

# WHAT IS A COMPREHENSIVE ASSESSMENT?

2009 NAPSA CONFERENCE  
Charlotte, NC

# PRESENTERS

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# Workshop Agenda

- Review NAPSA standard re: assessments
- Hear from 2 practitioners
- Look at several models
- Audience participation

**PERFORMANCE STANDARDS  
AND GOALS  
FOR  
PRETRIAL DIVERSION/INTERVENTION  
  
NATIONAL ASSOCIATION OF PRETRIAL  
SERVICES AGENCIES**

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# PART V: INTERVENTION SERVICES

## STANDARD 5.1

A pretrial diversion/intervention plan should be developed through the use of a **comprehensive assessment** of the defendant and address specific needs related to reducing future criminal behavior. Intervention plans should not be designed to respond only to the crime charged.

# COMMENTARY ON STANDARD 5.1

- Pretrial services practitioners agree that programs should assess the individual risk factors and corresponding needs of the participant rather than develop an intervention plan based only on the crime that was allegedly committed.

# COMMENTARY - *CONTINUED*

- The premise is that by addressing the risk factors of the participant which most likely drove the behavior that brought him or her to the attention of the system, the probability of future arrests is minimized.

## COMMENTARY - *CONTINUED ONCE AGAIN*

- Intervention plans should reflect an awareness of the offense charged but contain a strategy to cope with the conduct that led to the participant's arrest.
- Adherence to a model of providing services based on the individual risk factors of participants necessitates that the diversion/intervention program staff conduct a thorough and competent assessment.

## COMMENTARY – *CONCLUDED*

- Every effort must be made to **be culturally sensitive in making assessments and developing intervention plans.** To meet the diverse needs of participants, the program must offer comprehensive services either in house or through referral to community based resources.

Which assessment tool is recommended by the standards for a thorough and competent assessment ?

There is no assessment tool recommended by the standards.

# However,

Every program should choose or develop an assessment tool(s)

- that best identifies the needs/risks of the clients it serves, and
- provides program staff the information necessary to design an appropriate intervention plan.

# CLINICAL ASSESSMENT

Usually involves a clinician /practitioner interviewing a client by asking a series of questions. The information gathered is used to make decisions regarding intervention/treatment plans.

# BIOPSYCHOSOCIAL ASSESSMENT

- DEMOGRAPHICS
- EMPLOYMENT DATA
- HEALTH DATA
- PSYCHOLOGICAL
- FAMILY/SOCIAL
- VOCATIONAL/EUCATIONAL
- STRENGTHS/NEEDS ABILITIES/PREFERENCES
- LEGAL STATUS /HISTORY
- SUBSTANCE ABUSE HISTORY

# ACTUARIAL ASSESSMENT TOOL

- An actuarial assessment tool asks the same set of questions, asks them in the same way and interprets the answers consistently.
- An actuarial tool may involve an interview by a clinician but the content of the interview is based upon known patterns in the data.

# CAGE Substance Abuse Screening

1. Have you ever felt you should **C**ut down on your drinking or drug use?
2. Have people **A**nnoyed you by criticizing your drinking or drug use?
3. Have you ever felt **G**uilty about your drinking or drug use?
4. Have you had an **E**ye-opener first thing in the morning to steady nerves or get rid of a hangover? (or) Do you ever use drugs to change the effects of another drug you have taken?

Even 1 “yes” answer suggests a possible problem with alcohol. More than 1 “yes” means that is highly likely that a problem with alcohol exists.

# SC 15<sup>th</sup> Judicial Circuit Solicitor's Diversion Programs

Mary Christmas Powell  
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Conway, SC

# Assessment Form S.C. 15<sup>th</sup> Circuit (1)

## 1. ARREST HISTORY

- *Charge(s):*
- *Date of charge:      Time of Charge:*
- *Explain charge:*
- *Using Alcohol: Yes No How much:*
- *Using Drugs: Yes No What drug(s):*
- *Were you taken to jail: Yes No      Where were you taken:*
- *How long were you there:      co-defendants: Yes No*
- *What happened to their charge(s):*
- *How do you feel about the charge:*
- *Prior charge(s):      Any charges since:*

## 2. FAMILY

- *Age Who do you currently live with:*
- *State Born: How long lived here: Like it here: Yes  
No*
- *Why did you move here:*
- *Parent's marital status:*
- *Relationships with: Mom / Dad / Step-Mom / Step-Dad /  
-Siblings: Other family members:*
- *Describe Childhood:*
- *Occupation of Mom: Occupation of Dad:*
- *Discipline: Raised in church: Yes No*
- *Current Church attendance: Yes Where: No Why  
not:*
- *Marital Status: Children/Ages:*

### 3. SOCIAL

- *Sexual orientation: Heterosexual Homosexual Bisexual Transsexual*
- *Boyfriend Girlfriend Husband Wife None*
- *Age: Occupation:*
- *Length of relationship: Describe him/her:*
- *Describe the relationship:*
- *Activities with significant other:*
- *Use alcohol Yes No drugs Yes No*
- *Parents approve of relationship: Yes No*
- *Sexually active: Yes No*
- *Past romantic relationship(s):*
- *Describe your friends:*

### **3. Social -continued**

- *Activities with friends:*
- *Do they use alcohol/drugs: Yes No*
- *Parents approve of friends: Yes No*
- *Easily influenced by others: Yes No*
- *Hobbies/Interests/Activities:*
- *Ever involved in gang activity: Yes No*
- *Driver's license: Yes No Transportation:*
  
- *Happiest time of life:*
- *Saddest time of life:*
- *Biggest problem:*

## 4. EMPLOYMENT/SCHOOL

- *Graduated from High School- What year: School:*
- *Did not graduate from High School- Highest grade completed: Why GED: Yes No*
- *Currently in School – Expected to graduated: School:*
- *Activities/Clubs: School performance:*
- *College/Further Education:*
- *Military Experience:*
- *Current Employer: Position held: How long there:*
- *Enjoy: Yes No Schedule: Average weekly hours:*
- *Pay period: weekly/biweekly monthly other*
- *Previous employment: Longest duration of job held: where: Future career plans:*

# Assessment – S.C. 15<sup>th</sup> Circuit (6)

<b>Drug</b>	<b>First Use</b>	<b>Frequency &amp; Quantity</b>	<b>Last Use</b>
<i>Alcohol</i>			
<i>Marijuana</i>			
<i>Cocaine</i>			
<i>Mushrooms</i>			
<i>Acid/LSD</i>			
<i>Heroin</i> <i>ETC.....</i>			

## **5. Substance Abuse History**

- *After heavy drinking or using other drugs, do you require a drink or drug the next morning? Yes No*
- *Do you prefer to drink or use drugs alone? Yes No*
- *Do you loose time from work because of drinking or using drugs? Yes No*
- *Does your drinking or use of drugs cause problems at home? Yes No*
- *Does drinking or using drugs cause difficulty in your sleeping habits? Yes No*
- *Can you get through the week without using alcohol or illegal drugs? Yes No*
- *Do you use more than one drug at a time? Yes No*

- **5. Substance Abuse History – con't**
- *Are you able to stop drinking alcohol or using drugs when you want to? Yes No*
- *Have you ever had a loss of memory as a result of alcohol or drugs? Yes No*
- *Have you ever felt remorse or guilt as a result of use? Yes No*
- *Have you ever lost friends because of your use? Yes No*
- *Have you ever experienced a hangover? Yes No, How often: Last hangover: Consumption:*
- *Have you ever gotten into fights while under the influence? Yes No*
- *Do you feel alcohol/drugs has ever been a problem? Yes No*

## **5. SUBSTANCE ABUSE HISTORY - CONTINUED**

- *Have you ever been involved in a treatment program related to alcohol/drug abuse? Yes No*
- *Explain:*
- *Family history:*
- *Opinion:*
- *Alcohol:*
- *Marijuana:*
- *Cocaine:*
- *Crack:*
- *Current prescription medications:*
- *Doctor:                      Medical problems:*

## 6. EMOTIONAL HEALTH

*Current stress level:* 1 2 3 4 5 6 7 8 9 10

*Stressors: How do you deal with stress:*

*Financial responsibilities: Stable: Yes No*

*Happy person: Yes No Like about self: Dislikes:*

*Have you ever experienced?*

*Loss of appetite/eating disorder Yes No*

*Loss of sleep/nightmares Yes No*

*Severe sadness Yes No*

*Anxiety Yes No*

*Feeling of inadequacy Yes No*

*Loss of motivation Yes No*

*Suicidal impulses/attempts Yes No*

*Self Mutilation Yes No*

## 6. EMOTIONAL HEALTH - CONTINUED

- *Family history of mental illness:*
- *History of counseling/treatment: Yes No Explain:*
- *Do you feel that you need counseling for any reason: Yes No Why:*
- *Abuse: Physical Emotional Sexual*
- *Have you ever been the victim of a crime: Yes No*
- *Discrimination against any particular group of people: Yes No*
- *Are you angry often: Yes No*
- *Physical altercations: Yes No*
- *Violent: Yes No*

## 7. GOALS

- *Purpose in life:*
- *Goals:*
- *One thing you need to work on the most:*

- DISCUSSION OF THE ASSESSMENT FORM

# Pre-Trial Services Corporation of the Monroe County Bar Association

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# DIVERSION INTAKE FORM

Name \_\_\_\_\_ Gender M F  
Race B W H A Other \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_  
Marital Status N M S D W SSN \_\_\_\_\_

## Primary Address

- Resides With (Name) \_\_\_\_\_ Relationship \_\_\_\_\_
- Phone \_\_\_\_\_ Cell \_\_\_\_\_ Alternate \_\_\_\_\_

## Alternate Address

- Resides With (Name) \_\_\_\_\_  
Relationship \_\_\_\_\_

Religious Preference \_\_\_\_\_  
Active                      Not Active

## DIVERSION INTAKE FORM (2)

### LEGAL INFORMATION

- Court \_\_\_\_\_ NCD/Time \_\_\_\_\_ Judge \_\_\_\_\_
- Attorney \_\_\_\_\_ P PD CD
- Phone \_\_\_\_\_
- Charges \_\_\_\_\_
- Arrest date \_\_\_\_\_ Arrest Information  
\_\_\_\_\_
- Currently on Probation Y N Officer \_\_\_\_\_
- Currently on Parole Y N Officer \_\_\_\_\_
- Currently in ATI Y N  
Officer \_\_\_\_\_ Phone \_\_\_\_\_

DIVERSION INTAKE FORM (3)

**PENDING CHARGES:**

- Charge \_\_\_\_\_ Charge \_\_\_\_\_
- Judge/Court \_\_\_\_\_ Judge/Court \_\_\_\_\_
- Attorney \_\_\_\_\_ Attorney \_\_\_\_\_
- NCD \_\_\_\_\_ NCD \_\_\_\_\_

**PRIOR CRIMINAL HISTORY:**

- None \_\_\_\_\_ Misd \_\_\_\_\_ Felony \_\_\_\_\_  
Arrest/No Conv \_\_\_\_\_ JD/YO \_\_\_\_\_ Describe

**DWI RELATED INFORMATION:**

- Previous BAC's \_\_\_\_\_
- Current BAC \_\_\_\_\_
- DDP Program Y N When/Where
- Successful Completion Y N

## DIVERSION INTAKE FORM (4)

### EDUCATION

- Highest Grade Completed \_\_\_\_ School \_\_\_\_\_  
Where \_\_\_\_\_
- College/Special Training \_\_\_\_\_  
Where \_\_\_\_\_ When \_\_\_\_\_
- Educational Goals

### EMPLOYMENT

- Status: Employed FT   Employed PT   DSS   UI   VA   SSI   Family  
Retired   Disability   NVMS
- Employer \_\_\_\_\_ Supervisor \_\_\_\_\_
- Address \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_
- Job \_\_\_\_\_ Dates Employed \_\_\_\_\_

DIVERSION INTAKE FORM(5)

**EMPLOYMENT – CON'T**

- Gross Monthly Income \_\_\_\_\_ Sources \_\_\_\_\_
- Previous Employer
- Job
- Reason for Leaving
- Dates Employed
- Employment Goals

**MILITARY EXPERIENCE**

- Military Y N Branch \_\_\_\_\_
- Dates \_\_\_\_\_ Discharge \_\_\_\_\_

## DIVERSION INTAKE FORM (6)

### PHYSICAL HEALTH

- Health care provider: Medical Insurance: Y N
- If yes, Type: If no, are you DSS eligible: Y N
- Current medical problems: Rx: Release signed: Y N

### MENTAL HEALTH HISTORY

- Currently under care: Y N With Whom:
- Referral Agent: For: Dates:
- When diagnosed? How long attending? Last time attended?  
Release signed? Y N

## DIVERSION INTAKE FORM (7)

### MENTAL HEALTH – CON'T

- Past mental health tx: Y N Provider/Therapist: For: Dates:
- Interested in Treatment? Y N If yes, for what?
- Medication: Current/Past Y N Rx: How Long: Rx: Last date medication taken:

### AFFECT/SUICIDE

- Current feelings: \_\_\_\_\_ Any changes in mood in last six months: Y N If so, what? \_\_\_\_\_
- Current suicidal/homicidal ideations: Y N Plan: Y N
- Past suicidal/homicidal ideations: Y N Gestures: Y N  
Dates: Hospitalized: Y N

## DIVERSION INTAKE FORM (8)

### DRUG/ALCOHOL HISTORY

- Currently using drugs: Y N If no, in past? Y N
- Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_
- How much: \_\_\_\_\_ How much: \_\_\_\_\_
- How often: \_\_\_\_\_ How often: \_\_\_\_\_
- Method: \_\_\_\_\_ Method: \_\_\_\_\_
- Last used: \_\_\_\_\_ Last used: \_\_\_\_\_
- Length of use: \_\_\_\_\_ Length of use: \_\_\_\_\_
- Withdrawal: Current/Past \_\_\_\_\_ Family Use? \_\_\_\_\_
- Periods of abstinence: \_\_\_\_\_ How maintained: \_\_\_\_\_
- History of Relapse: Y N What triggered last relapse?

## DIVERSION INTAKE FORM (9)

### **DRUG/ALCOHOL HISTORY – CON'T**

- Currently in Drug/Alcohol Treatment: Y N
- Provider: \_\_\_\_\_ Type of Treatment/Phase
- Primary counselor: \_\_\_\_\_ Who Referred? Release signed: Y N
- How long attending? \_\_\_\_\_ Date last attended?
- Past Treatment: Y N When and Where:
- Who Referred? Interested in treatment? Y N
- Notes:

### **FAMILY/RELATIONSHIP HISTORY**

- Family of Origin Information
- Current Family Information/Children
- Support System

## DIVERSION INTAKE FORM

(10)

### NEEDS ASSESSMENT

- Marital Issues \_\_\_\_\_ Family Issues \_\_\_\_\_
- Interpersonal Issues \_\_\_\_\_ Medical Issues \_\_\_\_\_
- Drug Issues \_\_\_\_\_ Alcohol Issues \_\_\_\_\_
- Housing Issues \_\_\_\_\_ Mental Health Issues \_\_\_\_\_
- Sexual Issues \_\_\_\_\_ Employment \_\_\_\_\_
- Learning/Developmental Issues \_\_\_\_\_

- **CLIENT ARTICULATED GOALS:**

- **COUNSELOR IMPRESSIONS:**

- **PLAN:**

- **Next Office Visit:**

# DISCUSSION OF THE DIVERSION INTAKE FORM

# OTHER ASSESSMENT TOOLS

# Combination of Assessment Tools

- Kansas – Intake questionnaire, CAGE and LSI
- Kentucky – Questionnaire and K6 Mental Health Screen
- Drug Courts – intake questionnaire and extensive drug history inventory- CAGE

# EXPANDED CAGE - LEXINGTON, SC DRUG COURT (1)

## 1-4 CAGE Questions:

1. Have you ever felt you should **C**ut down on your drinking or drug use?
2. Have people **A**nnoyed you by criticizing your drinking or drug use?
3. Have you ever felt **G**uilty about your drinking or drug use?
4. Have you had an **E**ye-opener first thing in the morning to steady nerves or get rid of a hangover? (or) Do you ever use drugs to change the effects of another drug you have taken?

EXPANDED CAGE  
LEXINGTON, SC DRUG COURT (2)

EXPANDED WITH THESE QUESTIONS:

5. I have used drugs or alcohol more than I should.
6. My repeated alcohol and/or drug use has resulted in poor performance and absences at school or work or neglecting my household duties and even children.
7. I have repeatedly used alcohol and/or drugs in physically hazardous/dangerous situations like driving, swimming or boating.
8. My drinking and/or drug use has resulted in arrests and legal problems.

EXPANDED CAGE

LEXINGTON, SC DRUG COURT (3)

9. A family member or friend has asked me to get help for my drug problem.
10. I have continued drinking and/or using drugs despite recurrent social or family arguments about my substance use.
11. I have had to use much more alcohol and/or drugs despite recurrent social or family arguments about my substance use.
12. I have had withdrawal symptoms like trouble sleeping, tremors, sweating, anxiety, nausea or vomiting after reducing or stopping heavy alcohol or drug use.

13. I have lied to people about my use of drugs-either saying I use less than I really do, or hiding the fact that I use drugs at all.
14. When drinking using drugs, I often use more over a longer period than I intended.
15. I have tried but cannot reduce, cut down, control or stop using alcohol and/or drugs.
16. I spend a lot of time getting alcohol and/or drugs, using them or recovering from their effects

17. I need assistance to overcome my drinking problem.
18. I have given up many social, occupational or recreational activities because of my use of alcohol and/or drugs.
19. I continue to drink and/or use drugs even though I am aware of the harmful effects of repeated substance use.
20. I only use marijuana or cocaine socially.

# Scoring Expanded CAGE (6)

- 6 – 11 are questions related to someone who may be abusing. 2 “yes” responses is an indicator that this individual is an abuser.
- 12 – 19 are questions related to someone who may be dependent. 3 or more yes responses are an indicator that this individual is dependent.
- 5 and 20 are questions to determine some level of truthfulness, but they are also questions used to determine abuse or dependence.

# K6 Mental Health Screen

## K6 Scale core items

The following questions ask about how you have been feeling during the past 30 days. For each question, please circle the number that best describes how often you had this feeling.

Q1. During the past 30 days, about how often did you feel...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. ...nervous?	0	1	2	3	4
b. ...hopeless?	0	1	2	3	4
c. ...restless or fidgety?	0	1	2	3	4
d. ...so depressed that nothing could cheer you up?	0	1	2	3	4
e. ...that everything was an effort?	0	1	2	3	4
f. ...worthless?	0	1	2	3	4

# K6 Mental Health Screen

- **TOTAL SCORE:** \_\_\_\_\_
- \*\*If the client scores 13 or higher, it is recommended that service provider consider referring the client to a mental health resource for further support. If the score is below 13, the client may not need a referral; however, if the service provider or the client feels that a referral to a resource should be made, proceed with the referral. If a mental health crisis is suspected, follow service provider organization's standard procedures. The following questions may be used to assist a referral decision.

# K6 Mental Health Screen

## ADDITIONAL QUESTIONS

The following questions ask about prior contacts with mental health providers. For each question, please circle yes, no or no response.

1. Has a medical doctor ever prescribed you medication for an emotional problem, such as depression or nervousness?
2. Have you ever been hospitalized for an emotional or behavioral problem?
3. Did you receive special education services in school for an emotional or behavioral problem?

# K6 Mental Health Screen

4. Have you ever spoken to a counselor or psychologist about a personal problem?
5. Have you ever received treatment for an alcohol or drug problem?

[http://www.hcp.med.harvard.edu/ncs/k6\\_scales.php](http://www.hcp.med.harvard.edu/ncs/k6_scales.php)

# IN CONCLUSION

- There are a variety of assessment tools that can be used to conduct a thorough and comprehensive assessment.
- Each diversion program should research the tools and choose/develop an assessment that
  - best identifies the risks and needs of the clients it serves, and
  - provides program staff the information necessary to design appropriate intervention plans.