Assessment

A Sourcebook for Social Work Practice

Julia B. Rauch, Editor

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PREFACE

During 1988–1989, while serving as field liaison for the School of Social Work at the University of Maryland–Baltimore, Family and Children's Services of Central Maryland asked me to coordinate a one-year in-service training program on clinical assessment. After the topics and speakers were selected, I spoke with Ralph Burant, Director of Publications at Families International, Inc., about his interest in publishing these presentations in anthology form. In teaching introductory social work practice courses, I perceived a need for a resource that could be used both in classroom teaching and as a reference for students in their field placements. The present volume is the result of our discussion. The various chapters were drawn from two sources: (1) papers based on presentations at in-service training seminars on assessment sponsored by the Family and Children's Services of Central Maryland and subsequently published as a series of articles on assessment in *Families in Society* and (2) selected articles on assessment published in *Social Casework* and *Families in Society*.

The topics for the in-service training were selected on the basis of a survey of agency clinical staff, discussions with clinical supervisors, and consultation with two administrative staff—Michael Cenci and Cynthia Childs. The goal was to provide staff with intensive, hands-on models of assessment in specific areas. Indeed, presenters were told that their audience would include both beginning and advanced practitioners who had command of basic assessment principles. They were asked to provide structured, even "cookbook," models.

The chapters in this volume that were drawn from the in-service seminars include the following: McPhatter (family assessment), Lucco (school-aged children), Fedoroff (sexual history taking), Griffin (drug-involved clients), and Douglas (violent couples). The remaining chapters were located by reviewing articles on assessment that had been published in *Social Casework* and *Families in Society* in the past 10 years. The initial selection of articles was reviewed by Frederick DiBlasio, Geoffrey Greif, and Alfred Lucco. In addition, these reviewers were asked to recommend other important assessment topics that should be included. Following their recommendations, a second search was undertaken. Although for several of their suggestions, appropriate articles could not be located, I believe this collection does indeed provide educators, students, and practitioners with a broad array of useful information about the assessment process.

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INTRODUCTION

The assessment process is critical to social work practice. Practitioners' choice of service goals and methods spring from the initial data collected and their analysis of it. In fact, the effectiveness of intervention and the outcome of treatment depend in large part upon the accuracy of the initial assessment. Thus, practitioners *must* be competent assessors.

The goal of this collection is to nurture assessment skills by presenting selected assessment topics in one easy-to-use volume suitable for use in schools of social work, in-service and continuing education programs, and as a reference for beginning and seasoned practitioners who have questions about how to evaluate a particular client or problem.

What Is Assessment?

Historically, social work assessment was referred to as "diagnosis" or "psychosocial diagnosis." In recent years, however, the term diagnosis has become passé and has been supplanted by the term assessment. For some social workers, the word diagnosis connotes the "medical model" of social work (Hollis & Woods, 1981), which they regard as being negatively associated with symptoms, disease, and dysfunction (Hepworth & Larsen, 1990; Kirk, Siporin, & Kutchins, 1989).

Although the original meaning of the word "assess" has to do with setting taxes, fines, and special levies of money, its usage has grown to encompass the notion of critical evaluation and judgment. For instance,

one dictionary definition of assess includes the following: "to analyze critically and judge definitively the nature, significance, status, or merit of: determine the importance, size or value of" *(Webster's,* 1964, p. 131). In this way, the concept of social work assessment is linked to the meanings of the word diagnosis, which include "a careful investigation of the facts to determine the nature of a thing" and "the decision or opinion resulting from such examination or investigation" (*Webster's,* 1983, p. 502).

Assessment and diagnosis are not interchangeable terms, however. Diagnosis focuses on symptoms and assigns individuals to nosological categories that best fit the symptom configuration, for example, manic depression or phobia. Diagnosis assumes that people with the same symptoms have the same condition and thus can be treated similarly. Moreover, the concept of diagnosis, which was borrowed from the Western medical model, assumes that symptoms are lodged within the individual. In contrast, social work assessments are holistic and transactional in nature.

Social work assessment focuses on the *person-in-situation,* that is, on the characteristics of the individual, the systems to which she or he is connected, and the transactions between them. Assessment can be defined as the process of gathering, analyzing, and synthesizing salient data into a multidimensional formulation that provides the basis for action decisions. Its purpose is to reach an individualized understanding of the problem situation and to identify and analyze the factors that maintain the problem as well as the resources that can be mobilized for change (Pincus & Minahan, 1973).

Each component of the assessment process is complex. For example, assessment of the person scrutinizes such dimensions as appearance, ego development and functioning, cognitive development, developmental stage, physical health, education, and so forth. Similarly, family assessment identifies boundaries, roles, decision-making processes, and communication patterns. Thus, social work assessments are multidimensional, drawing upon multiple sources of information and applying knowledge and constructs from human biology and the social sciences.

Assessment can be conceptualized as *stage, process,* and *product.* As a stage of treatment, assessment follows problem definition and precedes intervention planning. As process, practitioners engage in assessment from the time of initial contact with potential clients to the final contact, which may be minutes, days, weeks, months, or even years later. Assessment is also moment to moment, in that the practitioner continually decides what information does and does not merit further exploration. New information may dramatically change the practitioner's understanding of the situation, leading to a change of strategy. Thus assessment is fluid, dynamic, and continuous. As product, it is presented as a written document entered into the client's record. Formats vary from setting to setting, but they usually include definition of the problem, analysis of the factors supporting the problem situation, identification of strengths and

resources, formulation of goals and objectives, and statement of the planned strategies for achieving goals and objectives.

Clinicians use generic engagement, data gathering, and analytic skills in the assessment process. Many practitioners have specialized expertise. However, particular situations may require knowledge and techniques that are new to the practitioner. For this reason, experienced clinicians, as well as students and recent graduates, may benefit from this collection.

The book is divided into five sections:
- Assessment of individuals and families
- Assessment over the life cycle
- Assessment of specific psychosocial dysfunctions
- Assessment techniques
- Assessment and ethnic diversity

The chapters cover a range of topics; however, some gaps exist. For example, out of the pool of articles from which the chapters were selected, no articles were found on the assessment of psychosocial functioning of people with HIV/AIDS, or on families with a chronically ill or disabled member. In that articles published within a ten-year period were reviewed, the specific gaps in this volume may reflect more general gaps in the professional literature.

Assessment of Individuals and Families

Ecosystems assessment. Social work has struggled to formulate a theory of knowledge and practice that takes into account the complex transactions between person and situation. The ecological-systems (ecosystems) perspective has emerged as a unifying social work paradigm. In a useful introduction to the chapters in this volume and to ecosystems assessment, Allen-Meares and Lane review key ecosystems principles and concepts. They present an assessment framework with three dimensions: critical data variables, significant ecosystems, and relevant data sources. The chapter concludes with a discussion of six ecosystems assessment principles.

Individual assessment. Mattaini presents a contextual behavior-analysis model for assessment of individuals. From the ecosystems perspective, Mattaini advocates using behavioral concepts to operationalize observations of clients' interactions with other people and institutions. He contends that this model makes available to practitioners an extensive literature on behavior change of individuals, ranging from prescriptions for specific problems to theoretical paradigms suggesting new approaches.

Family assessment. McPhatter, also writing from an ecosystems perspective, identifies five components of family assessment: problem identification, family structure, family functioning, family strengths and resources, and intervention plan and method of evaluation. She emphasizes the need to understand the family's cultural milieu; practitioners must have a working knowledge of the culture, life-style, customs, language, and history of the group with which the family is affiliated.

Paquin and Bushorn present a simple, eclectic family assessment model for novices. The nucleus of their presentation is a four-level typology of families based on family functioning and the presenting problem. Techniques appropriate for various family types are discussed. The chapter's framework allows beginning workers to draw upon prominent schools of family therapy to select appropriate assessment and therapeutic techniques.

Assessment over the Life Cycle

Infancy and toddlerhood. The infancy period is critical in that it sets the stage for future development. Thus, early intervention for high-risk infants and toddlers is recommended. Moroz and Allen-Meares present a comprehensive framework for assessment of adolescent parents and their infants in order to develop the individual family service plans (IFSPs) required by the Preschool and Early Intervention Act (P.L. 99-457) and the Education for All Handicapped Children Act (P.L. 94-142). Moroz and Allen-Meares identify specific aspects of social functioning that should be assessed as well as suggest assessment resources and techniques.

School-aged children. Lucco proposes a tripartite model for assessment of school-aged children. The first leg of this model is a developmental profile that assesses the child's progression through age-related stages in various developmental domains. The second leg is the functional profile, which examines academic, social, and family functioning. The third leg, the ecological profile, identifies neighborhood, school, and other environmental stressors that may contribute to the child's problem. Lucco recommends various qualitative and quantitative strategies for assessment of each component of the three profiles.

Adolescents. Adolescence can be a troubling period for many young people. One indication of the personal and social distress experienced by adolescents is the rising adolescent suicide rate. Hepworth, Farley, and Griffiths discuss clinical work with suicidal adolescents and their families. They identify predisposing psychosocial risk factors that should be assessed in estimating risk. These risk factors do not pertain only to suicide, however; they are associated with other problems of adolescence, such as pregnancy, truancy, and addiction. Thus, this chapter is of general and specific value to professionals who work with adolescents.

Adulthood. Emotional maturity, according to Freud, is the capacity to work and to love. These capacities are addressed in the chapters by Vigilante and Fedoroff. Vigilante provides an overview of the attributes of the work environment, the psychosocial demands of work, strategies of coping with work, and the connections between work and other domains of living. She underscores that work provides a highly complex social milieu, the understanding of which is necessary for appropriate assessment and intervention.

Sexual relations are an important expression of love. For many people, however, sex is an uncomfortable, even taboo, topic. Social workers, too, can experience discomfort dealing with sexual issues. Consequently, clients' sexual concerns are often ignored. Fedoroff discusses how to obtain a sexual history and presents some specific techniques to elicit concerns and dysfunctions in this sensitive area.

Aging. Morrow-Howell presents a multidimensional model for assessment of elderly clients. She reviews seven domains of assessment: physical health, mental health, social support, physical environments, functioning, coping styles, and formal service usage. Her discussion includes topics to be covered in each dimension, helpful assessment instruments, adaptation of interviewing skills, and use of allied professionals.

Assessment of Specific Psychosocial Dysfunctions

The disruptive child. Johnson's chapter on the disruptive child is a useful complement to Lucco's chapter on assessment of school-aged children. Using case examples, the author reviews the features of three disruptive behavioral disorders: attention-deficit hyperactivity disorder, conduct disorder, and oppositional defiant disorder. She notes the difficulty of discriminating among the three, pointing out that correct *diagnosis* is important because the appropriate interventions depend on the nature of the problem behavior. For example, depending on etiology, medication may benefit some children but not others.

Delinquency or school-related problems of children. In contrast with Johnson's diagnostic orientation, Compher approaches the problem of school behavioral problems from a systems perspective. He posits that the child's negative behavior is symptomatic of specific and current malfunctioning within the child's self–parent–school network. He identifies three interactional patterns: aggressive entanglement, passive entanglement, and adaptive response and provides strategies for changing patterns of aggressive or passive entanglement.

Alcohol and drug abuse. Because alcohol and drug abuse is epidemic in the United States, social workers likely come in contact with many clients who are involved with or affected by substance abuse. In Griffin's overview chapter, she defines salient terms, describes specific drugs and their effects, identifies indicators of drug-use problems, delineates treatment principles, and provides guidelines for assessing drug-involved clients.

Depression and affective disorders. The exorbitant personal and social costs of depression and other mood disorders include suicide, drug and alcohol abuse, and increased mortality from physical disease. Rauch, Sarno, and Simpson discuss how to screen for these conditions, which can be life threatening. They review differential diagnosis, probing for symptoms, and assessing danger signals. Because affective disorders are inherited in some families and are responsive to medication,

they discuss the need for new types of clinical partnerships between social agencies and psychiatrists.

Family violence. Partner and child abuse in the United States cuts across all socioeconomic lines and appears to be increasing. However, such abuse is not always recognized even when family members are seeing a social worker. Brekke presents a strategy for detecting partner and child abuse when it is not part of the identified problem. Brekke discusses detection of abuse in various clinical contexts, presents a domestic-abuse scale, and discusses therapeutic strategies.

Brekke's approach to screening for abuse is complemented by Douglas's in-depth, dynamic assessment of couples in which partner abuse occurs. She reviews the cycle of violence and violence continuum, discussing what to look for and how to uncover it. She discusses reciprocal couple interactions, dynamics of violent relationships, the functions of violence, and violence across generations. She also offers specific criteria for estimating prognosis and identifies barriers to the detection of violence.

Incest and sexual abuse. Incest, another form of violence, occurs at the extreme end of sexual pathology. Orten and Rich argue that the sexually abused child needs to be protected from the abuser and an often dysfunctional service system. They present an assessment scale intended to evaluate objectively incestuous families' strengths and pathology. The format is designed to help practitioners evaluate the risks involved in leaving the victim and offender in the same home and the possible benefits or harm in reunifying the family during treatment. The scale can also be used to improve services by facilitating coordination of the incest response system.

Mennen and Pearlmutter's chapter on detecting childhood sexual abuse in couples therapy deals with an overlooked issue and underrecognized skill. The authors identify adult symptoms and relationship patterns associated with a history of childhood sexual abuse. Because denial and minimization are often successful in warding off the pain of abuse, the worker may need to introduce the subject of abuse. The authors present strategies for broaching the subject, for monitoring the reactions of the survivor and her partner, and for creating a trusting, supportive environment for the couple.

Assessment Techniques

Individual self-observation. The current practice literature emphasizes the importance of incorporating empowerment techniques into practice but few articles discuss how empowerment fits into the process. Kopp asserts that the technique of self-observation, or monitoring and recording one's behavior, helps empower clients by giving them control of the information used in assessment. She identifies the goals of empowerment-oriented practice and reviews self-observation techniques. Using

case examples, Kopp describes how self-observation during the assessment phase may help clients obtain information about a problem or situation, gain knowledge about the environmental context of the problem, increase self-awareness and stimulate insights, and increase involvement and control.

Family assessment. Van Treuren offers a tool for family assessment that combines elements of the genogram, eco-map, and Minuchin's family diagrams. Each family member is asked to work individually to represent symbolically his or her observations of how the family has organized itself to deal with the presenting problem. A case example illustrates how the technique is used.

Family genetic histories. Bernhardt and Rauch contend that genetic family history should become part of routine social work screening and assessment. The authors present a rationale for this view and discuss basic genetic concepts, contemporary genetic services, criteria for genetic service referrals, the desired content of these histories, and various formats for recording the information.

Social networks. Social work's person-in-situation focus requires workers to understand the role of clients' social networks in problem maintenance and the potential of such networks to contribute to problem resolution. Tracy and Whittaker present a model for social network assessment that elaborates upon the widely used technique of eco-mapping, which specifies seven network domains, complemented by a grid that records information about the supportive and nonsupportive functions of network relationships. Tracy and Whittaker assert that their model enables workers to gather specific, clearly defined, and individualized social assessment information.

Effectiveness of family intervention. In the past decade, administrators, boards, and funders increasingly have demanded that family practitioners demonstrate that their interventions are effective. Taynor, Nelson, and Daugherty describe the process by which an intervention-effectiveness scale was developed for the Family Service Association of Dayton, Ohio. With this scale, the agency was able to demonstrate that families show improved functioning between the beginning and end of treatment. The authors highlight the importance of involving staff in developing such a scale.

Computerized assessment. Social agencies are moving toward computerized management information systems, although some clinicians resist computerization for various reasons. Franklin, Nowicki, Trapp, Schwab, and Petersen describe an agency's success in developing a computerized assessment system. This system was accepted by practitioners because it provided information that proved helpful in crisis intervention with youth and their families. The authors discuss steps in the process of developing a computerized management information systems, emphasizing that participatory decision making and group planning are critical to the success of such innovations.

Assessment and Ethnic Diversity

The United States population is becoming increasingly diverse, thus making it important that practitioners understand the ethnic and cultural issues of clients with whom they work. Solomon asserts that minority clients are often misdiagnosed, identifying some of the reasons why this occurs: cultural expression of symptomatology, unreliable assessment tools, clinician bias and prejudice, and institutional racism. She offers caveats and recommendations for practitioners who work with culturally diverse populations.

Gelfand and Fandetti also address ethnicity, warning social workers against reification of ethnic culture. They note that culture is emergent and that it changes over time in response to political and social pressures. Immigrants adapt in their encounters with the culture of the host nation. Referring primarily to white ethnic groups in the United States, the authors discuss factors that contribute to culture maintenance or change, presenting case examples to illustrate intraethnic group variation.

Hines, Garcia-Preto, McGoldrick, Almeida, and Weltman provide an overview of intergenerational relationships in five cultures: African American, Hispanic, Irish, Asian Indian, and Jewish. Although they do not provide an assessment model *per se*, the authors offer information that can be useful in assessing parent–child relationships in particular cultures.

A Valuable Resource

Because accurate and ongoing assessment is so critical to social work practice, educators need good tools with which they can help train students, and practitioners need resources to which they can refer in their work with clients. This volume is designed to fulfill these needs. What began as a series of in-service seminars has developed into a substantial volume of chapters on the diverse aspects of the assessment process.

Assessment affects all stages of the therapeutic process and in many ways serves as the foundation upon which the client–therapist relationship stands or crumbles. To develop accurate assessments, however, therapists need to become attuned to the underlying, often unspoken, problems and issues clients bring to the therapeutic process. This volume clarifies and speaks openly about such problems and issues. Educators, students, and practitioners should find it to be an excellent resource with which to become and remain informed about the complex as well as practical aspects of the assessment process.

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