# CHAPTER IX

# TRANSITION AGE YOUTH ASSESSMENT

***"Ask questions from your heart and you will be answered from the heart."***

**— OMAHA TRIBE**

# CHAPTER VIII

## TRANSITION AGE YOUTH ASSESSMENT

When doing Transition Age Youth (TAY) assessments, providers are responsible for assuring that the strengths, abilities, hopes, and dreams — as well as the needs and challenges — of individuals and families seeking help are fully identified, appreciated and understood. This is the task of assessment. In turn, assessment supports the creation of responsive, efficacious plans and services that are person and family centered, as well as consistent with the expressed values, culture and wishes of those receiving services.

But assessment is more than the mere gathering of information; it is the start of building a trusting, helping, healing relationship, the forging of an alliance upon which to build a plan responsive to the needs of the youth and family. We can begin to say that the assessment is person-centered, when, in the process of assessment:

- Each TAY is viewed as a person of worth and is respected as such;
- Each TAY has the right to self direction, (i.e. to choose their own values and goals and to make their own decisions[9]); and
- Each assessment is an ongoing event that unfolds as the youth reveals more of himself or herself.

While there is no question that the accuracy and quality of information is important, *how* it is collected is perhaps even more critical. In many instances it is easy to confuse the process of assessment with the requirements of paperwork and forms, but ultimately assessment is all about building a relationship.

A recent text on treatment planning suggests that: "A semi-structured [interview] format is recommended as the best means of gathering information from the patient [sic]...this ensures that all interview information that is generally helpful or needed in formulating a clinical picture of the patient is obtained."[10] While the use of semi-structured interview guides has its benefits, the "conversational and less formal" approach, which focuses on "bonding" with the TAY rather than collecting information or promoting a particular service, is more appropriate if services are to be person-centered.[11] One of the best ways to engage a TAY or family is to focus on their goals, hopes, wishes and dreams. This is especially true with youth who may form important treatment decisions based on one visit with a provider depending upon how the youth felt the chemistry was. This is also very closely tied to a strengths oriented approach that is at the heart of notions of recovery, wellness and resiliency.

There are always certain record keeping requirements that the State contract demands, as stipulated in contracts between county mental health plans and State Department of Mental Heath. The demands of documentation requirements and the process of successfully assessing TAY have to be balanced. While it is important to be mindful of addressing the various life domains found in a comprehensive bio-psychosocial assessment, it is equally important to

[9] Patterson, CH, and Watkins, CE, Some Essentials of a Client Centered Approach to Assessment, *Measurement and Evaluation in Guidance*, 1982, 15, 103-106.

[10] Maruish, ME. *Essentials of Treatment Planning*. John Wiley and Sons, New York, 2002.

[11] Hodge, MS, et al. Practical Application of Recovery Principles in Clinical Practice—The Ohio Experience, unpublished manuscript, 2003.

consider “how” this activity takes place. If the Medi-Cal provider views the assessment task in a routine manner, simply attempting to “fill out the form”, it is likely to result in a less than satisfactory experience for the youth. Keeping in mind a “forward looking” approach will help the clinician focus on an appropriate and effective interview process. As Daniel Levinson reminds us is in his “Seasons of Life”, youth hold a dream or image of themselves in the adult world that guides their decision making. If the clinician does not allow that image to emerge during the assessment process, than the youth may quickly loose interest. The information will thus not be meaningful.

The words triage, screening and assessment are often used interchangeably resulting in some degree of confusion for everyone. While they are related processes they also represent distinct clinical functions. For the purposes of our discussion here, the following definitions are offered:

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| *triage* | a process of assigning priorities for access to treatment based on urgency and risk, typically but not necessarily used in emergency or crisis situations |
| *screening* | a cursory of preliminary assessment process for determining the need and appropriateness of services, often times used in initial determination of eligibility, level of care, etc. |
| *assessment* | an in-depth gathering of data and information, typically conducted at the initiation of treatment, needed to understand an individual or family’s needs as a pre-requisite for developing a plan of care |

Too often an assessment begins by focusing on what is wrong, (i.e. the clinician starts off with a crisis approach that sets the initial tone with a problem or deficit attitude). In a recovery oriented person-centered approach, the challenge is to think about more positive, inviting, and affirming ways of helping and engaging the TAY and his/her family who may be seeking help. The need to accept and “meet the person on their own terms” is an oft recited phrase, but what this really means in responding to an individual’s or family’s request for assistance needs further consideration. Sometimes simply asking the neutral and inviting question “How can I be of help?” begins to realign some of the inherent and at times undermining power differentials in the relationship between the provider and the TAY seeking services. This begins to set the stage for a more positive and productive course. There are times when this process is framed as one of alliance building or engagement. While this may at one level be accurate, the importance of the tone, quality and experience of the relationship cannot be over-estimated. Treating TAY with dignity and respect should always be our standard of practice and guiding rule — regardless of the circumstance.

Another approach is to actually begin with some form of an orientation where the clinician provides some preparatory information, rather than immediately engage in data gathering and assessment. There are multiple levels of orientation to consider: orientation to the larger concept of mental health, orientation to the service organization and available services, and/or orientation to a particular program. Depending on the needs, experience, knowledge and sophistication of the TAY and his/her family, all three levels of orientation might be indicated. Although providers are very familiar with the mental health and substance abuse service process, many of the youth and families coming to seek help are not. For many people, each new experience in seeking services

brings with it anxiety and uncertainty. Both TAY and adults will frequently come with fears and misconceptions, not knowing what to expect. Beginning with an explanation or overview of the whole process can go along way towards reducing anxieties, beginning to build the alliance, and supporting the assessment.

The importance of a strengths-based approach to assessment cannot be underestimated. A focus on problems and deficits often leads to feelings of shame, blame and failure. This does not promote or support engagement and does not set the stage for recovery. A deficit approach emphasizes a negative perspective and often leaves the individual and family feeling that they *are* the problem. When a youth is made to dwell on past mistakes, chances are he/she will not want to return to that setting or treatment provider. There is a real opportunity to be empowering even in the process of gathering assessment information. In a strengths-based and person-centered approach, the focus is on action rather than uncovering all of the problem areas.[2] This helps to build trust, cooperation and meaningful involvement by the TAY and his/her family. Regardless of the philosophical orientation or the training of the provider, a strength-based approach can be quite effective. Some models such as White's Narrative approach, Solution Focused paradigms, or cognitive behavioral therapy lend themselves to defining the strengths of a family system and capitalizing on these as resources to be used as building blocks in future sessions.

In responding to a request for assistance, be it self-referral or involuntary commitment, the first step is to engage the TAY as a partner in telling his/her story and gathering information. Based upon the information gathered, understanding is the next step. If assessment is about *what*, understanding is about *why*.

Serving diverse multicultural multi-ethnic communities — where the issues of stigma, avoidance and the ability to trust mental health professionals is a real concern — can further complicate the task of assessment. However, with careful attention to each TAY, and sensitivity to their unique cultural and ethnic background, success in building a relationship and learning about their needs can be achieved.

Assessment is often described as being both "initial and ongoing." Assessment should definitely not be considered a one-time event. While information and understanding is necessary to start the service process, achieving a personal vision of discovery, recovery and wellness is inevitably a dynamic process, which continuously incorporates new information generated in each individual's journey. As the youth progresses through treatment, his/her response to the intervention provides further information that has the potential to set new directions and priorities. The life of a youth is not static and rapid changes are occurring apart from our efforts to assist.  Accordingly assessment becomes an integral part of the helping relationship. If recovery is a process of growth and development, assessment and the gathering of information over time becomes an essential component.

Although there are no standard rules or proscriptions for the proper period of review and update of an assessment, it should be timely and relevant to the process of providing services. As a guiding principle, a formal and comprehensive reassessment should be considered in the provision of long-term services at minimum every year; in all likelihood more focused reassessments will occur more frequently. Since a youth can generate so much activity in a brief period, and dramatic decisions can happen quickly, shorter-term plans are probably more helpful.

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[2] Wagner, R. and Clark, H.B., *Strength Discovery Assessment Process for Transition Aged Youths and Young Adults*, University of South Florida.  http://tip.fmhi.usf.edu/files/StrengthDiscoverModule.pdf.

In more short-term or acute service settings; the period of reassessment should correspond to the time frames in each youth and family's plan and be related to the anticipated or average length of services. Midpoints are often convenient times for some formal reassessment. The transition age youth who continue beyond the customary duration of services are also good candidates for reassessment.

If assessment is about gathering information, then it is reasonable to ask how much is enough? What is the right amount of data? What is the right level of detail? The answer: an amount of the information sufficient to adequately understand the TAY and his/her family. In considering the scope of assessment and the range of topics to address, perhaps one type of information is more important or essential than all the rest: identifying the strengths of the TAY and his/her family. Knowing about a person's hopes, dreams, accomplishments, and self-esteem helps to better understand their challenges and needs. In fact, as Jay Haley contends, as a youth is preparing to leave home, if there are challenges that keep a family off balance, the youth will need to stay in the home to assist with finding the solutions. It is always better to conduct the assessment in the context of the entire family system, so the strengths of the system can be drawn upon to help launch the youth into adulthood.

Detail and depth should not be confused with breadth. It is important that every assessment is comprehensive. The full range of issues, topics and domains must be considered for each individual and family. However, tailoring the process to each TAY and circumstance requires the skill and experience of a trained and capable provider. Being person-centered in all phases of treatment must be reflected in the assessment process as well. Individualizing the breadth (comprehensiveness) and depth (level of detail) for each assessment assures that it is person-centered. At the same time, organizing the data gathering into domains or broader topic areas will minimize the risk of overlooking critical information. While being broad or comprehensive is a general criterion, the depth or detail of an assessment may vary depending on the immediacy and severity of a TAY's circumstances and the treatment setting. Not all domains require the same depth of inquiry or detail, at the same time.

Given the changing demographics of American society and the increasing diversity of communities, attending to the issues of culture in the process of assessment is critically important. Since the assessment phase often initiates the process of responding to need, assuring the cultural competence of our assessment is essential. In many respects a person-centered approach that focuses on the unique needs of each youth and family is the essence of a culturally competent approach. It is important to remember that culture does not refer only to matters of race and ethnicity but also to the myriad ways in which people self-identify and affiliate. Understanding this is central to any notion of being person and family centered. Remembering Erikson's fifth stage of development, this is especially true for the TAY. Youth are strongly involved in creating an identity versus facing an overwhelming sense of diffusion, so the provider is wise to focus on the areas where the TAY have focused their attention. We must strive to understand the individual and family in the context of their developmental stage, their culture and experience — and we must also be aware of the ways in which culture can create barriers in our efforts to respond.

When a youth has embraced an identity that feels authentic, often the TAY is ready to move into Erikson's stage of intimacy versus isolation. As providers we need to understand that in the assessment phase, the youth may feel most comfortable bringing along that significant other and we can view this as an adjunct rather than an interruption. In later sessions, it may be that the partner of the youth will provide pivotal data or inspiration for an effective intervention that will produce positive change.

A framework for considering human diversity can be thought of using the *ADDRESSING* mnemonic and includes the following factors:

- **A**ge and generational influences
- **D**evelopmental and acquired **D**isabilities
- **R**eligion and spiritual orientation
- **E**thnicity
- **S**ocioeconomic status
- **S**exual orientation
- **I**ndigenous heritage
- **N**ational origin
- **G**ender

In summary, assessment is the first and therefore an important step in initiating a person-centered plan and supporting an individual's and family's recovery.

**APPENDIX:**

- StrengthDiscoverModule.txt; Robert Wagner and "Rusty" Clark
  http://tip.fmhi.usf.edu
- Conducting the Initial Interview; Brian Salada

## ADDENDUM

## CHAPTER VIII

## INDIVIDUALIZED ASSESSMENT

### CONDUCTING THE INITIAL INTERVIEW
**BRIAN SALADA, LMFT**

Several different theoretical approaches emphasize the importance of establishing a positive connection with the client in the initial interview session. Typically, the first session is seen as an opportunity to acquire information that will be necessary in assessing the client's needs, resources, and goals for therapy. Moreover, it is a time to find out some background information about the client's life experiences. However, the most important outcome of the first session is to establish a positive working relationship with the client. If this is not accomplished, a second session may never occur.

From one perspective, the initial interview may also be defined as a distinctive assessment phase during which the clinician conducting the assessment will try to gather information about the client that will be used in guiding the type of treatment that is later employed. The initial session often also involves some degree of actual treatment. The process of empathic listening while a client describes his or her problems can itself be seen as a form of treatment intervention. Therefore, the distinction is not always clear between the phases of assessment and treatment; both are part of an intertwined ongoing process.

One way of looking at the assessment process is to highlight the basic components of this initial phase. That is what needs to occur in term of basic guidelines for the assessment process. In their book, Introduction to Counseling and Guidance, Gibson and Mitchell emphasize six basic principles as a framework for beginning the delicate process of the individual assessment.

1. Each individual human being is unique, and this uniqueness is to be valued despite the typical pressures to standardize and categorize a client's emotional and behavioral issues. Assessment is a means of emphasizing the uniqueness of the individual and this uniqueness is to be valued.
2. Each person is distinct from others. Individual assessment seeks to identify the special talents, skills and interest of the person. The clinician should focus on the strengths and challenges of the individual. It is important to recognize that we all have shortcomings and that identifying them can be part of the process of overcoming them.
3. The direct participation of the person in his or her assessment is a necessity. The person should be directly and willingly involved in the assessment process. The client should have opportunities to clarify and expand on the clinician's interpretation of information presented.
4. Assessment instrumentation (e.g., forms) can inhibit accurate assessment. It is important that clinicians receive appropriate training on the instruments that are used in the assessment, and that they recognize the limitations of instruments as well as their potential.
5. A goal of assessment should be to identify the potential of each person. The process should be one of optimism and the identification of positive goals and positive planning.

6. Human assessment follows established professional guidelines. Therapists need to be aware of their professional ethics which govern the assessment process.

In the book, Theories of Counseling and Psychotherapy: A Multicultural Perspective (Ivey, D'Andrea, Ivey and Simek-Morgan), the authors discuss the use of the five-stage interview model in therapy. The first stage is defined as establishing rapport and structure. The purpose of this phase is to build a working relationship with the client and to enable the client to feel comfortable with the interviewer. Explaining the purpose of the interview is an important component. Providing this structure helps keep the session on task and to inform the client what the counselor can and cannot do.

During stage one the counselor needs to utilize important micro-skills such as culturally and individually appropriate attending behaviors as well as the ability to observe client reactions. This is related to adjusting the pace and structure to meet individual and cultural needs. Establishing rapport early will later translate to an empathic bond between the client and therapist.

This initial phase may take place over a period of weeks. For example, working with acting out youth may require additional time to build rapport. As an example, Ivey et al. note that in Aboriginal Australia, social workers often spend more than half of the interview focusing on the family and social interconnections before even asking about the issue to be discussed. In contrast, it is noted that many middle-class people in North America often start talking about their problems quickly. However, it is still emphasized that rapport and trust need to be developed throughout the session.

There is also a great deal of emphasis placed on conducting the first interview in Strategic Therapy. The initial assessment phase often involves assessing the communication and relationship patterns between family members. In his book, Problem Solving Therapy, Jay Haley discusses specific stages of the first interview and emphasizes the need to immediately engage the family members in a positive and supportive manner. For example, the first stage is referred to as *the social stage.* During this phase the family members are greeted and made comfortable. All family members should be involved in the action, and particularly during the greeting phase. Haley indicates that the therapist should speak to each family member and find out his or her name. Information can include hobbies, interest, vocation, and so on. No discussion of the problem should occur prior to completion of the social stage. The analogy Haley uses is that of courtesy behavior one would use with guests in their own home. That is, everyone is greeted and made comfortable.

Haley also points out that that talking about personal problems to someone can be embarrassing. It is important to note the mood of the family. Family member's feelings may range from unhappy to desperate. The therapist should try to match the mood of the family. The first session is a time to note the relations between the family members by observing how family members sit in relation to one another and how they speak to one another. It is important to keep any conclusions the therapist might draw as tentative to avoid getting set in one way of thinking about the family. It is important for the therapist not to prematurely share his/her observations with the family and risk being wrong and/or raising the family members' defensiveness.

The second phase of the first session is referred to as the *problem phase.* Haley suggests that this phase should be clearly distinguished from the social stage to highlight that this is a therapy situation. Problems can be asked about in different ways. For example, the therapist can ask the family, "What changes do you want?" to frame the therapy situation as one of change. Again, Haley places great emphasis on asking each family member what their perspective is and

respecting the hierarchy of the family in consideration of parents' authority position. He suggests the use of toys and play items to facilitate children's communication. Finally, he stresses the importance of not giving advice to the family during this phase.

The next phase of the first session is called *the interactive phase.* During this phase family members are encouraged to talk about their concerns with one another. This allows the family to communicate directly with one another and the therapist to get a better understanding of how the family discusses their concerns. This is part of the assessment process because the pattern of communication will say something about structure of the family insofar as who talks to whom, what each person emphasizes and how each person expresses him or herself.

The last phase of the session focuses on *defining desired changes.* In this phase, the therapist asks each family member about the changes they want to see occur as a result of the therapy. During this phase a contract is established with the family. It is important that the therapist focuses on the problem the family wants to see changed as opposed to telling the family what the therapist thinks should change.

Haley states there are several useful guidelines to consider in the first session. For example, the therapist should avoid being too professional and detached from the family. The therapist's approach should be positive and engender a sense of hope. The therapist should show the family he has something to offer them and help to bring about change.

There are common elements among each of these approaches for the clinician's first contact with the client. First, each approach emphasizes establishing a positive climate of change. This increases the likelihood of the client returning to treatment and enhances the working relationship with the clinician. Secondly, each approach emphasizes the need to understand from the client what their concerns are as well as their goals for treatment. Finally, the common emphasis is to recognize the unique qualities of each individual and their family in assessing their needs and developing a collaborative plan with them toward the achievement of their goals.

## REFERENCES

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