

# Lab Day

# Assessments

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

**Jacob Campbell, LICSW  
Heritage University  
Fall 2021 SOWK 486**



# Agenda

**Social histories**

**Teach Back Activity**

**Genograms & Eco-maps**



# Layout of the Social History

**Presenting Problem**

**Life Experiences**

**Impressions and  
Recommendations**



# 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

**Presenting Problem**

**Impressions and  
Recommendations**

**Life Experiences**

- 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 <input type="checkbox"/> No <input type="checkbox"/> (If needed, explain.)				
Are legal guardianship documents needed? Yes <input type="checkbox"/> No <input type="checkbox"/> (If needed, explain.)				
Is there CPS involvement? Yes <input type="checkbox"/> No <input type="checkbox"/> (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: <input type="checkbox"/> N/A Family/Significant Other History of Substance Use: Is there a need for present referral to CD specialist? Yes <input type="checkbox"/> No <input type="checkbox"/>				
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 <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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



# 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

<b>Juvenile Court:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, document evidence of oral or written notification.) Name of JPO: _____ Phone Number: _____ County: _____	
<b>Dimension X: Developmental</b>	
<b>History of Developmental Delays/Need:</b> (Specify.) _____ <b>Present Services in Place:</b> (i.e. 504, IEP, SSI, DDD, DVR) _____	
<b>Dimension XI: Environmental Need/Barriers to Treatment</b>	
<b>Does the client have problems with any of the following?</b> (Please check all that apply.) <input type="checkbox"/> Housing <input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Economic <input type="checkbox"/> Employment <input type="checkbox"/> Transportation <input type="checkbox"/> Education <input type="checkbox"/> Legal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Primary Support Network/Death or Loss <input type="checkbox"/> ADL's <input type="checkbox"/> Chronic Medical Condition(s)/Access to Healthcare <input type="checkbox"/> Other Psychosocial/Environmental Problems	
<b>Current Mental Status</b>	
<b>Appearance:</b> _____ <b>Psychomotor Behavior:</b> _____ <b>Attention and Concentration:</b> _____ <b>Speech:</b> _____ <b>Thought Process:</b> _____ <b>Orientation:</b> _____ <b>Memory:</b> _____ <b>Level of Cooperation/Relating:</b> _____ <b>Affect:</b> _____ <b>Mood:</b> _____ <b>Thought Content:</b> _____ <b>Hallucinations:</b> _____ <b>Delusions:</b> _____ <b>Suicidal &amp; Homicidal Ideation:</b> _____ <b>Phobias:</b> _____ <b>Judgment:</b> _____ <b>Insight:</b> _____	
<b>Admitting Diagnoses</b>	
<b>Axis I:</b> _____ <b>Axis II:</b> _____ <b>Axis III:</b> _____ <b>Axis IV:</b> _____ <b>Axis V:</b> (Current GAF) _____	
<b>Inter-agency Services Needed</b>	
<b>Referral to Therapy:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Referral to Case Management:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Referral to Psychiatrist:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Referral to Nueva Substance Abuse Dept.:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Clinical Summary/Recommendation for Treatment:</b> _____	
<b>Have all releases of information been obtained for all formal/informal supports?</b> (e.g. medical providers, legal providers, DSHS, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Intake Staff Signature/Cred. \_\_\_\_\_

Date \_\_\_\_\_



# Practice

## with Social Histories

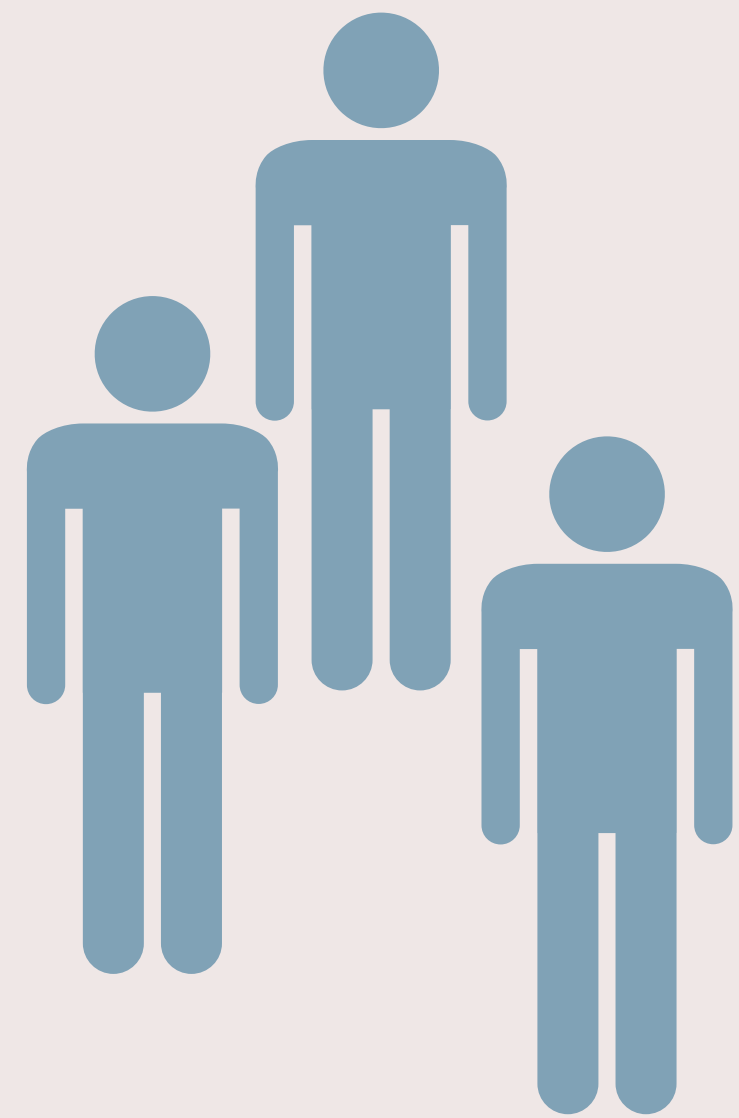
- Family of origin
- Birth and childhood
- Marriages and significant relationships
- Current living arrangements
- Education
- Military service
- Employment history
- Medical history
- Legal history
- Social and Recreational interests
- Religious activities
- Client successes, Strengths, and resources

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

About 5 to 10 minutes next week



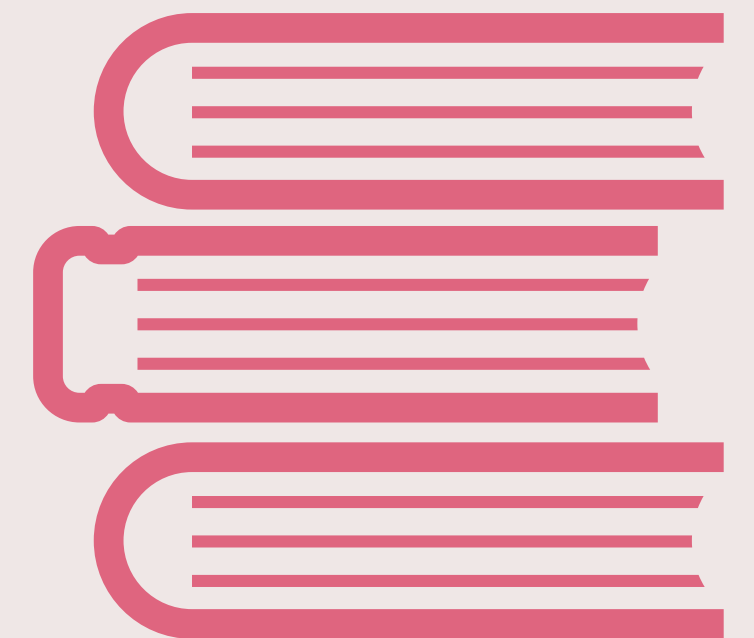
Group Discussion

Students will have about 30 minutes to talk about one of the four following areas:

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

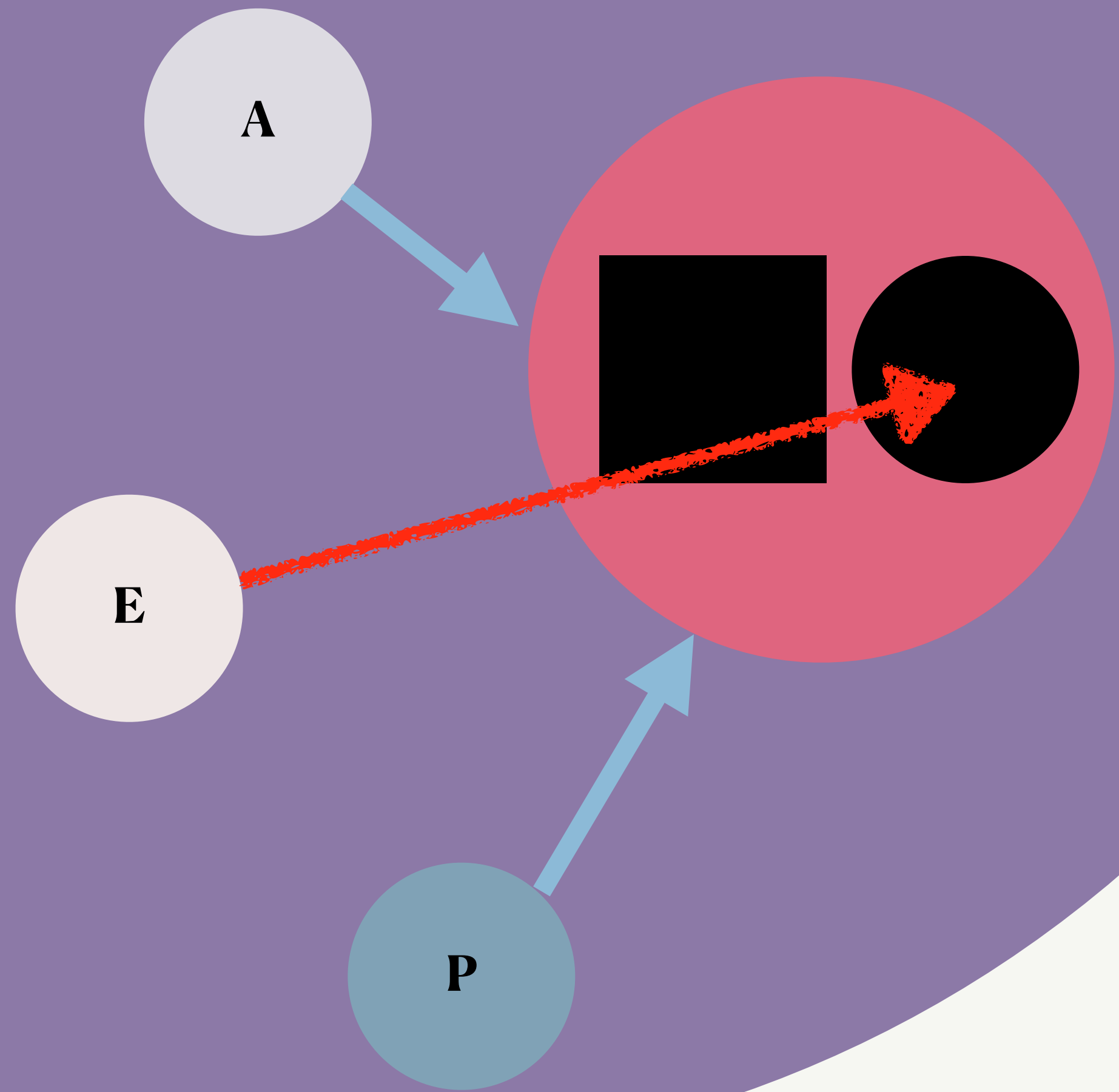
Students are to develop a 5-10 minute short presentation teaching your peers about assessing the chosen area.

Provide Info



# Family Assessments

Eco-Map



# Family Assessments Genogram





# 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

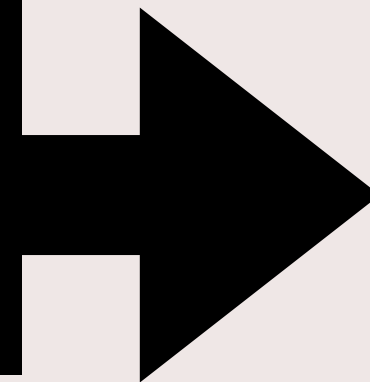
(Hepworth, et al., 2017)



# Suicide Risk Assessment

**Listen for Risk Factors**

**Ask Directly About Suicide**



Have you have thoughts about death or suicide?

(Hepworth, et al., 2017)

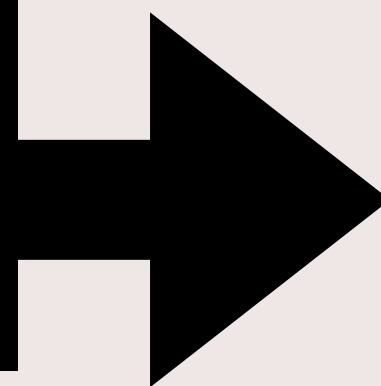


# Suicide Risk Assessment

**Listen for Risk Factors**

**Ask Directly About Suicide**

**Assess Suicidal Ideation & Behaviors**



I'd like to ask you more about that.



(Hepworth, et al., 2017)



# Suicide Risk Assessment

**Listen for Risk Factors**

**Ask Directly About Suicide**

**Assess Suicidal Ideation & Behaviors**

**Assess for Other  
Risk Factors**

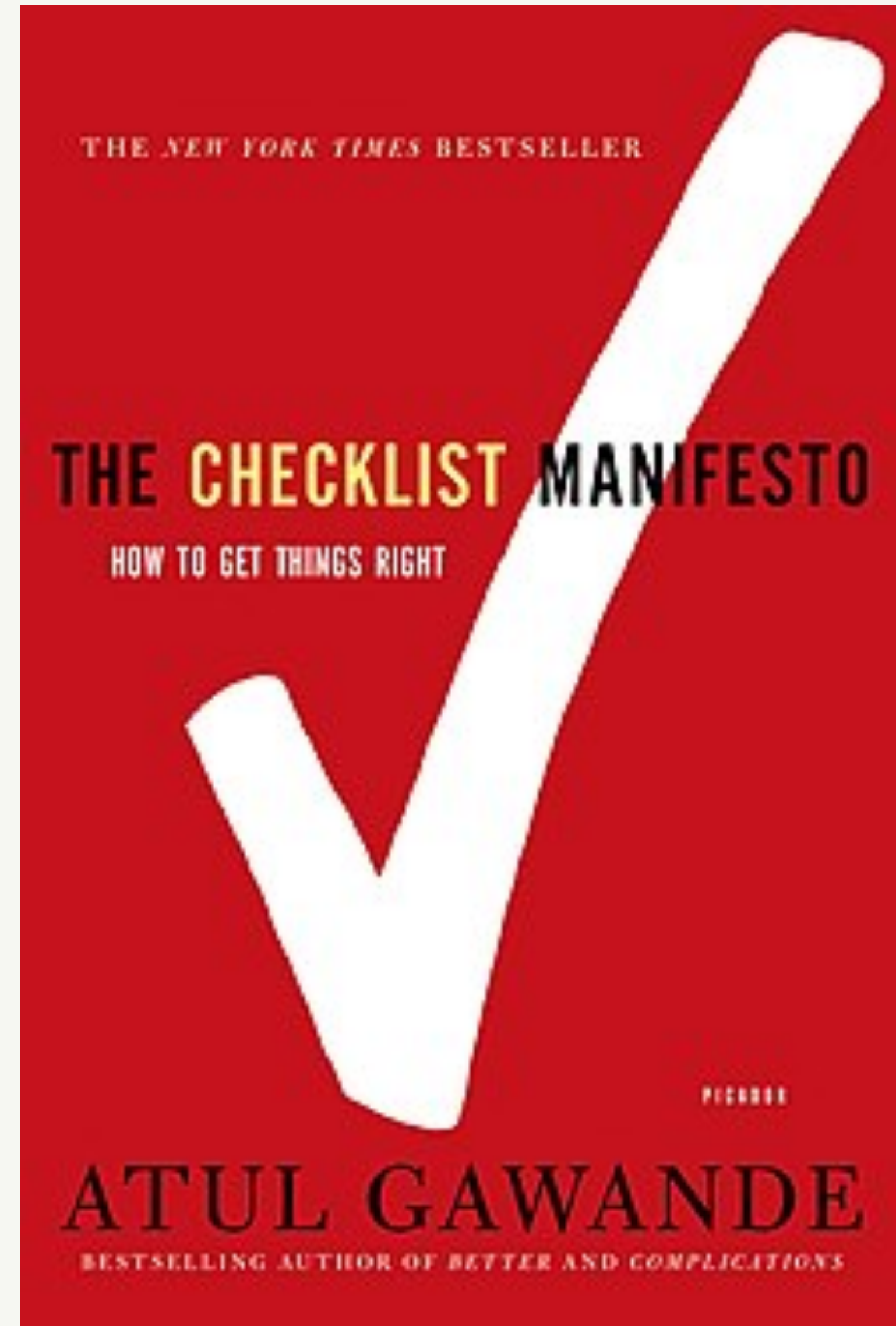
- Hopelessness
- Impulsivity
- Protective factors (deterrents)
- Warning signs (imminent risk)

(Hepworth, et al., 2017)



# The Checklist Manifesto

Hot to Get things Done Right



# 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)



# Mini Mental Status Exams





# 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

Full range of affect

**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  
Obsessions  
Phobias  
Compulsions

# Thoughts and Perception

**Suicidality, Homicidality,  
Impulse control**

**Insight and  
Judgment**

