Psychological Screening for Outdoor Programs

Wilderness Risk Management Conference 2011



About us

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with Outward Bound



- Introductions
- Workshop Scope and Flow
- WMA Manual Introduction and Training
- Q&A
- Break
- Breakout Practice Sessions
- Q&A
- · We will go as long as it's useful for you.









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- Who are you?
- What is your organization and position?
- What is the population(s) you work with?
- What type of programs do you offer?
- Where are your programs backcountry, frontcountry, urban?
- What are your staff's qualifications and training?
- What are your current screening systems and protocols?
- What are your expectations for this workshop?

Why does it matter?

- Each program has different goals and populations.
- Each program has unique organizational structures and admission policies.
- A participant who is successful on a short program close to home may not be successful on a longer program.
- Program staff have varying qualifications and training.

The goal of this workshop is to provide an overview of psychological screening and provide specific screening tools and systems you can adapt to your program.

Workshop Scope and Flow

- Screening overview and PSM history and rationale
- How to set the bar for your program.
 - ADA
 - Essential Eligibility Criteria (Functional Position Statement) what every participant must be able to do.
- Screening Goals Information Gathering vs. Screening
 - Are you obtaining information to inform your staff, or...
 - To make decisions about whether or not to serve the applicant, or.
 - Both?
- Documentation and screening procedures
 - Prescreening questionnaire or interviews.
 - Medical / psychological forms and screening procedures.
- PSM Training and Practice
 - Manuals and Reference WMA Medical and Psych Manuals.
 - Documents and Forms Counseling Questionnaire, etc.

Urban

Wilderness

New Staff

Experienced Staff

High Risk Tolerance

Low

Organizational Mission

Participant's Experience



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Your Organization's Acceptable Score Lower Acceptable Score = Lower Tolerance for Risk Higher Acceptable Score = Higher Tolerance for Risk

0-1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25

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Screening Overview

- Consulting Physician and/or Psychologist
- Medical Screening Systems
 - Medical documentation and screening procedures for past or existing illness and injury
 - Follow-up forms for specific conditions
- Psychological Screening
 - Counseling Questionnaire
 - Therapist and Participant Follow-up Forms and conversations.
 - Participant Interviews in lieu of Therapist



ADA & Essential Eligibility Criteria (EE€)*

- ADA "You are required, within limits of law, to provide integrated access to your programs for qualified people who have disabilities. No discrimination."
- EEC "Provide appropriate access to your programs for ALL participants regardless of the presence of a disability!"
- *2010 WRMC Presentation "Essential Eligibility Criteria (EEC) A Risk Management Tool", by Janet Zeller and Cathy Hansen Stamp



Essential Eligibility Criteria (EEC)*

- Be written.
- Examples:
 - Each Participant must be able to tolerate water between X and X degrees and bright sunlight for X minutes or more.
 - Have the ability to follow verbal <u>and/or</u> visual instructions independently or with the assistance of a staff member/ companion.
 - Wear protective equipment recommended/required.
 - Enter and exit the raft independently or with the assistance of a companion.
- *2010 WRMC Presentation "Essential Eligibility Criteria (EEC) A Risk Management Tool", by Janet Zeller and Cathy Hansen Stamp



WMA Medical Screening Guidelines

- Created by:
 - Dr. David Johnson, WMA President.
 - OB staff draft on-going revisions in consultation w/ Dr. Johnson.
- Available through WMA
- Linked to information collected on medical history forms.
- Primarily covers medical conditions and issues.
- Takes into consideration the program venue, population and type.



WMA Psychological Screening System History and Overview

- Created in 2004 by:
 - Dr. David Johnson, WMA President
 - Kathy Blood, HIOBS Medical Screener
 - Neal Colan, Ed. D.
- System quantifies and verifies screening data that was previously evaluated by less precise means.
- Scoring results were compared and verified by evaluations made with other means.
- System supplements, but does not replace the screener's judgment.



Psychological Screening Manual

As Prepared by:

Dr. David Johnson Neil Colan Ed. D Kathy Blood



Parts to the PSM

- Counseling Questionnaire pg. 36
- Matrices pg. 6
- Associated Conditions and Significant Adverse Life Events list pg.
 34
- Scoring Worksheet pg. 40
- Psychotropic Medication List pg. 63
 - Anti-Anxiety
 - Anti-Depressants
 - Anti-Psychotics
 - Mood Stabilizers
 - Stimulants
 - Non-Stimulants
- DSM IV by Number pg. 69

Helpful guide when the therapist only lists the Diagnosis by the DSM numbering system

NOS = Not Otherwise Specified

• DSM IV by Problem Title – pg. 79



- Counseling Questionnaire is sent to applicants therapist and returned to the screener
- The screener "scores" the Counseling Questionnaire using the appropriate matrix
- The final score determines, yes, no, or contingent yes if the student can participate.



Counseling Questionnaire

- The Counseling Questionnaire and the Psychological Screening Manual are designed to be used together.
- This technically only applies to those applicants who are in counseling.
- You may use the Counseling Questionnaire/ Psychological Screening Manual for those applicants who have psychological issues but who are not in counseling although this situation is not ideal. Example: Eating Disorders where the applicant is not in counseling.

 Determine which Condition Matrix to use based on the primary diagnosis

(determined by the therapist and noted on the CQ)



- Determine the Recency of the Diagnosis, and add to score sheet
 - The score will range from 0-5
 - <3 months</p>
 - 3-6 months
 - 6-12 months
 - >1 year



- Determine the Duration of the Diagnosis, and add to score sheet
 - The score will range from 0-5
 - <3 months</p>
 - 3-6 months
 - 6-12 months
 - >1 year



- Determine the Symptoms of the Diagnosis, and add to score sheet
 - The symptoms are triaged based on their severity
 - List 1< List 2 < List 3
- Note on score sheet how many symptoms appear from each list
- Keep in mind that the therapist is only supposed to note pertinent symptoms in the last 6 months



- Determine the Treatments of the Diagnosis, and add to score sheet
 - Treatments include: medications (multiple medications and types), out patient counseling (OPC), day treatment, residential treatment, hospitalization, and special treatments (such as ECT).
- Note on score sheet how many treatments the application is receiving



- Determine the AC/SALE of the Diagnosis, and add to score sheet
- This is where you will add secondary diagnosis as well as anything checked by the therapist on page 4
- Use the list on page 34 to determine the score given to the secondary diagnosis and AC/SALE noted by the therapist
- Note on score sheet how many AC/SALEs there are from each list



- Add each number in the column tab to determine the final score
- Reference the Scoring Determination on the back of each Condition Matrix to determine the significance of the score

Example:

- 1. Any 5 = In-depth interview
- 2. Medication <3 months = No
- 3. > 14 = No
- 4. 8-13 = Contingent Yes = Need more info
- 5. < 7 = Yes



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Scored Differently: based on level of severity instead of symptoms

- Impulse Control Disorder
- Mental Retardation
- Pervasive Developmental Disorder
- Schizophrenia
- Substance Related Disorder



Scored based on Levels

- The applicant will be given a Level of I, II
 or III based on their disorder, diagnosis or
 primary symptom.
- They may also be given a Level of I, II or III depending on their Type of substance and Use/Abuse of said substance.
- You will still score Recency, Duration, Symptoms, Treatments, and AC/SALE as noted on each Condition Matrix



Scoring: Yes

- Just because an applicant scores a Yes, you still may feel that based on other information such as motivation, physical preparation, medical conditions, behavioral conditions or other factors, that the applicant is not a good fit for your program.
- The PSM is only a tool to help make a decision



Scoring: Contingent Yes

- If the applicant scores a Contingent Yes, more information is needed.
- Conversations with the therapist, applicant, parents, 3rd party references or other key professionals are necessary.
- After conversation(s), it may be necessary to re-score certain columns and assign a new final score to determine Yes/No/Contingent Yes.



Scoring: No

- If the applicant scores a No, but they seem like a good candidate in every other way for your program, you may want to have conversations with the therapist, applicant, parents, 3rd party references or other key professionals to get more information to re-score.
- OB uses the Extended Review Form for these students.



Extended Review

This form is to be completed when the applicant is outside of WMA or OB guidelines and passed to the Safety/Program Director for review.

This form should be filed with the student's paperwork GEMENT CONFERENCE

Student Name:		Course #:
Course Type: _		Course Area:
Region/Base:	Course Le	Course Area: Activities:
Who is request	ing the extended review?	
	Parent	Screener
	Student	Other
Current Status:		
	Not yet enrolled	Enrolled
	Other	Approved but with new/changing condition
WMA/OB Scree	ening Guideline:	
Senior Screene	er Recommendation:	
Safety/Progran	n Director Decision/Rationale/	Accommodations/Other Courses:
Follow Up:		
	Approved Screened off	More follow-up needed
Submitted by _		Date
Safety/Program	n Director	Date

Other info on CQ to consider

- How often does the applicant attend counseling sessions?
- When was the last session? (If more than 6 months ago, symptoms cannot be scored)
- Release of info from the therapist (may not speak to the screener unless they have permission on file)



What else

- Pre-screen
- Supplemental Forms
- Organization-specific guidelines
- **Undisclosed Issues**
- Screener qualifications, training, and oversight



Pre-Screen

		.	S
	50 yr or older OR Semester/Instructor course?	ck yes or no	If yes trigger PF (red)
	Scholarship applicant?	ck yes or no	If yes, trigger Scholarship Application
	Do you have asthma? If yes, ask the following questions.		De la Haraman de la Maria
	Do you take medication as needed?	ck yes or no	If yes, trigger Asthma Q. (yellow)
	Do you take medication daily?	ck yes or no	If yes, trigger Asthma Q. and Asthma Action Plan (red)
	Do any of the following apply to you?		If yes, trigger Diabetes Q. (Participant and
	Diabetes?	ck yes or no	If yes, trigger Diabetes Q. (Participant and Physician forms) (red)
	Cardiac and/or cardiovascular issues?	ck yes or no	If yes. trigger PE (red)
S. C. C. C.	Neurologic issues such as fainting, epilepsy, or Tourettes?	ck yes or no	If yes, trigger PE (red)
	Seizure in the past 2 years?	ck yes or no	If yes, trigger Seizure Q (Participant and Physician's form)
	Endocrine issues such as thyroid or kidney?	ck yes or no	If yes, trigger PE (red)
	Bleeding or blood disorder?	ck yes or no	If yes, trigger PE (red)
	Digestive issues?	ck yes or no	If yes, trigger PE (red)
	Major surgeries in the past year?	ck yes or no	If yes, trigger PE (red)
	Orthopedic issues? If yes, ask the next question.	ck yes or no	If yes, trigger Orthopedic Q.(Participant form) (yellow)
	Have you gone to physical therapy/seen a specialist in the last 6 months?	ck yes or no	If yes, trigger Orthopedic Q. (Specialist's form) (red)
	Have you been in counseling in the last 6 months? If yes, was if for:	ck yes or no	If yes, and under 21 yr. trigger Counseling Q.(red). If yes, and over 21yr. trigger Participant Counseling Q. (yellow)
	Substance related issues?	ck yes or no	If yes, trigger Substance Use Q. (red)

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Supplemental Forms

- Participant Counseling Questionnaire
- **Medication Questionnaire**
- Participant Anxiety Questionnaire
- **Eating Disorder Questionnaire**
- Self Harm Questionnaire
- Substance Use Questionnaire
- Probation Questionnaire

COUNSELING

- For courses 8 days or longer; applicants 21 years and younger:
- If the applicant is currently in regular (i.e. ongoing) counseling OR was, within the past 6 months, their therapist must complete our Counseling Questionnaire (CQ) for the following conditions:
- Suicide Issues
- History of substance abuse
- History of eating disorder
- Mood Disorder
- Anxiety Disorder
- Or at the discretion of the screener
- For courses 8 days or longer; applicants 22 years and older:
- If the applicant is currently in regular (i.e. ongoing) counseling OR was, within the past 6 months, their therapist must complete our Counseling Questionnaire (CQ) for the following conditions:
- Suicide Issues
- History of substance abuse
- History of eating disorder
- Or at the discretion of the screener
- For courses 2-8 days; all ages: Conversation with the applicant or Participant Counseling Questionnaire (PCQ) is required; CQ is optional.
- No follow-up is needed for one day programs.

EATING DISORDER

- Applicants with an <u>active</u> eating disorder such as anorexia/ bulimia may not attend course.
- For courses 2 days or longer:
- Applicants who have displayed binge/purge/restrictive eating disorders within the last 9 months will be assessed using the psychological screening manual.
- No follow-up is needed for one day programs.

PSYCHOLOGICAL HOSPITALIZATION

- Eating Disorder /Depression/Self-Harm Issues/Bi-polar and Behavioral Issues
- For courses 8 days or longer:
- If hospitalized for psychological reasons for longer than 3 days, applicants must be out of the hospital/treatment center for no less than 90 days prior to the course start and will be assessed using the psychological screening manual.
- Screen as appropriate for courses 6 days or less.
- For Intercept: Applicants must be out of the hospital/treatment center for no less than 30 days prior to the course start and will be assessed using the psychological screening manual or at the discretion of the screener.

SUBSTANCE DEPENDENCY

- If the applicant has received in-patient treatment for substance dependency, the applicant must have completed treatment and be in active recovery (meetings, counseling) for no less than 90 days prior to the course start date.
- Screen as appropriate for center/groups programs.

SELF-HARM/MUTILATION

- Cutting/Burning/Scratching
- If the applicant has 3 or more significant* episodes of self harm within 9 months of the course start date or any cutting or self harm in the last 90 days we will not accept.
- Applicants with 2 or fewer significant* episodes or multiple superficial* episodes of cutting within 9 months may attend courses of 15 days or less only.
- *Significant self harm examples: bloodletting, deep and/or scarring cuts/burns/scratches, infected cuts, using sharp knives, burning with large items like curling irons.
- *Superficial self harm examples: cutting/scratching with fingernails or other blunt tools, burning with small items like paperclips.

BI-POLAR DISORDER

- For courses 8 days or longer:
- If diagnosed as bi-polar, must be stable on medication and dosage for no less than 90 days prior to the course start and will be assessed by the psychological screening manual.
- Screen as appropriate for center/groups programs.
- No follow up is need for 1 day courses.

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JUSTICE SYSTEM

- Applicants with Justice System involvement will be assessed with consideration of:
- The intent of the program
- The population to be served
- Severity, frequency, recency and type of crime
- A reference from a 3rd party in the Justice System
- Open Enrollment distinguishes severity by reporting vs. non reporting probation. Open Enrollment will not accept students on reporting probation.
- STEP/CHINS: do not accept participants with new and undetermined legal issues (i.e. pending court dates)
- <u>For Intercept:</u> If on probation, we must collect permission to leave the state. If not on probation, require confirmation from lawyer or court that applicant can attend.

THERAPEUTIC RESIDENTIAL PLACEMENT

- For courses 8 days or longer:
- Applicants who have been in a therapeutic residential treatment facility within the past 9 months
 and required the use of therapeutic holds/restraints or there is a recent (3 months) history of lack
 of self control WILL NOT be accepted. If the applicant has been in a therapeutic residential
 treatment facility within the past 9 months and the facility DID NOT use the above techniques on
 the applicant we will require a Counseling Questionnaire.
- Screen as appropriate for courses 6 days or less.

Undisclosed Issues

Undisclosed Issues Re	eview Form		
This form is to be completed in the second s	leted when the applicant discloses issue This form should be completed by the	es which are outside of WMA or OB Sc. Safety Director/Program Manager and i	reening Guidelines. Se filed with the student's p
Student Name:		Course #:	
Course Type:	Course Are	a: <u></u>	A 431
Center/Base:	Course Length:	Activities:	
Staff Member:	Cours	e Director:	
Safety Director/Progra	m Manager: 💹 🐣 💮		<u> </u>
Current Status:			5-4//
AND CONTROL OF A SERVICE AND A	Course Start but is not in the field		
Student is in the field			
(417) 11720 / 11800	化发作的复数形式 医多种毒素		
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A. C. S. S. S. A. S. M. S. P.			
WMA/OB Screening G	uideline for the Undisclosed Issue:		
Senior Screener Cons			Yes No
Notes:			
Safety Department Co	nsulted:		Yes No
Notes:			
Parent/Guardian Cons	ulted:		Yes No
Notes:			
Students Physician/Ol	B Physician Consulted? You	es No	
Notes:			
Safety Director/Progra	m Director Decision/Rationale:		
Follow Up:			
Approved for Particip	ation		
Screened Off			
Parent Notification			
Admissions/Custome	r Service Notification		St. August V.
			A CONTRACTOR
Submitted by		Date	
Safety/Program Direct	or	Date	** TO THE PARTY OF

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