



New Users of the PIE System

CompuPIE is the software tool for the PIE (Person in Environment) System. The goal of the PIE system is help social workers and other practitioners formulate comprehensive but succinct assessments of clients' biopsychosocial functioning using a 4 factor classification system. By doing a careful assessment using the PIE system, both practitioner and client will gain a clearer understanding of the problems/needs, strengths and coping capacities, possible interventions, and the order in which the problems/needs might be most effectively addressed.

A PIE assessment includes the following 4 factors:

Factor 1: Social Role and Relationship Functioning

Factor 2: Social Environmental Needs/Problems

Factor 3: Mental Health

Factor 4: Physical Health.

Factor 1: Social Role and Relationship Functioning. Social role difficulties are often what brings individuals to seek assistance. Factor 1 includes four categories of social roles: 1) Familial, 2) Other Interpersonal, 3) Occupational, and (4) Special Life Situation. For each of these categories there are numerous specific roles. For example, under familial category the specific roles include: parent, spouse, child, sibling, and extended family. Under interpersonal category the specific roles include: lover, friend, neighbor, member and other. (For the complete list, see Appendix A.)

For each of the specific roles, a problem descriptor can be identified. These include: abuse of power, ambivalence, responsibility, dependency, loss, isolation, oppressed, mixed and other. (See Appendix B for explanation and examples of each problem descriptor.)

The CompuPIE software provides pull-down menus for selecting the appropriate categories, specific roles and problem descriptors, as well as for selecting the severity and duration of each problem/need. There is another pull down menu for the client's coping abilities.

Below are the steps to record Factor 1 findings:

Step 1: Identify Social Role and Relationship Problems, Problem Type, Severity, and Duration

1. *Record all the social role and relationship functioning problems* that the practitioner and client identify. For example, a marital problem would be identified as a Familial, Spouse Role Problem. A problem with an employer would be identified as an Occupational, Paid Worker Problem. It is not uncommon to have more than one problem. It is also possible to have more than one problem in the same role. The PIE system allows you to enter as many different problems as are identified.

2. *Record the problem descriptor linked to each social relationship role.* For example, a person losing a spouse by death or divorce is identified as having a Spouse Role, Loss Problem. A man who is abusing his

wife is identified as having a Spouse Role, Abuse of Power Problem while a mother who is having difficulties setting limits with her teenage son, might be described as Parent Role, Responsibility problem. If you identify two or more relationship types in one social role, use the Mixed category. If you have insufficient information to make a choice, use the Undetermined category and note this in the Comments section.

3. *Record the severity of each problem* on a three-point scale using the Severity Index. The degree of severity is a clinical judgment that ideally should be made with the client's concurrence. A higher level of severity indicates a greater severity and generally a higher priority for intervention

- 1 = low
- 2 = moderate
- 3 = high

4. *Record the duration of each problem* on a five-point scale using the Duration Index. The Duration Index ranges from recent (4 weeks or less) to chronic (5 years or over). In the PIE System recent onset generally indicates a higher level of priority for intervention.

- 1 = 5+ years,
- 2 = 1 - 5 years
- 3 = 6 months – 1 year,
- 4 = 1 - 6 months
- 5 = less than 1 month.

5. *Record your estimate of the ability of the client to cope with each problem* using the five-point scale in the Coping Index. The Coping Index ranges from "Excellent to Poor".

- 1 = Excellent
- 2 = Good
- 3 = Average
- 4 = Below Average
- 5 = Poor
- 6 = Unable to judge at this time

Step II: Identify Recommended Interventions.

For each of the social role problems identified, practitioners should *record an intervention plan*, which includes (1) the goal(s), (2) the recommended intervention(s) (3) the expected outcome.

Factor 2: Environmental Situations (Social System Problems)

Factor 2 describes the social systems and social institutions that impede clients' social functioning. Factor 2 highlights attention to the environmental dimensions of social work's "person-in-environment" perspective and reminds social workers and other practitioners that macro intervention may be required.

Environmental situations are divided into six categories encompassing most of a community's array of social institutions and social support systems:

Basic Needs

Health and Safety

Education & Training

Voluntary Groups

Judicial and Legal

Affectional Support Groups

Each of the above categories encompasses various types of problems. For example, the Basic Needs category includes lack of or inadequate food, shelter, transportation, employment, and income. The Judicial and Legal category includes lack of or inadequate police service, courts, detention facilities, legal services, and so forth. It is important to note that Factor 2, is not an assessment of the total community in which the client lives. Rather, it is an identification of those social institutions and networks with which the client is currently having difficulty and that are seen as contributing to the client's problems in social functioning. Discrimination in social institutions is often an important component of Factor 2.

Follow the steps below to record Factor 2 findings:

Step I: Identify the Category of the Environmental Problem and the of Problem in Each Category

1. *Identify all the Environmental Situations* (Social Support System Problems) that the practitioner and the client observe at the time of the assessment *which impede the client's social functioning*.
2. *Identify the type of problem in each category where a problem is identified*. For example: Absence of adequate shelter in the community.
3. *Classify the severity of each situation* using the Severity Index
4. *Record the length of time that the client reports experiencing a problem in each category* using the Duration Index.
5. *If discrimination is identified in any category, record this finding* indicating the social institution in which it is observed and the type of discrimination using the Discrimination Index.
6. Note: Since the problem or need is located in the community, the coping index may not be appropriate here.

Step II: Identify Interventions

For each of the problems identified, practitioners may *record an intervention plan*, which includes (1) client goal(s), (2) the recommended intervention(s) (3) the expected outcome.

Factor 3: Mental Health Conditions

Factor 3 is completed if the client has a Mental Health condition. If the client does not have a mental health issue, the practitioner may indicate this by checking the box, **No Mental Health Problem**. The CompuPIE software provides pull-down menus for selecting any DSM 5 Mental Health diagnosis as well as for selecting whether the diagnosis is made by a licensed practitioner or by client report. More than one diagnosis may be selected.

If the client appears to have a mental health problem, but there has not been a professional mental health diagnosis and the practitioner is not qualified to provide a diagnosis, the practitioner should check the box, "Mental health problem suspected, but no professional diagnosis."

Follow the steps below to record Factor 4 findings.

Step I: Identify the Mental Health Condition

1. Indicate the DSM 5 diagnoses including any specifier and indicate whether the diagnosis is by a licensed practitioner or by client report. Note: Since the DSM 5 listing is quite long, the practitioner can type in the first 3 letters of the dx and several options will pop up.
2. Enter Severity of the disorder using the Severity Index.
3. Enter Duration using the Duration Index
4. Enter your assessment of the client's Coping Ability using the Coping Index

Step II: Identify Interventions

1. As in Factors I and 2, enter (1) client goal(s), (2) the recommended intervention(s), (3) the expected outcome.

Step III. In addition to entering the DSM 5 mental health diagnosis, the practitioner can also complete a Mental Health Status Exam (MSE). CompuPIE provides a checklist for the various components of the Mental Status Exam.

There are no separate recommended interventions, goals, or expected outcomes boxes for the MSE. Rather, the MSE, along with the DSM 5 Diagnosis will help the practitioner to formulate goals, interventions and expected outcome for Factor 3.

Factor 4: Physical Health Conditions

Step I: Identify the Client's Physical Health Conditions

1. Using the pull down menu indicate the client's Physical Health conditions or type in the diagnosis and whether the diagnosis is by a licensed practitioner or by client report.
2. Enter Severity of each condition using Severity Index.
3. Enter Duration of each condition using Duration Index.
4. Enter your estimate of the client's Coping Ability for each condition.

Step II: Identify Interventions

1. Enter goals, recommended interventions and expected outcome.

Strengths and Resources

For each of the 4 Factors, various strengths and resources may be identified.

1. For Factor 1, check the social role and relationship functioning strengths that the client or practitioners identifies. For example, having a supportive friend would be identified as Friend Role strength.
2. For Factor 2, Identify all the social institutions or support systems in the client's community that are a potential resource for helping with the client's situation. For example, for a client who is homeless, the presence of an effective housing program would be a Basic Needs, Shelter strength. For a client needing treatment for a mental illness the presence of an effective mental health service would be noted as Health, Safety, and Social Service strength. Often there will be more than one strength.
3. For Factor 3 and Factor 4, checklists of common strengths are provided or the practitioner can indicate other strengths by entering them.

Recording Dynamics and other Comments

CompuPIE software provides space (Additional Information tab) for augmenting the assessment. Thus, the practitioner may:

1. Record a summary of the case in narrative form.

2. Record case dynamics and provide an assessment of the interactions among the PIE factors.
3. Use a theoretical framework to explain the client's condition or discuss specific interventions in greater detail.

Compiling the Assessment Summary, Planning Interventions & Setting Priorities

The CompuPIE Assessment Summary provides a printable comprehensive assessment of clients' biopsychosocial functioning in a succinct format. The practitioner can choose to print either the long or short format. A client may be given a copy of the assessment form and together both practitioner and client can review the task of planning interventions and setting priorities.

CompuPIE makes the task of planning interventions and setting priorities easier. If unsure about where or when to start interventions or with whom, the practitioner may examine the severity and coping ability indicators as well as the Strengths and Resources Index. For example, a problem noted as "severe" and with "poor coping ability" may have a high priority for early intervention. Conversely, a "chronic problem" with "moderate coping ability" may be of lower priority. "Outstanding coping ability" may indicate that no intervention may be necessary. Further, examining strengths and resources may point the practitioner to focus on these areas first to build client self-efficacy and sense of empowerment.

Updating PIE Assessment.

Assessments may be updated or amended as the practitioner gains further information about client problems and strengths. CompuPIE software allows the user not only to formulate initial assessment, but to amend or edit this assessment, add follow-up or progress notes, conduct a re-assessment as well as complete an ending or termination summary.



Appendix A

Social Role Categories and Social Roles

Family

- Parent
- Spouse
- Child
- Sibling
- Extended Family

Interpersonal

- Lover
- Friend
- Neighbor
- Member
- Other: _____

Occupational

- Paid Worker
- Homemaker
- Volunteer
- Student
- Other:

Special Life Situation

- Consumer
- Caretaker
- Inpatient Client
- Outpatient Client
- Probationer/Parolee
- Substance abuse client
- Prisoner
- Legal Immigrant
- Undocumented Immigrant
- Refugee Immigrant
- Other: _____



Appendix B

Problem Descriptors

1. **Abuse of power.** This social role problem type involves the misuse of power most often through the use of physical or psychological force. Examples include: a husband who physically abuses his wife or refuses to allow her to see her friends; a son who steals money from his elderly parent; a supervisor who bullies employees.
2. **Ambivalence.** This social role problem type is often accompanied by feelings of uncertainty, indecisiveness and vacillation. Some examples include: a college student who is caught between what he desires and his parents' expectations of him is having difficulty deciding which major to choose; a woman who is undecided about a marriage proposal; an individual who is unhappy at his/her job and vacillates between quitting and taking steps to find another job.
3. **Conflict.** This social role problem type involves some form of friction, disagreement, or discord that arises between individuals. Although conflict may lead to violence or the use of psychological or physical force such that one person intimates or threatens another (in which case the role type would be abuse of power), it may also take the form of tension, frustration, and anger. Thus, in this role type problem, the use of power and control, physical or psychological force or exploitation are not involved. Some examples include: a woman who has a long standing rivalry with her sister is upset when she and her sister have an argument about the sale of their mother's home; a man reports ongoing arguments with his wife causing him anxiety and upset; a person is having heated arguments with their neighbor over loud music.
4. **Responsibility.** This social role problem type may occur when one's role responsibilities or expectations are felt to be too difficult and/or a person fails to live up to role expectations or responsibilities. Some examples include: an unemployed father of a newborn reports feeling anxious because he is unable to meet the responsibilities of supporting another child; an employee feels unable to provide quality work unless she works many overtime hours, for which she does not get paid; a college student feels overwhelmed and unable to keep up with coursework.
5. **Dependency.** Dependency usually becomes a problem when there is a pervasive and or excessive need to be taken care of or when there is a denial of normal dependency needs. Adults with dependency problems often exhibit submissive and clinging behaviors and perceive themselves as being unable to function independently without the help of others. Alternatively, adults with dependency problems may refuse to recognize any need for help or reliance on others. As with all role descriptors, culture influences role performance expectations with respect to independent behavior as well as how dependency needs are met. Some examples of dependency need problems include: a woman who differs all decisions regarding her health care to her doctor; a 40-year-old male who is unemployed living at home and financially dependent on his parents; a person who is unable to leave her house without the assistance of a best friend.
6. **Loss.** This social role problem type often occurs following a significant separation or loss and may be accompanied by reactions such as anxiety, depression, fear, anger, or loneliness. Examples

include: the death of a loved one, divorce, loss of a personal relationship, a move, loss of income, home, or a significant decline in health just to name a few.

7. Isolation. Individuals who withdraw or isolate from others do so for varied reasons. Some may withdraw or isolate in response to a perceived hurt, a stressful situation or due to problems stemming from a medical or mental health problem. For some, social isolation may be a chronic state and stem from long standing problems of low self-esteem, insecurity or a mental disorder. Some examples of isolation type problems include: a man in a nursing home who no longer wishes to communicate with others; a returning vet who moves to an isolated cabin because he can no longer tolerate being near others; a woman who learns she is HIV positive no longer communicates with friends and family.
8. Victimized/Oppressed. Victimization/oppression is the result of exploitation and the unjust use of force. Relationships involving physical or psychological abuse or often result in a person feeling intimidated, fearful, and exploited by others. Victims often experience a range of symptoms including fear, anxiety, distress, numbing, anger, self-blame, alienation, and powerlessness. Examples of the victimized/oppressed problem type include: a woman who is raped by her partner, an undocumented immigrant who is forced to work for low wages; an elderly woman who is financially abuse by her daughter.
9. Mixed. Mixed type should be used when no one dimension of role performance difficulty predominates and the role performance problem is best described by a mixture of dimensions. An example would be a mother who withdraws from friends and family after the death of one of her children. (A mixture of Parental role – Loss and Isolation types).
10. Other. Other type should be used when none of the listed dimensions of role performance adequately describes the case dynamic.