STSW Psychosocial Assessment Updates

Annette Humberson, LISW-S, CCTSW

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Why are assessments so important???

- In transplant – first it’s the yes or no...
- Your team may ask you for the “number”?
- But it goes beyond that; we are the interpreters, the investigators, the advocates
- “Coming from where they are”
- “Hearing & seeing what they don’t know how to express”

Empathy

- [www.youtube.com/watch?v=cDDWvj-q-o8](https://www.youtube.com/watch?v=cDDWvj-q-o8)  Cached

- Patient care is more than just healing -- it’s building a connection that encompasses mind, body and soul. If you could stand in someone else’s shoes ...
Objectives

1) After attending the presentation, participants will demonstrate an understanding of the DSM V changes, and new tools including the REALM-R, in the 2014 updated STSW psychosocial assessment tool.

2) To identify best practice through current assessment comparisons, literature search, and available evidence based research.

Objectives

3) To discuss area specific differences between the STSW evaluation tools:
   - overall psychosocial tool
   - Living Donor evaluation
   - LVAD evaluation
   - Pediatrics evaluation

Psychosocial Assessment 2012

Collaborated to create a comprehensive Assessment tool for our STSW members

- Covered all solid organ transplants
- Could be used nationally & internationally
- Helpful to New Transplant Social Workers and very Experienced Transplant Social Workers

** Is research based, that includes best practice, clinical experience, and tools.
Where we left off in 2012...

- Continue to use new tool, make modifications
- Survey our Membership re: usefulness, suggestions, etc.
- Sharing it with the VAD Social Workers so they can modify it to their needs
- Work on identifying levels of risk to discuss possible validation
- Future cross – center/ national research?

What YOU told us...
~ survey results

1). Do you use the STSW psychosocial transplant evaluation tool?
   - 12% yes, exactly as written
   - 13% I use parts of it
   - 37% I incorporated it into my assessment
   - 40% I don’t use it at all

2). Do you use the SIPAT?
   - 22% yes as written & scored
   - 18% I use the scoring tool
   - 62% I don’t use it

What YOU told us...
~ survey results

3). If you use either tool, how long does it take to complete the interview?
   - 42% 30–60 minutes
   - 44% 60–90 minutes
   - 11% 90–120 minutes

4). How long does it take you to document your assessment with either tool?
   - 29% 15–30 minutes
   - 26% 30–45 minutes
   - 37% 45–60 minutes
   - 7% more than 60 minutes
What YOU told us...

5. *Do you feel the STSW assessment adequately addresses your organ area?*

   - 85% yes
   - 15% no (several comments about LVAD)

6. *What changes would you suggest?*
   - It is very lengthy and it would be good to have trigger questions which would drop down the next appropriate question or skip to the next question.
   - More specific coping questions (good examples given)
   - Scoring Tool needed
   - I think in an ideal world it is good and thorough.
   - A more user-friendly format

What YOU told us...

7. *Do you use either the STSW or SIPAT scoring/rating tool?*
   - SIPAT 36%
   - STSW 26%
   - Neither one 36%

8. *If you are using either scale, does it provide adequate rating impressions?*
   - Yes 63%, no 8%, somewhat 29%
   - I use both. I find the SIPAT great as a validated tool for more psychological issues. I find the STSW tool better for social issues.
   - I don't give a quantitative rating in my impression. I review each section on the scale and address if it will create a psychosocial barrier to long term success of the transplant.

What YOU told us...

9. *Is Absolute Contraindication important to have on the scale?*
   - Yes 80%, No 20%

10. *What does your team view as an absolute contraindication if any?*
    - Social Support 64%
    - Financial 55%
    - Non-compliance 53%
    - Functional status 18%
    - Cognitive function 22%
    - Mental Health 16%
    - Coping 9%
    - Active Substance Abuse 87%
    - Legal issues 9%
    - Motivation 9%
    - Understanding of transplant process 7%
Updated Assessment 2014


- Recommendation & Impression in the beginning of the Assessment
- Drop down boxes
  Consolidated information

Updated Assessment 2014

- Shorter overall context
- Additional new tools for assessment of Health Literacy; Use Disorder as defined by DSM V;
- Diversity Inclusion

What has not changed...

- Our focus to be comprehensive to cover all organs & areas
- To meet CMS, UNOS, & JCAHO guidelines
- Our desire to have an Assessment written by Transplant Experienced Social Workers
- Our commitment to provide an assessment tool for experienced & new workers
Psychosocial Assessment Reference Tool – *Addendum Information*

- When we developed it...
- CMS considerations
- UNOS guidelines
- Patient & Caregiver Commitment Example
- References: tools, examples, sample letters

| 2012 | 2014 |

- And now updated to include...
- DSM V Alcohol Use Disorder
- AUDIT Tool
- Literacy Assessments
- Diversity Examples

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### The new “hot buttons”

- Quality of Care/Patient Safety
- Health Literacy
- Diversity

- JCAHO & Medicare
- Is not understanding noncompliance???

- But they can all be barriers to receiving the best care...
- And/or to succeeding with a transplant

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**Health Literacy:** under-reported & misunderstood


~ Health literacy includes numeracy skills.

~ They may lack knowledge or have misinformation about the body as well as the nature and causes of disease.

~ Health information can overwhelm even persons with advanced literacy skills. Medical science progresses rapidly.
Why is Health Literacy so important?

- Only 12% of adults have Proficient health literacy, according to the National Assessment of Adult Literacy.
- In other words, nearly nine out of ten adults may lack the skills needed to manage their health and prevent disease.
- 14% of adults (30 million people) have Below Basic health literacy.
- These adults were more likely to report their health as poor (42 percent) and are more likely to lack health insurance (28 percent) than adults with Proficient health literacy.

Health Literacy

- Changes In A Generic Medication’s Color And Shape May Lead To Some Patients Failing To Continue Taking The Medications – Washington Post Article, July 15, 2014
- REALM-R tool
- Test of Functional Health Literacy in Adults (TOFHLA and S-TOFHLA)
- http://www.plainlanguage.gov/

Health Literacy – REALM-R

The REALM-R is a word recognition test consisting of 11 items used to identify people at risk for poor literacy skills (Bass et al, 2003). Words that appear in this test are:

- Fat
- Osteoporosis
- Anemia
- Colitis
- Flu
- Allergic
- Fatigue
- Constipation
- Pill
- Jaundice
- Directed

Fat, Flu, and Pill are not scored and are positioned at the beginning of the REALM-R to decrease test anxiety and enhance confidence.
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- Pill Jaundice Directed
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SPECIAL CONSIDERATIONS WHEN USING THE REALM–R

1. Examiner Sensitivity
2. Visual Acuity
3. Pronunciation
4. Dialect, Accent, or Articulation Problems
5. Limitations of the REALM–R
6. Administration
7. Scoring
Substance Use Assessment

- **DSM V changes**: Substance Use Disorder
  - Taking the substance in larger amounts or for longer than the you meant to
  - Wanting to cut down or stop using the substance but not managing to
  - Spending a lot of time getting, using, or recovering from use of the substance
  - Cravings and urges to use the substance
  - Not managing to do what you should at work, home or school, because of substance use

- **DSM V Use Disorder**
  - Continuing to use, even when it causes problems in relationships
  - Giving up important social, occupational or recreational activities because of substance use
  - Using substances again and again, even when it puts the you in danger
  - Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
  - Needing more of the substance to get the effect you want (tolerance)
  - Development of withdrawal symptoms, which can be relieved by taking more of the substance.

- **DSM V: Specifying the severity**
  - Depends on how many symptoms are identified.
  - Two or three symptoms indicate a mild substance use disorder,
  - four or five symptoms indicate a moderate substance use disorder, and
  - six or more symptoms indicate a severe substance use disorder.
  - Clinicians can also add “in early remission,” “in sustained remission,” “on maintenance therapy,” and “in a controlled environment.”
Substance Use Assessment

- AUDIT Tool
  (Alcohol Use Disorders Identification Test)


Quality & Diversity

- Access to care & presenting as accepting

- “What is your identified Gender?”

- “Having to come out all over again”
  - Asking “Are you in a relationship; or do you have a partner?” – before you ask if he/she is married

Living Donor Assessment Updates

- Name of the recipient on the donor evaluation

- Please keep us updated if an issue comes up at your CMS, UNOS, or JCAHO visits. We can updated assessments as we did for this one to reflect necessary changes.
VAD Assessment

- In progress
- Has been requested for several years
- Can have some similarities to heart transplant evaluation but there are other important differences too

Recommendation

*Psychosocial Risk Profile*

- Level 4 – Absolute psychosocial barriers identified
- Level 3 – High risk, transplant outcomes will likely be impacted by psychosocial barriers
- Level 2 – Moderate risk, transplant outcome may be impacted by psychosocial concerns
- Level 1 – Low risk, no psychosocial issues were identified that may impact transplant outcome
- = what total outcome ??

SIPAT scoring

- 0–6 Excellent Candidate
- 7–20 Good Candidate
- 21–39 Minimally Acceptable Candidate
- 40–68 High Risk Candidate, significant risks
- Above 69 Poor Candidate
- Considerations for Final Recommendations
References


References

- Stanford Integrated Psychosocial Assessment for Transplant (SIPAT); Stanford University Medical Center; Maldonado 2008