

Course: HN330

Unit 6

Assessment Form

(To complete this form, enter data within the brackets. For questions that require a yes or no answer, input "x" by the choice answer.)

Client Name: [Sarah Freeman]

Date of Birth: [11/22/1976]

Date of Assessment: [5/26/2015]

Presenting Situation: (Use this section to describe the client's presenting situation. Specifically address what the client is requesting in terms of assistance, services, and change objectives/goals. As much as possible, use the client's own words in this section.) **Sarah is a 38-year-old stay-at-home mom. She is requesting help for what she believes is "depression." According to Sarah, she was first diagnosed with depression in 2007 after she had her first child. Sarah now has 5 children ranging in age from 6 months to 8 years. She states that the "feelings of hopelessness" have become gradually more intense with each child. She also reports that she is struggling to care for her 5 children and that she feels "extremely guilty" about that. Sarah describes her depression as an "inability to engage my children throughout the day" and a "constant feeling of extreme exhaustion and hopelessness." She also states that "I have lost interest in going out and talking with friends." According to Sarah, she is here because her husband "insisted that I get help." He expressed concern to Sarah about how her condition is affecting her, their marriage, and their children. Their oldest daughter allegedly asked them what she did to "make mommy so sad."**

Strengths and Resources: (This is a very important section. Help the client brainstorm personal strengths and resources in their environment that will help them make the changes they desire.)

Sarah has an Associate's degree in Early Childhood Education.

Sarah's husband is loving and supportive of her.

Sarah has a network of friends and family who are willing to help her.

Sarah is in good physical health.

Sarah's husband has a good job that allows her to stay home and care for the children.

Sarah has previously attended play groups and parent support programs at an agency in her community.

Sarah recognizes that there was a time where she felt like a motivated and talented person. |

Potential Barriers: (This is another critical area to explore with the client. Help them think about barriers to achieving their change goals — barriers that already exist as well as barriers that may come up as they begin to work toward their goals. You do not have to solve them here; just identify them. Explain to the client that their case manager will come back to these barriers when they work with the client on developing their individualized service plan.)

| **Sarah states that a potential barrier could be her lack of energy.**

Sarah's husband travels often for work and leaves her alone to care for their 5 children for days at a time.

Sarah states that she feels overwhelmed by the tasks that she has to do on a daily basis for herself and her children.

Sarah claims to feel "ashamed" of herself for not utilizing her degree.

Sarah's husband is making the payments for "my" school loan, further claiming, "I should be paying those payments with money I make." |

Culture and Language Considerations: (Are there any particular culture or language issues or needs that the client wishes you to be aware of? These may not be apparent, so you need to ask in a supportive and welcoming way if there are special or unique things about them or their family that they want you to know. Also ask if they have any special learning issues or needs regarding written or verbal communications.)

| **Sarah's 8-year-old son was diagnosed with autism at the age of 3. He receives special education services through the public school system. Sarah is requesting additional assistance in caring for him.** |

Current Client Involvement with Other Agencies and Services:

| | | | |
|--------|--------------------|---------|----------|
| Agency | Contact Name/Phone | Service | Dates of |
|--------|--------------------|---------|----------|

| | | | | | |
|----------------------|--|------------------------|------------------------------|-----------|--|
| Public School System | | Jim Smith/800-223-4455 | Special Ed. Services for son | 2012–2015 | |
| Family Place | | Missy Clayton/555-1234 | Play groups/Parent Support | 2012–2013 | |
| | | | | | |
| | | | | | |
| | | | | | |

Assessments of Client Domains: (Briefly describe the client’s status in each of the following domains. If they indicate none or choose not to answer a particular item, just note –client declines at this time. This is a valid option for any of the questions and information requested in this assessment. Case managers should never force a client to respond to something that makes them uncomfortable.)

Family: Sarah is married to John. They have 5 children: Samuel (6 months), Mark (2½ years), Claire (4 years), Kristy (6 years), Jack (8 years).

Sarah’s parents live about 8 hours away and try to visit often. John’s parents live nearby and offer to help, but do not have much time to actually help out. |

Social: Sarah reports that she does not participate in any social activities at this time. She previously attended playgroups and parenting programs at an agency in her community called The Family Place. |

Spiritual: Sarah describes herself as –religious but that she currently does not attend church. She states that it is too difficult to get everyone ready on Sunday morning. |

Housing: Sarah and her immediate family live in a four bedroom home. |

Employment: Sarah is currently unemployed. Before having children, Sarah was a teaching assistant in a preschool. |

Access to health and dental care: Sarah and her family have medical and dental insurance. |

Transportation: Sarah and her family have reliable transportation. |

Hobbies and recreation: Sarah states that before she had her children that she enjoyed running, painting, and writing short stories. She previously belonged to a women’s writing group. |

Other |

Current Medications:

Name/Dosage: None |

Side effects: | |

Medication allergies: | |

Prescribed by: | |

Safety and Trauma History:

Are you safe in your current living situation? Yes ☒ No ☐

Do you feel threatened in any way? Yes ☐ No ☒

If yes, describe:

Are you now, or have you in the past, experiencing trauma of any kind? Yes ☐ No ☒

If yes, check all that apply:

Emotional/Psychological ☐

Sexual ☐

Physical ☐

Provide a brief description of this and your present status. Include a brief statement of any previous treatments or services you have received for this trauma(s) and whether or not you have any remaining symptoms or issues you would like help with.

If applicable, do you have a safety plan? Yes ☐ No ☒

Do you need immediate help today to gain safety? Yes ☐ No ☒

Client's Legal History: ☒ No Legal History ☐

Suicide/Homicide Risk Evaluation:

Client's self-rating of suicide risk: ☐ 1-None ☒ 2 - Slight ☐ 3 - Moderate ☐ 4 - Extreme/Immediate

Client's self-rating of becoming violent: ☒ 1-None ☐ 2 - Slight ☐ 3 - Moderate ☐ 4 - Extreme/Immediate

Client's self-rating of homicide risk: ☒ 1-None ☐ 2 - Slight ☐ 3 - Moderate ☐ 4 -

Extreme/Immediate

Self-harm Risk Evaluation:

Have you ever cut yourself or purposely injured yourself in any way?

☐ 1 – Never

☒ 2 – Once

☐ 3 – Occasionally

☐ 4 – Frequently

Safety Plan Based on Client Risk Self-Assessment: (You must complete this section if the client rates any of the previous areas as a 2, 3, or 4. Describe what the client reports and their assessment of their current level of risk or safety. If they have a safety plan, briefly describe it here.) **Sarah states that she “cut my wrist with a dull knife one time” after her first child was born. She also reports that she has thought about suicide, but knows that it is “not an option for me” due to “my children and my faith.” Sarah is close with her mother and reaches out to her when she needs someone to talk with when her husband is working. Sarah also acknowledges that she “would ask for help” and now knows that she can reach out to her case manager and counselor. She denies having present suicidal ideation.**

Client Status (caseworker observation of client report)

Appearance:

age appropriate ☒

well groomed ☒

disheveled/unkempt ☐

other – explain ☐

Orientation (Is client aware of the following?):

where they are ☒

why they are here ☒

day and time [X]

their situation [X]

current events [X]

Behavior/Body Language:

open[]

good[]

limited avoidant[]

none[]

relaxed/calm[]

restless[]

rigid[]

agitated

slumped posture [X]

tense[]

tics[]

tremors[]

other – explain[]

Motor Activity:

full ability [X]

minor impairment[]

serious impairment[]

catatonic behavior other-explain[]

Manner:

friendly[]

trusting[]

cooperative [X]

nervous [X]

withdrawn[]

playful[]

evasive[]

guarded[]

quiet[]

passive[]

defensive[]

hostile[]

agitated[]

demanding[]

Speech:

clear [X]

understandable [X]

incoherent[]

rapid[]

quiet[]

loud[]

slurred[]

slow[]

Mood:

appropriate (considering presenting situation)[]

depressed [X]

irritable

anxious[]

euphoric|

fatigued|

angry|

expansive|

unable to evaluate – explain|

Affect:

appropriate (considering presenting situation)|

warm|

welcoming|

tearful [X]

blunted [X]

constricted|

flat|

labile|

excited|

anhedonic|

Sleep:

excellent|

good|

fair|

poor|

increased|

decreased|

initial insomnia|

middle insomnia|

terminal insomnia|

client reports concern about sleep pattern [X]

Appetite:

excellent|

good|

fair [X]

poor|

increased|

decreased|

weight gain|

weight loss

client reports concern about appetite or weight|

Thought Process:

logical and well organized [X]

illogical|

flight of ideas|

circumstantial|

loose associations

rambling|

obsessive|

blocking|

tangential|

spontaneous|

perseverative|

distractible|

Thought Content:

appropriate (considering presenting situation) X

delusions

paranoid delusions

distortions

thought withdrawal

thought insertion

thought broadcast

magical thinking

somatic delusions

ideas of reference

delusional guilt

grandiose delusions

nihilistic delusions

ideas of inference

unable to evaluate – explain

Perceptions:

appropriate (considering presenting situation) X

illusions

hallucinations

depersonalization

derealization

unable to evaluate – explain

Judgment:

intact X

age appropriate

impulsive

immature|

impaired|

mild

unable to evaluate – explain|

client reports|

Insight:

intact |X|

limited|

very limited|

fair|

none|

aware of current situation

understands internal and external factors involved in current situation

unable to evaluate – explain

client reports|

Memory:

intact |X|

impaired|

immediate recall|

remote|

unable to evaluate – explain

amnesia (type of amnesia)|

Cognitive functioning:

no issues noted |X|

issues noted – describe|

client reports||

Substance Use/Abuse:

| Type | Amount | How Taken | Duration | Frequency | Date of last use |
|--------------------|---------------------|-----------|----------------------|---------------|------------------|
| Tobacco | None | | | | |
| Alcohol | 1-2 glasses of wine | | For the past 5 years | 5 days a week | 5/26/2015 |
| Illicit Drugs | None | | | | |
| Prescription Drugs | None | | | | |
| OTC Drugs | None | | | | |
| Other | None | | | | |

Experiencing:

| | | | |
|-------------------|-----|-------|-------------------|
| Withdrawal | Yes | No X | |
| Blackouts | Yes | No X | |
| Hallucinations | Yes | No X | |
| Vomiting | Yes | No X | |
| Severe depression | Yes | No X | |
| DTs and shaking | Yes | No X | |
| Seizures | Yes | No X | |
| Other | Yes | No X | If yes, describe: |

Patterns of Use:

| | | |
|--|--------|-------|
| Do you use more under stress? | Yes X | No |
| Do you continue to use when others have stopped? | Yes | No X |
| Have you lied about consumption? | Yes X | No |

| | | |
|--|---|--|
| Have you tried to avoid others while using? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Have you been drunk/high for several days at a time? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Do you sometimes neglect obligations when using? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Do you sometimes use more than you intended? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Are you finding you need to increase use to get the effect you desire? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Have you tried to hide consumption? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Do you sometimes use before noon? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Do you find you cannot limit use once begun? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Have you failed to keep promises to reduce use? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Do you arrange your day around your substance use? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

Have you attempted to reduce or stop before?

Yes ☐

No ☒

What happened? ☐

Describe the circumstances that usually lead to a relapse for you: ☐

Do you want to reduce or stop using the substances described above?

Yes ☒

No ☐

Do you have depression or other mental health issues that you believe affect your use of substances?

Yes ☒

No ☐

If yes, please describe: Sarah states; -I deal with my 'depression' with wine. ☐

Are you presently involved in AA/NA?

Yes ☐

No ☒

What are your goals for change in this area? "I would like to stop feeling as though I need to numb myself with alcohol to deal with these horrible feelings I experience. There has to be other ways in which I can feel better."

|

DSM 5 Diagnostic Impression: (Diagnostic Impression means an interpretive statement based upon previous and current evaluative data. A diagnostic impression may or may not make reference to DSM criteria): Depression |

Clinical Summary: (Using the information you have gathered at this point, provide a brief summary of the presenting issues, client strengths and needs, any immediate risks, and the client's goals for change. You will be reviewing this assessment and your summary and recommendations with the client and with your clinical supervisor so be sure to write in terms the client can understand and relate to (avoid technical jargon) and maintain a strengths-based and empowerment perspective.) **Sarah is a 38-year-old stay-at-home mom of 5 children, one of which has been diagnosed with autism. She is struggling with what she reports as being "depression" and has been using alcohol to cope with her situation for about 5 years. She states that "my depression began approximately 8 years ago, when my first child was born." Sarah has had a lack of energy and has neglected some of her parenting responsibilities, which she feels "extremely guilty" about. Sarah's affect was blunted and she appeared tearful. Sarah denies suicidal and homicidal ideations; however, admits to previous attempt 8 years ago. Sarah is aware of her family and community support and resources, but has not had the energy to reach out. Sarah would like to feel more connected to her family, friends, and community. She would also like to explore alternatives to alcohol in coping with her depression. Finally, Sarah would like some additional assistance in caring for her 8-year-old son who was diagnosed with autism.** |

Recommendations: (including specific service recommendations)

Recommend psychiatric evaluation in order to confirm diagnosis of depression and referral for 6 sessions of individual counseling, initially to address depression and alcohol use.

Recommend that Sarah attend The Family Place 1 time per week to take advantage of playgroups for her younger children and parent support groups.

Recommend that Sarah get connected with in-home services for her son who has been diagnosed with autism. Also, recommend support group for parents with children with autism.

|

Disposition: (clearly describe the next steps and what this client can expect next from your agency. If you have already arranged an intake with a case manager or a counselor, include the name of the worker, their credentials, and the date and time of the next appointment.)

Psychiatric Evaluation is scheduled on 6/1/2015 with Susan Davies.

Appointment with case manager is scheduled for 6/5/15 with Jennifer Hutras to further develop an Individualized Service Plan.

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Client Signature: |Sarah Freeman|

Date: |5/26/2015|

Legal Guardian's Signature (if one is assigned or if client is under 18): ||

Date: | |

Case Manager Signature: |Jennifer Hutras|

Date: |5/26/2015|

Instructor Feedback ||