



# Value of Evaluation and Assessment for Mental Illness and Addiction

## IT MAKES SENSE

As intelligent beings, we evaluate and assess countless circumstances, choices and decisions on an ongoing basis. Over the last year alone, just think about the number of times each one of us has paused to look at the happenings around us and evaluate and assess our own responses to the information we receive.

## CLARITY IS THE GOAL

Mental illness and addiction are, more often than not, complex. Every case is unique. Comorbidities add to the complicated nature of mental illness and addiction. Clarifying or teasing out as many details as possible through evaluation and assessment can begin to make an accurate diagnosis and treatment recommendations attainable.

## THE APPROACH IS NOT ONE-SIZE FITS ALL

The unique presentation of mental illness and addiction in every individual, coupled with the level of severity of illness, makes a singular path for evaluation and assessment inadequate in the process of gathering and interpreting information that will ultimately result in answers to the question, “where to go from here?”

## EVALUATION AND ASSESSMENT TO MEET PATIENTS WHERE THEY ARE

Lindner Center of HOPE’s residential offerings offer an individualized path to answers that patients, families and referral sources are seeking. Between our two adult units we can:

**Path 1: Stabilize and Evaluate – for patients who will benefit from ongoing stabilization and a deeper evaluation in a safe environment, but are too ill to tolerate the testing process**



During the first 10 days of the patient’s stay the multidisciplinary treatment team focuses on evaluating and stabilizing the patient’s presenting issues and formulating a treatment plan that will aid the patient in preparation for the next level of care. In other words, this evaluation considers previous diagnosis/medications/treatment and if those are the best possible for the patient. Additional testing will only be needed, if the diagnosis is still not clear. As the initial stay comes to a close, the patient and those involved in their care will receive an Evaluation Briefing session with the experienced treatment team.

Key evaluation components include:

- Psychiatric Evaluation, including psychopharmacological assessment
- SCID: Structured Clinical Interview
- Assessment for addictions (including behavioral addictions)
- Psychosocial assessment
- Nursing Assessment
- History and physical assessment
- Nutritional assessment
- Spiritual assessment upon request
- Clinical observation through group therapy and therapeutic milieu involvement
- Recreation therapy assessment
- (Psychological and Neuropsychological testing can be added with additional days and costs, if needed.)

## Path 2: Comprehensive Diagnostic Assessment – for the stable patient prepared and motivated for intensive testing and completion of assessment tools



During the first 10 days of the patient's stay an extensive array of assessments and testing instruments are identified based on the patient's presenting issues. Upon completion of the diagnostic workups the clinical team reviews the information gathered and develops clinical recommendations that will be presented to the patient. This in-depth and comprehensive diagnostic feedback occurs through a meeting of the multidisciplinary team, the patient, and family members and other key supports or providers as appropriate.

Key assessment and testing components include:

- Psychiatric evaluation including psychopharmacological assessment
- Psychological and neuropsychological testing
  - May include:*  
*WAIS-IV (select subtests), WMS-IV (select subtests), Rey Complex Figure Test, Trail Making Test A and B, DKEFS (selected tests), NAB (Mazes), CVLT-II, Wisconsin Card Sort Test, Boston Naming Test*
- SCID: Structured Clinical Interview
- Assessment for addictions (including behavioral addictions)
- Psychosocial assessment and aftercare planning
- Nursing assessment
- History and physical assessment
- Nutritional assessment
- Pharmacogenetic testing (genetic testing) when indicated and at an additional charge
- Spiritual assessment upon request
- Clinical observation through group therapy and therapeutic milieu involvement
- Recreation therapy assessment

Continuing treatment, through evidence-based approaches, is available regardless of path or even a combination of the paths. For those patients who might decompensate, acute inpatient units are available for step-up care.

**Please contact our residential admissions team to learn how Lindner Center of HOPE evaluations and assessments might benefit your clients. 513-536-0537**

**Or visit <https://lindnercenterofhope.org/residential-treatment-programs/> to learn more.**



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