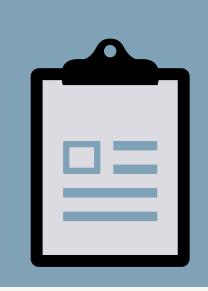
## Assessments

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

Jacob Campbell, LICSW
Heritage University
Fall 2022 SOWK 486



Agenda

**Diagnostic Assessments** 

**Screening Tools** 

DSM-5

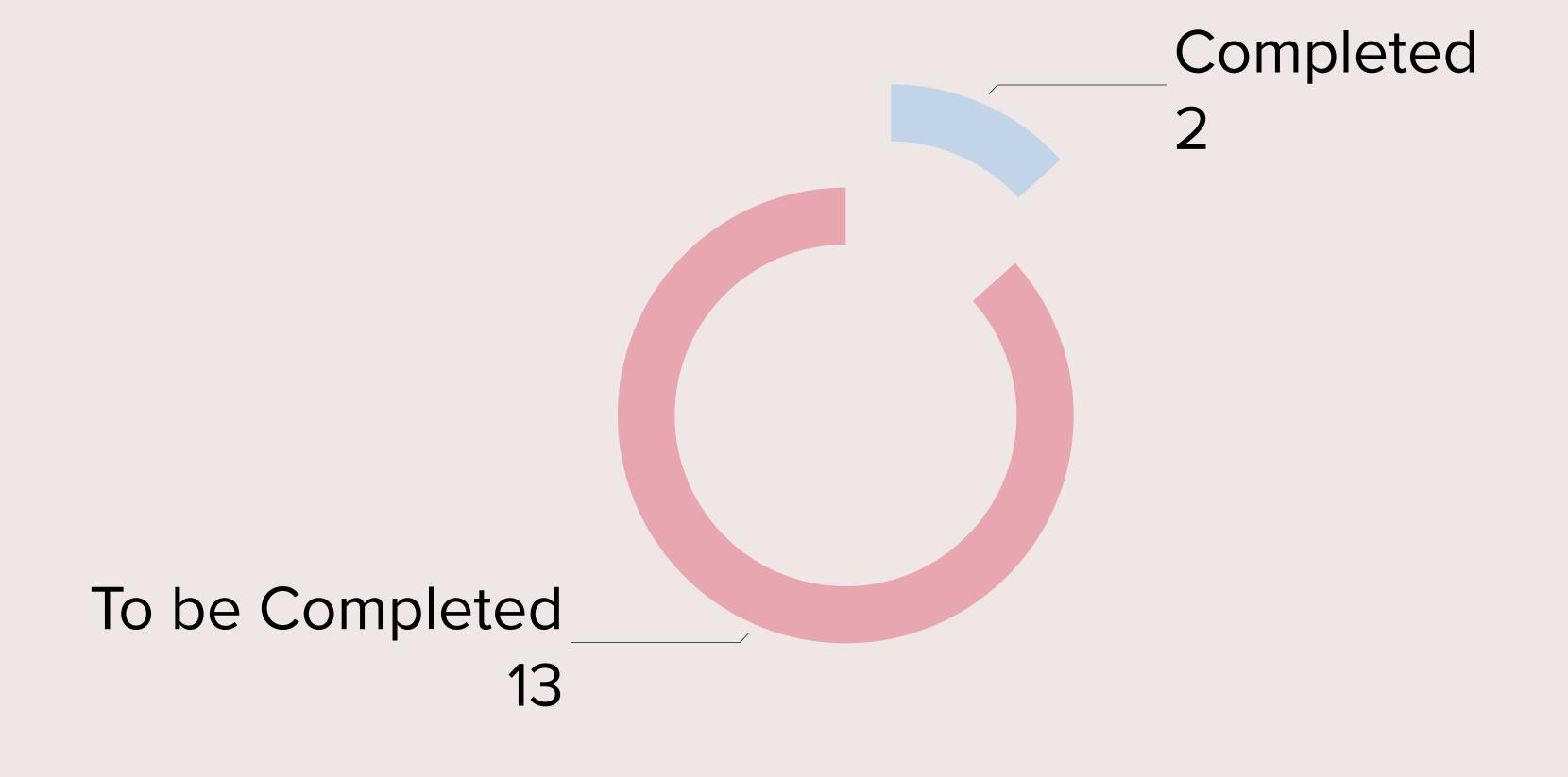
**Documentation** 

**Mini-Mental Status Exams** 



## Mid-Term Feedback

Please Submit Tonight or Tomorrow (I Believe)



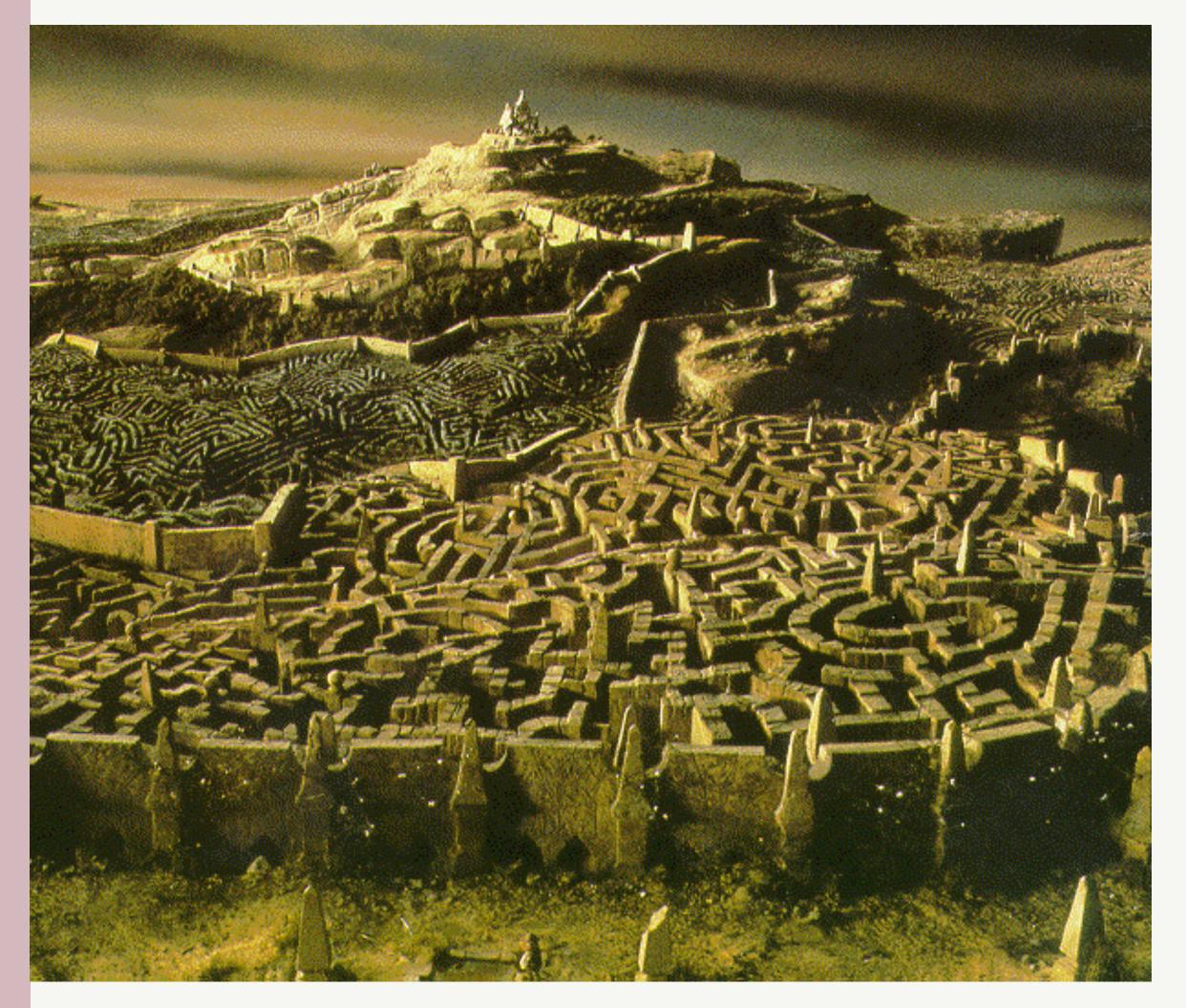


# The Multidimensionality of Assessment

**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?

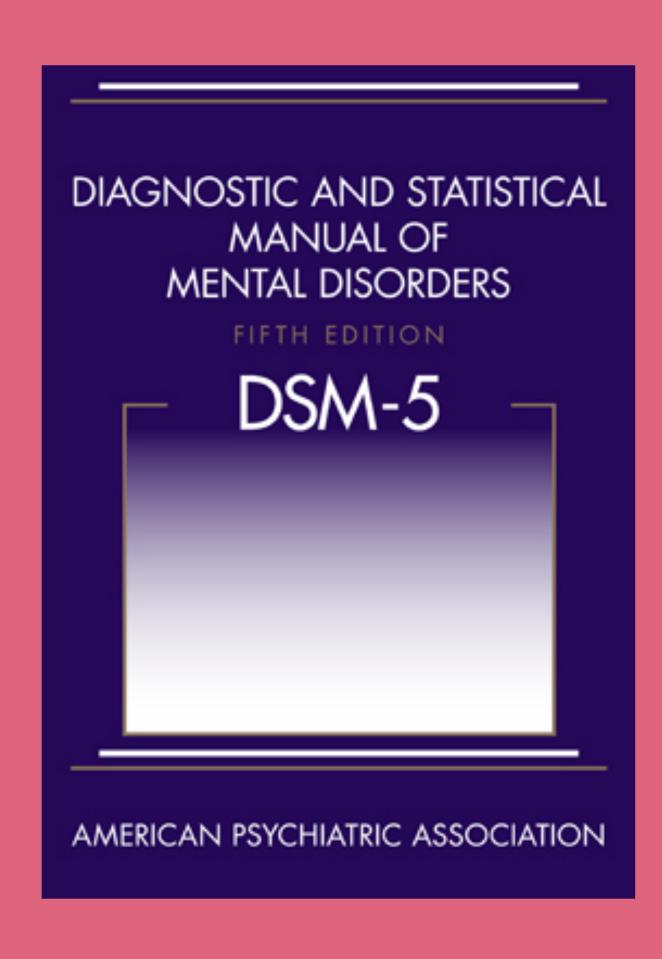
(Hepworth et al., 2022)



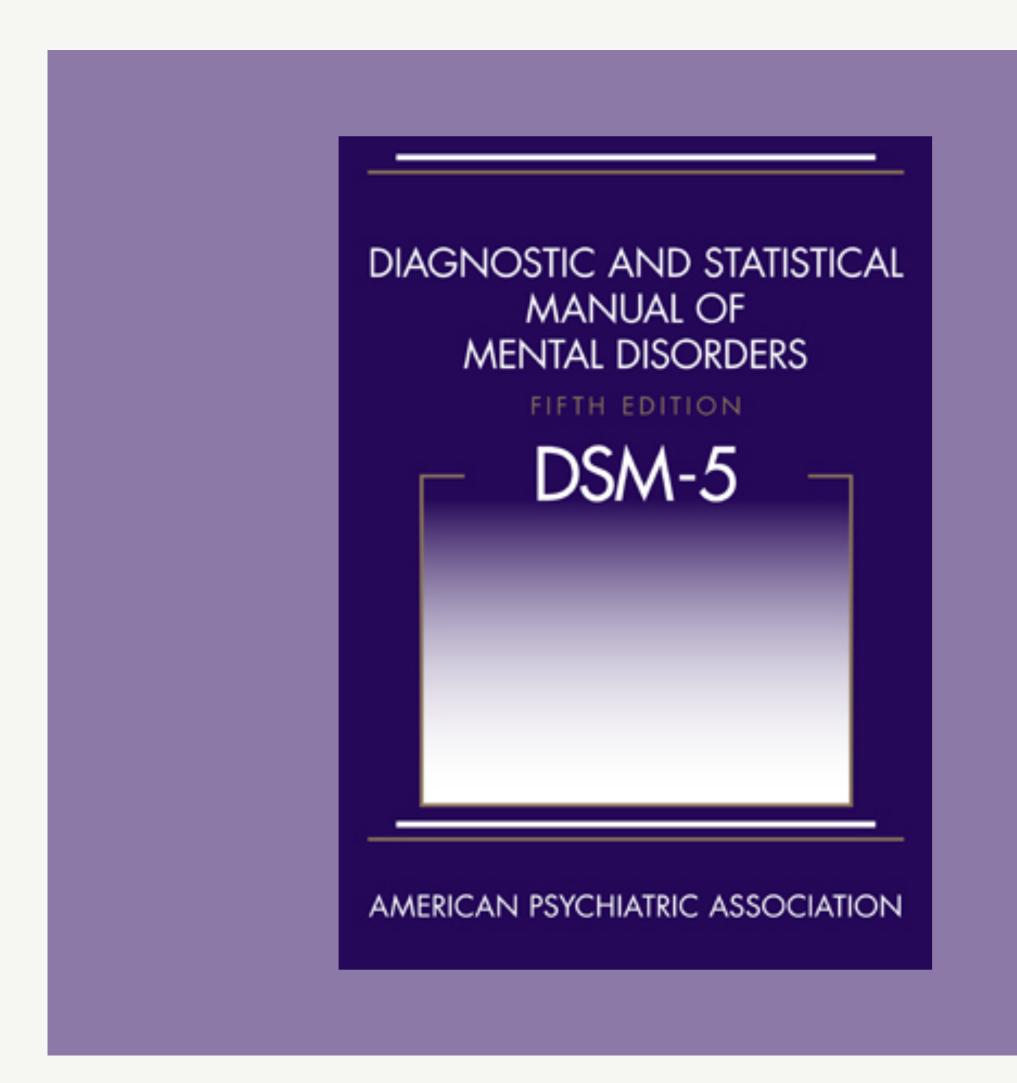
## Ethical Considerations

#### **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

(Graybeal, 2001; 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

(American Psychiatric Association, 2013)



## 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

(Cowger, 1994)

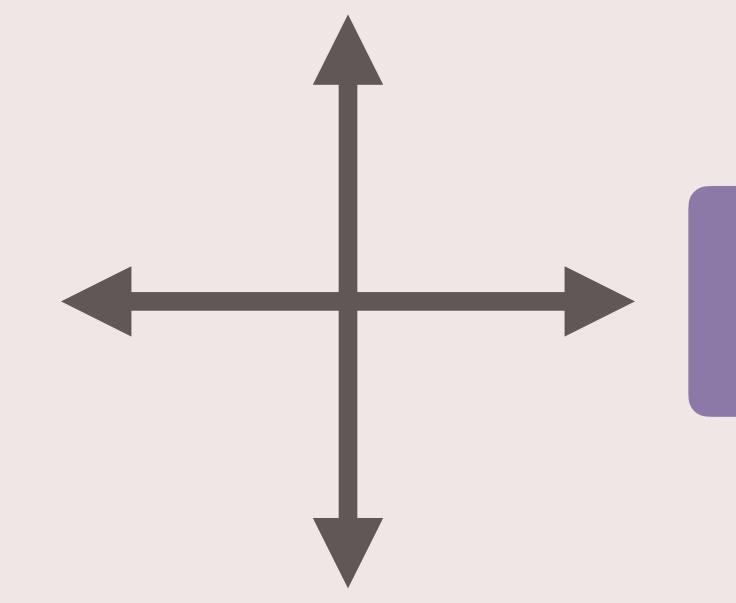


## Framework for Strengths

in Assessment

#### **Strengths or Resources**

Individual or Personal Factors

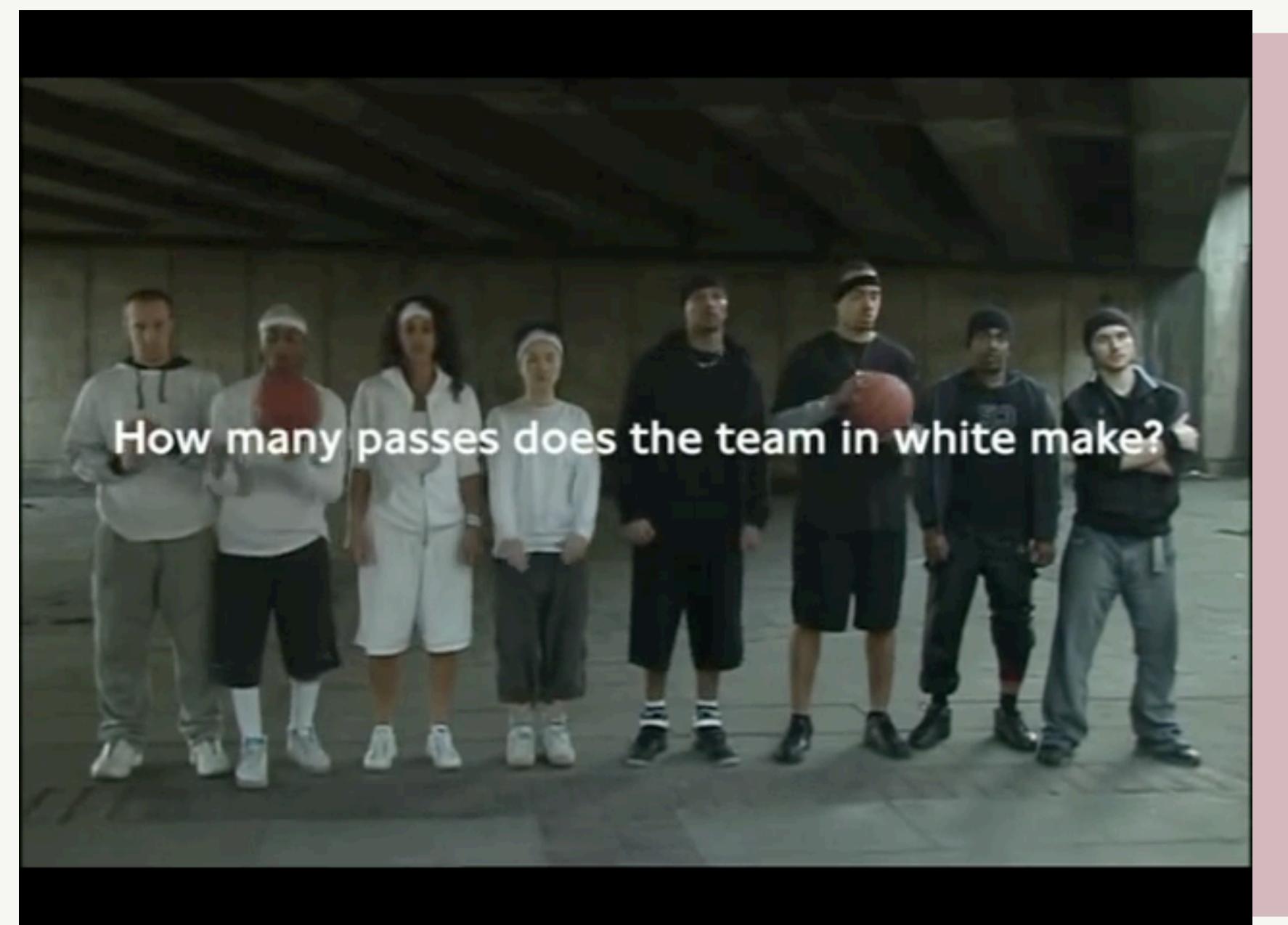


Environmental Factors (family, community)

**Deficit, Obstacle, or Challenges** 

(Saleebey, 2009)





## How Observant Are You?

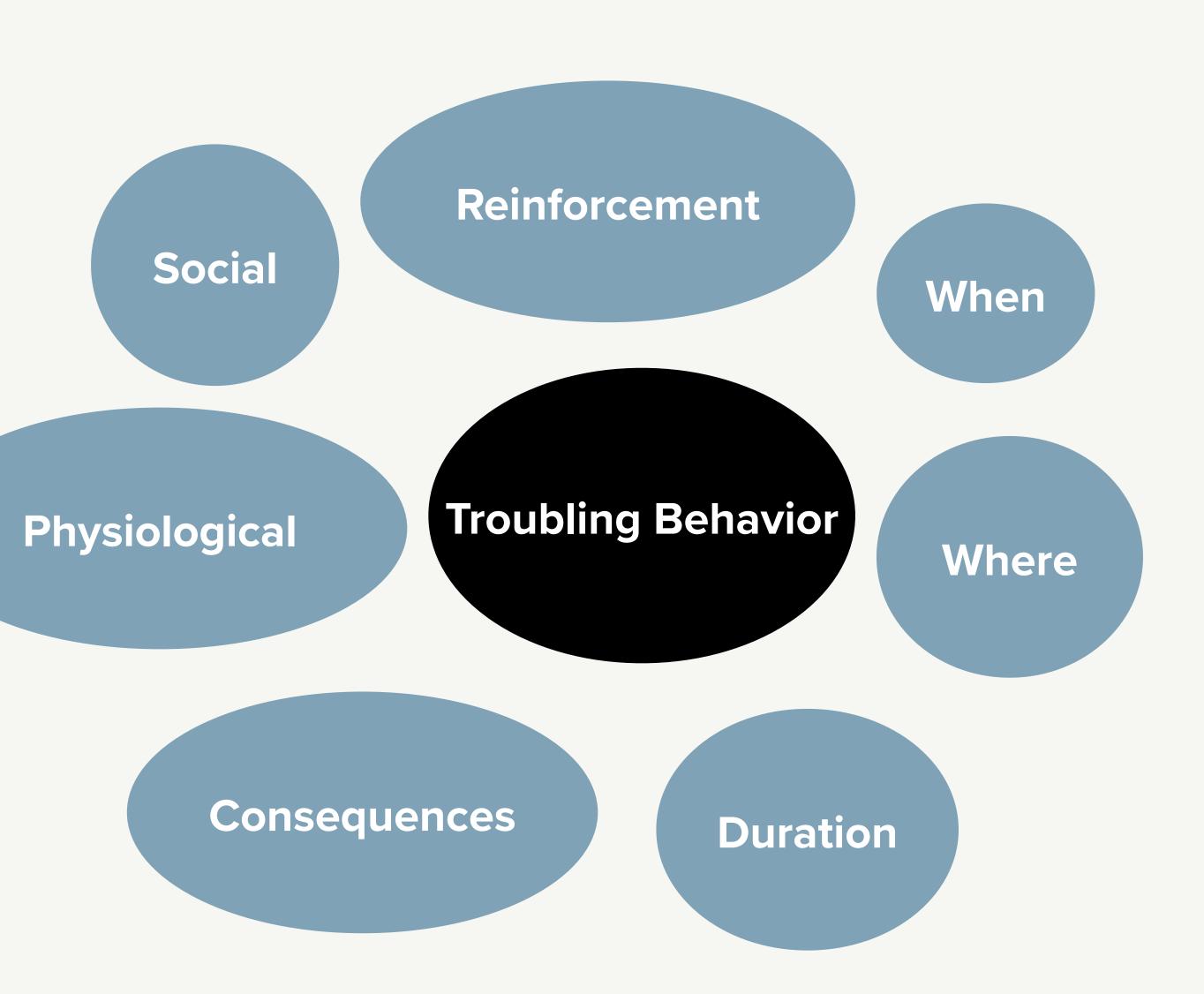
Do The Test. (2008). Test your

Awareness: Do the test [Video].

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Ahg6qcgoay4

# Conditions Surrounding Troubling Behaviors





Jacob Campbell, LICSW Heritage University Fall 2022 SOWK 486

## Sources of Information

#### In Assessments

#### Information provided by the client

- Background sheets or other intake forms the clients complete
- Interviews with clients
- Client self-monitoring

#### **Collateral information**

#### Tests or assessment instruments

## Social workers personal experiences with the client

- Direct observation of clients' nonverbal behavior
- Direct observation of interactions between partners, family members, and group members
- Personal experiences of the social worker based on direct client interactions



What are the advantages and limitations of each of the sources of information for assessment? What sources are typically used in their field settings? What other information sources would be useful? Why are useful sources not used?

(Hepworth, et al., 2022)



## Where Would You Get Information

#### **Assessing Various Populations**







a 17-year-old who is seeking custody of younger siblings an elderly woman whose competence is in question



How do we manage stress?

BBC. (2010).
Managing stress Brainsmart - BBC
[Video]. YouTube.
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)



#### **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. <a href="https://doi.org/10.1046/">https://doi.org/10.1046/</a> i.1525-1497.2001.016009606.x

#### DATE:\_ NAME: Over the last 2 weeks, how often have you been bothered by any of the following problems? More than Nearly Several (use "✓" to indicate your answer) Not at all half the every day days **1.** Little interest or pleasure in doing things 2 2. Feeling down, depressed, or hopeless **3.** Trouble falling or staying asleep, or sleeping too much 2 3 4. Feeling tired or having little energy 3 5. Poor appetite or overeating **6.** Feeling bad about yourself—or that you are a failure or have let yourself or your family down 7. Trouble concentrating on things, such as reading the 2 newspaper or watching television **8.** Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual **9.** Thoughts that you would be better off dead, or of hurting yourself add columns (Healthcare professional: For interpretation of TOTAL, TOTAL: please refer to accompanying scoring card). 10. If you checked off any problems, how difficult Not difficult at all have these problems made it for you to do Somewhat difficult your work, take care of things at home, or get Very difficult along with other people? Extremely difficult Copyright © 1999 Pfizer Inc. All rights reserved. Reproduced with permission. PRIME-MD© is a trademark of Pfizer Inc.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)



#### 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
Add the score for each column	+	+	+	
Total Score (add your column scores) =				

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 Inern 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. <a href="https://doi.org/10.1001/archinte.166.10.1092">https://doi.org/10.1001/archinte.166.10.1092</a>



### 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. <a href="https://doi.org/10.1080/10550490601006055">https://doi.org/10.1080/10550490601006055</a>

Department of Social & Health Services			DBHR Targe	t Data Eleme	ents					
<b>DBHR</b> Division of Behavioral Health and Recovery			Gain Short S	Screening Se	tup					
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**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

(Hepworth et al., 2022)



# Determining Needs





## Determining Needs

#### **Common Client Wants and Needs**

- To have less family conflict
- To feel valued by one's spouse or partner
- To be self-supporting
- 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., 2022)



## In Class Teach Back Activity

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

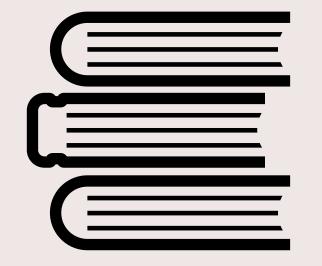
- Assessing Cognitive/Perceptual Functioning (pp. 168-172)
- Assessing Cognitive/Perceptual Functioning (pp. 172-176)





- Assessing Biophysical Functioning (pp. 180-182)
- Assessing Environmental System (pp. 182-186)

**Provide Info** 



**Group Discussion** 

(Hepworth et al., 2022)



# 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



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

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Ingratiating

Guarded

Manipulative

Passive

Hostility

Seductive

Sullen

**Attitude and Interpersonal Style** 

Playful

Uncooperative

Inappropriate boundaries

Demanding

Contemptuous

Withdrawn



Flat

Liable

Bland

**Facial expression** 

Awkward

Motor retardations M

Motor hyperactivity

Mannerism

Posturing

Tics and twitches

Tension Severe akathisia

Rigid Ag

Agitated

#### **Behavior and Psychomotor activity**

Hyperactive

Tardive dyskinesia

Combative

Seated quietly



Impoverished

Pressured Perseveration Dysarthria

Speech and Language Neologisms

Monotonous Stereotypy Accented

Emotional Aphasia Wernike's aphasia

Global aphasia Broca's aphasia



Full range of affect

Emotions

**Affect** 

Broad Constricted

Congruent with mood Anhedonic

Appropriate Emotional withdrawal

Flat Blunted Labile

Euphoric Euthymic

Expansive **M** 

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 Sti

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



Somatic delusions

Nihilistic delusions Thou

Thought content

Thoughts and Perception

**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



Somatic preoccupations

**Preoccupations** 

Phobias

Obsessions

Compulsions

Thoughts and Perception

Suicidality, Homicidality, Impulse control

Insight and Judgment

