Seidr Operational and Clinical Tips

Assessment Process Using Seidr

Important Information Before Using Seidr

Seidr is designed to serve as a clinical decision support system, providing a structured framework to clarify the conditions that clients may be experiencing. However, it is essential to note that Seidr is a guide and does not replace the need for professional clinical judgment.

Maximizing the Benefits of Seidr

- Deepen Symptom Understanding: Invest time in learning how different symptoms within various conditions intertwine and overlap. This comprehensive understanding enhances the accuracy of assessments and interventions.
- Consider Physical Health: Recognize the importance of identifying physical health issues that frequently co-occur with mental health conditions. Integrating this knowledge can provide a more holistic view of the client's well-being.
- Integrate Quantitative and Qualitative Data: Blend the quantitative data obtained from assessment tools with the client's experiential information (qualitative data) when using the diagnostic features of Seidr. This approach ensures a well-rounded and client-centered assessment.
- Consult Professional Literature: Be willing to explore current professional literature when the data presented by Seidr does not align or when qualitative information conflicts with quantitative findings. This continuous learning helps resolve discrepancies and supports informed decision-making.
- Prioritize Pre-Session Data Collection: Make pre-session data collection a priority. The check-up tools provided by Seidr are valuable for tracking client progress and evaluating the effectiveness of interventions over time.
- Supervisory Use of Reporting Features: Supervisors can utilize Seidr's reporting feature to monitor supervisees' caseloads and to conduct overall program evaluations, ensuring quality and consistency in clinical practice.

Supplemental Neurodiversity Questions

When there is uncertainty about the presence of neurodiversity in a client or patient, consider asking a series of targeted developmental, sensory, and emotional questions.

These questions are designed to help clarify possible neurodiverse traits and provide additional context for clinical assessment.

Developmental Questions

- Did you, as a child, walk on your tiptoes, sides of your feet, or balls of your feet? Do you still engage in this behavior?
- When learning to read, did you find it easier to memorize whole words instead of sounding them out phonetically?
- As a child, did you derive as much enjoyment from sorting or organizing your toys as you did from playing with them?

Sensory Questions

- Do you tend to notice details, sounds, or smells before others? For example, are you able to hear fluorescent lights?

Emotional Questions

- Do you struggle to identify specific emotions?
- Can verbalizing how you feel about something be challenging for you?

Attention and Daydreaming

- Did you frequently daydream as a child or adolescent?

Pre-Assessment Procedures

Before beginning the assessment process, it is important to follow several key steps to ensure a smooth and effective experience for both the client and clinician.

1. Client/Patient Creation in Seidr

Start by creating a new client or patient profile in Seidr, ensuring that all necessary information is accurately entered into the system.

2. Confirm Contact Information

Verify that the client or patient's email address or phone number is correct. Accurate contact details are essential for secure communication and successful delivery of assessment tools.

3. Initial Communication

Send a secure message to the client or patient, either through email or the electronic health record (EHR) system. This message should outline what to expect during the assessment process, including:

- The estimated time required to complete the assessment tools
- The method by which the tools will be sent (e.g., text message or email)
- A notice that additional assessment tools may be sent if the clinician requires more information

4. Triage Score Utilization

Use the triage score to assess the severity of the client or patient's symptoms. This score assists providers in prioritizing scheduling and ensures that clients with more urgent needs are seen by a clinician promptly.

Pre-Assessment: Analyzing the Data

The pre-assessment phase involves a careful review and analysis of multiple history forms and screening tools to ensure a comprehensive understanding of the patient's background, current symptoms, and potential diagnoses. Each form and tool plays a distinct role in informing the clinical decision-making process.

1. History Forms

- Wellness Form: Confirm that the patient's basic needs are being met, as unmet needs may impact their mental health and wellbeing.
- Environmental Form: Review for any prenatal exposure to alcohol or substances, focusing on whether the biological mother used these during pregnancy to rule out fetal alcohol spectrum disorder (FASD).
- Developmental Form: Evaluate for signs of neurodiversity or birth-related concerns. Pay particular attention to delays in walking or talking, as these may be significant indicators of neurodiversity.
- Family History Form: Assess the presence of mental health conditions within the patient and family members, recognizing that most mental health conditions possess a strong inheritable component. Also, consider the current trends that may lead to overrepresentation of depression, anxiety, and PTSD.
- Medication History Form: Use this form to help rule out or confirm diagnoses. For instance, note if the patient has tried multiple antidepressants with little effect, as this may suggest that depression is not the correct diagnosis.

- Trauma History Form: Identify the patient's trauma history and consider its implications for other biological conditions. This allows clinicians to acknowledge trauma without spending excessive time on it during the assessment, and to remind patients that trauma work is best addressed in ongoing psychotherapy sessions.
- PMDD Screening Tool: For patients assigned female at birth who are of childbearing age, send this screening tool. If a score above nine is found, encourage the client to consult with an OBGYN.

2. Autism Spectrum Disorder Tools

- AQ-10: A score of six or more indicates a positive result. Recognize that some patients may camouflage symptoms, so the AQ-50 should be sent automatically with scores of four or more.
- AQ-50: Scores of 26 suggest mild autistic traits, 28 moderate traits, and 32 or higher significant autistic traits.
- For AQ-50 scores above 26, send the CAT-Q, PTQ, and TAS-20 to identify camouflaging behaviors, perseverative thinking, and alexithymia traits associated with autistic traits.

3. ADHD Screening Tools

- ASRS-5: A score of 14 or more is considered positive, but masking may occur; the ASRS will cascade with scores of 11 or more.
- ASRS: A total score of 24 suggests the likely presence of ADHD symptoms.
- For ASRS scores above 26, send the PTQ and TAS-20 to assess perseverative thinking and alexithymia traits highly associated with ADHD.

4. Mood Disorder Screening Tools

- MDQ: A score of seven or more out of the first thirteen responses indicates a positive result; scores above seven trigger the ASRM to confirm findings.
- ASRM: A score of six or more indicates the likelihood of manic or hypomanic symptoms.
- PHQ-9: High scores may indicate depressive or mixed episodes, while low scores could point to manic or hypomanic states.
- Consider that ADHD and ASD can present similarly to mood disorders and may create false positives on these screening tools. Lifetime masking or camouflaging behaviors can lead to depressive symptoms.
- Critical MDQ questions to distinguish ADHD from mania/hypomania include: "you got much less sleep than usual and found you didn't really miss it?" and "you were much more interested in sex than usual?"

- Question three (need for less sleep) on the ASRM is also important for differentiation.
- Concreate thinking in ASD can create false positives; clarify if mood fluctuations are influenced by external factors.
- If ADHD and ASD scores are near positive, review the TAS-20 before confirming major depression, as alexithymia traits may mimic depressive symptoms.

5. Borderline Personality Disorder Screening Tool

- MSI-BPD: A score of seven or higher is considered positive.
- This assessment is included due to symptom overlap between BPD and other conditions:
- ADHD: Emotional dysregulation, impulsivity, and rejection sensitivity dysphoria may resemble BPD.
- ASD: Emotional dysregulation, physical aggression, and identity issues can look similar to BPD.
- Alexithymia: Difficulties identifying and describing feelings are also present in BPD.
- Bipolar 2 and cyclothymia: Alternating moods, impulsivity, relationship distress, and irritability can mimic BPD symptoms.

Often, a high MSI-BPD score indicates the presence of one or more of these conditions.

6. Anxiety and Trauma Screening Tools

- GAD-7: High scores may indicate episodes of anxious distress; mild scores may suggest camouflaging or masking behaviors.
- PCL-C: Used to assess PTSD symptoms; a score of 44 or higher is positive.
- Neurodiverse populations may underreport or overreport on the PCL-C, often due to the concrete nature of their conditions.
- If the GAD-7 is moderate to severe and the ASRS-5 or ASRS is positive, anxiety symptoms may be connected to untreated ADHD. In such cases, provide the PTQ to further evaluate ADHD symptoms.

7. Psychosis Screening Tool

- PRIME: A score of three or more on "somewhat agree" responses, and a score of one or higher on "definitely agree" responses, indicate psychosis-related symptoms.
- Psychotic symptoms may appear in conditions other than schizophrenia or schizoaffective disorder:
- Autistic populations are ten times more likely to experience stress-induced psychosis; inquire about the timing of episodes relative to stressful events.

- Mood disorders may also present with psychotic features, especially during manic or hypomanic episodes.

8. Overall Wellness Screening Tool

- WHO-5: Assists clinicians in assessing how mental health symptoms impact the patient's overall sense of well-being. Before assessment, high scores could indicate masking or camouflaging behaviors.

9. AUD/SUD Screening Tools

- AUDIT-10/DAST-10: Alcohol and substance misuse are highly comorbid with neurological and neurodevelopmental conditions.
- Inquire about the reasons for substance use, periods of increased use, and the biological interactions of substances. For example, methamphetamines, alcohol, marijuana, and opioids may have opposite effects in individuals with ADHD.

During the Assessment

During the assessment, the clinician gathers qualitative data directly from the patient. Questions are guided by DSM-5 criteria and are informed by current peer-reviewed research. It is recommended that clinicians use concurrent documentation techniques during the interview to ensure accuracy and efficiency in recordkeeping.

Clinicians should encourage clients or patients to provide specific examples of how their symptoms manifest in daily life. Using open-ended "what" or "how" questions, such as "What does that look like when you experience that symptom?" can elicit more detailed responses. It is also helpful to ask for examples of times when symptoms have appeared.

Specific Conditions

ADHD

- It is essential to rule out mood disorders before exploring symptoms associated with ADHD, as stimulant treatment prior to mood stabilizer treatment can induce mania or mixed episodes. Research suggests that 47% of individuals with a mood disorder may also have ADHD.
- The Additional Information section should focus on how ADHD symptoms present in adulthood and their impact on day-to-day functioning.
- ADHD symptoms should also be considered if the patient demonstrates symptoms associated with ASD, since some studies estimate a 70% comorbidity between ADHD and ASD.

- ADHD is highly inheritable, and a family history significantly increases the likelihood of occurrence in the patient.
- Alcohol and substance use disorders (AUD/SUD) are common and often represent forms of self-medication in this population.

Alexithymia

- Given the high rates of comorbidity with neurodiverse populations—40% in ADHD and 50% in ASD—traits of alexithymia should be explored if ADHD or ASD symptoms are present.
- To differentiate ASD from alexithymia, clinicians should assess for repetitive behaviors or significant perseverative thinking. PTQ scores near or just above the cutoff may indicate alexithymia without ASD comorbidity.

ASD

- When ASD symptoms are present, it is important to also assess for alexithymia, as high rates of alexithymia are found among autistic adults. This population is more likely to be prescribed antidepressants, which may increase autistic and alexithymia traits. TAS-20 scores above 52 suggest that alexithymia should be further explored.
- ASD, like ADHD, is highly inheritable, and family history is a strong risk factor.
- The onset of depressive symptoms can also indicate ASD; adults with ASD often report significant depressive symptoms beginning in elementary school.
- Approximately 20% of people with ASD have a comorbid mood disorder. If data suggests this, mood disorder symptoms should be explored.
- AUD and SUD are common, often serving camouflaging purposes.

Cyclothymia

- Assessment should focus on periods of highs and lows over an extended period, from adolescence through adulthood.
- Highs and lows may present as increased impulsivity, irritability, relationship distress, and mild to moderate depression without significant impairment in functioning.
- A family history of BD1 or BD2 may suggest cyclothymia.
- Patients may have tried multiple antidepressants without success or with resulting hypomanic episodes.
- Mild to moderate depressive symptoms typically begin in middle school.

Bipolar 1 Disorder

- Clinicians should look for periods of significant functional impairment, such as repeated hospitalizations or incarcerations.

- Do not dismiss BD1 based on SUD or AUD, as increased substance misuse is common. Explore periods of increased substance use.
- Onset of depressive symptoms is key; individuals often have severe depressive symptoms, including suicidal ideation or attempts, starting in middle school.
- A family history of BD1 or BD2 is a strong indicator.
- Due to high comorbidity, ADHD symptoms should also be explored as they can exacerbate mood symptoms.

Bipolar 2 Disorder

- Seek evidence of significant impairment, such as relationship difficulties or employment issues.
- Do not disregard BD2 because of SUD or AUD; increased substance misuse is common. Explore periods when the patient uses substances more frequently.
- Depressive symptoms often mirror those in BD1, with severe symptoms, including suicidal ideation or attempts, beginning in middle school.
- Family history of BD1 or BD2 is a relevant indicator.
- ADHD symptoms should be explored due to the high rate of comorbidity and their potential to worsen mood symptoms.

PTSD

- Rule out ADHD, ASD, alexithymia, and mood disorders before evaluating for PTSD symptoms.
- Treating trauma before stabilizing these conditions can result in retraumatization.

GAD (Generalized Anxiety Disorder)

- Rule out ADHD, ASD, alexithymia, and mood disorders before diagnosing GAD.
- Neurodiverse populations, particularly women, are often misdiagnosed with anxiety disorders and may be prescribed ineffective or harmful medications as a result.

MDD (Major Depressive Disorder)

- Rule out ADHD, ASD, alexithymia, and mood disorders before diagnosing depression.
- Misdiagnosis is common among neurodiverse individuals and those with mood disorders, often leading to inappropriate medication.

Personality Disorders

- Symptoms of personality disorders often overlap with those of neurological and neurodevelopmental conditions. Therefore, personality disorders should only be considered after these other conditions have been ruled out.

Panic Disorder

- Rule out ADHD and ASD before assessing for panic disorder.
- Symptoms in this condition may indicate undiagnosed neurodiversity.

Schizoaffective Disorder/Schizophrenia

- Rule out ADHD, ASD, and mood disorders before assessing for schizoaffective disorder or schizophrenia.
- This is particularly important with ASD and schizophrenia, as flat affect and stress-induced psychosis or paranoia are common in ASD.
- ASD and mood disorders are often comorbid among individuals with psychotic disorders.

Sensory Processing Disorder

- While this condition is typically addressed in occupational therapy, its high comorbidity with ADHD/ADD warrants exploration of sensory symptoms in these populations.

Documenting the Assessment

Screening tools and history forms can be copied and pasted directly into an electronic health record (EHR), or saved as a PDF and uploaded to the patient's chart. Upon completion of concurrent documentation for the diagnostic section, this information can also be inserted directly into the patient's note within the EHR.

Follow-up and Outcome Tracking

The Check-up feature provides clinicians with an effective way to monitor client or patient progress at regular intervals, typically one to two times per month. This feature incorporates standardized tools such as the PHQ-9, WHO-5, and GAD-7, which assist clinicians in measuring the effectiveness of clinical interventions over time. Importantly, the Check-up feature can alert clinicians if a client is showing signs of decompensation, enabling proactive outreach before the client enters a crisis phase. The graph function further supports clinical decision-making by visually tracking interventions and significant events as they relate to changes in assessment scores. Changes in these scores over time can be directly copied and pasted into the patient's progress notes.

A specialized neurodiversity check-up feature allows clinicians to add additional assessment tools, including the AQ-10, ASRS-5, and TAS-20, alongside the GAD-7, PHQ-9, and WHO-5, to better address the needs of neurodiverse populations.

By utilizing the Select Forms feature, clinicians can track responses to diagnosis-specific treatments or monitor changes related to basic needs or medication adjustments. For example, the ASRS-5 can be used to follow a patient with ADHD and evaluate their response following the introduction of stimulant medication.

The platform also offers three- or six-month follow-up features, enabling clinicians to determine if there has been a change in a patient's risk score. These features provide providers with the opportunity to observe how various interventions impact scores across multiple assessment tools. Follow-up assessment tools can be copied and pasted into progress notes or saved individually as PDFs and uploaded into a patient's chart.

Best Practices for Utilizing Seidr with Your EHR

For clinicians using web-browser-based electronic health records (EHRs), it is recommended to keep Seidr open in a separate browser tab for ease of access. Those utilizing app-based EHRs may find it most efficient to use a split-screen feature, allowing Seidr to be open on one half of the screen. If available, using a PC with dual monitors is ideal, with Seidr and the EHR open on separate monitors for optimal workflow.

Integrating follow-up data collection into your organization's workflow is highly beneficial. For instance, clients can be asked to complete follow-up assessment tools prior to their appointments, either in the waiting room or while waiting for their telehealth session to begin. Additionally, having patients or clients complete three- to six-month evaluations when treatment plans are updated can reinforce documented progress and inform the development of future treatment plan goals.