

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



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
MENTAL DISORDERS

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

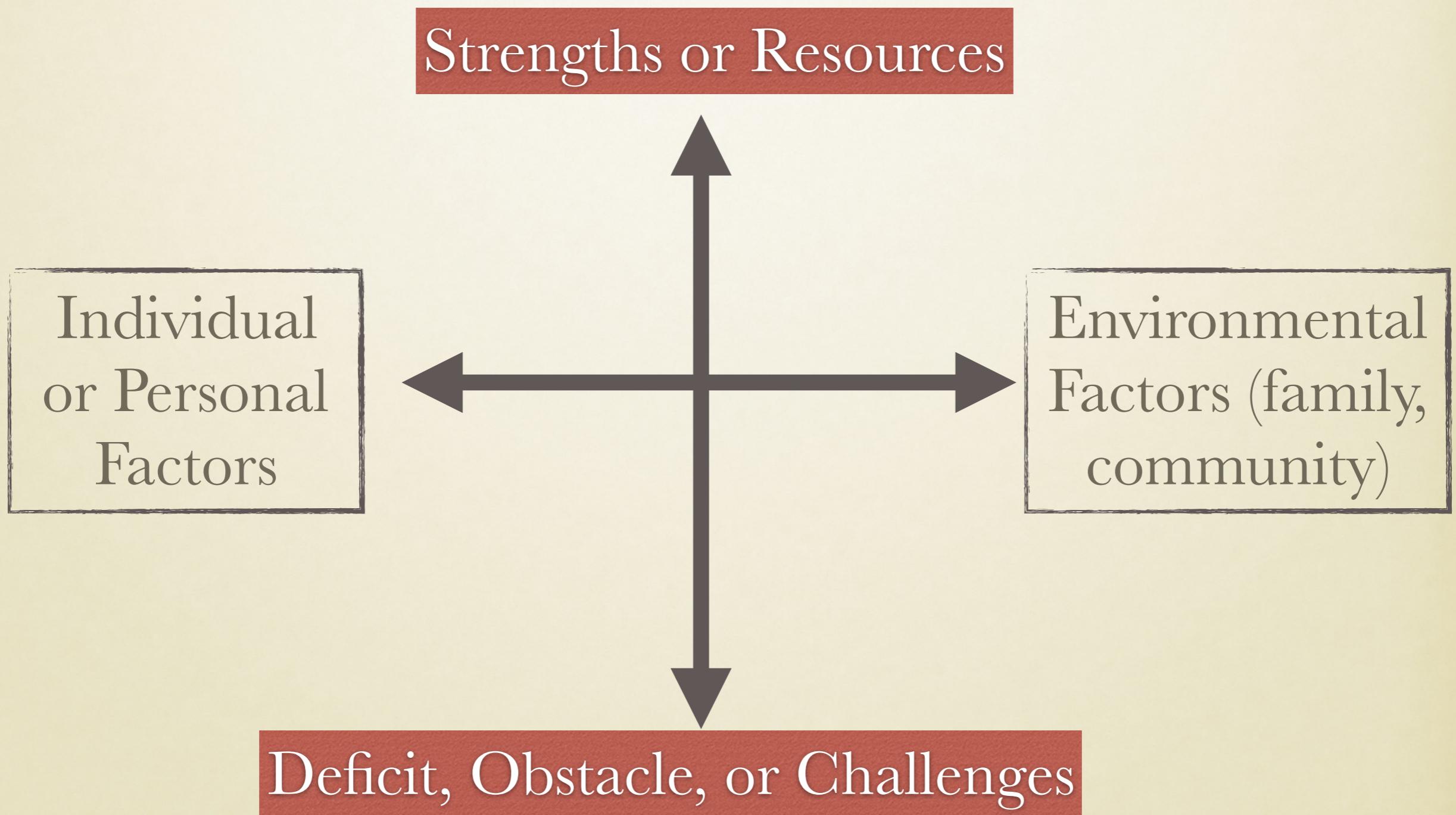
EMPHASIZING STRENGTHS IN ASSESSMENTS

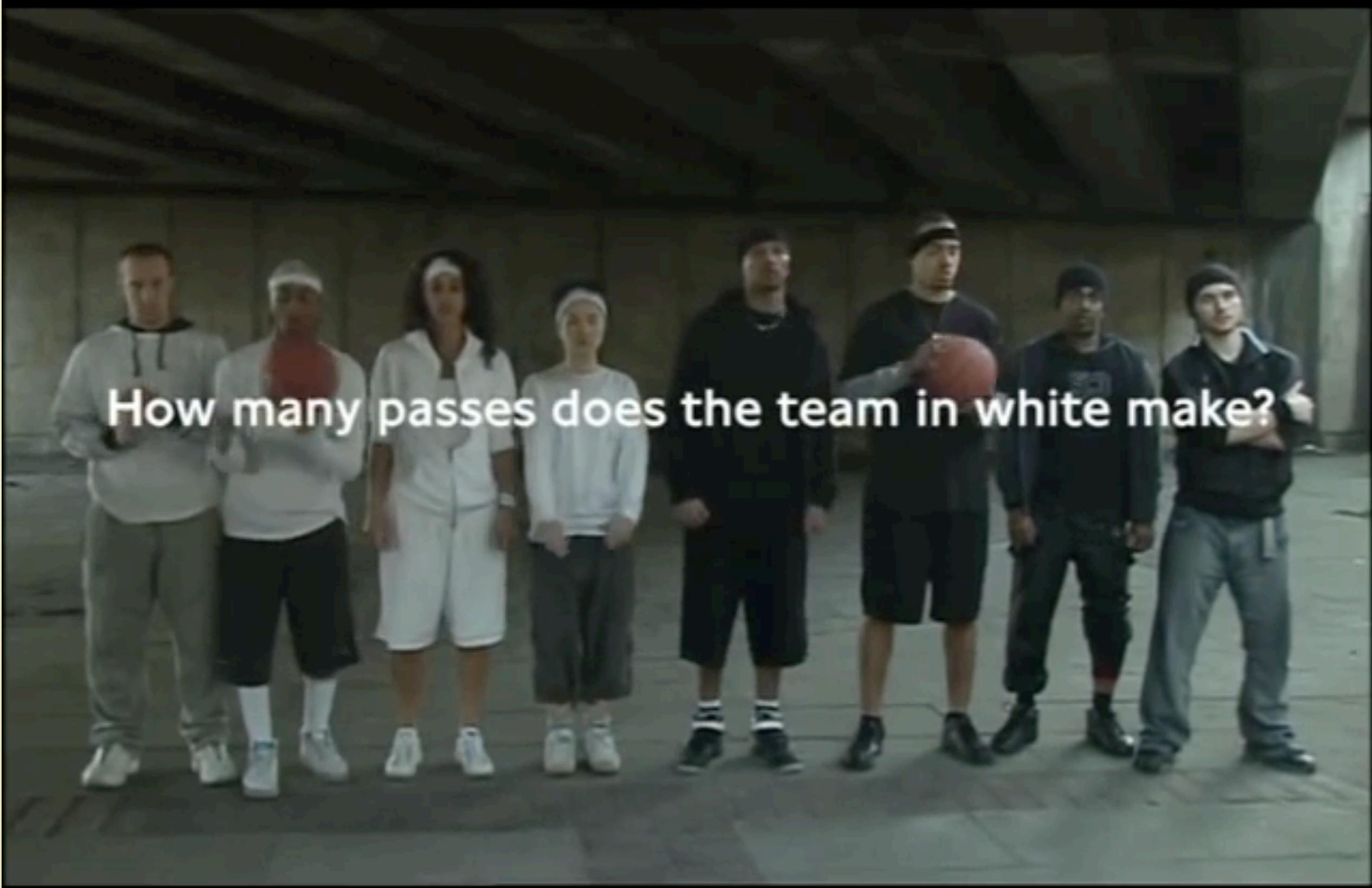
Give pre-eminence to the client's
understanding of the facts

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

Meticulous	Self-neglect	Use of mobility device
Garish	Skillfully applied	Posture and gait
	Outstanding features	Build
	Disabilities	
	Physical characteristics	
Immaculate	Important physical features	
Fashionable	Dress	
	Unconventional	
		A ppear an ce

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

Coma Stupor Obtundation

Attention and concentration

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

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

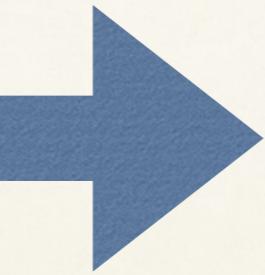
Obsessions Compulsions

Suicidality,
Homicidality,
Impulse control

Insight and
Judgment

SUICIDE RISK ASSESSMENT

Listen for Risk Factors



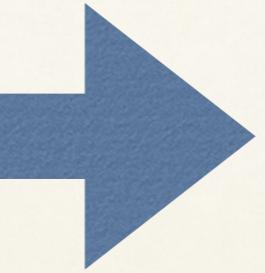
Adults

- 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

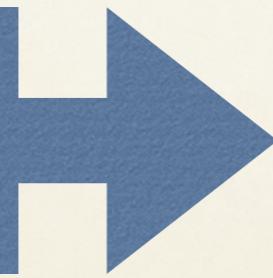
- Deterioration in personal habits
- Decline in school achievement
- Marked increase in sadness, moodiness, and sudden tearful reactions
- Loss of appetite
- Use of drugs or alcohol
- Talk of death or dying
- Withdrawal from friends and family
- Making final arrangements, such as giving away valued possessions
- 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

History
Thoughts
Plan
Intent
Means

I'd like to ask you
more about that.

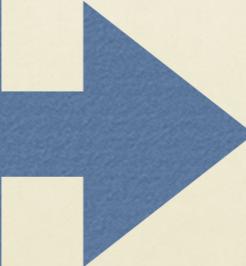
SUICIDE RISK ASSESSMENT

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Ask Directly About
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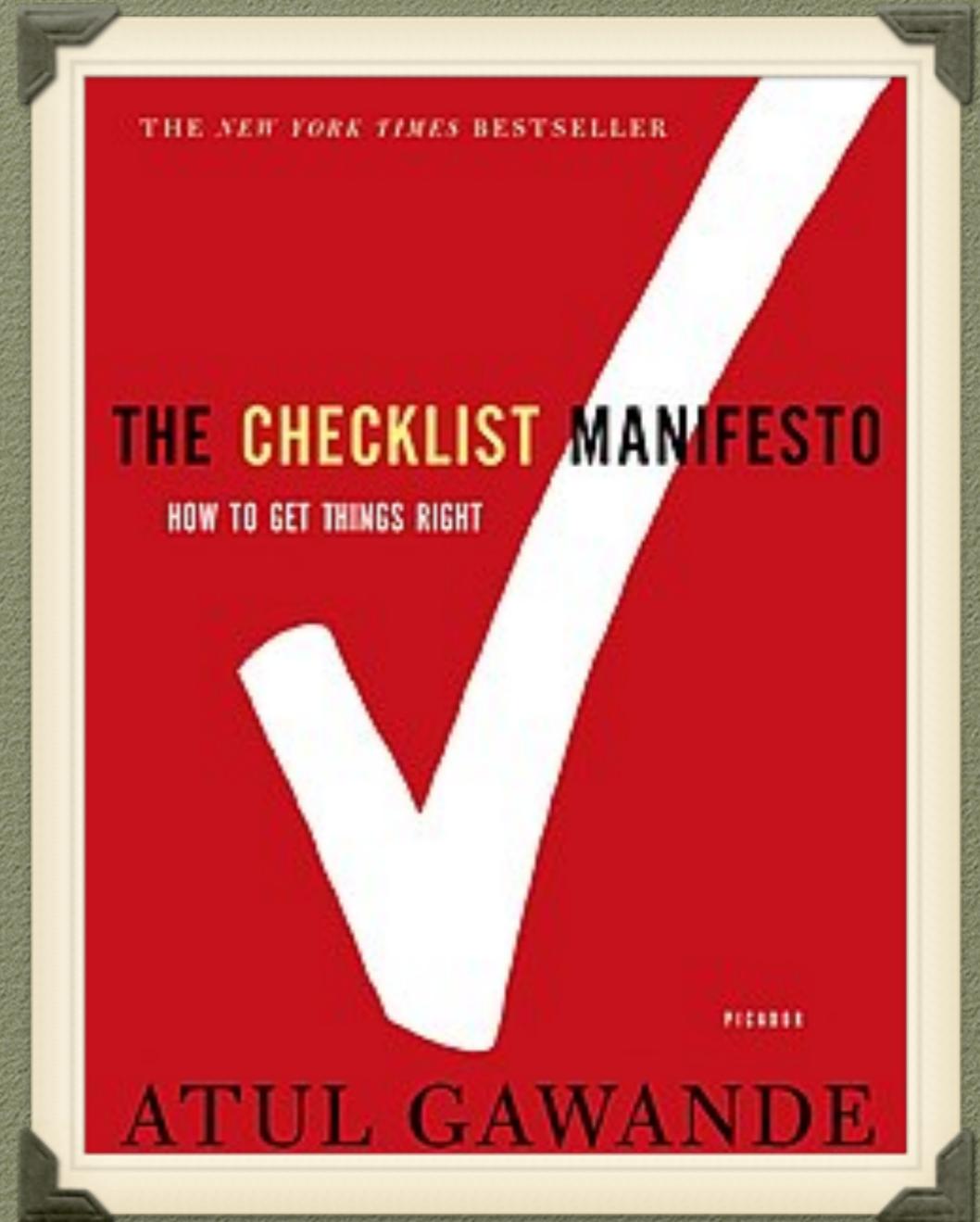
Assess for Other
Risk Factors



- 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)