



## Social Work Assessment Report Guidelines for Individuals

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

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

The information provided within the "Social Work Assessment for Individuals" report is collected under the Authority of the *Pension Act* and the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* for the purpose of case management. Provision of the information is on a voluntary basis. Refusal to complete any part of this report may cause delays in determining clients eligibility for rehabilitation services and case management.

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:**

**Date of birth (yyyy-mm-dd):**

**VAC No./Service No.:**

**Client's address:**

**Client's telephone No.:**

**Referred by:**

**Social Worker:**

**Date(s) assessed (yyyy-mm-dd):**

**Report Date (yyyy-mm-dd):**

### Informed Consent

Include a brief paragraph documenting the following sample process:

During the first meeting, the client is informed of the purpose of the assessment and the limits of confidentiality. The client is 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 client is 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 client's 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

## **Client Identification**

Age, marital status, children, present occupational status, etc.

## **Presenting Problem**

### **Client's Perspective**

- ▶ Description of the problem as reported by client
- ▶ Onset, frequency, intensity and duration of the problem
- ▶ The 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
- ▶ Reported impact of the problems on daily life and functioning (for example, work/studies, relationships with significant others, physical complaints, increased consumption of alcohol and drugs, reported cognitive difficulties, limitations or incapacities)
- ▶ Reported factors that contribute to the maintenance or resolution of the problem (for example: familial, cultural, environmental and life-cycle issues, discrimination or harassment.)

### **Level of motivation for change**

Reported level of motivation to solve the problems

### **Family member's perspective (if applicable)**

Perceived difficulty and problems, impact on quality of life and on quality of interpersonal relationships (marital partner, family members, friends, etc.)

### **Psychological symptoms**

- ▶ List symptoms and current Diagnostic and Statistical Manual (DSM) diagnoses as specified in psychological/psychiatric reports consulted
- ▶ Describe symptom onset, nature, frequency and intensity

## **Current Psychosocial Situation**

### **Present family situation**

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

## **Current financial situation**

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

## **Living environment**

Current housing situation and current stressors

## **Legal situation**

- ▶ Current legal problems and related stressors
- ▶ Client's perception of level of current stressors in this area

## **Individual Characteristics**

### **Individual functioning**

- ▶ Intellectual/cognitive abilities
- ▶ Emotional functioning
- ▶ Social role functioning
- ▶ Activities of daily living
- ▶ Satisfaction with present occupation
- ▶ Observed differences in functioning following traumatic episodes

### **Personal history**

- ▶ Family of origin (parents, siblings and significant others)
- ▶ Brief description of childhood, adolescence, early adulthood
- ▶ Attachment disruptions and injuries
- ▶ Nature and type of relationships with parents, siblings, and significant others
- ▶ Other traumatic events during childhood, adolescence, early adulthood
- ▶ Include a two- to three-generation genogram when possible

### **Military history**

- ▶ Age at onset of military career
- ▶ Summary of stated reasons for joining military
- ▶ Dates, durations and geographic locations of all deployments as well as occupation and rank during each deployment
- ▶ Circumstances of discharge and date, if applicable
- ▶ Client's perception of their military service
- ▶ Contribution to personal identity
- ▶ Attitude and ability to cope with being discharged and/or pensioned, if applicable

## **Educational history and non-military employment history**

- ▶ Note highest level of education
- ▶ Professional trade school(s) or other training
- ▶ Summary of non-military employment history

## **Legal history**

- ▶ Lifetime history of legal problems
- ▶ Lifetime history of arrests and convictions, if any

## **History of drug, alcohol and/or gambling problems**

- ▶ List of each substance and history of consumption to present date\*
- ▶ History of gambling problems, if applicable
- ▶ Summary of any treatment received
- ▶ Other problems related to impulsivity and/or compulsivity

\*Please refer to VAC's "Guidelines for Screening for Alcohol, Drugs and/or Gambling Problems" (VAC 738).

## **Psychological/psychiatric/counselling history**

### **Personal**

- ▶ Previous treatments (counselling, psychotherapy, medication, etc.) and/or hospitalizations
- ▶ Include dates, diagnoses, names of treating clinicians
- ▶ Client's opinion of efficacy of treatment and rationale where relevant

### **Family**

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

## **Medical History**

### **Personal**

- ▶ Significant illnesses, injuries, dates, hospitalizations
- ▶ List all medications, date/time frames, and names of prescribing practitioners

### **Family**

- ▶ Significant illnesses, injuries, dates, hospitalizations

## **Lifetime history of stressful events**

- ▶ List of all stressful events, if applicable
- ▶ Dates, geographic locations, and circumstances surrounding each event
- ▶ Emotional responses reported
- ▶ Long term coping mechanisms, social support sought and utilized
- ▶ Description of impact of traumas on general functioning

## Current Mental Status/Behavioural Observations

Typically includes a description of the following: general appearance, level of alertness, quality/style of speech, general behaviour and attitude, orientation (person, time, place), reported mood, observation of affect, thought process, thought content, short and long term memory, level of insight, judgement, reasoning and communication style.

### Risk Assessment

- 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

## Professional Formulation

- ▶ Opinion regarding the connection between the client's military experience and his/her present condition, as applicable
- ▶ Description of level of functioning prior to having experienced the operational stresses, as applicable
- ▶ Nature, severity and duration of the problem(s)
- ▶ Coping mechanisms utilized
- ▶ Client's strengths and limitations
- ▶ Motivation for change, capacity and ability to engage in treatment, if applicable
- ▶ Systemic factors that either contribute to the maintenance or resolution of the problem

## Conclusion and Treatment Recommendations

- ▶ Treatment plan as contracted with the client (include nature, frequency and estimated duration of intervention)
- ▶ Goals and/or desired outcomes
- ▶ Details of the working contract with the client
- ▶ Referral, if applicable

If the evaluation is specifically for rehabilitation, please see the Appendix for guidelines on additional information to include.

If recommendations include inpatient treatment for co-morbid addiction/PTSD condition, please refer to Veterans Affairs Canada document entitled "Inpatient Placement Criteria for Clients with Substance Abuse Problems" (VAC 739).

## Prognosis

Document factors that influence a positive or poor prognosis.

**Name of examiner:**  
**Professional Title:**  
**Registration body:**  
**Blue Cross No.:**

**Signature of examiner:**  
**Date (yyyy-mm-dd):**  
**Registration No.:**

## Appendix

### Assessment Report Guidelines for the Treatment of Clients Eligible for VAC's Rehabilitation Program

**If the evaluation is for rehabilitation, please add the following information to the "Conclusion and Treatment Recommendation" section:**

1. Summarize the specific difficulties the client faces regarding reintegration into civilian life.
2. Identify current functional limits (degree, scope and chronicity) that may hinder the client's reintegration into civilian life with respect to the following areas:
  - a. medical/mental health;
  - b. psychosocial (marital, familial and social);
  - c. vocational and professional.
3. In your professional opinion, what is the client's potential for improvement with respect to integration into civilian life? Please explain.
4. How would you rate the client's current level of readiness for personal change (poor, moderate, average, significant)? Please explain.
5. What specific objectives, in order of importance (from the most to the least important), do you recommend be considered to improve the Veteran's social and professional functioning?

For example:

To enable the client to (insert the specific objective)

6. What measures do you recommend be taken in order to assist the client in achieving these objectives?
7. In your professional opinion, does the client require treatment by an interdisciplinary team, for example, within a clinical setting? Please explain.