Monmouth University

An Empowering, Strengths-based Psychosocial, Assessment and Intervention Planning Outline

Introduction:

Below you will find the outline for the Monmouth University Psychosocial Assessment and Intervention Planning Model for Children and Families in a global environment. This is a model that has been developed to ensure the core components of engaging in assessment with people in client status in a way that ensures a focus on strengths and empowerment. This model also has at its core a way of understanding presenting concerns that is rooted in a framework of human rights and social and economic justice.

One of the most important elements to keep in mind when you are writing a report or assessment on a person in client status is that the individual can have access to what is written about them. The importance of the relationship between the worker and the person in client status has been well established. Put yourself in their shoes - it is critical then that we ensure that all manner of communication with people in client status, be that verbal or written, is done in way that affirms them as a human being and ensures their dignity and worth as a person is of primary importance.

Another key piece to ensure is that the below assessment is done in collaboration with the person in client status. It is critical to make certain that the individual’s perceptions, concerns, and understandings are at the forefront of the assessment. Similarly, the intervention efforts must be developed in a way that speaks to the person’s goals and objectives. The below should occur as a discussion with the person in client status; remember always that the relationship you foster with the person in client status will be critical to the outcome of your work together; it is a relationship that relies on trust and honesty between worker and person in client status. This is a relationship best developed when you demonstrate to the person that the important guidance and knowledge you have to offer is equally as important as the knowledge and guidance they have to share as experts in their life experience.

Elements of the below format may be different or missing entirely from other assessment formats you come across in your agency settings. The below model is a more effective and comprehensive way of engaging with people in client status and collaborating with them to overcome the concerns that have brought them into contact with you as the Social Worker. If you are unable to add the below elements into the actual template your agency requires, you must ensure the below elements are discussed and included as part of your work with persons in client status.

Please note that much of this is in an outline form. You want to prepare in advance about how you will ask questions and think about possible follow-up questions that might be necessary. Also think about how to ask these questions to special populations: adoptees,
LBGT, elderly, people with disabilities (including traumatic brain injury), military, prisoners, undocumented immigrants.... Giving lots of open-ended specific questions.

Finally, think about your role as a social worker in this assessment and how that may affect how the questions are understood or perceived.

I. Identifying Information

II. Reason for Referral/Presenting Concern
   A. Referral Source
   B. Summary of the presenting concern
   C. Summary of strengths and resources (Actual and potential)
   D. Impact of the presenting issues/challenge

III. Person(s) in Client Status and Family Description and Functioning

IV. Relevant History
   A. Family of Origin History/Family of Choice History
   B. Relevant Developmental History
   C. Family of Creation History
   D. Educational and Occupational History
   E. Religious (Spiritual) Development
   F. Social Relationships
   G. Dating/Marital/Sexual Relations
   H. Medical/Psychological Health
   I. Legal
   J. Environmental Conditions
   K. Human rights issues that may impact the situation

V. Collaborative Assessment between Worker and Person in Client Status (See Appendix)

VI. Intervention Plan (See Appendix for template)
   • An intervention plan may also be referred to in your agency as a “treatment plan”. The term intervention is preferable for a variety of reasons. Intervention is reflective of a medical model of understanding personal difficulties which is not consistent with the social work person in environment perspective. A medical model of understanding typically views the presenting concern as occurring within the individual; a person in environment perspective reflects on presenting concerns as a function of interrelated forces in an individuals’ environment. The term intervention also speaks to reflecting on intervening in the structural forces that may be helping or hindering the individual in being able to take meaningful steps at resolving their current challenge.

Please see the attached Appendix to guide your writing within each area.
Appendix I
Foundation Year

I. Identifying Information
- This section should include such information as age, sex, gender, race, religion, relationship status, occupation, living situation, sexual orientation, children etc. Information should be factual, based on information from the Person(s) in Client Status, collateral contacts, and case records.

II. Reason for Referral/Presenting Concern
- This section should identify the referral source and give a summary of the reason for the referral. This should include the ‘Person(s) in Client Status description of the concern or services needed including the duration of the concern and its consequences for the persons involved. Past intervention history by the individual, the family, or an agency or related to the presenting concern should also be summarized.

- In addition, comment on any of the following areas that have been impacted by the presenting concern as reported by the person in client status as well as the referral source (if different). You should also include a discussion of how various systems have impacted the person in client status/organization:
  
  - family situation
  - physical and economic environment
  - educational/occupational history
  - physical well-being/health
  - relevant cultural, racial, religious, sexual orientation and cohort factors
  - current social/sexual/emotional relationships
  - legal involvement
  - How has the person in client status/organization used internal and external resources to face challenges/concerns in the past?

III. Person(s)/Family in Client Status Description and Observations
Understand that at times the family, not an individual person, is in client status. Think about how you will broaden the questions and topic areas to be inclusive of the family as the unit.

In this section be sure to cover different family forms – family of creation, family of experience (e.g. – through adoption) and family of choice, for example.

- This section should contain data observed by the worker. That said, this section is not to contain opinions. It is to be as objective as possible. It is important, however, to note how these observations might be influenced by the workers’ personal experiences and biases. Keep in mind also that the circumstances of the person may impact the following areas in a variety of ways. For example, does the individual come right to the appointment from working a long shift? Could that
have led to a tired looking appearance? What is the person’s economic means? Could that impact dress or appearance? What experiences has the individual had prior with social workers/social services that may impact their receptiveness to services (defensiveness, etc).

- Ideally, this information should be collected from the first few interviews with the person; some practice settings though may require this assessment occur after just one interview, typically an intake. If that is the case, note in this section that the information was collected from one in person meeting.

- In this section, include pertinent and objective information about:
  - The Person(s) in Client Status’ physical appearance (dress, grooming, striking features);
  - Communication styles and abilities or challenges;
  - Thought processes (memory, intelligence, clarity of thought, mental status, etc.);
  - Expressive overt behaviors (mannerisms, speech patterns, etc);
  - Reports from professionals or family (medical, psychological, legal).
  - Mental status exam (if appropriate)

**IV. Relevant History**

- This section should discuss past history as it relates to the presenting issue. While this section should be as factual as possible, it is the place to present how the specifics of the Person(s) in Client Status ‘culture, race, religion, or sexual orientation for example affect resolution of the presenting concern(s). How might perceptions affect the situation (see above)? Additionally, keep in mind that what the social worker may think is not accurate may have significant impact on a person/organization. Some things, like institutionalized discrimination, may not be directly at play, but certainly may indirectly affect the situation and a person/organization’s experience of the situation.

- Include applicable information about each of the following major areas or about related areas relevant to the person in client status/organization. (You are not limited by the outline below):

  A. Family of Creation/Family of Choice/Family of Experience History: Family composition; birth order; where and with whom reared; relationship with parents or guardian; relationships with siblings; abuse or other trauma; significant family events (births, deaths, divorce, separations, moves, etc.) and their effect on the Person(s) in Client Status. Is the Family of Origin History different from the Family of Experience History? For example, was the person raised by/with original (birth) family members or with individuals not related by birth? If Family of Birth and Family of Experience differ, what is the relationship with/knowledge of birth family members?
B. Relevant Developmental History: Were there any medical problems/conditions at birth or problems around the birth process; developmental milestones including mobility (crawling, walking, coordination); speech; toilet training; eating or sleeping problems; developmental delays or gifted areas; positive experiences such as relationships. This section is especially important for Persons in Client Status who are children. It is critical to identify non-western expectations and practices for child rearing and development for clients from diverse backgrounds as applicable. When noting successes and struggles with developmental milestones, bear in mind that traditional theories often negate the complexity and cultural meaning ascribed to the developmental process. Note here also the nature of stresses and experiences Person(s) in Client Status has encountered throughout his/her life in relation to ability to handle them.

C. Family of Creation/Experience/Choice Interrelationships: Interacting roles within the family (e.g., who makes the decisions, handles the money, disciplines the children, does the marketing); typical family issues (e.g., disagreements, disappointments, rituals, celebrations) social networks or family of choice, which is particularly relevant for LGBT persons.

D. Educational and Occupational History: Level of education attained; school performance; learning problems, difficulties; areas of achievement; peer relationships. Skills and training; type of employment; employment history; adequacy of wage earning ability; quality of work performance; relationship with authority figures and coworkers.

E. Religious and/or Spiritual Development: Importance of religion in upbringing; affinity for religious and/or spiritual thought or activity; involvement in religious activities; positive or negative experiences.

F. Social Relationships: Size and quality of social network; ability to sustain friendships; pertinent social role losses or gains; social role performance within the client's cultural context. Historical patterns of familial and social relationships.

G. Intimate Relationships: Type and quality of relationships; relevant sexual history; ability to sustain intimate (sexual and nonsexual) contact; significant losses; traumas; conflicts in intimate relationships; way of dealing with losses or conflicts. Currently, where do problems exist and where does the client manage successfully? Positive relationships and/or positive elements of relationships?

H. Health: including drug, alcohol or tobacco use or misuse; medications; accidents; disabilities; emotional difficulties including mental illness; psychological reports; hospitalizations; impact on functioning; use of previous counseling help; break down; medical/psychological/substance

I. Legal: Juvenile or adult contact with legal authorities; type of problem(s); jail or prison sentence; effects of rehabilitation or lack of access to truly rehabilitative services within and without the criminal justice system; effects of the prison system.
J. Environmental Conditions: Urban or rural; length of time in the current living environment; living arrangement history, economic and class structure of the neighborhood in relation to that of the client; description of the home.

K. Human Rights Issues: In this section note how any of the following human rights issues may have been part of the person in client status’ life experience and how they may impact the presenting concern. Bear in mind the below should occur as a discussion with the person in client status and should focus on their perceptions of how the below issues may have impacted their experience and presenting concern. The wording in italics is information you can share with the individual as examples of how these issues are human rights versus personal needs.

- Article 16.

“Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.”

The denial of marriage equality for Lesbian and Gay persons creates unequal intervention under the law and undue financial hardships due to inequality in access to spousal benefits and issues with inheritance taxes. Additionally the denial of marriage equality creates issues regarding access to partners when hospitalized and decision making powers regarding medical intervention.

- Article 23: The right to jobs at a living wage and just conditions of work

"Everyone has the right to work, to free choice of employment, to just and favorable conditions of work and to protection against unemployment. . . . Everyone who works has the right to just and favorable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection. . . . Everyone has the right to form and to join trade unions."

Your government is supposed to ensure that you can have a job of your choice which is safe, pays enough to live on and does not infringe on your civil rights, including your right to be part of a union to protect your rights as a worker.

- Article 25: (1) The right to well-being of a person and his/her family, including food, clothing, housing, health care and necessary social services

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood
in circumstances beyond his control. Motherhood and childhood are entitled to
special protection."

*The government has to insure that every resident has enough money to provide all the
basics for living. If you live below a recognized standard of income and other resources,
your human rights are being violated--regardless of your source of income.*

You must given assistance by the government whenever for whatever reason you are not
getting enough income for yourself or your family to get by. In fact welfare and disability
payments (and often social security) that do not pay at least more than the poverty level
are violations of your rights even if you can access them. In no state has welfare
payments at the federal poverty level, (frequently disability and social security payments
are not) and if this is your source of income, your economic rights are being violated.

- **Article 25 (2) Protection of mothers and children, regardless of birth status.**

  *Any way in which you as a woman are denied access to needed resources, especially
  when you are working to raise and/or support children, is a violation.*

- **Article 26: Right to education**

  "Everyone has the right to education..."

  *You and your children have the right to all levels of education of your choice as long as
  you or they have the skills to be admitted regardless of availability of facilities or income.*

**V. Collaborative Assessment between Worker and Person in Client Status**

- This section should contain the thoughts and opinion of the consulting social
  worker in conjunction with the perspectives, views and understanding as
  articulated by the Person in Client Status. It is based on initial observations and
  information gathering efforts that have occurred in discussion with the person in
  client status; however, it takes the observations and information to a new level.
  Here, the worker and the person in client status integrate his or her view with an
  understanding of the person in client status situation, its underlying causes and/or
  contributing factors and the prognosis for change.

As appropriate, the following factors should be included in this section:

- Social emotional functioning--ability to express feelings, ability to form relationships,
  predominant mood or emotional pattern (e.g., optimism, pessimism, anxiety,
  temperament, characteristic traits, overall role performance and social competence,
  motivation and commitment to intervention)

- Psychological factors--reality testing, impulse control, judgment, insight, memory or
  recall, coping style and problem solving ability, characteristic defense mechanisms,
notable problems. If applicable, include a formal diagnosis (e.g., DSM V, International Classification of Diseases, etc.)

- Environmental issues and constraints or supports from the family, agency, community that affect the situation and its resolution. What does the environment offer for improved functioning (family, friends, church, school, work, clubs, groups, politics, leisure time activities).

- Issues related to cultural or other diversity that offer constraints or supports from the family, agency, community that affect the situation and its resolution.
  - Strengths and areas for change in relation to Needs/Demands/Constraints in which the person functions
  - Capacities and skills
  - Meaningful access to opportunities to achieve personal capabilities
  - Activity patterns
  - Ways of communicating
  - Perceptions of him/herself and others
  - How energy is invested
  - What disturbs or satisfies him or her
  - Capacity for empathy and affection
  - Affects and moods
  - Control vs. impulsivity
  - Spontaneity vs. inhibition
  - Handling of sexuality and aggressiveness; dependency needs, self-esteem and anxiety
  - Attitudes toward authority, peers and others
  - Nature of defenses
  - Method and ability to solve issue/challenge and build on strengths and capacities
  - The impact of structural constraints on the presenting concern

Conclude the assessment with a statement about the person in client status’ motivation for help, the agency's ability to provide help, resources in addition to the agency that may be necessary to resolve the presenting concern (including relevant organizations that may impact the larger structural concerns) and anticipated outcome of services to be provided.

VI. Intervention Plan

This section should map out a realistic intervention strategy to address the situation and the assessment of the factors that underlie it. The development of this plan must be guided by the understanding and perspectives of the person in client status. This plan should include: (Below you will find a model to organize this plan).

- Concern(s) chosen for intervention
- Goals and objectives
- How worker will connect the person to organizations/movements working for change in areas that impact her/his life.
- How the person in client status, with the worker's and a social organization’s help, will achieve these goals
- The worker's role in the interventions
- The anticipated time-frame (e.g., frequency of meetings, duration of the intervention)
- Potential factors that may affect goal achievement (including motivation; willingness to engage in change activities; personal and cultural resources; and/or personal abilities or limitations; agency resources or limitations; community resources of limitations. Whose motivation? Here we have to think about non-compliant social workers, as Finn and Jacobson say.
- Method(s) by which goal achievement will be evaluated.
### Intervention Plan

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<th>Area(s) of Concern</th>
<th>Goal</th>
<th>Objectives</th>
<th>Responsibilities: Who?</th>
<th>Time Frame</th>
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**Anticipated Obstacles:**

You may also wish to state whether further exploration is needed, whether you plan to refer the person in client status/organization to another agency or source of help instead of or in addition to your agency's help.