensive Assessment**



**Integrated Summary**

**Person-centered Treatment Planning**

**Engagement**

**Weekly Team Meeting**

**Service Delivery**

**Putting It Together (PIT)**

| **Table 1. Elements of Comprehensive Assessment** |
| --- |
| **Assessment Domain** | **Purpose** | **Suggested Team Member(s)** | **Data Sources**  | **Timeframe** |
| **Mental Health** | * Ensure accuracy of diagnosis and eligibility
* Explore and identify recovery-oriented treatment goals
* 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
* Assess participant’s understanding of and insight into their mental illness
* Assess participant’s understanding of the role of antipsychotic medication
* Assess strengths and barriers to medication adherence
* Assess family/natural supports’ understanding of psychosis, antipsychotic treatment and attitudes towards antipsychotic treatment
 | * Psychiatric Care Provider
* Program Director

OR* IRT Specialist
 | * Participant
* Family
* Natural supports
* Agency-required assessments and measures
* Medical records
* Direct observation
* REDCap measures
* Participant
* Family
* Natural supports
* Agency-required assessments and measures
* Medical records
* Direct observation
* REDCap measures
 | Initial assessment: First day of admission – brief and based on screening, referral, intake infoComprehensive Assessment: 4-8 weeks (approximate)Follow-up assessment: At least annually by updating the PIT & as needed to guide ongoing service provisionInitial assessment: First day of admission – brief and based on screening & referral infoComprehensive Assessment: 4-8 weeks (approximate)Follow-up assessment: At least annually & as needed to guide ongoing service provision |
| **Personal Strengths** | * Assess for strengths, resources, resiliency, and skills
 | Any team member |
| **Physical Health** | * Identify current medical conditions
* Rule out medical causes of psychosis
* Determine health risk factors
* Determine medical history
* Determine participant’s perspective on health status and experience with chronic medical illness in self and in others known to them
* Inform selection of health monitoring & interventions
* Assess readiness for change
* Assess overlap between psychiatric and physical ailments
* Inform biopsychosocial conceptualization
* Establish an understanding of baseline health for monitoring medication side effects
* Assess patient’s understanding of the role of antipsychotic medication
* Assess patient’s strengths and barriers to medication adherence
 | * Psychiatric Care Provider

OR* Nurse
 |
| **Substance Use** | * Assess for current substance use disorder
* Document history and pattern of substance use
* Establish perceptions of past substance use treatment
* Determine appropriate stagewise substance use interventions
* Determine where continued assessment is needed
* Assess readiness for change
* Inform selection of EBPs
 | * IRT Specialist
* Program Director/Family Education Specialist
* Nurse OR
* Psychiatric Care Provider
 |
| **Sociocultural** | * Provide culturally competent services
* Understand the participant’s lived experience through their cultural lens.
* Understand the role of spirituality/religion
* Identify personally meaningful values & goals
* Understand how 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 illness has impaired sociocultural functioning
 | * Any team member
 |
| **Psychosocial** | * Assess current living situation and relationship with family members
* 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
 | * Any team member
 |
| **Employment and Education** | * Assess current activity/day structure, 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
* Identify available and needed supports for employment
* Identify source(s) of income
* Assess readiness for change
* Inform selection of EBPs
* Identify participant’s goals for work/employment
 | * SEE specialist
 |

**Mental Health Interview Tip Sheet**

Consistent with other approaches, the information used to inform a conceptualization of the individual’s psychiatric status and mental health needs will be based on individual self-report, clinical observation by the New Journeys team, and collateral information from record reviews as well as interviews with natural and clinical supports. Questions that the individual cannot or is unwilling to answer may be redirected to family or other natural supports. 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 individual 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 will likely take the most time and should be paced according to the needs and preferences of the individual. Always review the rationale for asking these questions with the participant. 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 participant and/or the participant’s stated preference*. Participants 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 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, and given the nature of first episode psychosis. These comorbid factors should be included in the summary for a complete picture of the participant’s mental health condition. Previous diagnoses should always be checked against team observations and the participant’s (or other collateral information) report. Given the relatively recent onset of symptoms, it is important to establish a clear timeline of when the participant first experienced a decline in role functioning, when or if sub-syndromal psychotic symptoms began, and when symptoms of frank psychosis first manifested. This timeline should include periods of drug intoxication and withdrawal, mood episodes, as well as biomedical conditions that may be precipitating, perpetuating, and exacerbating mental health symptoms or that may lead to a diagnosis other than a primary psychotic disorder.
* Whenever possible, questions should be open-ended. However, cognitive, paranoid, and other psychiatric symptoms may lead patients to experience open ended questions as confusing, or induce suspiciousness, therefore transition to more close ended questions as appropriate.
* Where appropriate and desired by the participant, invite the family or natural supports to participate in part of the interview. Some participants will experience this as rapport-building, and it can help strengthen their natural support system.
* In preparing for the interview consider how the individual processes information and adapt accordingly. For example, is English a secondary language for the participant? Does the patient community and culture of origin hold a conflicting explanatory model for the experience of psychosis leading to a higher likelihood of misinterpretation of symptoms specific questions? Also consider possible sources of distractions for the participant (both internal in terms of possible hallucinations and external in terms of the environment where you will be conducting the interview).
* 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**. While it can be helpful to have clinical terminology, preference is given to using the participant’s language to describe their experience.

**Mental Health Interview Template**

**Introduction**: We are going to spend some time talking about you and your experiences so that the New Journeys 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. I also want you to know that I will be asking a variety of questions – some may relate to your experience, and you may not connect to any of them. That is perfectly natural. 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?

As a clinician, my goal is to help people make the best physical and mental health decision for themselves based on the most up to date scientific and medical evidence. I will be asking about your understanding of various physical and mental health conditions. I will also be asking about your thoughts and feelings towards certain treatments. Near the end of our meeting I will let you know what I think about diagnosis and how we can help you achieve your goals in a way that aligns best with your preferences and that is supported by the evidence based guidelines. 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 a question, please let me know. What questions or concerns do you have before we begin?

***Team Member Note:*** *Use clinical judgment and consideration of the participant’s preference (if known) to determine whether to lead with the strengths (page 16) 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?

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? What sorts of symptoms does that diagnosis involve? Are those anything that you have experienced? [assessing insight and/or perception of symptoms/experiences] What do you think causes this diagnosis? What do others in your community and or family think causes this diagnosis?

***Team Member Note:*** *Based on participant’s reported understanding of their diagnosis, note need for psychoeducation around diagnosis, prognosis, and recovery.*

**Review of Symptoms and Impact on Functioning:**

***Team Member Note*:** *Multiple measures can be used to get a better understanding of symptoms and functioning. On the New Journeys data platform, the following measures will be collected/completed: Community Assessment of Psychic Experiences (CAPE-P15), General Anxiety Disorder (GAD-7), Patient Health Questionnaire (PHQ-9), and the Clinician-Rated Dimensions of Psychosis Symptom Severity (CRDPSS).*

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? [assessing social and vocational disability] *If functional problems are identified by the participant, add*: Would you like help to work on these challenges?

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 individual’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 New Journeys 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 in 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] How many days per week to do spend seek out social interactions like a phone call with a friend, hanging out with a friend, going on a date, going to synagogue, mosque, church, temple, eating dinner with family?

Who do you feel close to? 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? How often do you see your friends? Have you always seen them this frequently, or did you used to see them more (or less)? [assessing social connectedness versus isolation] *If isolation is endorsed ask*: Is connecting more with others something you’d like to work on?

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 participant that this is exactly the type of concern that the New Journeys team can assist with and that the team would like to help them feel safe.*) [assessing interpersonal trust vs mistrust; level of vigilance, suspiciousness, and paranoia]

***Team Member 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 participant.*

Have you ever felt 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 pretty upsetting. Would you be willing to work with someone from our New Journeys team to help you feel less distressed?

*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.*

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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 participant’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? Do you hear the voices in your ears, in the way that you hear my voice, or do you hear the voices in your head, as in your “mind’s ear”? 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?).

***Team Member 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] Do you ever feel that you lose track of your thoughts? Do you feel that your thoughts are unclear?

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 access to laundry) vs. apathy/avolition (e.g., no interest in self-care) vs. depression (insufficient energy for self-care)]

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 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?

***Team Member Note:*** *It can be helpful to normalize suicidal thoughts, while being vigilant regarding ongoing suicide risk assessment and safety planning. 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.*

Have you ever taken steps to prepare to hurt yourself or end your life? What happened?

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.*)

***Team Member Note*:** *At intake and monthly participants will be asked to complete the PHQ-9 and teams will be asked to complete questions 6-9 about suicidal behavior on the CRDPSS measure in the New Journeys data platform.*

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 New Journeys 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.

*If suicide screening questions or question 9 of the PHQ-9 are positive for active suicidal ideation and/or the participant 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 the* ***PIT****, and engage participant early on with a collaborative suicide risk management plan*.

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**Mental Health Treatment History:**

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 participant to see and then ask about time frames*) 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 participant 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?

***Team Member Note:*** *The participant’s experiences with mental health treatment, particularly those related to initial hospitalization, will be further explored during the IRT module “Processing the Psychotic Episode.” Information gathered during this session can be used to lead into that module or may help you prioritize completion of that module if the participant endorses significant feelings of trauma surrounding their hospitalization.*

**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 the IRT Specialist or Program Director/Family Education 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? You don’t have to give me extensive details about your trauma history, but it can be helpful for me to know how much trauma you have experienced in your life, can you 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 discussed this with anyone? (*If the participant 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? 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?

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?

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*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.*

**Personal Strengths Tip Sheet**

These questions assess the participant’s protective factors, skills, aptitudes, and resources (intelligence, supportive relationships, interests, etc.). Doing so will assist with both the participant, natural supports, and the team’s understanding of what has or had been going well for the participant and can be utilized and integrated toward achieving their own personal recovery goals. Consistent with other approaches, the information used to inform a conceptualization of the individual’s personal strengths and resources will be based on individual self-report and interviews with natural and clinical supports. While any team member can ask these questions, it is often a helpful way for the team’s Peer Specialist to introduce themselves and engage with the individual in a way that does not feel “clinical.” We suggest the team even consider starting with the Personal Strengths questions to help build rapport with the individual before other team members approach the participant and conduct the additional interviews. Always review the rationale for asking these questions with the participant. 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 participant and/or the participant’s stated preference*. Participants 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.
* Whenever possible, questions should be open-ended.
* In preparing for the interview consider how the participant processes information and adapt accordingly. For example, is English a secondary language for the participant? Also consider possible sources of distractions for the participant (both internal in terms of possible hallucinations and external in terms of the environment where you will be conducting the interview).
* 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**. While it can be helpful to have clinical terminology, preference is given to using the participant’s language to describe their experience.

**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 participant’s strengths that you have learned about so far, then summarize some of the participants 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 participant 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?

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?

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]

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 participant’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]

***Team Member Note:*** *If participant 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!

**Physical Health Interview Tip Sheet**

The Physical Health assessment process should be focused on nonjudgmental exploration of the participant’s perceptions, behaviors, and attitudes regarding aspects of physical health, followed by a more thorough assessment of the individual’s history, physical examination, measurements, and laboratory studies. The suggested questions in this section aim to provide the team with greater insight into opportunities for health behavior change by exploring current health behaviors and attitudes that contribute to physical health or may be a barrier to better health. They provide an opportunity to talk with the individual about their 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, measurements and laboratory studies, subsequent interactions may provide education on the link between health behaviors (e.g., sleep, diet, and physical activity) to mental health symptoms (e.g., depression, anxiety, affective and behavioral regulation, cognitive functioning, and tolerance for stress and frustration) and drug and alcohol cravings. Take cues from the individual to assess their tolerance for such information. Some participants may be eager to learn about these links, whereas others may feel lectured to. While we strive to provide information to the participants 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 participant 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 participant’s physical health needs will be based on the participant’s report, clinical observation and measurements, available medical records including laboratory studies, and other collateral information. A nurse or psychiatric care provider from the team should review all relevant documentation and information and complete this interview. 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 their discretion in the selection of appropriate questions. Team Member 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. There is a lot we can do to support you to feel better physically if you would like to feel healthier. It’s also helpful for us to know what has been helpful for you to feel healthy.

We’ll start with some questions, and then I’d like your help in collecting some physical health information by measuring your height and weight and taking your blood pressure.

**Questions/Prompts Aimed at Assessing Physical Health Concerns**

General Health:

Would you say that your general health is?

***Team Member Note*:** These first two questions *can be found on the Quality of Life measure in the New Journeys data platform.*

[ ]  Poor [ ]  Fair [ ]  Good [ ]  Very Good [ ] Excellent

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Do you have a regular primary care physician? Have you seen a doctor for any physical problems or ailments recently? 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:

Sleep: How many hours of sleep do you get at night? (*Make this question more specific if participant 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?

Physical Activity. 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?

On average, how many days per week do you engage in moderate exercise (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)? On average, how many minutes do you usually spend exercising at this level on one of those days?

***Team Member 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.*

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

***Team Member Note*:** *Question 2 on the Lifetime Substance Use measure at intake and the Monthly Substance Use measure in the New Journeys data platform are focused on smoking and vaping.*

Sexual Health: 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?

***Team Member Note:*** *Make liberal use of Motivational Interviewing skills (e.g., OARS) to appreciate and explore ambivalence while working toward eliciting change talk from the participant. This information will be valuable for the* ***Putting It Together*** *worksheet!*

Medications. I know some people have strong feelings about using medications. I would like to talk with you about medications so we can understand the best ways to be helpful to you. What medications are you taking right now (*list in table below)*? Do you take any medications prescribed by other providers, over the counter medications, vitamins, or supplements? What is each of these medications for? What has been your experience with medications?

What medications have been helpful to you? How did those medications help you?

What medications have created problems, like side effects (for example gaining weight, feeling too sedated, having sexual problems, feeling stiff or uncomfortable in your own skin)?

What are some of your concerns about medications?

It is common for people taking medications to miss taking them sometimes, how often does that happen to you? Over the last week how many times did you not take your medications?

What do you do to remember to take medications? Is this an area you might like some assistance within the future?

There is good medical evidence showing that long-acting injectable antipsychotic medications are even more helpful than oral medications in helping treat symptoms and achieve life goals. We think that part of that has to do with not needing to remember to take medications daily. Have you ever been on long-acting injectable medication before? Do you have preference for taking a medication less often (ever 2 weeks, monthly or every 3 months) rather than daily?

Do you know anyone, friends or family, with chronic medical conditions such as diabetes, high blood pressure or asthma? If yes, often times chronic medical conditions require long term treatment with medications, what has it been like for those individuals in their life when they were not taking their medications regularly or when they were having bad side effects with their medications?

(*Encourage the participant to share medication concerns with the New Journeys team*). *If participant identifies challenges with medication self-management:* Would you like help from the New Journeys team in learning to manage your medications independently?

Current Medications (remember to include psychiatric and medications for other medical conditions)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Medication | Dose | Frequency | Reason Prescribed | Start Date | End Date | Reason Discontinued (if applicable) | Prescriber |
|       |       |       |       |       |       |  |       |
|       |       |       |       |       |       |  |       |
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Are you allergic to any medications? If yes, which and what was the allergic reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

***Team Member Note*:** *The Medical measure in the New Journeys data platform provides a comprehensive list of oral medications and Long-Acting Injectables, and experiences with side effects. This can also be used to monitor adherence*

Current Symptoms

Let’s talk more about any other illnesses you are currently experiencing or have experienced in the past. Are there any parts of your body that are concerning to you (*can guide them, e.g.,* Your head? Your heart? Your stomach?).

|  |  |  |  |
| --- | --- | --- | --- |
| Constitutional (fatigue, fever, night sweats, etc.) :      | Cardiovascular (chest pain, palpitations, high blood pressure, etc.):      | Genitourinary (painful urination, STDs, etc.):      | Neurological (LOC, concussion, seizures, headache, migraine, dizziness, MS, movement disorder, tics, tremor):      |
| Eyes (eye injury, infection, corrected vision, etc.):      | Respiratory (asthma, COPD, cough, etc.):      | Musculoskeletal (weakness, abnormal movements, past broken bones, etc.):      | Endocrine (thyroid problems, weight fluctuation, etc.):      |
| ENT (ear infection, nasal discharge, mouth sores, etc.):      | Gastrointestinal (GERD, food sensitivity, IBS, etc.):      | Skin (scarring, acne, skin diseases, etc.):      | Hematologic/lymphatic (anemia, frequent infections, etc.):      |
| Hepatic (liver cirrhosis, hepatitis, etc.):      | Allergies:      | Other:      |

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

Have you ever been hospitalized for medical issues?

Common antipsychotic side effects:

Are you experiencing any of the following, if yes, assess to what degree (minimal, mild, moderate, severe), assess functional impact as well:

Neuro/Movement: tremor, shaking, restlessness, mouth movements, involuntary movements, twitching, stiffness, slowed movements, slowed thinking

Sexual: decreased interest in sex, delayed orgasm, inability to achieve orgasm, other sexual dysfunction

Constitutional: weight gain, fatigue, sedation, excess energy, dizziness

Vision: blurred vision

ENT: dry mouth

GI: nausea, diarrhea, constipation

CV: dizziness, high heart rate, palpitations

Family History

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

[ ]  Heart Disease

[ ]  Diabetes

[ ]  Glaucoma

[ ]  Cancer

[ ]  Thyroid problems

[ ]  High Blood Pressure

[ ]  Mental Illness

[ ]  Substance Abuse

[ ]  Neurological problem

(Including seizures,

headache, migraine,

dementia,

movement disorder,

tics, tremor)

[ ]  Other

Medical History:

If yes, when were you diagnosed?

 Yes No When were you diagnosed?

Asthma [ ]  [ ]

Diabetes [ ]  [ ]

Heart Disease [ ]  [ ]

Seizure Disorder [ ]  [ ]

High Blood Pressure [ ]  [ ]

Thyroid Disease [ ]  [ ]

Cancer [ ]  [ ]

Kidney Disease [ ]  [ ]

Other [ ]  [ ]

Yes No Date of Vaccination (if applicable)

Have you tested positive for COVID-19 [ ]  [ ]

Tell me more about any physical exams you’ve had. *(Note: It is important to review the participant’s health record for this information in addition to asking the participant)*

 Date Ordering Physician

Physical Exam

Neurological Exam

Other specialist Exam for \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pelvic Exam/Pap Smear

ECG

Brain imaging (MRI or CT)

EEG

Lab Work: RESULT Date Ordering Physician

 Complete Metabolic Panel

 CBC

 Auto-Immune Antibody

 Urinalysis

 HIV screen

 Syphilis screen

 TSH

 Hep C screen

 Urine tox screen

 Lipid panel: total cholesterol

LDL cholesterol

HDL cholesterol

Triglycerides

 Hemoglobin A1c,

 fasting blood glucose

 Vitamin B12

 TB Skin Test [ ]  Negative [ ]  Positive

Do you know whether your vaccinations are up-to-date?*(Note: It is ideal to review the participant’s record for status and date as well as to assess if the participant is aware of whether they are up to date)*

Influenza (Flu shot yearly):

TDAP (every 10 years):

Varicella (chickenpox):

HPV (3 doses):

MMR:

Meningococcal:

Hep A:

Hep B:

Ht.       Wt.       BMI       Waist circumference

Recent increase or decrease in weight

T.       P.       RR       BP.

Hearing: Adequate [ ]  Impaired Partial [ ]  Impaired Complete [ ]

Eyes:

Vision: Adequate [ ]  Impaired Partial [ ]  Impaired Complete [ ]

Vision Corrected: Yes [ ]  No [ ]  Glasses [ ]  Contact Lenses [ ]  Used [ ]  Not Used [ ]

Teeth: Good Condition [ ]  Poor Condition [ ]

Skin: Condition

Notable features (e.g., scars, bruises, tattoos, birthmarks) and location:

Bowel Habits: Regular [ ]  Irregular [ ]

**Questions for those assigned “female” sex at birth ~~Women Only~~:**

Age of first period

Are you having regular 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?

For all genders:

Have you noticed any changes to breast size?

Have you noticed any lactation or fluid secretion from your breasts?

Other Input and Health Goals:

What are some things you do to take care of your health?

What changes would you like to make to feel healthier?

What would you gain if you made this change?

The New Journeys 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?

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])? Would you like help making changes in this area? Are there any barriers to making those changes?

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?

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?

**Substance Use Interview Tip Sheet**

Substance use is common and substance abuse is the most common and clinically significant comorbid disorder among youth and young adults who experience first episode psychosis. Substance use may create numerous challenges and problems for participants 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 participants about substance use. Before beginning any interview with a participant about substance use it is important that you review any substance use reporting requirements that you might have while working with the participant (e.g., participant 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 participants reduce the harm related to substance use and in assisting participants with reducing or abstaining from drug use over time. The assessment should be the beginning of your collaborative work with the participant 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 participant ambivalence, while, at the same time, rolling with ambivalence and participant non-engagement. Where the participant 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 participant, 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 participant’s substance use will be based on the participant’s report, clinical observation, available medical records, and other collateral data. It is strongly suggested that this interview be conducted by a team member who has prepared before the interview by reviewing relevant documentation from intake and monthly measures completed by the participant. As with all sections of this document, the questions in this section are offered as suggestions.

***Team Member Note*:** *Participants complete the Lifetime Substance Use measure at intake and the Monthly Substance Use measure in the New Journeys data platform. The participant can complete these on their own or with a team member.*

Finally, notes to the interviewer appear in *italics.* Suggested language for the interviewer appears in block script. The interviewer should use their discretion in the selection of appropriate questions. Team Member 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. Often times, people are worried that their mental health clinician will judge them if they use drugs and or alcohol. I want to reassure you that I don’t judge substance use or people who use substances, and that I am here to help. 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?

***Team Member Notes*:**

* *Do not start out by listing drugs; have the participant think through this by him or herself and then ask about other drugs if it seems to be useful. Probe for when the participant 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 participant 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.

***Team Member 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 participant 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]

![C:\Users\skopelov\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\ZR4LXOV6\red_flag[1].png]()

*Acute intoxication and withdrawal syndromes greatly increase the risk of the participant 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.*

***Team Member Notes:***

* *Use DSM criteria as a basis for probing, but keep in mind that questions regarding impairment are also impacted by psychosis and other mental health symptoms.*
* *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.

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

**Sociocultural Interview Tip Sheet**

The sociocultural interview is consistent with the mission of the Comprehensive Assessment to better understand the individual’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 individual’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 unrealistic goal. Instead, the team is encouraged to open with what they might need to add to their knowledge base to better connect with the participant. Some suggested language is provided in this section.

Addressing culture—and cultural differences 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 identities is crucial to both the assessment and treatment phases. Open dialogue about cultural identities, discrimination faced on the basis of one’s reference groups, and the cultural or demographic incongruence between the team member(s) and participant serves many functions. First, these conversations demonstrate to the participant that no topic is off-limits. Second, it demonstrates a desire to know the participant as a person, rather than as a “client.” Third, it ensures that diagnoses/problem lists are accurate (that is, that they are both distressing and outside of culturally normative behavior). Fourth, a thorough cultural assessment increases the likelihood of providing culturally responsive care. Finally, the questions below may generate potential new goals that can be explored more with the participant. Particularly relevant are areas that have the potential to build connections within the participant’s communities (e.g., faith community, neighborhood community, family, school community) and thus further the goal of recovery.

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 individual needs support with engagement.

The information used to inform a cultural formulation will be based on the participant’s report as well as family input. 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.

Finally, notes to the interviewer appear in *italics.* Suggested language for the interviewer appears in block script. Team MemberNotes appear in grey text boxes and are intended to provide additional guidance during the interview. The interviewer should use their 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, race, current age, spiritual beliefs) that help shape who we are. We think 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 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]

***Team Member Note:*** *The following levels of acculturation may be helpful in crudely approximating the participant’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.*

Tell me a little about your religious/spiritual background. 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 are important to you? Are there family traditions around the holidays that you 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 you joining in?

How do you identify in terms of sexual orientation and gender identity? Are you currently in a romantic relationship? (*Explore the participant’s experiences with their family and larger communities with regards to acceptance and discrimination around sexual orientation and gender identity*. *Inquire, as applicable, about any transition-related goals and affirm the team’s support of their gender expression and identity*) What pronouns would you like us to use when we refer to you? Is this how we should refer to you when speaking to family/community? Would you be comfortable with us referring to you in this way in your medical records? Do you have a name that you would prefer the team to use? Is there any aspect of your gender or sexual identity that you want us to consider as we work together on your treatment goals?

**Questions Aimed at Eliciting Personal and Cultural Values**

Can you share your thoughts about work and education? How about your family – are their views similar or different to yours? Apart from work and education, what else matters to you as we work out your vision for recovery?\

**Questions/Prompts Aimed at Cultural Factors Affecting Help-Seeking**

Who would you say is part of your “team” in life or your support system? How has this changed over time? What does your family think about your involvement with New Journeys? What role would you like them to have in your treatment in New Journeys? [assessing social barriers, familial support versus estrangement from family, and stigma]

Sometimes people have various ways of dealing with problems like [PROBLEM]. What have you done on your own to cope with your [PROBLEM]?

Often, people look for help from many different sources, including different kinds of doctors, helpers, or healers. In the past, what kinds of treatment, help, advice, or healing have you sought for your [PROBLEM]? PROBE IF DOES NOT DESCRIBE THE USEFULNESS OF HELP RECEIVED: What types of help or treatment were most useful? Not useful?

Has anything prevented you from getting the help you need? PROBE AS NEEDED: For example, money, work or family commitments, stigma or discrimination, or lack of services that understand your language or background?

What kinds of help do you think would be most useful to you at this time for your [PROBLEM]?

Are there other kinds of help that your family, friends, or other people have suggested would be helpful for you now?

Sometimes doctors and patients (or teams and clients/families) misunderstand each other because they come from different backgrounds or have different expectations. Have you been concerned about this and is there anything that we can do to provide you with the care you need?

***Team Member Note*:** *Demonstrate your earnest effort to better understand the participant and acknowledge differences in lived experience.*

So far during your time on the New Journeys 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.

***Team Member Note*:** *Participants may complete the optional Discrimination measure at intake in the New Journeys data platform.*

Have you experienced discrimination because of some aspect of your identity (e.g., race, culture, religion, gender, sexual orientation, disability, or ethnic background)? If so, how?

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 or that you see as assets or strengths? [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 though from when you get up, until you go to bed. What things do you do during the day that you have to 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 kind of music do you like? 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 right now or used to do for fun?

Do you have any creative interests? (*Provide examples as needed,* e.g., video games, 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 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? What supports you or stops you from joining in?

Have you had any challenges in making or planning meals lately? How have you been doing with shopping for the things you want or need? Can you tell me about how you’ve managing transportation?? If you’ve had any challenges in shopping for yourself, planning or making meals, or getting around town, would you like the New Journeys team to work with you on these things?

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

**Psychosocial Interview Tip Sheet**

The information used to inform a conceptualization of psychosocial factors most relevant to the individual’s treatment and recovery will be based primarily on their 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 individual’s perceptions and the individual’s here-and-now experiences. The individual’s family history and perceptions of their childhood experiences should also be prioritized, although a review of this information with the individual will 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 participants 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 participant 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 participant to acquire information relevant to psychosocial considerations, review any known information from collateral sources, clinical observation, or previous reports from the participant 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 participant’s illness and recovery.

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 the assessment. While it can be helpful to have clinical terminology, preference is given to using the participant’s language to describe their experience. Team MemberNotes appear in grey text boxes and are intended to provide additional guidance during the interview. The interviewer should use their 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 not to 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? Are you living with your parents or other family members? 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/parents/siblings/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?

**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?

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]

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?

**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?

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?

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?

***Team Member Note*:** *Information from multiple measures could be used to get a better understand about legal history and experiences. Questions 4-6 on the Critical Life Events measure which is administered monthly are focused on legal involvement. Question 4 on the Discrimination measure completed at intake can provide a better understanding about experiences with law enforcement.*

**Questions Aimed at Eliciting Legal History**

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?

*Team Member 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 development of the* ***Integrated Summary*** *of the assessment.*

**Employment and Education Interview Tip Sheet**

This section of the New Journeys Comprehensive Assessment is intended to start a discussion regarding employment, education and finances. The goal is to have a conversation with the participant to gather relevant information and to let the participant know that the team has services to help the participant with their 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 participant’s family, who is working, who is in school, and where the participant is currently living, as well as the participant’s own history regarding education and employment.

The interviewer should make note of the participant’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 individual’s vocational and/or educational needs will be based on participant’s report, clinical observation by the New Journeys team, and collateral data from both a record review and interviews with natural and clinical supports. Questions that the participant cannot or is unwilling to answer at the time of the assessment may be asked of natural support if the participant 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 participants 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 participant 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 participant 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 participants 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 participants often and in a genuinely hopeful way. Helping to elicit and restore hope when working on employment/education with participants is a crucial function.
* Some participants 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 participant 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 participant 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 participants struggle with feeling lonely, isolated and sometimes bored. If a participant 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 participants to build hope for a better future through employment or education requires a team approach. Imagine what happens to a participant who starts conversations about finding a part-time job and begins to feel, for the first time since their hospitalization, 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 participants 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 participants 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 their need for further assessment, or that they were not employable. Therefore, for many participants the ideas of choice, fair wages, and hope are not consistent with their previous experiences with “employment programs.”
* Remember some participants 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 themself 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 participant’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 of these contacts should be made with the participant’s consent.
* For participants 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/>
* 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 individual’s language to describe their experience. Team MemberNotes appear in grey text boxes and are intended to provide additional guidance during the interview. The interviewer should use their discretion in the selection of appropriate questions.

**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 participants 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 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?

***Team Member Note*:** *Questions 6-7 on the Quality of Life measure are focused on the participants’ previous education and used to monitor whether they have an active educational goal while enrolled in New Journeys.*

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 with you if you like?

The New Journeys team has experience helping our participants 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.*)

***Team Member Note:*** *Instill hope in the individual’s ability to achieve personally valued goals. Share stories of recovery and workforce or academic reentry with participants 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.

***Team Member Note*:** *Questions 6-7 on the Quality of Life measure are focused on the participant’s previous education and used to monitor whether they have an active educational goal while enrolled in New Journeys.*

What types of jobs have you held in the past?

It might be helpful if we can create a timeline that includes your jobs, which 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 participant 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 participant 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?

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?

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?

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 participant 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. 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.)*

***Team Member 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 New Journeys team will be thinking through ways we can support you in working toward these goalsof (*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?

**Family/Natural Support(s) Interview Template**

Family members and natural supports play a key role in an individual’s recovery from mental illness. This is particularly true for those experiencing a first episode of psychosis. Given the age at which first onset of psychosis tends to occur, participants are often still very involved with their families of origin. As such, family members can provide important collateral information, especially for participants who may not feel comfortable disclosing some of their symptoms or who may lack the insight to do so adequately. Additionally, speaking with family members is a way to better understand the individual’s culture, the communities they are embedded in, and various identities, which are vital for rapport, engagement, and effective treatment.

These questions are designed to collect additional perspectives on the New Journey’s participant’s level of functioning, symptoms, and daily life. They are also intended to get a better understanding of the family member you are speaking with, particularly their understanding of their loved one’s diagnosis, the cultural or social identities that may be important to them, and the degree to which they are (or are able to be) involved in their loved one’s treatment, given their own life circumstances and preferences.

These questions are divided into sections that mirror those used in the interview with the participant, to better facilitate integrating this information into the assessment. While questions are often phrased as if you are speaking to the participant’s family member, questions can be reworded if you are speaking to another important member of their natural support system (such as a family friend, romantic partner, or other guardian). Like the participant interview templates, these questions are also just suggestions or guides to help track information that may still be needed in order to yield a more comprehensive understanding of the individual.

**Mental Health**

People often understand problems in their own way, which may be similar or different from how doctors describe the problem. How would you describe what your loved one is going through right now?

Sometimes people have different ways of describing the problem to family, friends, or others in their community. How would you describe [INDIVIDUAL’S] problem to them?

What troubles you most about [INDIVIDUAL’S] problem?

Tell me about the circumstances that led up to getting treatment here? Why did your loved one need help?

Why do you think this is happening to [INDIVIDUAL]? What do you think are the causes of the current situation? PROMPT FURTHER IF NEEDED: Some people may explain the problem as the result of bad things that happen in their life, problems with others, a physical illness, a spiritual reason, or many other causes.

What do others in [INDIVIDUAL’S] family, their friends, or others in the community think is causing [INDIVIDUAL’S] [PROBLEM]?

What kinds of challenges have you noticed in your loved one? Have they reported hearing voices, or have you seen them respond to things that you did not hear? What about seeing visions, or tasting or feeling things that you did not? Do they seem frightened or afraid someone is out to get them? Have they had any unusual beliefs about special status or powers? Have they told you they were receiving any special messages, or felt like something outside of themselves was influencing their thoughts? Have they mentioned any other beliefs that you have trouble understanding?

How has their mood been? Have they seemed down, depressed, or like they are not interested in things they used to be? Have they been irritable or easily angered? Have they been overly excited, not sleeping, or far more active than usual? Have you ever noticed any of these moods in them? If so, when? How long did they last? Have you noticed any unusual behavior, such as wearing strange clothing, holding strange positions, or just reacting inappropriately to situations?

Are there any kinds of supports that make their [PROBLEM] better (such as from family, friends, or others)?

Are there any kinds of stresses that make their [PROBLEM] worse?

Sometimes people have various ways of dealing with problems like this. What has [INDIVIDUAL] done on their own to cope with this issue?

Often, people also look for help from many different sources, including different kinds of doctors, helpers, or healers. In the past, what kinds of treatment, help, advice, or healing has [INDIVIDUAL] sought for their [PROBLEM]? PROBE IF THEY DO NOT DESCRIBE THE USEFULNESS OF HELP RECEIVED: What types of help or treatment were most useful? Not useful?

Has anything prevented [INDIVIDUAL] from getting the help they need?

PROBE FOR DETAILS IF NEEDED: What got in the way? For example, money, work or family commitments, stigma or discrimination, or lack of services that understand their language or background?

What kinds of help would be most useful to them at this time for their [PROBLEM]?

Are there other kinds of help that [INDIVIDUAL’S] family, friends, or other people have suggested would be helpful for them now?

How do you feel your loved one’s treatment in New Journeys is going? (if applicable) How do feel your loved one’s treatment went at other places they accessed services? What do you know about the medication they are currently receiving? What do you see as the benefits or drawbacks of this medication? What are the unpleasant effects of this medication? What do they do to cope with these unpleasant side effects? Have they been taking medications as the prescriber instructed? What types of problems have they experienced regarding taking the medication (e.g., forgetting, troubling side effects)?

Does anyone else in your family (“blood relatives”) experience any challenges related to their mental health ? If so, what kind of troubles have they had? Do you know if anyone ever had troubles with hearing voices, paranoia, schizophrenia (or with experiences similar to your loved one)? Anyone with bipolar disorder or manic depression? Anyone who has been hospitalized in a psychiatric hospital? Anyone who has attempted or died by suicide? Has anyone in your family had a medical/neurological problem such as seizures, multiple sclerosis, or migraines?

Sometimes doctors and patients or families misunderstand each other because they come from different backgrounds or have different expectations. Have you been concerned about this, and is there anything that we can do to provide [INDIVIDUAL] with the care they need?

**Personal Strengths**

What are some of your loved one’s strengths? What do you like about them? What sorts of things are they good at? Do they have any special talents or abilities?

What sorts of things does your loved one like to do? What sorts of things do you like to do together? What goals did they have growing up? What goals do they have currently?

What do you feel like you’ve done well in supporting your loved one? What do you do when you’re feeling overwhelmed? What would you say your strengths are?

**Physical Health**

Are you aware of any difficulties in pregnancy or childbirth with your loved one? Did they have any serious illness or complications as an infant or toddler? Do you remember about when they first walked? First spoke? Did you or a doctor ever feel that your loved one was delayed in meeting one of these early milestones? Were they ever diagnosed with a learning disability in school?

Prior to coming to this team, was your loved one ever hospitalized for a medical (non-mental health-related) reason? Have they ever had major surgery? Have they ever had a head injury including concussion or loss of consciousness? Have they had problems with headaches, migraines, or seizures? Do they take any medications from other providers, over the counter medications, vitamins, or supplements?

Are you aware of any medical conditions your loved one has? When was the last time they got a check-up from a healthcare provider? Have they seen any specialists recently? When was the last time they went to the dentist?

What is your loved one’s sleep schedule like? Have you noticed any disruptions or changes? What kinds of food do they generally eat? Does your loved one do any kinds of exercise regularly?

Has your loved one had any medical complaints since starting treatment? Have they noticed any side effects from the medications? Have you noticed any side effects? Have you seen any abnormal movements? Do they seem restless, like they always have to be in motion? Have they seemed slowed down, or more tired than usual? Have you noticed any weight gain? Anything else? Do you have any questions about medications?

**Substance Use**

Has substance use or alcohol been an issue? Are you aware of your loved one using any recreational drugs? If so, how much? Does your loved one drink alcohol? If so, how much?

Do you notice any changes in your loved one’s behavior or symptoms when they’ve used substances? Is their substance use a point of conflict between you and them? Has your loved one been increasing or decreasing their use of substances recently? Are they comfortable with their use of substances, or do they feel it is a problem? Are they trying to quit?

In what kinds of situations does your loved one use substances? Are there people in their life that they use substances with?

What is your opinion of drinking? Recreational drug use? Do you feel that drinking or substance use has caused your loved one any difficulties? Is it something you think they should work on with the team here?

**Sociocultural**

What are other family members’ thoughts about what is happening with your loved one? Do you all agree about what to do about it? Are there any other problems you are currently facing in your life (elicit specific examples)? Are there any problems other people in your family struggling with?

Is your family part of a religious community, or do you belong to a particular faith or spiritual tradition? Are there any holidays or traditions that are especially important to you? Is there anyone in that community that has been helping you with your loved one’s challenges? Do you see any kinds of healers outside of medical doctors and therapist, such a spiritual coach, faith healer, or alternative medicine practitioner? How do you and your family identify in terms of your race and ethnicity? Are there any other cultural groups you and your loved one belong to? Do you feel you’ve ever experienced discrimination? How so? Have you ever felt it was hard to get your loved one medical care because of discrimination?

Do you feel you are able to discuss your loved one’s challenges with friends and family? Is that something you find uncomfortable? Have you told any friends, family members, or community members about your loved one’s experiences? How have they reacted? How has that made you feel?

Has your loved one ever been bullied? What sorts of things were they bullied over? How long did it last? How did it affect them?

What is it that you would like us to do to support you and your loved one? What are your thoughts about your family member’s current goals? How might you be able to help with those goals? What do you think you might need from our team in order to help your family member with these problems/goals?

Have you ever been offended by something that medical staff did while working with your loved one, either here or another place? What happened?

Are there any other needs/concerns that you have? Are there other things you would like to be different/better for your family member? How can we be helpful to you and your family member?

Are there any other parts of your family’s identity that we have not talked about that you feel are important to discuss?

**Psychosocial**

Tell me a little bit about your life before your loved one developed these recent difficulties. What were you doing at the time? How had their life more generally been going? What was happening in your family? Any problems you or other close family members were dealing with?

Tell me a little about how the two of you get along together. What are the main difficulties you have experienced with your loved one? What worries you the most? How do you cope with these difficulties?

Where does your loved one live? Do they work? Attend school? Live at home? How are they doing in terms of daily activities, like taking care of themselves, showering, doing chores, etc.? Has there been any problem with violence and aggression? Any involvement with the criminal justice system?

How do you spend a typical day now? What activities do you spend time doing (e.g., work, chores, hobbies)? What are the things you like to do on a free day? Do you have enough opportunity to do these things? What prevents you from doing the things you like?

Who are the other members of your family? Do you have someone you can discuss your problems with? (Specify who). Does anyone in your family concern or irritate you? How much time do you spend with them? How would you like it to be different (specify)?

With what issues, situations, or problems do you feel you need the most help?

*Team Member Note: Be sure to include problems you have noted that may not have been identified by the family member as current limitations of functioning (e.g., marital conflict, medical or psychiatric symptoms, lack of friendship, social-skills deficits, substance abuse, financial stress, housing problems, work-related problems, cultural conflicts).*

Tell me a little bit about why you decided to join this program. What are you most hoping to get out of your time in New Journeys? Are you able to attend appointments along with your loved one?

Anything else that you think would be important for me to know? Any questions for me before we

**Putting It Together (PIT) Worksheet Tip Sheet**

The **Putting It Together** **(PIT)** worksheet functions as a mechanism for:

1. analyzing and synthesizing the data collected in the **Integrated Summary** for a team case conceptualization,
2. the team and the participant to look at the data together in a simple format that can serve as the basis for mutual understanding when treatment planning, and
3. keeping the assessment current, as it can be continually revised and updated while the participant remains in treatment with the team.

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

* **Participant’s recovery goals**: what goals does the participant identify for living a satisfying, meaningful, and contributing life? Use the participant’s own words.
* **Participant’s preferences for treatment**: what are the participant’s current expectations or reservations regarding treatment? Does the team understand the participant’s current motivation as being external (driven by an outside agenda) or internal (from the participant’s own values or goals)? How does the participant see the team in terms of capable of helping or conversely to be avoided or resisted? What sort of help is the participant seeking?
* **Strengths and Resources:** participant’s protective factors, skills, aptitudes, and resources (intelligence, supportive relationships, interests, etc.).
* **Predisposing factors:** the participant’s biological and historical factors that put them at risk for developing a mental illness, 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. Identify events at the individual, relational and sociocultural or structural levels.
* **Perpetuating factors**: factors that are stressors or interfere with recovery. Identify events at the individual, relational and sociocultural or structural levels.
* **Participant’s understanding of mental health status:** in their own words, what is the participant’s understanding of their mental health status? How do they acknowledge (or not) their mental health concerns? (Is this within or outside of cultural norms) If not, how do they understand their current experience?
* **Sociocultural factors:** a summary of social, demographic, cultural factors that may influence treatment.
* **Physical factors**: a brief summary of physical issues or other medical problems that will be relevant to treatment (e.g., do they smoke, metabolic syndrome).
* **Participant’s needs based on team’s analysis**: following a formulation of the participant 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.
* **Stages of treatment**: based on the assessment, where does the team see the participant’s stage of treatment for each of these areas of substance use, mental health and physical health areas of concern? Are treatment planning interventions consistent with these stages?
* **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.
* **Summary of shared understanding for treatment planning**: final summary of the shared understanding of common goals for treatment planning.

|  |  |  |
| --- | --- | --- |
| **Participant’s Recovery Goals:** | **Participant’s Preferences for Treatment:** | **Strengths & Resources:** |
| **Predisposing Factors:** | **Precipitating Factors (What Started It?):** | **Perpetuating Factors (What Keeps It Going?):** |
| **Participant’s Understanding of their Mental Health Status:** | **Sociocultural Factors Influencing Treatment:** | **Physical Factors:** |

**Putting It Together (PIT)**

**Participant’s Needs Based on Team’s Analysis:**

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

**Mental Health:**  [ ]  Engagement [ ]  Motivation [ ]  Active [ ]  Relapse Prevention

**Physical Health:**  [ ]  Engagement [ ]  Motivation [ ]  Active [ ]  Relapse Prevention [ ]  Not Applicable

**Substance Use:**  [ ]  Engagement [ ]  Motivation [ ]  Active [ ]  Relapse Prevention [ ]  Not Applicable



**Participant’s Needs Based on Team’s Analysis:**

|  |
| --- |
| **Evidence-Based Interventions to Address Participant Goals and Needs** *(Click or check appropriate box):* |
| [ ]  Individual Resiliency Training (IRT) | [ ]  Supported Employment & Education | [ ]  Peer Support |
| [ ] Family Psychoeducation  | [ ]  Health Intervention (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ] Psychopharmacology | [ ]  Relapse Prevention | [ ]  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Crisis Management | [ ]  Case Management | [ ]  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |

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

**Mental Health:**  [ ]  Engagement [ ]  Motivation [ ]  Active [ ]  Relapse Prevention

**Physical Health:**  [ ]  Engagement [ ]  Motivation [ ]  Active [ ]  Relapse Prevention [ ]  Not Applicable

**Substance Use:**  [ ]  Engagement [ ]  Motivation [ ]  Active [ ]  Relapse Prevention [ ]  Not Applicable

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

 New Journeys Comprehensive Assessment - Participant ID: \_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **Evidence-Based Interventions to Address Participant Goals and Needs** *(Check appropriate box below. Add an \* next to any interventions that need a cultural adaptation to serve individual or family’s needs and goals):* |
| [ ]  Individual Resiliency Training (IRT)  | [ ]  Supported Employment & Education | [ ]  Peer Support |
| [ ] Family Psychoeducation  | [ ]  Health Intervention (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ] Psychopharmacology | [ ]  Relapse Prevention | [ ]  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Crisis Management | [ ]  Case Management | [ ]  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |

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

**Summary of Shared Understanding for Treatment Planning:**

**Putting It Together**

**Changes to Shared Understanding for Treatment: DATE:**

**Changes to Shared Understanding for Treatment: DATE:**

**Putting It Together**

**Stages of Treatment**

**Engagement:** Outreach, assessment, engagement, and building a working alliance. Services are provided regardless of the level of program involvement (if the participant has consented to enrollment in New Journeys)

* **Motivation[[2]](#footnote-2):** Education about substances, psychosis, 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 behaviors that may be barriers to goal attainment
	+ 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 (in case of co-occurring problematic substance use)
	+ Relaxation/coping skills
	+ $ management to avoid using (in case of co-occurring problematic substance use)
	+ Problem solving to reduce stress
* **Relapse Prevention:** Maintaining wellness. Specific techniques include the following:
	+ Develop a relapse prevention plan
	+ Help participant 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)

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*Please note: We are working on how the measures for the New Journeys evaluation and measurement-based care will fit with* ***Areas for Further Assessment****. The list below is still under development in collaboration with WSU.*

**Areas for Further Assessment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Domain for Further Assessment** | **Optional Tools for Assessment** | **Team Member to Follow Up** | **Date Completed** |
|  | Posttraumatic Stress Symptoms | *Traumatic Life Events Questionnaire (TLEQ)* |  |  |
| *-Posttraumatic Checklist (PCL-5)* |  |  |
|  | Suicide Risk | *-Columbia Suicide Severity Rating Scale (C-SSRS)* |  |  |
| *-Safety Plan* |  |  |
|  | Violence Toward Person or Property | *-Violence Risk Appraisal Guide (VRAG)* |  |  |
|  | Substance Use Disorder | *-Alcohol Use Disorders Identification Test (AUDIT)* |  |  |
| *-Drug Use Questionnaire (DAST-10)* |  |  |
| *-IDDT Functional Assessment* |  |  |
|  | Participant Ambivalence Around Change | *-Importance/confidence rulers (1 to 10)* |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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1. Kingdon, D., & Turkington, D. (2005). *Cognitive therapy of schizophrenia*. New York: Guilford Press. [↑](#footnote-ref-1)
2. 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 change. [↑](#footnote-ref-2)