

The background features several circular gauges and arrows, suggesting a technical or scientific theme. The gauges have numerical scales, and the arrows indicate a clockwise direction. The overall color palette is a gradient of dark blue to purple.

# PRESCREENER ACADEMY: WRITING THE PREADMISSION SCREENING SUMMARY

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# OBJECTIVES

- Participants will understand the purpose of a the preadmission screening summary
- Participants will be able to identify common errors that reduce the effectiveness of a summary
- Participants will be able to identify key components of an effective preadmission screening summary.

# THE SUMMARY SECTION

This section includes “Summary of presenting crisis” and “Assessment and disposition recommendation summary”. We will be focusing on the latter.

For the Summary of presenting crisis, include whether or not an ECO was initiated, where individual is currently, how they were brought to that location, and why the person was brought for in evaluation.

C. PREADMISSION SCREENING SUMMARY	
<b>1. PRESENTING SITUATION</b>	
Summary of presenting crisis (including person and collateral perspectives):	
The person's most significant stressors:	
Coping strategies already attempted by the person:	
Person evaluated: _____	Page 6 of 9
<b>Strengths or moderating factors related to documented risk issues and/or concerns:</b>	
<b>Assessment and disposition recommendation summary</b> (including <u>person-specific triggers</u> that could quickly increase risk for suicidal or physical harm or quickly decrease ability to care for self and basic needs, and any <u>available resources or protective factors</u> ):	

# THE ASSESSMENT AND DISPOSITION RECOMMENDATION SUMMARY

- An effective assessment disposition summary will be short, easy to understand, and note all the info relevant to making a decision regarding an individual's risk
- Relevant Info includes:
  - Evidence of risk
  - Mental health symptoms linked to the risk
  - Identification of supports available to client or the lack thereof
- It will also include the disposition with justification and any recommendations for follow up.

# HOW IS THE ASSESSMENT SUMMARY USED?

- The summary is a quick way to get the essential details about a case.
- For individual that require hospitalization, it provides the justification for pursuing a Temporary Detention Order (TDO).
- During the bed search process, it a quick reference for hospital staff to find key information.
- For individuals released, it outlines how the individual will be supported in the community.

# COMMON PITFALLS ENCOUNTERED IN WRITING THE SUMMARY

- Wordiness
- Ambiguous descriptions
- Use of jargon or abbreviations
- Intense focus on past behavior
- Predicting the future
- Making conclusions/decisions outside of your role/expertise

# PITFALL #1: WORDINESS

- When we add too much information to the summary, important information can get buried among inconsequential details.
- Dense summaries may also take longer to be reviewed by receiving facilities.
- Utilize the sections of the prescreen intended for details to expand on info. Highlight information key to formulating your disposition in the summary section.

# WHERE DO I PUT ALL MY DETAILS?

- Use Section B - “Risk Assessment **Details**” to document the details of your assessment. It’s in the name.

<b>B. RISK ASSESSMENT DETAILS</b>		
<b>1. REASON FOR REFERRAL</b>		
<b>2. CURRENT AND HISTORICAL RISK INDICATORS</b>		
<b>&gt;&gt; Suicidal Ideation/Behavior: Screen for Current and Historical &lt;&lt;</b>		
<b>Current &amp; Historical Thoughts and Means</b>	<b>Comments</b> (details for each item that is applicable, including timeframe)	<b>None known/ reported</b>
<b>Suicidal Thoughts</b>		<input type="checkbox"/>
<b>Suicide Plan</b>		<input type="checkbox"/>
<b>Suicidal</b>		<input type="checkbox"/>



# OTHER AREAS FOR DETAILS

## Mental Status Narrative

	type:			
<b>Memory</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> impaired immediate	<input type="checkbox"/> impaired recent	<input type="checkbox"/> impaired remote
	<input type="checkbox"/> other:			
<b>Appetite</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> decreased	<input type="checkbox"/> increased	<input type="checkbox"/> weight loss <input type="checkbox"/> weight gain <input type="checkbox"/> other:
<b>Sleep</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> insomnia	<input type="checkbox"/> onset problem	<input type="checkbox"/> maintenance problem <input type="checkbox"/> hypersomnia <input type="checkbox"/> other:
<b>Insight</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> some	<input type="checkbox"/> little	<input type="checkbox"/> none <input type="checkbox"/> blaming <input type="checkbox"/> other:
<b>Judgment</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> impaired	<input type="checkbox"/> poor	<input type="checkbox"/> other:

Person evaluated: \_\_\_\_\_ Page 5 of 9

Is there a prior episode of psychosis?  No  Unknown  Yes (if yes, describe in Mental Status Narrative)  
 Is the person showing symptoms of psychosis?  No  Yes (if yes, describe in Mental Status Narrative)

**Mental Status Narrative** (description of symptoms checked above):

**Engagement, Reliability, Response to Interviewers**  
 Person's report appears reliable and consistent.  Yes  No  
 Engaged and cooperative with assessment and treatment planning.  Yes  No

6. FEASIBILITY OF LESS RESTRICTIVE ALTERNATIVES			
	Yes	No	N/A
<b>Suicide</b>			
Available resources are sufficient to address immediate suicide risk and person-specific triggers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Harm</b>			
Available resources are sufficient to address immediate risk of physical harm and person-specific triggers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inability to care for self and basic needs</b>			
Available resources are sufficient to improve person's ability to care for self and basic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Plans for addressing risk in the community</b> -or- <b>Rationale why less restrictive alternatives not feasible</b>			
<input type="checkbox"/> If checked, see attached safety plan):			

## Feasibility of Less Restrictive Alternatives

# PITFALL #2: AMBIGUOUS DESCRIPTIONS

- Using terms like “aggressive”, “combative”, or “psychotic” to describe individuals lead reviewers to make assumptions based on their own experiences. These assumptions may not be accurate what is going on for the individual in question and result in unfavorable decisions.
- Describe what behaviors have been observed (such as punching a wall) or what statements the individual has made.

# PITFALL #3: USE OF JARGON OR ABBREVIATIONS

- Avoid filling your summaries with unnecessary jargon. Our goal is to get people help, not to impress them with your prodigious vocabulary. Issues with understanding/communication may result in delays in care.
- Also avoid using abbreviations that are not regularly used by the general population. This can also lead to confusion and delays in treatment.
- Use laymen's terms as much as possible

# PITFALL #4: TOO MUCH FOCUS ON PAST OR FUTURE

- The disposition summary should focus on supporting the justification for our disposition. A disposition of involuntary treatment **needs to be based on recent/current behavior**.
- Do not make claims that the client will do something or that something will happen *unless* it is supported directly by something the client is currently doing or threatening to do.
- Avoid providing too much details about behaviors that occurred over 48 hours ago. Reference past behaviors as needed to compare with current behavior. Focusing too much on past behavior can result in wordy summaries.

# PITFALL #5: TALKING OUTSIDE YOUR ROLE/EXPERTISE

- Avoid making comments about what law enforcement, medical staff, or outside agencies should do in your summary.
- Focus on documenting your clinical impressions and what can be offered through your agency when making follow up plans
- If a partner agency has plans that will impact the disposition, quote the person on what they say they will do. If their plans have no impact or relevance to the crisis, don't include it in your documentation.

# SUMMARY WRITING PITFALLS

## Ineffective habits

- Wordy narratives
- Ambiguous descriptors of individual of situation
- Use of jargon/abbreviations
- Intense focus on history and/or predicting the future
- Making conclusions outside your role/expertise, such as things related to medical or legal.

## Instead....

- Concisely summarize
- Identify specific behaviors that indicate risk or safety
- Use layman terms
- Keep main focus of recent behaviors/statements
- Keep interpretations within scope of your profession. Quote other professionals when appropriate.

# ACTIVITY

- Let's break up into groups
- Each group will be given a prescreen to review.
- You have pages 2-7 of the preadmission screening report. Names have been removed.
- Take 10-15 minutes to review the report with a focus on the presenting summary and disposition summary.
- Note what was done well and what could be done better.