Assessments

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

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Fall 2022 SOWK 486

Agenda

Diagnostic Assessments

Screening Tools

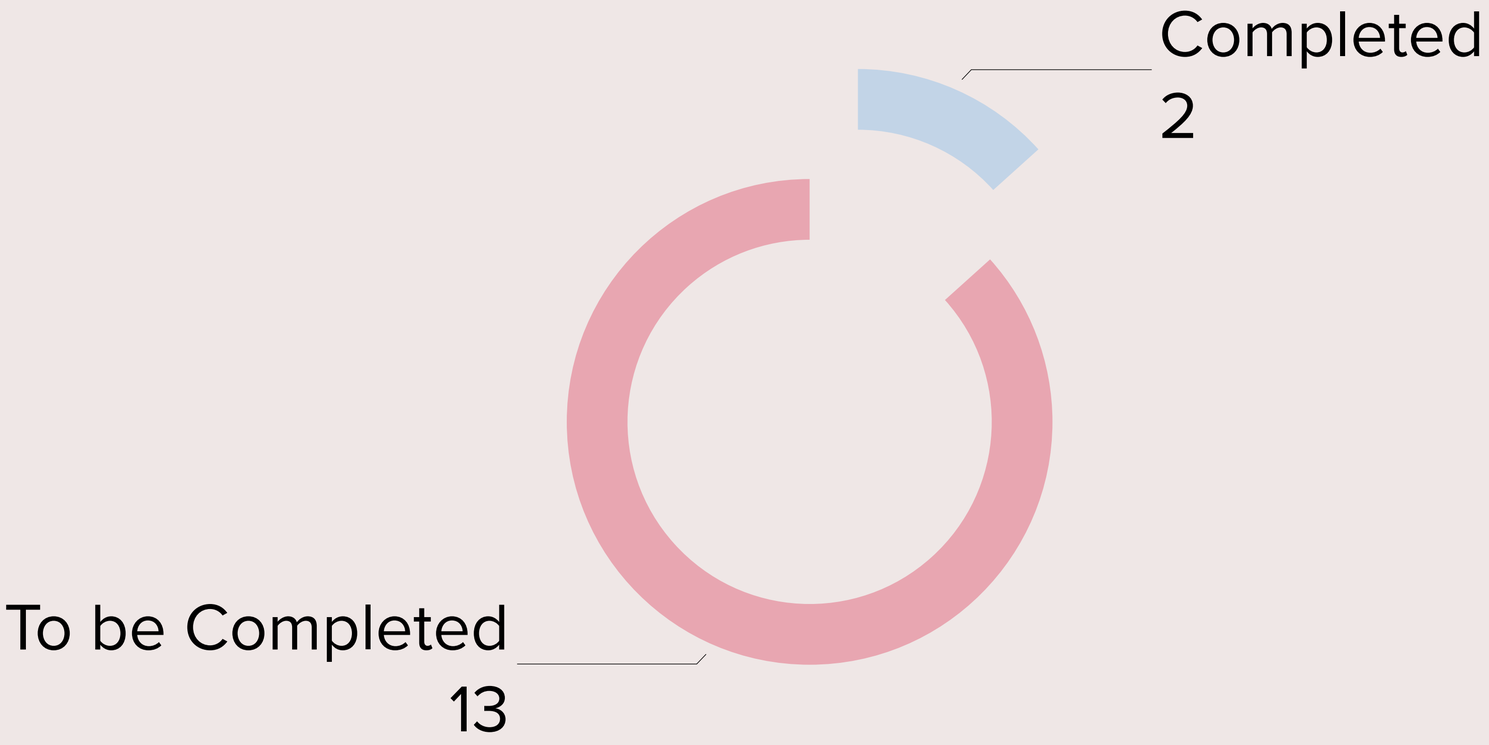
DSM-5

Documentation

Mini-Mental Status Exams

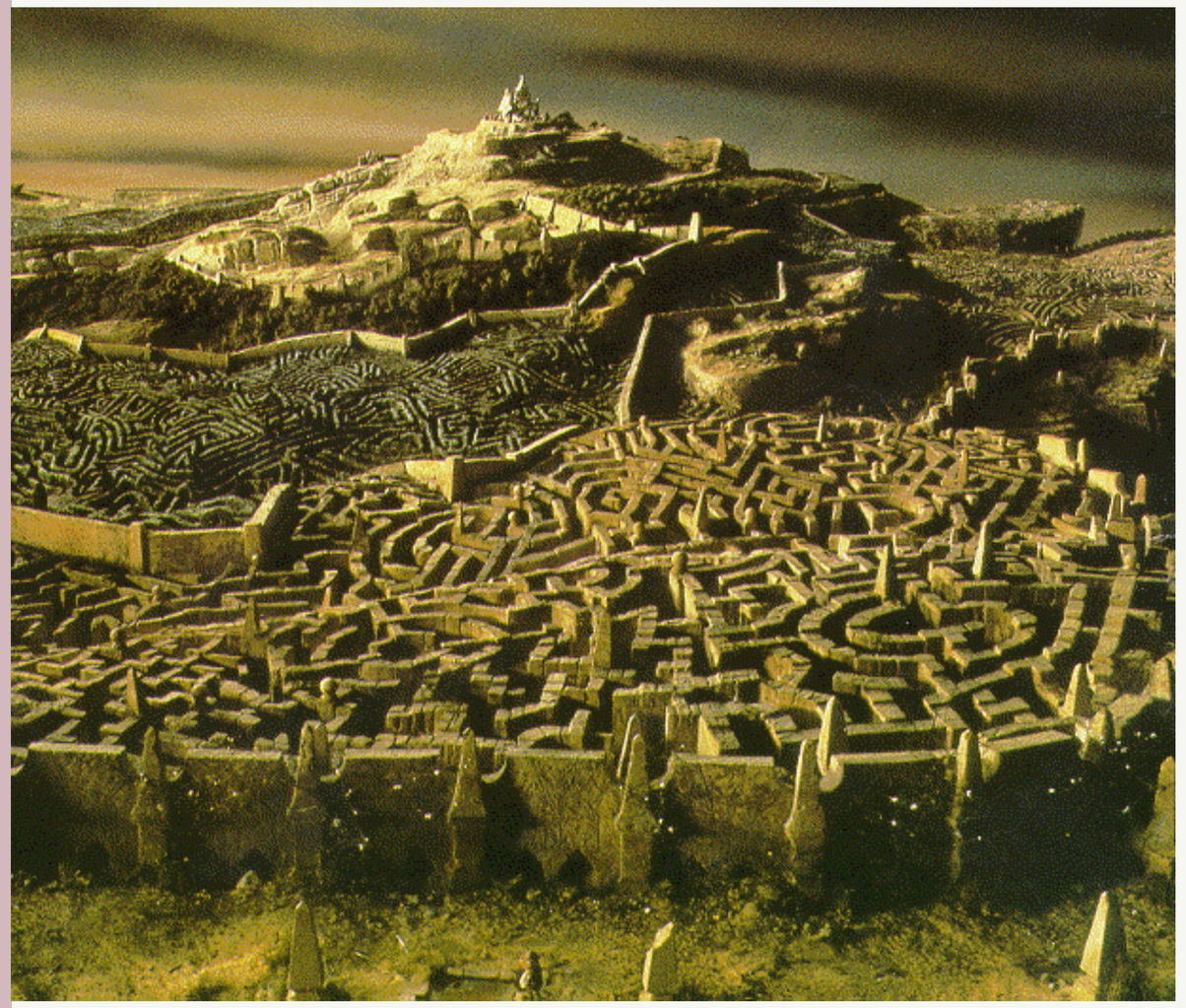
Mid-Term Feedback

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

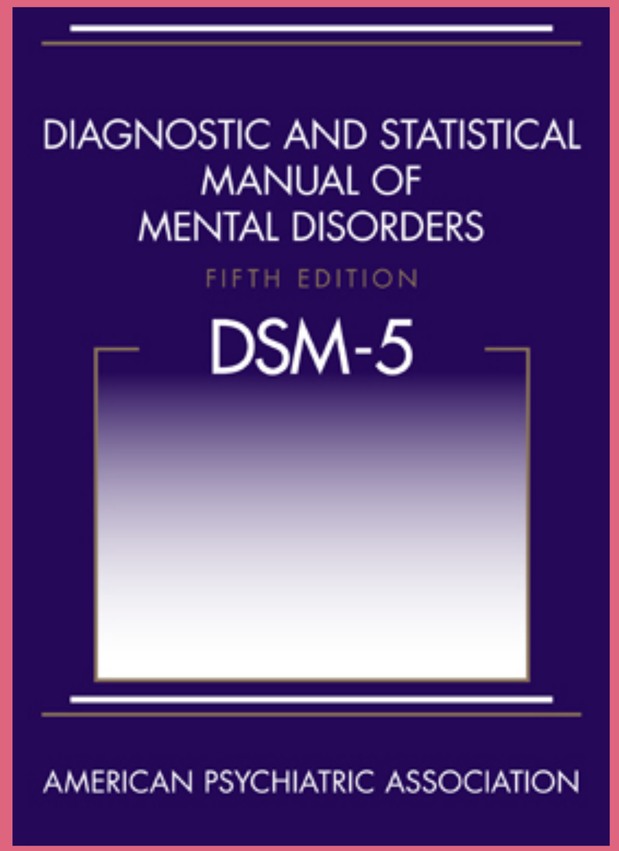
- What does the client see as his or her primary concerns or goals?
- What (if any) current or impending legal mandates must the client and social worker consider?
- What (if any) potentially serious health or safety concerns might require the social worker's and client's attention?

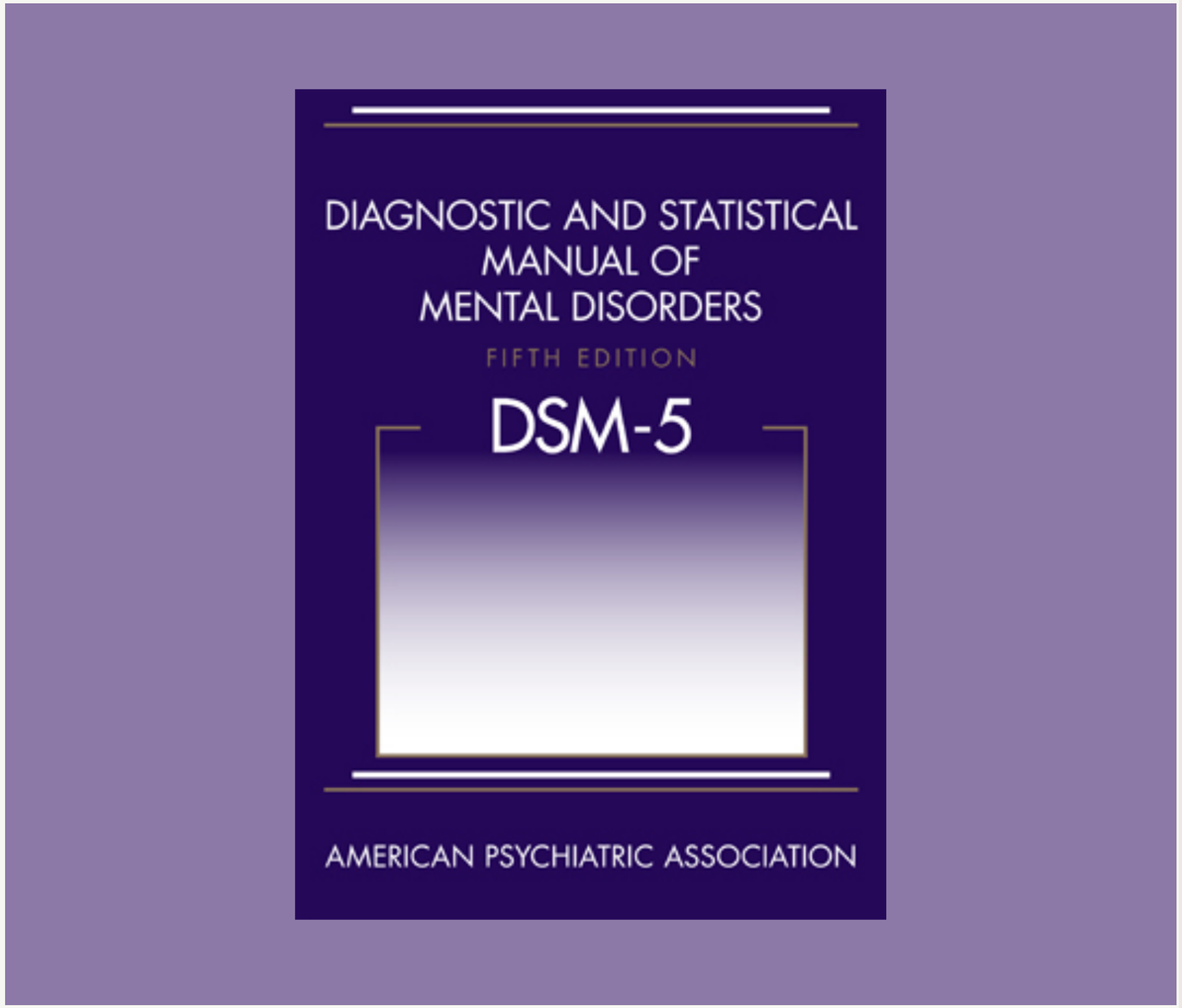
(Hepworth et al., 2022)

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

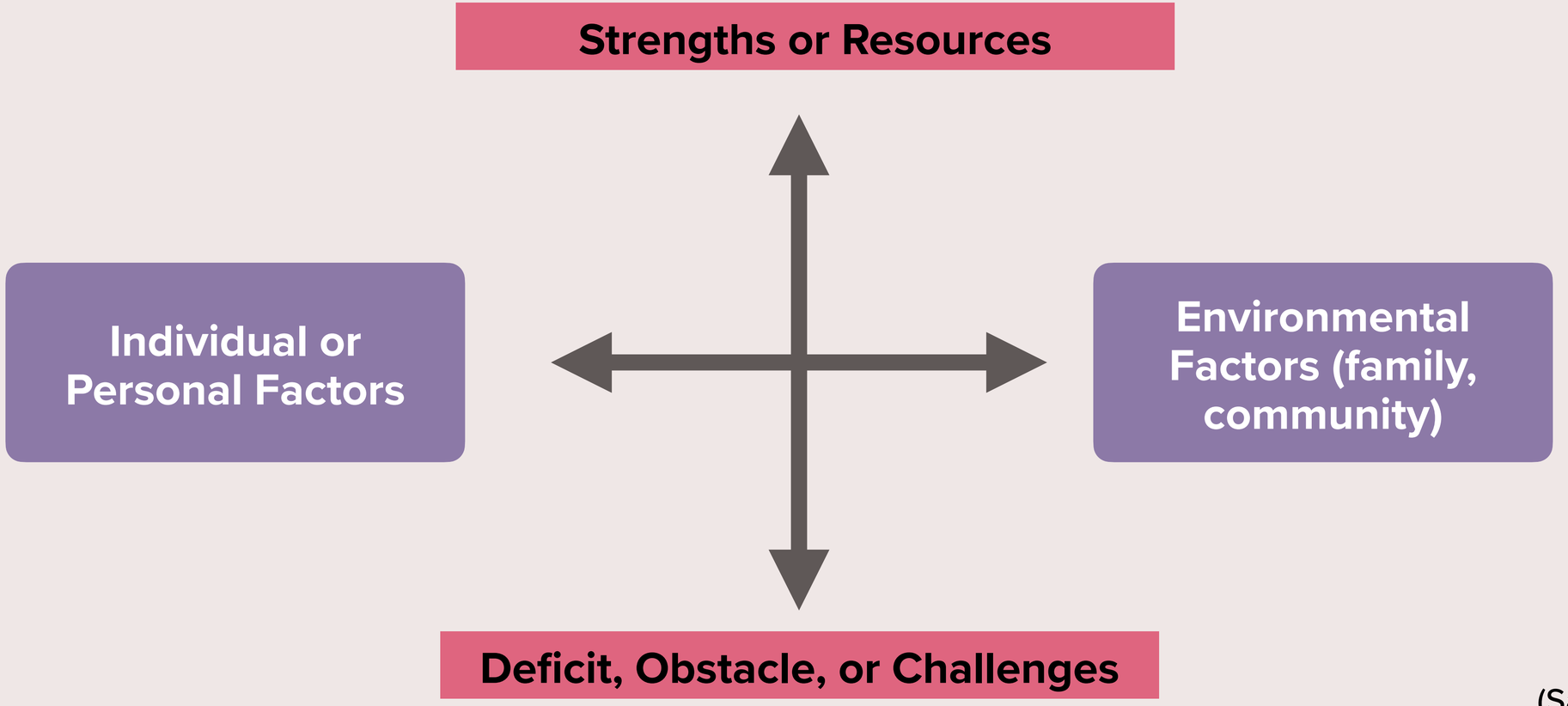
Discover what the client wants

Assess personal and environmental strengths on multiple levels

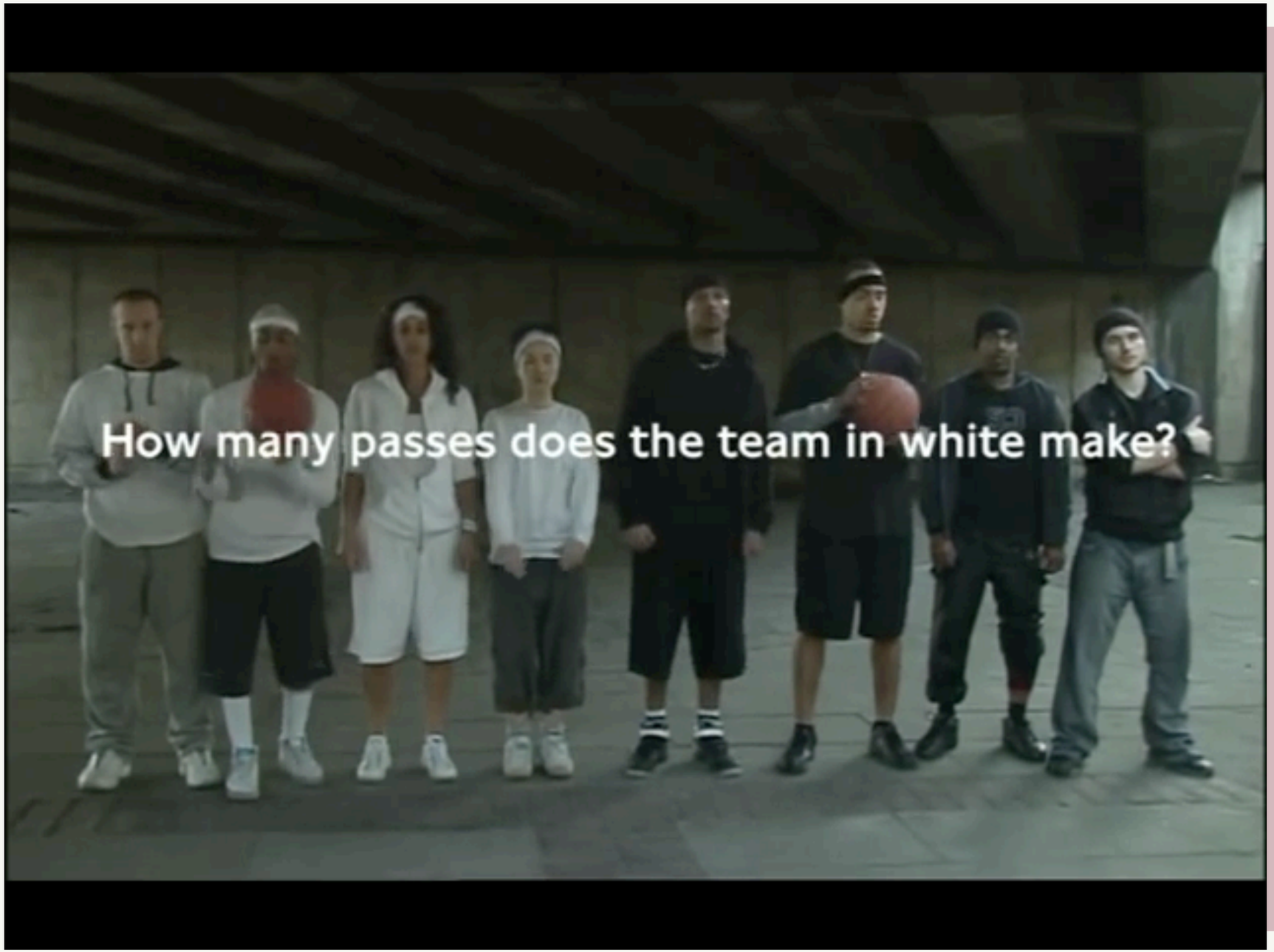
(Cowger, 1994)

Framework for Strengths

in Assessment



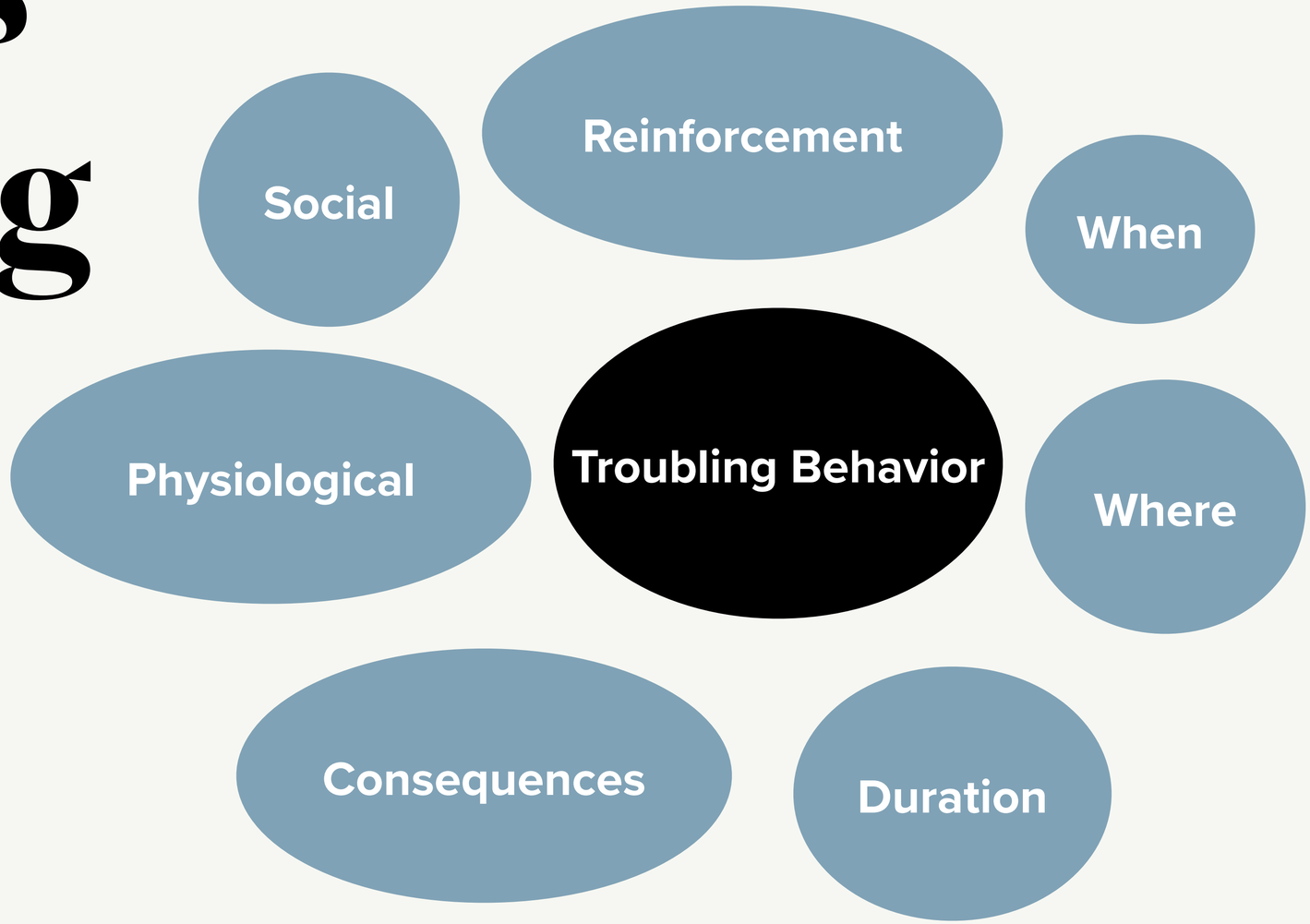
(Saleebey, 2009)



How Observant Are You?

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

Conditions Surrounding Troubling Behaviors



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?

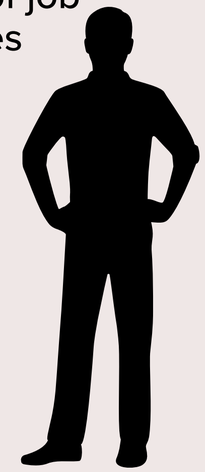
(Hepworth, et al., 2022)

Where Would You Get Information

Assessing Various Populations

a child acting out in the classroom

a middle-aged man with a history of job losses



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)

Perceived Stress Scale

(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. 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 figety 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 _____

A2663B 10-04-2005

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

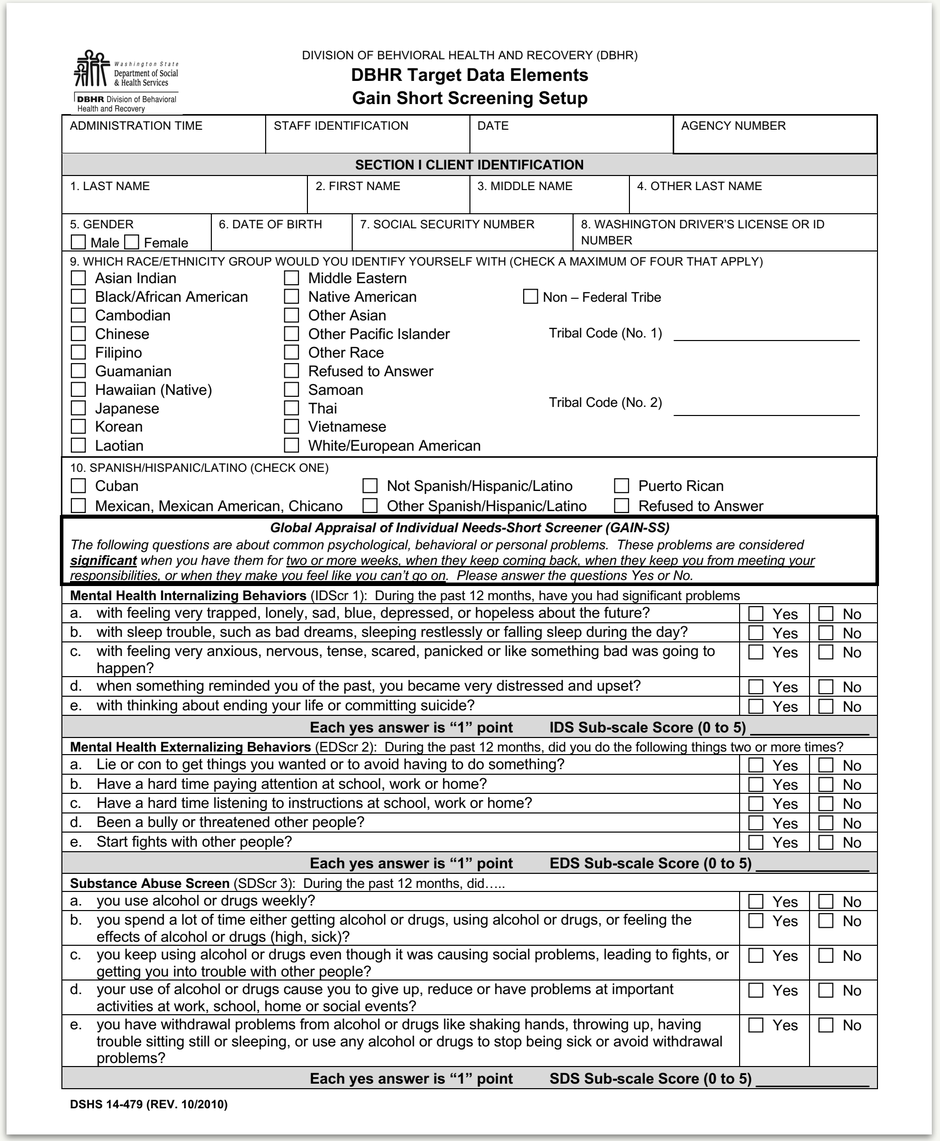
Assessing Generalized Anxiety Disorder

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. 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



Washington State Department of Social & Health Services
DBHR Division of Behavioral Health and Recovery

DIVISION OF BEHVIORAL 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	6. DATE OF BIRTH	7. SOCIAL SECURITY NUMBER	8. WASHINGTON DRIVER'S LICENSE OR ID NUMBER
☐ Male ☐ Female			

9. WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY)

☐ Asian Indian
☐ Black/African American
☐ Cambodian
☐ Chinese
☐ Filipino
☐ Guamanian
☐ Hawaiian (Native)
☐ Japanese
☐ Korean
☐ Laotian
☐ Middle Eastern
☐ Native American
☐ Other Asian
☐ Other Pacific Islander
☐ Other Race
☐ Refused to Answer
☐ Samoan
☐ Thai
☐ Vietnamese
☐ White/European American
☐ Non – Federal Tribe

Tribal Code (No. 1) _____

Tribal Code (No. 2) _____

10. SPANISH/HISPANIC/LATINO (CHECK ONE)

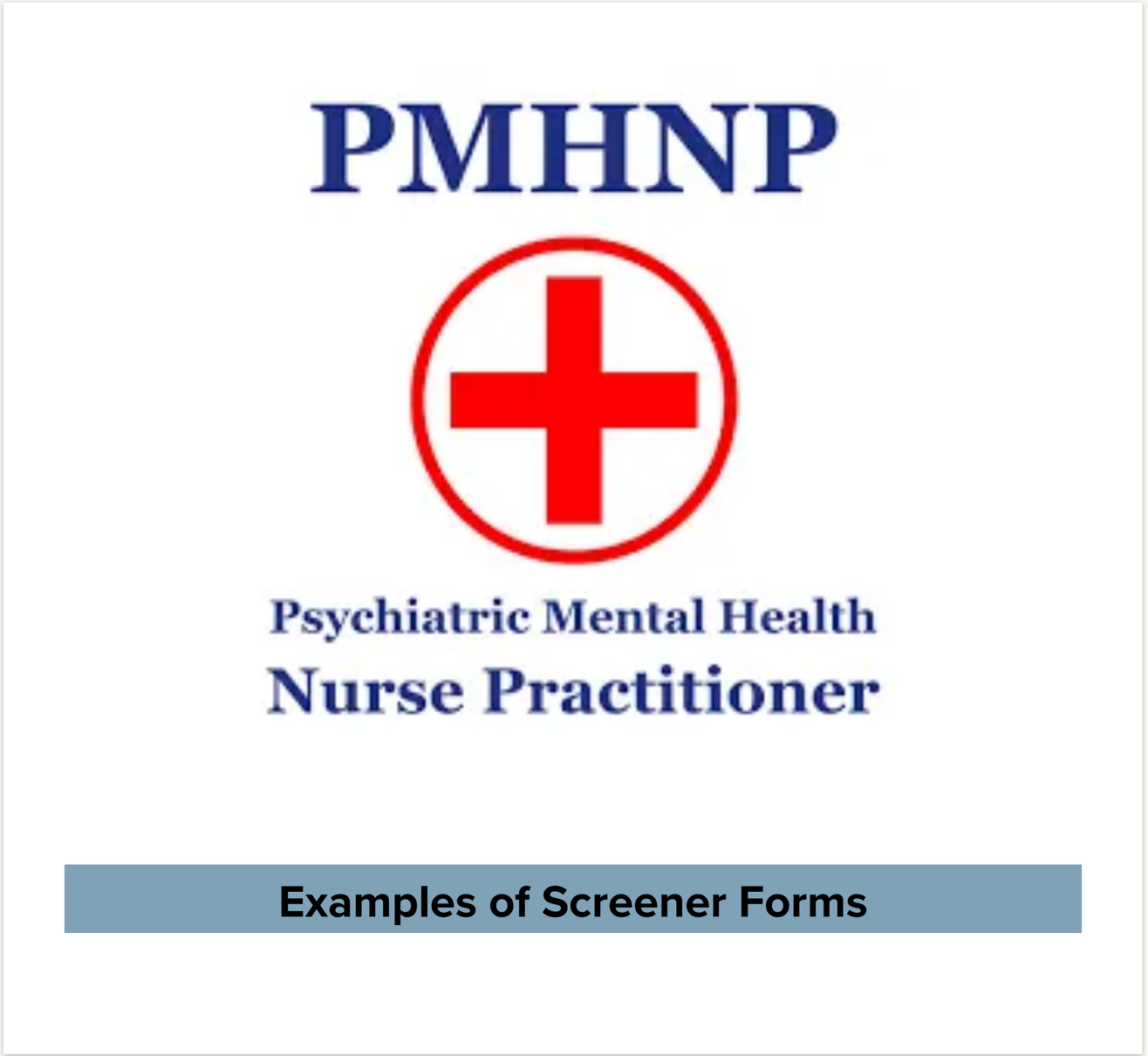
☐ Cuban
☐ Mexican, Mexican American, Chicano
☐ Not Spanish/Hispanic/Latino
☐ Other Spanish/Hispanic/Latino
☐ Puerto Rican
☐ Refused to Answer

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?	☐ Yes	☐ No
b. with sleep trouble, such as bad dreams, sleeping restlessly or falling sleep during the day?	☐ Yes	☐ No
c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	☐ Yes	☐ No
d. when something reminded you of the past, you became very distressed and upset?	☐ Yes	☐ No
e. with thinking about ending your life or committing suicide?	☐ Yes	☐ 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?	☐ Yes	☐ No
b. Have a hard time paying attention at school, work or home?	☐ Yes	☐ No
c. Have a hard time listening to instructions at school, work or home?	☐ Yes	☐ No
d. Been a bully or threatened other people?	☐ Yes	☐ No
e. Start fights with other people?	☐ Yes	☐ 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?	☐ Yes	☐ 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)?	☐ Yes	☐ 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?	☐ Yes	☐ 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?	☐ Yes	☐ 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?	☐ Yes	☐ No
Each yes answer is "1" point **SDS Sub-scale Score (0 to 5)** _____		

DSHS 14-479 (REV. 10/2010)



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

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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

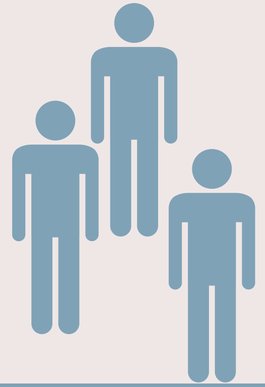
(Hepworth et al., 2022)

In Class Teach Back Activity

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

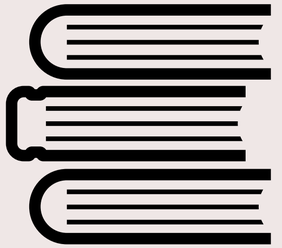
- Assessing Cognitive/Perceptual Functioning (pp. 168-172)
- Assessing Cognitive/Perceptual Functioning (pp. 172-176)
- Assessing Affective Functioning (pp. 176-180)
- Assessing Biophysical Functioning (pp. 180-182)
- Assessing Environmental System (pp. 182-186)

Coming Next Week



Group Discussion

Provide Info



(Hepworth et al., 2022)

How I Write My Notes

A Look Into the Madness

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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