Reading: Client-centred assessment

Introduction

In this learning topic we will look more closely at the affects of having a mental illness on the client, their family and their life. We will examine how to work with clients from their own perception, and the value of a client’s experiences and dreams. We will examine the importance of strong social and financial supports, and look at the impact of having a mental illness on work and education. Finally we will provide examples of the loss experienced by clients when they are diagnosed with a mental illness and ways they might cope with this news.

At the end of this unit you should be able to work within the expectations and experiences of the client’s perspective and have a greater understanding of and empathy for the client’s situation.

Work within the context of the client’s experiences

As a community mental health or AOD worker you will be expected to have a certain amount of knowledge and skills in order to support your clients, but the client is the only person who has inside knowledge about what it is like to live their life. Individuals are usually the experts in their own lives.

Client experiences can vary greatly and can give you an insight into how to work with a client. For example, if a client has accessed a certain service before and had a terrible experience, it tells you not to refer the client to that service again.

Other types of experiences in client’s life can give you an understanding of the emotional or physical pain they have suffered. Discovering a client was abused as a child, for example might help you understand why the client has difficulties in certain areas of their life. This then allows you to work with the client to develop appropriate plans and make relevant referrals.

Working from a client-centred approach

The client should be the main person who establishes not only what their problem is, but also what sort of help they need to solve or manage their problem. This is known as a client-centred approach. Regardless of whether a client has an intellectual disability, a mental illness, is old and frail, or addicted to a substance, they still have the right to be involved in the decisions that affect how they live.

Developing a client-centred approach can be difficult for community workers because it means relinquishing some of their power and that sometimes makes them feel uncomfortable. A client-centred approach is about developing a workable partnership with our clients. Working in collaboration with clients is a more equal and therefore a more empowering approach.

Here is a list of some of the ways you can promote a more equal relationship with your clients. Add your own ideas to this list.

You should:

- treat clients with respect at all times
- share information
- avoid using jargon
- explain any technical terms you use
- don't present yourself as ‘the expert’—everybody has useful opinions and knowledge
• avoid describing a person’s situation to them in academic or theoretical terms, as this is usually unnecessary and unhelpful
• make sure that the physical space is safe and friendly for clients (eg, avoid sitting behind a big desk).

Assessing client needs

Clients usually seek help with their problems because they want something to change. An intervention can be defined as any process used to facilitate change. Interventions vary greatly and can include therapy, counselling, group work, family interventions or community work approaches.

An intervention may be as simple as referring a client to another service, or may be as complex as devising a case management plan and providing intensive counselling.

Several factors determine which intervention we decide to use, for example the age of the client. Young people might prefer to work with other young people, while older people might wish to have a one-to-one relationship with a worker.

An holistic assessment approach

The success of an intervention depends largely on whether the intervention is appropriate to the client’s needs and whether the client has been involved in the decision regarding which intervention to use.

Before any intervention can be initiated, it is essential to complete an assessment of the client’s situation and needs.

Below is Rory’s perspective on the importance of understanding as much as we can about a client’s situation. Rory’s a community services worker, with experience working with clients with a dual diagnosis of mental health disorders and substance abuse.

I try to always understand a person’s problem or issue within the context of their whole life—what they call ‘holistic assessment’.

I do this because when we plan an intervention, its effectiveness will depend on whether or not it is appropriate for the client and not just whether it seems to fit their problem. For example, if your client presents with a drug addiction problem, you would need to know what factors led to this situation, whether the client has any social support, whether they have a family, whether or not they are employed and what sort of lifestyle they have, before you plan an intervention.

My experience has taught me that, most importantly, you need to gain an understanding of how they see their life, what they want to change and what they think is the best way to go about it.

Questions for assessing clients

When determining how best to support a client with a mental illness, you need to develop an understanding of how the client views their life and mental illness. Two clients with the same diagnosis can have vastly different experiences of living with a mental illness. In order to develop a client-centred focus for the support you are providing, you need to understand the client’s individual experience.
When assessing a client’s needs it is important to ask questions that allow the client to express how they feel about their mental illness. Allowing the client to express their view in their own words can give them a sense of ownership and control over their situation. Remember, the expert in the client’s life is the client. You are there to support them to achieve their own goals within the context of a helping relationship.

Asking the right questions not only allows the client to express their experiences, hopes and issues in their own voice, but can give you a clear insight into how the client thinks, how they solve problems and address issues they might encounter, and give you clues as to how best to work with each individual client.

**Determining the assessment questions**

Against each of the broad topic areas listed below, what actual questions do you need to ask your client to collect the information you require?

- Referral source (eg ‘Who referred you to our agency?’)
- Client’s statement of the problem
- Current mental health situation
- Mental health history
- History of current and previous interventions
- Accommodation
- Financial history and debts
- Family history and social relationships
- Legal history
- Education
- Education and post-school experiences (further training and employment)
- AOD history
- Physical health and medical problems

The task of identifying the assessment questions to ask clients is quite difficult. You would need to adapt your questions to each individual client, taking into account the issues around social and cultural norms and what sort of help the client is seeking. The following section provides a comprehensive range of information and questions that could be considered at an assessment interview with a client with mental health issues.

**Referral source**

Who referred you to our service?
Who suggested you come here?

**Client’s statement of the problem and client expectation of the assessment**

How would you describe your problem/issue?
What sort of help are you hoping to get here?
What would you like to change in your life and why?

**Current mental illness diagnosis**

What is your diagnosis?
<table>
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<tr>
<th>Question</th>
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<td>When were you diagnosed with this mental illness?</td>
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<td>Where were you diagnosed?</td>
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<td>Do you have a current psychiatrist or GP who manages your mental illness with you?</td>
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<td>How did you feel when you were first diagnosed with a mental illness?</td>
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<td>How do you feel now about your mental illness?</td>
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**Client’s current medication regime**

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<th>Question</th>
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<td>Are you taking any prescribed medication for your mental illness?</td>
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<td>What is it called?</td>
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<td>Do you have it with you? (You can gain much information from the label on the medication if the client consents.)</td>
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<td>How much are you required to take?</td>
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<td>How often? At what times?</td>
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<td>Do you need any assistance with your self-medicating (eg reminders of when to take the medication)?</td>
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<td>Have you had any problems sticking to your medication regime?</td>
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<td>Do you have strategies you use to make sure you take your medication?</td>
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<td>What has been your experience of your medication requirements?</td>
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<td>Do you feel it helps you? Have you had to try a few different medications? Are you happy with the medication you take currently?</td>
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<td>How often do you have your medication reviewed?</td>
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<td>Who reviews your medication for you (GP or psychiatrist)?</td>
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**Client’s past and current mental health treatments**

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<th>Question</th>
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<td>Do you have a case manager?</td>
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<td>Do you access other mental health services?</td>
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<td>Would you like to access other mental health services (eg recreation, vocational training, and daily living support)?</td>
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<td>What have your experiences of mental health or AOD service been like in the past?</td>
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<td>What worked/did not work for you in your past experiences with these services?</td>
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<td>Would you return to any of the services you have accessed in the past?</td>
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**Current drug use history and primary drug/s of abuse**

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<td>What type of drugs are you currently using?</td>
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<td>How long have you been using these drugs?</td>
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<td>How are the drugs administered or taken?</td>
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<td>How often do you use these drugs (eg daily to weekly and number of times per day or per week used)?</td>
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<td>What is the longest amount of time you can go without using these drugs?</td>
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How do you support your drug habit (eg dealing, salary, illegal means)?
What is the quality or dosage of the drugs you take?
Has there been an increase in the quantity of drug use over the past three to six months?
What happens if you go without the drugs?
If an intravenous drug is used, which injection sites are used?
When was the last time you used drug X (how many hours ago)?
What other drugs do you use socially?
Have you overdosed in the recent past?
Do you share using equipment with other people?
Do you usually use the drugs with friends or alone?
How do you feel when you take this drug?
How do you feel when you go without this drug?
What would you like to change about your drug use habits?

**Other AOD use**
1. Ask questions about alcohol consumption

   - a. How much do you drink (the number of drinks per day)?
   - b. Are there particular times when you drink excessively?
   - c. How much do you spend on alcohol?
   - d. How often do you have hangovers?
   - e. Have you had any previous treatment for your alcohol use? (Yes or no—pick up details later in the assessment.)
   - f. Have you ever been told that you behaved in a particular way while under the influence of alcohol but didn’t remember it later?
   - g. How old were you when you first started to drink?
   - h. Do you think that your drinking is a problem?
   - i. How long have you thought that it was a problem?

2. Ask questions from the list above that are appropriate to these drugs:

   - a. cannabis
   - b. speed, dexamphetamine, methedrine, methamphetamine
   - c. cocaine
   - d. ecstasy
   - e. acid (LSD)
   - f. other designer drugs (eg ice)
   - g. solvents and inhalants (eg petrol and glue sniffing)
   - h. methadone
   - i. ketamine
   - j. prescribed medication (eg seroquel and pain medication)—ask ‘How often do you see your GPs to get scripts?’
Assessment questions about accommodation

Where are you currently living?
Are you renting or paying off a house or unit?
Do you share your accommodation with other people?
Are you happy with your current accommodation?
Do you want to live somewhere else?

Assessment questions about income, debts and liabilities

What is your main source of income?
Do you have many debts?
What are your debts related to (e.g. gambling, drinking, drugs, collecting, food, etc.)?
Do you get any financial support from others (family, friends)?

Assessment questions about family history and social relationships

The aims of getting a family history are to:

- attempt to identify any general psychiatric and/or psychological problems within the family
- obtain details of any mental health problems in the family
- obtain details of any legal history within the family
- identify the age of the parents and other siblings
- identify the occupations of family members
- determine the client’s home environment (what is it like)?
- get a description of family members and the quality of the relationship the client has or had with family members
- find out about the dynamics of the family of origin
- find out if there are any family patterns being played out by the client
- find out about the client’s current relationships
- ask the client to describe their family’s reaction to their mental illness or drug use
- ask the client what they would like to change about their family and other relationships (e.g. more friends, more family contact).

Ask sensitive and appropriate questions to explore the relationships your client has with other people. For example, you could ask a client to describe their relationship with their partner, rather than asking directly ‘how do you get on with your husband/wife/partner?’—this is much more confronting.

Keep your questions as open as possible so that the client can choose what information they want to disclose. For example, try: ‘Can you tell me a bit about what your life was like when you were a child?’ rather than ‘How did you get on with your parents?’

Questions about legal history (current and past)

Are there any current legal charges that are to be heard in court?
What are the details of the charges?
Are there any pending legal charges?
Are you currently reporting to police?
Did any of the charges relate to violent crimes?
When is the due court date? Is there legal representation and, if so, by whom?
Are you on any bonds or reporting to probation and parole?
Can you give me information about previous charges and convictions against you in the past? What was the outcome of each charge?
Have you ever been to gaol? If so, for how long?

**Details of schooling and post-schooling experiences (further training and employment)**

What is the highest level of education you have achieved to date?
At what level did you leave secondary school?
What was school like for you? Did you like it?
Did you get into trouble while you were at school (eg for truanting)?
Do you plan to do any further study or training?
Have you done any training courses since you left school?
What type of work have you done or do you do?
Have you had any periods of being unemployed or sick?
Do you currently work?
Would you like to be working?
What are you hopes for your employment?

**Physical and medical health problems**

How would you describe your health?
Are you currently being treated for any medical conditions?
What medical conditions have you been treated for in the past?
Do you practise safe sex?
Have you been tested for hepatitis B and C status and HIV? (This question needs to be asked sensitively and tied to questions about safe sex and injecting drug use practices.)
Have you had any physical injuries or accidents?
Do you see a regular GP?

**Involving the client in assessment**

Can you think of some other ways in which you could involve the client in the assessment process?

Your answer should include some of the following suggestions:
• Explain the process to the client before you begin, for example, you could talk about why you need the information and how it will be used.
• Make it clear that information will be confidential and that they can have access to any records.
• Acknowledge that the client may be uncomfortable with the assessment process. It may be very difficult for them to ask for help and to answer personal questions from a stranger.
• The client should know that they have a choice about what they tell you and when, and may prefer to fill in some of the more personal details at a later time or not at all.
• Rather than just firing questions, encourage your client to reflect on how they see their situation and determine what is important to them. This will help them to prioritise their needs.
• Remember, it is important that you approach assessment as an exercise in relationship building and not just as a fact-gathering process.
Understanding clients’ self-perception and self-esteem

Assessment is not only about collecting information, it also about recognising and valuing the client’s perception of their own life.

With detailed information you can draw conclusions about what has worked for your client and what hasn’t, but this is your perception and your client might have a different perception. For example, your client may have told you about using cannabis to manage their anxiety. You might be able to recognise that cannabis use can increase the symptoms of anxiety. You may understand the importance of leading a healthy and drug-free lifestyle to effectively manage mental illness. But your client may see things differently. They may believe the cannabis use allows them the freedom from stress that allows them to better cope with the effects of their mental illness. They may also gain some social benefits from smoking cannabis with friends.

While both perspectives are valid, it would not help the client, or your relationship with the client, for you to tell them they are doing the wrong thing and that the benefits they think they are getting from using cannabis are false.

You need to look at the situation from the client’s perspective in order to appropriately address the situation and develop strategies that the client can embrace and implement in their own life with minimal resistance.

Below, Guillermo talks about why he values a client’s perspective and how he empowers the client to take responsibility for their behaviour. Guillermo has worked in non-government as well as government community-based agencies, mostly with young people.

Guillermo, worker

I find that most people do not like being told how to live their lives. If a client can come to the realisation of what is good for them on their own, they are more likely to want to make changes. In this way, they are ‘empowered’ to take ‘ownership’ of their actions—including its consequences and outcomes.

The same approach needs to be taken when working with a client’s level of self-esteem. I used to tell clients who are feeling down on themselves and without much hope for their future that ‘everything will be okay’ and ‘be more positive’. But I quickly realised that that’s the last thing they need to hear.

The way a client feels about themselves and their life will affect the energy and commitment they have to make changes.

Stages of change

The stages of change model breaks the cycle of change into stages. Each stage has its own actions that are required to move through to the next stage.
This diagram shows the relationships between the various stages of change and the pathway for progressing through the stages. This is not a definitive model as a person could move amongst the stages as their needs dictate, eg from relapse to determination, or from action to relapse.

The client’s stage of change position will determine the type of intervention appropriate to their needs and assist you to work from a client-centred perspective. You should not force a client to move from one stage to another, as this can lead to the client feeling controlled and judged. The change must be part of the client’s ‘choice’, and any interventions used should reflect the client’s choice and needs.

Remember, the stages of change are not linear—clients can move amongst the stages at will and may do so erratically while deciding and beginning action on their choices.

**Pre-contemplation stage**
A client in this stage of change would not be considering changing their behaviour to bring about better health outcomes. You should not force the client to consider change, nor overwhelm them with information about the health risks of continuing with a particular behaviour, eg AOD use. This could also be an opportunity to talk about ways the client can reduce the risks of their behaviour without giving up the behaviour, eg discussing harm minimisation techniques for AOD use to help the client continue using but reduce the health risks associated with AOD use.

An appropriate brief intervention for this stage would be to generally discuss the client’s behaviour, the health risks and the benefits of change. This may give the client enough information to decide for themselves if they are ready to consider change or not. This also lets the client know that you are there to discuss their concerns with them, and that you respect their rights to lead the life they want.

**Contemplation stage**
This stage is the natural step from the pre-contemplative stage and allows you to explore the client’s health concerns in more detail. Asking questions about what might be different if they change their behaviour and what they see as the barriers could help the client clearly and factually contemplate change.

A brief intervention for this stage could be providing the client with written information about the risks and benefits of their behaviour and the options available to them to achieve change. Covering the strategies discussed in the pre-contemplative stage, eg safe injecting techniques can help the client clarify their situation and consider continuing the behaviour (eg injecting drugs) as a choice.

Although it may be an exciting and positive event for you to have a client considering change, you need to remember that the client must make the choice to change. Becoming too anxious for the client to change could result in alienating the client from you and pushing them back into the pre-contemplative stage.

**Determination stage (readiness to change)**
At this stage the client has decided they are ready for change. This may be a time when they feel ready to ‘jump in’ and get things moving. You should help the client slow down and plan for their
changes. This is the stage for goal planning. Goal planning itself is a brief intervention as it allows the client to examine the process of change and weigh up the benefits and risks associated with continuing the behaviour versus changing the behaviour.

Some questions for the client to consider at this stage are:

- What exact changes do I want to make? Can I break this/these change/s into smaller steps?
- What do I need to do to make those changes?
- What resources/support do I need? Are they available (e.g., a referral to another service to facilitate the change, such as a residential detox service, may have issues around waiting lists and financial payments that need to be considered)?
- How will I deal with temptation to revert to my previous behaviour?
- How will I deal with relapse?

**Action stage**

As the name suggests, this is the stage when the client, with your support, puts their plan into action. Brief interventions appropriate for this stage include:

- referrals to specialist and other services
- reviewing of goal plans
- support and encouragement

**Maintenance stage**

In this stage clients are supported to maintain their change for six months or so. Clients should be able to see the benefits to their lives from the change, which will help them maintain the change and avoid relapse. Encourage clients to talk about the positive reasons for maintaining change to reinforce their decisions.

**Relapse**

It is very common for people trying to change ingrained behaviours to experience relapse. Clients should be encouraged to review their experiences and learn from the relapse. This is not something clients should be made to feel bad about. The client should be made to see that it is a normal stage and this knowledge should be used to develop strategies to prevent relapse occurring again. Clients will naturally return to one of the previous stages.