

Assessments

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

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Heritage University
Fall 2025 SOWK 486w**



Agenda

- **Diagnostic Assessments**
- **Assessing for client needs**
- **Screening Tools**
- **Teach Back Activities**

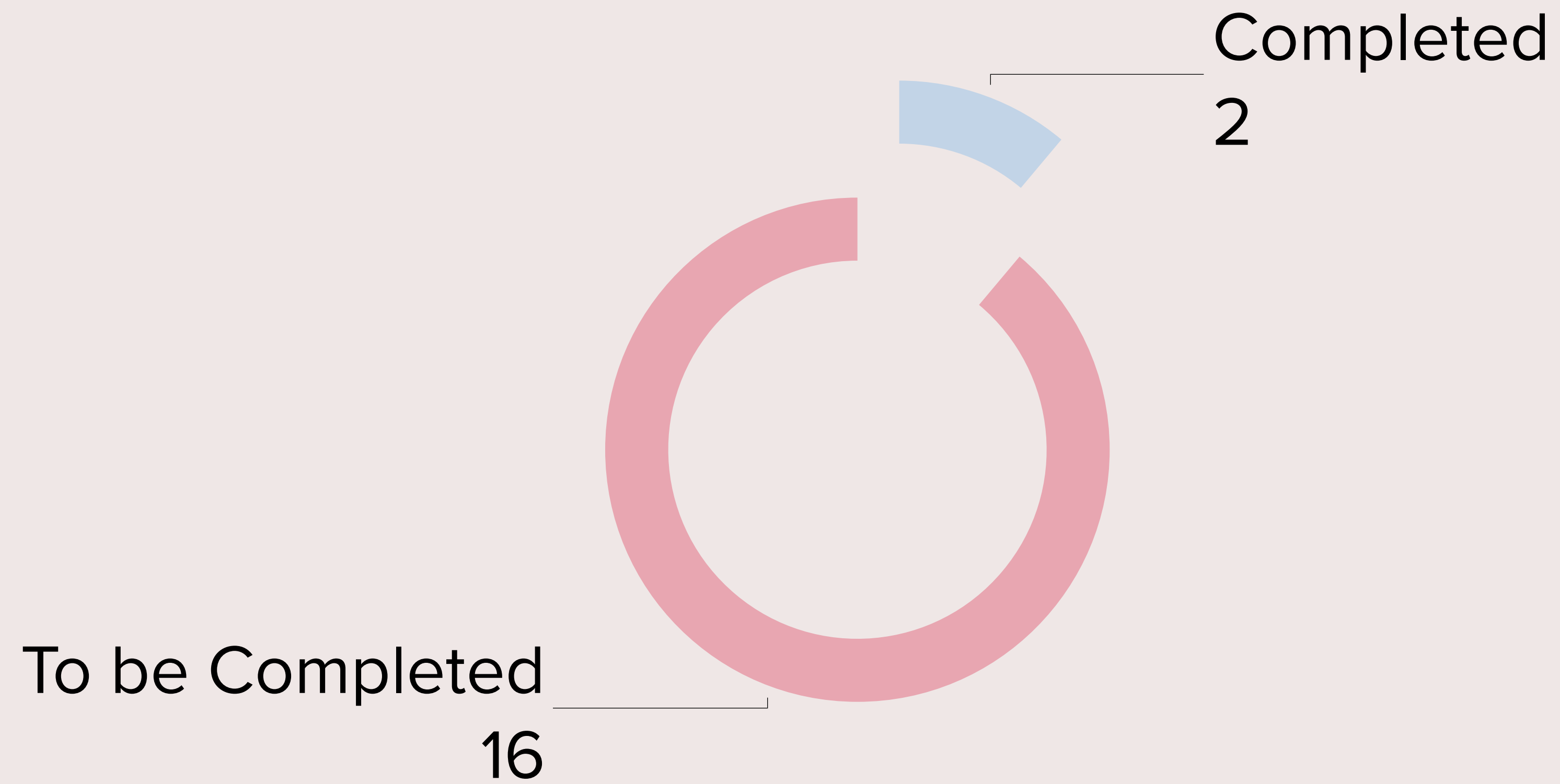
Learning Objectives

- **Identify ethical and professional considerations when using diagnostic tools and clinical terminology as BSW-level practitioners.**
- **Apply strengths-based and person-in-environment frameworks to assessment practices.**
- **Evaluate common screening tools for their relevance and utility in social work practice.**



Mid-Term Feedback

Please Submit This!

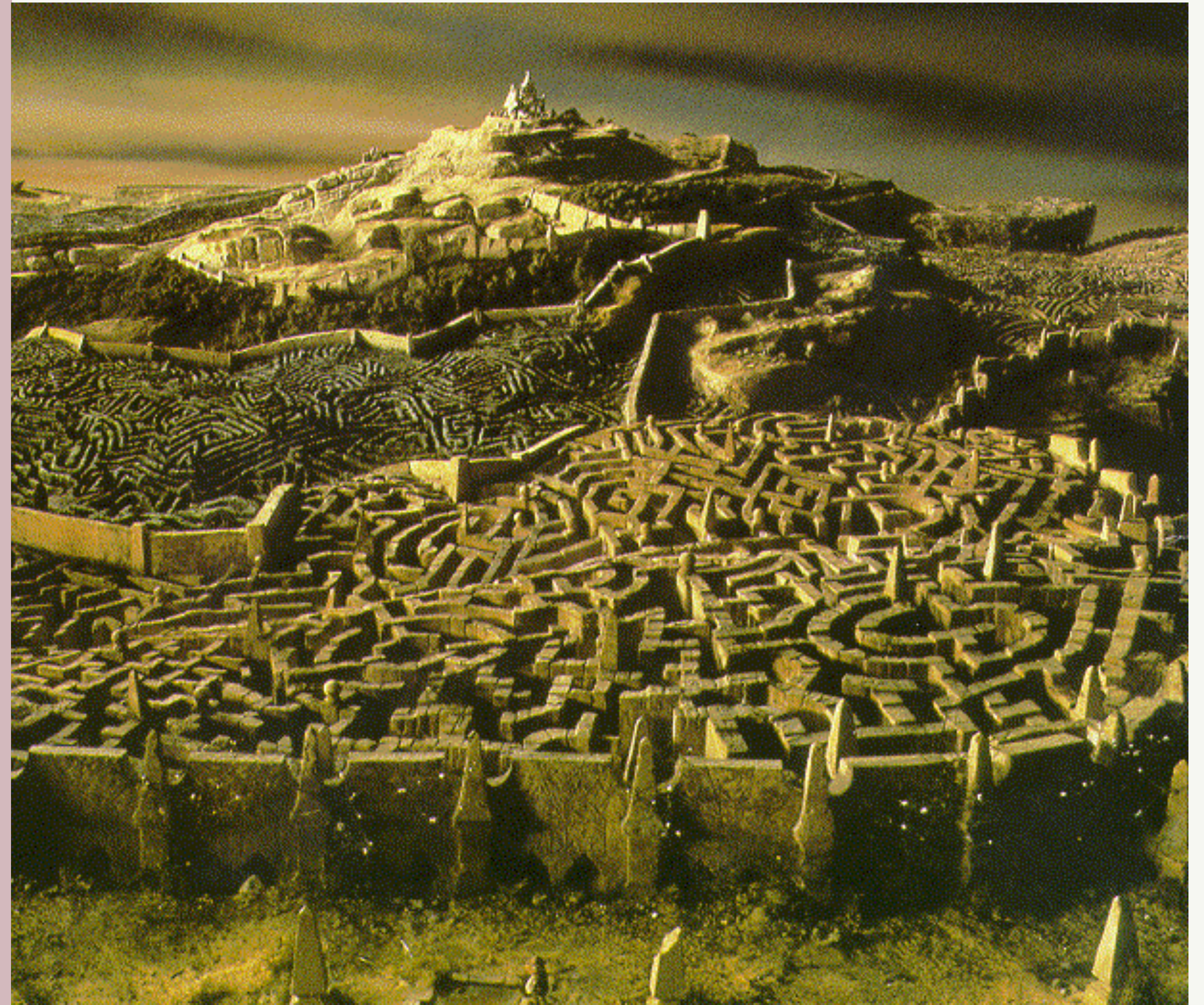


The Multidimensionality of Assessment

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?

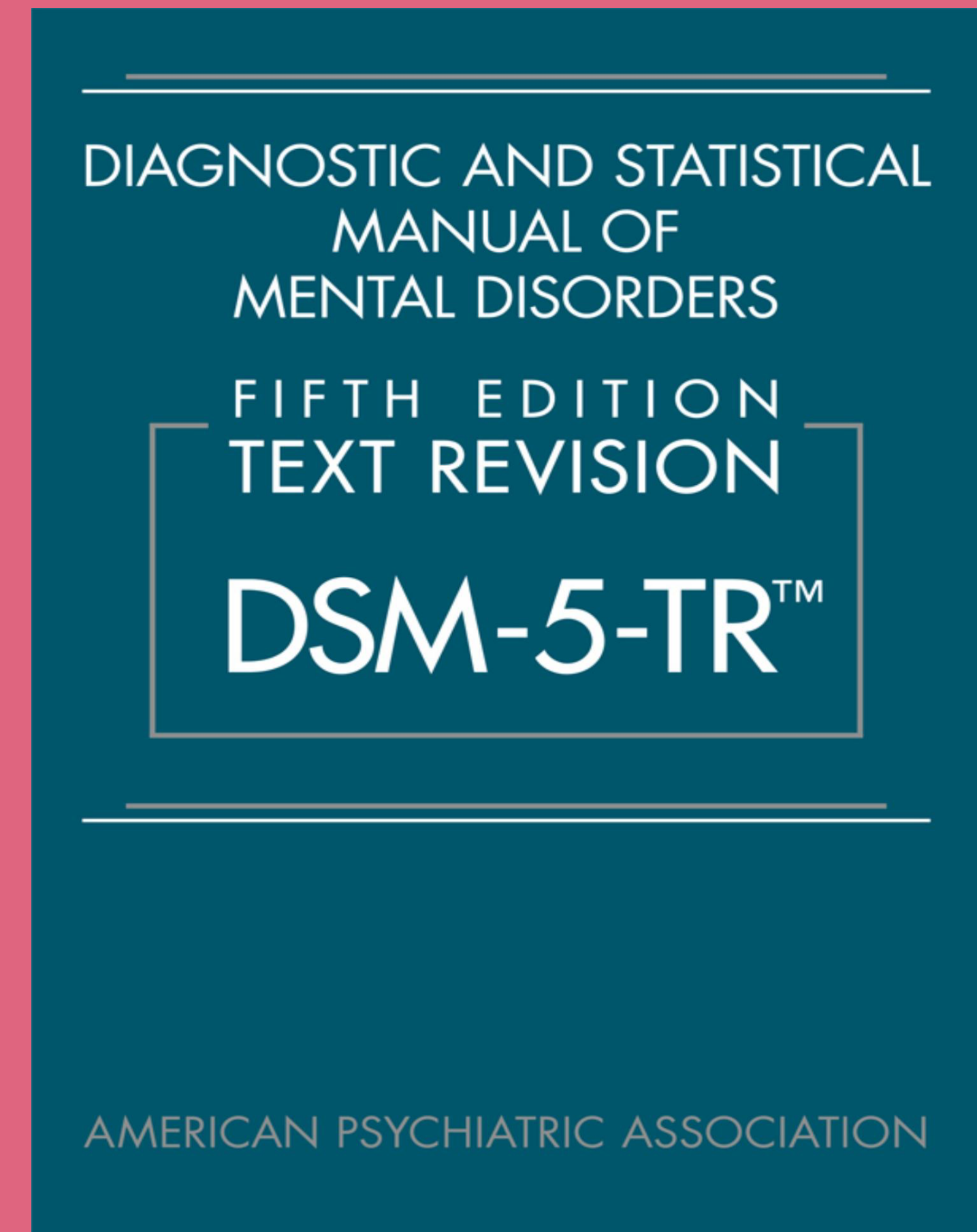
(Hepworth et al., 2023)



Ethical Considerations

Regarding Clinical Work

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



DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION
TEXT REVISION

DSM-5-TR™

AMERICAN PSYCHIATRIC ASSOCIATION

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
- Diagnostic Features
- Associated Features
- Prevalence
- Development and Course
- Risk and Prognostic Factors
- Culture-Related Diagnostic Issues
- Sex and Gender-Related Diagnostic Issues
- Association with Suicidal thoughts or Behaviors
- Functional Consequences of the Disorder
- Differential Diagnosis
- Comorbidity

(American Psychiatric Association, 2022)



Emphasizing Strengths

in Assessments

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

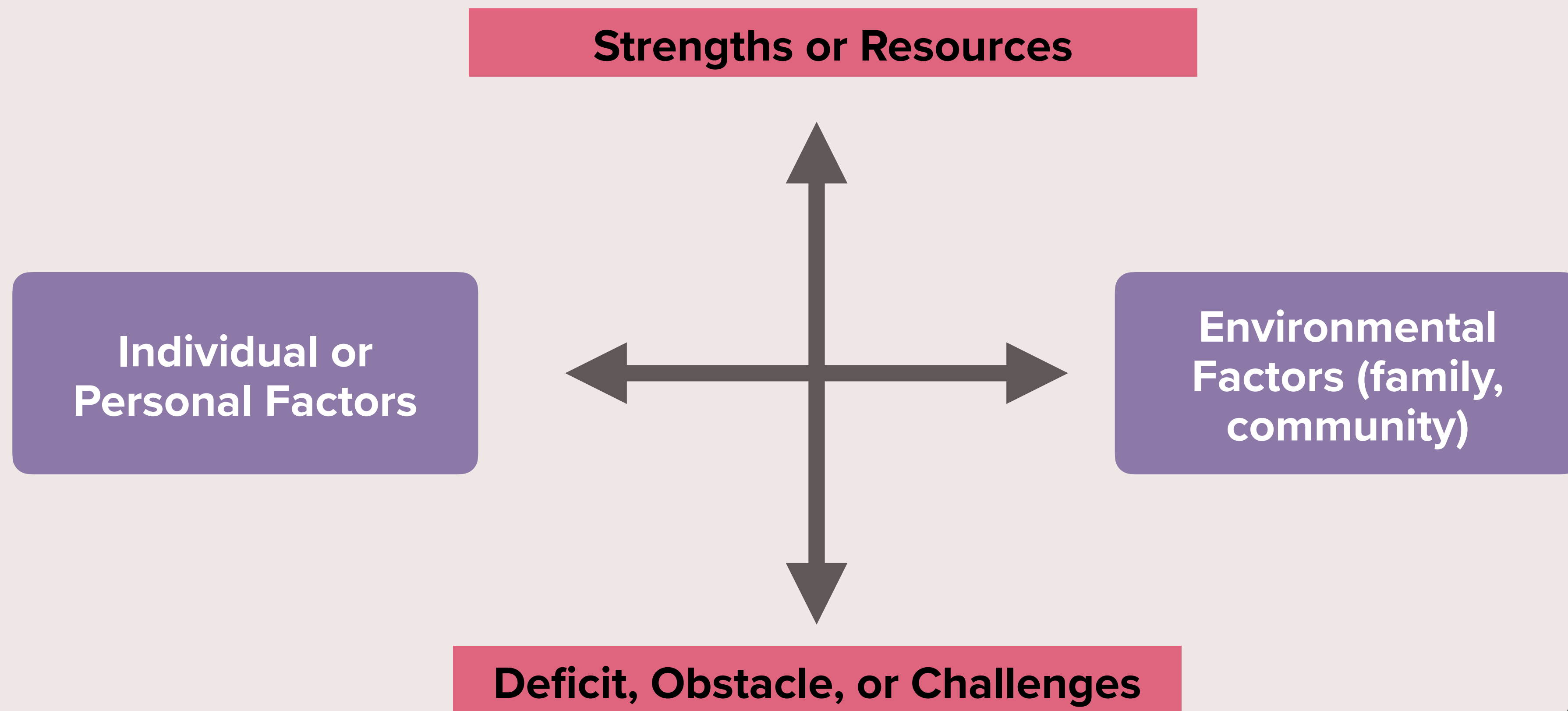
Discover what the client wants

**Assess personal and environmental
strengths on multiple levels**

(Cowger, 1994)

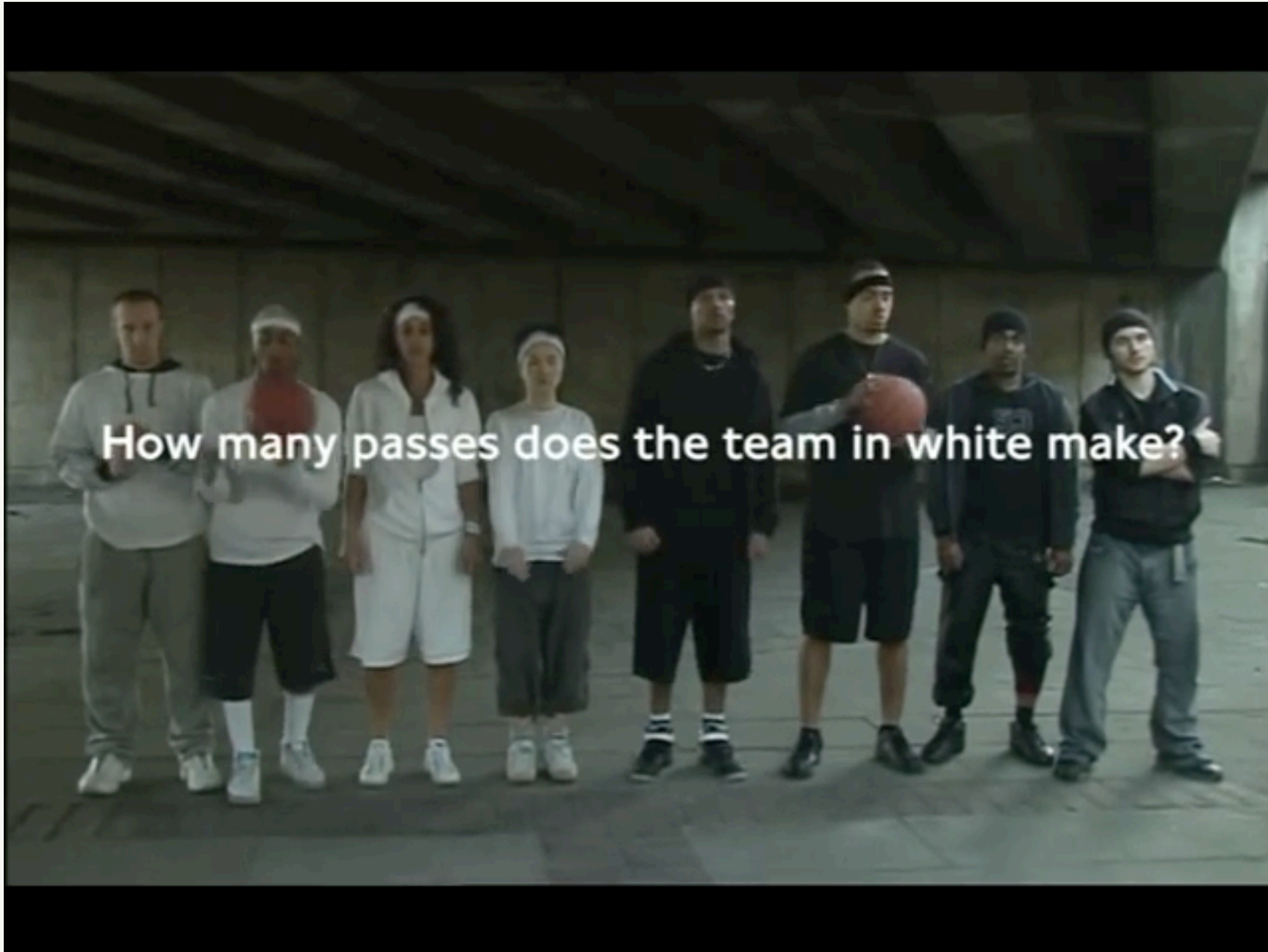


Framework for Strengths in Assessment



(Saleebey, 2009)



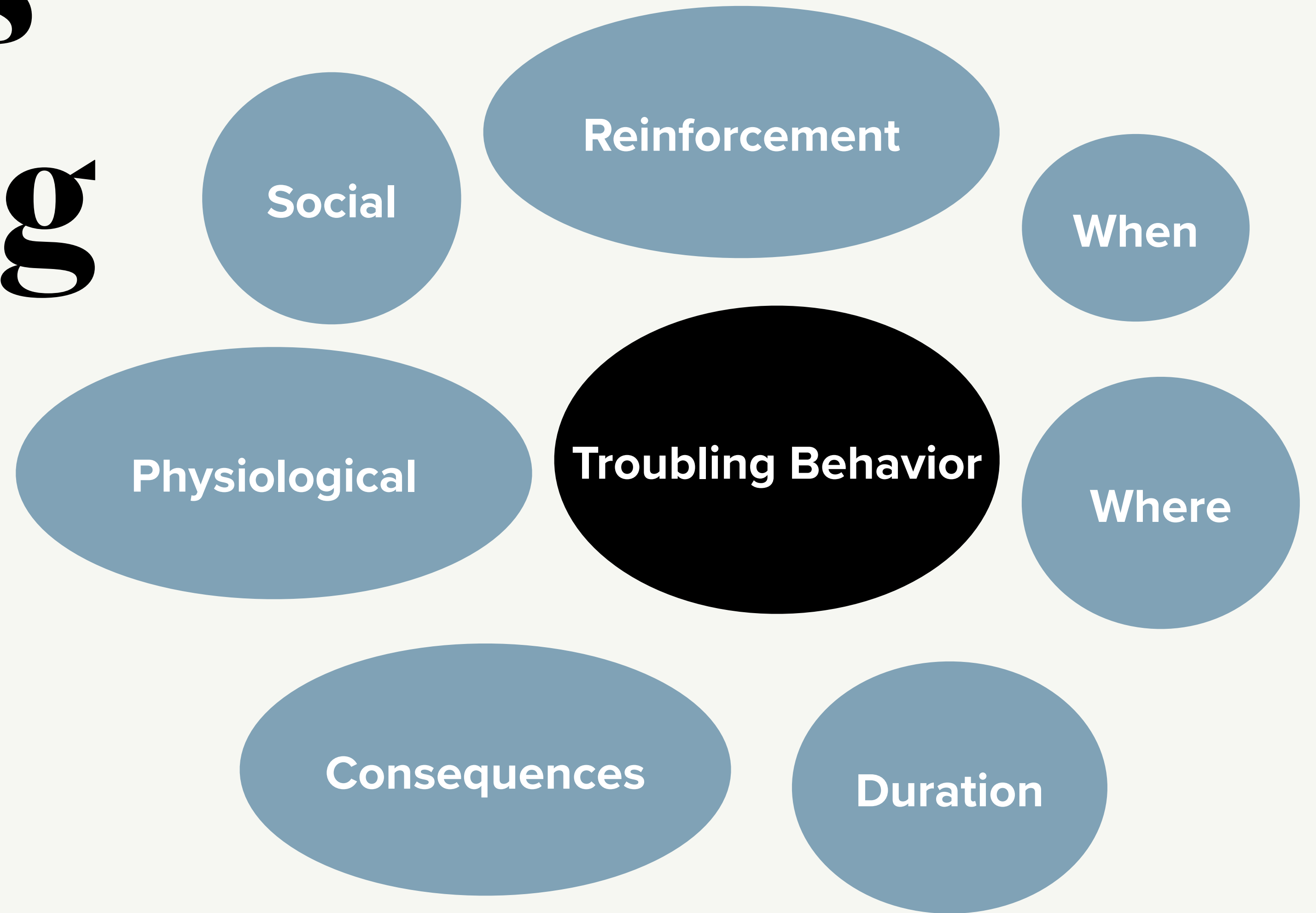


How Observant Are You?

Do The Test. (2008). Test your
Awareness: Do the test [Video].
YouTube. [https://youtu.be/
Ahg6qcgoy4](https://youtu.be/Ahg6qcgoy4)



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., 2023)



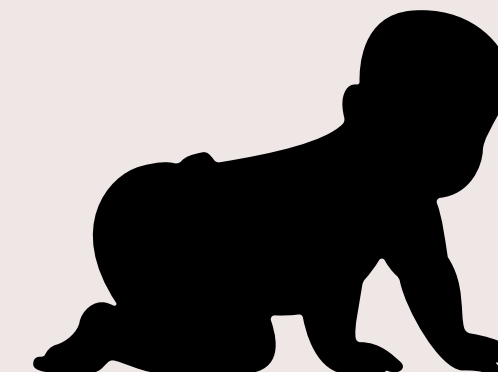
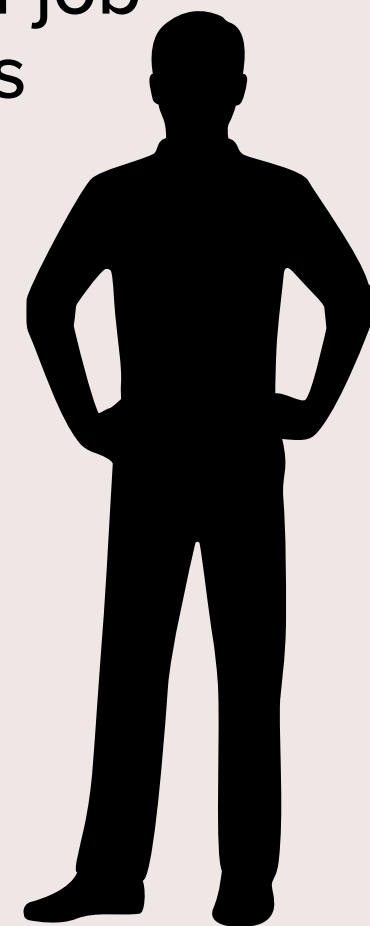
Where Would You Get Information

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](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 <i>any problems</i> , 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	_____

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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 Intern 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 BEHAVIORAL 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	6. DATE OF BIRTH	7. SOCIAL SECURITY NUMBER	8. WASHINGTON DRIVER'S LICENSE OR ID NUMBER
9. WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY)			
<div><div><input type="checkbox"/> Asian Indian</div><div><input type="checkbox"/> Black/African American</div><div><input type="checkbox"/> Cambodian</div><div><input type="checkbox"/> Chinese</div><div><input type="checkbox"/> Filipino</div><div><input type="checkbox"/> Guamanian</div><div><input type="checkbox"/> Hawaiian (Native)</div><div><input type="checkbox"/> Japanese</div><div><input type="checkbox"/> Korean</div><div><input type="checkbox"/> Laotian</div></div> <div><div><input type="checkbox"/> Middle Eastern</div><div><input type="checkbox"/> Native American</div><div><input type="checkbox"/> Other Asian</div><div><input type="checkbox"/> Other Pacific Islander</div><div><input type="checkbox"/> Other Race</div><div><input type="checkbox"/> Refused to Answer</div><div><input type="checkbox"/> Samoan</div><div><input type="checkbox"/> Thai</div><div><input type="checkbox"/> Vietnamese</div><div><input type="checkbox"/> White/European American</div></div> <div><div><input type="checkbox"/> Non – Federal Tribe</div><div>Tribal Code (No. 1) _____</div><div>Tribal Code (No. 2) _____</div></div>			

| 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)



PMHNP



**Psychiatric Mental Health
Nurse Practitioner**

Examples of Screener Forms



In Class Teach Back Activity

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



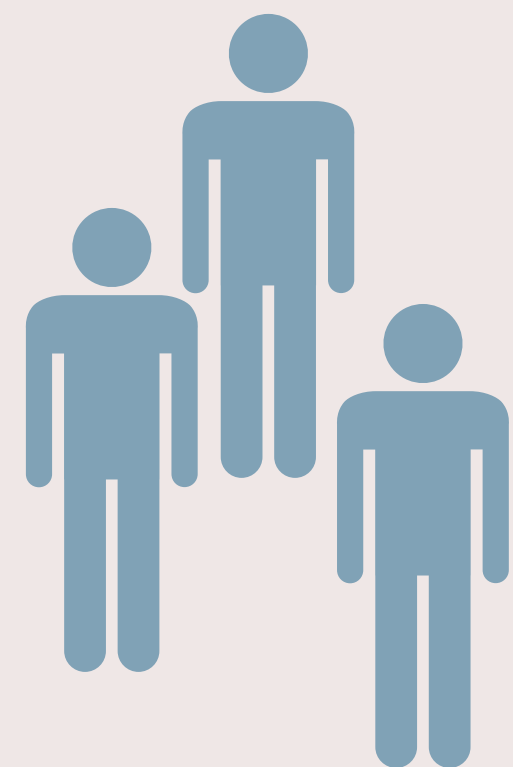
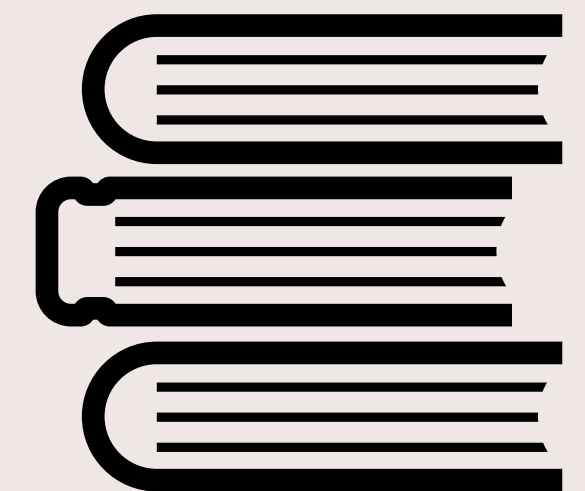
Demonstrate

- 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)



**Coming
in Next
Week**

Provide Info



Group Discussion

(Hepworth et al., 2023)

