

Utah's Mental Health Services Clinical Evaluation Screening/Assessment Instrument

Utah's Department of Workforce Services (DWS) uses the Mental Health Services Clinical Evaluation as the basis for making a clinical diagnosis and recommendations for mental health treatment and other types of services. However, social workers at DWS are given discretion to use their own inventories. Most social workers incorporate components of the clinical evaluation with a variety of other tools in their clinical assessment. Two assessment tools used In Utah are presented in this appendix. The first is the standard DWS form, which is used by some social workers around the state, and the second is an example of a modified assessment tool used by a social worker in Salt Lake County.

Purpose of the screening/assessment tool: The purpose of the assessment tool is to provide a clinical diagnosis and recommendation for mental health treatment and other types of services.

Target population: The clinical evaluation/assessment instrument is administered to TANF recipients referred to mental health services, clients in sanction status, clients reaching their time limit on cash assistance, and clients who screen positive on the CAGE substance abuse questionnaire.¹

Who administers the assessment: The assessment is administered by licensed clinical social workers (LSCWs) who have extensive experience providing clinical treatment and by certified social workers, under the supervision of an LCSW, who have earned an M.S.W.

Time required to complete the assessment: The assessments can take anywhere from two to four hours to complete and may be done in one or more sessions.

Information collected/issues addressed: The following information is collected through the assessment: basic demographic characteristics, current personal challenges, social and family history, alcohol and drug history, legal issues, physical and mental health, and family violence. A recommended treatment plan is also included in the assessment.

¹ Employment counselors are required to refer clients to mental health services if they respond, "yes" to two or more of the four CAGE questions asked during the general employment assessment.

MENTAL HEALTH SERVICES CLINICAL EVALUATION

(Name of therapist)

Date of Assessment: _____

Customer Name: _____ PACMIS #: _____

Employment Counselor: _____ EC: _____

Current Living Arrangements: _____

IDENTIFYING INFORMATION:

Age: _____ Ethnic background (race considers self to be): _____

Marital Status: _____ Emergency Contact: _____

Relationship: _____ Phone #: _____

<i>Child(ren)</i>	<i>Ages</i>	<i>Father</i>	<i>Lives with ... / Concerns, issues</i>
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Ex-husbands, significant others, current relationships:

Time on AFDC: FEP _____ Total _____

CURRENT SITUATION:

Reason for referral:

Strengths and positive aspects:

PRESENT STRESSORS:

→ Use client's statements in describing these problems:

→ Coping mechanisms used / effectiveness of each:

→ Impact on level of functioning:

- personal:

- parental:

- career:

PRESENTING PROBLEM(S):

→ Diagnostic and Tx issues

→ Non DSM-IV issues such as low self esteem, unresolved sexual abuse, domestic violence, relationship and parenting difficulties, etc.

SOCIAL / FAMILY HISTORY:

- ➔ Religious Affiliation:

- ➔ Education:

- ➔ Parents, step-parents and siblings (names, ages, birth order, relationships, divorces, etc.):

- ➔ Childhood experiences, significant incidents through developmental stages:

- ➔ Family strengths and/or dysfunction when growing up (and how this affected customer then and now):

- ➔ Communication Styles:

- ➔ Significant employment experiences:

ABUSE / DOMESTIC VIOLENCE (include coping methods utilized) :

- ▶ Emotional

- ▶ Physical

- ▶ Sexual

SUPPORT SYSTEMS:

Overall cognitive attitudes and behavioral view of self and the world:

PARENTING

- Pregnancies: _____
- Reasons for becoming a parent:
- Impact on earlier life goals, dreams, etc.:

ALCOHOL & DRUG HISTORY:

Present use:

Past use (if stopped, how?):

Functional aspects (self-medicating):

Does A or D impact customer's ability to participate?

A & D referral needed?

LEGAL ISSUES & CONCERNS:

Relevant criminal/civil charges pending or impacting ability of the customer to start employment (include warrants, DL problems, bankruptcy or garnishments, etc.)

MEDICAL & MENTAL HEALTH:

- **Medical:** (illnesses, injuries, hospitalizations, surgeries, etc.)

- **Mental Health:**

- ▶ treatment experiences

Added to *Release of Info.*

- ▶ medications

- ▶ suicidal ideation

Suicide Risk Assessment attached

Area	Normal	Unusual/Disturbed/Problem/Abnormal
Grooming	neat, clean, casual	disheveled, slovenly, unkempt, other:
Dress	appropriate, clean	careless, dirty, bizarre, inappropriate, other:
Appearance	poised, attractive, stated age, relaxed	lies, gestures, mannerisms, younger, older, uncomfortable, nervous, other:
Consciousness	clear, alert, attends	confused, clouded, vague, concentration poor, fluctuates, other:
Orientation	normal limits	disoriented to: time, place, person, situation, other:
General info.	average, above	limited, restricted, deficient, other:
Abstraction	unimpaired	concrete, rigid, limited, restricted, other:
Intellect	average, above	borderline, below average, limited, retarded, other:
Memory	intact, superior	recent - - poor, impaired, other: remote - - poor, impaired, other:
Delusions	none noted	paranoid, grandeur, reference, persecutory, somatic, self-accusatory, bizarre, thought control, thought insertion, suspiciousness, external controls, other:
Hallucinations	none noted	auditory, visual, olfactory, tactile, gustatory, kinesthetic, other:
Thought Process	unimpaired	slow, disorganized, loose assn., blocking, rapid, distractible, perseverates, circumstantial, confused, disrupted, flight of ideas, hesitant, other:
Thought Content	unimpaired	obsessive, phobic, paranoid, grandiose, compulsions, referential, persecutory, preoccupied, antisocial, urge/impulses, distorted concept formation, odd, other:

Mood	cheerful, friendly, happy	elated, euphoric, excited, apathetic, anxious, agitated, angry, contempt, depressed, panic, listless, guilt, empty, despairing, irritable, sad, other:
Affect	normal limits	inappropriate, blunted, shallow, flat, labile, indifferent, intense, guilt, anxious, constricted, manic, depressed, fearful, other:
Depressive Features	none noted	sad, insomnia, excessive sleep, guilt, loss of sex drive, self blame, weight loss/gain, avoids social contact, crying, loss of interest, tiredness, anxiety, hopelessness, shame, agitation, poor concentration, other:
Motor Behavior	normal	manic, retarded, restless, agitated, tics, gestures, mannerisms, other:
Behavioral Stability	stable, thoughtful, reasonable, present	impulsive, erratic, recently-unstable, explosive, labile, excitable, hx of instability, other:
Suicide	no apparent indicators	recent attempt, gestures, threats, plan, ideation, preoccupation, expects death, hopelessness, rejection, history, rumination, other:
Assaultiveness	absent	history, potential, recent episode, explosive, other:
Attitude & Relating	cooperative, attentive, engaging	defensive, resistive, evasive, guarded, seductive, ingratiating, hostile, distant, manipulative, suspicious, deceptive, accusatory, withdrawn, afraid, bored, other:
Insight	present, adequate	limited, impaired, absent, diminished, denial, blames others, other:
Motivation for tx	good, positive, hopeful, high	circumstantial, limited, poor, secondary gain, avoidance of CJS, external, other:
Reliability, honesty	high, good, fair	low, questionable, lies, other:

EMOTIONAL FUNCTIONING:

⇒ Strengths demonstrated in coping with difficulties:

⇒ Present level of functioning as compared to past:

⇒ Limits in emotional functioning:

⇒ MOTIVATION to resolve problems:

___ employment ___ parenting ___ relationships ___ A & D Tx

Treatment Plan: Problems, Goals and Services

Customer: _____ PACMIS #: _____ Date of Plan: _____

1. Problem Description: _____

Goal #1: _____

Goal #2: _____

2. Problem Description: _____

Goal #3: _____

Goal #4: _____

3. Problem Description: _____

Goal #5: _____

Goal #6: _____

4. Problem Description: _____

Goal #7: _____

Goal #8: _____

PRESCRIBED SERVICES/TREATMENTS:

Intervention Mode: _____

Agency: _____

Frequency: _____

Expected Duration: _____

Intervention Mode: _____

Agency: _____

Frequency: _____

Expected Duration: _____

Customer Signature / Date

LCT Signature / Date

**Social Work Services Unit
Clinical Assessment**

Customer Name: _____

PACMIS #: _____

Employment Counselor: _____

Date of Referral: _____

Time on TANF: _____ months as of ____/____/____

Extension staffing: ____/____/____

Age: ____ **DOB** ____/____/____ **Ethnic background:** _____ **Marital Status:** _____

Apt Date	Set by	Completed?	Type of Apt:	Comment
	EC / SW / Clt	Y N Resch	Dx Tx Consult	
	EC / SW / Clt	Y N Resch	Dx Tx Consult	
	EC / SW / Clt	Y N Resch	Dx Tx Consult	
	EC / SW / Clt	Y N Resch	Dx Tx Consult	

Reason(s) for Referral:	Consult(s) with Employment Counselor
Participation Issues	
CAGE - SASSI / ASI	
DV	

Present Stressors (client's view):

Coping mechanisms used and outcomes:

Impact on level of functioning:

Personal:

Educational:

Employment:

Strengths and positive aspects:

Motivation to resolve problems:

Employment

Relationships / Parenting

Mental Health Treatment / A & D Tx

Child	Age	Father / CS / contact	Lives with / concerns / issues

Significant Other	Timeframe	Current contact	Comments	DV
Mar / Sep / Div / Co	Age: _____ to _____	Y/N +/-		Y/N
Mar / Sep / Div / Co	Age: _____ to _____	Y/N +/-		Y/N
Mar / Sep / Div / Co	Age: _____ to _____	Y/N +/-		Y/N
	_____ to _____	Y/N +/-		Y/N

Educational History:

Last Grade Completed? _____ HS or GED? _____ GPA: _____ LD or BD? _____ Family Hx? _____
 Interests: _____ Dislikes: _____

Goals: _____

Employment History: #, type & length of jobs _____

Interests: _____ Dislikes: _____

Vocational assessment needed? _____

Vocational Goals: _____

Legal History:

Warrants? _____ Current DL? _____
 Violence? _____ Financial? _____
 A&D? _____ Other? _____
 Juvenile Hx? _____

Parole/Probation? Y / N Offense: _____ Officer: _____ Fines: _____ Hours: _____

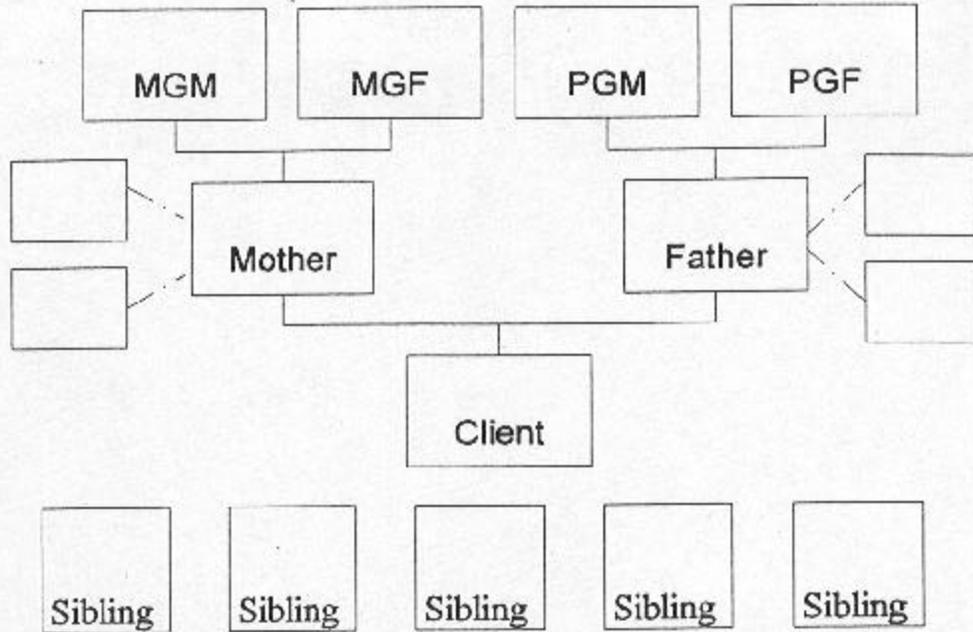
Other terms: _____

Support System:

Friends _____

Groups / Church _____

Family History:



Childhood experiences, significant incidents through developmental stages

Childhood interests, friends and social supports

Family strengths and/or dysfunction when growing up (and how this affected customer then and now):

Communication / Discipline Styles:

Abuse / Family Violence:

Witness

Emotional

Physical

Sexual

Current? Y / N

Reported? Y / N

Confirmed? Y / N

Legal Repercussions? Y / N

Treatment Hx: Yes / No

Providers Dates

Effectiveness:

Report required? Y / N

Date Reported:

Referral # and name of contact:

Referral needed for legal assistance?

Referral needed for tx?

Parenting:

Pregnancies: _____

Hx. of post-partum?

Reasons for becoming a parent:

Impact on earlier life goals, dreams, etc:

Current self-evaluation of parenting skills:

Parenting Classes taken / needed?

Attachment concerns?

Involvement with DCFS?

Report required? Y / N

Date Reported:

Referral # and name of contact:

Alcohol & Drug History:

	Alcohol	Nicotine	Pot	Meth	Cocaine	
Course	Onset Age Increase: Y / N Method(s) Tolerance Access					
Current Use						
Desire or Attempts to Reduce or Quit?	Date: Withdrawal Relapses? Treatment?	Date: Withdrawal Relapses? Treatment?	Date: Withdrawal Relapses? Treatment?	Date: Withdrawal Relapses? Treatment?	Date: Withdrawal Relapses? Treatment?	Date: Withdrawal Relapses? Treatment?
Impact	Social School Work	Social School Work	Social School Work	Social School Work	Social School Work	Social School Work

Use: Acid (LSD), crank, shrooms, speed, heroin, inhalants, mescaline, STP, Ecstasy, PCP, DMT, morphine, TCP, THC, Angel Dust, sleeping pills, anti-anxiety pills, rx: _____

SASSI results: High probability / Low probability / Random Score / Refused to take

Does substance use impact customer's ability to participate?

Currently in treatment?

A & D referral needed / made?

Medical Health:

Current Conditions / Treatment:

Drs. _____

 Release of Info.

Current Medications:

Past medical treatment:

Date of last physical and pap:

Dental:

Eye:

Mental Health:

Current Conditions / Treatment:

Provider(s): _____

Release of Info.

Current Medications:

Past Mental Health Treatment / Hospitalizations / Medications:

Provider(s): _____

Release of Info.

Area	Current	Past
Sleep		
Appetite / Weight		
Energy		
Interest in Activities		
Mood		
Perception of self		
Concentration		
Self-Esteem / Body image		
Fears / anxiety / panic		
Repetitive behaviors		
Persistent thoughts		

Other Areas of Concern:

Bereavement	
Identity	
Religious / Spiritual	
Acculturation	
Phase-of-Life	
Other	

Overall Presentation:

Capacity to engage in employment-related activities:

Capacity to engage in training-related activities:

SSI Candidate?

Area	Normal	Unusual/Disturbed/Problem/Abnormal
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Dress	appropriate, clean	careless, dirty, bizarre, inappropriate, other:
Appearance	poised, attractive, stated age, relaxed	lies, gestures, mannerisms, younger, older, uncomfortable, nervous, other:
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Suicide	no apparent indicators	recent attempt, gestures, threats, plan, ideation, preoccupation, expects death, hopelessness, rejection, history, rumination, other: Suicidal Assessment Completed and Attached?
Assaultiveness	absent	history, potential, recent episode, explosive, other:
Attitude & Relating	cooperative, attentive, engaging	defensive, resistive, evasive, guarded, seductive, ingratiating, hostile, distant, manipulative, suspicious, deceptive, accusatory, withdrawn, afraid, bored, other:
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Motivation for tx	good, hopeful, high	circumstantial, limited, poor, secondary gain, avoidance of CJS, external, other:
Reliability, honesty	high, good, fair	low, questionable, lies, other:

DSM-IV Diagnosis

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V: Current: _____ Past Year: _____

Motivation to resolve problems:

- Employment
- Parenting
- Relationships
- A & D Tx
- Mental Health Treatment

Recommendations:

Area	Barrier(s)	Recommendation(s)
Physical Health		
Mental Health		
Legal		
Academic		
Vocational		

Referral(s) Made:

Agency:
Agency:
Agency:

Contact:
Contact:
Contact:

Date:
Date:
Date:

Capacity to engage in employment-related activities:

Capacity to engage in training-related activities:

SSI Candidate?