More Heads are Better than One: The Benefits of Multidisciplinary Assessment Teams in Psychological Evaluations

By: Jennifer Bob, Psy.D., Hong Shen, M.D., Robert Horst, M.D., and Stacey Peerson, Ph.D.

Affiliations: Sacramento County Child and Adolescent Psychiatric Services Clinic and UC Davis Medical Center, Department of Psychiatry and Behavioral Sciences

Introductions

Jennifer Bob, Psy.D. - Child Clinical Psychologist

Hong Shen, M.D. - Child Psychiatrist

Robert Horst, M.D. - Medical Director/Child Psychiatrist

Stacey Peerson, Ph.D. - Child Clinical Psychologist

Specific Learning Objectives

1. Define purpose of psychological assessment.
2. Explain the Comprehensive Multidisciplinary Assessment Team model and how it serves to benefit the client, caregivers, and providers.
3. Identify value of various team member roles (i.e., psychologists, psychiatrists, therapists, social workers, caregivers) throughout course of multidisciplinary psychological assessment approach.
4. Understand utility of Comprehensive Multidisciplinary Assessment Team through case example
5. Learn new ways to support interagency collaboration amongst mental health professionals to strengthen quality of psychological assessments.

Psychological evaluations represent a special kind of examination by a colleague to whom one looks for a consultation and professional opinion

- William Menninger (1950, p.11).

What is a Psychological Evaluation?

- Integration of information from multiple sources
  - psychological tests
    - i.e., personality, ability, intelligence, interests or attitudes
  - interviews from the client and collateral sources
    - i.e. caregivers, treatment team, teachers
- Present concerns and the individual's current level of functioning

Primary Purposes for Psychological Evaluations

Meyer et al., (2001) outlined the following purposes:

- Describe current functioning
- Diagnostic impressions
- Identify needs and interventions
- Assess and manage risk
- Provide skilled, empathic assessment feedback as a therapeutic intervention

Typical Psychological Evaluation Process

- Referral source sends in a referral question
- Engage in intake session and follow-up interviews
- Request and review records
- Assessor picks psychological tests and tools according to referral question
- Conduct testing sessions
- Score and interpret data
- Write formal assessment report
- Feedback session to detail findings and recommendations

Multidisciplinary Collaboration

Lee, Schneider, Bellefontaine, Davidson, and Roberston (2012) conducted a study inviting psychologists and psychiatrists to reflect on their experiences in collaborating with one another.

- Over 1/3rd of participants reported little to no familiarity with the training, assessment activities, or interventions of the other profession.
- 88.9% of psychologists & 50% of psychiatrists were open to collaborating with one another
- 89.1% of psychologists & 89.5% of psychiatrists were able to take what they learned from the collaboration and apply it in the future

Appreciation and Acknowledgement of the collaboration between University of California, Davis & Sacramento County Child and Adolescent Psychiatric Services Clinic

Sacramento County Children's Mental Health System of Care

- Mission to provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency
- Large, comprehensive system of care with a wide array of service options
- Focus on regional service delivery
- Demographics

SACRAMENTO COUNTY

CHILD AND FAMILY BEHAVIORAL HEALTH SERVICE CONTINUUM
Fiscal Year 2019-20

August 2019

Prevention and Early Intervention (PEI) | **Supporting Community Connections** | **Mental Health Respites** | **Entry Points** | **Specialty Mental Health/Alcohol and Drug Services** (Early Childhood, Outpatient, Intensive Outpatient) | **Residential** | **Crisis Services** | **Acute**

Advocacy

- Family & Youth Advocate Liaison to Division of Behavioral Health.
- Sacramento Advocacy for Family Empowerment (SAFE) Provides system-wide support/advocacy/referrals to families not yet linked to the system providers or to County-operated programs.
- Family Partners and Youth Peer Advocates are on staff in the contracted outpatient provider network.

PEI Project 1
Suicide Prevention
- Crisis Line
- Community Support Team
- Postvention Bereavement Support Group / Grief Services
- Postvention Counseling
- Supporting Community Connections

PEI Project 2
Strengthening Families
- Bullying Prevention Education and Training
- Early Violence Intervention Begins with Education (eVIBE)
- Quality Child Care Collaborative

PEI Project 3
Integrated Health and Wellness
- Sacramento Early Diagnosis and Preventative Treatment Clinic (SacEDAPT)
- SeniorLink *

PEI Project 4
Mental Health Promotion Campaign
- Community Education
- Community Outreach and Engagement
- Multi-Media Campaign
- Speakers Bureau

ADS Prevention Providers
- Omni
- Pro Youth & families
- Public Health Institute
- SCOE

Sacramento County Coalition For Youth (SCOE)

A Church For Us dba A Church For ALL
African American community

Asian Pacific Community Counseling
Cantonese, Hmong, Vietnamese speaking community

Children's Receiving Home
Youth/TAY(12-25) homeless, LGBTQ, or foster youth

Iu Mien Community Services
Iu Mien community

La Familia Counseling Center
Spanish speaking community

NorCal MHA
Consumer Operated Warm Line

NorCal MHA
Older Adult community

Sacramento Native American Health Center
Native American community

Slavic Assistance Center
Russian speaking community

TBD
Arabic speaking community

A Church For Us dba A Church For All*
The Ripple Effect

Capital Adoptive Families Alliance

Del Oro Caregiver Resource Center*

Gender Health Center*
Danelle's Place

Sacramento LGBT Community Center*
Lambda Lounge (age 18+)

Sacramento LGBT Community Center
Q-spot (age 13-23)

St. John's Program for Real Change*

TLCS - Mental Health Crisis Respite Center*

Turning Point Community Programs*
Abiding Hope Respite House

Wind Youth Services
(age 13-25)

Sacramento County MH Access Team and ADS System of Care

Homeless Shelter Access Clinician

Intensive Placement Team*

Children's Crisis Stabilization Unit
(Inpatient Authorization)

Child Protective Services/ Mental Health Collaboration

Interagency Placement Committee (IPC)
(RCL 14, STRTP and Out of State Authorization)

Assisted Access and Interpreter Services System-Wide
Southeast Asian Assistance Center

TLCS Triage/ Peer Navigators
- Main Jail*
- Loaves and Fishes/Genesis Homeless
- Kaiser South ED
- Kaiser North ED
- Mercy General ED
- Methodist ED
- San Juan ED
- Sutter ED
- U.C. Davis ED

Community Support Team

Central Star CSET for CSEC

Youth Help Network

ADS Access Points
- ADS System of Care
  - Children's Receiving Home
  - School sites
  - Wind Youth
- Community Locations as needed
- Juvenile Court
- Youth Detention Facility

Other Community Entry Points of Services

Safe Zone Squad – TBD

Parent Child Interaction Therapy
- CAPS Clinic
- Capital Star
- Dignity
- La Familia
- River Oak
- Stanford Youth Solutions
- Turning Point
- UC Davis CAARE

Quality Child Care Collaborative

Flexible Integrated Treatment (FIT)
- Capital Star
- Dignity Health
- La Familia
- River Oak
- Sacramento Children's Home
- Sierra Forever Families
- Stanford Youth Solutions
- Terkensha
- Turning Point
- UC Davis CAARE
- Uplift

Sacramento County CAPS Clinic

Sacramento County APSS Clinic*

Psychological Testing
- Sacramento County CAPS Clinic
- University of California, Davis

ADS Outpatient Treatment
- Another Choice Another Chance
- Rio Vista
- Sobriety Brings a Change
- Strategies For Change

Additional Outpatient Services at selected Middle Schools & High Schools

Medication Assisted Treatment Providers:
- Aegies
- BAART Programs
- CORE Medical Clinic
- MedMark
- Treatment Associates

Wraparound
- River Oak
- Sacramento Children's Home
- Stanford Youth Solutions
- Uplift

Full Service Partnerships
- Juvenile Justice Diversion and Treatment (JJDTP)
- Telecare SOAR*
- TLCS New Direction*
- Transcultural Wellness Center
- Transition Age Youth
- Turning Point ISA*
- Turning Point Pathways

Therapeutic Behavioral Services (TBS)
- River Oak
- Stanford Youth Solutions
- Turning Point
- Uplift

ADS Intensive Outpatient Treatment
- Sobriety Brings About Change
- Strategies For Change

Group Home/Short term Residential Therapeutic Residential Program (STRTP)
- Children's Receiving Home
- Mountain Valley
- Out of County Providers
- Paradise Oaks
- Sacramento Children's Home

Therapeutic Foster Care
- Stanford Youth Solutions

ADS Youth Residential Treatment
(Up to Age 18)
Out of County Referrals

ADS Transitional Sober Living Environment Bridges
(Women & Children)

Consumer Self Help Office of Patient's Rights

Mobile Crisis Support Teams
- MCST-Citrus Heights PD/ Folsom PD
- MCST-Elk Grove PD
- MCST-SPD – City-Wide
- MCST-SSD – North 1
- MCST-SSD – North 2
- MCST-SSD – South

Mental Health Urgent Care Clinic

Turning Point 12-bed Crisis Residential*

Turning Point 15-bed Crisis Residential II Rio Linda*

Turning Point Rapid Turnaround 15-bed Crisis Residential*

Capital Star Behavioral Health Transition Age Youth 15-bed Crisis Residential* January 2020

Sacramento Children's Home The Source

ELIGIBILITY: Children and youth who are a danger to themselves or others or are gravely disabled and require 24-hour care in a locked setting.

- **MHTC Children's Crisis Stabilization Unit**
- **Dignity CSU***

Psychiatric Hospitals
- Heritage Oaks Hospital
- Out of County
- Sierra Vista
- Sutter Center for Psychiatry

Youth Detention Facility (YDF) Mental Health Team

Key
* Program serves ages 18+

ED – Emergency Department
MHTC – Mental Health Treatment Center
SPD – Sacramento Police Department
SSD – Sacramento Sheriffs Department

OUT OF COUNTY RESIDENTIAL PROVIDERS

Examples Include:
- Mountain Valley
- Summitview
- Victor

FUNDING SOURCES
- Medi-Cal
- Realignment
- MHSA
- Wraparound Savings
- Juvenile Medical Services
- Probation
- CPS
- DHA
- SB82 CHFFA
- SB82 MHSOAC

SYSTEM PARTNERS
- Child Protective Services (CPS)
- Probation
- Child Action
- Alcohol and Drug Services (ADS)
- Department of Human Assistance (DHA)

Sacramento County Child and Adolescent Psychiatric Services (the CAPS Clinic)

- Collaboration between UCDavis and Sacramento County Mental Health
- Multidisciplinary
- Strong training focus
- Demographics

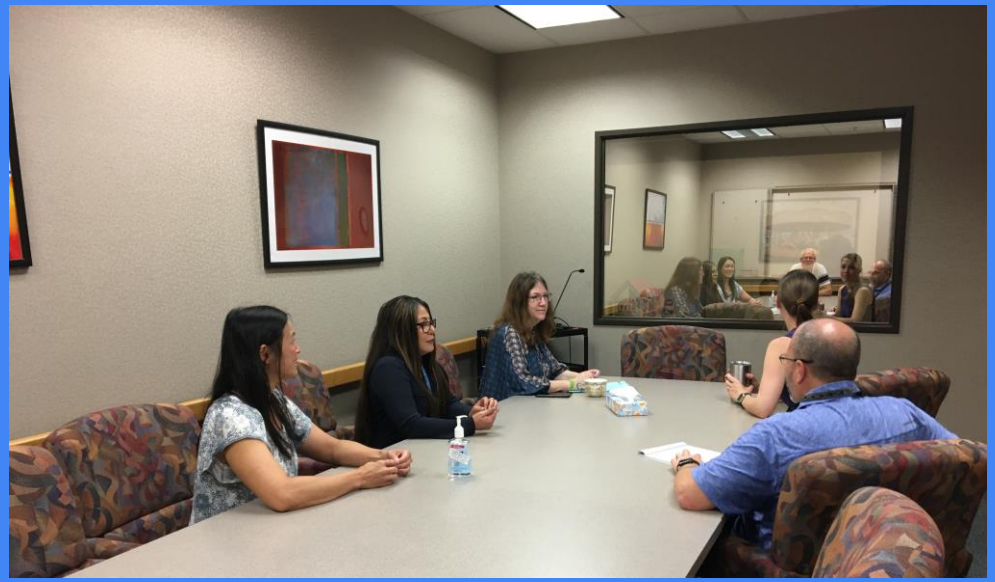
Evolution of Comprehensive Multidisciplinary Assessment Team (CMAT)

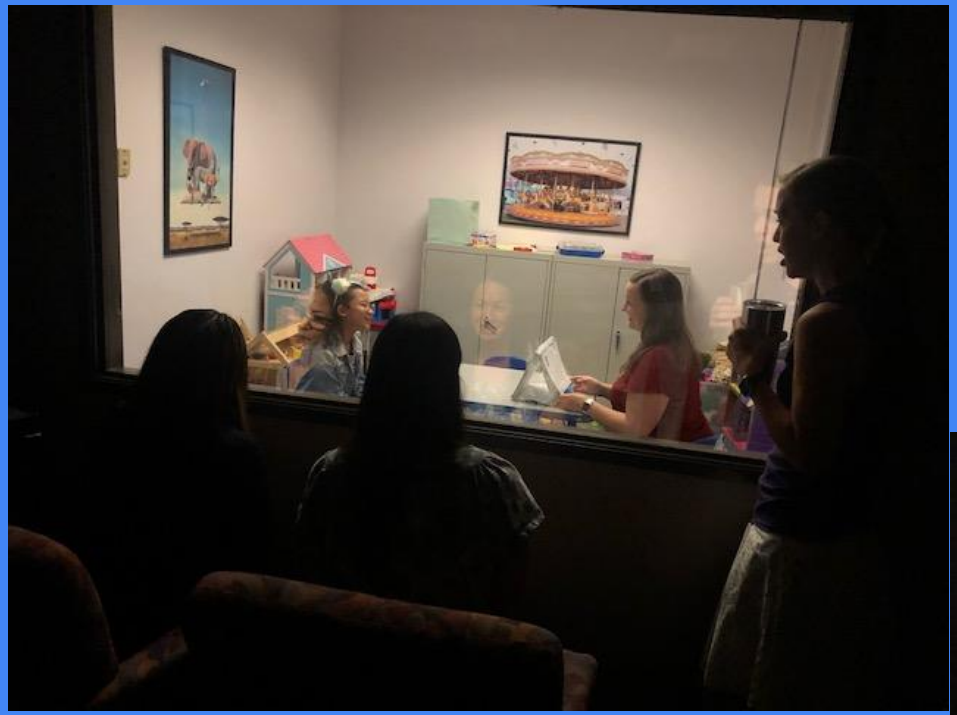
- Initiated in 2001
- Team that consisted of psychiatrists and psychologists, psychiatry residents, psychology postdoctoral fellows, and medical students in which psychological evaluations were conducted behind a 1-way mirror
- Designed for referrals that involved both psychological and medical complexities
- Highly rated among trainees/medical students
- Evolved into present-day CMAT

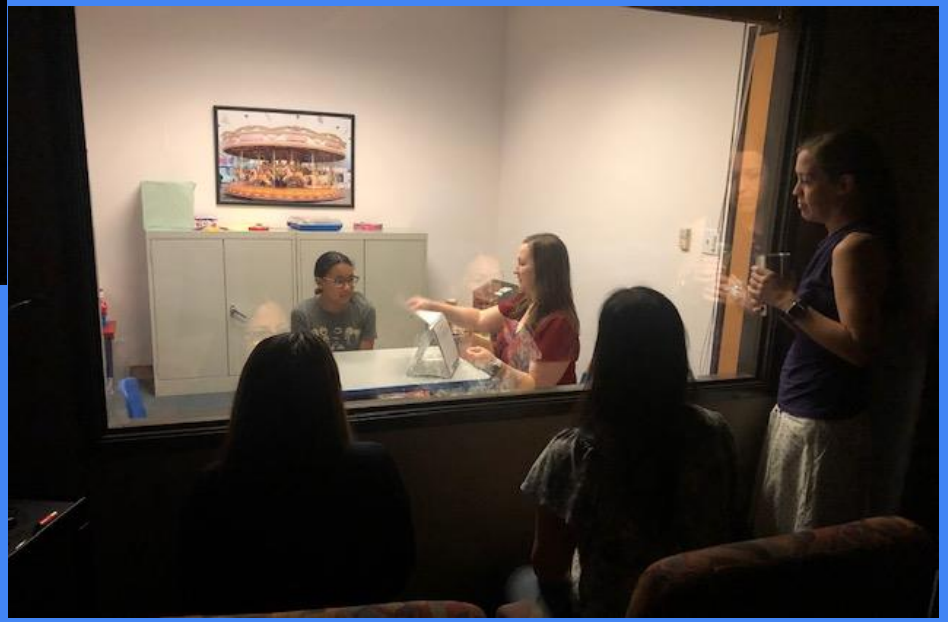
Comprehensive Multidisciplinary Assessment Team (CMAT)

- Highly revered and specialized service
- Offers the opportunity for collaboration
- A psychologist or psychology fellow leads CMAT for 5-6 weeks conducting live, comprehensive psychological assessments behind a one-way mirror
- Cases involve children and adolescents with extremely complex presentations who are referred to the team by mental health and medical professionals within the community
- Often complicated by serious medical problems and/or severe environmental stressors
- Beneficial service not only to the client and his/her caregivers and treatment team, but also to the CMAT participants

CMAT Team Members	Roles
Psychologist/ Psychology Fellow/Intern	Lead evaluator or attending; expertise in psychological testing; review records; administer measures; complete report; conduct blind observations at schools; score and report out on psychological tests; offer observations/hypotheses/recommendations
Psychiatrist/ Psychiatry Resident	Review psychiatric treatment history, offer information regarding medical problems and medication; assist in diagnosis and interviewing; offer medication recommendations
Medical Students	Under supervision, offer information regarding medical problems; conduct literature reviews on medical problems client has and present to the team
Other Mental Health Professionals	Therapists, Behavioral Interventionists, Skills Trainers, Wraparound Facilitators, Youth and Family Advocates - provide additional information regarding client and family functioning in treatment
Caregivers	Provide details regarding client's overall history and current functioning
Social Workers	Discuss family dynamics, placements, CPS involvement, identify family strengths/concerns
Teachers	Share information regarding client's functioning academically as well as socially with peers
Others	Probation Officers, Occupational Therapists, other significant identified support persons







Case Example

***Please note some identifying information has been altered to protect client's confidentiality.*

Case Example - “John”

- 17 y.o. Caucasian male
- Referred for psychological evaluation by his therapist
- Reason for Referral
  - Lack of progress in treatment - seeking treatment recommendations
  - Diagnostic clarification
  - Concerns regarding safety (DTS & DTO)
- Diagnoses at the time of referral:
  - Unspecified Psychotic Disorder
  - Conduct Disorder

“John” - Background Information & Concerns

- ***emotional problems*** (e.g., anxious; irritable; angry; limited positive affect, “ignores” his feelings)
- ***behavioral issues*** (e.g., auditory and visual hallucinations; disorganized thoughts; impulsivity; defiant/oppositional; poor concentration; lying/manipulation; stealing; verbal and physical aggression; property destruction; vandalism)
- ***interpersonal difficulties*** (e.g., poor social skills; limited social reciprocity; conflict with caregivers; peer conflict),
- ***safety and other concerns*** (e.g., history of fire-setting; cruelty to animals; suicidal ideation and attempts; threats to harm others; interest in White Supremacy ideology; running away).

Psychiatrist's Perspective on "John"

Medical history: seasonal allergies, wearing glasses

Psychiatric history: 2 prior psychiatric hospitalizations, many years of MHS, history of dx: SAD, Unspecified anxiety, CD, RAD, ODD, Unspecified psychosis, and adjustment disorder, etc. No history of ETOH or drugs use.

Current medications: Risperidone 2mg BID; Depakote 1000mg QAM and 500mg QHS

Family history: SUDs on both sides, possible PTSD on paternal side. No known family history of medical conditions

“John” - Behavioral Observations

- Average height and weight; clean, weather-appropriate clothes
- Said to be in a “good” mood although he presented irritable throughout
- Flat and restricted affect, except for when he was winning or making sarcastic comments
- Quiet, slow, unvarying prosody to his speech
- Calculated response style - took significant, seemingly thoughtful pauses before responding to questions posed by the evaluator
- Intense, non-evasive eye contact
- Guarded and superficially engaged in testing process

“John” - Objective Measures & Validity

- Objective measures (i.e., self-report behavioral/emotional inventories, self-report personality tests)
  - utilizes research to determine results
  - compares results against a standardized population on which the test was normed
  - contain validity scales to assess the test taker’s approach to the measure
- Results indicated John had a tendency to “fake good”, under-report symptoms, and present himself in an overly positive light; he presented himself as remarkably well-adjusted (a level of adjustment that is rarely observed in the general population).

“John” - Projective Tests

- Projective measures - based on the “projective hypothesis”: an individual puts structure on an ambiguous situation in a way that is consistent with their own conscious & unconscious needs.
    - Indirect method of testing- client is talking about something other than him/herself; reduces temptation to fake; taps both conscious & unconscious traits
- Projective Drawings and the Rorschach Inkblot Test - John had more difficulty trying to “fake good” on these measures as he did not know what they were assessing; his drawings and stories of his drawings, along with his responses to the Rorschach Inkblot Test offered significant data and information about John and his emotional functioning.

Clinical Formulation

- Strengths
  - Intelligent, pensive, thoughtful, complied with emotionally invasive testing process
  - Future oriented – aspirations of graduating high school
  - Caregivers that are consistent and care about him

- Impact of trauma history on current level of functioning
  - Chaos, inconsistency, difficulty establishing healthy attachments & transitions outside of his control
  - Limited opportunities to get his basic and emotional needs met
  - Significant acting out behaviors, use of denial, and significant distrust of others

Diagnoses & Recommendations

Diagnoses:

- Unspecified Anxiety Disorder
- Conduct Disorder, Childhood-Onset, with Limited Prosocial Emotions (callous - lack of empathy; shallow or deficient affect), Moderate
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

Recommendations:

- Treatment-Specific Recommendations
- Caregiver-Specific Recommendations
- School-Specific Recommendations
- Psychiatric Recommendations
- General Recommendations

CMAT during COVID-19

- Benefits:
  - Members of CMAT are all still able to participate via telehealth to observe client/caregiver and evaluator interactions and administrations
  - Offers additional opportunity for the team to interact more directly with the client
  - Continued availability to observe client during testing process
  - Able to continue to provide highly regarded testing process to those who are in most need
- Limitations:
  - Standardized administrations are compromised when conducting it via telehealth
  - Not all measures can be adapted for telehealth - some require in-person attendance
  - Pandemic may skew results and may not accurately capture the client's functioning

Summary

- Psychological evaluations offer an in-depth look at a client and an opportunity for psychologists, psychiatrists and other mental health professionals to collaborate in order to benefit the client.
- CMAT was designed specifically to enhance the collaboration amongst mental health professionals, namely psychologists, psychiatrists, psychology trainees and psychiatry residents.
- COVID-19 has offered the opportunity to adapt CMAT to telehealth, and while there are limitations, there are still a number of benefits.

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Thank you!
Questions?