Assessments utilized in adolescent mental health settings

4/16/02

I work in a tertiary adolescent mental health facility and am interested to know what screening and assessment tools are used by other OTs working in similar areas or with a similar population. Rene, I am also very interested in your MOHO power point presentation. Could you send me a copy?
Thank you
Lyndal McCasker
Australia

4/16/02

Lyndal, I would need to know a bit more about your context and clients to make more specific recommendations. Deciding what assessments to use involves considerations of the client’s capabilities for participating in them. It depends on the purpose and direction of the program of services--one should gather information that informs service delivery, It also depends on the logistics of the context including the kind of information already available and gathered by the interdisciplinary team, the length stay (which has bearing on how much time one spends in evaluation). All of these and other considerations influence the ultimate choice of assessments. For example on our adolescent unit, we are now reviewing the assessment process. Our adolescents typically have cognitive impairments along with psychiatric/behavioral problems, the length of hospitalization is relatively long for an inpatient stay (4 weeks or longer) and we have an active process of discharge and consultation to the discharge placement. These adolescents are wards of the state and are being discharged generally to a community based group living situation. Adolescents generally come to the unit in crisis and an initial OT evaluation is mandated. For this reason, we are planning a relatively non-threatening initial evaluation that also supports rapport-building. We plan to follow that evaluation with more detailed evaluation process during the hospitalization that will inform both intervention and discharge planning. We are working on developing a discharge evaluation that focuses on management issues and client environmental needs, given our role in discharge and placement consultations. We decided that a useful initial evaluation would be a self-assessment as it gives the adolescent a measure of control in the evaluation process. Ordinarily one would use the OSA with an adolescent population but the cognitive level of many clients lead us to look at the Child Occupational Self Assessment (which is still under development here). It appeared that this assessment will work and we are piloting its use now on the unit and expect this experience will also suggest some modifications (for example, there are some items that ask about "family" that need to be modified to reflect the fact that our clients do not live with their families. Also, we are finding that the paper and pencil form may be too demanding to some clients and so we are planning to develop an alternative format--a card sort with pictorial representation of the items. The instrument will be administered as an activity-interview. I hope this gives you some idea of how we go about deciding assessments. Other assessments, which are potentially relevant to adolescent populations, include the AMPS, ACIS, Volitional Questionnaire, OPHI-II, OCAIRS, Role Checklist, Interest checklist (I recommend one modified for one's cultural context) and Occupational Questionnaire. Depending on whether the adolescents have school or work involvements the assessments developed for these specialized settings may be useful. Information on these assessments is available on the website. You will also find a number of articles relevant to an adolescent psychiatric population that may give ideas for intervention.
Thank you very much for your replies. You have helped me to make some final decisions about my requests for assessment tools, as I have been unable to view them for myself. Genevieve, I have outlined more detail as per your inquiry below.

I work in an adolescent mental health unit (15 bed) that receives referrals primarily from acute adolescent inpatient facilities, psychiatrists and from community based/outpatient Child and Youth Mental Health Services. Our unit has an onsite school, and we utilize community facilities wherever possible, and link consumers into community agencies prior to discharge. The majority of the time consumers are referred without any prior OT intervention. Admissions are ordinarily for a 2-week period, after which we have a detailed case review to determine suitability for full admission, likely intervention/further assessment, and initial stages of discharge planning. Community agencies involved previously ordinarily attend this meeting as well. At times consumers are discharged with community follow up after the 2-week period. Approx 2/3 are admitted on a longer-term basis ranging from 1 month to over 12 months in complex cases. Our primary diagnoses include depression, posttraumatic stress disorder (often post sexual abuse), post acute eating disorders, psychosis, Aspergers, tourettes. Often there are associated parent-child family problems. Approx 75% of our consumers do not have significant cognitive impairments, although communication disorders are often identified during admission and assessment by our Speech Language Pathologist. I have been in this position for 10 months and so far my role has been focused mostly around roles/time use/sense of self/living skills and intervention relating to skill enhancement and recommendations for discharge planning and support/management techniques. I also facilitate group programs including a self-esteem program.

I have been using an initial interview (adolescent relevant, around the above topics), the role checklist and completion of a personal information form to assist in screening areas for further assessment and potential intervention if consumers remain after the 2 week period. I complete this interview with the consumer, telephone or interview parents, and liaise with nursing staff to check on the reliability of info obtained. Other assessments I may use during a full admission have included the AMPS, Adolescent Interest Profiles, observation/analysis of living skills (e.g. using the Domestic and Community Skills Assessment as a guide, as it is designed for use with adults), motor and visual perceptual assessments, and the Vocational Interest Survey of Australia. I am looking forward to obtaining further assessments and being able to use some more standardized tools.

Lyndal McCasker
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