

FOUR SOCIAL WORK ASSESSMENT MODELS

Ecobehavioral Assessment Integrative Skills Assessment Protocol Solution Focused Assessment Person-Environment Assessment

Ecobehavioral Assessment

I. Ecobehavioral Scan

I'd like to ask you a few questions so that we can develop a clear picture of your situation together and so that I can be sure I understand your life as it is now. (The social worker may wish to draw a transactional ecomap with the family during this stage.)

- a. Let's start with what's going right. What areas of your family life are currently going the best?
- b. What about connections you have outside the immediate family? How much contact do you have with relatives or extended family? On a scale of 0 (not at all) to 5 (a lot), how much satisfaction do you get from those contacts? Are there any struggles with those folks? On a scale of 0 to 5, how much pain do those struggles cause? (Use a similar scale with each of the following areas that appears particularly relevant.)
- c. Do you have many friends? How often do you see friends? How are those relationships going? Anyone else?
- d. What about work and school? What's going well there? So on our 0 to 5 scale, are there things that aren't going so well? About a __ on our scale?
- e. Tell me a little about where you live. How satisfied are you with your home and neighborhood?
- f. Any religious or church affiliation? Are you active?
- g. Is anyone in the family active in other groups or organizations?
- h. Any legal involvement?
- i. How is everyone's health? Any problems there?
- j. How much alcohol do people in the family use? Anyone take medication or drugs?
- k. Now let's turn to your family itself. What's going right in the family? Who gets along best with whom? Who have more struggles getting along? (Elaborate and quantify as necessary to explore the relationships within the family.)
- l. Does anyone else live in your home? How do you all get along? (Explore both positive and negative exchanges, and quantify if possible.)
- m. What would like to do more of in your family? What would you like to do less of? (Suggest self-monitoring or observational measures to expand data.)

II. Identification of Focal Issues

(Remember that focal issues may involve the behavior of only one person; however, to the extent possible, try to shift toward transactional definitions. Also, remember that focal issues need not involve only family members, but may involve transactions with other people or systems.)

- a. So, out of all of this, where would you like to begin? What's most important to you?
- b. I notice that you seemed to struggle a bit with _____. Is that one thing we should pay attention to?
- c. What do you think would be a realistic goal here? (Expanding with specifics, but build on the envisioning that occurred earlier.)
- d. Do you think that there is anything else we should work on at this point?
- e. So specifically, one of our goals right now is (Explicate in behavioral terms).

III. Contextual Analysis of Focal Issues

Now, let's see if we can get a really clear picture of our first goal (or focal issue), which is. (The general flow is from current undesirable situation to goal state; this kind of analysis should occur for each identifies focal issue, although all may not be done at the same time. Focal issues left aside for later should be clearly stated and written down, however, so that the family knows they will be addressed later.)

- a. As near as you can tell, how did problem start?
- b. When was that?
- c. Does this problem behavior ever pay off in any way for anyone? Does it ever produce any advantages for anybody?
- d. Who else acts a little like this sometimes?
- e. Who or what supports the current pattern?
- f. What are the costs? What other problems does it cause?
- g. What seems to trigger the problem? Are there times when it does not happen? (Identify occasions.)
- h. Are there some times when this is not a problem? Tell me about those times. When is the problem most likely to come up? (Search for motivating antecedents.)
- i. What do you think it would take to get from where you are to where you want to be? (Explore resources, including tangible, personal, and social.)
- j. Who would be willing to help you achieve this goal or resolve this problem?
- k. Who or what might stand in the way?
- l. How important is this to you? Why? How will reaching this goal enrich your lives? How quickly do you think that will happen? (Build motivation.)

IV. Identification of Interventive Tasks

(This part of the assessment process needs to flow from the information provided in earlier stages, and it should emphasize tasks that will address the areas identifies in the contextual analysis. It should explore interventive options for mobilizing the resources and addressing the obstacle discussed in that analysis. Identify approaches with the best empirical support in the context of the family situation. Careful specification of the multiple steps required to work toward the goal may be required. Explore possible reinforcers to be use along the way as well.)

Integrative Skills Assessment Protocol

- I. Identifying Information
 1. Name
 2. Address
 3. Home phone number
 4. Work phone number
 5. Date of birth
 6. Family members living at home
 - a. Name
 - b. Age
 - c. Relationship
 7. Occupation
 8. Income
 9. Gender
 10. Race Religious affiliation
 11. Briefly describe the presenting problem or symptom(s)
- II. Nature of Presenting Problem(s)
 1. List all of the problems identified by the client and/or practitioner
 - a. What is the specific problem(s)?
 2. Specification of problem(s)
 - a. History
 - i. When did the problem first occur?
 - ii. Is this a long-standing, unresolved problem? A recently established one?
 - b. Duration
 - i. How long has the problem been going on?
 - c. Frequency
 - i. How often does the problem occur?
 - d. Magnitude
 - i. What is the intensity of the problem?
 - e. Antecedents
 - i. What happens immediately before the problem occurs?
 - f. Consequences
 - i. What happens immediately after the problem occurs?
 - g. Exceptions to the problem
 - i. What exceptions to the problem exist?
 - ii. How often have exceptions occurred?
 - iii. When was the last time an exception happened?
 - iv. What was different in the situation in which the exception occurred than in situations in which the problem happens?
 - v. Who was involved in making the exception happen?
 - h. Reason for seeking help
 - i. What makes the client seek help now and not before?
 - i. Prior efforts to solve problem(s)
 - i. How has the client sought to solve the problem previously, including other therapy?
 - ii. With what results?

- j. Client motivation
 - i. What is the level of motivation for solving the problem?
 - ii. Use scaling question to identify client motivation: “On a scale of 1 to 10 with 10 being you would do anything to solve this problem and 1 being that you do not care so much for solving it, where would you say you are right now?”
 - k. Client resources/strengths
 - i. What are the client resources available for solving the problem?
 - ii. Use scaling question to assess copying: “On a scale of 1 to 10, with 1 being that you are ready to throw in the towel and give up and 10 being that you are ready to keep on trying, where would you rate yourself right now?”
 - l. Other
 - i. Are there other difficulties associated with or in addition to the problem?
3. Prioritize problems and goals
- a. Through negotiations with the client, prioritize problems in terms of severity.
 - b. What are the client’s goals? Goals should be something he or she is motivated to accomplish.
 - c. What is a small, obtainable goal? What can the client do toward the goal immediately and before the next session?
 - d. What, when, how, and with whom is the behavior to happen?
 - e. What will the client do instead of the problem behavior?
 - f. Does the client understand that the goal is the first step and not the end to solving the problem?
 - g. Is the goal something the client can do in the context of his or her life?
 - h. Does the client understand that the goal is hard work and that effort must be put forth? Is the client committed to do so?
 - i. Use the miracle question to prompt the client to set a goal or to envision a solution to the problem: “Let’s suppose that an overnight miracle happened and the problem you are having disappeared, but you were sleeping and did not know it. When you woke up the next morning, what would be the first thing you would notice? Guide the client in discussing what life would be like without the problem.

III. Client

- 1. Intrapersonal issues
 - a. Cognitive functioning
 - i. What is the client’s perception of the problem and its solution?
 - ii. What are the client’s most common upsetting thoughts?
 - iii. What underlying beliefs and schemas support the client’s upsetting thoughts and subsequent emotions and behaviors? Identify maladaptive cognitive schemas as the central focus of intervention.
- 2. Maladaptive schemas around autonomy
 - a. Dependence (on others for support, fear one can’t take care of self)
 - b. Subjugation (sacrifice of one’s own needs to satisfy others’ needs)
 - c. Vulnerability to harm or illness (fear of disasters)
 - d. Fear of losing self-control (over own mind, behavior, impulses, body, etc.)
- 3. Maladaptive schemas around connectedness
 - a. Emotional deprivation (expectation own needs won’t be met)
 - b. Abandonment/loss (fear of losing significant others and of being isolated forever)
 - c. Mistrust (expectation of others to willfully hurt, abuse, cheat, lie, manipulate, or take advantage)
 - d. Social isolation/alienation (feels different from others, not part of)
- 4. Maladaptive schemas around worthiness
 - a. Defectiveness/unlovability (feels inwardly defective, flawed unlovable)
 - b. Social undesirability (feels outwardly undesirable, ugly, of low status, dull)
 - c. Incompetence/failure (believes self cannot perform)
 - d. Guilt/punishment (believes self morally or ethically bad and deserving of punishment or harsh criticism)

- e. Shame/embarrassment (believes one's inadequacies are totally unacceptable to others)
5. Maladaptive schemas around limits and standards
 - a. Unrelenting standards (relentless striving to meet extremely high expectations of oneself at the expense of happiness, pleasure, health, satisfying relationships)
 - i. Trace antecedents, beliefs, and consequences of upsetting thoughts and behaviors.
 - ii. What are the "hot cognitions," or those cognitions that are related to underlying emotions and schemas?
 - iii. What is the client's view of self, others, and the world?
 - iv. What evidence is there for problem-solving capacity?
 - v. In what ways has client solved problems in the past?
 - vi. Is there clear evidence of rational vs. irrational thoughts?
 6. Emotional functioning\
 - a. Describe the client's affect and mood
 - b. Can the client express a range of emotions?
 - c. Is there evidence of appropriate vs. inappropriate emotions such as extreme anger, elation, or depression?
 - d. Is there evidence that the client's cultural group or primary reference group view the client's affect or mood as being outside the norm?
 7. Behavioral functioning
 - a. Physical appearance
 - b. Mannerisms
 - c. Speech
 - d. Abilities and disabilities
 - e. Antisocial or acting-out behavior
 - f. Behavioral deficits or excesses such as lack of social skills or addictions
 8. Physiological functioning
 - a. Has the client been seen medically during the past year?
 - b. If so, with what results?
 - c. Is there any evidence of drug and alcohol usage?
 - d. Are any medications taken?
 - e. Describe diet, caffeine, alcohol, and drug usage.
 9. Client mental status
 - a. Disturbances in appearance, dress, posture, etc.
 - b. Disturbances in thoughts (hallucinations, delusions, etc.)
 - c. Disturbances in level of awareness (memory, attention, etc.)
 - d. Disturbances in thought processes (logical, intelligibility, coherence)
 - e. Disturbances in emotional tone (deviations in affect or discrepancies in verbal reports of mood and client affect)
 - f. Degree to which the client seems aware of the nature of the problem and the need for treatment
 10. Contextual factors/cultural/gender considerations
 - a. What is the degree of acculturation?
 - b. What is the client's perception of how contextual factors/cultural/gender group identification has helped or not helped?
 - c. Are the sources of conflict related to contextual factors /cultural/gender issues?
 11. Motivation
 - a. What stage of change is the client in?
 - b. Is the client unaware of a need for changes?
 - c. Is the client currently contemplating a need to change but has not made a full commitment to the change process?
 - d. Has the client fully embraces the idea of change and is ready to move forward?
 - e. Has the client already made some recent changes and needs help maintain those changes?

- f. Has the client changed the problem behavior in the past but has since relapsed?
 - g. What are the factors that may contribute to client motivation, either causing client discomfort or causing client to have hope for the future?
12. Client roles and role performance
- a. What roles does the client perform (wife, mother, etc.)
 - b. What are the client's issues related to role performance?
 - c. What are the client's issues related to satisfaction or dissatisfaction?
 - d. What are the client's gender issues?
 - e. Are there of social and economic injustices?
13. Developmental considerations?
- a. Trace the birth, developmental history of the client (the mother's pregnancy, developmental milestones, illness, trauma, etc.)
 - b. Is there and "identified patient"? If so, whom?
 - c. What is each family member's perspective of the problem(s)?
14. Marital status
- a. What is the client's sexual dating and/or marital history?
 - b. What is the quality of the client's intimate relationships?
 - c. How long has the client been married?
 - d. How many times has the client been married?
15. Interpersonal: Family structure
- a. Quality of the client's family interactions
 - b. Family boundaries
 - c. Family alliances
 - d. Family power structure
 - e. Family communication patterns
 - f. Family stories and narratives
 - g. Family strengths
16. Interpersonal: Work or school
- a. Occupation or grade in school
 - b. Satisfaction with work/school
 - i. Are there indicators of successful achievement in this setting?
 - ii. What are issues related to grades, pay, promotions, etc?
 - iii. Describe relationships with colleague/peers
 - c. Effect of problem(s) on work/school
 - i. Does the problem(s) occur in this setting? If so, how does the client get along with peers, teachers/bosses, other authority figures?
 - ii. What is the academic/work history?
 - iii. Any evidence of antisocial behavior?
17. Interpersonal: Peers
- a. Satisfaction with number peers/friends?
 - i. Who are the client's friends and what is the quality of these relationships?
- IV. Context and Social Support Networks
1. Agency considerations
- a. Does the agency setting have an effect on the problem/client (i.e., does the client have negative feelings about seeking services at this agency? Is the agency located too far away to be accessible to the client? Does the agency have the resources to deal with the client's problem in terms of worker time, interest, etc.?)
 - b. Would referral be best for the client, and if so, what is the best referral source?
2. Client's environmental context
- a. What environmental resources does client have? (adequate housing, transportation, food/clothing, recreation, social supports, educational opportunities, etc.)

- b. What environmental resources exist that the client is not currently utilizing (access to family or peer support, support from agencies in the neighborhood, etc.)
- c. What environmental resources do not exist and need to be developed? What gaps in resources exist for this client?

V. Measurement (use global and/or rapid assessment instruments)

1. Family functioning
2. Marital (or significant other) functioning
3. Individual functioning
4. Social supports
5. Strengths, resources, and protective factors

VI. Summary

1. Practitioner impressions
 - a. Summarize areas for presentation to the client. List concerns of highest priority to the client. What is the goal? Generate a list of exceptions to the problem and a list of client strengths. Obtain client feedback.
 - b. DSM diagnosis
 - c. Problem(s) or solutions to be targeted for immediate intervention
2. To be negotiated with client and prioritized
 - a. What are some progress indicators?
 - b. What are desired outcomes?
 - c. What is the baseline?
 - d. What are the results of either pretest or repeated measurement of targeted problems and strengths?

VII. Treatment Plan

1. Problem (s):
 - a.
 - b.
2. Definition(s):
 - a.
 - b.
3. Objective(s) (measurement):
 - a.
 - b.
 - c.
 - d.
4. Intervention(s):
 - a.
 - b.
 - c.

Solution-Focused Assessment

Tracking solution behaviors or exceptions to the problem. The therapist identifies times when the problem does not occur, effective coping responses, and the context for the absence of the problem. The therapist says something such as, “Even though this is a very bad problem, in my experience, people’s lives do not always stay the same. I bet that there are times when the problem of being sent to the principal’s office is not happening or at least it is better. Describe those times. What is different? How did you get that to happen?” The therapist gathers as many exceptions to the problem pattern as possible by repeatedly asking the client, “What else...? What other times...?” Once an exception has been identified by the client, the therapist uses prompts, such as “tell me more about that,” to help the client describe in detail the exceptions. The therapist also uses his or her own affects, tone, and intense attention to the client’s story to communicate to the client that he or she is very interested in those exceptions. Such nonverbal gestures as nodding, smiling, leaning forward, and looking surprised are used. The therapist also may say something such as “how about that,” “I am amazed,” or “Wow!” as social reinforcement to the client. This encourages the client to talk on and to develop in more detail the exceptions story.

Scaling the problems. This approach uses scaling questions to assess the problem and to track progress toward problem resolutions. The therapist says, “On a scale of 1 to 10, with 1 being that you are getting in trouble everyday in class, picking on Johnny and Susi, getting out of your seat and being scolded by your teacher, and 10 being that instead of fighting with Johnny and Susi you are doing your work, and that you ask permission to get out of your seat, and your teacher says something nice to you, where would you be on that scale now?” With children, often smiley and sad faces are also used to anchor the two ends of the scale.

Other uses of the scaling technique in the therapy process include the following: 1) asking questions about where the client is on the scale in relationship to solving the problem; 2) using the scaling experience to find exceptions to problems, such as saying “How did you get to the 3?” or “What are you doing so you are not a 1?”; 3) employing scales to construct “miracles” or to identify solution behaviors. For example, the therapist inquires as to where the client is on the scale (with 1 representing low and 10 representing high). The therapist then proceeds to ask the client how he or she will get from a 1 to a 3. Or, the therapist inquires how the client manages to move from a 4 rating to a 5 rating, for example, by asking, “How did you get that to happen? What new behaviors did you implement or what was different in your life that made the changes?” Solution-focused therapists may also express surprise that the problem is not worse on the scale as a way of complimenting the client’s coping behavior or as a way to use language to change the client’s perception of the intractable nature of the problem.

Using coping and motivation questions. This is a variation on the scaling question that helps the therapist assess the client’s motivation for solving the problem as well as how well the client perceives that he or she is coping with the problem. The therapist says something like, “On a scale of 1 to 10, with 10 being that you would do anything to solve this problem, and 1 being that you do not care so much for solving it, where would you say you are right now?” After asking coping and motivation questions, the therapist should be able to determine the following:

- a) If the problem that has been defined is too overwhelming to the client. If the problem is too overwhelming, then the problem needs to be broken down into smaller steps and redefined for the client.
- b) How much self-efficacy and hope the client possesses toward the problem resolution. If the client does not believe the problem can be solved, steps must be taken to change this belief. Here, the exception questions can be empowering.
- c) What is the degree of commitment to work on the problem? If the client is not interested in committing to working on the problem, then the problem must be redefined to muster some degree commitment.
- d) If the problem that has been defined is the one that really interests the client and if it is a priority for him or her.

Asking the miracle questions. This type of question seeks to assess the client's priorities and to develop solutions. The therapist says, for example, "Let's suppose that an overnight miracle happened, and your problem disappeared; but you were sleeping and did not know it. When you woke up the next day, what would be the first thing that you would notice?" The therapist proceeds to help the client envision how things could be different. An extreme amount of detail is elicited to help develop a set of solution behaviors that are concrete and behaviorally specific. The miracle question helps the therapist to assess a detailed description of the client's perception of what life would be like without the problem. It also helps the therapist co-construct with the client's input a specific set of behaviors, thoughts, and feelings that can be substituted for problem patterns. Ultimately, the therapist can assess what is most important to the client and others concerning which changes the client perceives will solve the problem.

Person in Environment

The Person-IN-Environment (PIE) rating scale, developed by Pomeroy & Holleran (2003), captures a systemic orientation to person and environment. A client's standing develops from numerous dynamic interactions between the intrapersonal/interpersonal and environmental domains. As shown in figure 7.1, the PIE assessment looks at the interactions between aspects of the individual (along the vertical axis) and the environmental domains (along the horizontal axis).

Figure 7.1 Person –In-Environment (PIE) Testing Scale

For each category, first determine if it is a problem or a strength and then rate each for intensity from 1 to 5 below. In some cells, notes will be more useful.

	Personal	Family	Friends	School/work	Community	Social Work Intervention
Appearance						
Biomedical/organic						
Use of substances						
Developmental issues/transitions						
Coping Abilities						
Stressors						
Capacity for Relationships						
Social Functioning						
Behavioral Functioning						
Sexual Functioning						
Problem solving/Coping skills						
Creativity						
Cognitive Functioning						
Emotional Functioning						
Self-concept						
Motivation						
Contextual factors						
Cultural Barriers						
Role Functioning						
Spirituality/religion						
Other Strengths						

C = concern S = strength

N/A = not applicable

1 = minimal intensity

2 = mild intensity

3 = average intensity

4 = above average intensity

5 = significant intensity

To utilize the PIE assessment tool, do the following:

1. Have a copy of the chart (figure 1) on which to rate concerns and strengths, according to the instructions.
2. Attach several blank note pages on which to list the characters listed on the vertical axis.
3. Gather assessment information using the list of questions provided in box 7.1, to be discussed below.

Person-Environment Assessment:

While the social worker is examining aspects of the individuals functioning, he or she must also keep in mind the complex interplay among the various personal issues being presented. For example, a client's culture has pervasive implications throughout all aspects of the client's life experience. Although some factors distinguish adult assessment from assessment of children and adolescents, it is important to note that, in cases of serious mental illness, boundary may be blurred depending on the client's level of functioning. In general, when assessing adults, it is important to recognize that 1) there is normally an extensive history of life experiences that affect the clients presentation, 2) coping mechanisms are more solidified and complex, and often less mutable, and 3) there are additional areas for inquiry, based on adult functioning and interactions. The goal of an assessment with an adult client is to gain a comprehensive profile of his or her present functioning in all areas of life.

The following is a list of questions that a social worker must carefully explore, based on the particular needs of the client. These questions are designed to guide the social worker in developing his or her own questions to ask the client, that is, the social worker does not simply ask the client *these* questions—rather, he or she carefully chooses wording that is sensitive, culturally appropriate, and at the client's developmental and intellectual level.

Interviewing Questions

Appearance:

How is the client dressed (e.g., neatly, professionally, disheveled, colorfully, coordinated)?

What is the client's level of personal hygiene?

What is the client's physical appearance (e.g., overweight, underweight, marked physical anomalies)?

Biomedical/Organic:

What is the client's medical history?

What is the family medical history/

Are there any physical disabilities or limitations?

Are there any cognitive disabilities or limitations (such as, aphasia, ataxia, and echolalia)?

Does the client take any prescribed drugs?

What are the clients' eating patterns?

What are the clients sleeping patterns?

Has the client experienced any exposure to chemical or environmental toxins that may produce behavioral abnormalities?

How does the client describe his or her recent general state of health?

Has the client discovered any solutions to these concerns?

What is the impact of the above concerns regarding family, friends, school/work, or community?

Developmental Issues/Transitions:

Is the client experiencing any developmental or life transitions (such as, adolescent individuation, marriage, birth of a child, divorce, death of a family member, aging, retirement)?

How is the client being affected by the current life cycle tasks and demands?

Does the client have support systems available to help in these transitions?

Has the client discovered any solutions to these concerns?

What is the impact of the above concerns regarding family, friends, school/work, or community?

Problem Solving/Coping Skills:

What type of coping styles does the client demonstrate (e.g., problem solving, relational, avoidance, emotion-focused, task-focused)?

What type of coping skills does the client employ?

Does the client feel that his or her coping mechanisms are effective in dealing with problems?

Does it appear that the clients coping mechanisms re problematic?

Has the client discovered any solutions to these concerns?

What is the impact of the above concerns regarding family, friends, school/work, or community?

Stressors:

What are the primary stressors in the client's current life situation?

How long have these stressors been affecting the client?

Are the stressors internal or situational?

Is the pattern of stress in the clients life (examples include, chronic, occupational, or relational problems)?

Are there any environmental or cultural stressors (such as, neighborhood violence, acculturation issues, historically excluded groups)?

Has the client discovered any solutions to these concerns?

What is the impact of the above concerns regarding family, friends, school/work, or community?

Relationship and Social Capacities:

Who are the clients significant others? With whom does he or she reside?

What are client's communication skills?

In what activities outside the home does the client participate?

How does the client perceive his or her level of social support?

Are there noteworthy relationship patterns?

Does the client appear to have the ability to form lasting relationships?

Doe the client have the capacity for empathy toward others?

Does the client experience significant stress, fear, or anxiety concerning interpersonal contacts?

Is the client currently experiencing any relationship difficulties?

Has the client discovered any solutions to these concerns?

What is the impact of the above concerns regarding family, friends, school/work, or community?

Behavioral Functioning:

Does the client display any unusual behavioral characteristics (such as, tics, tremors, violence, hyperactive movements, responding to unobserved stimuli)?

Does the client appear to behave appropriately in the interview?

How comfortable is your interaction with the client?

Does the client report problems in psychosocial functioning because of behavioral issues?

Has the client discovered any solutions to these concerns?

What is the impact of the above concerns regarding family, friends, school/work, or community?

Sexual functioning:

Does the client report any sexual difficulties?

If so, are the problems emotional, physical, or cultural in origin?

What is the duration of these problems?

Have the problems affected other areas of functioning?

Has the client discovered solutions to these concerns?

What is the impact of the above concerns regarding family, friends, school/work, or community?

Cognitive Functioning:

(Use the mini-Mental State Exam that follows to determine the possibility of cognitive impairment.)

What are the results of the mental status exam?

What is the client's intellectual capacity and level of education?

Is there a history of cognitive/neurological problems in the client system?

Does the client display or report any delusional thinking (such as, paranoid ideations, grandiosity, delusions of reference)?

Does the client use bizarre expressions?

Is the client able to use language to express him- or herself clearly?

Does the client appear to have good judgment or "common sense" (i.e., has a realistic plan for his or her life, recognizes risks and consequences of decisions, and is able to choose appropriate solutions to problems)?

Has the client discovered any solutions to these concerns?

What is the impact of the above concerns regarding family, friends, school/work, or community?

Emotional Functioning:

What is the client's general affective presentation (is it flat, manic, sad, content, and anxious)?

Is the client's mood or affect stable or labile?

Is any liability situation-related?

Is the client's mood or affect appropriate to his or her current circumstances?

Is the client's mood or affect creating problems in his or her psychosocial functioning?

If so, what is the duration of these problems?

Has the client discovered any solutions to these concerns?

What is the impact of the above concerns regarding family, friends, school/work, or community?

Self-Concept:

Does the client view him- or herself as a valuable, worthwhile individual?

Does the client see him- or herself as competent?

Does the client have a reality-based perception of self?

If so, has the client discovered any solutions to these concerns?

What is the impact of the above concerns regarding family, friends, school/work, or community?

Motivation:

Does the client report a desire to change?

How strong is the client's motivation to make changes?

What are the external and internal motivators?

Does the client have goals for him- or herself?

Can the client imagine ways of changing and visualize improvement?

What is the impact of the above concerns regarding family, friends, school/work, or community?

Culture Identification:

Does the client identify with particular cultural group(s)?

Does the client gain strength from the identification(s)?

Does the client experience conflict related to his or her cultural identity?

Does the client feel oppressed by membership in this group or population?

What cultural barriers are experienced by the client?

Has the client discovered any solutions to these concerns?

What is the impact of cultural identity with regard to family, friends, school/work, or community?

Role Functioning:

What roles does the client currently fulfill?

How were these roles acquired (voluntarily or involuntarily)?

Is the client having difficulty with any of these roles or balancing these roles?

Has the client discovered any solutions to these concerns?

What is the impact of the above concerns regarding family, friends, school/work, or community?

Spirituality and Religion:

Does the client adhere to a particular spiritual belief system or religion?

Does the client view his or her spiritual or religious orientation as a strength?

Does the client view his or her spiritual or religious orientation as a problem?

If so, has he or she sought and/or discovered any solutions to these concerns?

What is the client's sense of life purpose?

Do the client's beliefs hinder his or her psychosocial functioning in any way?

What is the impact of the above concerns regarding family, friends, school/work, or community?

Other Strengths:

Does the client identify any other strengths or talents?