



Social Work Assessment Report Guidelines for Couples and Families

These guidelines were developed to ensure that Veterans Affairs Canada (VAC) clients and their families receive a thorough and comprehensive evaluation.

Please ensure that only information relevant to the clients' situation is included in the report and routinely indicate the source of the information.

The information provided within the "Social Work Assessment for Couples and Families" report is collected under the Authority of the *Pension Act* and the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*.

All personal information collected and used is protected from unauthorized disclosure by the *Privacy Act*. The recorded opinion about an individual is considered personal information about and belonging to that individual. The *Privacy Act* provides the client with a right to access their own personal information which is under the control of the Department. The *Privacy Act* also affords clients the right to challenge the accuracy and completeness of their personal information and have it amended as appropriate.

For further information on the above, you can contact the Access to Information and Privacy Coordinator's Office, Veterans Affairs Canada, PO Box 7700, Charlottetown, PE, C1A 8M9. Please quote Personal Information Bank No. VAC PPU 055 and/or VAC PPU 550 of the Government of Canada Info Source publication.

Client's name :
VAC No./Service No.:
Client's telephone No.:
Social Worker:
Report date (yyyy-mm-dd):

Date of birth (yyyy-mm-dd):
Family member name(s):
Client's address:
Referred by:
Date(s) assessed (yyyy-mm-dd):

Informed Consent

Include a brief paragraph documenting the following sample process:

During the first meeting, the clients are informed of the purpose of the assessment and the limits of confidentiality. The clients are also informed that this assessment report will include personal information, the examiner's clinical impressions and treatment recommendations. The report will be sent to VAC. The clients are encouraged to ask questions regarding the assessment and release of information process prior to signing any consent form(s).

Reason for Referral

In this section, name the referring person and/or organization, and the reason for the referral. Also include the clients' stated reason(s) for the consultation.

Assessment Methods

- ▶ File review: list professional reports consulted
- ▶ Clinical interviews: list dates, lengths, and include names of the individuals who attended
- ▶ Screening tools/risk assessment measures: list tools and measures administered

Identification of Clients

- ▶ Identification of each family member: age, schooling/occupation, etc.
- ▶ Marital status of the couple, if applicable.

Presenting Problem

Clients' Perspective

- ▶ Description of the problem as reported by each family member
- ▶ Onset, frequency, intensity and duration of the problem
- ▶ Each client's stated understanding of causes and evolution of the problems
- ▶ Strategies utilized to manage the problems and related symptoms
- ▶ Meaning or beliefs attached to the problems that could serve to either resolve or perpetuate problems
- ▶ Perceived connection of problems to deployment and military service
- ▶ Reported level of distress
- ▶ Impact of the problems on daily life and functioning (e.g., work/studies, consumption of alcohol and drugs*, relationships with significant others, physical complaints, reported cognitive difficulties, limitations or incapacities)

Contributing factors

Systemic factors, from each client's perspective, that either contribute to the maintenance or resolution of the problem (for example: familial, cultural, environmental, life-cycle issues, discrimination or harassment.)

Level of motivation for change

Reported level of motivation to solve the problems by each family member.

Current Psychosocial Situation

Present family situation

Family composition, brief description of family member roles, responsibilities and daily activities.

Education and occupational history of adult members

- ▶ Level of education
- ▶ Brief summary of employment

Current financial situation

- ▶ Sources of income
- ▶ Present financial stressors
- ▶ Debt load
- ▶ History of bankruptcy
- ▶ Money management problems

Living environment

Current housing situation and current stressor(s)

Legal situation

History of legal problems and current stressor(s)

Individual Characteristics of Each Family Member**Individual functioning of each family member**

- ▶ Present physical and mental health
- ▶ Intellectual/cognitive abilities (including problem solving)
- ▶ Emotional functioning
- ▶ Social role functioning
- ▶ Activities of daily living
- ▶ Satisfaction with present occupation, if applicable
- ▶ Observed differences in functioning following traumatic episode(s), as applicable

Personal histories

Description of:

- ▶ Childhood and adolescence
- ▶ Family of origin (parents, siblings and significant others), as applicable
- ▶ Family attachment styles and issues
- ▶ Attachment disruptions and injuries
- ▶ Include a two- to three-generation genogram when possible

Psychological/psychiatric/counselling history

- ▶ Previous psychological/psychiatric problems
- ▶ Previous counselling/psychotherapy, hospitalizations
- ▶ Dates, diagnoses and names of treating clinicians

History of drug, alcohol and/or gambling problems

Summary of problems and of any treatment received

Medical history

Significant illnesses, injuries, dates, hospitalizations

Lifetime history of stressful events

- ▶ List of all stressful events, if applicable
- ▶ Date(s), geographic location(s), and circumstance(s) surrounding each event
- ▶ Emotional response(s) reported
- ▶ Long term coping mechanisms, social support sought and utilized
- ▶ Description of impact of trauma(s) on general functioning

Risk Assessment (as applicable)

- Suicide: ▶ Indicate presence of ideation, plan, imminence, as applicable;
 ▶ Indicate risk level.
- Homicide: ▶ Indicate presence of ideation, plan, imminence, as applicable;
 ▶ Indicate risk level.
- Child abuse: ▶ Indicate history, evaluate current risk.
- Spousal abuse: ▶ Indicate history, evaluate current risk.

Couple and Family Characteristics**General appearance and behaviour**

Your observations of the behaviour of each member and their pattern(s) of interaction

Couple history (if applicable)

- ▶ Initial attraction from the perspective of each partner
- ▶ Courtship and marriage
- ▶ Sexual history
- ▶ History of infidelity
- ▶ Impact of addictions and substance abuse on couple functioning, if applicable
- ▶ Presence of attachment injuries
- ▶ Couple functioning pre- and post-operational stress injury (OSI), if applicable

Couple history as related to military service (if applicable)

- ▶ Age at onset of military career
- ▶ Date, duration and geographic location of each deployment
- ▶ Occupation and rank during each deployment
- ▶ Circumstances of discharge and date
- ▶ How the couple and family coped with these transitions
- ▶ Include reasons for joining military, their perception of military service, likes and dislikes, changes in personal identity, attitude and ability to cope with Veteran member being discharged and/or pensioned.

Family functioning

- ▶ Current affective relationships (including current sexual relationship when assessing a couple)
- ▶ Problem solving abilities
- ▶ Parental functioning, if applicable
- ▶ Impact of verbal or physical abuse, if applicable
- ▶ Impact of drug, alcohol use or gambling, if applicable
- ▶ Impact of the OSI, if applicable

Communication style

Current communication style and how this has been influenced by the OSI

Strengths/coping skills

- ▶ Strengths and coping skills, as reported by family members/couple and, as observed by social worker
- ▶ Positive factors in the relationship(s)

Relationships

Describe the quality of the couple's/family members' current relationships with families of origin, extended family, neighbour(s), and friends.

Social support system

Significant others in the extended family or community who are a source of affective or instrumental support for the couple/family.

Resources/obstacles

Formal and informal resources utilized to resolve couple/family problem(s) and obstacles to their access.

Goals, expectations and commitment

- ▶ What does the couple/family want to accomplish in counselling?
- ▶ How realistic are the stated goals?
- ▶ Vision of the counselling procedure (how does each person imagine counselling will help with his/her goals?)
- ▶ What is each member of the couple/family willing to contribute to the process in terms of time, flexibility of schedule, and commitment?

Professional Formulation

Your professional analysis and synthesis of the information gathered, including:

- ▶ Your understanding of the problem (including theoretical formulation, if applicable)
- ▶ A description of the patterns of interaction that may contribute to perpetuating the stated problem(s)

Based on current knowledge and research on the impact of OSIs on the couple and/or the family, please also address the following:

- ▶ Family members' knowledge of OSIs, if applicable
- ▶ Level of functioning prior to onset of presenting problem or OSI
- ▶ Summary of the problem(s): severity, duration, coping mechanisms used to manage, as well as couple/family strengths and limitations, if applicable
- ▶ Skill deficits: communication, conflict and crisis resolution, problem solving capacity
- ▶ Level of affective expression, nurturance, intimacy and empathy
- ▶ Quality of sexual relationship, if applicable
- ▶ Issue(s) in parenting and impact of OSI on children, if applicable
- ▶ Caregiver burden/burn-out
- ▶ Impact of drugs, alcohol and gambling, if applicable
- ▶ Ability and capacity to engage in treatment

Conclusion and Treatment Recommendations

Initial treatment plan as contracted with the family/couple, including:

- ▶ Recommended interventions (in terms of nature, frequency and estimated duration)
- ▶ Treatment goals and desired outcomes
- ▶ Referrals, if applicable

Prognosis

Document factors that influence a positive or poor prognosis.

Name of examiner:

Signature of examiner:

Professional Title:

Date (yyyy-mm-dd):

Registration body:

Registration No.:

Blue Cross No.: