

Writing an Initial Assessment Summary

A resource prepared for Social Work 3301 by Dr. Laura Beres and Dr. Vidya Natarajan

For any writing task, audience and purpose dictate form.

Audience: actually, multiple audiences, which complicates the writing process

Insurance companies, courts, clinical colleagues, the government, researchers, the clients themselves: the text social workers produce can often become detached from context, as it begins to 'travel,' and must stand on its own. It is also, importantly, a resource for the social worker, who can use the writing process to clarify their own thinking.

Purpose: why maintain case notes (smaller, more immediate, session by session records of interactions with the client), and why write an initial assessment summary (a document that lays out in detail the client's presenting problem and situation, along with social worker's professional opinion of the strengths, motivations, and challenges that need to be evaluated as counselling begins)?

Case notes are often considered an onerous administrative burden. Social workers estimate that they spend 15-20% of time on writing: emails, promotional material, advocacy or applications for funding, annual reports, conference papers and articles, etc., and, of course, case file notes (or agency notes or case recording). Some accounts put writing time at 40-50%, depending on the job.

Here are a couple of scholarly assertions about case notes:

"Falk and Ross (2001) state, 'Social workers who can write a well-constructed report, a clear description of a client, or a persuasive memorandum or letter are more effective at serving the interests of their client' (125) and all those who are working to assist that client" (McDonald et al., 361).

"Alter and Adkins (2006) assert that writing has never been more important for professional social work: [I]t is not overly dramatic to say that the lives of clients can be significantly diminished by a social workers' inability to write well, or significantly enhanced by strong writing proficiency in social workers" (Lillis, 493).

The assessment summary can function as

- documentation of Social Worker involvement in the case (SW's diagnostic thinking, client's process/outcomes)
- a basis for systematic 'evidence based' planning of intervention (details of the specific case: need for service, actions taken, plans for further intervention)
- an administrative or bureaucratic tool for monitoring and managing case workers (and thus, indirectly, a record of the SW's competence or lack of it)
- a guide for annual or other reporting; a resource for funding applications

- a guarantee of accountability (of the social worker to the client) and a resource for 'risk management'
- a way of ensuring continuity for clients (if information needs to be shared with colleagues)
- a historical record of the case and the approaches to it
- important documentation in legal discovery: while it is always better for the writing to be guided by ethical impulses and concern for the client, a social worker could take into account Gutheil's (1980) suggestion that SWs hallucinate "a hostile prosecuting attorney" reading the case notes aloud in a nasty voice.*

*Case notes should not be changed after they have been recorded, though a new note can be made if something has been forgotten. SWs should also know about the privacy laws wherever they practice, and about the client's right to view their own records.

Form: given their audiences and purposes, case notes must be

- recorded in a **timely** fashion: ideally, immediately after the interaction
- typed or, if handwritten, **clear and legible**
- **impartial** (with fact kept distinct from opinion)
- **accurate** (containing plain language, with no emotional, biased, or derogatory words)
- **complete**, and comprehensive (with all relevant information included) ...
- yet **concise** (with no irrelevant rambling or embellishment)
- written in either an objective **voice** or a subjective professional voice (where the author or "I" is still a professional voice).

Most of these points apply to the initial assessment summary as well. For SW 3301, **write the summary in first person.**

Contents of case notes may depend on the sub-genre: e.g., crisis note, regular case note, assessment.

The initial assessment summary will usually include

- the date of contact (sometimes with time of interaction identified) and
- the signature with the name and professional role of the SW (the author)
- demographic (client identification) information
- the client's perception of the problem
- prior treatments and interventions, people and agencies involved
- relevant contextual (social, psychological, medical, environmental, demographic) and systemic factors affecting the client (e.g., culture or religion, race, class or income, and so on)
- risks the client is facing and factors contributing to resilience or self-determination; actions taken to minimize the former and maximize the latter
- a professional opinion or interpretation of facts, or theory or research underpinning an assessment

- a treatment plan or clear steps forward, along with the rationale/reasoning for the plan
- a record of all discussions and interactions with the client and persons/services involved in the provision of support including referral information, telephone and email correspondence
- reasons for missed appointments (either by the SW or the client), and follow-up actions or outcomes, especially if there was a significant interruption in the accessing of a service
- notes on any legally significant points regarding actions taken (or NOT taken), including notes on consent, confidentiality, information sharing, and so on.

Organization of case notes: Structure can help with clarity, and speed up the process of recording notes.

Problem oriented case notes identify the problem and the solutions. One commonly-used structure is captured in the acronym ‘**SOAP**’: (**I would like to acknowledge input from Dr. Tatiana Zdyb—thank you!**)

- **Subjective**—description of the problem, or a narrative, from the client’s perspective
- **Objective**—description by the SW, as well as facts such as in test results or other documentation
- **Assessment**—brings the SW’s expertise into play, and involves interpretation of the subjective and objective facts
- **Plan**—suggestions for addressing the problem through treatment, referrals or other action.

Goal oriented case notes focus on action that needs to be taken as a way of organizing; thus, the description of the problem (“Client is uncomfortable with current housing situation”) is expressed as a goal (“Client must find affordable housing within a week”).

Why are case-notes poorly written or neglected?

Lillis (2017) notes that there are limited opportunities for new social workers to learn or critically understand the genres (2017). Impediments to case note-writing include pressure and caseload, lack of direction and guidance, fatigue on the part of SWs, or fear of recording defined actions or objectives that can be questioned.

Guiding ideas

It is best to see such writing through the lens of ethics and accountability to clients. SWs are accustomed to “exercising judgment in the face of complex and competing interests and claims” (CASW Code of Ethics, 2005), and they must do this as they write case notes and assessments. For e.g. “Respect for the Inherent Dignity and Worth of Persons” can be reflected in the language. “Integrity of professional practice” is also key: notes must reflect honesty, impartiality and diligence in professional practice.

References

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Initial Assessment Summary (a poor example)

(based on from <https://www.youtube.com/watch?v=LklCLVHgt5E>)

Identifying information:

Name: Katie Smith
Address: 10 Prior Abode, London, Ontario, N6A 1M2
Telephone number: (519) 555 1234
E-mail address: N/A

Presenting problem: Katie (22 y.o. female) phoned to say she was scared her sister was going to throw her out of the house. Unfortunately, her sister makes her feel very unwelcome. At present Katie doesn't have a job, since she just got out of prison, and most employers obviously have trust issues when it comes to hiring a recent con.

Background information: First and foremost, it does seem a fact that Katie served time in the Correctional Centre. Apparently Katie was a drug addict, she refused treatment repeatedly, and she committed the criminal act of stealing money from her place of work because she needed cash for drugs. Luckily Katie is no longer doing drugs. She dropped out of school and only completed Grade 8 (in Jordan Elementary School, St. John's and before that in Eagle Heights School in London ON) when she was arrested. While she was in prison, she managed to complete high school, though a Grade 12 diploma likely won't open up too many jobs.

Contact date: Nov 19: Katie is uncomfortable in her home (no. 10 Prior Abode) where she is staying right now with her older sister because of how her sister is someone who's poor relationship skills have effected her social functioning. She does not care whether she has a roof over her head or not. Which makes her feel stressed and upset, however when she is told about Mission Shelter housing, she refuses to go there because she insists on staying in an all-female home. She would like to make a living by finding a paying job, but employers won't hire her because of her criminal record. She is of the opinion that the Grade 12 Diploma will be useful, though that is very unrealistic in today's job market. Katie would also like to remain sober and clean, and she doesn't want to get pulled in by her old friends who are ever ready to party and indulge in poor behavior and addictive habits. She also says she has social anxiety, so she cannot be in large groups. After asking her what else she needs, Katie also starts talking about a possible medical problem she may have.

Assessment: Katie is nicely dressed and personable and she seems motivated to get a job in spite of the obstacles. However she seems to have multiple issues, especially getting started on the plan. She had to be contacted twice before she made this appointment, and did not answer her phone when she was called. Steps I took are offering to contact Naomi Centre to get her in, help with editing her resume since that will be an amazing first step to getting a job, referral to an agency that employs ex cons, brochures for an addiction support group and a medical appointment.

Plan: The plan is to reestablish Katie as an earning member and find housing, achieve financial independence, get healthy, and find some new friends. A follow-up appointment was set for Nov 22.

Prepared by: Name: Chantal Howard, MSW, RSW

Date: March 30, 2019

Signature: *Chantal Howard.*

Initial Assessment Summary (same case: a good example!)

(based on from <https://www.youtube.com/watch?v=LklCLVHgt5E>)

Identifying information

Name: Katie Smith

Address: 10 Prior Abode, London, Ontario, N6A 1M2

Telephone number: 519 555 1234

E-mail address: N/A

Contacts: Initial appointment on November 19, 2018

Presenting problem

Katie phoned the agency on November 1st, 2018 to request assistance with finding affordable and safe housing. She described herself as a 22-year old woman, currently living with her sister, but reported that she does not feel welcome in her sister's home. Katie explained she was recently released from the Newfoundland and Labrador Correctional Centre for Women and is currently unemployed. She expressed worry regarding her job prospects and ability to pay rent.

Background information

Katie described herself as having completed Grade 8 at the time she was arrested for stealing cash at her place of work. She explained she had been struggling with a heroin addiction at the time, and that her crime was committed to support that addiction. She went on to report that during the 18 months that she was in the correctional centre she was able to complete the required studies resulting in her being awarded her high school equivalency certificate.

Katie reported that she has been applying for various jobs but is finding the response from employers disheartening, and attributed this to her criminal record. She said she had hoped that having her high school equivalency certificate would have made finding a job easier.

Katie indicated that she did not have a relationship with her father growing up and, although this means she would prefer to live in an all-female setting, she also said she does not feel she needs any counselling regarding her emotions about men.

Current situation

As Katie suggested when she requested an appointment, she is currently feeling unwelcome staying with her sister. Katie described herself as currently clean and sober and very concerned about finding employment, a safe place to live, and developing new support systems to help her maintain this drug-free lifestyle. She contacted this agency, the John Howard Society, asking for referrals and assistance with the transition process from the correctional centre back into society. In her first meeting, Katie also asked for assistance in finding a doctor because she was worried she might have an infection.

Assessment

Katie presents as highly motivated and committed, at this time, to following through with referrals and working on reviewing her resume, with hopes of improving her living situation. Although Katie's sister's reportedly unwelcoming attitude could have seriously hampered Katie's resolve, Katie appears to be continuing to hold on to hope that things can improve. Katie's return to the workforce will be a critical protective factor in her situation, as will be safe housing. She does appear to truly wish to find a long-term stable solution to her housing problems, but given lack of affordable housing in London, she will probably need to begin by living in a shelter. It is necessary to take into consideration her discomfort with men, when making a referral to a shelter.

Due to the many challenges involved with healing from addictions, I believe it will also be important to provide Katie with referrals to the resources that will be able to assist her in managing the possible temptations to ‘use’ again. Katie also said she feels she experiences “social anxiety” although I do not believe she has received a formal diagnosis and rather was describing a sense of nervousness in some group settings. She did not appear nervous in her meeting with me and did not indicate any worries about working in a retail setting where she would have many interactions with people.

Recommendations

I will provide Katie with some information about possible groups, as well as investigate and make referrals for housing.

Goals

The overarching goal of our work together will be to assist Katie in making a successful transition from the correctional system into the London community, where she hopes to find housing, employment and to remain drug-free,

Objectives	Methods	Outcomes
To find temporary housing	Refer to Naomi Centre.	Telephone call made to Naomi Centre November 19, 4 p.m. Shelia Woods indicated there was a bed available for Katie and I have been informed that Katie moved in earlier this morning, November 20.
To have a medical check-up	Provide information and book appointment at the Planned Parenthood Clinic with a female doctor.	Information provided to Katie. Appointment made for November 21 st at 10 a.m.
To find permanent housing	Referral to Housing Services.	To be assessed in two months.
To find permanent job	Assist with reviewing resume and possibly refer to Employment Services.	To be assessed in two months.
To create a new circle of friends supportive of her drug-free life style	Referral to Addictions Services and provide information regarding community NA groups.	To be assessed in two months.

To manage stress related to her transition from the correctional centre.	Ongoing individual supportive counselling until other supports are in place.	To be assessed in two months.
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Prepared by Chantal Howard, BSW student

Date November 20, 2018

Signature