



People-Centered Screening and Assessment



Module I- Overview

leadership **CULTURALCOMPETENCE**
CommonWorth:
Facilitate Change Collaborate Organizations Mediate Strategic
Families
Communities



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Learning Objectives



- ❑ Discuss and affirm best practices
- ❑ Explore person-centered strategies to strengthen service delivery
- ❑ Increase understanding of purpose and intent of 5 home visiting screening and assessment tools
- ❑ Develop a supervisor's action plan for effective screening and assessment

Screening and Assessment is...

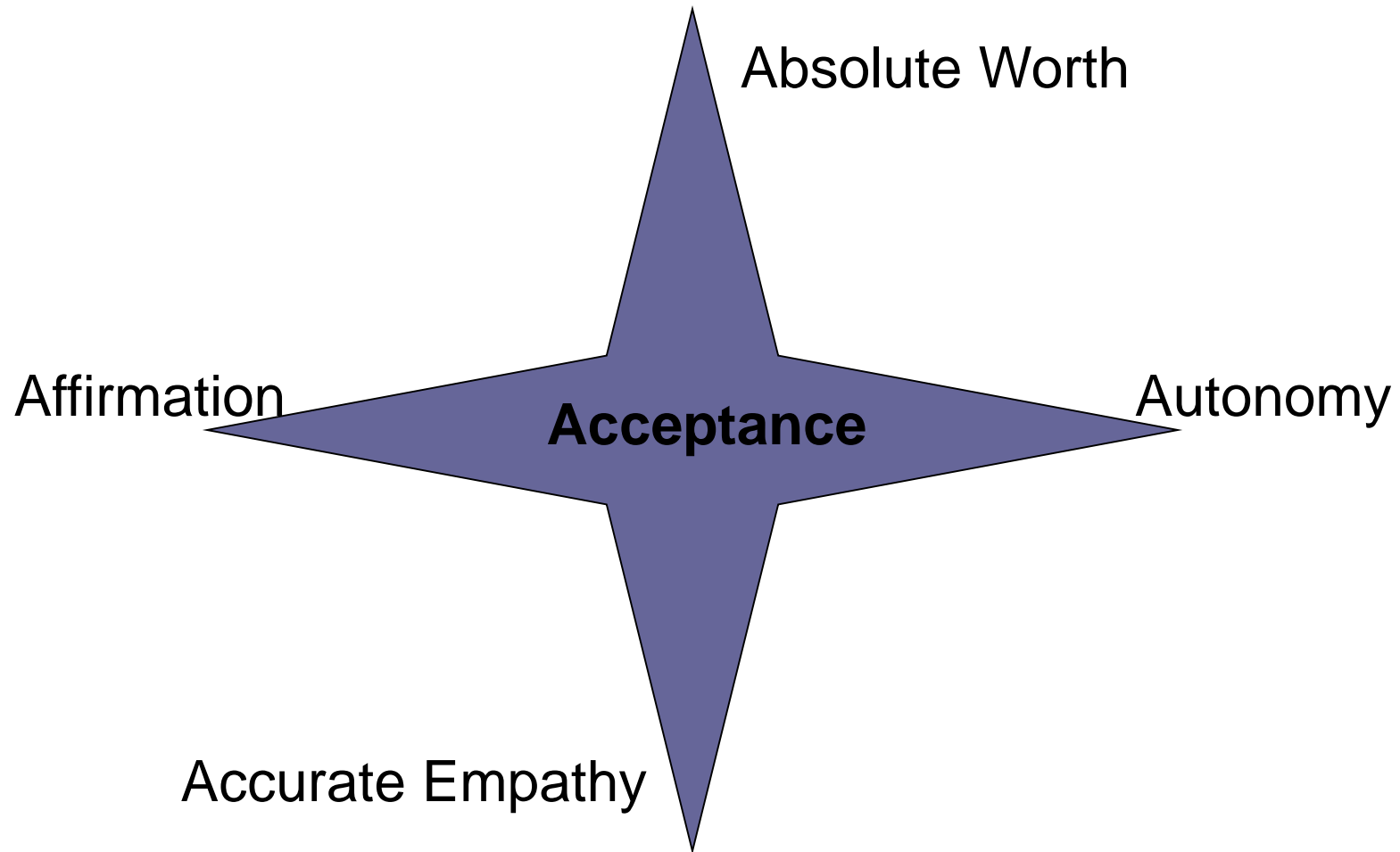
- a. A necessary evil.
- b. An interruption to the "good stuff."
- c. A time burden.
- d. A critical aspect of culturally responsive and individualized service delivery.
- e. All of the above.
- f. None of the above.

MI Spirit

&

MI Adherent
Screening and
Assessment
Practices

Acceptance- Person-Centered



NOT Person-Centered

Judgment

Assessment

Coercion

Rejection

Impose Own World View

Why Use MI Consistent Strategies?

- More purposeful for the practitioner **and** the participant in services
- Builds rather than breaks trust
- More likely to result in positive change talk and positive behavior change



MI Skills-OARS

- Open-ended questions
- Affirmation
- Reflective listening
- Summarizing



From Bayou Segnette State Park Blog

MI Skills- How to Offer Information

- ❑ Evoke it from the client
- ❑ Elicit-Provide –Elicit
- ❑ Menu of options
- ❑ Emphasize autonomy



Working with Discomfort

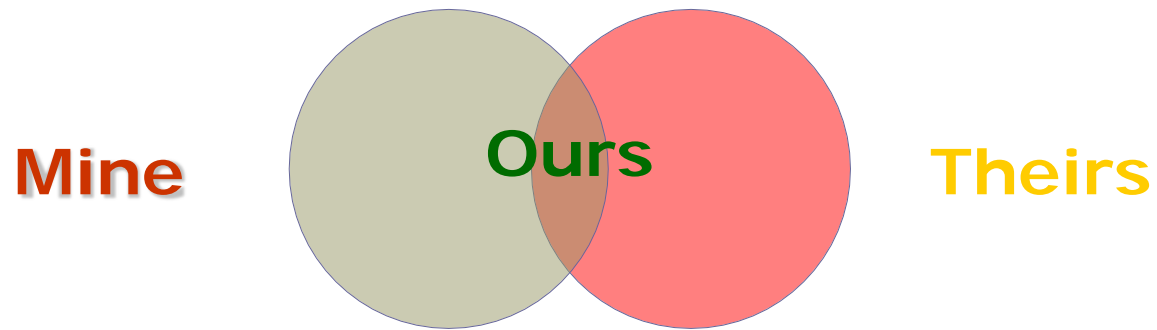
Signs of Discord

How do we know it when we see it?

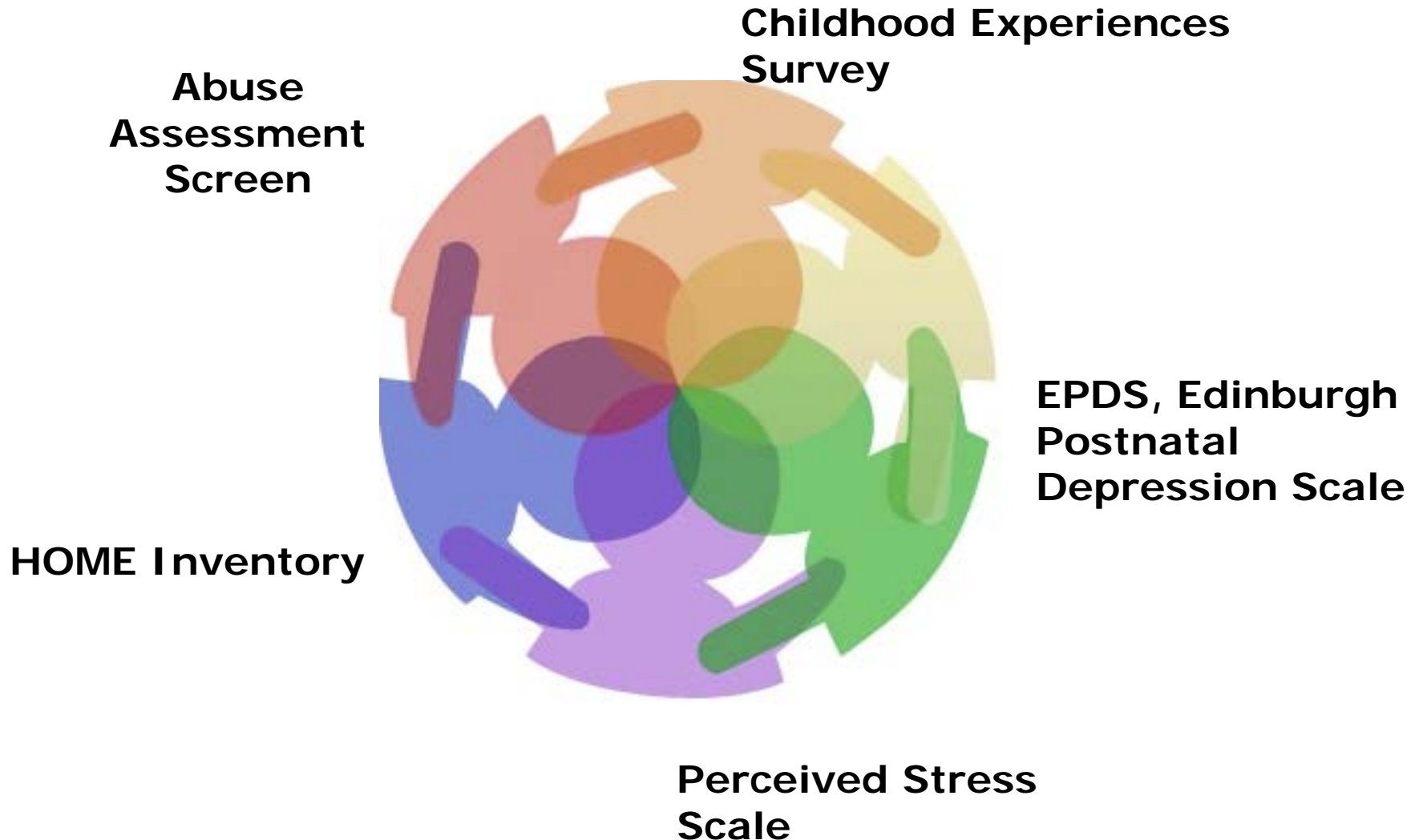
- ❑ Defending
- ❑ Squaring off
- ❑ Interrupting
- ❑ Disengagement
- ❑ Our own mood or approach



Understanding Triggers



Data is About People and Their Experiences



Tip Sheets

- Quick facts about the tool
- Protocol
- Pitfalls
- Value to families
- Framing it for families
- Value to home visitors
- Quick facts about the screening topic
- Tips for supervisors
- Reflective activities for staff



How to Use the Tip Sheets

Abuse Assessment Screen

Quick Facts about the Tool

Author(s): Wiist, William H., and Judith McFarlane. 1999. "The Effectiveness of an Abuse Assessment Protocol in Public Health Prenatal Clinics." *American Journal of Public Health* 89(8):1217–21.

<http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.89.8.1217>

Author's Intent: Reduce violence against women by asking and responding to women experiencing violence.

About the Tool: There are 5 questions and a Plan of Action if someone screens positive. It is available in English and Spanish and the initial research included use with Spanish-speaking and English-speaking women.

Purpose

Pregnant mothers and mothers of young children are at significant risk of violence. The Wisconsin Department of Children and Families added this tool to the suite of screens and assessments as a response to the prevalence of violence against women and the opportunity to support women in establishing and maintaining safety through high quality evidence-based home visiting.

Protocol

- Be compassionate, open, and respectful when introducing the tool
- Make sure that the person completing the screen can speak freely/safely
- Make sure the screening process is conversational, unhurried, and delivered calmly
- If you are aware of abuse history already, acknowledge awareness and explain that the screen simply insures that you haven't overlooked something important that happened in the family's life
- Record responses and determine if there is a positive or negative screen (Do not leave a copy of the materials in the home as this may increase risk)

Value to Families

- People appreciate receiving individualized services that are informed by their own lived experiences
- Asking about abuse in a respectful and compassionate way can normalize and reduce stigma for survivors and give permission for them to give voice to their experience if they so choose
- Trauma informed services make a difference in family/child outcomes
- Awareness of unmet needs provides an opportunity for connecting people with additional supports and resources for growth and healing

Framing it for Families

- **Convey Compassion:** I really want to understand you and your family's history and needs so that I am able to shape services to what is unique about

How to Use the Supervisor Tip Sheets

Childhood Experiences Survey

Quick Facts about the Tool

Author(s): The Co-principal Investigators of the foundational Adverse Childhood Experiences, ACEs, study are Robert F. Anda, MD, MS, with the CDC; and Vincent J. Felitti, MD, with Kaiser Permanente. Dr. Joshua Mersky and Dr. James Topitzes in consultation with the WI DCF, DHS, and CTF adapted the ACEs work to create the Childhood Experiences Survey, CES.

Authors' Intent: Dr. Mersky and Dr. Tropitzes' work on the CES is designed to expand the ACE framework and help home visiting professionals and the families they serve understand and respond to the connections between toxic stress and trauma experienced in early childhood to the client's physical, mental, and social-emotional health and economic outcomes in adulthood.

About the Tool: Building on the Adverse Childhood Experiences Study that was conducted at Kaiser Permanente from 1995 to 1997, the Centers for Disease Control developed an 11 question ACE survey that is included in the CDC's Behavioral Risk Factor Surveillance System (BRFSS). An ACEs study was replicated on a smaller scale in Wisconsin by the Children's Trust Fund and Children's Hospital based on 2010 data from the Behavior Risk Survey. Survey respondents self-reported childhood experiences related to poverty, psychological abuse, peer victimization, physical neglect, emotional neglect, physical abuse, domestic violence, sexual abuse, household mental illness, household substance abuse, incarcerated household member, parental divorce, separation, or absence, death of parent, caregiver, or sibling, victim of violent crime.

Purpose

Protocol

- Be compassionate, open, and respectful when introducing the tool and explain that the focus will be on things that happened in their life prior to turning 18 and may be of a sensitive nature.
- Make sure that the person completing the screen can speak freely/safely.
- Provide the person responding with a copy of the screen.
- Start the screen early in a home visit to make sure the screening process is conversational, unhurried, and delivered calmly.
- If you are aware of abuse history already, acknowledge awareness and explain that the screen simply insures that you haven't overlooked something important that happened in the person's life.
- Record responses or ask families if they want to circle their own responses
- Inquire with the person about their need/interest for ongoing support with a warm hand-off to a community referral. If the need for services isn't immediate but the person wants

Value to Families

- Understanding ACEs can motivate parents to create different opportunities for their children than they themselves experienced.
- Identifying resiliency can build bridges to strategies and problem solving in current life.

Framing it for Families

- **Convey Compassion:** Sometimes what people experience in childhood can impact their own beliefs and parenting practices. I'll be

How to Use the Tip Sheets

Edinburgh Postnatal Depression Scale, EPDS

Quick Facts about the Tool

Author(s): Cox, J.L., Holden, J.M. and Sagovsky, R. 1987. Detection of postnatal depression: Development of 10-Item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786

K.L. Wisner, B.L. Parry, C.M. Piontek, Postpartum Depression N Engl J Med vol. 34 No 3, July 18, 2002

Author's Intent: Efficient way to identify patients at risk for perinatal depression to support follow-up and treatment to promote appropriate treatment and reduce risks perinatal mood disorders.

About the Tool: There are 10 questions which ask pregnant women or women who have recently delivered a baby to provide the answer which comes closest to how they have felt in the past 7 days and not just how they feel today. It does not identify women with anxiety, neuroses, phobias, or personality disorders.

Purpose

Postpartum depression is the most common complication of childbearing. The 10-question EPDS is an effective tool to screen for a depressive illness.

Protocol

- Be compassionate, open, and respectful when introducing the tool
- Make sure that the person completing the EPDS can speak freely/safely
- Ask the mother to check the response that comes closest to how she has been feeling the previous 7 days

Value to Families

- Screening for depression in a respectful and compassionate way can normalize and reduce stigma and offer permission for mothers to give voice to their experiences
- Depression is treatable and a positive screen may motivate self-care. Treatment can reduce suffering.

Framing it for Families

- Convey Compassion: "Having a new baby is an important and sometimes difficult change in any family. Sometimes it's hard to know if our feelings are normal or a possible problem. This screen will provide you valuable information. You'll be supported then."

How to Use the Tip Sheets

HOME Inventory (0-3) Home Observation for Measurement of the Environment

Quick Facts about the Tool

Author(s): Developed by Bettye M. Caldwell and Robert H. Bradley in 1978.

Authors' Intent: The Home Observation for Measurement of the Environment (HOME) Inventory (Caldwell, & Bradley, 1978, 1984, 2003) is designed to measure the quality and quantity of stimulation and support available to a child in the home environment. The focus is on the child in the environment rather than socio-economic status as an over simplified indicator of infant and toddler home environments.

About the Tool: HOME for children 0-3 is designed to observe parental responsiveness, acceptance of the child, organization of the environment, learning materials, parental involvement, and variety within the home environment through 45 items.

Purpose

This tool can provide home visitors insight about where to focus supports to parents, boosting their parental confidence and competence. It does NOT judge parents or classify homes as 'good' or 'bad'. "The intent is to understand the child's opportunities and experiences; in essence, to understand what life is like for the particular child in the child's most intimate surroundings."
[\(T. Denny Sanford School of Social and Family Dynamics\)](#)

Protocol

- For WI DCF Home Visiting programs this is completed in the

Value to Families

- Using the HOME can support meaningful conversations with families about their child's experiences in their home.
- Using the HOME can help home visitors better plan for and incorporate family strengthening activities that are specific to the needs of the family. For example, if the availability of learning materials subscale is low, making books and toys and discussing and modeling how to use them with infants and toddlers would benefit the child's environment and the parent's feelings of confidence to create a stimulating environment.
- The HOME is a predictor of success for young children. If intentional partnerships between families and home visitors can result in higher HOME scores, that is predictive of school success.

Framing it for Families

- **No Surprises- be transparent:**
Today I'd like to make time to better

How to Use the Tip Sheets

Perceived Stress Scale, PSS

Quick Facts about the Tool

Authors: Cohen, S., Kamarack, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396.

Cohen, S. and Williamson, G. Perceived Stress in a Probability Sample of the United States. Spacapan, S. and Oskamp, S. (Eds.) The Social Psychology of Health. Newbury Park, CA: Sage 1988.

Authors' Intent: Stress is inevitable and healthy. However, the duration and frequency of stress as well as someone's belief and ability to return to a non-stressed state has significant implications for overall health and well-being. Questions in this tool were designed to measure how unpredictable, uncontrollable, or overloaded respondents find their lives.

About the Tool: Respondents are asked to consider how they've felt over the last month. There are 10 questions in which people can circle how often they have felt a certain way: never, almost never, sometimes, fairly often, and very often. The scale gathered information from 2,387 men and women age 18 or over across racial/ethnic groups in the US.

Purpose

Results can be examined at the individual and community level to better understand needed supports for a family or families. Higher perceived stress scores have been linked to failure to quit smoking, failure among diabetics to control blood sugar levels, greater vulnerability to depressive symptoms, and more colds.

Protocol

- Present the screen in a non-judgmental way
- Explain that their answers should be about the last 30 days.
- Scoring can be done together immediately after the scale is completed or in between visits with scores and discussion following at the next visit. You can ask the mom which approach she prefers or make a recommendation based on the mom's reaction and other goals for the home visit.
- Remember for questions 1,2,3,6,9,&10, scoring is as follows:

Never	Almost Never	Sometimes	Fairly Often	Very Often
0	1	2	3	4

For questions 4, 5, 7, & 8, scoring is as follows:

Value to Families

- Creates open dialogue about stress and may uncover unmet needs that a family can get support around. This can increase buy-in to home visiting because it helps the family take part in setting the agenda for the home visit.
- Introduced early in a home visiting relationship, this tool can normalize that all families experience stress.

Framing it for Families

- **Convey Compassion:** "I'm going to spend some time talking with you about your feelings and thoughts over the last month so I can understand better."

Action Planning for Front-line Staff

Tool/Screen/ Assessment	I'm still learning to	I can do it	I can do it	I can do it well and	Next Steps
	use it with a family	with limited support	well	teach it to others	
Abuse Assessment Screen <i>Attended training _____</i> <i>Role-played with _____ on _____</i> <i>Observed HV when it was used on _____</i>					
Childhood Experiences Survey <i>Attended training _____</i> <i>Role-played with _____ on _____</i> <i>Observed HV when it was used on _____</i>					
EDPS <i>Attended training _____</i> <i>Role-played with _____ on _____</i> <i>Observed HV when it was used on _____</i>					
HOME Inventory <i>Attended training _____</i> <i>Role-played with _____ on _____</i> <i>Observed HV when it was used on _____</i>					
Perceived Stress Scale <i>Attended training _____</i> <i>Role-played with _____ on _____</i> <i>Observed HV when it was used on _____</i>					

Action Planning for Supervisor

Tool/Screen/ Assessment	Staff still learning to use it with a family	Staff can do it with limited support	Staff can do it well	Staff can do it well & teach it to others	Next Steps
Abuse Assessment Screen Attended training _____ Role-played with _____ on _____ Observed HV when it was used on _____					Agreed upon PD _____ Reflective activity _____ Outcome _____ Data review _____
Childhood Experiences Survey Attended training _____ Role-played with _____ on _____ Observed HV when it was used on _____					
EDPS Attended training _____ Role-played with _____ on _____ Observed HV when it was used on _____					
HOME Inventory Attended training _____ Role-played with _____ on _____ Observed HV when it was used on _____					
Perceived Stress Scale Attended training _____ Role-played with _____ on _____ Observed HV when it was used on _____					

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