Lab Day

Assessments

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

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Fall 2023 SOWK 486

Agenda

Social histories

Implicit Bias

Teach Back Activity

Genograms & Eco-maps

Examples of Writing

Resilience and Dimensions of Applied Transdisciplinarity

APA Style Website Example Papers

My Feedback Document

Introspection

You must acknowledge that implicit bias exists and then learn about your own implicit bias

Mindfulness

Stress increases our use of cognitive shortcuts, including implicit biases

Perspective Taking

Try to walk in someone else's shoes by considering experiences from the perspective of a person from stereotyped groups

Learn to Slow Down

To recognize our own implicit biases, we must stop, think, and reflect.

Individuation

Use individual personal characteristics, not group stereotypes, to evaluate clients.

Check Your Messaging

Instead of trying to be color- or gender-blind, use evidence-based statements that decrease implicit bias such as welcoming and embracing multiculturalism and gender diversity.

Institutionalize Fairness

Organizations must also commit and work to overcome it

Take Two

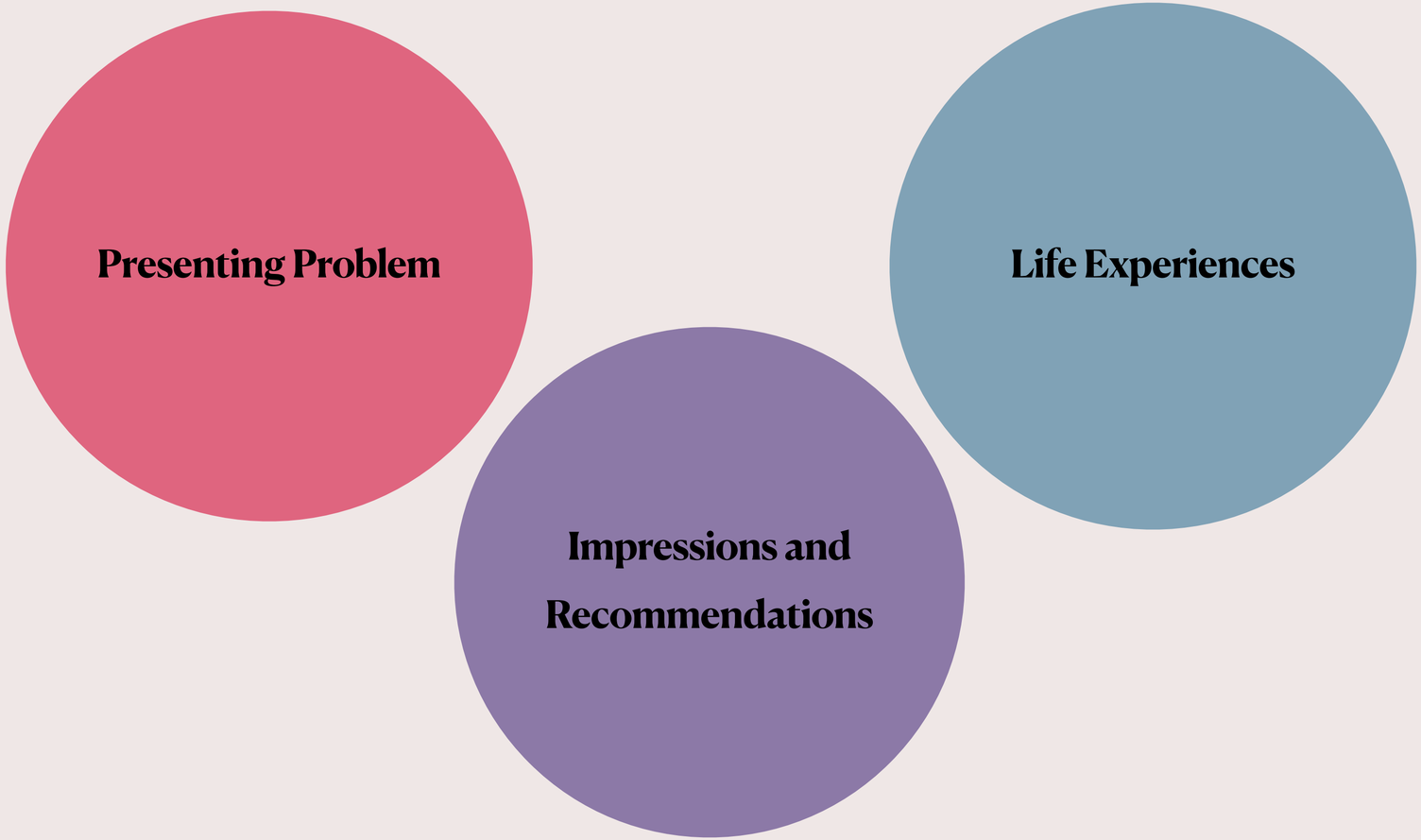
Counteracting implicit bias and working toward cultural humility is lifelong work and must be practiced consistently and constantly

(Hepworth et al., 2022)

https://implicit.harvard.edu/implicit/selectatest.html

Layout of the

Social History



Layout of the

Social History

Presenting Problem

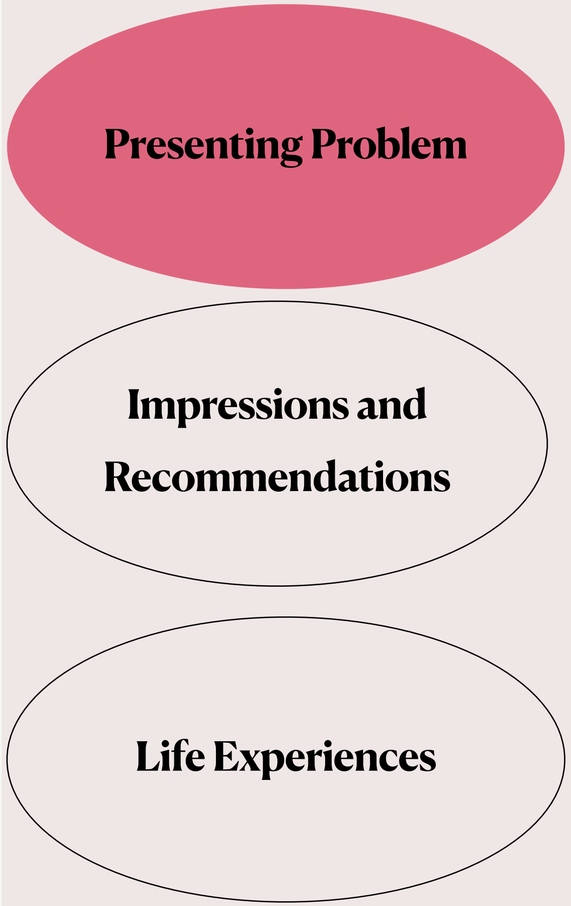
Impressions and Recommendations

Life Experiences

- Description and history of the presenting problem
- Introductory section

Layout of the

Social History



- Description and history of the presenting problem
- Introductory section
- Presenting problem
  - Detail major points
  - Generally the "why are you here today section”
  - My method for mental health evaluations

Layout of the

Social History

Presenting Problem

Impressions and Recommendations

Life Experiences

Esmeralda, a 32 year old Hispanic married with three children female completed this mental health evaluation at the TCCH BHS Pasco office. She was accompanied by her husband and one child. Her primary language is Spanish, and the evaluation was completed in her native language. Her insurance, Medicaid, has been verified. She was referred by Crisis Response Unit after being hospitalized at Lourdes Medical Center after an attempted suicide. She presented with symptoms related to depression and anxiety.

Layout of the

Social History

Presenting Problem

Impressions and Recommendations

Life Experiences

- Family of origin
- Birth and childhood
- Marriages and significant relationships
- Current living arrangements
- Education
- Military service

Layout of the

Social History

Presenting Problem

Impressions and Recommendations

Life Experiences

- Employment history
- Medical history
- Legal history
- Social and recreational interests
- Religious activities
- Client successes, strengths, and resources

Layout of the

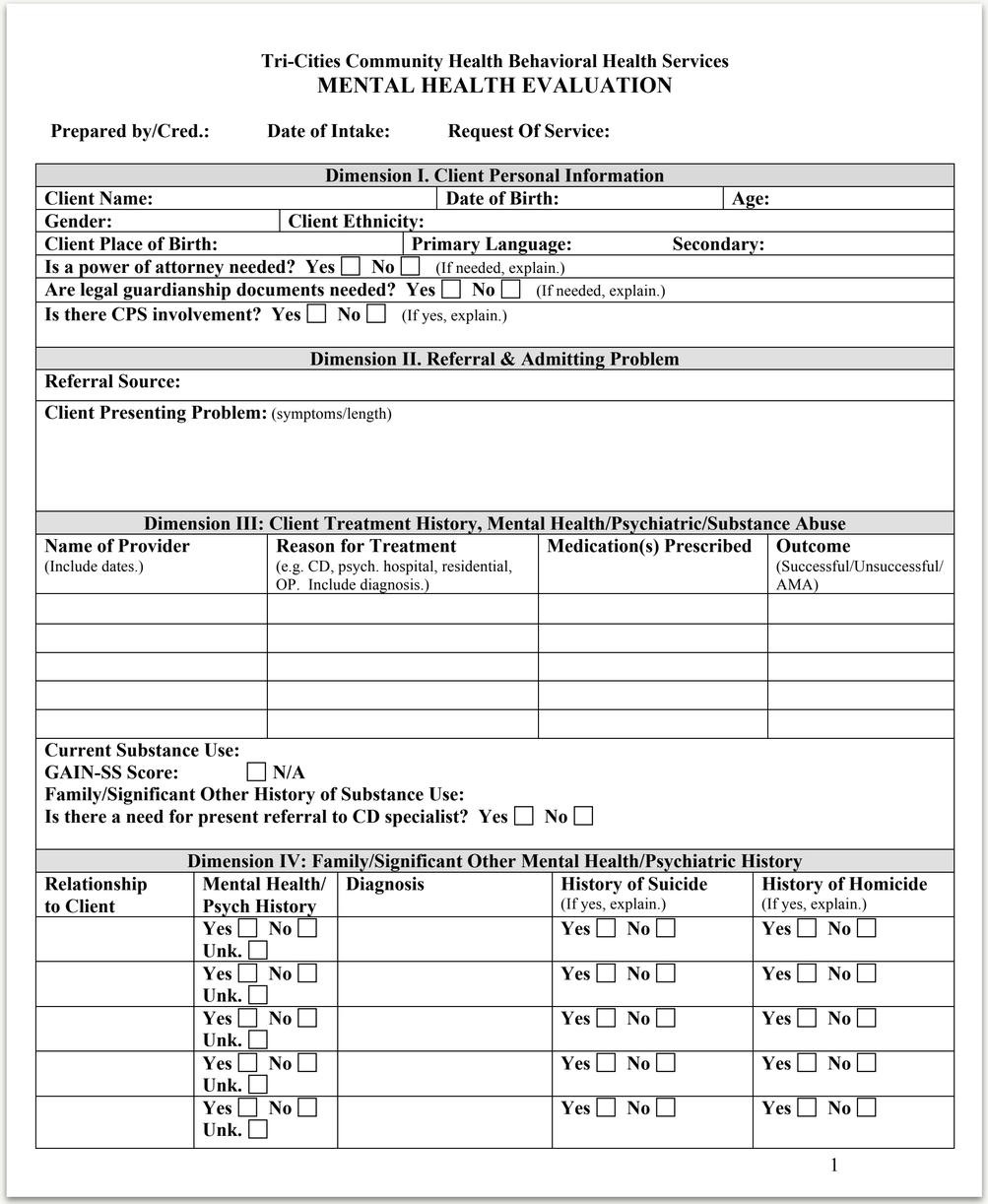
Social History

Presenting Problem

Impressions and Recommendations

Life Experiences

- Impressions
- Recommendations



Tri-Cities Community Health Behavioral Health Services
MENTAL HEALTH EVALUATION

Prepared by/Cred.: **Date of Intake:** **Request Of Service:**

Dimension I. Client Personal Information			
Client Name:		**Date of Birth:**	**Age:**
Gender:	**Client Ethnicity:**		
Client Place of Birth:	**Primary Language:**	**Secondary:**	
Is a power of attorney needed? Yes ☐ No ☐ (If needed, explain.)			
Are legal guardianship documents needed? Yes ☐ No ☐ (If needed, explain.)			
Is there CPS involvement? Yes ☐ No ☐ (If yes, explain.)			

Dimension II. Referral & Admitting Problem
Referral Source:
Client Presenting Problem: (symptoms/length)

Dimension III: Client Treatment History, Mental Health/Psychiatric/Substance Abuse			
Name of Provider (Include dates.)	**Reason for Treatment** (e.g. CD, psych. hospital, residential, OP. Include diagnosis.)	**Medication(s) Prescribed**	**Outcome** (Successful/Unsuccessful/ AMA)

Current Substance Use:
GAIN-SS Score: ☐ **N/A**
Family/Significant Other History of Substance Use:
Is there a need for present referral to CD specialist? Yes ☐ No ☐

Dimension IV: Family/Significant Other Mental Health/Psychiatric History				
Relationship to Client	**Mental Health/ Psych History**	**Diagnosis**	**History of Suicide** (If yes, explain.)	**History of Homicide** (If yes, explain.)
	Yes ☐ No ☐ Unk. ☐		**Yes ☐ No ☐**	**Yes ☐ No ☐**
	Yes ☐ No ☐ Unk. ☐		**Yes ☐ No ☐**	**Yes ☐ No ☐**
	Yes ☐ No ☐ Unk. ☐		**Yes ☐ No ☐**	**Yes ☐ No ☐**
	Yes ☐ No ☐ Unk. ☐		**Yes ☐ No ☐**	**Yes ☐ No ☐**
	Yes ☐ No ☐ Unk. ☐		**Yes ☐ No ☐**	**Yes ☐ No ☐**

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Mental Health Evaluation Example

TCCH BHS

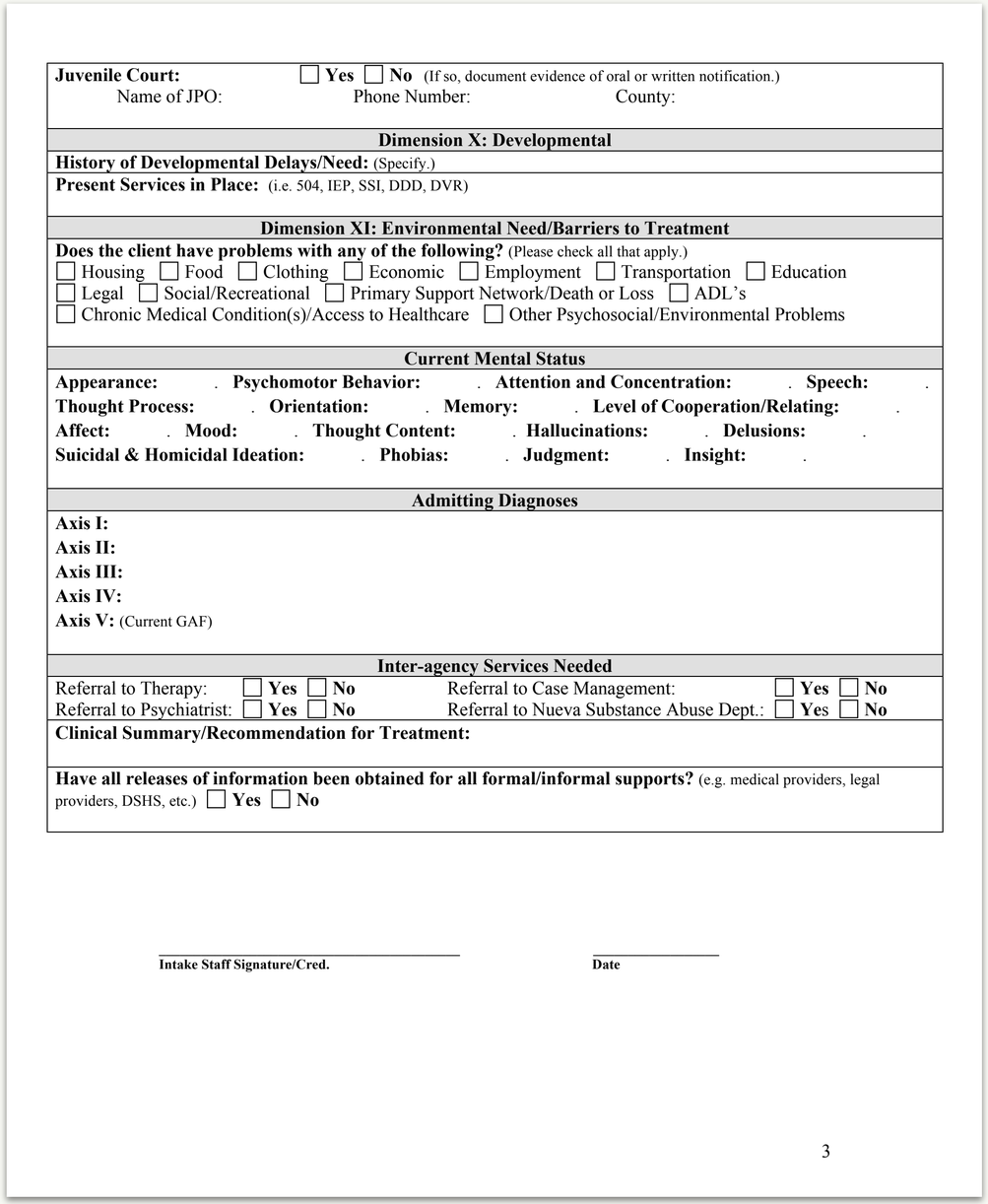
- Dimension I. Client Personal Information
- Dimension II. Referral & Admitting Problem
- Dimension III: Client Treatment History, Mental Health/Psychiatric/Substance Abuse
- Dimension IV: Family/Significant Other Mental Health/Psychiatric History

Mental Health Evaluation Example

TCCH BHS

- Dimension V: Abuse/Neglect
- Dimension VI: Crisis/Risk Assessment
- Dimension VII: Client Medical History
- Dimension VIII: Psychosocial
- Dimension IX: Legal Issues

Dimension V: Abuse/Neglect
Client History of Abuse/Neglect: (If abuse is reported by a client age 17 or younger, a documented CPS referral must occur within 48 hours. Call 509-737-2800.)
Dimension VI: Crisis/Risk Assessment
Client History of Suicide/Homicide: (Ideation, plan, means, attempts when/age?)
Current Crisis/Risk Assessment: (Must include current risk of suicide/homicide/risk of self-harm.)
Does a referral for provision of emergency/crisis services need to be made at this time? Yes ☐ No ☐ (If yes, identify referral provider.)
Present Treatment Need Grief/Loss Issues:
Dimension VII: Client Medical History
Has the client ever suffered from a head injury? Yes ☐ No ☐ Age: Result:
Is the client currently or recently pregnant? Yes ☐ No ☐ (If yes, how many months?) **Has the client recently given birth? Yes ☐ No ☐** (If yes, how long ago?)
Is there a Medical Advance Directive in place? Yes ☐ No ☐ (If yes, does ct wish to provide a copy?)
Medical History: (Include any/all hospitalizations and reasons.)
Client History/Presence of Chronic Infections/Diseases: (Incl. HIV, Hepatitis, treatments.) ☐ **Yes** ☐ **No** (If yes, explain.)
Client Present Healthcare Needs:
Has the primary care provider been notified? Yes ☐ No ☐ **Primary Care Provider Name:** (If no primary care provider was identified, name the provider that you are referring the client to.)
Is an EPSDT referral needed? (for anyone under age 21) ☐ **Yes** ☐ **No** **If needed, has an EPSDT letter been sent to the medical provider?** ☐ **Yes** ☐ **No** ☐ **N/A**
Current Medications: (Include dosage and the reason prescribed.)
Dimension VIII: Psychosocial
Family Support System:
Peer Support System:
Provider Support:
Employment/Education History:
Cultural Issues/Religious Beliefs Identified: ☐ **Yes** ☐ **No** (If yes, explain.) **Has a consult referral been made?** ☐ **Yes** ☐ **No** (If yes, what kind?)
Sexual Orientation Need(s): ☐ **Yes** ☐ **No** (If yes, explain.)
Functional Strengths/Interest of Client and/or Family:
Dimension IX: Legal Issues
Present/Past Legal Issues: (charges and dates)
Court ordered to treatment? ☐ **Yes** ☐ **No** **LRA Client?** ☐ **Yes** ☐ **No**
DOC supervision? ☐ **Yes** ☐ **No** (If so, document evidence of oral or written notification.) **Adult Parole:** ☐ **Yes** ☐ **No** (If so, document evidence of oral or written notification.) **Adult Probation:** ☐ **Yes** ☐ **No** (If so, document evidence of oral or written notification.) Name of PO: Phone Number: County:



Juvenile Court: ☐ **Yes** ☐ **No** (If so, document evidence of oral or written notification.)
Name of JPO: Phone Number: County:

Dimension X: Developmental

History of Developmental Delays/Need: (Specify.)

Present Services in Place: (i.e. 504, IEP, SSI, DDD, DVR)

Dimension XI: Environmental Need/Barriers to Treatment

Does the client have problems with any of the following? (Please check all that apply.)
☐ Housing ☐ Food ☐ Clothing ☐ Economic ☐ Employment ☐ Transportation ☐ Education
☐ Legal ☐ Social/Recreational ☐ Primary Support Network/Death or Loss ☐ ADL's
☐ Chronic Medical Condition(s)/Access to Healthcare ☐ Other Psychosocial/Environmental Problems

Current Mental Status

Appearance: . **Psychomotor Behavior:** . **Attention and Concentration:** . **Speech:** .
Thought Process: . **Orientation:** . **Memory:** . **Level of Cooperation/Relating:** .
Affect: . **Mood:** . **Thought Content:** . **Hallucinations:** . **Delusions:** .
Suicidal & Homicidal Ideation: . **Phobias:** . **Judgment:** . **Insight:** .

Admitting Diagnoses

Axis I:
Axis II:
Axis III:
Axis IV:
Axis V: (Current GAF)

Inter-agency Services Needed

Referral to Therapy: ☐ **Yes** ☐ **No** Referral to Case Management: ☐ **Yes** ☐ **No**
Referral to Psychiatrist: ☐ **Yes** ☐ **No** Referral to Nueva Substance Abuse Dept.: ☐ **Yes** ☐ **No**

Clinical Summary/Recommendation for Treatment:

Have all releases of information been obtained for all formal/informal supports? (e.g. medical providers, legal providers, DSHS, etc.) ☐ **Yes** ☐ **No**

_____ _____
Intake Staff Signature/Cred. **Date**

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Mental Health Evaluation Example

TCCH BHS

- Dimension X: Developmental
- Dimension XI: Environmental Need/ Barriers to Treatment
- Current Mental Status
- Admitting Diagnoses
- Inter-agency Services Needed

Practice

with Social Histories

- Family of origin
- Birth and childhood
- Marriages and significant relationships
- Current living arrangements
- Education
- Military service
- Employment history
- Medical history
- Legal history
- Social and Recreational interests
- Religious activities
- Client successes, Strengths, and resources

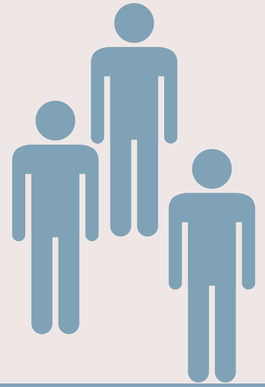
Work with a partner to go through some of the process of completing a social history with them. You can either use real life information or make up informational a part of a role-play.

In Class Teach Back Activity

Students are to develop a 5-10 minute short presentation teaching your peers about assessing the chosen area.

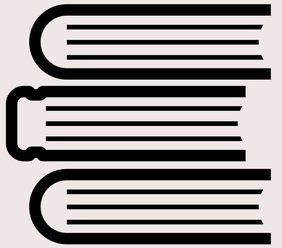
- Assessing biophysical Functioning (pp. 168-172)
- Assessing Cognitive/Perceptual Functioning (pp. 172-176)
- Assessing Affective Functioning (pp. 176-180)
- Assessing Behavioral Functioning (pp. 180-182)
- Assessing Environmental System (pp. 182-186)

This Week



Group Discussion

Provide Info



(Hepworth et al., 2022)

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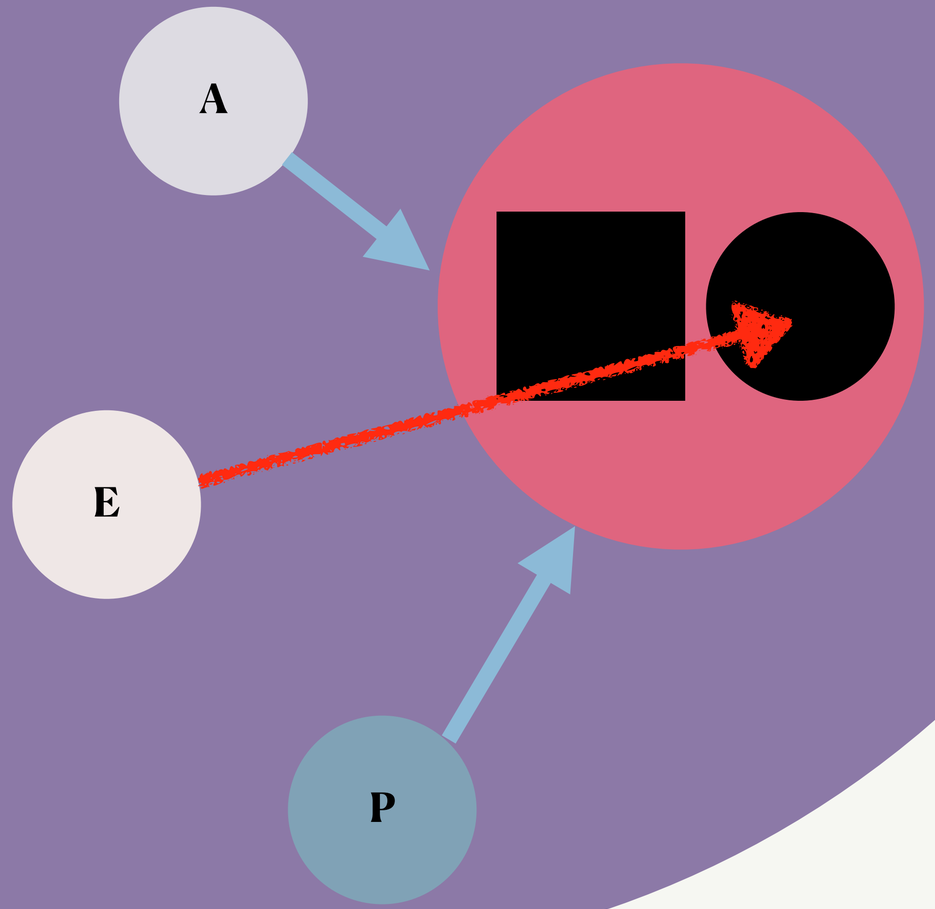
Family Assessments

Eco-Map



Mini Mental Status Exams

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Fall 2023 SOWK 486w

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

Use of mobility device

Posture and gait

Build

Meticulous Self-neglect

Grooming

Garish Skillfully applied

Outstanding features Disabilities

Physical characteristics

Important physical features

Immaculate

Fashionable **Dress**

Unconventional

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

Mood

Euphoric Euthymic

Expansive Anxious

Clients description

Sleep

Terminal insomnia

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

Though broadcasting

Suspiciousness

Paranoid delusions

Thought withdrawal

Thought insertion

Illusions

Hallucinations

Disordered Perceptions

Dearealization

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

Thoughts and Perception

Somatic preoccupations

Preoccupations Phobias

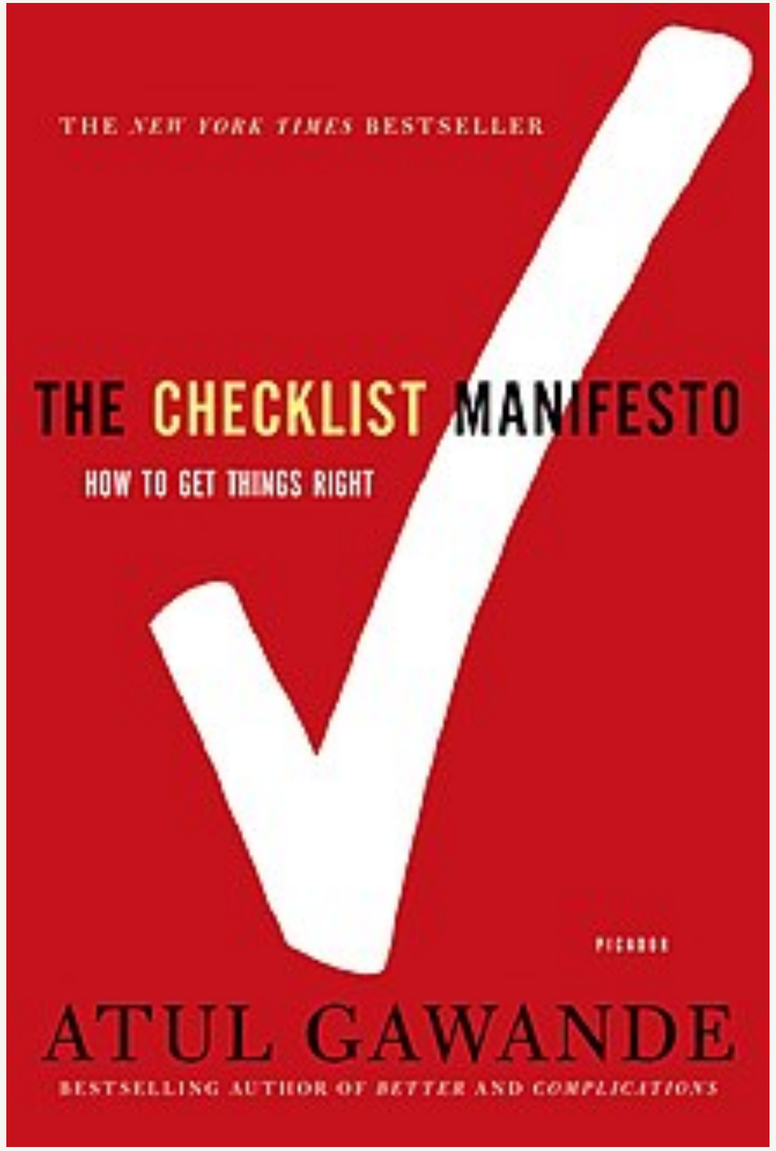
Obsessions Compulsions

Suicidality, Homicidality, Impulse control

Insight and Judgment

The Checklist Manifesto

Hot to Get things Done Right



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Fall 2023 SOWK 486w

Suicide Risk Assessment

Listen for Risk Factors

Ask Directly About Suicide

Assess Suicidal Ideation & Behaviors

Assess for Other Risk Factors

(Hepworth, et al., 2017)

Suicide Risk Assessment

Adults

Listen for Risk Factors

- Feelings of despair and hopelessness
- Previous suicide attempts
- Concrete, available, and lethal plans to commit suicide
- Family history of suicide
- Perseveration about suicide
- Lack of support systems and other forms of isolation
- Feelings of worthlessness
- Belief that others would be better off if the client were dead
- Advanced age
- Substance abuse

(Hepworth, et al., 2017)

Suicide Risk Assessment

Youth

Listen for Risk Factors

- Feelings of despair and hopelessness
- Previous suicide attempts
- Concrete, available, and lethal plans to commit suicide
- Family history of suicide
- Perseveration about suicide
- Lack of support systems and other forms of isolation
- Feelings of worthlessness
- Belief that others would be better off if the client were dead
- Advanced age
- Substance abuse

- Deterioration in personal habits
- Decline in school achievement
- Marked increase in sadness, moodiness, and sudden tearful reactions
- Loss of appetite
- Use of drugs or alcohol
- Talk of death or dying
- Withdrawal from friends and family
- Making final arrangements, such as giving away valued possessions
- Sudden or unexplained departure from past behaviors

(Hepworth, et al., 2017)

Suicide Risk Assessment

Listen for Risk Factors

Ask Directly About Suicide

Have you have thoughts about death or suicide?

(Hepworth, et al., 2017)

Suicide Risk Assessment

Listen for Risk Factors

Ask Directly About Suicide

Assess Suicidal Ideation & Behaviors

I'd like to ask you more about that.

History
Thoughts
Plan
Intent
Means

(Hepworth, et al., 2017)

Suicide Risk Assessment

Listen for Risk Factors

Ask Directly About Suicide

Assess Suicidal Ideation & Behaviors

Assess for Other Risk Factors

- Hopelessness
- Impulsivity
- Protective factors (deterrents)
- Warning signs (imminent risk)

(Hepworth, et al., 2017)

Elder Assessment

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Adequacy of Client's Environments

- A physical environment that is adequate, is stable, and fosters health and safety (this includes housing as well as surroundings that are free of toxins and other health risks)
- Adequate social support systems (e.g., family, relatives, friends, neighbors, organized groups)
- Affiliation with a meaningful and responsive faith community
- Access to timely, appropriate, affordable health care (including vaccinations, physicians, dentists, medications, and nursing homes)
- Access to safe, reliable, affordable child and elder care services
- Access to recreational facilities
- Transportation—to work, socialize, utilize resources, and exercise rights as a citizen
- Adequate housing that provides ample space, sanitation, privacy, and safety from hazards and pollution (both air and noise)
- Responsive police and fire protection and a reasonable degree of security
- Safe and healthful work conditions
- Sufficient financial resources to purchase essential resources (e.g., food, clothing, housing)
- Adequate nutritional intake
- Predictable living arrangements with caring others (especially for children)
- Opportunities for education and self-fulfillment
- Access to legal assistance
- Employment opportunities

(Hepworth, et al., 2017)

Intrapersonal Functioning

Biophysical Functioning

- Physical characteristics and presentation
- Physical health
- Use and abuse of medications, alcohol, and drugs
- Alcohol use and abuse
- Use and abuse of other substances
- Dual diagnosis: comorbid addictive and mental disorders

Cognitive/Perceptual Functioning

- Intellectual functioning
- Judgment
- Reality testing
- Coherence
- Cognitive flexibility
- Values
- Misconceptions
- Self-concept
- Assessing thought disorders

Affective Functioning

- Emotional control
- Range of emotions
- Appropriateness of affect
- Assessing affective disorders
- Bipolar disorder
- Major depressive disorder
- Suicidal risk
- Behavioral Functioning
- Excesses
- Risk of violence
- Deficiencies
- Motivation

(Hepworth, et al., 2017)

Assessing Aggression

- Personal history
- Interpersonal relationships and social supports
- Psychological factors
- Physical conditions
- History of violence
- Current threats and plans of violence
- Current crisis and situation

(Hepworth, et al., 2017)

Assessing Person-In-Environment Fit

- Environmental Systems
- Physical environment
- Adequacy
- Health
- Safety
- Social support systems
- Missing

- Affirming
- Harmful
- Spirituality and affiliation with a faith community
- Spirituality
- Religion
- Cognitive, affective, and behavioral dimensions of faith

(Hepworth, et al., 2017)

Biopsychosocial Assessments

- Identifying information (e.g., name, age, referral source, brief overview of the presenting problem)
- A history of the present circumstances (i.e., the presenting problem, symptoms)
- The past psychiatric and medical history of the client and the client's family (e.g., injuries, operations, medical conditions, medication, ongoing medical treatment)
- The client's social history (e.g., overview of client's childhood, family structure, living situation, employment and employment history, educational history, hobbies, daily routine, religious or spiritual preferences, friends, past trauma, substance use)
- A mental status exam and DSM-5 diagnosis
- A formulation (e.g., a statement that summarizes and synthesizes the most important aspects of the case to create a story of the client and his or her past and presenting problems)
- For children and adolescents, a brief overview of developmental milestones may be included, addressing the age at which he/she began crawling, walking, talking, toilet training, and so on.

(Hepworth, et al., 2017)

Common Role and Developmental Transitions

for Older Age Group

- Work, career choices
- Health impairment
- Parenthood
- Post-parenthood years
- Geographic moves and migrations
- Marriage or partnership commitment
- Retirement
- Separation or divorce
- Institutionalization
- Single parenthood
- Death of a spouse or partner
- Military deployments

(Hepworth, et al., 2017)

Common Role and Developmental Transitions

for Younger Age Group

- Changing grades, especially transitioning to middle school or high school
- The birth of a sibling
- Illness of a parent or caregiver
- Loss of social status at school through bullying or peer victimization
- Breaking up with a dating partner
- The loss of a friendship either through death or argument
- Death of a parent or caregiver
- Personal illness
- Questions surrounding sexual identity
- Addition of a new stepparent to a divorced family

(Hepworth, et al., 2017)

Typical Wants Involved in Presenting Problems

- To have less family conflict
- To feel valued by one's spouse or partner
- To be self-supporting
- To achieve greater companionship in marriage or relationship
- To gain more self-confidence
- To have more freedom
- To control one's temper
- To overcome depression
- To have more friends
- To be included in decision making
- To get discharged from an institution
- To make a difficult decision
- To master fear or anxiety
- To cope with children more effectively

(Hepworth, et al., 2017)