

# Psychosocial Assessments

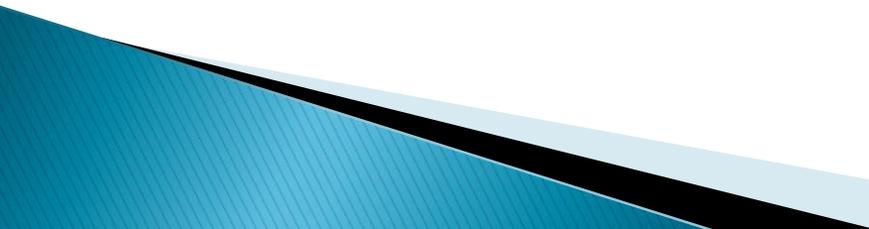
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# What is Psychosocial Assessment?

- ▶ Assessment – “gathering, synthesizing, and evaluating pertinent information to design an appropriate and effective intervention strategy” (Ivry, 1992)
- ▶ Psychosocial history– one kind of social work assessment – initially developed by Richmond and built on by Perlman, Hollis and others (Gold, 2002)

# Evolution of Social Work Assessment

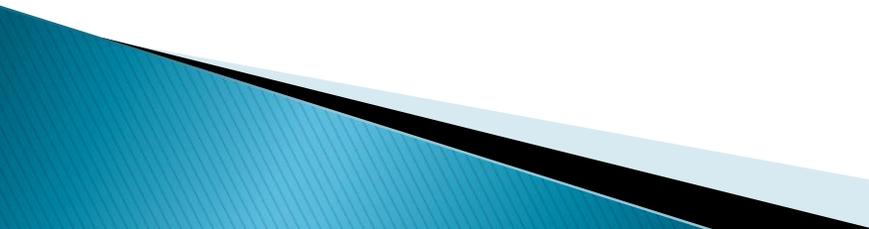
- ▶ Mary Richmond (1917) Initial process – collection of social evidence – then, based on inferences – a social diagnosis – then, social treatment plan
  - ▶ Florence Hollis (1972) begin with psychosocial study – “a process of observation and classification of the facts observed about a client and his situation with the purpose of securing as much information as is needed to understand the client and his problem and to guide treatment wisely”
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# Evolution (cont')

- ▶ Hepworth et al (1997) Helping process is a problem-solving process with three phases:
  - Phase 1: exploration, engagement, assessment and planning
  - Phase 2: implementation and goal attainment
  - Phase 3: termination and evaluation

Graybeal (2001) “Strengths-Based Social Work Assessment: Transforming the Dominant Paradigm” – an important integration of traditional assessment with the strengths perspective

# Evolution (cont')

- ▶ **Dean & Levitan Poorvu (2008)** – “Contemporary Social Work Assessment and Formulation”
    - Assessment – relevant information from bio-psycho-social –spiritual perspective
    - Formulation – conceptualization of the issues from social justice, ecological, cultural, systemic, psychodynamic, biological and spiritual perspectives as relevant.
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# Revised Definition of Assessment

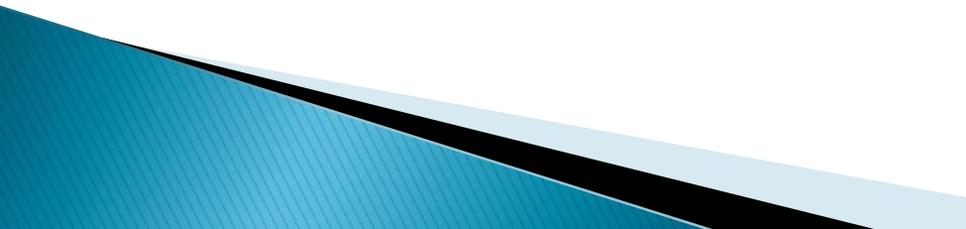
- ▶ Assessment is a collaborative approach to problem formulation, and the worker's role is "to raise questions that promote an exploration of the current situation (or concern) and expand the limits of understanding (Dean, 1993, p. 131)
- ▶ Worker no longer seen as an "expert knower" – but someone who initiates a conversation that leads to discussions with the client about whether there are other ways to understand her/his experiences.
- ▶ Worker collaborates with the client to revise the old story and create new ways of framing the dilemma so that she or he will be able to take new action and recognize new possibilities.

Stalker (2002)

# Why so many changes?

- ▶ Changes related to conceptual shifts
- ▶ Influence of new practice models and approaches
- ▶ Recurrent and expanded themes
- ▶ Ongoing tensions

Dean & Levitan Poorvu (2008)



# Changes Related to Conceptual Shifts

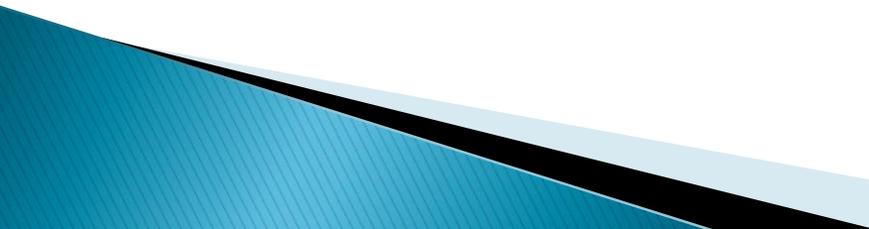
- ▶ Shift from linear, cause-and-effect view to appreciation of multicausality
- ▶ Increasing recognition of importance of the **meaning** that events and situations had **for clients**, and importance of relational history
- ▶ Move to focus on problems, solutions and behaviour in last 20 years
- ▶ Interest in developing a scientific base
- ▶ More sensitivity to impact of race, culture and ethnicity, gender, immigration and sexual orientation
- ▶ More awareness of social injustices and oppression → models of empowerment, focus on individual strengths and community resources

(Dean & Levitan Poorvu, 2008)

# Influence of New Practice Models and Approaches

- ▶ 1940's – Psychoanalysis → focus on intrapsychic causes and personal history
- ▶ 1970's – Family therapies → focus on larger systems, family interactions and structures
- ▶ 1990's – Ecological model → early focus on person-in-environment broadened to focus on internal and external risk and protective factors and resilience

Dean & Levitan Poorvu (2008)



# Recurrent and Expanded Themes

- ▶ In reaction to deterministic and diagnostic directions– a focus on humanistic concerns and strengths e.g. Functional school in 1930's and Strengths Perspective in 1990's
- ▶ “Bio” part of biopsychosocial formulation broadened to consider health, fitness, genetic endowments, predispositions and “normal” changes (e.g. aging)
- ▶ New understanding of mind–body connection →relationship of spirituality and religious beliefs to well–being
- ▶ Evidence–based practice movement – collapses models of research and practice. Formulation becomes problem analysis in the form of research questions that guide search of literature for interventions supported by empirical research

Dean & Levitan Poorvu (2008)

# Ongoing tensions

- ▶ Commitment to a collaborative approach with clients  
**versus**
- ▶ Situations that require the social worker to render an “expert” or diagnostic opinion
  
- ▶ Different opinions re ways to ensure the effectiveness of social work practice related to debate about relationship of science to social work practice

Dean & Levitan Poorvu (2008)



# Conditions Affecting Type and Amount of Information Collected

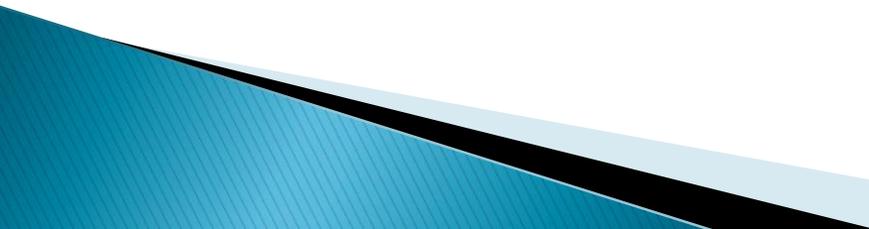
- ▶ Reason client comes for help
- ▶ “Unit of attention” –individual, couple or family
- ▶ Nature and function of practice setting
- ▶ Clients wishes for service
- ▶ Social Worker’s theoretical orientation
- ▶ Social Worker’s values
- ▶ Social Worker’s view of “reality”

Stalker (2002)

# Common Factors Across Settings

- ▶ Assessment begins with a search to understand the client's definition of the problem and what he/she has already done to try to solve the problem
- ▶ Worker uses information to formulate hypotheses about what is contributing to the client's distress – which guide further questions
- ▶ Assessment continues throughout the entire helping process, not just at the beginning

Stalker (2002)



# Strengths Perspective

- ▶ Broadens the perspective to include Bio–Psycho–Social–Spiritual framework
- ▶ “in the lexicon of strengths, it is as wrong to deny the possible as it is to deny the problem” (Saleebey, 1996, p. 297)

Graybeal (2001) advocates adding the “ROPES” to traditional assessment:

- Resources
- Options
- Possibilities
- Exceptions
- Solutions

# Bio–Psycho–Social–Spiritual Framework (key subject areas)

## ▶ Biological

- Basic needs – food, clothing, shelter
- Comprehensive health
- Physical attributes and abilities
- Physical environment

## ▶ Psychological

- ▶ Individual history
- ▶ Personality style and makeup
- ▶ Intelligence and mental abilities
- ▶ Self–concept and identity

# Bio–Psycho–Social–Spiritual Framework

## ▶ Sociocultural

- Family (through biology, choice or circumstance)
- Friends
- Community
- Ethnicity
- Social environment
- Political environment
- Economic environment

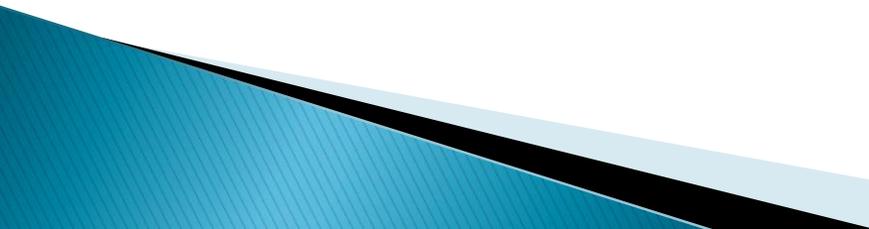
## ▶ Spiritual

- Sense of self, in relation to the world
- Sense of meaning and purpose
- Value base
- Religious life

# Traditional Psychosocial Assessments

- ▶ Presenting Problem
- ▶ Problem History
- ▶ Personal History
- ▶ Substance Abuse History
- ▶ Family History
- ▶ Employment and Education
- ▶ Summary and Treatment
- ▶ Recommendation

Graybeal (2001)



# Transforming the Traditional Approach

- ▶ Traditional formats tend to encourage a focus on problems and deficits
- ▶ A focus on problems can be associated with seeing the individual as responsible for origin and maintenance of the problems
- ▶ If the social worker does not look for or expect resources, strengths and solutions from the client, she/he is unlikely to find them

Graybeal (2001)

# Presenting Problem

- ▶ Detailed list of problem(s)
- ▶ List of symptoms
- ▶ Mental status
- ▶ Coping strategies
- ▶ Emphasis on client's language
- ▶ Exceptions to the problem
- ▶ Exploration of resources
- ▶ Emphasis on client's solution
- ▶ Miracle question

**Traditional Information**

**Additional Information**

# Problem History

- ▶ Onset and duration
- ▶ Course of development
- ▶ Interactional sequences
- ▶ Previous treatment history
- ▶ Exceptions: When was the problem not happening or happening differently?
- ▶ Include future history – vision of when problem is solved

Traditional Information

Additional Information

# Personal History

- ▶ Developmental milestones
- ▶ Medical history
- ▶ Physical, emotional, sexual abuse
- ▶ Diet, exercise
- ▶ Physical, psychological, social, spiritual, environmental assets
- ▶ “How did you do that?”
- ▶ How have you managed to overcome your adversities?
- ▶ What have you learned that you would want others to know?

Traditional Information

Additional Information

# Substance Abuse History

- ▶ Patterns of use: onset, frequency, quantity
- ▶ Drugs/habits of choice: alcohol, drugs, caffeine, nicotine, gambling
- ▶ Consequences: physical, social, psychological
- ▶ How does using help?
- ▶ Periods of using less (difference)
- ▶ Periods of abstinence (exceptions)
- ▶ Person and family rituals—what has endured despite use/abuse?

Traditional Information

Additional Information

# Family History

- ▶ Age and health of parents, siblings
- ▶ Description of relationships
- ▶ Cultural and ethnic influences
- ▶ History of illness, mental illness
- ▶ Family rituals (mealtimes, holidays)
- ▶ Role models – nuclear and extended
- ▶ Strategies for enduring
- ▶ Important family stories

Traditional Information

Additional Information

# Employment and Education

- ▶ Educational history
- ▶ Employment history
- ▶ Achievements, patterns and problems
- ▶ List of skills and interests
- ▶ Homemaking, parenting skills
- ▶ Community involvement
- ▶ Spiritual and church involvement

Traditional Information

Additional Information

# Summary and Treatment Recommendations

- ▶ Summary and prioritization of concerns
- ▶ Diagnosis: DSM-IV; PIE
- ▶ Recommended treatment strategies
- ▶ Expanded narrative – reduce focus on diagnosis and problems
- ▶ Summary of resources, options, possibilities, exceptions, solutions
- ▶ Recommendations to other professionals for how to utilize strengths in work with client

**Traditional Information**

**Additional Information**

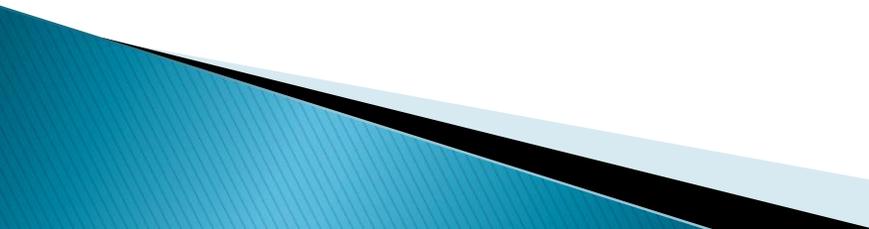
# Our Questions are Powerful

- ▶ A Social Worker's questions can reinforce the worst of external conditions and internal experience

OR

- ▶ They can guide the client to a recognition of their own sense of self-worth and possibility

Graybeal (2001)



# Final Thought

- ▶ “The essence of social work lies in facilitating human relationships in ways that support and increase potential, enhance choice, and contribute to the empowerment of individuals and groups”.

(Graybeal, 2007, p. 521)

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