

Assessments

**gathering information and formulating it into a
coherent picture of the client and his or her
circumstances**

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Heritage University
Fall 2021 SOWK 486**



Agenda

Diagnostic Assessments

Screening Tools

DSM-5

Documentation

Mini Mental Status Exams

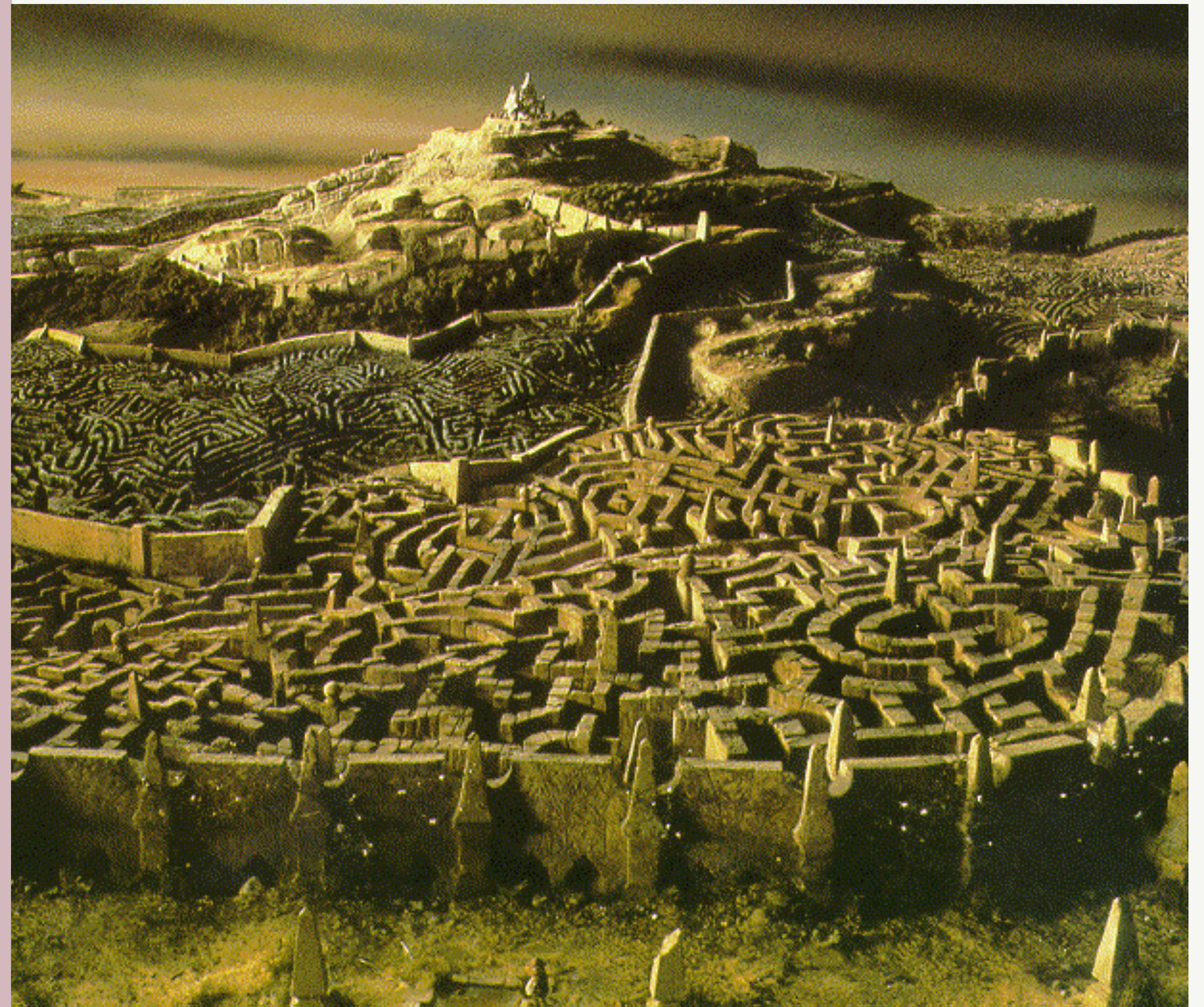


The Multidimensionality of Assessment

Complex Interplay

Complex Social Institutions

Person's Functioning



(Hepworth et al., 2017)



Priorities in Assessment

Initial Three Questions that Need to Be Assessed

- What does the client see as his or her primary concerns or goals?
- What (if any) current or impending legal mandates must the client and social worker consider?
- What (if any) potentially serious health or safety concerns might require the social worker's and client's attention?

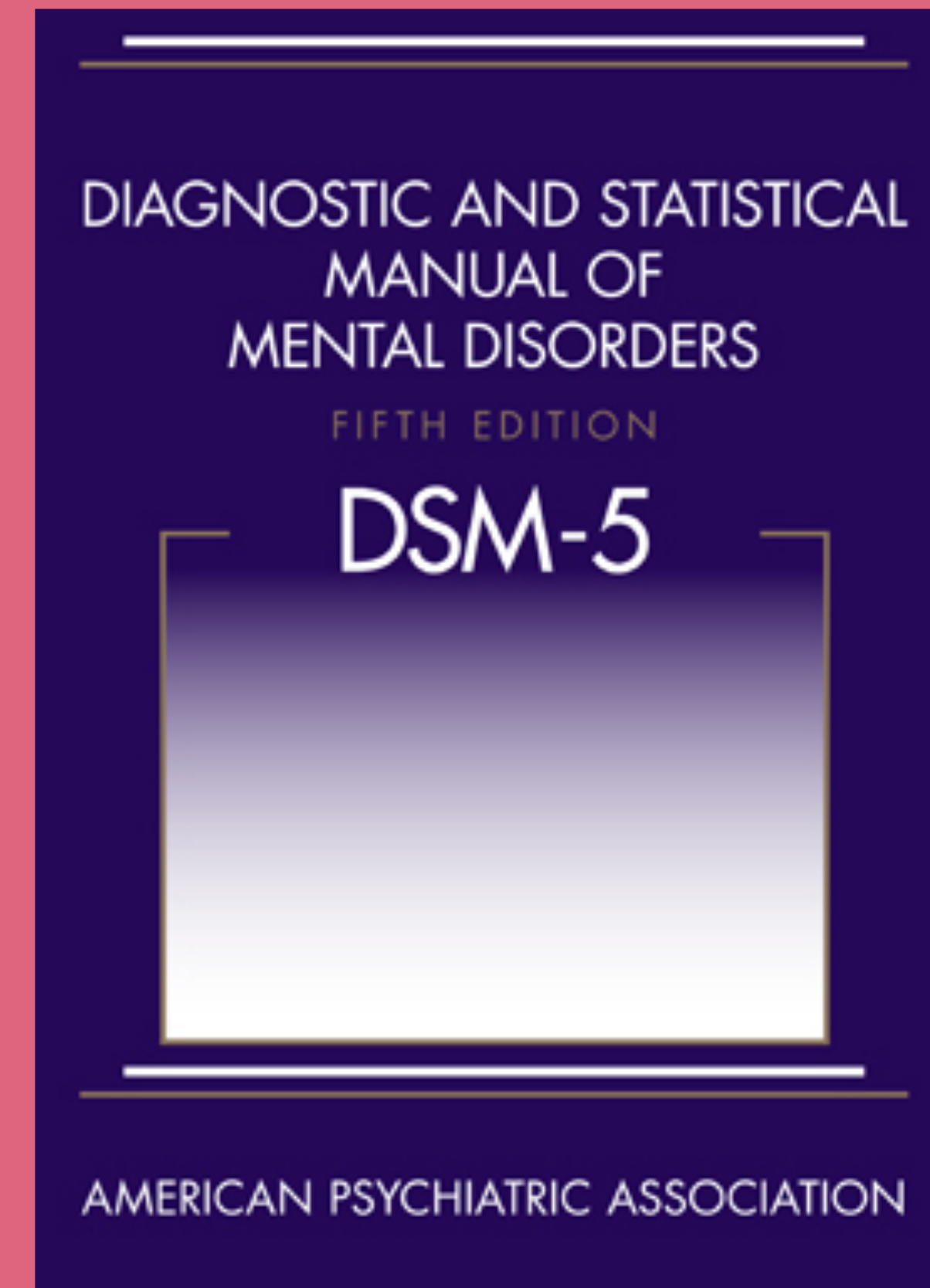
(Hepworth et al., 2017)

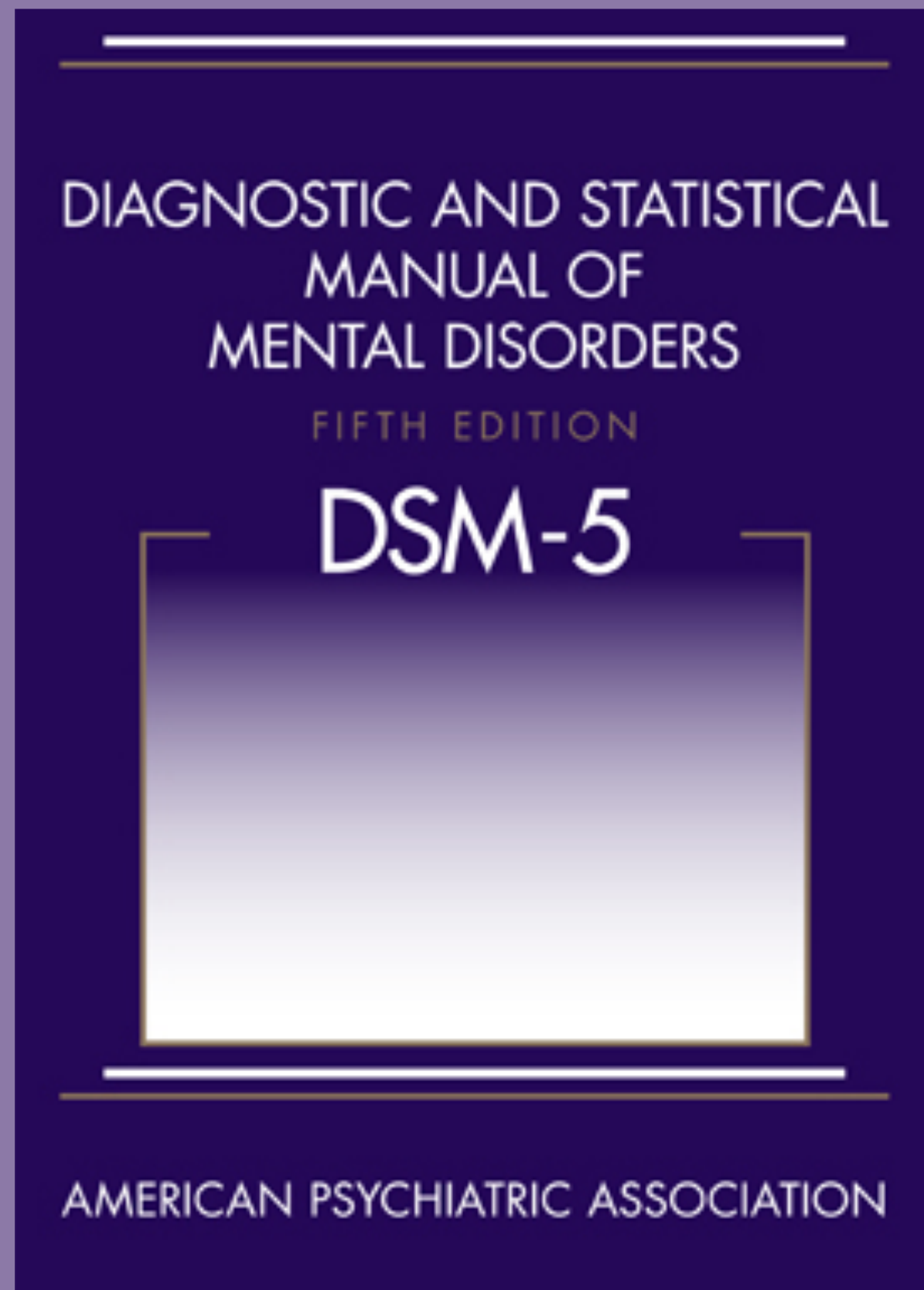


Ethical Considerations

Regarding Clinical Work

- Who gives diagnoses?
- Students roles in understanding clinical practice





Using the DSM

The Major Reasons

- Common language
- Billing
- Research



Problems With the DSM

Shackle (1985)

- Not strengths based
- Possible loss of personal freedom
- Lifelong labeling
- Variance of diagnoses among professionals



DSM Sections

Each Diagnosis Includes

- Diagnostic criteria
- Subtypes/specifiers
- Recording procedures
- Diagnostic features
- Associated features supporting diagnosis
- Prevalence
- Development and course
- Risk and prognostic factors
- Specific culture, gender, and age features
- Functional consequences of the specific diagnosis
- Differential diagnosis
- Comorbidity



Emphasizing Strengths

in Assessments

**Give pre-eminence to the client's
understanding of the facts**

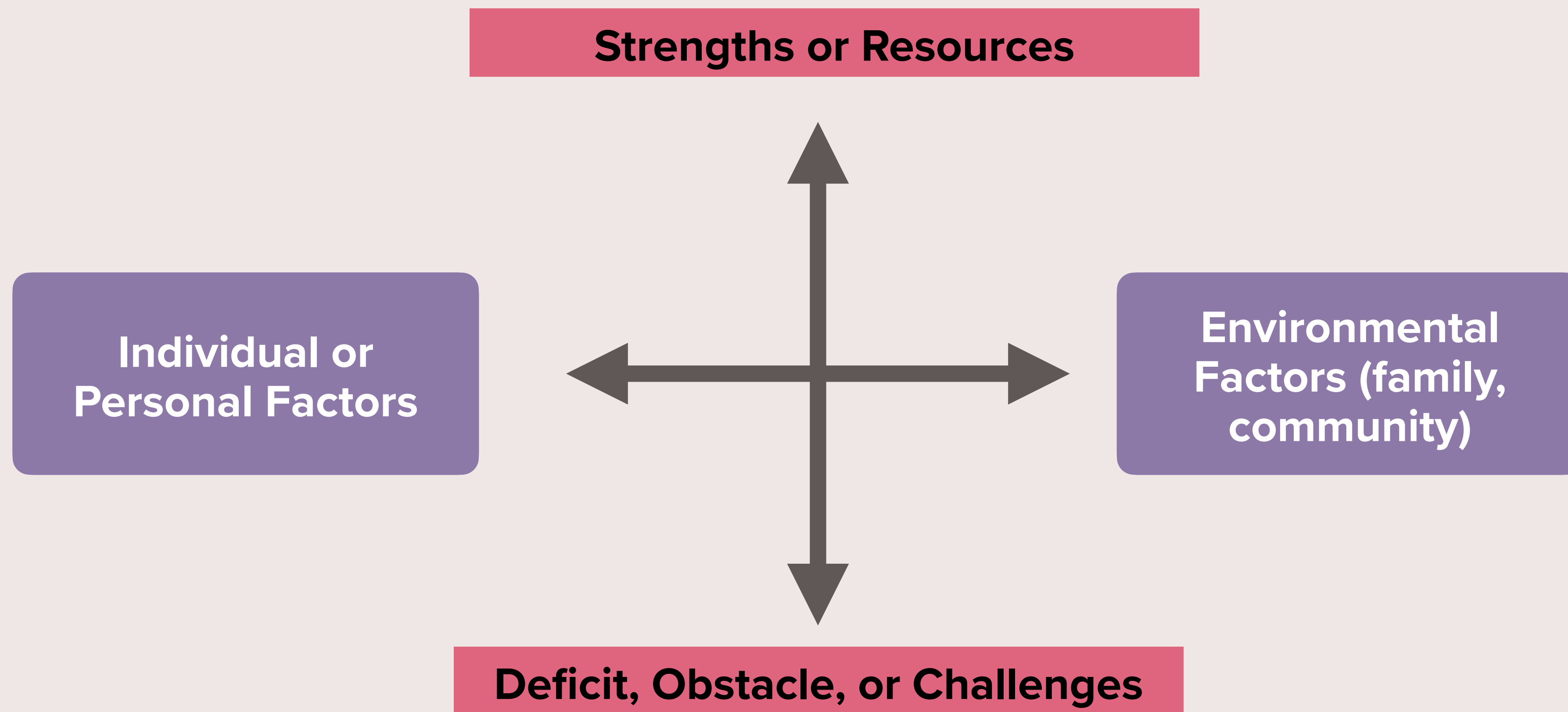
Discover what the client wants

**Assess personal and environmental
strengths on multiple levels**



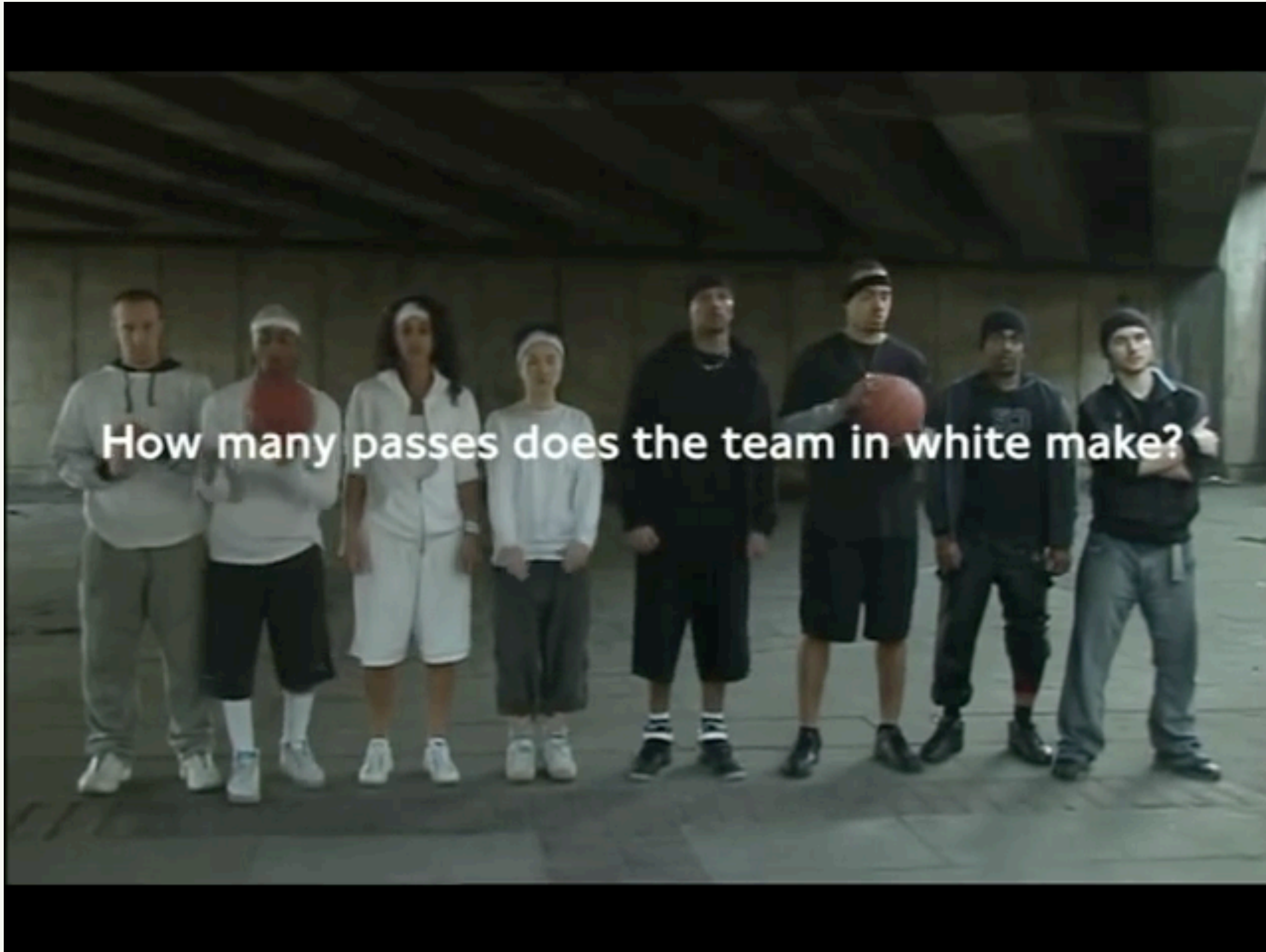
Framework for Strengths

in Assessment



(Saleebey, 2009)



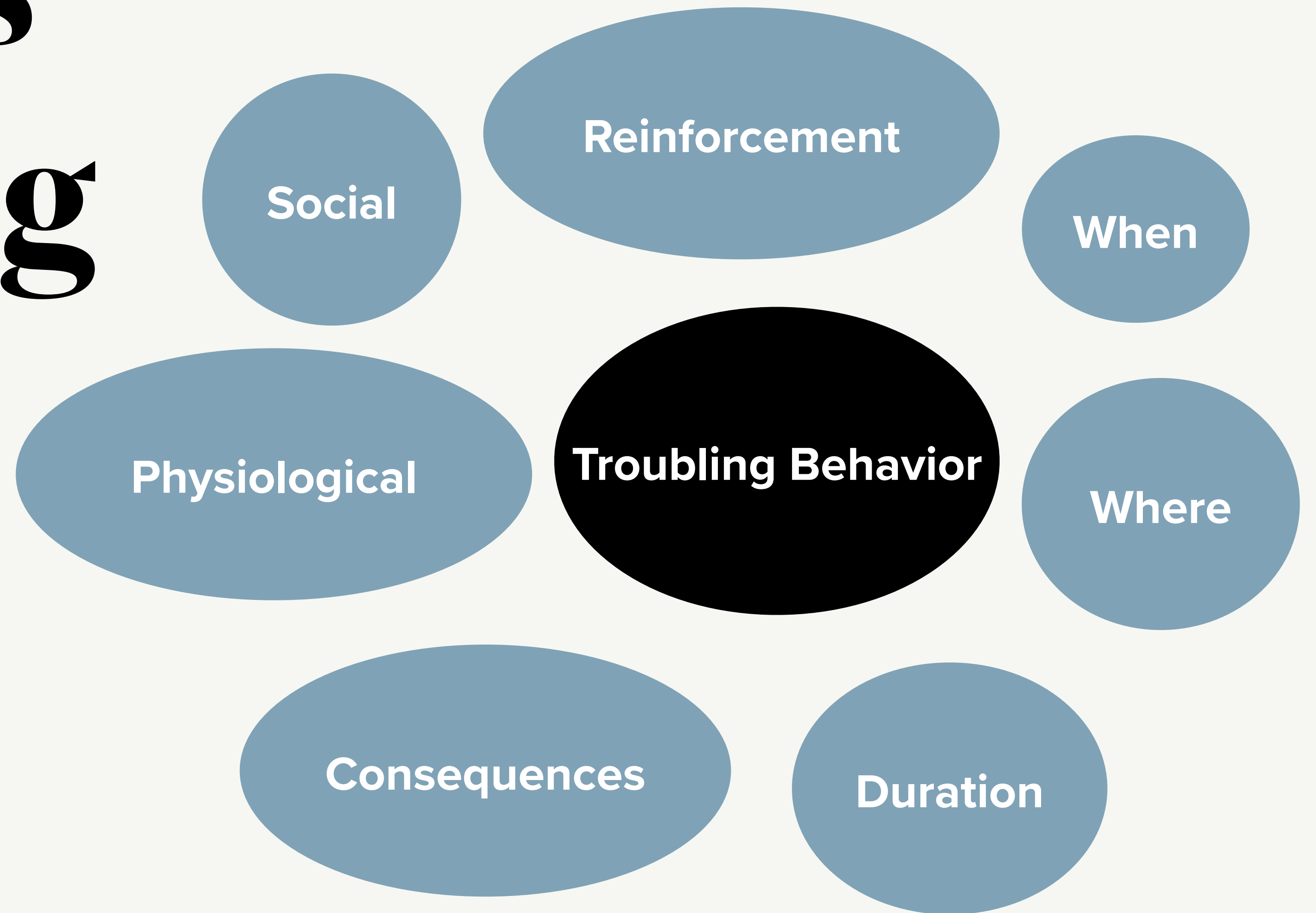


How Aware are you?

Do The Test. (2008). Test your
Awareness: Do the test [Video].
YouTube. [https://youtu.be/
Ahg6qcgoay4](https://youtu.be/Ahg6qcgoay4)



Conditions Surrounding Troubling Behaviors



Sources of Information

In Assessments

- Background sheets or other intake forms
- Interview with clients
- Direct observation of nonverbal behavior
- Direct observation of interaction
- Collateral information
- Tests or assessment instruments
- Personal experiences of the practitioner



How do we manage stress?

BBC. (2010).
Managing stress -
Brainsmart - BBC
[Video]. YouTube.
[https://youtu.be/
hnpQrMqDoqE](https://youtu.be/hnpQrMqDoqE)



Perceived Stress Scale

For each question choose from the following alternatives:
0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often

1. In the last month, how often have you been upset because of something that happened unexpectedly?
2. In the last month, how often have you felt that you were unable to control the important things in your life?
3. In the last month, how often have you felt nervous and stressed?
4. In the last month, how often have you felt confident about your ability to handle your personal problems?
5. In the last month, how often have you felt that things were going your way?
6. In the last month, how often have you found that you could not cope with all the things that you had to do?
7. In the last month, how often have you been able to control irritations in your life?
8. In the last month, how often have you felt that you were on top of things?
9. In the last month, how often have you been angered because of things that happened that were outside of your control?
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

(Cohen et al., 1983)



Perceived Stress Scale

Scoring Yourself

1. Reverse your scores for questions 4, 5, 7, and 8. On these 4 questions, change the scores like this: 0 = 4, 1 = 3, 2 = 2, 3 = 1, 4 = 0.
2. Add up your scores for each item to get a total.

Individual scores on the PSS can range from 0 to 40 with higher scores indicating higher perceived stress.

- Scores ranging from 0-13 would be considered low stress.
- Scores ranging from 14-26 would be considered moderate stress.
- Scores ranging from 27-40 would be considered high perceived stress.

The Perceived Stress Scale is interesting and important because your perception of what is happening in your life is most important. Consider the idea that two individuals could have the exact same events and experiences in their lives for the past month. Depending on their perception, total score could put one of those individuals in the low stress category and the total score could put the second person in the high stress category



PHQ-9

Patient Depression Questionnaire

Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606-613. <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite —being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

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Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (<i>add your column scores</i>) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

GAD-7

Assessing Generalized Anxiety Disorder

Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097. <https://doi.org/10.1001/archinte.166.10.1092>



GAIN-SS

Internalizing, Externalizing, and Substance Use Disorders

Dennis, M. L., Chan, Y.-F., & Funk, R. R. (2006). Development and validation of the GAIN short screener (GSS) for internalizing, externalizing and substance use disorders and crime/violence problems among adolescents and adults. *American Journal on Addictions, 15*(s1), 80-91. <https://doi.org/10.1080/10550490601006055>



DIVISION OF BEHAVIORAL HEALTH AND RECOVERY (DBHR)

DBHR Target Data Elements Gain Short Screening Setup

ADMINISTRATION TIME	STAFF IDENTIFICATION	DATE	AGENCY NUMBER
SECTION I CLIENT IDENTIFICATION			
1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME	4. OTHER LAST NAME
5. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	6. DATE OF BIRTH	7. SOCIAL SECURITY NUMBER	8. WASHINGTON DRIVER'S LICENSE OR ID NUMBER
9. WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY)			
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Non – Federal Tribe	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American		
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian	Tribal Code (No. 1) _____	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander		
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Race		
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Refused to Answer		
<input type="checkbox"/> Hawaiian (Native)	<input type="checkbox"/> Samoan	Tribal Code (No. 2) _____	
<input type="checkbox"/> Japanese	<input type="checkbox"/> Thai		
<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese		
<input type="checkbox"/> Laotian	<input type="checkbox"/> White/European American		
10. SPANISH/HISPANIC/LATINO (CHECK ONE)			
<input type="checkbox"/> Cuban	<input type="checkbox"/> Not Spanish/Hispanic/Latino	<input type="checkbox"/> Puerto Rican	
<input type="checkbox"/> Mexican, Mexican American, Chicano	<input type="checkbox"/> Other Spanish/Hispanic/Latino	<input type="checkbox"/> Refused to Answer	
Global Appraisal of Individual Needs-Short Screener (GAIN-SS)			
The following questions are about common psychological, behavioral or personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. Please answer the questions Yes or No.			
Mental Health Internalizing Behaviors (IDScr 1): During the past 12 months, have you had significant problems			
a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. with sleep trouble, such as bad dreams, sleeping restlessly or falling sleep during the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. when something reminded you of the past, you became very distressed and upset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. with thinking about ending your life or committing suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Each yes answer is "1" point IDS Sub-scale Score (0 to 5) _____			
Mental Health Externalizing Behaviors (EDScr 2): During the past 12 months, did you do the following things two or more times?			
a. Lie or con to get things you wanted or to avoid having to do something?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Have a hard time paying attention at school, work or home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Have a hard time listening to instructions at school, work or home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Been a bully or threatened other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Start fights with other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Each yes answer is "1" point EDS Sub-scale Score (0 to 5) _____			
Substance Abuse Screen (SDScr 3): During the past 12 months, did.....			
a. you use alcohol or drugs weekly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. you spend a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. you keep using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. your use of alcohol or drugs cause you to give up, reduce or have problems at important activities at work, school, home or social events?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. you have withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or use any alcohol or drugs to stop being sick or avoid withdrawal problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Each yes answer is "1" point SDS Sub-scale Score (0 to 5) _____			

DSHS 14-479 (REV. 10/2010)



PMHNP



**Psychiatric Mental Health
Nurse Practitioner**

Examples of Screener Forms



Problem Assessment

concentrate on

**Identifying the
presenting
problem**

**Uncovering the
sources of this
problem**

**Engaging the
client in planning**



Systems of Interaction

What do you Assess

- The family
- The social network
- Public institutions
- Personal service providers
- The faith community

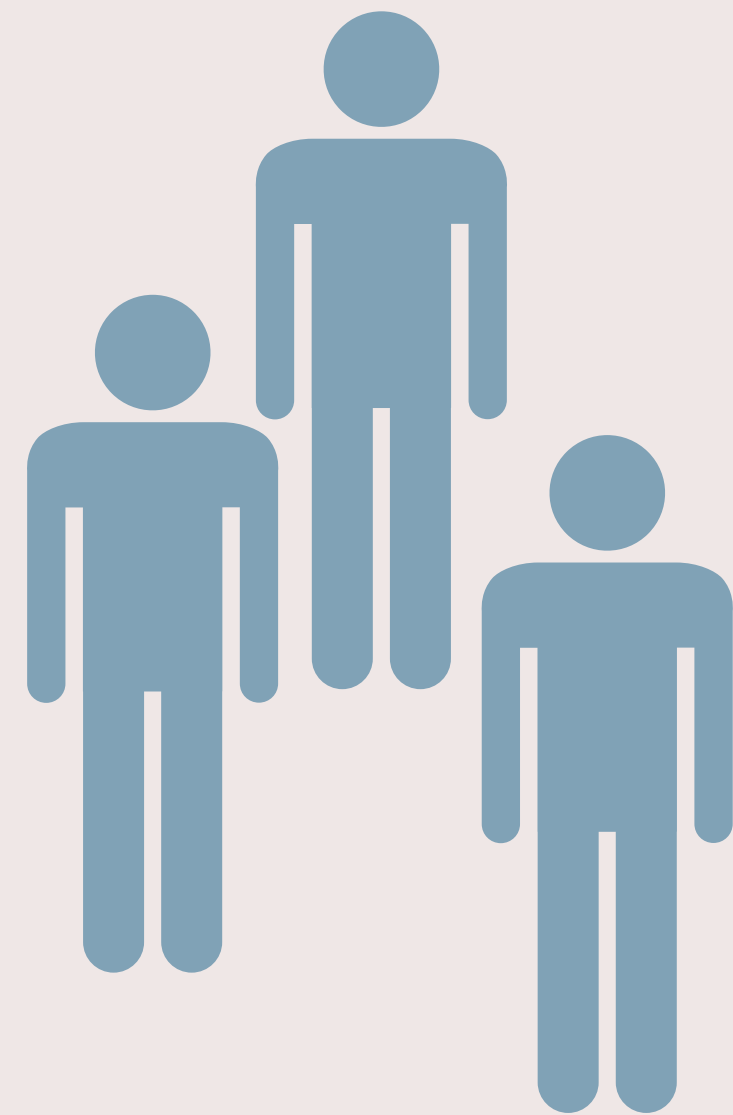


Determining Needs



In Class Teach Back Activity

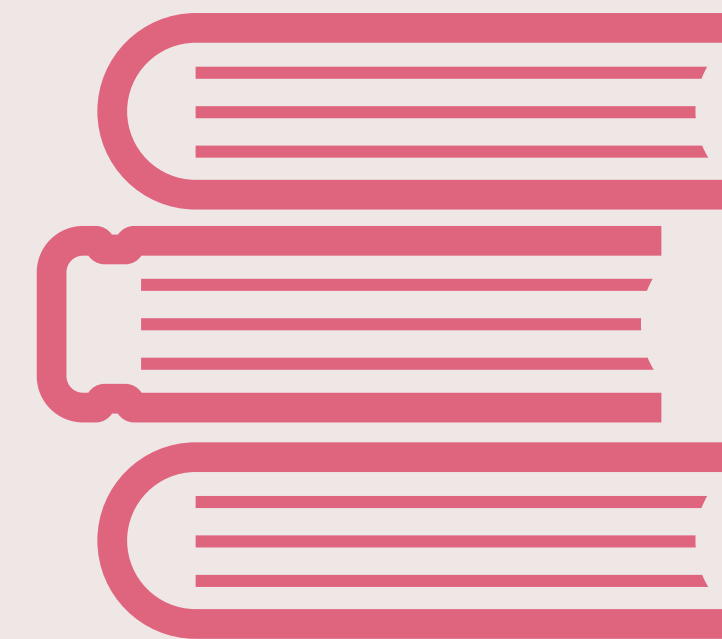
About 5 to 10 minutes next week



Group Discussion

- Suicide Risk Assessment (pp. 230-234)
- Assessing Aggression (pp. 236-237)
- Assessing Environmental Systems (pp. 237-241)
- Assessing Biophysical Functioning (pp. 218 - 224)

Provide Info



How I Write My Notes

A Look Into the Madness





Mental Status Exam

The General Components

- General appearance
- Behavior
- Thought process and content
- Affect
- Impulse control
- Insight
- Cognitive functioning
- Intelligence
- Reality testing
- Suicidal or homicidal ideation
- Judgment



General Appearance

Meticulous Self-neglect

Grooming

Garish Skillfully applied

Immaculate

Fashionable **Dress**

Unconventional

Use of mobility device

Posture and gait

Build

Outstanding features Disabilities

Physical characteristics

Important physical features

Appearance



General Appearance

Ingratiating Guarded Manipulative
Passive Hostility Seductive
Sullen **Attitude and Interpersonal Style** Playful
Uncooperative Inappropriate boundaries
Demanding Contemptuous Withdrawn



General Appearance

Flat Liable Bland

Facial expression

Awkward

Motor retardations

Motor hyperactivity

Mannerism

Posturing

Tics and twitches

Tension Severe akathisia

Rigid

Agitated

Behavior and Psychomotor activity

Hyperactive

Tardive dyskinesia

Combative

Seated quietly



General Appearance

Impoverished

Pressured

Perseveration

Dysarthria

Speech and Language

Neologisms

Monotonous

Stereotypy

Accented

Emotional

Aphasia

Wernike's aphasia

Global aphasia

Broca's aphasia



Emotions

Affect
Full range of affect
Broad Constricted
Congruent with mood Anhedonic
Appropriate Emotional withdrawal
Flat Blunted Labile

Euphoric Euthymic
Expansive **Mood** Anxious

Clients description

Terminal insomnia
Sleep Middle insomnia
Initial insomnia Hypersomnia



Cognitive Functioning

Attention and concentration

Lethargy

Oriented Times Four

Orientation and level of consciousness

Coma

Stupor

Obtundation

Anterograde amnesia Transient global amnesia

Amnesia

Retrograde amnesia

Memory

Registration

Retention

Retrieval

Head Injuries

Short term memory

Long term memory



Cognitive Functioning

Memory Testing

**Ability to Abstract and
Generalize**

Information Intelligence



Thoughts and Perception

Somatic delusions

Nihilistic delusions

Thought content

Thought Content

Delusions

Bizarre behavior

Delusional guilt

Grandiose delusions

Ideas of reference

Ideas of inference

Magical thinking

Distortions

Thought broadcasting

Suspiciousness

Paranoid delusions

Thought withdrawal

Thought insertion

Illusions Hallucinations

Disordered Perceptions

Deerealization

Depersonalization



Thoughts and Perception

Loose association Perseverative Racing thoughts

Conceptual disorganization Neologism

Overvalued **Thought Process** Tangentiality

Distractable Spontaneous Clang association

Goal directed Incoherent Illogical Flight of ideas

Circumstantial blocking Impoverished



Preoccupations

Somatic preoccupations
Phobias
Obsessions
Compulsions

Thoughts and Perception

**Suicidality, Homicidality,
Impulse control**

**Insight and
Judgment**

