What kind of information is included under the "basic life necessities" section of your psychosocial assessment?

The **basic life necessities** section should mention:

- How is client functioning with respect to basic life necessities-food, housing, employment?
- What entitlements does the client receive? What assistance does client require?

Example:

"Mr. Solomon has held his current job for over 5 years, and he describes his income as 'more than enough.' He describes a feeling of accomplishment regarding the ownership of his own apartment."

What kind of information is included under the "legal concerns" section of your psychosocial assessment?

The **legal concerns** section should include:

- Immigrant status, housing, marital issues, domestic violence, parole/probation, DWI's?

Example:

"During the first few meetings, Ms. Arrieta described her worries regarding an ex-boyfriend who she described as "abusive." During her three-month relationship with this man, Ms. Arrieta had been concerned with his temper, and his verbal, violent threats. After ending the relationship, she had received a few phone calls from him, and at the beginning of our sessions, she had considered calling the police. After a few sessions, however, she had decided against calling the police, as she heard from a friend that her ex-boyfriend had moved out of the state."

What kind of information is included under the "other environmental or psychosocial factors" section of your psychosocial assessment?

The **other environmental or psychosocial factors** section should include:

- Military service, sexuality issues, etc.

Example:

"During several of our interviews, Mr. Olvera commented on the military service he completed in his home country, Mexico, as a source of great concern; it was during this service that he first began to struggle with his sexuality, feeling that his peers in the volunteer army would shun him or "reject him" if they knew he was gay. Even though he never actually revealed his sexuality to any of his friends in his home country, the anxiety provoked by these experiences still "follows" him, as he himself reported during several of our sessions."

What kind of information is included under the "client strengths, capacities, and resources" section of your psychosocial assessment?

The **client strengths, capacities, and resources** section should address:

- How does the client cope? What are his/her strengths and problem-solving capacities? What are his/her limitations to deal with the current problem/s?

Example:

"While [Mr. Solomon] complains of depression and fatigue, he continues to do well in his work, exercises daily, and has widely invested his large income for the future. He is an avid reader and has tried to use available literature to understand and resolve many of his problems, sometimes effectively."

From Glicken, M.D. (2005) *Improving the effectiveness of the helping professions: An evidence based approach to practice.* Thousand Oaks, CA: Sage.

Clinical summary, impressions, and assessment

The **clinical summary, impressions, and assessment** section should:

- First give a brief, 3-5 sentence summary of what you have already written:
  - Identify the primary problem, need, or concern the client is dealing with and contributing factors.
  - Also, describe the sense of urgency the client has with the problem/s.
  - Identify secondary problems, needs, or concerns if these are raised.
- Summarize how the client appeared during the interview/s.
  - Give an overview of client's mood, signs of anxiety or depression, problems with memory, speech, sense of reality, judgment, attitude toward their situation/difficulty.
  - Indicate how the client related to you. Your impressions give important clues to where the client is right now and how the client is handling the problem emotionally and cognitively.
- Note the client's expectations of service.
- Note your assessment of the client's motivation for change and likely use of service.

Example:

"Mr. Solomon is a 32-year old divorced Jewish entrepreneur who seeks help for feelings of guilt and depression over the large amount of money he has made in a career that he describes as "frivolous." He describes ongoing feelings of isolation and loneliness and is concerned over his inability to trust others. The onset of these feelings seems to have coincided with the death of his parents and the divorce from his wife as a result of her infidelity. All three events took place within months of one another. [...]
Mr. Solomon has many positive behaviors that should be particularly helpful in his treatment. He is successful at work; he is introspective and feels concern over his current emotional state; and he has some insights into the origins of his problems with his parents, siblings, and former wife. He appears to be highly motivated to change. Although eh suffers from a steady degree of depression, he is still able to work at a successful level. He longs for more intimacy and wants to form the types of caring relationships that have been so elusive in his life. He values education and has made a conscious effort to improve his general level of knowledge in an attempt to make up for an early withdrawal from college."

From Glicken, M.D. (2005) *Improving the effectiveness of the helping professions: An evidence based approach to practice.* Thousand Oaks, CA: Sage.

Goals and recommendations for work with client

The **goals and recommendations for work with client** section should:

- Identify goals for work with client.
- Recommendations for service and resources
  - Modality (what type of treatment).
  - Length of time (how many sessions? Long term, short term?)
- Next steps.

Example:

"Given Mr. Kowalsky's problems with social anxiety, which is causing problems at work, long-term therapy is suggested. Mr. Kowalsky has agreed to find a therapist using his health-insurance, and has agreed to a minimum of three months therapy once he finds a suitable provider. After this initial three months, Mr. Kowalksy has agreed to reconvene with me, and consider further options, such as psychiatric treatment. In the meantime, he has agreed to keep me regularly updated on his stress levels by meeting with me once every two weeks."

Why is content of clinical documentation important?

The material contained within a report:

- Communicates pertinent information about a client to colleagues for case planning and referral purposes.
- Establishes in writing an account of "where client is at" at a particular moment in time during service provision; the psychosocial assessment account offers baseline information about the client when he or she enters the agency for service.
- Offers the social worker an opportunity to reflect on, refine thinking, and raise questions about client and his or her situation-to digest information about and impressions about the client through the process of writing about it.

Objective facts and subjective impressions

What are **objective facts?**

These include:

- What is actually said by the client, other people connected to the client (e.g., family members), and/or colleagues involved with the case; this can include what the client thinks or feels, or what the client's impressions are about his or her own situation
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- Communicates pertinent information about a client to colleagues for case planning and referral purposes.
- Establishes in writing an account of "where client is at" at a particular moment in time during service provision; the psychosocial assessment account offers baseline information about the client when he or she enters the agency for service.
- Offers the social worker an opportunity to reflect on, refine thinking, and raise questions about client and his or her situation-to digest information about and impressions about the client through the process of writing about it.

What are **subjective impressions?**

These include:

- Social worker's insights, beliefs, hunches, guesses, inferences, speculations about the client and his or her situation (e.g., presenting problem) based on the objective material presented by (or about) the client.
- These are statements that the social worker makes about what he or she believes are underlying or latent meanings or motivations of the client's remarks, actions, patterns of behavior, experiences, interaction, and feelings.

How do we differentiate between objective facts and subjective impressions?

We do this by:

1) **"Making Attributions"** – clarify who said, thought, believed, felt, wrote, or did what?
2) **"Framing Claims"** – being explicit in how we write our statements about whether the statement is an objective fact or a subjective impression.

Statements of objective fact can be framed without qualification:

Examples:

- *The client smiled as he spoke about his older son.*
- *The client explained that she didn't want to hurt her mother's feelings.*
- *The client reported that she felt embarrassed when she fell out of her wheelchair.*
- *The client didn't finish high school because she reportedly felt she had to stay home and take care of her younger siblings.*

Statements of subjective impression must be framed with qualification (and evidence):

Examples:

- *The client **seemed** happy as he spoke about his older son **because** he was smiling.*
- *The **worker sensed** that the client didn't want to hurt her mother's feelings **because** the client said she kept "forgetting" to tell the mother that she was moving out of the house.*
- *Although the client did not say it, she **appeared to be** embarrassed about falling out of the wheelchair; **when she arrived at the agency** she **seemed flustered and out of sorts.***
- *The client didn't finish high school; **this might have occurred because** the client stated that she had much childcare responsibility for her younger siblings.*

Tentative Phrases

What is "tentative language" in a psychosocial assessment?

Phrases that tell the reader that the writer is going to make a claim that is based on inference, interpretation, suggestion, hypothesis-ways to move beyond what the client has said, to what the social worker "reads" from the case material to shed light on the client's underlying meaning and motivation.

Examples of tentative phrases:

It appears that

It seems that

It may be the case that

The social worker wonders whether

It points to

It suggests that

One might speculate that

There is a hint of

One is struck by

It is worth wondering if

She might be

Perhaps…

It leads one to question whether

It is like that

It is unlikely that

Inference: The act or process of deriving logical conclusions from premises known or assumed to be true; the act of reasoning from factual knowledge or evidence.

Interpretation: A representation of the meaning or significance of something; the act or process of explaining the meaning of something.

Suggestion: The sequential process by which one thought or mental image leads to another by association.

Hypothesis: A tentative insight or explanation for an observation or phenomenon that can be tested by further investigation; a provisional conjecture.

Coverage: Does the report contain **enough useful clinical information?** That is, is there enough material in **relevant** sections of the report that:

- relates to,
- provides some context for, and
- may shed light on the presenting problem?

Does the report contain a **balance of information** presented-including

- client strengths and difficulties
- objective facts and subjective impressions
- material from multiple data sources, if available?

Prioritizing: Is information presented in a way which **highlights the key clinical issues for this client?**

This requires that YOU decide which:

- **Issues are of primary and secondary importance.**
- **Section/s should receive the most weight** in a report

Decisions about which issues and sections should be highlighted **should flow from** what is the **most relevant, important, or urgent issues for the client**, given his/her situation and presenting problem.

How to HIGHLIGHT and give PRIORITY:

- **Present more material** about the issue/area of client's life than you write for other issues/areas.
- **Present it first** in a paragraph or section
- **Explicitly state** that is most important

Details: Is there enough specific information and examples to give context to clinical issues? Content of report should offer detail, illustration, and examples.

What do we mean by "informational accuracy" in a psychosocial assessment?

- Since your report may be read by colleagues (and when requested, clients) **"getting the story right"** is critical.
- When thinking about accuracy, we need to ask ourselves:
    - **"Is the report material is written out faithfully – meaning, as true to how it was presented by client, colleague, record, as possible?"**
    - **"Does the prose accurately convey what client (or other data source) said, did, thought, felt, or believed to the extent that it was presented?"**
- If not, **what are the errors and in what ways do these mislead?**

Organization in Psychosocial Assessments

It is **not** appropriate to record everything the client (or other data source) said, thought, felt, evidenced since he or she was known to your agency, otherwise all one would have to do is turn on a video-recorder and the "record" would be the tape.

We sift or filter what we write and sequence it within logical sections in order to be **EFFICIENT AND COMPREHENSIBLE**, e.g. the reader can "cut to the chase" quickly. Everything should be pertinent – NOT MORE and NOT LESS – and whatever appears should be placed in its proper section.

Avoid reports of "clinically irrelevant" information and extraneous words that don't add to meaning:

Examples:

- Client **really** is having a hard time. ("Really is an extraneous word)
- **Client wanted to go to the program today but had to wait for the bus, so she was 5 minutes late.** (The information in this sentence is unimportant – being 5 minutes late because of a late bus is not 'remarkable' – or anything that needs to be reported. It is uneventful in most of our lives.)

Yet, if you wrote:

- **Client wanted to go to the program today but had to wait for the bus, so she was 5 minutes late. She said she was so anxious about being late that she toppled out of her wheelchair when the bus left her off. She was sent to the nurse as soon as she arrived at program.** (The information here makes the late bus arrival 'remarkable' and clinically important. It shows us something striking, perhaps extreme about the client's reaction to getting to the program on time.)
- **Client said she was proud of her son when he brought home the positive report card last week, she was pleased, and it made her happy.** (The three descriptions of client's reaction to her son's report card are similar enough; only one is needed).
- In the mornings, the client attends a job workshop where she **like** has to develop a few skills – **an example of this is that she is developing her skills at** how to look for a job. ("Like" is an extraneous word. The phrase "an example…" does not add anything to the sentence – it contains extra words that are not needed.)

Make **"mental footnotes"** of material that may not be clinically significant at the moment, but you may want to remember it for the future.