

**BIO PSYCHOSOCIAL (BPS) NARRATIVE
TRAINING GUIDE FOR IIC ASSESSORS
NOVEMBER 2016**

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INTRODUCTION

The purpose of the Bio Psychosocial (BPS) Assessment is to provide a comprehensive clinical assessment geared to identifying both strengths and needs pertaining to behavioral health, substance use, and intellectual/developmental disabilities, and to provide treatment recommendations that address identified needs through both local community resources and services available through the New Jersey's Children's System of Care continuum. BPS assessments are available to youth experiencing emotional or behavioral challenges which are impacting their functioning in at least one area, and for whom their family is requesting guidance in identifying strategies and actions to help their child feel better. BPS assessments are to be delivered within the framework of the Children's System of Care (CSOC) philosophy and objectives which are to keep youth at home, in school, and in the community.

The existing Bio Psychosocial (BPS) template was redesigned in order to support the IIC assessor in delivering an assessment that yields a rich narrative description of the youth and family's story and allows for the assessor to provide clear context and synthesis of the youth and family's strengths and needs in documentation. The primary goal of this BPS redesign is to strengthen the engagement of the youth and their family in their story telling process, offering them the opportunity to gain education, perspective, and insight to their unique circumstances and move forward with clear steps designed to help them identify strategies that will ultimately help them feel better. Additionally, the BPS redesign supports best practice standards in assessment and aims to improve the quality and the presentation of clinical documentation in order to provide youth and families with a clear and informative pathway towards next steps in their journey.

The BPS redesign was created in unison with the revised Strength and Needs Assessment (SNA). This training guide will provide the reader with an overview of this document's new features as well as clear quality expectations moving forward.

For future reference, this User Guide is available on the PerformCare website at: <https://www.performcarenj.org/provider/behavioral/resources-faq.aspx>

THE ROLE OF THE BPS ASSESSOR

- To facilitate a therapeutic opportunity for a youth and his/her family and aid in identifying strengths and needs of the youth in order to assist in improving functioning and emotional well-being. *This may serve as an intervention in and of itself.*
- To synthesize information gathered during the assessment process and provide a clear and detailed document reflective of the information received.
- To provide recommendations and strategies to address needs that encompass formal treatment, informal support, referrals for community resources, and recommendations for collaboration with other youth serving systems, agencies, or providers.
- To provide families with education relevant to their story such as developmental context, trauma impact, etc. as well as to the assessment process (such as goal of the SNA tool, etc.).
- To inform families about options and processes in accessing services that include CSOC services and services available through, but not limited to, community mental health and/or social service agencies, and private insurance.
- To provide families with contact information for recommended community resources.

SUMMARY OF NEW BPS FEATURES

- The BPS Narrative and the Strength and Needs Assessment (SNA) are now separate and distinct sections which will allow the assessor to tell the youth and family's story within context in a more narrative format. The SNA is a supportive document to the Narrative section. The SNA offers information that communicates about current needs that warrant action for youth and family support.
- The narrative section order has been streamlined and the order of content has been revised in order to allow for a more organic progression of assessment.
- The Narrative section incorporates language that is more reflective of youth and family strengths.
- Italicized prompts are incorporated into each section of the Narrative. **Italicized prompts will not display in the printed version of the document.**
- Checkboxes have been replaced with drop down options for a cleaner presentation.
- The column grids for *Identifying Information*, *Documents Reviewed*, *Collateral Contacts*, and *Family Composition* are more streamlined and organized.
- A section on *Youth Perspective* has been incorporated in order to promote youth voice throughout the assessment process.
- The sections for *Developmental*, *Medical*, and *Substance Use History* have been condensed and streamlined in order to reduce redundancy.
- The format of the *Mental Status* section was changed from checkboxes to open text narrative.
- The Psychotropic Medication Module was removed and replaced with open text narrative.
- The *Interpretive Summary* section was added to collectively integrate all assessment information.
- Revisions were made to the *Recommended Interventions and Strategies* section.
- The new *Referrals/Resources* section allows the assessor to document community resources and services that were provided to the family through, but not limited to, community mental health and/or social service agencies, private insurance, etc.
- New attestation and IIC assessor electronic signature/credentials section.
- Agency specific hierarchy to allow for supervisors to review and approve their agency's assessor documentation.

NEW FORMAT OF THE REVISED BIO PSYCHOSOCIAL ASSESSMENT

The revised Bio Psychosocial Assessment has three distinct sections/tabs: 1) Demographics, 2) Narrative, and 3) Strength and Needs Assessment.

The Demographics section will maintain its existing view and functionality:

The Narrative section contains open text narrative, drop downs (replacing checkboxes), and grid format. The user may easily navigate from one section to another by using a Navigation Pane. The list of sections within the narrative portion is as follows:

NARRATIVE SECTION:	FORMAT:
Identifying Information	Grid
Documents Reviewed	Grid
Collateral Contacts	Grid
Reason for Evaluation	Open Text Narrative
Youth Perspective	Open Text Narrative
Significant History/Life Events	Open Text Narrative
Developmental History	Drop Down/Open Text Narrative
Medical History	Drop Down/Open Text Narrative
Substance Use History	Drop Down/Open Text Narrative
Family Structure and Dynamics	Grid/Open Text Narrative
DCP&P Involvement	Drop Down/Grid/Open Text Narrative
Current and Past Treatment	Open Text Narrative
Out of Home History	Drop Down/Open Text Narrative
Social Functioning/Peer Relationships	Open Text Narrative
School/Vocational Experience	Open Text Narrative
Legal Involvement	Open Text Narrative
Mental Status	Open Text Narrative
Diagnosis	Existing CYBER Functionality

Interpretive Summary	Open Text Narrative
Additional Narrative	Open Text Narrative
Recommended Interventions/Strategies	Open Text Narrative
Imminent Safety Concerns	Open Text Narrative
Referrals/Resources	Open Text Narrative
Attestation/Electronic Signature	Checkbox, Drop Down, Open Text

GRID FORMAT: The user may add line items, as needed. The information will format into a clean, user friendly grid:

The screenshot shows a window titled "Identifying Information". Below the title is the text "Individuals Interviewed:". Below this is a table with three columns: "Last Name", "First Name", and "Relationship to Youth". The table is currently empty. Below the table is a button labeled "Add Individual".

DROP DOWN FORMAT: The user may choose an item provided within the drop down option by clicking on the black arrow:

Did the youth's mother have access to prenatal care?

: Yes/no drop down

Yes ▾

Choose an item.

Yes

No

Unknown

OPEN TEXT NARRATIVE FORMAT: The assessor shall address relevant areas noted in the italicized prompts in each section. Italicized prompts do not display in print. Therefore, it is extremely important to utilize full and complete sentences when framing responses in order to ensure that the content is clearly reflective of the area discussed:

Significant History/Life Events

Note any past history of the youth's emotional and behavioral challenges. This information should include past risk behaviors (suicidal/homicidal ideation or gestures, etc.). Include duration for onset, severity, frequency, precipitants and mitigating factors. Note any significant challenging life events that may have impacted the youth's past and/or current presentation. Describe the event(s) as related to the behavior described. Some examples include abuse/neglect, trauma, divorce, domestic violence, death, familial substance use, legal involvement, etc.

QUALITY STANDARDS FOR BPS DOCUMENT

I. COMPLETENESS OF DOCUMENT

- a) **Use Complete Sentences**: Since the goal of the revised BPS is to “tell a story”, it is imperative for the assessor to document complete sentences when entering information. The prompts will guide the assessor in providing a rich, complete narrative within each section. The assessor does not need to follow each prompt verbatim. Rather, the assessor should take the prompts under consideration based on each youth and family situation. Again, please take note that the italicized prompts **do not print**. Therefore, it is **extremely** important to use complete sentences so that the reader can clearly understand each section of a printed document. Do not use single words such as “yes”, “no”, N/A, or not applicable. Furthermore, **do not** copy and paste responses from one section to another as each section is has a distinct purpose. Please review the following examples:

Reason for Evaluation

Who is the referral source? What prompted this referral (for example, detention center staff requested the BPS based on the outcome of the MAYSI, school recommendation, etc.)?

Acceptable Response:

Anthony was referred to PerformCare by Mercer South DCP&P in order to request consideration for services/supports. Per the DCP&P worker (and confirmed by family), Anthony is at risk of removal from his current resource home due to several incidents where he did not return directly to the home after school. His resource parent reports that on these occasions he returned to the home 1-4 hours late, “may” have smelled of marijuana and was “verbally aggressive” towards her stating, “screw you” and/or “go to hell,” when confronted. Due to the ongoing conflict in the home, as well concerns with possible marijuana use, DCP&P requested an assessment for services. His resource parent is concerned that he may be involved in gang activity since a neighbor saw him talking with a known gang member.

Unacceptable Response:

DCP&P; in danger of removal from resource home; needs higher level of care (CMO).

- b) **Complete Every Section:** If a particular section of the narrative is not applicable to the youth and/or family, the assessor should respond accordingly utilizing a complete sentence. Do not use N/A, not applicable, a period, or any other incomplete statement that does not clearly address each section. Please review the following examples:

Developmental/Medical/Substance Use History

DEVELOPMENTAL HISTORY

Note any parent/caregiver concerns related to the youth's developmental milestones (including crawling, walking, speaking single words, speaking sentences, toilet training, and separation from caregiver). Describe the youth's temperament as an infant. Note any other parent/guardian or third party concerns during ages 0-5 years. This information should include any concerns noted by the parent/caretaker related to attachment. Also, note any efforts taken to access support and interventions as well as identified supportive, strong attachments.

Acceptable Response:

DCPP has no information about Anthony's developmental history. He was removed from his biological mother's care at eight years old when she was incarcerated on drug related charges. He then lived with his paternal grandmother until age 11 when she died suddenly of complications related to diabetes. Anthony was placed in foster care and has been in three resource homes since that time. He has received sporadic in school counseling, but no formal therapy to address these multiple losses.

Unacceptable Response:

Unknown. Mother in prison since 2013. Multiple resource home placements.

As you can see, complete sentences are imperative to the presentation of the document as prompts **do not print**.

- c) **Language is Important:** When completing your BPS assessment, please be cognizant of the language of the Children's System of Care and utilize this language within the BPS document:

Language Is Important



II. SECTION SPECIFIC STANDARDS

Please review the following standards for each section of the Narrative. Please take note that the Narrative prompts provide more detail. This information contains abbreviated information and helpful tips:

- a) **Individuals Interviewed:** When entering the individuals that were interviewed during the assessment process, be sure to include the youth (as well as caretakers). The youth must be physically present and interviewed as part of the BPS process. If this does not occur, the plan will be returned by PerformCare. If a youth is in detention at the time of the BPS assessment and if parents/caretakers are not physically present, they should be interviewed via phone and displayed within the Identifying Information grid. Document scheduling efforts.
- b) **Documents Reviewed:** The grid format will enable assessors to easily enter any and all documents reviewed as part of the assessment process. This section is not required as the BPS may be a youth's first assessment. If documents are provided, the assessor should document them in this section. The assessor should not enter information from other documents verbatim within the BPS.
- c) **Collateral Contacts:** This section is now in grid format in order to easily enter Contact Name, Relationship to Youth, Method of contact (drop down), Date of Contact, and a free-text Comments section. A minimum of one collateral contact is required however multiple collateral contacts are **highly recommended**. The interviewed individuals listed within the Identifying Information grid (including the youth) may not count as collateral contacts. Document all failed attempts to outreach collateral contact(s) within the comments section. Collateral contact information gives breadth to the youth and family's story.
- d) **Reason for Evaluation:** The assessor should clearly document the referral source and a summary of what lead to this referral from the perspective of the referral source, family and youth. This information needs to include details related to identified behaviors and symptoms. Please refer to page 8 for an example of acceptable documentation.
- e) **Youth Perspective:** This is a new section which enables the assessor to engage and capture the youth's thoughts and feelings through his/her voice. There is intention in this section to capture information around identity in addition to the youth's perspective on safety and connections. If the youth is unwilling or incapable of providing this information, please document the reason why here.
- f) **Significant History/Life Events:** The assessor should provide detailed information incorporating past experiences that are currently affecting the youth and family as well as those that offer perspective on growth through strengths and challenges.
- g) **Developmental/Medical/Substance Use History:** Note any concerns/challenges in each area. The assessor should consider noted concerns in relationship to potential trauma and impact on life functioning. In the medication section, be sure to document the name, dosage, and frequency of dose as reported during the assessment. Also verify what the medication is targeting as some medications are used off label.
- h) **Family Structure and Dynamics:** The assessor should document all family members as identified by the youth. Who does the youth consider family? Please detail any reported family dynamics that are affecting the youth and include information on their environment/s and routine family activity and shared values.

- i) **DCP&P Involvement:** A new option for “Family Refuses to Disclose Information” is now available. DCP&P Caseworker Information section is not required however encouraged if this information is provided during the assessment. The Assessor should consider connections and potential trauma context when gathering this information.
- j) **Current and Past Treatment:** This section should document any treatment that the youth is/has been provided as reported during the assessment. Please be sure to include type, provider name (if available), timeframe of treatment, goal of treatment, and outcome of intervention. Thorough information about treatment is key in identifying what has and has not been helpful in addition to next steps.
- k) **Out of Home History:** The assessor should document all reported episodes of care, which would include both clinical treatment and non-clinical placements. This information is based on what is reported during the assessment. The total # of episodes will auto-calculate within the document. The total # of times a youth has been out of his/her home provides insight into a youth’s movement and impact on their circumstances. Furthermore, details frame each circumstance and can demonstrate patterns.
- l) **Social Functioning/Peer Relationships:** Provide detailed information regarding the youth’s peer relationships, how they are affecting the youth, and how they are relevant to the reason for the referral, if applicable. Understanding the youth’s social functioning and relationship strengths and areas of growth within their development and life circumstances is key when identifying informal supports and strategies to strengthen communication, empathy, other relationship skills, and self-regulation. Youth have better outcomes when they have at least one consistent caring adult relationship. The more connections youth have, the more they are able to cope with stress/trauma.
- m) **Social/Vocational Experience:** Prompts here call attention to the formal school processes in addition to the breadth of the school experience for the youth, from topical learning to social and emotional learning, interest development, mentor relationships, how to seek or avoid support and assistance, etc. School experiences can support youth in shaping interests into future pathways and ways to contribute to society.
- n) **Legal Involvement:** Note any past or present legal involvement and include any charges, disposition(s), and current status. Dates and timeframes are key when referencing history of charges, interventions and outcomes.
- o) **Mental Status:** The new *Mental Status* format allows the assessor much more flexibility to document their observations and information on the items included in this portion of the youth’s assessment. The prompts include typical items noted in mental status documentation.
- p) **Diagnosis:** The *Diagnosis* section mirrors the current functionality within CYBER. The assessor should ensure that the diagnosing clinician is appropriately licensed and that the diagnosis is within the last twelve months. The diagnoses should correlate with the information provided throughout the assessment.
- q) **Interpretive Summary:** The interpretive summary is designed to allow the assessor the opportunity to integrate all information gathered during the assessment and from multiple sources to present a picture of the youth and family’s circumstances. This is an opportunity to demonstrate the perspective of the involved parties and that of the assessor. The summary should include discussion of needs/risk factors

and strengths/protective factors. Additional information and comments are accommodated in the additional narrative field. Please review the following examples:

Interpretive Summary:

This summary should integrate all gathered assessment information and serve as a clinical formulation describing the assessor's clinical impressions of the youth and his/her family. This information should speak to the understood etiology of the youth's presentation, the youth and family's knowledge/understanding of the presenting issues, the motivation of the youth and family to be involved in treatment and to make behavioral change, strengths of the youth and family that reflect optimism and resilience, youth/family preferences, and any barriers to treatment.

Acceptable Response:

Anthony is a 14 year old male who has experienced multiple significant losses age eight when his mother began serving a 25 year drug sentence. He went to live with his paternal grandmother until she died when Anthony was 11 years old. Anthony likes school and his guidance counselor reports he is well liked by his teachers and attains mostly B's. He shows leadership qualities and any behavioral issues are usually related to talking and joking in class. Anthony denies any drug use and any interaction with gang members. However, he admits that he has smoked cigarettes on occasion. He stated that his resource mother and her neighbor friends are "old people" and think he uses drugs and hangs out with gang members because he likes to "hang out with older kids" and sometimes smokes cigarettes. However, Anthony stated that his current resource parent reminds him of his paternal grandmother and likes living with her, but sometimes loses his temper and "feel(s) bad after it happens." His resource parent wants Anthony to remain in her home "as long as he needs to" but must follow her rules. Anthony reports increasing nightmares and bouts of sadness and anger, but states he will "push those feelings away." Anthony agreed that he would benefit from talking about his past and current feelings and welcomes the idea of a mentor and other activities. His resource parent agrees these services would be beneficial.

Unacceptable Response:

Youth has experienced multiple losses and shows some signs of anxiety and depression. His resource parent will allow him to remain in her home if his behavior improves. Anthony denies drug use but admits to smoking. He also denies gang activity.

- r) **Recommended Interventions/Strategies:** This section should detail the specific components of care that will benefit the youth and family. The assessor should outline all treatment recommendations as developed in collaboration with the youth and family. These recommendations should detail priority target behaviors and goals and must indicate strength based strategies, resources, and supports that can be used to address the needs of the youth and family. Recommendations should include reference to a youth's need in domains/factors such as safety, supervision, structure, relationship building, self-regulation, social interaction, communication, etc. relative to target behaviors, strategies, supports, and services. The assessor should detail recommended frequency and intensity of interventions. Recommendations should not include specific intensities of service (e.g. out of home treatment).

Where specific modality preferences (DBT, TF CBT, etc.) are recommended, the assessor should provide details on the modality components that drive the recommendations and benefit the youth.

Recommended Interventions and Strategies:

This section should detail the specific components of care that will benefit the youth and family. Using the above information, outline your treatment recommendations as developed in collaboration with the youth and family. These recommendations should detail priority target behaviors and goals and must indicate strength based strategies, resources, and supports that can be used to address the needs of the youth and family. Recommendations should include reference to a youth's need in domains/factors such as safety, supervision, structure, relationship building, self-regulation, social interaction, communication, etc. relative to target behaviors, strategies, supports, and services. Detail recommended frequency and intensity of interventions. Recommendations should not include specific intensities of service (e.g. out of home treatment). Where specific modality preferences (DBT, TF CBT, etc.) are recommended, provide details on the modality components that drive the recommendations and benefit the youth.

Acceptable Response:

Anthony has complex trauma needs and would benefit from a trauma informed therapeutic approach to address his current behavioral challenges in his current resource home. One such model is ARC (Attachment, Self-Regulation, and Competency), which is a comprehensive framework for intervention with who have experienced complex trauma. ARC targets children with needs similar to Anthony who has experienced chronic trauma, including physical abuse, neglect, domestic violence, and community violence. Interventions should focus on building secure attachments, enhancing self-regulatory capabilities, and skill building across multiple domains with ongoing monitoring for depressive and anxiety related symptomology. Anthony should receive education on substance use and issues related to gang involvement and his resource parent should continue to monitor for these concerns. Anthony does well in school but requires more structure after school when he has experienced the most difficulty. While he would benefit from the positive skill building offered through mentoring services, more sustainable social connections, such as after school and/or community athletics would offer Anthony opportunities for success and camaraderie, which he may currently be seeking from an older peer group.

Unacceptable Response:

Anthony should receive IIC in home services three times per week due to trauma. He should also be connected to community supports. If this is unsuccessful, he would be referred for OOH treatment.

- s) **Referrals/Resources:** Since a role of the BPS assessor is to provide the family with contact information or recommended resources within their community, this open text section was created for the assessor to document any educational material and/or therapeutic, social service and/or community referrals provided to the family.

III. ATTESTATION

The Attestation is a new feature within the BPS Assessment. By checking off the attestation, the assessor is attesting that he/she administered and completed the BPS while operating within CSOC policies, standards, and board regulations. Upon checking the attestation, the assessor may proceed to the SNA portion of the

assessment. The assessor must complete the documentation within CYBER. Furthermore, the assessor is required to hold an independent clinical license and operate within the scope of his/her board regulations.

Attestation Statement:

- I attest that I have administered and completed this bio psychosocial assessment and am operating within CSOC policies and procedures, the standards set forth by NJAC 10:77, and my specific board regulations:

Licensed Clinician Electronic Signature: Click or tap here to enter text.

Credential: Click or tap to choose.

License #: NJ37PC00000000

License Expiration Date: 1/1/2017

Dually Credentialed: Click or tap to choose.

Dual Credential: No

License #: Click or tap here to enter text.

License Expiration Date: Click or tap to enter a date.

IV. AGENCY QUALITY OVERSIGHT

- a) **Hierarchy:** In another effort to enhance assessment quality, IIC providers are now able to set up internal hierarchy within their agency so that supervisory staff may review assessments prior to submission to PerformCare. For additional information on hierarchy, please review the training document for System Administrator Role Based Security via the following link: <http://www.performcarenj.org/provider/training/performcare-presentations.aspx#security>
- b) **Dual Relationships/Conflict of Interest:** Every IIC assessor/agency shall practice around managing dual relationships and conflict of interest.

V. ADDITIONAL REQUIREMENTS

- a) **Submission Timeframes:** BPS assessments shall be submitted within ten (10) days of authorization for service.
- b) **Credentials:** Independent Licensure is required for IIC assessors
- c) **IMDS Certification:** Annually
- d) **Sufficient Documents:** BPS documents will be flagged by the CSA when there is sufficient documentation to inform on an intensity of service but quality review indicators have been identified. CSOC has established a monitoring process for assessments in need of more quality documentation and will be contacting providers to discuss any assessments that do not meet quality standards. Revisions will be required. Agencies experiencing challenges with assessment quality are subject to being removed from the randomizer and will be notified prior to removal.