

PHONE SCREEN EXAMPLE**Date of Screen:** _____**Interviewer:** _____**Screening #:** _____ **(month.date.year.hour.minute)**

My name is _____. I am calling from XXX because you expressed interest in participating in our meditation program. I would like to do a 10-15 minute phone interview with you to determine if you are a good match for this particular program. Is now a good time to speak? [If yes, proceed. If no, ask for other times and note in Call Log on the Contact Information doc].

There are a few things that I'd like to make clear before we start the interview. First of all, some of the questions will be very personal and sensitive. Are you in a private place to talk? Because this interview is of a personal nature, it is important that you understand that everything you say will be kept strictly confidential.

Note to Interviewer: To indicate answers to the criteria below, please underline 'yes' or 'no'.

Please also take detailed notes in the "Comments" section!

| INCLUSION CRITERIA: Need YES to all | | | | |
|--------------------------------------|--|-----|----|-------------|
| AGE | Age _____ Between 18 and 65? | YES | NO | Comments: |
| FXN | Highest level of education? | | | |
| FXN | Current occupation? On disability? | | | |
| General | What interested you about this program? What kind of issues are you hoping to address? Realistic Expectations? Seeking mental health treatment? | | | |
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| EXCLUSION CRITERIA: LIFETIME | | | | |
| Bipolar depression MANIA | Has anyone ever told you that you have bipolar disorder or manic depression? | YES | NO | |
| Psychosis | Have you ever had a hallucination or seen things that other people can't see, or hear things other people can't hear? Have you ever been diagnosed with schizophrenia or psychosis? | YES | NO | |
| MANIA/ Antipsychotic MEDS | Have you ever taken any of the following medications? Lithium? Seroquel (quetiapine) Abilify (aripiprazole), Zyprexa (olanzapine) Clozaril (clozapine), Haldol/Haloperidol? Geodon (ziprasidone); Risperdal (risperidone); | YES | NO | |
| Self-harm | Have you ever deliberately cut or injured yourself? Have you ever had a suicide attempt? (Details/age) | YES | NO | |
| BPD | Has anyone ever used the word "Borderline" to describe you? | YES | NO | |
| Antisocial | Have you ever been arrested? Any Legal problems? Have you ever been in a fight? | YES | NO | |
| Brain health | Any history of head trauma? Ever had a seizure? Unconscious second, minutes, hours? | YES | NO | |
| EXCLUSION: CURRENT (check timeframe) | | | | |
| STRESS ANX DEP | Do you have a history of depression or anxiety? How are you feeling now? (check severity) High levels of stress? Recent Crisis, Loss/Stressor? | YES | NO | |
| Suicidality | Have you been feeling suicidal? Do you have thoughts of wanting to die or of killing yourself? How often? (See Suicidality Assessment documents) | YES | NO | |
| PTSD | Would you say you have a trauma history? | YES | NO | Last month? |

| | | | |
|------------------------|---|-------------|-------------|
| | Physical sexual abuse, assault rape? Where are you with that now? (0-100% recovered) Any problems with dissociation (memory loss) Flashbacks? (Last one?) (See Trauma Screens below) | | |
| PANIC | Have you ever had a panic attack? (Sweating, heart palpitations, nausea, trouble breathing, fear of dying/choking/going crazy... Out of blue or triggered? Have you had one in the last month? | YES NO | Last month? |
| OCD | Any problems with obsessions or compulsions? Washing hands or checking the oven over and over? If yes, Has anyone diagnosed you with Obsessive compulsive disorder? | YES NO | Last month? |
| ALCOHOL | How much alcohol do you currently drink? Any drug use? Ever Abuse drug/alcohol? Time in recover – min 1 year | YES NO | Last year? |
| EATING DIS | How is your relationship with food? Ever have an eating disorder? Starving, Binge eating, or vomiting? Where are you with that now? (0-100% recovered) | YES NO | Last year? |
| OTHER QUESTIONS | | | |
| THERAPY | Are you currently receiving psychotherapy? Is it OK if I speak with your therapist to coordinate your care? (need release forms) | YES NO | |
| MEDICATION | Have you ever taken medication for (anxiety/depression). Which ones? Taking it now? When was the last time you changed the type or dose? (change in last 8 weeks?) Name of doctor/ permission to consult (need release forms) | YES NO | |
| Medical | Current medical problems? Sleep problems? Pain? | YES NO | |
| MISC | Any other psychological problem I haven't mentioned? Social Anxiety? Ok in groups? Phobias? | YES NO | |
| Time commitment | (After program explanation) This program is a significant time commitment, is this a good time for you? | | |
| DECISION | PASS NO PASS QUERY | | |

CONSIDERATIONS:

Instructor's General and Specific Clinical Training:

Q1: Do you have the general or specific clinical training to be able to identify and manage the participant's mental health issue(s)? (If yes, go to Q2; If no, go to Q3)

General Clinical training includes knowledge of psychological disorders and how to identify them when they occur; general risk assessment and management, including suicidality; when and how to seek emergency intervention.

Specific Clinical Training includes training in assessing and treating a specific condition that requires specialized training, for example trauma, personality disorders, children, substance abuse, dissociation.

Instructor's availability and level of support vs participants need for support:

Q2: Are you available to provide support to participants who need it? Individual phone sessions? (if no, go to Q3 + Q4)

Even with adequate training, the instructor may not be available for additional one-on-one time for a client who requires additional support. In addition, clinicians may not be acting in their clinical role when they are MBI instructors, and need to spell out their roles in the consent form.

Consider class sizes, delivery system (in person, internet) and how many special needs participants can be adequately supported. Consider other sources of support that are in place for the participant (on medication, seeing a therapist, supportive family/friends etc)

The participant's concurrent (psychological) support:

Q3: Is the participant currently seeing a therapist or psychiatrist? (if no, go to Q4)

If yes, ask participant's permission to discuss their participation in your program, any concerns you have etc to coordinate care (you will need a signed release form).

What is their level of social support like? Do they have supportive friends/family?

Instructors referral and support network:

Q4: Do you have access to knowledgeable clinicians for consultation and referral?

Even with good screening, it is likely that (old, latent, or undisclosed) mental health issues will arise in the context of MBIs. Therefore it is recommended that MBI instructors who are not clinically trained partner with clinicians, either as co-instructors or as a consultation and referral service. Many non-clinician MBI instructors (and dharma teachers) pay clinicians a small retainer fee to be available for consultation (to ask questions if the instructor is unsure) or to refer the participant for evaluation or treatment. A course in Mental Health First Aid is also a good option for non-clinicians to get basic clinical skills quickly.

Instructors personal experience with mental health issues: Often if an instructor has personally experienced a specific condition, such as PTSD, then they may be more knowledgeable and sensitive to subtle manifestations and needs of certain participants. However, it is important to emphasize that personal experience with a mental health issue does not itself qualify someone to treat it in someone else.

Participant's willingness/ readiness and capacity to engage with difficulties:

After informing the participant of the potential risks (both general and specific, see MBCT implementation guidelines) especially increased emotional sensitivity, traumatic re-experiencing; assess the participants willingness and capacity to engage with discomfort. Willingness and capacity are not the same thing. They may be willing to face their trauma, but dissociate when triggered, which is beyond their control.

Best options for participant?

Is your program the best option for this participant at this time?

Would it be better for them to come back when conditions have changed (stable on meds etc).

Are there other treatments that may be more appropriate?

Magyari 2016 Trauma Screen:

- “What are your current stressors?” “Your sources of stress?” “Are there any past events that are still stressful for you?” If you limit screening to direct questions about trauma/PTSD, many trauma survivors minimize their own distress and might not mention it. In addition, if they don’t have full-blown PTSD, they may say “no” to the question regarding PTSD.
- “What are your current stress symptoms?”
- “Do you have a history of trauma?”
- “Who is helping you with any of the above?”
- Flag for follow up anyone who
 - (1) has a diagnosis of PTSD or describes PTSD symptoms—those who meet full criteria, and those who do not;
 - (2) divulges a trauma history or history of traumatic events, regardless of chronology; (
 - 3) becomes lost in a traumatic “story”; and
 - (4) is having traumatic stress symptoms such as panic attacks, nightmares, flashbacks, and dissociation.