

UTAH PUBLIC MENTAL HEALTH SYSTEM Preferred Practice Guidelines

Assessment of Adults (May include screening)

1. Assessment principles: Assessment is an on-going process including a working alliance with the client. Therefore working diagnoses may change and shall be continuously evaluated and updated consistent with new information.
2. The client is assessed and a determination is made based on the findings of the need for services. If services are clinically indicated, the client is connected with relevant treatment staff, or is facilitated to begin treatment at the agency deemed most appropriate. Immediate safety needs of the client are addressed.
3. A diagnosis is made based upon the current Diagnostic Statistical Manual of the American Psychiatric Association (DSM) criteria. There shall be adequate justification for the diagnosis and the assessment shall clearly indicate the need for immediate treatment/recovery goals.
4. Information for creating a person centered treatment/recovery plan shall be documented.
5. Person Centered and strengths-based questions will lead both client and therapist in a solution-oriented direction. This establishes a bridge between assessment and development of a person centered treatment/recovery plan.
6. A written individual treatment/recovery plan shall be developed for each person being treated for mental health by the appropriate qualified health provider. The plan shall:
 - 6a. Be consistent with standard for individual treatment/recovery plans,
 - 6b. Incorporate the goals of the client and include the involvement of family and natural supports,
 - 6c. Respect the wishes and needs of the client within in funding limitations and clinical best practice.
7. Assessments shall be provided in a culturally competent manner.
8. The client's description of the presenting problem initiates the assessment. Dealing with the client in an empathetic manner shall be given equal attention to information gathering.
9. Whenever an adult is seen who has a previous psychiatric diagnosis, the assessing clinician shall re-evaluate the appropriateness of the diagnosis.

10. Individualized treatment/recovery planning is initiated based on the information gathered which connects the presenting problem to the resources or interventions available.
11. The context of the presenting symptoms shall be gathered/obtained with special attention to the following:
 - 11a. When were the symptoms noticed and under what circumstance? (How long, how often how severe?) To what degree are the symptoms impairing daily functioning?
 - 11b. Are the psychiatric symptoms associated with physical symptoms?
 - 11c. Are the symptoms associated with the use of substances, or are substances being used to self-medicate the symptoms? This is best assessed when history taking, and again when the working alliance is fully established.
 - 11d. Are the symptoms associated with other co occurring conditions?
12. The Utah Scale for Serious and Persistent Mental Illness (SPMI) shall be completed as part of the assessment and updated annually. The assessment shall also include, but is not limited to:
 - 12a. Family or origin and current family information.
 - 12b. Current living circumstance, including: housing, access to the necessities of living, family involvement, social support, current job status and employment.
 - 12c. Relationship history, including the ability to establish and sustain satisfying relationships.
 - 12d. Physical symptoms and medical history, including medications and allergies.
 - 12e. Impulses or history toward harm to self or others.
 - 12f. Legal history, including history of personal and family psychiatric treatment.
 - 12g. Symptoms, history and current patterns of personal and family alcohol/substance abuse or dependency.
 - 12h. History of traumatic experiences.
 - 12i. Other personal history including developmental milestones and work history.

- 12j. Indicators of potential violence towards others, including history of or impulses towards violence.
- 12k. Mental status exam.

These Guidelines have been revised by the Utah Behavioral Health Clinic Sub-Committee and approved by the Utah Behavioral Health Committee

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