



About assessment, diagnosis and support techniques

«The belief that one's own view of reality is the only reality is
the most dangerous of all delusions»
(Paul Watzlawick, 1976, p. XIII)



Giorgia Bulli and Giulia Mascagni
Università degli Studi di Firenze

Basic Concepts I

Social workers :

- ▶ should be able to **describe a problem** accurately and identify what needs to be changed to improve the client's situation
- ▶ must guard against unconsciously making the client's situation fit a particular theory or a preconceived diagnostic category.



The best assessments are multidimensional



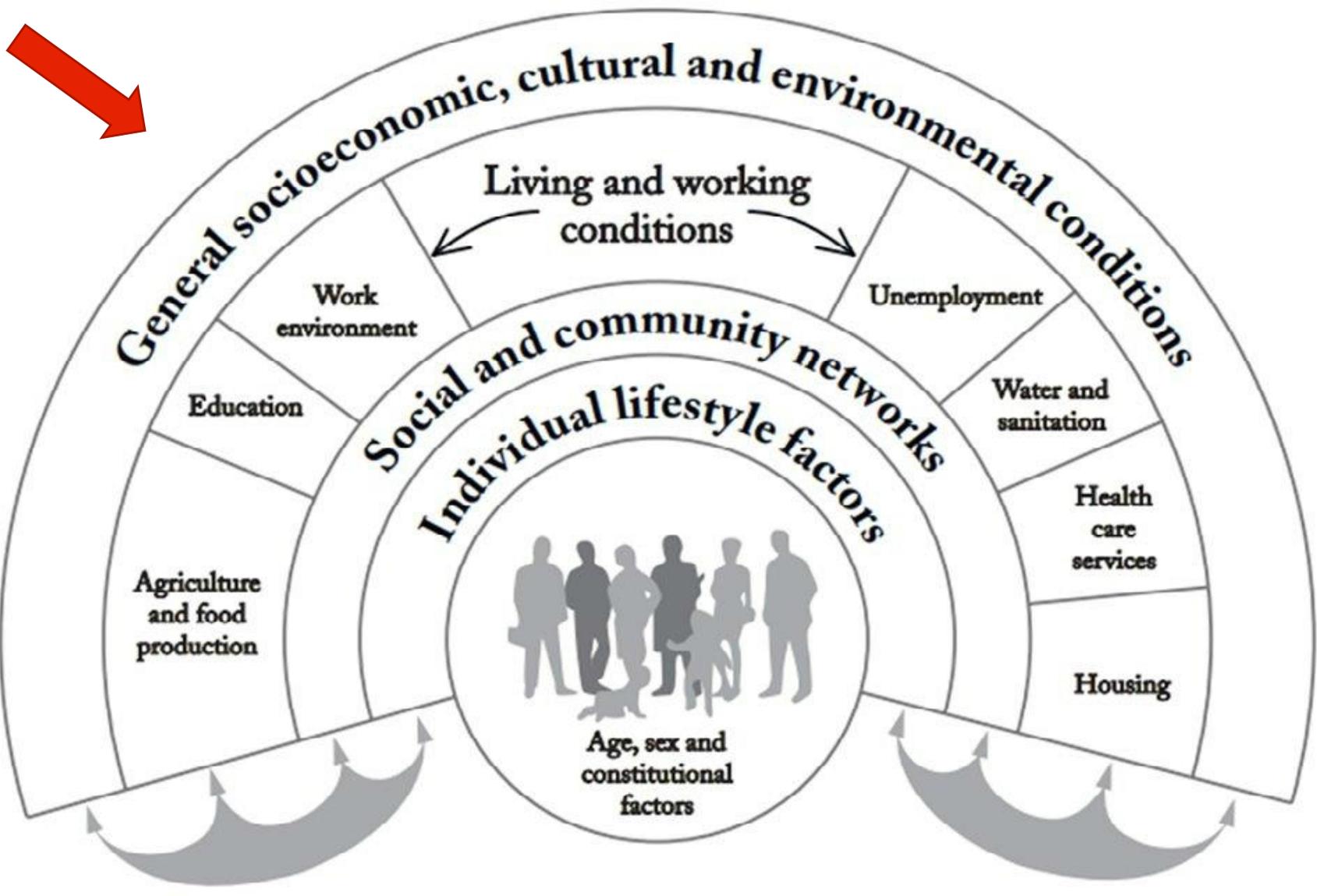
Basic Concepts II

Even if there is not a single definition of it, **Assessment** should be depicted as the actions of “collecting and analyzing information about people with the aim of understanding their situation and determining recommendations for any further professional intervention” (Crisp et al. 2003, p 3).

- ▶ **Data collection** is the activity of securing the information needed to understand the practice situation as a prerequisite to formulating a plan of action.
 - ▶ Social worker should **identify** the individual’s subjective perceptions, assumptions, and beliefs.
 - ▶ Assessment takes into account the **environment** where the individual included: family, work environment and more in general the interaction with the other social institutions and organizations in which social actors interact
- 

TASK

Dahlgren and Whitehead's model of determinants of well-being





Social work Assessment

Assessment focuses on the person-in-environment stance and involves understanding and making changes to minimize or resolve a problem.

It is “a core social work skill” (Crisp et al, 2003) and implicates “determining the nature, cause, progression, and prognosis of a problem and the personalities and situations involved” (Barker, 2003).

In short, of all the skills that social workers may aspire to, assessment seems the one most likely to achieve consensus among practitioners, managers, employers and service users as an essential skill.



Assessment: to summarise...

- Government and agency policies and practices are crucial in the actual assessment practices.
- The assessment process plays a **key role** in the **interaction** between **individuals** and **Social Workers**
 - it is an *encounter experience* between clients and Social Workers
 - within this encounter, the situations are created that shape both the service received by the clients and their expectations and requests
 - assessment is widely portrayed in literature as fundamental to social work practice, defining it as a key part of intervention and/or regarding it as the essence of social work intervention
- Competence in assessment is a **formal requirement** of social workers who are completing the degree in social work.

Assessment and Diagnosis

- ▶ are not interchangeable but at the same time cannot be separated
- ▶ are an essential ingredient to start the interaction between the client and the operator, as well as a therapeutic process
- ▶ both should be continually updated as part of the intervention process



The diagnostic process

Diagnosis focuses on “symptoms”: it is the process of identifying a problem and its underlying causes and formulating a solution.

This includes drawing inferences and reaching conclusions based on scientific principles that are logically derived from the information obtained.

- ▶ The diagnosis process aims at creating an operative procedure tailored on the client.
- ▶ The diagnostic product is the result of the Social Worker’s analysis of the client’s situation observed during the assessment



Most recurrent variables to be taken into account

- ▶ Life stage
- ▶ Health condition
- ▶ Family/other membership
- ▶ Racial/ethnic membership
- ▶ Social class
- ▶ Occupation
- ▶ Financial situation
- ▶ Level of education
- ▶ Access to means of transports
- ▶ Housing
- ▶ Psychological well-being
- ▶ Self-representation
- ▶ Individual's capability (Sen 1993)



Diagnosis aims and meanings

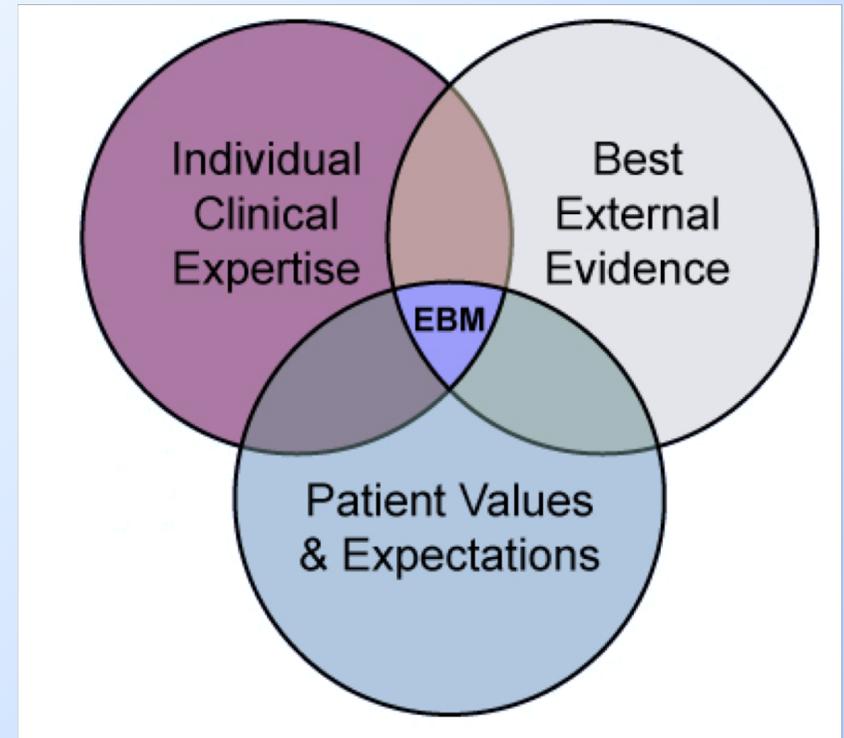
- A diagnosis is established to help better understand and prepare to address any contextual and relational problems.
- If the results of the assessment are shared with the clients, this sharing procedure is crucial in:
 - the creating of a virtuous process of the individual's self-help
 - In the process of the individual's skill building
 - In the reinforcement of a trust relationship between the Social Worker and the individual
- **SUMMONING UP:** The information gathered during the diagnostic analysis define the design of intervention as a whole.

Adapted from: [Social care institute for excellence](#): *Assessment in social work: a guide for learning and teaching*
+ [California State University, Bakersfield](#): *Assessment and Diagnosis in Social Work*

Covergences

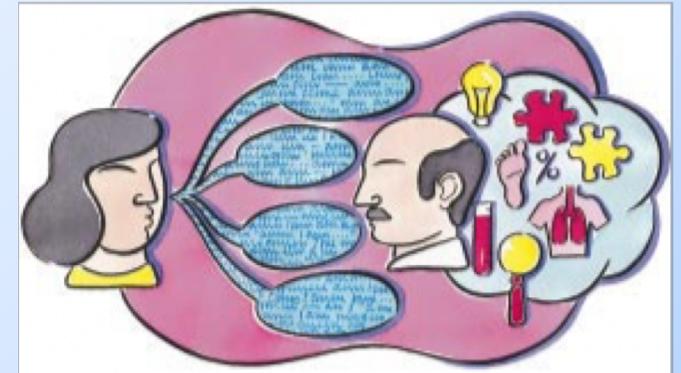
The type of analysis conducted in the diagnosis phase has strong parallels with *the Evidence Based Medicine (EBM)*.

- ➔ **EBM is defined** as: "The conscientious, explicit and judicious use of current **best evidence** in making decisions about the care of individual patients." (Sackett, Straus, Richardson, Rosenberg, & Haynes, 1996)



Other paradigms and complementarity

But we can not forget another point of view: the ***Narrative Based Medicine – NBM***



EBM and *NBM* should be understood in complementary terms!

NBM

There is no accepted definition of **Narrative Based Medicine (NBM)**.

- Charon defines it as **medicine practised with narrative competence** “to recognize, absorb, interpret, and be moved by the stories of illness.”
- This **definition** was agreed upon in 2014 by a committee of international experts is the following:
 - “a fundamental tool to acquire, comprehend and integrate the different points of view of all the participants having a role in the illness experience.” The lack of a clear definition poses a problem when trying to define the skill set for practising NBM and, in turn, reducing the resistance and scepticism that surrounds NBM.

Questions and stimuli used in NBM (Maieutic approach)



Exploratory phase

- Tell me about it
- Tell me more
- Is there something else?
- Is there something that you are worried about?
- What is worrying you most?
- Has this ever happened before?
- What else was happening at that time?
- What do you think about ...?
- What do others think about ...?
- How do you feel [or react] when ...?
- What does this mean for you?
- What do you think might be causing ...?
- How would you describe ...?
- How do you explain ...?

Questions and stimuli used in NBM (Maieutic approach)

Reflection on possible changes

- ▶ How else might you explain ...?
- ▶ Are there any other possibilities?
- ▶ Suppose ...
- ▶ What would happen if ...?
- ▶ If you had a magic wand, what would you do?
- ▶ What needs to happen for the situation to change?
- ▶ If the situation did change, what would happen then?
- ▶ What will happen if nothing changes?



The professional action: some tools and strategies in Social Work

- **Attention and support** to the *relationships in social work*: professional, informal helping, and self-help
- **Professional documentation**: classifications, professional charting patterns, diaries, life stories, records, reports, ...
- **The interview**: theoretical and cultural references; structure, main themes and nodes; conducting strategies; analysis process; ...

References and web links

- 
- ▶ Allegri E. (2012), *Tra disincanto e innovazione: la ricerca di un senso comune nel servizio sociale*, in *Prospettive Sociali e Sanitarie*, 9, pp.19-21.
 - ▶ Barker R. (2003), *The Social Work Dictionary*, (5° ed.), Washington DC: NASW Press.
 - ▶ Charon R., Hermann N., Devlin M.J. (2016), *Close reading and creative writing in clinical education: teaching attention, representation, and affiliation.*, in *Acad Med*; 91(3):345–50
 - ▶ Crisp B.R., Anderson M.T., Orme J., Lister P.G. (2003), *Knowledge review 01: Learning and teaching in social work education assessment*, London: Social Care Institute for Excellence.
 - ▶ Crisp B.R., Anderson M.T., Orme J., Lister P.G. (2005), *Learning and teaching in social work education: textbooks and frameworks on assessment*, London: Social Care Institute for Excellence.
 - ▶ Dahlgren G., Whitehead M. (1992), *Policies and Strategies to Promote Equity in Health*, Copenhagen: World Health Organization.
 - ▶ Fioretti C., Mazzocco K., Riva S., Oliveri S., Masiero M., Pravettoni G. (2016), *Research studies on patients' illness experience using the Narrative Medicine approach: a systematic review.*, in *BMJ Open*. Jul 14; 6(7):e011220.
 - ▶ Greenhalgh T. (1999), *Narrative based medicine: Narrative based medicine in an evidence based world*, in *BMJ*;318;323-325.
 - ▶ Launer J. (2002), *Narrative-based primary care. A practical guide*, Abington, UK: Radcliffe Medical Press.
 - ▶ Sen A. (1993), *Capability and Well-Being*. In: M. Nussbaum M., A. Sen (eds), *The Quality of Life*, Oxford: Clarendon Press: 30-66.
 - ▶ Sicora A., *Errore e apprendimento nelle professioni d'aiuto*, Maggioli, Rimini, 2010.
 - ▶ Watzlawick P. (1976), *How Real is Real?: Confusion, Disinformation, Communication*, Vintage Books
 - ▶ Zaharias G. (2018), *What is narrative-based medicine?: Narrative-based medicine*, in *Can Fam Physician*. Mar; 64(3): 176–180.

 - ▶ <http://www.csub.edu/socialwork/>
 - ▶ <https://www.scie.org.uk/publications/guides/guide18/references.asp>