

## Part 2 Interview: For Strong Candidates

Applicant:

Position:

Interviewers:

Date:

### Part 2.a: Scenarios (ask 1 or 2)

Explain to the candidate that this part of the in-person interview is highly interactive and is comprised of scenarios and vignettes. Use one of the examples below or create a vignette with a challenge around risk or safety issues or one that will elicit a commitment to strength-based, person-centered care. For instance, how have they dealt with risk issues, whether that be assessing for or directly addressing?

**Guidance:** When Persons enter ACCS services, often they are facing a variety of challenges. For an ACCS clinician and an integrated team to adequately assess the Persons level of need for services and identify the best type of services to offer the Person, clinicians need to understand the Person's history, current experiences and challenges, and barriers to optimal wellbeing.

When an applicant responds to the scenarios below-which identify a Person's behavioral health condition and a variety of deficits-interviewers should look for thoughtful, creative, strength-based, and person-centered first approaches. For instance, applicants would not be a good fit for ACCS positions if they suggest compliance-related first approaches like "increase or change in medications" or "a need for inpatient services". Instead, interviewers should look for applicants who can quickly identify and build on the strengths that exist in Persons served.

#### SCENARIO 1: CARLA

**Question:** What is your clinical formulation for this individual? Where would you start in your work with her as her primary clinician (i.e., planning treatment interventions)?

**Scenario 1:** Carla is a 47-year-old woman of Dominican descent who lives alone in a rooming house. She is diagnosed with Schizophrenia, Paranoid Type. She is single and has a family member living nearby. Her sister visits her a couple times monthly, but often Carla will not let her in her room as she thinks her sister will tell her to throw out things.

Carla has had several evictions because she accumulates items she finds in the trash and on the street and keeps them in her room. She believes that if she immerses certain items in water that she will "save the world, and staff members have observed containers of water in her room with items, mostly pieces of scrap metal, in them. She can be seen frequently walking around town, scavenging items in the trash or in vacant lots. She has damaged the floors of places where she has lived because of excess water and at one point was found to have electrical cords (not plugged in) in contact with water as well. Staff has worked with her on reducing this risk by educating her about the possible risk and providing her with smaller containers. Carla frequently unplugs her refrigerator and has been found to have spoiled food which she consumes. Carla used to come to the office for her check and would accept medications, but then it was discovered that she was discarding them in the bushes outside the office so all medications were discontinued.

Carla comes to the office for her checks but leaves quickly. She will open the door for team members but does not allow them into her room. Carla has not been hospitalized for over two years.

When asked about her treatment goals, Carla states, "I want the team to leave me alone. "She is adamant that medications are making her sleepy and that the team is trying to poison her. She states that she likes to walk and collect things and might be interested in having her own art exhibit. She has been threatened with eviction by the property owner, but is not concerned with this notice stating, the team will just find me a new place to live, or I can be homeless. She does not feel she needs to move any of her belongings despite the threat of eviction and staff concern that she is blocking exits and covering heating vents.

## **SCENARIO 2: JOE**

**Question:** What is your clinical formulation of Joe? How would you work with him as his primary clinician?

How do you approach collaborating with Joe and his family to address their concerns and re-engage Joe in services? Provide an example of your clinical approach as well as engagement with collaborating service partners and community resources.

**Scenario 2:** The ACCS Integrated Team has received concerns from the family of Joe, a 32-year-old male of Portuguese descent diagnosed with Bi-Polar Disorder and co-occurring substance use challenges. Joe has a history of disorderly conduct and assault and had maintained sobriety for several years. Joe lives in his own apartment, is receiving rental assistance and in the past has worked seasonally as a landscape laborer.

The family is concerned that Joe is becoming more distant with them, less engaged in services, and they are concerned that he has started using Alcohol again. Joe has stopped attending the Clubhouse and AA Meetings and lost his therapist at another provider's outpatient clinic. He also did not work as a landscaper this season, something he enjoys and does every season, and as a result is having difficulty paying his bills. The family is concerned Joe's apartment will not pass inspection due to unsanitary conditions, including cat urine and fecal matter. Joe refuses to use or maintain a litter box for his three cats. He also had a recent encounter with the Police after screaming expletives at his upstairs neighbor. The family is expressing concerns that the Integrated Team is not providing adequate services to their son and is requesting a meeting. Joe has an ROI on file.

**Notes:**

**Part 2.b: Optional Questions**

1. Describe what you would do if you observed conflict between what a person (who is supported by their Peer Specialist) may want in their Treatment Plan and what the Integrated Team believes needs to be included in the Treatment Plan.



## Part 2 (Scenarios) Interview Scoring Form

Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Category	1 (Weak)	2	3	4	5 (Strong)	Comments
Focus on Person-Centered Care and Empowerment						
Evidence of Team-building Skills						
Evidence of Leadership Skills						
Understands the Eight Dimensions of Wellness or Social Determinants of Health						
Evidence of ability to lead the team through the assessment and treatment planning process						
Evidence of Skilled Crisis Intervention <i>Screening-Assessment-Safety Planning</i>						
Promotes holistic health and wellness						
Care Coordination <i>Uses Cross System resources and Referral</i>						
Evidence of Evidenced-Based Practice Use & Adherence						