Don’t Just Wing It:

Combining Clinical and Supervision Case Plans to Improve Outcomes in Treatment Courts

Shannon Carey, Ph.D.

Overview

Concepts	What are risk and need and why are they important? Measuring risk and need/Measuring the Individual
Case planning	Promoting participant engagement Using assessments to create case plans
Getting it done	Creating the integrated case plan Using case plans in staffing and court

What Do We Mean by “Risk” and “Need”?

What is

Risk

The likelihood that a person will get re-arrested and/or fail on probation

*Past behavior is the best predictor of future behavior

Risk:

≠ Dangerousness

≠ Crime type

≠ Failure to appear

≠ Sentence or disposition

≠ Custody or security classification level

Central 8 Factors

1. History of antisocial behavior (Criminal History)
2. Antisocial Attitudes
3. Peer Associations
4. Antisocial Personality
5. School/Employment
6. Substance Abuse
7. Living Situation
8. Family/Marital

Important, but **STATIC**

DYNAMIC Criminogenic Needs

Clients have a variety of Criminogenic needs:

- Subset of risk factors
- Dynamic, live and changeable

Criminogenic Needs

- Needs related to criminal behavior.
- They important because:
  - They can change and therefore are viable intervention targets
  - When they change (due to intervention), recidivism will decrease

What is

Clinical Need:

= Diagnosed Substance Use Disorder (Mod to Severe)

= Diagnosed Mental Health Disorder

= Both

Need = What level and type of drug and alcohol/mental health treatment is required for recovery?

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Risk-Need-Responsivity (RNR) Model as a Guide to Best Practices

Principle
Risk Principle
Needs Principle
Responsivity Principle

Risk-Need-Responsivity (RNR) Model as a Guide to Best Practices

Principle	
Risk Principle	Match the intensity of individual's intervention to their risk of reoffending (*Supervision Level)*
Needs Principle	
Responsivity Principle	

Risk-Need-Responsivity (RNR) Model as a Guide to Best Practices

Principle	
Risk Principle	Match the intensity of individual's intervention to their risk of reoffending (*Supervision Level)*
Needs Principle	Target criminogenic needs, such as antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers *(WHAT to target)*
Responsivity Principle	

Risk-Need-Responsivity (RNR) Model as a Guide to Best Practices

Principle	
Risk Principle	Match the intensity of individual's intervention to their risk of reoffending (*Supervision Level)*
Needs Principle	Target criminogenic needs, such as antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers *(WHAT to target)*
Responsivity Principle	Tailor the intervention to the learning style/disability, motivation, culture, demographics, and abilities of the individual *(HOW to best target)*

THE *RNR* PRINCIPLE ARGUES THAT:

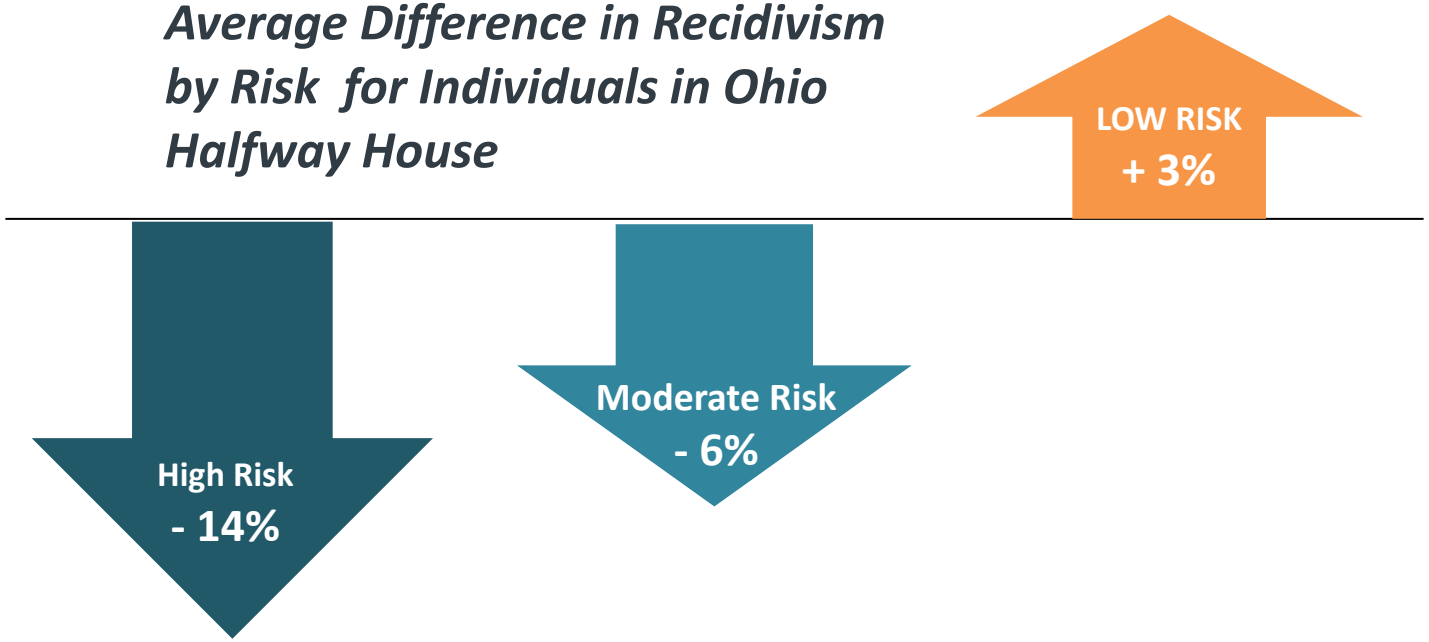
Higher risk/Higher need clients warrant *increased* level of supervision, Case Management, and intervention.

Lower risk/Lower need clients may have *poorer* outcomes with too *much* supervision, case management, and intervention.

THE IMPORTANCE OF RISK PRINCIPLE

Failing to adhere to the risk principle can **increase** recidivism

Average Difference in Recidivism by Risk for Individuals in Ohio Halfway House



Source: Presentation by Dr. Edward Latessa, "What Works and What Doesn't in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry"

Addressing Risk Factors (Need) as Part of Behavioral Health Services

Dynamic Risk Factor (Central 8)	Need/Case management/Services
History of antisocial behavior (Criminal History)	Build and practice positive/healthy behaviors (All services are aimed toward this goal)
Antisocial personality pattern (Check trauma history)	Learn problem solving skills, practice anger management
Antisocial cognition	Develop more pro-social thinking
Antisocial associates	Reduce association with criminal others (learn refusal skills)/increase time with positive peers
Family and/or marital discord	Reduce conflict, build positive relationships
Poor school and/or work performance	Work on good employee/study/performance skills
Poor living situation	Find appropriate housing
Substance abuse	Reduce use through integrated treatment

Address Risk Factors (Need) in treatment, supervision, case management, staffing, and court

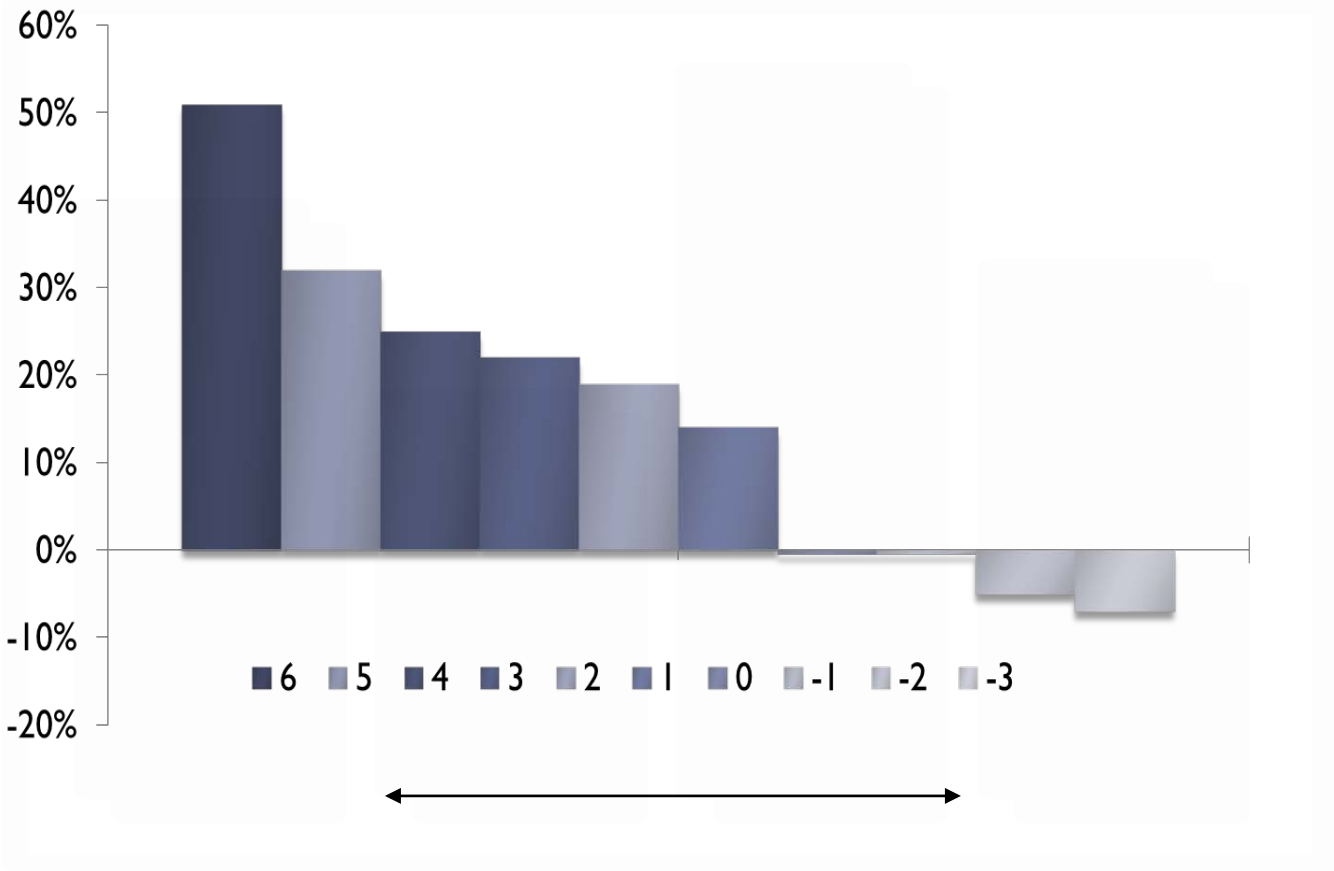
RECIDIVISM REDUCTIONS AS A FUNCTION OF TARGETING MULTIPLE CRIMINOGENIC VS. NON-CRIMINOGENIC NEEDS

NOTE: Response to sanctions did NOT vary by risk level

Incentives were more effective for higher risk

Larger Reduction in Recidivism

Smaller reduction in Recidivism



More criminogenic than non-criminogenic needs

More non-criminogenic than criminogenic needs

(Andrews, Dowden, & Gendreau, 1999; Dowden, 1998)

Equity and Inclusion

Get to know your participants

Everyone comes in at a different starting place and with different tools and a different approach to the world

Equivalent Treatment
Some factors to consider

- Black individuals are less likely to seek treatment than similarly situated whites but experience more physical health problems over the life course. (Okeke, 2013)
- Individuals who are black are treated differently in health care settings.

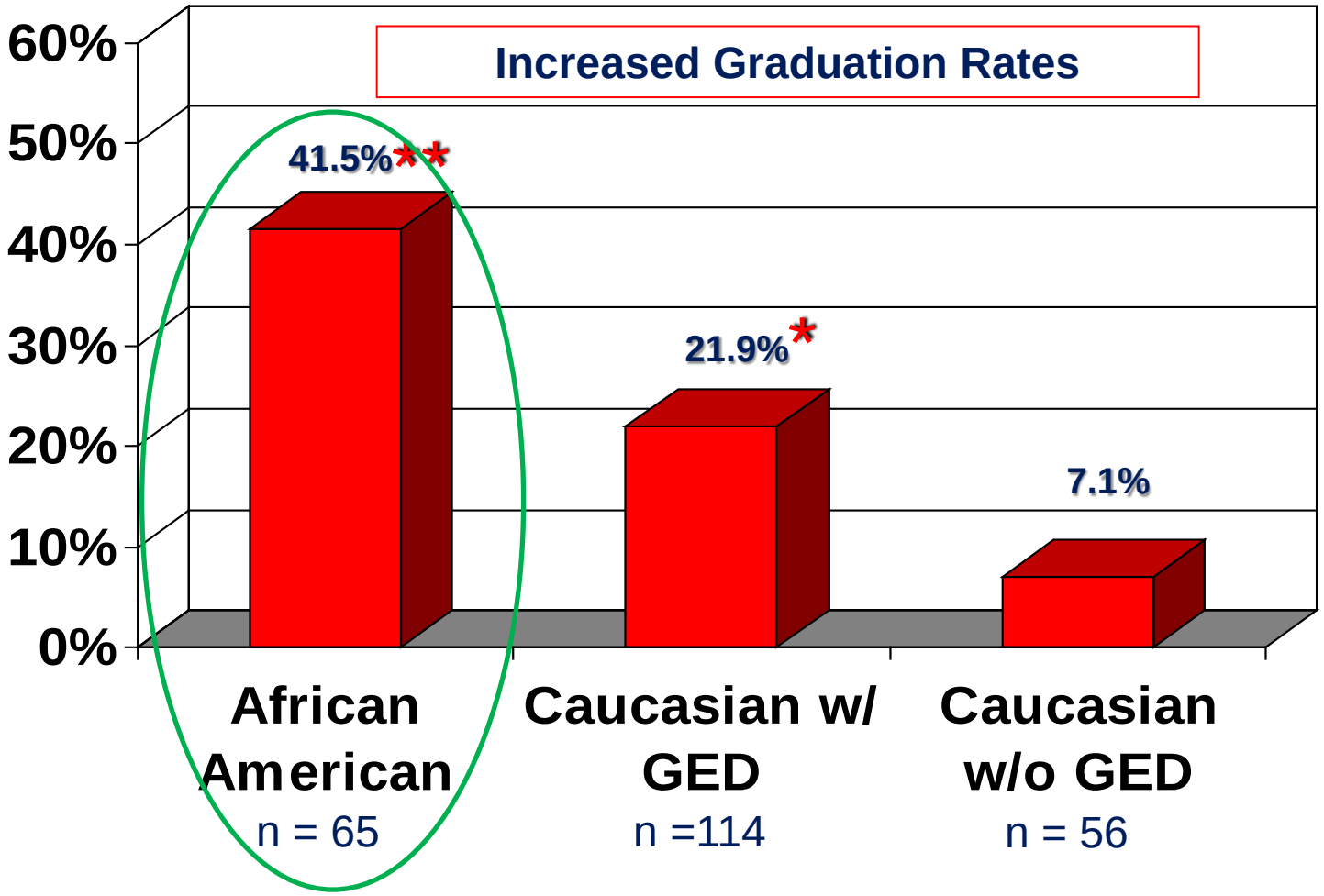
  They are less likely to have their pain acknowledged and treated than are similarly situated Caucasians. False stereotypes may be factors driving this trend. (Meghani, Byun, & Gallagher, 2012).

More factors related to Equivalent

More factors related to Equivalent Treatment

- Lower levels of education and income in the community may impact participants' **self-efficacy** and their perceptions of the benefits of staying in treatment (Saloner & Cook 2013).
- To engage minority participants in treatment, providers need to have staff who understand the participants and **are knowledgeable about their daily lives** (Guerro, et al. 2013.)

Culturally Proficient Treatment



Vito & Tewksbury (1998)

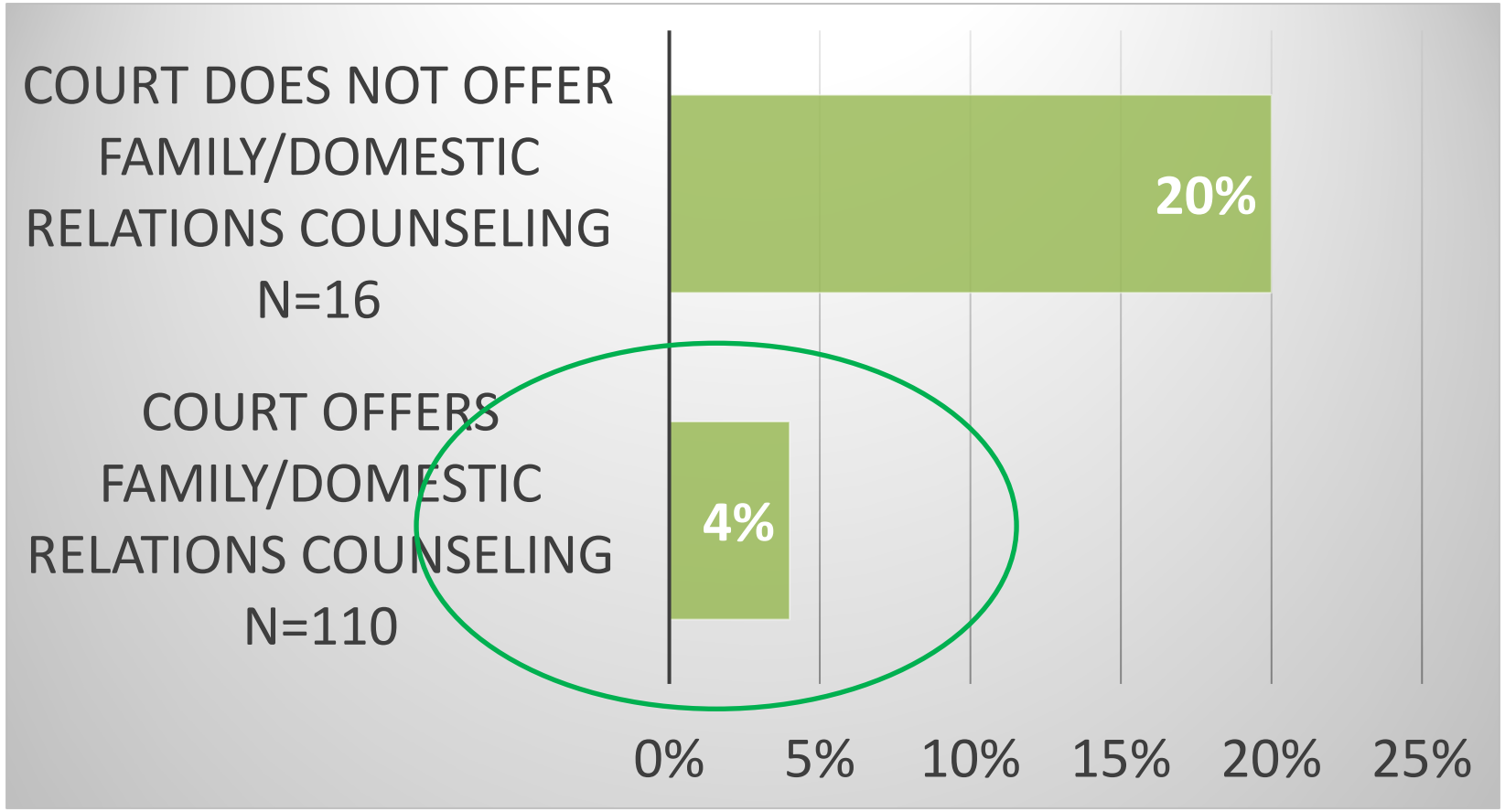
Replicated: Beckerman & Fontana 2001; Marlowe et al., 2018

Results (2018 Study)

Treatment Court practices related to decreased disparity

- 142 treatment courts
- Measured disparities in graduation rates

Courts that offered family counseling 5 times less disparity in graduation rates*

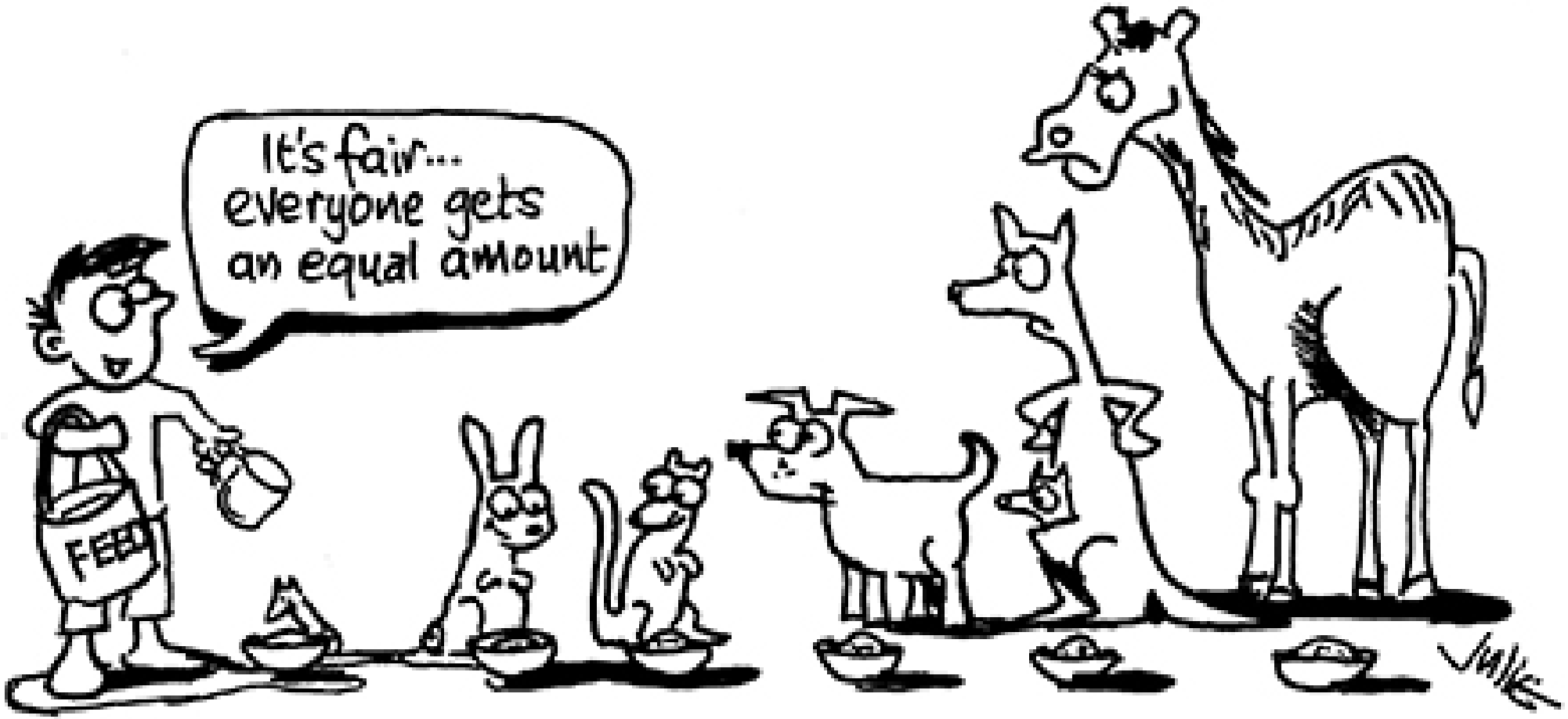


*Analysis includes black and white participants only

Practices related to LESS DISPARITY
Court practice (Disparity size Yes vs No)

- ✓ Courts where a defense attorney attends staffings showed half the disparity (5% vs 10%)
- ✓ Probation attends staffing – half the disparity (5% vs 12%)
- ✓ Coordinator attends staffing – three times less disparity (5% vs 17%)
- ✓ Defense attorney attends court sessions – four times less disparity (4% vs 12%)
- ✓ Treatment attends court sessions – half the disparity (6% vs 12%)

Know your participants
Better Justice Response
Better Outcomes



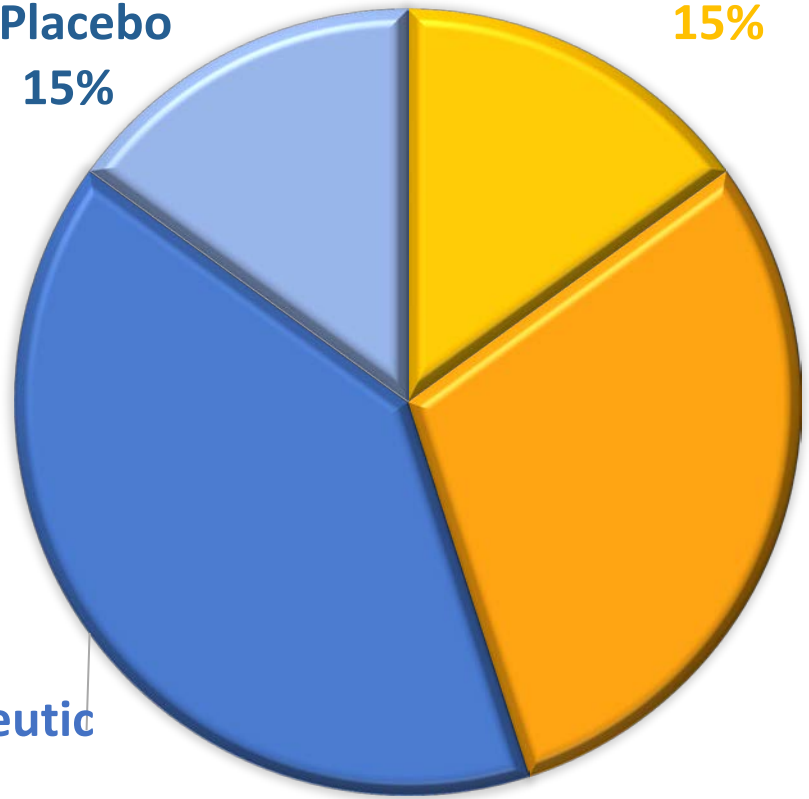
What Leads to Behavior Change?

Belief that the intervention will (or will not) work

Expectations / Placebo 15%

Technique 15%

Specific model used
- **CBT**
- **DBT**
- **Seeking Safety**



Staff/Client Relationship 30%

Extratherapeutic Change 40%

Criminogenic Factors (Central 8)
- Family
- Peers
- Housing
- Health

- Alliance
- Empathy
- Positive Regard

Lambert and Barley, 2001

Getting to know your participants

Risk, Need and Responsivity

Tools to build your case plan

Select Appropriate Screening and Assessment Tools

- Reliable = Predicts risk consistently from person to person
- Valid = Has been tested multiple times in defined population and it is accurate *(for CJ population)
- Standardized = Has proscribed instructions for use that, if followed, have the same result with different users
- Ease of use = Instructions easy to follow, not too long to be practical
- Cost = Within acceptable price range according to resources available, some good free tools

Traditional CJ Risk Assessments

Risk Assessment Tools

(Examples)

- **RISK AND NEEDS TRIAGE (RANT)**

- **OHIO RISK ASSESSMENT SYSTEM (ORAS)**
- **Level of Service Case/ Management Inventory (LS/CMI)**

ORAS and LS/CMI Assessment Domains

LS/CMI and ORAS Domains

- ❑ Criminal History
- ❑ Peer Association
- ❑ Criminal Attitudes and Behavior
- ❑ Education/Employment/
- ❑ Financial
- ❑ Family And Social Support
- ❑ Leisure/Neighborhood/ Living Situation
- ❑ Substance Use

Top 8

1. Criminal History
2. Peer Associations
3. Antisocial Attitudes
4. Antisocial Personality
5. School/Employment
6. Family/Marital
7. Living Situation
8. Substance Use

ORAS and LS/CMI Assessment Domains

Pay attention to the **Score** in each **domain** to build case plans

LS/CMI and ORAS Domains

- ✓ Criminal History
- ✓ Peer Association
- ✓ Criminal Attitudes and Behavior
- ✓ Education/Employment/
- ✓ Financial
- ✓ Family And Social Support
- ✓ Leisure/Neighborhood/ Living Situation
- ✓ Substance Use

Top 8

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Clinical Needs Assessments

Clinical **Needs** Assessment Tools

(Examples)

- **RISK AND NEEDS TRIAGE (RANT)**

- **Addiction Severity Index (ASI)**

  Developed by the Treatment Research Institute

- **American Society of Addiction Medicine (ASAM) Assessments**

  Guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions

Assessments for Clinical Need

EXAMPLE: Addiction Severity Index (ASI)

Low Need

Severity ratings based on a 10 point scale (0-9):

* **0-1** No real problem, treatment not indicated
* **2-3** Slight problem, treatment probably not necessary
* **4-5** Moderate problem, some treatment indicated
* **6-7** Considerable problem, treatment necessary
* **8-9** Extreme problem, treatment absolutely necessary

High Need

RESPONSIVITY

Assessments for Clinical Need - ASAM

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

1	DIMENSION 1	**Acute Intoxication and/or Withdrawal Potential** Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	**Biomedical Conditions and Complications** Exploring an individual's health history and current physical condition
3	DIMENSION 3	**Emotional, Behavioral or Cognitive Conditions and Complications** Exploring an individual's thoughts, emotions and mental health issues

Assessments for Clinical Need - ASAM

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

DIMENSION 4

Readiness to Change

Exploring an individual's readiness and interest in changing

DIMENSION 5

Relapse, Continued Use or Continued Problem Potential

Exploring an individual's unique relationship with relapse or continued use or problems

DIMENSION 6

Recovery/Living Environment

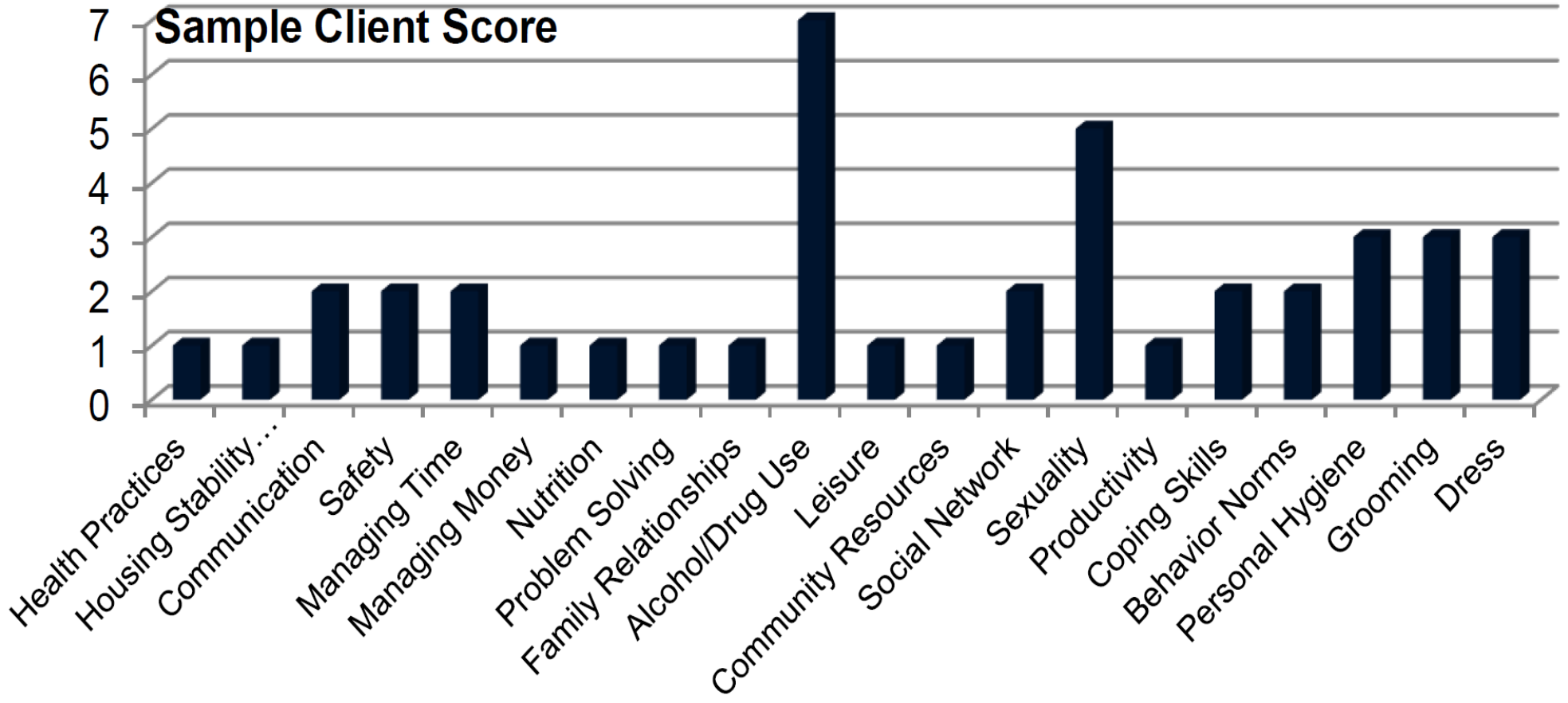
Exploring an individual's recovery or living situation and the surrounding people, places, and things

Assessing Barriers to Engagement and Life Skills Example: Daily Living Assessment (DLA-20)

The DLA assesses their current behavior in 20 activities of daily living:

- ❑ Health status and practices
- ❑ Household stability
- ❑ Communication
- ❑ Safety
- ❑ Managing time
- ❑ Nutrition
- ❑ Relationships
- ❑ Alcohol and drug use
- ❑ Sexual health and behavior
- ❑ Personal care and hygiene

Example: Daily Living Assessment (DLA-20)



How to Create an Integrated Case Plan

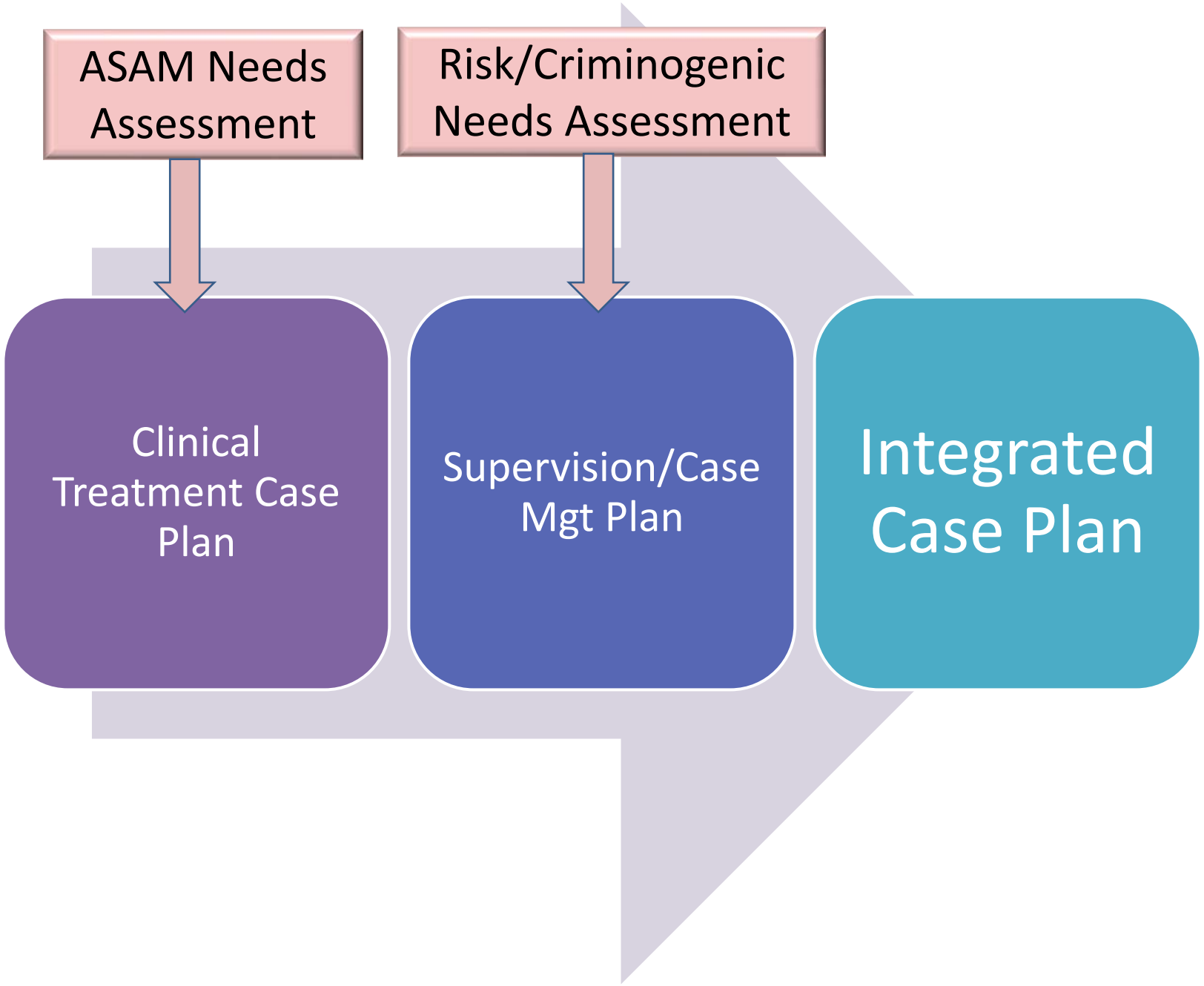
Completing a case plan (treatment and supervision plans) should be seen as a process with the participant's full input including:

- MATCHING PARTICIPANT ABILITIES AND STEPPING UP OVER TIME
- Wording of the goals that addresses dynamic risk factors.
- Identifying how working on each relevant risk factor will help achieve their personal long-term goals (not the JPCs).
- Brainstorming and have input on the action steps.
- Identifying the barriers and obstacles to working in the action steps.
- Identifying incentives that will help them work on the actions steps and achieve the goal.

Use Assessment Results to Create the Clinical Case Plan and the Supervision Case plan

Then combine plans for an Integrated Case Plan for the Participant

Which gets shared with the Team



BENEFITS OF AN INTEGRATED CASE PLAN

CREDIT: Julie Christenson-Collins, MSW - Program Coordinator
Hillsborough County South Adult Drug Court – New Hampshire

- Explicitly identifying for the participant and the team the areas that the participant needs to address to reduce his/her risk of recidivating as identified by validated and standardized assessments.
- Developing clear and explicit individualized goals that a participant can work toward to make progress toward reducing risk of recidivism
- Helping the participant and the members of the multidisciplinary team focus their individual treatment, case management, supervision, and recovery coaching plans to support the overall goals of the case plan.
- Providing a clear framework to assess and measure a participant's progress.
- Documenting interventions and strategies used to address risk factors and achieve goals and objectives.

Benefits of an Integrated Case Plan

Hearing from participants in a treatment court with integrated case plans

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- “In my past drug court (in another county) I never had a case plan. Now we have a case plan. You set goals. In classes you set long term goals and break them down into little goals and how you reach them. It broadened my horizons. And they don’t just help you with treatment. They help you with your life.”
- “This program gives me something to work toward. I’ve never had goals in my life. Now I have goals. I’ve never been sober in my life. I thought this program was a joke at first, but now I say, no joke, this program saved my life.”

Develop a Detailed Process for Administering and Using Screening and Assessment Results

- When and where are potential participants being identified? (local jails, court arraignment dockets, etc.)
- Who is identifying these potential participants? (jail staff, arresting officers, local defense bar, program coordinator, etc.)
- Who will administer the screening and/or assessment tool(s)? (jail staff, program coordinator, probation officers, case managers, treatment providers, etc.)
- Formal training procedures for <u>any</u> individual that administers the screenings or assessments must be provided.

Sample Process for Creating Integrated Case Plan

Initial assessments will be completed and reviewed with participants within the first 30 days of entry (sooner if possible):

- The PPO will complete the ORAS Assessment as part of the initial screening process to Drug Court and will review with the participant again after plea. Upon completion and review, the PPO will enter relevant information into the Case Plan document.
- The Therapist will complete the Clinical Assessment and review with the participant, entering relevant information in to the Case Plan document.
- The Case Manager will complete the DLA-20 and review with the participant, entering relevant information in to the Case Plan document.

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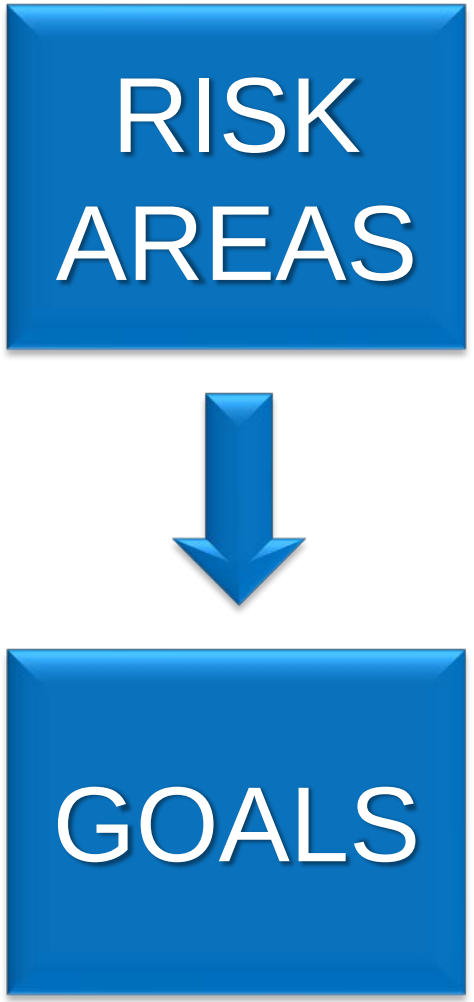
Hillsborough County South Adult Drug Court – New Hampshire

Sample Process for Creating Integrated Case Plan

- The Case Manager and the participant will identify 2-3 risk areas to address during that phase and develop a goal for each area. Goals will be written as SMART goals and designed to be achievable within that Phase.
- The participant will share each goal with the therapist, PPO, and *(when applicable)* Recovery Coach and develop objectives to meet each goal and address critical responsivity factors.
- The participant will review the draft Case Plan with the CM, who will review with the team for feedback and/or approval. In the event of significant feedback, the participant will meet jointly with members of his team to discuss recommended changes.



Sample Process for Creating Integrated Case Plan

- Upon approval of the Case Plan, Treatment and Case Management Plans will incorporate the objectives developed in the Case Plan, detailing more specific objectives and interventions to achieve the larger objective and overall goal.
- The participant's team members will review the Case Plan with the participant on a regular basis to assess progress and make changes as necessary. Lack of progress and recommended changes will be discussed with the participant and team.
- At court hearings, team members will report on progress on the objectives outlined in the Case Plan.

Sample Process for Creating Integrated Case Plan

- For Phase Promotion, the participant will meet the Identified Goals and objectives.
- A new Plan will be developed each Phase. Substance Use will be addressed during each phase.
- In the event of significant lack of progress, Integrated Case Plans will be reviewed and adjusted as necessary.
- Progress toward these goals will be reviewed at the end of the agreed-upon time period as the team discusses and makes recommendations regarding a participants' status.

A Sample Case Plan Template

Participant Name: ***Program Start Date:*** ***Date:***

Moderate or High Risk Factors from Risk Assessment– Date of Assessment:		
	Risk Factor	**Details**
X	**Substance Use**	
□	**Education/Emp/Financial**	
□	**Social Support (Family)**	
□	**Neighborhood Problems**	
□	**Peer Associations**	
□	**Criminal Attitudes and Behavior Patterns**	

Substance Use Disorder/Clinical Assessment – Date of Assessment:		
Primary Drug(s) used:		**Current Recommended Level of Care (ASAM criteria):**
Other Drugs Used:		
On MAT:	□ yes: □ no/interested □ no/not interested □ not indicated	
MH/Trauma Sx:	□ yes □ no	
Additional Diagnosis:		

Case Management Assessment – Date of Assessment:																				
Dimension	**Health**	**Housing**	**Communication**	**Safety**	**Time Manage.**	**Money**	**Nutrition**	**Problem Solving**	**Family**	**Substance Use**	**Leisure**	**Comm. Resources Social Network**	**Sexual Health**	**Productivity**	**Coping Skills**	**Behavioral**	**Norms Hygiene**	**Dress**	**Grooming**	**TOTAL SCORE**
Score																				
Goal?																				

Indicate Risk areas to be targeted *during this phase* along with specific details:

X Substance Use:

□ Attitudes, Values, Beliefs:

□ Peer Associations:

□ Personality Characteristics:

□ Family:

□ Education/Employment:

□ Leisure/recreation:

Resiliency factors that support success:

□ _____

□ _____

□ _____

Responsivity Factors to be addressed:

□ Instability or Lack of Social Supports (e.g. safe housing, etc.):

□ Mental Health Symptoms:

□ Medical/Health Needs (e.g., pain):

□ Cognitive/Physical disabilities (e.g., inability to read, eyesight, hearing):

□ Transportation:

□ Motivation:

□ Insurance:

□ Child Care/Family Needs

□ *OTHER*_____

GOALS PHASE ___ **Review in ____ Days**	**Treatment Objectives**	**Case Management Objectives**	**Probation and/or Recovery Coach Objectives**
Area of Focus: *SUBSTANCE USE* **GOAL:** **Responsivity factors to address:**			
Area of Focus: TRANSPORTATION **GOAL:** **Responsivity factors to address:**			
Area of Focus: HEALTH/PAIN **GOAL:** **Responsivity factors to address:**			

A Cautionary Note

- Be careful not to make the Integrated Case Plan too difficult
- Plans with too many components may be impossible to achieve
  - Take into account important barriers, like cost, insurance, location of services, transportation, homelessness, employment, and physical and mental disabilities
  - If an average person can't do it, how can your clients?
- Account for client factors such as motivation, truthfulness, support systems, relapse triggers, oppositionality, ability to organize
- Include the client in the planning
- Make the plan achievable
  - Don't set them up for failure

Timing Matters

Responsivity Needs	Criminogenic Needs	Maintenance Needs
Early	Middle	Late

Early Phases

Responsivity Needs:

Interfere With Successful Treatment

Homelessness, Mental Illness, Drug Cravings, Withdrawal, Anhedonia

Middle Phases

Criminogenic Needs:

Cause or Exacerbate Crime

Addiction, criminal thinking, delinquent peer groups, family conflict or disorganization, lack of education or other skills

Later Phases

Maintenance Needs:

Threaten Treatment Gains

Chronic unemployment, low educational achievement, deficient activity of daily living (ADL) skills

Throughout as Needed

Humanitarian Needs:

Cause Distress

- **Medical problems, dental problems; pain, family illness**
- **Addressed based on level of danger, discomfort, or distress**

How to Use Case Plans in Staffings and in Court

Staffing Sheets

- Staffing takes time
- CM should have up-to-the-minute information
- Should address Central 8 risk factors/criminogenic needs
- CM/Tx recommends responses based on response matrix
- CM/Tx should have recommended questions/topics for the judge to ask participant

TREATMENT COURT CASE STAFFING SUMMARY

Client:	Doe, Jane	**DOB:** 08/31/1982	**Date:**	4/1/2019
Phase: 2	**CSR Hours:** 60/60		**Sobriety Date:**	9/15/2018 (last pos)
Intake Date	8/17/2018	Class A/B Misd.	**Referral method:**	ACOCS- violations
ODL/TDL Status: TDL eligible			**Suspension dates:**	N/A
Current Risk: Moderate	Current Needs: Moderate			

Risk/Criminogenic Need	Status/Progress/Plan *Focus on Goals for Top 3
1. History of antisocial behavior (Criminal History)	Presenting charge: Forgery, possession, paraphernalia
2. Antisocial personality patterns	No indication of anti-social personality
3. Antisocial Cognition (Criminal Thinking)	On Step 2 of MRT
4. Antisocial Associates	Jane has been spending time with some old associates from high school who are currently using and who live near mom. Jane has also participated with peer mentors at bowling night. 1. Current Goal - focus on more peer mentor activities.
5. Family/Marital Situation	Accomplished goal! Jane moved out of her (using) boyfriend's house last weekend and is living with her mother who is supportive of treatment
6. School/Work Performance	Making progress on her GED 2. Current Goal: Schedule math test by 3/16/2019
7. Living Situation	Accomplished sober housing goal! Jane moved out of her (using) boyfriend's house last weekend and is living with her mother who is supportive of Jane's treatment
8. Substance Use Disorder/ Treatment progress	Client has diagnosed severe substance use disorder (Heroin). Client is on Vivitrol and is tolerating it well. Client is in CBT and was late for last treatment session, but has attended all required sessions. 3. Current Goal: Client is engaged with treatment and is currently working through plans for responding to specific triggers.

Benchmarks accomplished towards phase	The Client has completed all required Phase 2 Benchmarks and is filling out application for Phase 3
Barriers to services and intervention/plan	Client's mother is ill and may need to move into assisted living. If this happens, client will need new housing. Will monitor mother's condition. Continue with current treatment plan.
Summary of Successes	Jane moved away from unhealthy relationship with boyfriend and moved in with supportive mother. Accomplished sober housing goal! Completed all requirements since last court session.
Summary of Infractions	Client is doing very well. No issues with non-adherence.
Recommended Court Responses	**Incentive:** **Judge acknowledgment of completed goal - made good decision and important progress in moving out of boyfriend's house and in with mother - 12 Hour CSR Voucher, fish bowl for completing all requirements in last two weeks. Acknowledge she is filling out application for Phase 3.**
	Other responses: **Reinforce message that Jane should avoid her high school friends and focus on more peer mentor activities. Ask Jane to talk about activities she could do instead of spending time with old high school friends. Ask Jane to list her other current goals and plan for completing (see goals above and prompt her if she does not remember).**

Completion Date		Drug Test/Device							
Phase 1	10/15/18	Current Device	drug patch			Date Ordered:			10/15/18
Phase 2	1/15/19	Current Device				Date Ordered:			
Phase 3		Positive UA's							
Phase 4		Dilute UA's							
Residential	NA	IOP/SOP	11/14/17	Boosters		NA	DWI Edu/RO		NA
Prior Court Reviews									

Date	Incentive	Other response
8/18/2018	Acknowledgement (attaboy) of attendance	Behavior chain for use
12/15/2018	Sobriety milestone - 3 months	None

Each Member of the Team Has a Role to Play

- Collaborate! (team and client)
- Share information
- Stay in your lane
- Focus on your part of the plan
- Reinforce other parts of the plan

Helpful hints:

- Cross train
- Learn each other's language, ethics and boundaries. (Tx cannot belay CS order)
- Communicate, communicate, communicate
- Mutual support enhances client success.
- Plan case management together.
- Do not overwhelm our participants!

Resources

Common Validated Risk/Criminogenic Need Tools

- Level of Service/Case Management Inventory (LS/CMI)

https://www.mhs.com/MHS-Publicsafety?prodname=ls-cmi

- Ohio Risk Assessment System (ORAS)
  https://cech.uc.edu/centers/ucci/services/trainings/offender_assessment/orastrainingoverview.html

- Risk and Need Triage (RANT)

  https://www.tresearch.org/products/courts/order-rant

See the Adult Drug Court Best Practice Standards: Standard I Appendix A

https://www.nadcp.org/standards/

Substance Use Screens

- Alcohol Use Disorders Identification Test (AUDIT), 5th ed.

https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf

- Substance Abuse Subtle Screening Inventory (SASSI), 4th ed.

Ordering information at https://www.mhs.com/MHS-Assessment?prodname=sasi

- Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

https://www.integration.samhsa.gov/clinical-practice/Global_Assessment_of_Individual_Needs_Short_Screen_-GAIN-SS-.pdf

Substance Use Assessments

- Addiction Severity Index, 5th Edition (ASI)

http://adai.washington.edu/instruments/pdf/Addiction_Severity_Index_Baseline_Followup_4.pdf

- Global Appraisal of Individual Needs (GAIN)

http://wits.idaho.gov/Portals/73/Documents/substanceUse/GAIN-I%20Full%205.6.2.pdf

PTSD Assessments

- Adverse Childhood Experiences questionnaire http://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf

- Life Events Checklist 5 https://www.ptsd.va.gov/professional/assessment/documents/LEC-5_Standard_Self-report.pdf

- PTSD Checklist 5 https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

Other Clinical Assessments

- Beck Depression Inventory II (BDI II)

https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Beck-Depression-Inventory-II/p/100000159.html

- Insomnia Severity Index (ISI)

https://www.ons.org/sites/default/files/InsomniaSeverityIndex_ISI.pdf

- Brief Pain Inventory (BPI)

http://www.npcrc.org/files/news/briefpain_short.pdf

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