Diagnostic assessment is the first phase of clinical social work practice. It involves a number of interrelated tasks and decision points for the social worker. In this section we describe these tasks, discuss the ways in which research can and should inform them, and identify relevant diversity issues and ethical concerns. The following five chapters describe, in greater detail, the use of specific research concepts and techniques in client assessment.

TASKS

As we indicated above, diagnostic assessment requires that the clinical social worker accomplish a number of tasks and make a number of decisions. These tasks are as follows:

1. First, the social worker must obtain information from the prospective client to determine the nature and extent of the presenting problem. With signed consent from the client, the social worker may also want to obtain information from the referral source, if there is one, and significant others in the client's life. In most practice settings the social worker will need to have information
sufficient for both a biopsychosocial assessment as well as the appropriate five-axis diagnosis from the most current *Diagnostic and Statistical Manual* (DSM) (APA, 2000). Clients’ initial presenting problems vary greatly, from concrete needs such as help in finding employment to more ambiguous and diffuse difficulties such as experiencing feelings of anxiety or depression. The latter form of presenting problem requires more active involvement on the part of the social worker in order to specify those problems that require or allow social work intervention.

Whatever form the presenting problem takes, the task is to make a thorough initial assessment of the prospective client’s social, psychological, economic, and health needs as well as the client’s requests or needs for service. In cases in which clients do not present themselves voluntarily for treatment, such as those encountered in prisons or involuntary mental hospital admissions, social workers must still secure enough information from clients to make reasonable and humane assessments of need.

2. The second major task for the clinical social worker is to determine whether the prospective client meets the eligibility requirements imposed on clients by the social agency and its funding sources. Equally important is to determine whether the services provided by the agency are appropriate to the client’s problem. The former, determining eligibility, may require information about income, health insurance or Medicaid coverage, place of residence, age, marital status, or other demographics. The latter, determining whether the services offered are most appropriate, requires not only a knowledge of the potential client’s need but information as well about the full range of services offered by the agency, those services available from other agencies in the client’s environment, and information about those values, beliefs, attitudes, and abilities that might affect the potential client’s utilization of the available services. Fulfilling these information requirements may involve contact with a variety of sources in the client’s environment such as other social agencies, schools, or places of employment. Whatever the source, the information gathered must be reliable enough to serve as a basis for decision making.

3. Once it has been determined that the prospective client can benefit from what the social worker and the agency have to offer, further specification must take place in the assessment process. This process involves refining and coherently organizing information about the client’s problems and needs in order to determine appropriate targets of social work intervention. Social workers should make use of relevant research literature, practice theory, and practice wisdom in order to increase their understanding of the client’s problem, including its etiology, parameters, complications, and prognosis. Based on the
information gathered in assessment and on the conceptualization of the problem, the social worker and client can develop an initial understanding of the focus of intervention.

In most cases clients have presenting problems that consist of many inter-related difficulties that may require intervention. For example a child who has been physically abused may be having trouble in school, living in inadequate housing, and in need of medical or psychiatric attention. The child’s parents may be unemployed, have a psychiatric disorder, and lack adequate child management skills. In such cases, priorities must be set for targets of intervention. Even the most skillful social worker cannot intervene on all fronts at the same time. Moreover, clients cannot productively engage in a social work process if they are trying to solve all their problems at once. Consequently, the social worker and client must prioritize the difficulties, deciding which of them is most pressing and requires most immediate attention. In some cases, such as with physical abuse, the priority is quite clear; medical needs and the need to protect the child from future abuse require immediate intervention. Establishing priorities for intervention is more flexible for other presenting problems that do not pose an immediate threat of harm to the client or to others.

4. After problems have been identified and prioritized, a final task remains in the assessment phase. This involves “operationalization” of the target of intervention. In other words, social workers must clearly specify both the problem and the goals or what they are trying to achieve through intervention. This should be done in precise enough language so that it would be possible to determine whether the intended outcomes have been achieved by the time intervention is over. The specification of problems and treatment goals is not only a necessary component of the diagnostic assessment phase of clinical practice; it is required for evaluation as well. In addition, operationalization of the target of intervention, discussed in more depth in chapter 4, combined with specification of the means for achieving the outcomes, discussed in part 2, are the basis of a complete treatment plan.

So, for example, a school social worker may work with a group of children whose disruptive behaviors are keeping them in trouble in school and interfering with their learning. The social worker will specify the characteristics of the children's educational performance and disruptive behaviors as well as the desired changes in each of the children in terms of a reduction of disruptive behavior and an increase in educational achievement. By carefully specifying both the problem and the goals, the target of intervention is clear and it now becomes possible both to select appropriate intervention methods and to evaluate the outcomes of the intervention.
ASSESSMENT DECISIONS

Clinical social workers make many crucial decisions during the process of diagnostic assessment. As much as possible these decisions should be guided by complete and factual information. Often, however, crisis situations and agency or managed care pressures deny social workers the luxury of enough time to do a full biopsychosocial study. Here, previous experience with similar cases, intuition, knowledge of relevant research studies and consultation with colleagues or supervisors can supplement social workers’ ability to correctly diagnose and effectively intervene.

Even when social workers are able to gather extensive information prior to intervention, skilled clinicians recognize that they are basing the treatment decisions on a “working hypothesis” about the client’s problem, its causes, and its solution. This tentative hypothesis is validated, refined or totally rejected in the course of treatment as new information about the client’s situation emerges. For this reason, the process of diagnostic assessment continues throughout the actual implementation of treatment.

Whether diagnostic and treatment decisions are made before or during the treatment process, certain questions must be answered about the client and his or her problems if effective intervention is to take place. Some of these questions are as follows:

1. Who is the client? What are his or her social and psychological attributes?
2. How and why did the client come into contact with the agency?
3. What are the client’s problems and can they be ameliorated through social work intervention?
4. Is the client motivated to participate in a social work process?
5. What are the treatment objectives?

SOME ASSUMPTIONS AND REQUIREMENTS

Although five steps have been presented in describing the tasks involved in diagnostic assessment and five decisions have been listed above, it should be clear that five is not presented as a magic number and ours is not a magic formula. Many different models exist that describe the first phase of treatment. We have presented a straightforward model that hopefully captures the essentials of many of them.

Moreover, while we have described these tasks in a neat, logical order, practice does not always conform to our linear model. For example, information
necessary for more than one task may be gathered during one interview. Further, the task of operationalization may require additional information gathering in order to sufficiently specify the problem and goals. And, as we indicated earlier, even after treatment begins, the social worker continues to gather information that informs and helps to refine assessment. The process that actually takes place is more like a circle or a spiral than the straight line implied by our model. The most important issue here, however, is arriving at an appropriate set of intervention goals and objectives that are agreeable to the client and are likely to lead to effective intervention strategies. The route the social worker takes in getting there is much less important.

The growing diversity of social work clientele creates challenges for social workers in the assessment phase. As can be seen in the table below, each of the tasks and decisions requires skills for culturally competent assessment. Culturally competent assessment is the ability to utilize awareness of and knowledge about clients’ culture in order to establish rapport and collect meaningful information that will lead to effective interventions. First, social workers must be aware of cultural issues that may present barriers to obtaining reliable and valid information. Two such barriers are spoken language and nonverbal communication differences. In order to overcome these barriers social workers must either be proficient in the client’s language or employ interpreters or consultants. Even when language is not a barrier, social workers must take care to fully understand the cultural context of nonverbal communications, such as the use of eye contact or accepted level of social distance, to avoid misunderstandings. In addition, any instruments used to gather information must be reliable and valid among the group of people to which the client belongs as a member. The information gathered must then be interpreted with awareness of clients’ world view and cultural norms. Further, when determining eligibility, social workers must examine whether the services offered are respectful of clients’ needs within their cultural contexts. Finally, the prioritization and specification of problems and goals for intervention must be compatible with the client’s cultural values and beliefs.

<table>
<thead>
<tr>
<th>Task</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information gathering</td>
<td>Culturally competent assessment methods</td>
</tr>
<tr>
<td>Determination of eligibility</td>
<td>Ability to meet needs in culturally competent manner</td>
</tr>
<tr>
<td>Determining/Prioritizing targets</td>
<td>Selecting culturally compatible targets for change</td>
</tr>
<tr>
<td>Specifying target of intervention</td>
<td>Selecting culturally compatible goals and objectives</td>
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</tbody>
</table>
The tasks and decisions of assessment outlined here also require consideration of potential ethical issues, such as those in the following table. Whenever client information is gathered, social workers must safeguard the confidentiality of that information. If the information is to be shared with others, it should only be done with explicit consent of the client. In addition, determination of eligibility must include an honest appraisal by social workers as to their ability to meet clients’ needs. When it is determined that the social worker or agency cannot do so, the social worker has an ethical responsibility to help the client find appropriate care through referral. Further, the social work values of self-determination and autonomy are paramount when determining and prioritizing targets of change. Finally, specification of the target of intervention—and all parts of assessment for that matter—should be guided by informed practice. As social workers, we have a responsibility to base practice decisions on what is known to be effective.

### Ethical Issues in Assessment and Treatment Formulation Phase

<table>
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<tr>
<th>Task</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information gathering</td>
<td>Confidentiality; consent to share information</td>
</tr>
<tr>
<td>Determining Eligibility</td>
<td>Ability to meet identified needs; duty to refer</td>
</tr>
<tr>
<td>Determining/Prioritizing targets</td>
<td>Self-determination; autonomy</td>
</tr>
<tr>
<td>Specifying target of intervention</td>
<td>Informed practice (evidence-based assessment)</td>
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Finally, our model assumes that clinical social workers will be motivated and skilled enough to guide their selection of intervention strategies based on available knowledge from practice research. In addition, they will be sufficiently “eclectic” to then utilize the most effective and efficient interventions to achieve treatment goals. This assumption may be unrealistic. Some social workers, for example, are bound by limits in competence or training, by their own treatment preferences, or by therapeutic or ideological dogmatism. Social agencies may offer some kinds of treatment and proscribe others. Therefore, rather than a description of what is, our model represents an ideal that may be approximated in the course of social work history, but never really reached. Nonetheless, it is based on a value of rationality and effectiveness the authors blatantly endorse.

### RESEARCH CONCEPTS AND TECHNIQUES

Sound diagnostic assessment is dependent upon information that accurately portrays the client’s situation. Research concepts and techniques can increase
the quality and quantity of information gathered as well as improve the interpretation of this information. Three key research concepts that directly relate to the adequacy and accuracy of information are reliability, validity, and representativeness. Definitions and key questions related to information gathering follow. Reliability refers to the extent to which the information gathered is internally consistent. In other words, is information from and about the client consistent or contradictory? Validity concerns the accuracy of the information. Is there objective evidence to support the information provided by the client? Representativeness involves the extent to which the information gathered characterizes the clients’ life circumstances. Are the client’s assertions about his or her situation based on typical or unique events?

These concepts will be discussed in greater detail as they relate to specific research techniques for gathering information necessary for diagnostic assessment and treatment formulation. In chapter 1, for example, we demonstrate the use of standardized research interviewing and questionnaires for gathering reliable, valid, and representative information from clients about their needs and problems. This technique is particularly useful for obtaining a client’s self-assessment.

In addition to gathering information through interviewing, the social worker may choose to utilize one or more of the many available diagnostic instruments. Instruments are available to measure a variety of relevant concepts, from levels of depression and anxiety to clients’ satisfaction with agency service. In chapter 2 we discuss how social workers can locate these clinical assessment instruments and make judgments about the reliability, validity, representativeness, and utility of the information they generate.

Chapter 3 introduces another information-gathering research technique, systematic observation. This technique is particularly useful in making diagnostic assessment based on the potential client’s behavior in natural settings such as at home or at school. Here, again, the key concepts of reliability, validity, and representativeness are employed whether the social worker chooses to develop or to use an existing observation instrument.

Chapter 4 further describes the process of specifying the targets of intervention, including the problems, goals, and objectives. In this process the social worker and client move from what may be a general or vague articulation of a problem to a specific measurable description of the problem and desired outcomes. Specificity allows for a clear understanding of the problem as well as the opportunity to measure progress throughout the intervention. Two techniques that may assist the process of operationalization, goal-attainment scaling and individualized rating scales, are also described. Rating scales may be
designed to be completed by the client or completed about the client by others. In either case the reliability and validity of the information from the rating scales must be considered.

SELECTED BIBLIOGRAPHY


