

Assessment planning



The aim of this paper is to discuss assessments, diagnosis, and intervention planning in social work. Starting with the goals of the aforementioned practices, the goal of any assessment is to determine whether a client constitutes risk of harm to self or others. If the assessment concludes that it is true, immediate intervention is required.

Speaking about techniques to analyze social history and gather collateral data, it is necessary to note that these techniques are common for all practices that rely on intervention, ranging from psychiatry to social work. Data that should be collected usually includes 'mental health status; preexisting health or mental health problems; an appraisal of the client's needs and the resources of the client's informal support system, including family members, friends, and organizational memberships; social role functioning; environmental issues, including economic situation, employment status, and other basic needs; and relevant cultural and religious factors' (National Association of Social Workers, 1992, 'Biopsychosocial assessment').

Investigating this issue in more detail, the categories of information which are relevant for intervention planning are of psychosocial, emotional, and behavioral nature.

As for psychosocial assessment, information to be gathered includes data relative to environment and living situation, leisure and recreation activities, religion and spiritual beliefs, childhood history, history of physical abuse (either in the role of the abuser or the abused), military service history, financial concerns, social setting, peer group setting, sexual history, and

family situation as well as other social, ethnic, cultural, or emotional factors that can, in the view of the social worker, affect the intervention process.

As for emotional and behavioral assessments, information to be gathered includes data relative to emotional problems history, behavioral problems history, substance use or abuse history, current emotional and behavioral state, and maladaptive or problem behaviors.

This information can be obtained from the client by means of self-assessment, collateral sources, family encirclement, and/or significant others (Bakke, 2006).

As for practical assessment instruments, assessment and diagnosis in modern social work practice is usually performed using Diagnostic and Statistical Manual (DSM-IV-TR) (Corcoran & Walsh, 2006). However, there have been calls for more effective and client-centered approach to assessment and diagnosis. Sonia G. Austrian (2005, p. 4) draws the attention of social workers' community to the fact that '[a]ssessment involves individualizing treatment for a client and recognizing the client's uniqueness, while classification systems such as the DSM look for group phenomena and rely on generalizations.'

This is probably one of the reasons why Rapid Assessment Instruments (RAIs) are quickly gaining ground among social workers for the reason of their brevity and easy of administration. Characteristics of RAIs, according to Levitt and Reid (1981, in Hamann, 2003) are as follows: (a) short, not exceeding two pages; (b) easily administered; (c) easily completed; (d) featuring straight forward simple language; (e) easily scored; and (f) easily interpreted. The advantages of using RAIs in social work practice, according <https://assignbuster.com/assesment-planning/>

to Toseland and Reid (1985, in Hamann, 2003, p. 68) include ‘ less time required for information collection, provision of a systematic analysis of symptoms and revealing of information that is missed in clinical interviews.’

Widespread instruments used in the process of assessment and diagnosis are ClinicalAnxietyScale (CAS), BeckDepressionInventory (BDI), and Satisfaction with Life Scale (SWLS). Clinical Anxiety Scale (CAS) is a 25-item scale that is used to assess amount, degree and severity of clinical anxiety; this instrument is often cited as effective due to high coefficient of internal consistency and good psychometric properties. Satisfaction with Life Scale (SWLS) a five-item scale focusing on cognitive judgmental aspect of satisfaction with life; less internal consistency as reported as compared to CAS, yet the scale makes reporting and scoring processes easier and faster. Beck Depression Inventory (BDI) is a 21-item self-report scale for assessing severity of depression; high internal consistency, as well as reliability and validity, is reported (Hamann, 2003).

The goal of assessment and diagnosis is to identify client’s danger to self and others. Indicators of such danger are, but not limited to, anxiety, social withdrawal, isolation, depression, phobias, paranoia, suicidal thoughts or attempts, violenceor threat of violence, and self-neglect.

Together with the assessment of client’s history and current functioning, it is necessary to identify client's strengths and weaknesses. This is usually done on the basis of self-reporting. This step of intervention planning should be attached paramount importance, since at this stage a social worker can tailor selected intervention techniques to the needs of individual clients. Client’s environment should be included in the assessment of client’s

strength and weaknesses: if the environment is positive, the client can rely on the circle of support, yet of vice-versa is true, greater emphasis on individual effort should be made.

Making an overall conclusion, it is necessary to note that careful and professional assessment is a prerequisite for successful intervention. Assessment should encompass data gathered by means of client's self-reporting, client's history analysis, collateral data, and a set of assessment instruments. Adequate attention should be paid to client's strength and weaknesses.

References

Austrian, Sonia G. (2005). *Mental Disorders, Medications, and Clinical Social Work*, 3rd ed. New York: Columbia University Press.

Corcoran, Jacqueline, & Joseph Walsh. (2006). *Clinical Assessment and Diagnosis in Social Work Practice*. New York: Oxford University Press.

Bakke, Diane. (2006). 'University of New Mexico Assessment and Screening Procedures.' Retrieved July 24, 2007, from http://hospitals.unm.edu/internet/policies_and_procedures/docs/psych_areas/unm_pc/UNM%20PC%20Assessment%20and%20Screening.doc

Hamann, Bhavani R. (2003). 'Relatives' Reactions to Patients' Traumatic Brain Injury: Development and Validation of a Measurement Instrument.' The Florida State University School of Social Work. Retrieved July 24, 2007, from etd.lib.fsu.edu/theses/available/etd-09212003-205142/unrestricted/Dissertation071503.pdf

<https://assignbuster.com/assesment-planning/>

National Association of Social Workers. (June 1992). ' NASW Standards for Social Work Case Management.' Retrieved July 24, 2007, from http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp