WHERE TO START AND WHAT TO ASK

An Assessment Handbook

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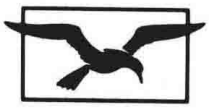

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WHERE TO START AND WHAT TO ASK

A NORTON PROFESSIONAL BOOK

For Kit, Megan and Gaby
who make anything seem possible

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The How and Why of This Book: An Introduction

Within a few weeks after I began my field placement as a social work student in an MSW program, I asked my supervisor what he thought was the most essential feature of being a good beginning clinician. "First of all," he said, "you gotta know your customer." Glib as that phrase may sound, it embodies the highest principles of sound practice and useful intervention.

Further, by helping me to focus on where to begin, it helped me not to feel anxious all the time, which is the way I felt on the day I asked my supervisor that question, and which is the way I quickly discovered most of my fellow students also felt. To be sure, some of that anxiety is unavoidable; some of it is quite useful in making sure that we don't overstep our knowledge or authority and that we turn to our supervisors for guidance.

The degree to which we are able to present those supervisors with factual information about our clients,* as well as with our impressions, is the degree to which they can help us assemble that information into a coherent understanding of the clients' problems and needs. The purpose of this book is nothing more nor less than to help you accomplish that information-gathering in a concise, thorough, and systematic way – which should also help diminish some of *your* anxiety.

*Since I am trained as a social worker, I will refer throughout this book to those being served as *clients*. Depending on the setting in which you train, or your profession, you may be more accustomed to referring to them as *patients*.

The book is not going to provide you with all the "answers." It *will* provide you with numerous questions and describe the situations in which they might be asked. That does not mean that you are going to direct all of them to the client. Some you are going to ask of yourself after an interview. Some you are going to discuss with your supervisor. Some you may never have occasion to ask. The idea of this book is simply to have them available to you when and if you need them.

The time at which you are likely to need these questions most is what's known in clinical parlance as the *assessment phase*. The purpose of the assessment phase is to help you and your supervisor make an accurate diagnosis, on the basis of which you can then formulate a conscientious treatment plan. In some agencies and institutions the assessment phase is embodied in the protocol of the agency; that is, you will be expected, during the first series of interviews to produce—frequently in writing*—some statement of the nature of the presenting problem, a background history of the client, a sense of the underlying pathology (if any), and some preliminary judgment as to whether or not there is a match between the kinds of services your agency provides and the prospective client's needs.

No doubt this last paragraph has raised far more questions in your mind than it has answered, first and foremost of which is: Am I going to be expected to do this on my own? And the answer is no. You will get a great deal of help, most of all from your supervisor. In addition, much of the content of your courses will be aimed specifically at assisting you in making these judgments.

Unfortunately, little of this may occur before you actually start interviewing clients. And even after you start getting supervision, it is almost impossible to get as much help as you feel you need. Why?

First, because supervisors are busy people. They have their own case loads and frequently have other administrative respon-

*This written document may be referred to in your agency as an *assessment*, or a *comprehensive assessment*, or a *diagnostic assessment*, or any of a number of other names. Again, since I am trained as a social worker, it will be referred to here as a *biopsychosocial assessment*.

sibilities, as well as supervision of other students and staff, so they have to remember a great deal about many cases. In addition, your time with your supervisor will be limited by your own schedule, so it is crucial for you to provide as much information as possible in the limited time you have together.

Second, unless yours is an agency that permits you to audiotape your interviews (and this practice raises some thorny ethical and clinical issues), it is unlikely that your supervisor will ever know *exactly* what happened in an interview. You may write a process recording which recounts some, or maybe even most, of what was said, maybe even how you felt or what the client was doing when he* said it. But, no matter how hard you try to remember, some of it will be lost. In addition, it is entirely possible that your supervisor will never actually see that person (there are exceptions, e.g., if the case is transferred to you from your supervisor, or if you work in an institutional setting and clients are known to the staff), so your supervisor must rely heavily on the information you provide.

So, for a while you are going to feel a great deal of anxiety when you start an interview. You are going to be worrying about what you're supposed to do or say next, at the same time as you are trying to listen, look, think, pay attention to what you are feeling, and make some sense out of all of it. In short, you are going to have to learn to tolerate the feeling of *not knowing*.

If that sounds abstract or philosophical, be assured that it is not. You are immediately going to be confronted in your interviews with clients who are in pain, who frequently have experienced unthinkable deprivations in their life, and who want—or appear to want—answers. And you are going to feel an intense desire to act, to do, to be reassuring and to say something

*Hereafter, the client's gender will be "she" in odd-numbered chapters and "he" in even-numbered chapters. In all chapters the therapist will be referred to as "she." These designations do not always reflect statistical correctness, logical correctness, or political correctness. They are simply intended to make the book easier to read. Obviously, you will substitute the appropriate pronoun when your judgment and experience indicate you should do so.

In those chapters that refer to "parents," it is hoped that your common sense will again prevail, and you will remind yourself that a child is not always parented by his or her *biological* parents, nor by two people of opposite sexes, nor even necessarily by *two* parents at all.

that will instantaneously make them feel better. So why not do it?

The answer to that question is quite straightforward. In most cases, you don't know the person to whom you are listening. You may have read a file on that person. You may have been given some information about his background. But you have no idea what makes him tick. You may have some hunches, but you don't *know* what his life is like, what comforts him, what frightens him. Therefore, you have no way of judging how your client will use the information or advice you might be inclined to offer. In the best case, your helpful comments might be ignored or give false reassurance in a situation that needs to be better understood. In the worst case they may be dangerous to him or those around him. The purpose in saying this is not to scare you; it is to move you in the direction of thinking about each client as unique, of recognizing that the human psyche is subtle, complex, and to be regarded with the utmost respect.

Having said all this, having posed these dilemmas and restrictions on the help you can obtain from others, we come to why this book has been written. It is intended to help you resist the impulse to formulate premature hypotheses, to help you withstand some of the feelings of helplessness and frustration that come from waiting and not knowing, and to give you some guidelines for discovering who the person sitting before you really is. It is going to give you some direction for conducting different types of interviews, as well as some standardized tools for making an assessment. It will point you in the direction of what you need to know and how to discover it and give you some clues as to where to look next. All this is intended to help you produce a document that you, your supervisor, and the treatment team can use to answer one crucial question: How do you respond to this particular client in a way that is truly therapeutic?

Before we begin the assessment phase, a few more words about the book and its orientation. First, it is written as if you were working in a community mental health clinic serving a culturally and ethnically diverse population of men, women, and children. Therefore, you may find at times that you need to adapt the material to your clinical setting and the unique circumstances and characteristics of your clients.

Second, though my own training is psychodynamically oriented and there may be unintentional indications of that in the text from time to time, the book is not meant to reflect any particular theoretical perspective on how to do treatment. Every professional school and every discipline is different. Individual professors have their own beliefs as to what works and what doesn't when it comes to treatment modalities (e.g., group, individual counseling, family intervention) and you probably have your own inclinations as well. A school or its faculty may reflect the dominance of one theoretician or another (e.g., classical Freudian thinking, self psychology, object relations, behaviorism, or a combination of these and many others). However, regardless of your orientation or your school's, responsible and thorough assessment is crucial.

If you are experiencing doubts about your own ability to tolerate not knowing long enough to do a thorough assessment, two final pieces of information might be useful.

This one may *seem* obvious but it is easily forgotten when you are face-to-face with your first client: Remember that the person who is sitting opposite you has probably had these problems for a very long time. Even if the person is a child or you are responding to a recent trauma or you are working with a family, the intrapsychic and interpersonal characteristics have been there awhile. Change is going to take time. You are neither a miracle worker nor a magician, and what you are embarking on is a mutual task, one in which you and the client (or clients) are going to work together to understand what parts of the present approach to the problem are useful and what parts aren't. However, implicit in that mutual effort is your understanding that the client has developed, or was endowed with, some strengths for coping with those problems. It is vitally important that in doing your assessment you discover those strengths and help the client to recognize and build on them. If you doubt the existence of those strengths when you are confronted with your first client, remember that—no matter how disturbed he may seem—he is talking, working, playing, eating, and somehow going on with his life. Also remember that, even if that person seems unable to function, there is some small part of him that wishes to be healthy or he wouldn't be alive.

Lastly, if you aren't already, at some point you are going to

feel overwhelmed with questions about your right to be practicing and learning on your clients. At such moments it is important to remember that you probably have a smaller case load than the regular workers in the agency and, therefore, more time to devote to each of your clients. Furthermore, your caring, your dedication, and your interest will go a long way toward building a relationship with a client, and that relationship is the cornerstone on which every client's experience of being helped rests.

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