

Psychosocial Assessment and Treatment Presentation

A) Presenting Problem -

Ms. Luna is an 83-year-old widowed Mexican-American woman who lives alone in her home with a small dog and two cats. She suffers from arthritis of the hip and back and some circulation problems associated with the late onset of diabetes. She has been reported by neighbors to wander around after dark and has difficulty finding her home on several occasions. During his son's recent visit, he claims that Estella was slow to answer the door, was reluctant to let him in, and did not recognize him. She was tearful, distraught, worried, and distracted. Her speech did not make sense and she seemed confused. Estella was perspiring and had a flushed appearance.

B) Identified Symptoms:

Medical symptoms: Perspiring and flushed appearance.

Mental symptoms: DSM-5 Diagnostic Criteria

Cognitive domain:

- o **Complex attention** (sustained attention, divided attention, selective attention, processing speed). Has difficulty in environments, and recalling addresses.
- o **Executive function** (planning, decision making, working memory, responding to feedback/error correction, overriding habits/inhibition, mental flexibility). - Needs to relay to others to plan instrumental activities of daily living or make decisions.
- o **Learning and memory** (immediate memory, recent memory, (including free recall, and recognition memory), very long-term memory) semantic; autobiographical), implicit learning).
- o **Language** (expressive language (including naming, word finding, fluency, grammar and syntax, and receptive language) - Has significant difficulties with expressive or

receptive language. – May not recall the names of closer friends and family.

- o **Perceptual-motor** (includes abilities subsumed under terms visual perception, visuoconstructional, perceptual-motor, praxis, and gnosis) – Has significant difficulties with previously familiar activities (using tools, driving motor vehicles), navigating in familiar environments; is often confused at dusk, when shadows and lowering the level of light change perceptions.

C) DSM-5: Diagnostic Criteria –

Indicated by serious cognitive impairment in at least one of the following areas of cognitive functioning: complex attention, executive function, learning, memory, language, perceptual-motor, or social cognition. The cognitive impairment disrupts the performance of daily activities. The cognitive impairment does not manifest solely in the context of delirium. The condition may result from Alzheimer’s disease, frontotemporal lobar degeneration, Lewy body disease, vascular disease, Parkinson’s disease, Huntington’s disease, another medical condition, multiple etiologies, or an unspecified cause, DSM-5 Overview (Quick Study Academic).

D) What strengths and resources do Estella have?

- Estella demonstrated resiliency, pride, and joy in raising her family, beautiful memories of her 48-year marriage, and took care of her sick husband at their home until his passing.
- Estella is a homeowner and lived in the same home for a very long time. (Familiar place and sense of pride for accomplishment).
- Estella’s support system is her children, grandchildren, friends, and neighbors.
- Estella belongs to a culture known for closed family ties, strong bonding, and supports for each other.

- Estella's culture portrays strong beliefs and families are faith-based oriented.

E) Are there racial, ethnic, or gender issues that should consider in the assessment and treatment planning?

- Estella's ethnic/race as a minority, being a woman, widowed, education, age, and (SES) socioeconomic status.
- To consider intersectionality in health that influences social determinants of health on short and long-term outcomes.
- To consider cultural humility as a segue into an intersectional approach that stresses the multiple identities of Estella.
- To consider the (SDOH) Social determinants of health such as access to health care and sub-optimal access to quality healthcare and poor health outcomes.

Ross, A. et al. Intersectionality, Social Work, and Health, Cp4.

F) Identified Assessment Instruments and the rationale:

Biopsychosocial-spiritual (SPSS):

Biological/Physical: bodily elements, diagnoses, health concerns, genetic predispositions, prescribed physical characteristics (gender identity and race) abilities, disabilities, and timing (i.e., aging process). **Biological domains:** food, shelter, clothing, medical health, physical capabilities, and environment.

Psychological: gender, sexuality, personal experiences, significant other, habits/behaviors, relational patterns, language, self-concept identity, personal history, personal styles, intelligence, mental abilities and disabilities, diagnosis, medication, treatment; hearing feeling, smelling, or seeing things

(that other cannot), risk assessment including self (suicide) and others (homicide).

Socio-cultural: roles, culture, values, socio-cultural networks, families, friends, economic environment, race and ethnicity, community connections, stereotypes, physical spaces, access to services, historical and political situation, institutions, legal status, and national origin. Genogram, culturagram, family timeline, and ecomap.

Spiritual: Spiritual beliefs, organized religion, values, and meaning-making.

Berg-Weger, M. et al., (2020); Singer, J. & Belluomini, Ch5.

Rationale:

- Biopsychological-spiritual assessments (BPSS) are used by social workers as a primary means of assessment. It is used to assess all clients, including children, adolescents, adults, older adults, and families.
- The desired outcome is to have a complete understanding of the complex interactions that take place among the four domains of the (BPSS) in a client's life. (BPC) if accurately done, will determine the best course of treatment and identify specific goals of interventions for the client with a higher likelihood of resolution of the client's concern. Through the (BPSS) collaborative process, the social worker develops a complete understanding of the client. The client will feel understood which will result in the development of trust and a therapeutic working relationship.

- (BPSS) is part of how social worker understands institutions such as hospitals, correctional facilities, child welfare, and even private practice. Social workers who come in contact with these institutions, and are knowledgeable about existing dynamics, increase the client's ability to navigate these social environments. Understanding how these institutions work will increase the likelihood of the client's positive experience and access to the services.

Gale, L. (2022). Social Work Practice & Skill. Published by Cinahi Information Systems, a division of EBSCO Information Services. Retrieved 08/16/22
<https://www.ebsco.com>

G) Preliminary Diagnoses to consider: DSM-5 Major Neurocognitive Disorder due to Alzheimer's disease/Dementia

Treatment Goals and Interventions:

Mission: To provide appropriate treatment/intervention to improve Estella's cognitive and functional abilities and enhance her overall well-being. Interventions/treatment are based on understanding (BPSS) assessments, partnering with the client, the family, friends, and other healthcare professionals aiming for a positive outcome.

Client Problem Areas & Target Problems

Problem Statement:

1. Estella's declining cognitive and functional abilities as indicated by impaired abilities to manage her medications, manifesting problems in social cognition, and wandering around.
2. Estella's poor emotional control is indicated by being distraught, worried, distracted, tearful, and having difficulty communicating with herself.

Goals for Problem #1:

1. Develop a safety plan to avoid aimless wandering and makes her safe outside or inside the home at all times.
2. Develop a plan for getting comprehensive health care for evaluations and availing services to cope with declining cognitive and functional abilities.

Goals for Problem #2:

1. To educate family members about Estella's condition, encourage them to seek assistance, and address concerns and resistance if there are any.
2. To collaborate and inform families of services and resources available to them, and assist in accessing those critical services.

Problem #1:

- Objective#1: Conducts a 1.5-hour family meeting session to understand family dynamics, concerns, and situations and to prioritize safety planning including medication management and compliance. 1st week
- Objective #2: Collaborate with family on how to connect Estella for a comprehensive health evaluation or other services. Family designation of responsibility. 2nd visit.

Problem #2:

- Objective #1: Conduct a 1.5-hour education for the family on Estella's chronic conditions, the progression of the disease, and the aging Continuum-of-care model. Once a month for months

- Objective #2: Connects Estella and the family with comprehensive health care and social services in the community with an emphasis on “aging-in-place.”
- Objective #3: Conducts 1.5-hour individual therapy session for Estella using Cognitive Stimulation therapy (CST), Reminiscence Therapy, Validation Therapy, Reality Therapy, Physical Exercises, and a strong emphasis on medication compliance. Once a week
- Objective #4: Conducts 1.5-hour family conferencing to receive feedback, provide advice as necessary, validate family members’ concerns, progress, or lack of progress, and empower and support them. Once a month
- Objective #5: Meet with the inter-disciplinary group and other providers and professionals for progress or lack of progress and collaborate for additional information to promote self-efficacy in the services.

Thank you.

