

# ASSESSMENTS

GATHERING INFORMATION AND FORMULATING  
IT INTO A COHERENT PICTURE OF THE CLIENT  
AND HIS OR HER CIRCUMSTANCES

SOWK 486: Theories of Practice I  
Heritage University Fall 2019  
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# AGENDA

- Diagnostic Assessments
- DSM-5
- Mini Mental Status Exams



An aerial photograph of an ancient city, likely Machu Picchu, showing a complex network of stone buildings and terraces. A prominent white temple structure sits atop a central hill. The city is built on a steep, rocky slope overlooking a valley. The lighting is warm, suggesting a sunset or sunrise.

Complex Interplay

Complex Social Institutions

Person's functioning

# THE MULTIDIMENSIONALITY OF ASSESSMENT

# PRIORITIES IN ASSESSMENT

- 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?



DIAGNOSTIC AND STATISTICAL  
MANUAL OF  
MENTAL DISORDERS

FIFTH EDITION

**DSM-5**

AMERICAN PSYCHIATRIC ASSOCIATION

# **ETHICAL CONSIDERATIONS REGARDING CLINICAL WORK**

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

DIAGNOSTIC AND STATISTICAL  
MANUAL OF  
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FIFTH EDITION

**DSM-5**

AMERICAN PSYCHIATRIC ASSOCIATION

## **USING THE DSM**

- **Common language**
- **Billing**
- **Research**

# PROBLEMS WITH THE DSM

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

(Shackle, 1985)

# DSM SECTIONS

- 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

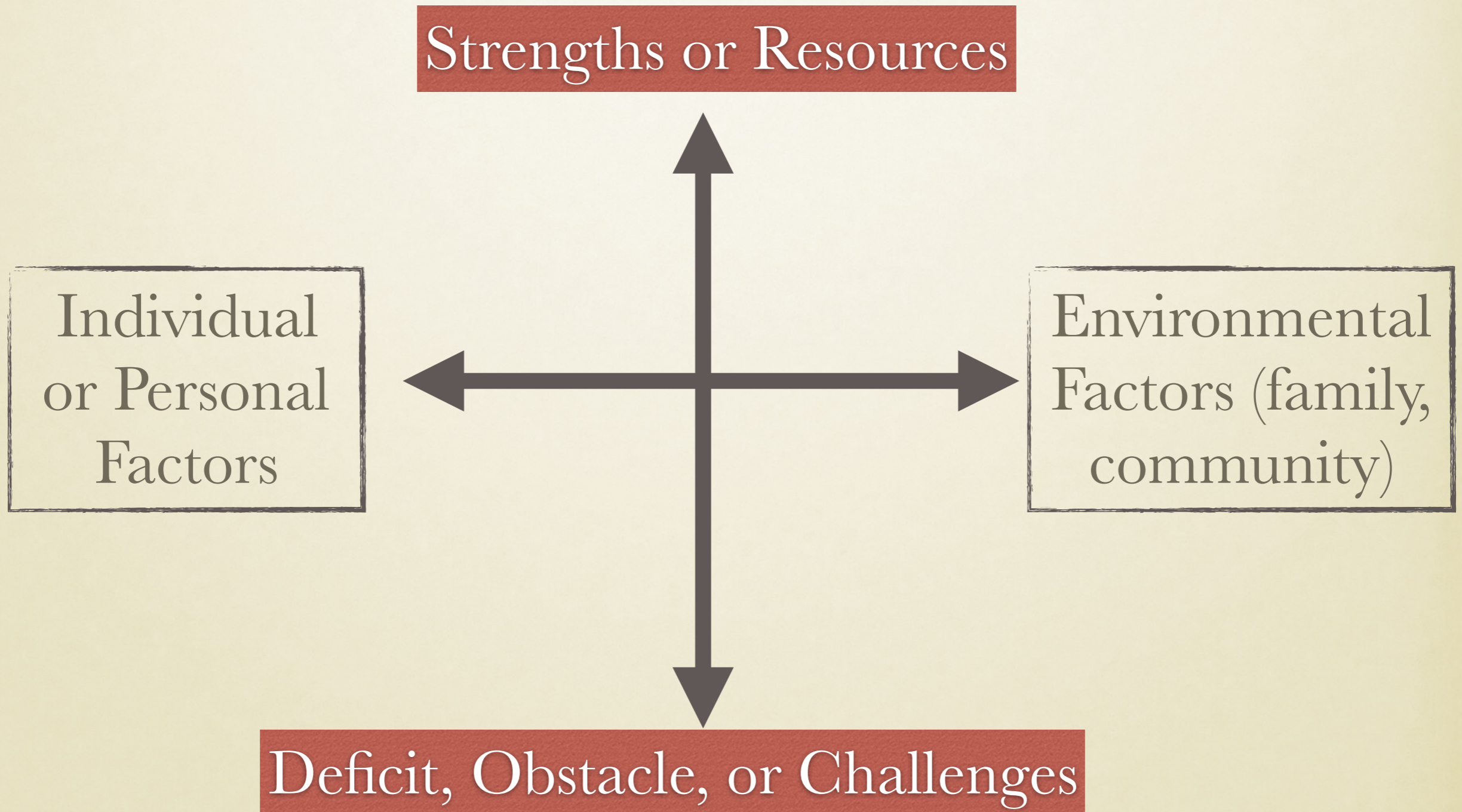
Give pre-eminence to the client's  
understanding of the facts

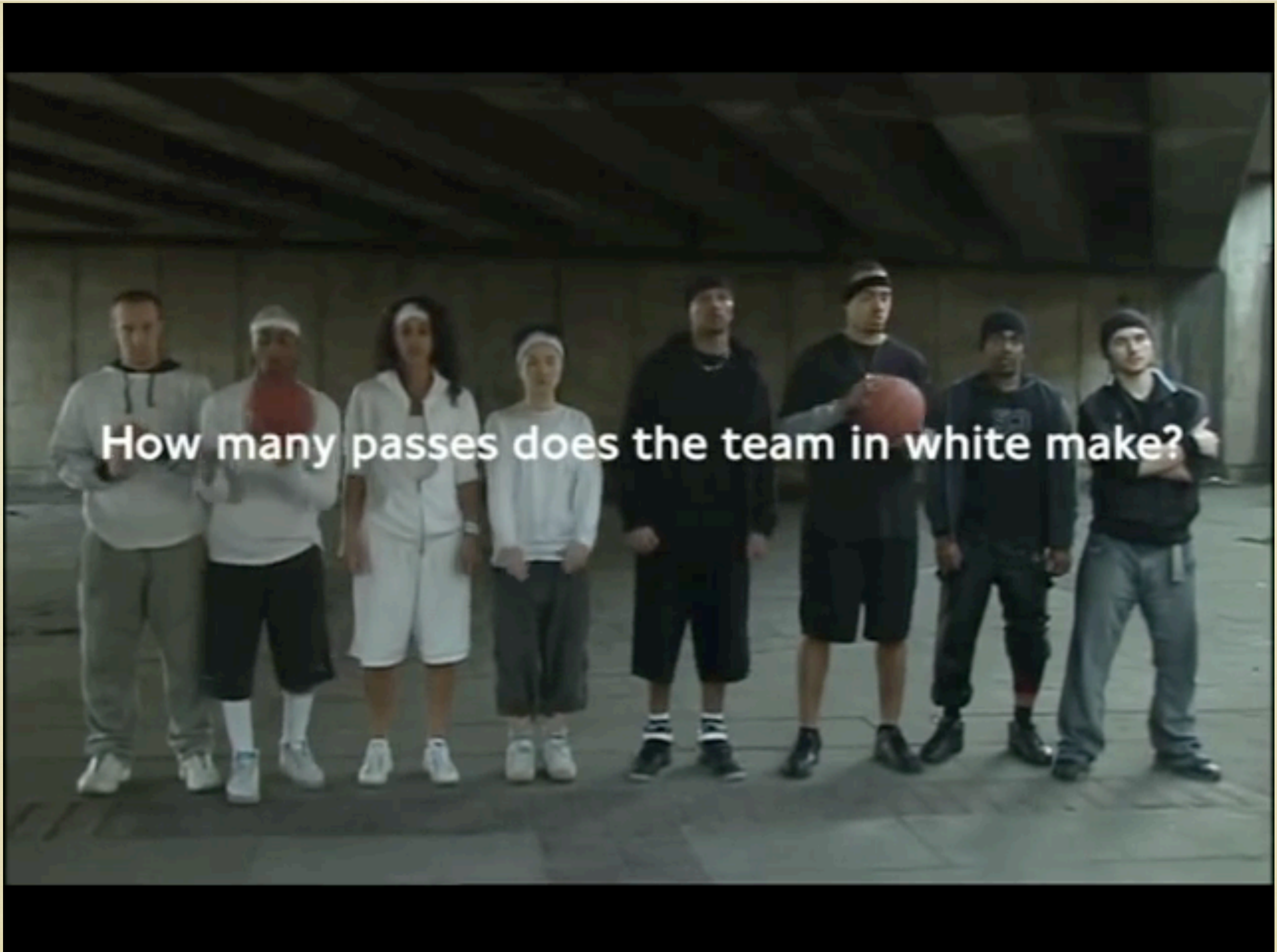
Discover what the client wants

Assess personal and environmental strengths  
on multiple levels

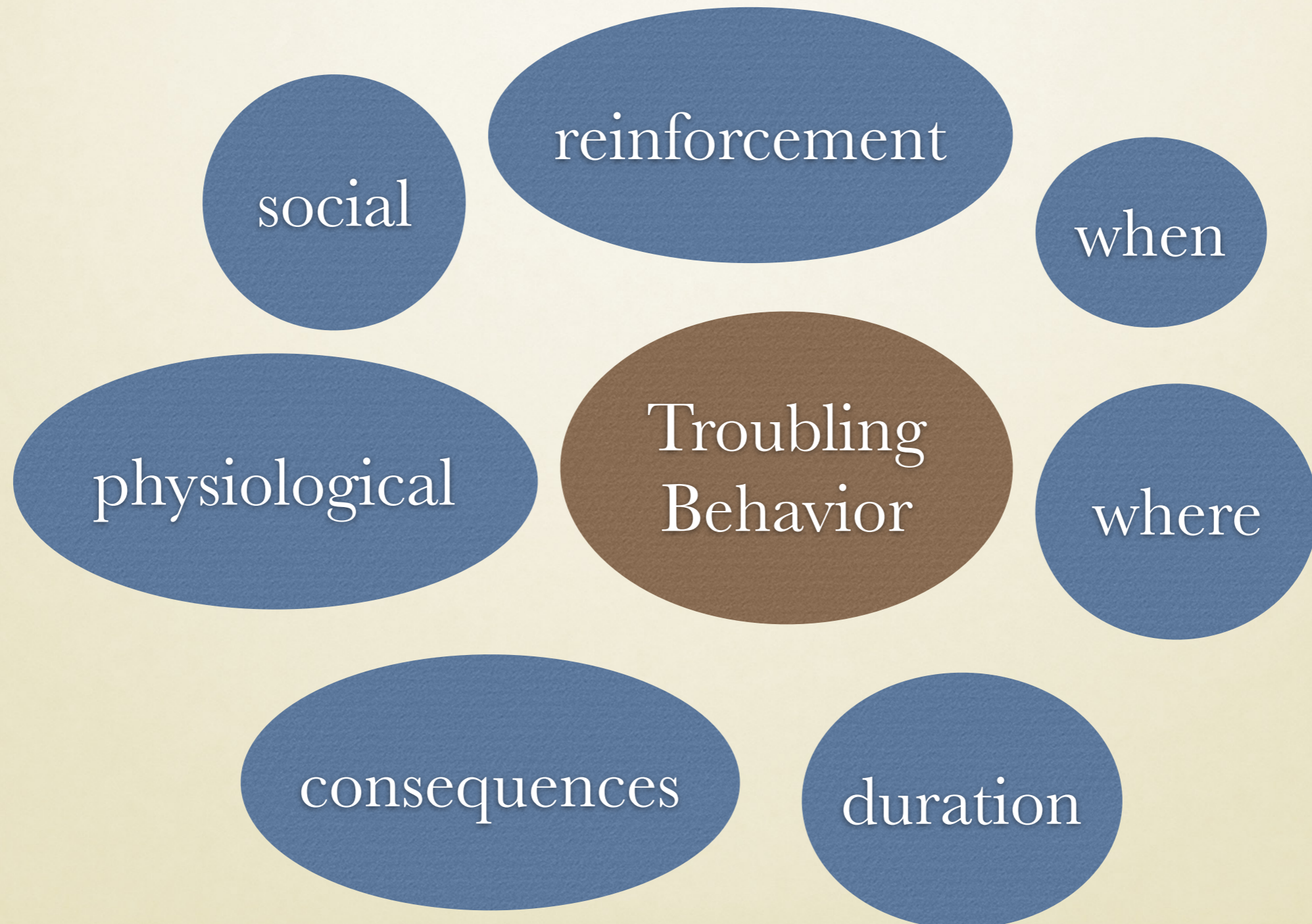


# FRAMEWORK FOR STRENGTHS IN ASSESSMENT





# CONDITIONS SURROUNDING TROUBLING BEHAVIORS



# SOURCES OF INFORMATION FOR 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



# PROBLEM ASSESSMENT

Identifying  
the presenting  
problem

Uncovering  
the sources of  
this problem

Engaging the  
client in  
planning

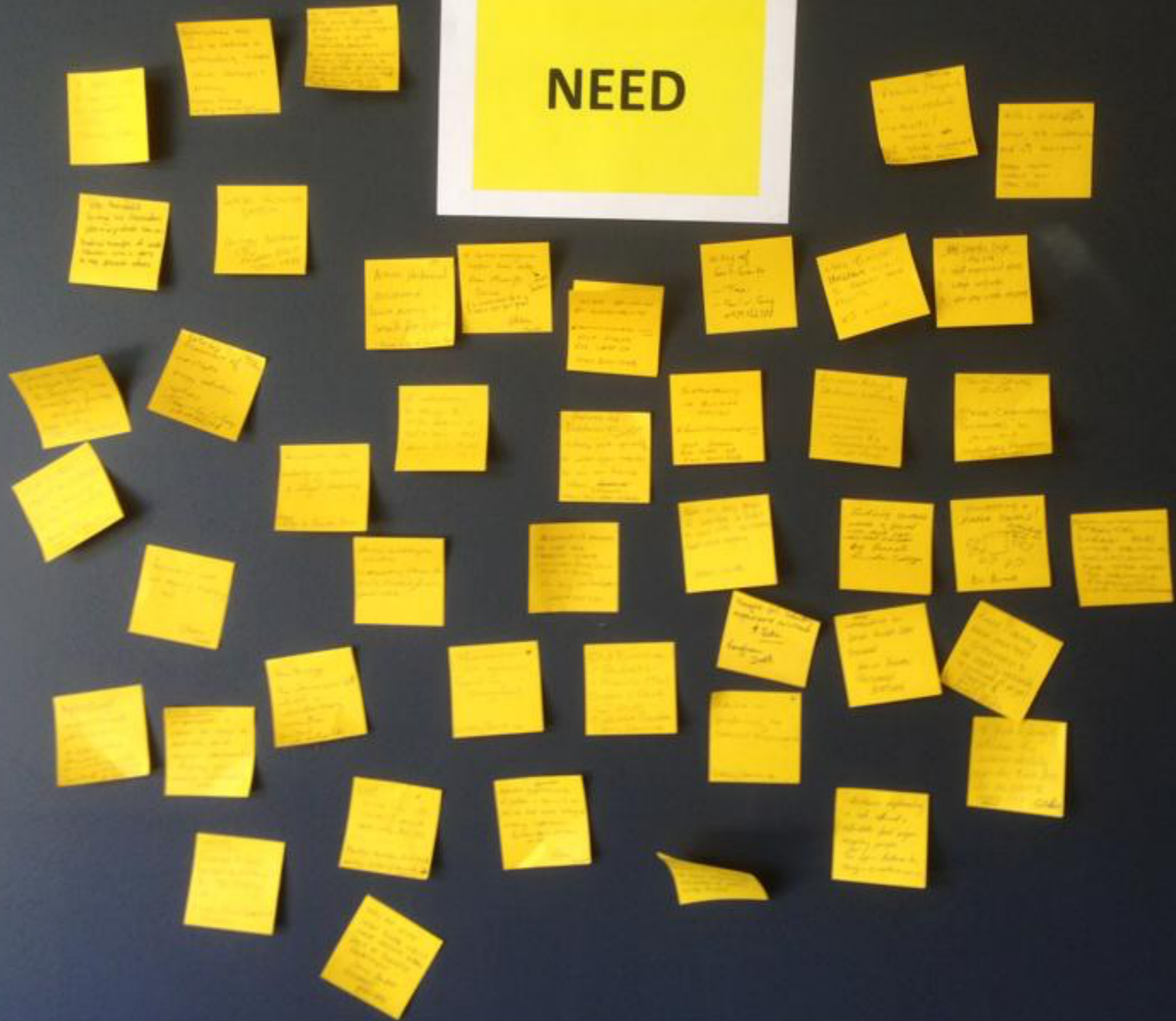


# SYSTEMS OF INTERACTION

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



# NEED





# HOW I WRITE MY NOTES

A LOOK INTO THE  
MADNESS



# GENERAL COMPONENTS OF A MENTAL STATUS EXAM

- 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**

Immaculate      Important physical features

Fashionable **Dress**

Unconventional

Appearance



# GENERAL APPEARANCE

Ingratiating Guarded

Passive Hostility Seductive Manipulative

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

Terminal insomnia Euphoric Euthymic

**Sleep** Middle insomnia Expansive **Mood** Anxious

Initial insomnia Hypersomnia Clients description

# COGNITIVE FUNCTIONING

Lethargy    Oriented Times Four

**Orientation and level  
of consciousness**

**Attention and  
concentration**

Coma    Stupor    Obtundation

Transient global amnesia

Amnesia    Retrograde amnesia

Anterograde 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

*Suspiciousness Paranoid delusions*

*Thought withdrawal Thought insertion*

*Thought broadcasting*

Hallucinations Illusions

**Disordered Perceptions**

Deactualization 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



# 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

Listen for Risk Factors 

## Youth

- 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

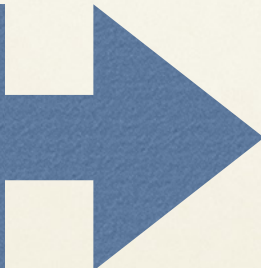
(Hepworth, et al., 2017)



# SUICIDE RISK ASSESSMENT

Listen for Risk Factors

Ask Directly About  
Suicide



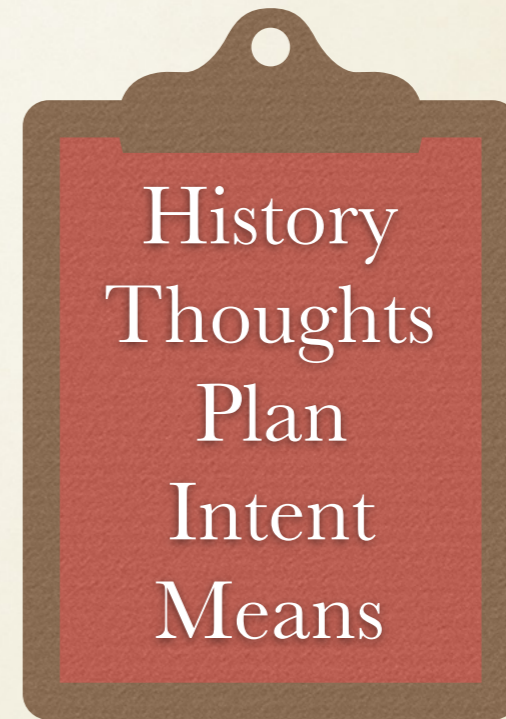
Have you have  
thoughts about death  
or suicide?

# SUICIDE RISK ASSESSMENT

Listen for Risk Factors

Ask Directly About  
Suicide

Assess Suicidal  
Ideation & Behaviors



I'd like to ask you  
more about that.



# SUICIDE RISK ASSESSMENT

Listen for Risk Factors

Ask Directly About  
Suicide

Assess Suicidal  
Ideation & Behaviors

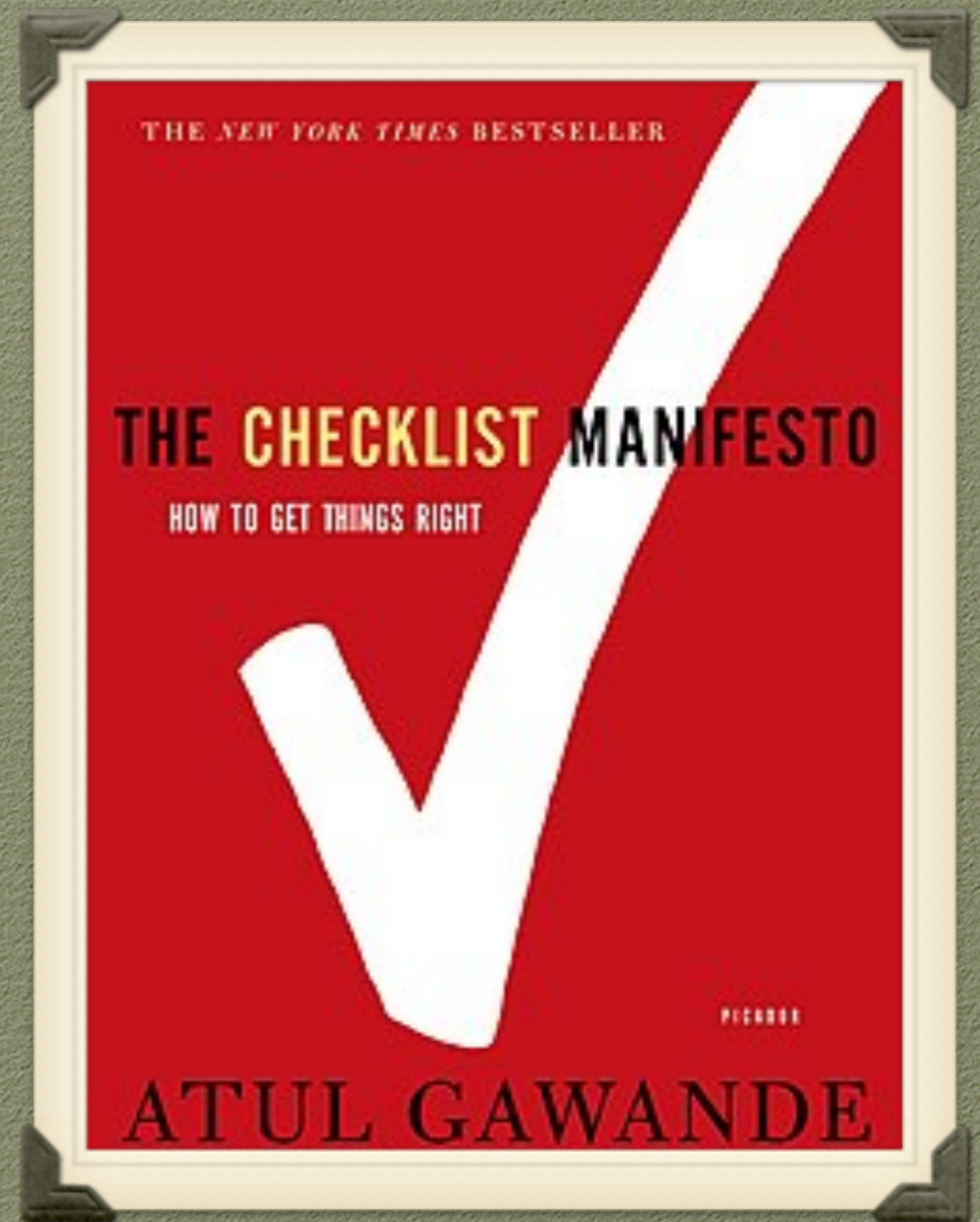
Assess for Other  
Risk Factors



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

# 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)

