TAKE-HOME NOTES:

Assessing people with psychiatric rehabilitation needs

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This module offers guidance on:

- the purpose of assessment and a model for guiding this process
- adopting a broad approach to the assessment of symptoms, social functioning and recovery
- evaluating risk and challenging behaviours
- an approach to formulation and applying the assessment to goal planning.

Framework for assessment

- Three broad types of in-patient rehabilitation services can be identified: community rehabilitation units, high-dependency rehabilitation units and longer-term complex care units.
- A starting point for assessment is to determine whether or not the referred person's needs can be met by the particular unit.
- It is essential to set both realistic service aims and achievable individual goals, thus helping to avoid the common pitfalls associated with so-called 'treatment failure'.
- A useful model for assessing needs, whilst acknowledging the sometimes long-term nature of a person's difficulties, is the WHO International Classification of Functioning model.

What to assess

- Personal characteristics and the person's development and psychiatric history are likely to be important determinants of how they both respond to and are able to make use of rehabilitation services.
- It is important to assess the idiosyncratic course of the person's psychosis including the duration of untreated psychosis, the duration and fluctuation of symptoms, and the early signs of psychotic relapse. Assessment of symptoms may be carried out using specific tools such as the Positive and Negative Syndrome Scale (PANSS) (Kay et al, 1987).
- Assessment of negative symptoms is particularly important as these are often associated with a poorer long-term prognosis (Sharma & Harvey, 2002). Negative symptoms must be distinguished from other factors such as depression or environmental under-stimulation. The value of routinely testing cognitive functioning in everyday practice remains uncertain.
- Social functioning and circumstances are critical to a person's progress in rehabilitation. It is essential to understand what hinders people achieving their goals and the factors undermining their participation in society. Not only does this require an awareness of their personal strengths and weaknesses, but also of their social environment and networks, as well as broader societal issues relating to social inclusion.
- Personal recovery is increasingly recognised as central to the endeavours of rehabilitation. This involves consideration of the person's own hopes, aspirations and motivations for change, as well as acknowledging the importance of the rehabilitation process being led wherever possible by the person.

Evaluating problematic and risk behaviours

- Methods of risk assessment may be categorised as:
    - clinical judgement (unstructured)
    - actuarial assessment involving scoring individuals on tools which comprise known risk factors predictive of future risk for particular risk types; supports a structured professional judgment approach
    - anamnestic assessment based on what the person has done before and the circumstances involved
    - structured professional judgment as recommended by the Department of Health (2007) drawing on both clinical experience and the evidence base.
- A thorough risk assessment should routinely involve consideration of three types of factors (Blumenthal & Lavender, 2000): static/historical factors, dynamic stable factors and dynamic acute factors.
- Challenging behaviours are broader than risk behaviours in that they can include behaviours which limit the person's access to community facilities or social networks, or pose a challenge to staff, yet such behaviours may not be a risk to self or others.

Using the assessment in goal planning

- A number of stages can be delineated in moving from assessment to formulation and finally goal planning. After the initial assessment of needs and consideration of barriers to participation, staff, ideally alongside the person, need to identify a few barriers (eg. three). This allows some movement for the person without overwhelming them or the staff team with too many simultaneous or competing goals.
- A formulation provides clear guidelines for intervention, at least in terms of intervention targets, if not the actual means of intervention.
- Dudley and Kuyken (2006) usefully describe the key elements of a formulation as the 'Five Ps', namely: Presenting issues, Predisposing factors, Precipitating factors, Perpetuating factors and Protective factors.
- One method for defining goals and translating longer-term goals into day-to-day care plans for staff is Goal Attainment Scaling (Kiresuk et al, 1994). Where possible, goals should be developed collaboratively with the client. These goals should be concrete, measurable, observable and relevant.

Further reading

Margison F (2005) Integrating approaches to psychotherapy in psychosis. *Australian and New Zealand Journal of Psychiatry,* **39:** 972–981. [abstract]

Meaden A & Farmer A (2006) A Comprehensive Approach to Assessment in Rehabilitation Settings. In *Enabling Recovery: The principles and practice of rehabilitation psychiatry* (eds Roberts G, Davenport S, Holloway F & Tattan T) pp. 64-78. Gaskell.

Perkins RE & Repper J (1998) Principles of Working with People who Experience Mental Health Problems. In *Serious mental health problems in the community, policy, practice and research* (eds Brooker C & Repper J) pp. 14-36. Bailliere Tindall.