

Completing the Assessment: The Summary

The Social Work behind the Record

You and the client and family have just spent considerable time working on the functional assessment. In gathering the assessment data, you have used one of your principal skills as a professional social worker, namely your ability to develop a helping relationship with the client, family, and any others with significant involvement in the client's situation. Through building this new relationship, you have now developed a fair idea of the client and family's situation and concerns.

The next steps of the process are to summarize the assessment with the client and family, help them identify and set priorities on items to work on (which is the basis of the Checklist for Change), and develop goals together. As you work with clients, these steps may flow together. When you document your work, the summary can be recorded on the last page of the Assessment tool. The "Checklist for Change," where you record the issues the client and family want to work on, and "Goals," where you record the outcomes you all want to achieve, are the first two columns of the Adult and Family Service Plan, which will be discussed in the next chapter.

Why Summarize?

Summarizing with the client and family what you have learned from the assessment process is an important therapeutic part of your intervention. It allows you to reflect their feelings and concerns about their situation, and it helps you check to make sure you have heard accurately what they wanted to tell you. The assessment summary is also an important part of the learning process for you and for the client and family. It helps everyone see the connections between the client's and family's various concerns and begin to think creatively about the goals and about activities and services to meet them.

In summarizing with the client and family, you help them develop an idea of how strengths and risks or impairments in all the domains interact with one another. For example, Mrs. Johnson's arthritis (an impairment in the physical domain) is affecting her ability to wash her hair and clean her house (an impairment in ADLs and IADLs). Because one stove knob is missing and the other hard to turn, her arthritis might also make it hard for her to turn the stove off consistently, which prompted her son to come to you in the first place. Her family's concern and willingness to help (social strengths) help her compensate for other things she has difficulty doing, like yard work and shopping (IADLs), but restrictions on their time limit what they can and are willing to do (a social risk). Her own fierce independence (a mental health strength) makes it likely that she will agree to goals and strategies that help her do more for herself in all areas. On the other hand, the same independence may make it difficult for her to accept help (a possible risk).

When you summarize the assessment aloud with the client and family, they are both your audience and your collaborators in painting a picture of their circumstances. When you write your summary for the case record, the client will still be part of your audience, but this audience may have grown to include your coworkers, who

may have to work with the client and family when you are not available; your supervisor; other helping professionals involved in the case; and, potentially, local auditors or representatives of the court system. Meeting the needs of this extended audience in a written document requires a different approach from meeting the needs of your clients in an interview. The bottom line, however, is that the Assessment tool should benefit you as a social worker in your efforts to help clients and families bring about change.

How can the summary benefit you most? Here are some suggestions.

- It can serve as a written snapshot of how things were for the client at the beginning of your work together. As you continue, new summaries (on the Reassessment tool, in particular) can help you make a history of your progress.
- If you are someone who likes to learn and discover things through writing (many social workers, however, prefer to explore problems through discussion), it can help you see connections you did not see before, and this may help you think more creatively about how to help clients achieve goals.
- It gives you a place to record your professional “critical judgment and reflective thinking” about the client. This can include strengths you observe as well as concerns that you have but that the client does not necessarily share. To give a common example of this last situation, many adult clients abuse alcohol, which contributes to their difficulties, but they may not be ready to identify alcohol use as something to change about their lives. If clients do not see alcohol use as a problem, there is no point in developing goals and strategies about it, because they have no incentive to work toward change. You, however,

may want to work with them on seeing how using alcohol affects other parts of their lives, and you can mention it in your summary. In Mrs. Johnson’s case, you may be worried about her rather fragile financial condition—one major expense might put her home and her relationship with her son in danger—but from talking with the family, this is not something they want to work on now. In writing your summary, you might mention your concerns so you can take them up later, if this issue becomes more important to the client and family.

The Importance of Acknowledging Strengths

The space for the summary on the assessment tool prompts you to mention both strengths and problems. The Family Assessment and Change Process is founded on the principle of helping clients and families gain empowerment. With this comes the assumption that they already have many of the resources, both internal and external, to make positive changes in their lives. Strengths are these resources, and they are the foundation for any interventions you and the client and family agree on.

Since one of the goals of social work is to help clients regain control of their lives, pointing out to them what resources they have at their immediate disposal often goes a long way toward accomplishing this goal, because it helps them feel empowered. The success of any intervention with clients and families depends on their collaboration, but people who feel out of control of their own affairs may not recognize what valuable resources they currently possess to take care of themselves. Pointing out those resources in a structured way may allow clients to make use of them to work toward their established goals.

There is also a practical consideration: DSSs do not have infinite resources—whether money or services or personnel—to assist clients. Mus-

tering resources from the client and family will help you spread the formal services and funds as far as possible. Finding out what self-help the client can manage and what other assistance the family can provide is part of the case management skills of your role as a professional social worker—seeing first what resources already exist and then looking into community-based services to supplement them.

Writing the Summary

Fortunately or unfortunately, there is no standard recipe for writing the summary. You will have to develop your own style (you may want to ask your colleagues or supervisor for a critique from time to time). We can provide some examples (see the sidebars on the next pages), and the paragraph above about Mrs. Johnson’s strengths and problems and how they interact is a good start, as far as it goes. We can also provide some suggestions.

Remember Your Audience

As we said above, one important audience is you. What do you need to remember about this client and family for your interventions, monitoring visits, and reassessment? Or, imagine for a moment that one of your coworkers is going to see this client while you are on vacation. What does your coworker need to know in a nutshell about what was happening when you first saw the client? If your coworker looks at the Adult and Family Service Plan, does your summary make it clear why the client, family, and you chose certain areas to work on, set the goals you did, and selected the strategies?

Given that the client, family, or others may be reading your records, you are probably careful about avoiding potentially offensive terms and language. Beyond this, though, it is more helpful to describe behavior or other characteristics than to label them. For example, writing “The client has borderline personality disorder” does not explain much about the client, and it may disguise a personal judgment about how difficult you find her to work with. Almost any statement that uses a stereotype, diagnosis, or

category to explain the client’s behavior—“he’s old, so he behaves just like a child”—suggests that you haven’t seen the client as an individual. In describing the client in the summary, the point is to mention behavior that has a direct bearing on your mutual ability to work together.

Focus on Functioning

As you go on to develop the Checklist for Change with the client and family, you will identify problems in functioning, that is, things the client wants to be able to do but cannot. In Mrs. Johnson’s case, not keeping her hair as clean as she wants and not getting out to go to church on Sunday are problems in functioning (in the ADL and social domains, respectively). These problems may be reduced through strategies and strengths in other domains—for example, rehabilitation or pain control for the arthritis and someone from the church to take her there (physical health and IADL/social). You can prepare the ground for the Checklist for Change and Goals if you think about what the client’s functional abilities and problems in each domain are and how they do or could interact.

What’s It Supposed to Look Like?

The format of the summary is up to you. One of the examples on the next page is narrative, the other a sort of outline, and you may personally prefer some other way. Here, too, consider your coworker who might consult this record. Is the format you chose clear and to the point? You do not need to rewrite things you spelled out elsewhere in the tool if you note where the information is.

Adult Protective Services

The Assessment tool can be used for APS evaluations. You may use the “Summary” section to report whether or not the APS criteria are met and document a case decision. However, you may prefer a more structured tool to help you think through whether the need for protective services is substantiated according to APS criteria. One example of such a tool is the “Case Disposition” form (found in the appendix of Volume V, Chapter VII: Protective Services for Adults, Section 6510 of the *Family Services Manual*).

Finishing the Assessment Tool

Documenting Eligibility

After the summary on the Assessment tool, there is a space for documenting eligibility for specific services. If you are assessing the client's circumstances as part of a discrete service, this is a place where you may note the client's eligibility for that service. Once you have completed the Adult and Family Service Plan with the client and family, you may also note in this space any information needed to confirm their eligibility to receive other services for which they are making an application. It is important that there be consistency within the

agency on where social workers record information about eligibility.

Next Steps

This section provides you with a place to record what you plan to do at the end of the assessment process. You have the flexibility to use one or more of the choices or add one of your own.

Signatures and Date

These spaces allow you to show when you completed the initial assessment—the date on the first page will indicate when you began the process. If your supervisor reviews your records, there is space here for her/him to sign and date the review.

Summary of Findings (Example 1)

Client is Mrs. Mary F. Johnson, though son, Mr. Robert Johnson, made referral because he was concerned about her safety at home—lately he found the stove left on several times when he went to visit. Mrs. Johnson is 75, widowed last year, lives in house she shared with husband.

- Her son w/family are a resource; they take her shopping and help around yard. She doesn't speak to sister, has lost contact w/church and neighbors. Son's/family's time and resources limited.
- Mrs. J. can keep house for herself and generally get around, but arthritis makes personal care difficult, and diminished vision (recent) makes seeing to clean, read, or do other activities hard. Her MD has retired, so she has no ongoing health care.
- She seems alert and well-oriented to SW, but GDS suggests some depression; son worries about forgetfulness where stove is concerned. Mrs. J. says she always turns the knobs when she finishes cooking and doesn't know why the stove stays on. Mrs. J. says she is blue since her husband died, and tears came to her eyes when she talked about him. She says she is a very private person but also that she gets lonely sometimes.
- She takes care of self, house, but not as well as she would like. Son takes her shopping, but not much time these days w/teenage kids.
- Mr. J. didn't know much about his mother's financial situation when he came to DSS. She has usually just enough or almost enough to meet expenses—he provides the extra, although she sometimes uses savings to buy gifts. She worries sometimes that paying for big household repairs will wipe out her savings, which she wants to keep for "real emergencies."
- She likes her house; it is paid for, but taxes are high. Some minor hazards in home.

Chief issues: at intake, son's concern about safety at home. For Mrs. J.: medical care, better control of arthritis, source of vision problems, would like more social contact. I wonder whether unfinished grieving and depression are complicating all other issues, source of forgetfulness? Also, some worries about financial stability.

Frequently Asked Questions

Question: I've filled out the whole Assessment tool. Why do I have to rehash everything in the summary?

Answer: You don't. The purpose of the summary, when you speak with the client and family and when you write it, is to hit the high points and make sense of all the information you've gathered. What is going on with this client? What would someone else looking at the case record need to know at a glance? How do the client's strengths and weaknesses in each functional domain act on one another?

Key Points

- The assessment summary is the place for conclusions about the client's and

- family's strengths and the difficulties in functioning they are experiencing.
- The written summary is important because it makes sense of the assessment and captures in a short space its most important points.
- The written summary provides a "snapshot" of the client and family's situation at the beginning of your work together that you can use to gauge your progress toward goals.
- Clients' strengths are their best resources. They are the key to motivating clients to take action and the source from which they are empowered to take control of their lives.

Summary of Findings (Example 2)

Mrs. Johnson is an independent lady living alone in her own home who enjoys her privacy. Her son has become concerned about her safety due to her apparent forgetfulness. She seems to be in generally good physical health, although her arthritis is now making it harder for her to wash her hair regularly. She hasn't had a physical examination in 2 1/2 years. She uses her current OTC medications appropriately. She wears glasses (old prescription) and has not had her eyes checked in many years. She says that her vision is cloudy. This, along with her arthritis, may be the source of some difficulty in housekeeping—the house is very neat, but there are spills in the kitchen and living room that were never cleaned up. Judging from her score on the mental status screening and on the Geriatric Depression Scale, she may be mildly depressed. This is consistent with the fact that her husband died within the last year and she has less contact with her church (mostly due to lack of transportation). If she is depressed, it may account for some of her forgetfulness, as well.

Her son and his family help her with maintaining her home, and they drive her to the grocery store and mall, but they can't provide the flexible transportation she would like to enable her to participate in community activities. She has some difficulty meeting unexpected expenses with her monthly income, and she sometimes has to ask her son for assistance. Although she could use her savings to meet unusual expenses, her son actively discourages her from doing this. The house itself is generally safe and secure, but she has an unlit stairway, loose throw rugs, cracked electrical outlets, and a heating pad with a frayed cord that are potential safety hazards. So far, she has been able to use her wood stove for heat.

While I don't have the same concerns about her safety as her son does, there are several areas where preventive actions and long-term planning could make it possible for her to live at home on her own for some time to come and to have the degree of social contact she desires.