SOCIAL WORK PRACTICE & SKILL

Biopsychosocial-Spiritual Assessment: an Overview

What is Biopsychosocial-spiritual Assessment?

› The social work profession is unique among healthcare disciplines in its emphasis on assessing and treating the client from a person-in-environmentperspective, meaning that social workers conceptualize the client and his or her physical and mental health needs as existing within a social context. The social worker not only looks at psychological or physical needs but also assesses how the client is affected by his or her environment and how the client's spirituality influences his or her overall sense of well-being.Spirituality can be defined as one's religious beliefs and practices as well as one's sense of purpose and meaning in life. As the term indicates, a biopsychosocial-spiritual assessment evaluates the client in four domains: biological, psychological, social, and spiritual (Lacks & Lamson, 2018). This assessment is both the process of gathering information about these domains and their interconnectedness and a written document that is used to determine treatment goals and objectives for the client

- *What:* Biopsychosocial-spiritual assessment is a holistic approach to understanding the client's experiences, including his or her physical and mental health (Khalid & Naz, 2020). The biopsychosocial-spiritual assessment is the primary means used by the social worker to evaluate a client's treatment needs. It consists of a variety of activities and processes used to gather information about a client's current circumstances, needs, risk and protective factors, and the environmental context within which these elements exist. These elements are organized into a written document, which is used to determine treatment goals and objectives. In mental health settings, the biopsychosocial-spiritual assessment is also used to help determine the mental health diagnosis for the client. While the specifics of each assessment will vary based on the client's age and challenges, a biopsychosocial-spiritualassessment will always include information from all four domains
- *How:* A biopsychosocial-spiritual assessment is completed through observation and clinical interviews, standardized screening tools, and review of existing records. The sources of information vary according to the client's age, circumstances, and problems. Informants may include the client, his or her family members, other individuals determined to be significant by the client, and other professionals who have worked with the client in the past or are currently working with him or her. Because the client's perspective on his or her needs and resources can differ substantially from the professional's perspective, the client is included in the biopsychosocial-spiritual assessment and is the key provider of information. Consistent with the value placed by the social work profession on client self-determination, a biopsychosocial-spiritual assessment is a collaborative process between the social worker and the client. Biopsychosocial-spiritualassessments are initially completed at the time of intake (or over the first several sessions with the client). However, the content of the assessment is continually reevaluated as the client's physical, psychological, social, and spiritual needs and resources change and as new information arises throughout the course of treatment
- *Where:* A biopsychosocial-spiritual assessment can take place in any setting, including inpatient or outpatient clinics, healthcare facilities, the client's home, or other community settings. A social worker will often choose to conduct a biopsychosocial-spiritual assessment in multiple settings in order to observe the client's interactions, relationships, and behaviors in a variety of contexts

Author
Laura Gale, LCSW
Cinahl Information Systems, Glendale, CA

Reviewer
Jessica Therivel, LMSW-IPR
Cinahl Information Systems, Glendale, CA

Editor
Sharon Richman, DHSc, MSPT, PT
Cinahl Information Systems, Glendale, CA

February 18, 2022

- *Who:* Biopsychosocial-spiritual assessments are used by social workers as a primary means of assessment. However, other clinicians, including physicians and nurses, also incorporate aspects of the biopsychosocial-spiritual assessment into their practice. Biopsychosocial-spiritual assessments are used to assess all clients, including children, adolescents, adults, older adults, and families

What is the Desired Outcome of a Biopsychosocial-spiritual Assessment?

› The desired outcome of a biopsychosocial-spiritual assessment is a complete understanding of the complex interactions that take place between the biological, psychological, social, and spiritual domains of a client's life. A thorough and accurate biopsychosocial-spiritual assessment will determine the best course of treatment and identify specific treatment goals and interventions that are most appropriate for the client. This will result in a higher likelihood of resolution of the client's concerns. Through the social worker's development of a complete understanding of the client in the collaborative biopsychosocial-spiritual assessment process, the client will feel fully understood by the social worker, which will result in the development of trust and a therapeutic working relationship between the client and the social worker and an increased utilization of services by the client

Why Are Biopsychosocial-spiritual Assessments Important?

› Social workers are usually employed by social institutions such as hospitals, correctional facilities, and child welfare departments. Even social workers who work in private practice settings come into contact with social institutions as they help their clients navigate their social environments. Therefore it is critically important to understand how these institutions impact the client and how the client interacts with them. The emphasis of the biopsychosocial-spiritual assessment on the interaction of the client and his or her environment helps the social worker understand this dynamic and any barriers to services provided by these institutions that clients might experience

Facts and Figures

› Studies illustrate the complexities of the interactions between the physical (i.e., biological), psychological, social, and spiritual aspects of the client's lived experience and the need to assess and intervene in all four domains
- Quality of life is higher for persons with paraplegia when they a have strong sense of spiritual well-being (Finocchiaro et al., 2014)
- Persons with schizophrenia have more chronic health conditions than persons without schizophrenia, including congestive heart failure, COPD, and hypothyroidism. They also have higher rates of dementia than those without schizophrenia (Hendrie et al., 2014)
- Risk for obesity and type 2 diabetes mellitus is higher for older women living in disadvantaged neighborhoods. Researchers found that as neighborhood characteristics improve, body mass decreases (Corriere et al., 2014). Neighborhood characteristics also influence depressive symptoms. Investigators for a separate study found that study participants with type 2 diabetes who lived in neighborhoods that were more affluent, had more residential stability, and whose residents had higher levels of education and professional occupations had fewer depressive symptoms than participants with type 2 diabetes who lived in less advantaged neighborhoods (O'Donnell et al., 2015)
- Exposure to complex trauma, particularly during early childhood, impacts the architecture of the developing brain and adversely affects children's developmental trajectories, altering their biological, psychological, cognitive, and social development (John et al., 2019)
- Researchers have found that social support is linked with spiritual well-being and better health outcomes in institutionalized older adults (Chen et al., 2017)
- Researchers studying the impact of social relationships on health found that social integration (particularly social connections in adolescence and social support in older adulthood) was associated with lower risk of physical dysregulation (Yang et al., 2016)
- Researchers examined the inverse association between spirituality and depression and found that spirituality can help improve symptoms of depression and serve as a protective factor against suicidal ideation. Persons who considered themselves spiritual tended to be more optimistic and willing to forgive others, which improves self-efficacy and the ability to cope with difficult situations (Portnoff et al., 2017)
- Researchers studying the impact of stress on healthcare students' ability to perform academically and clinically found that using a biopsychosocial-spiritual approach to self-care improved mindfulness and self-compassion and diminished anxiety, depression, and stress (Klawonn et al., 2019)

What You Need to Know Before Proceeding with a Biopsychosocial-spiritual Assessment

› In order to understand the complexities of the interactions between the four domains, information for a biopsychosocial-spiritual assessment should come from a variety of sources. Before completing a biopsychosocial-spiritualassessment, the social worker should be aware of the types of sources available and what information can be obtained from each. These sources include

- A review of client case records
  - Review of the client's medical and/or mental health records can assist the social worker in understanding current and past medical or mental health concerns, medications, and compliance with treatments. It will also provide information on past treatments that have been successful and give the social worker an idea of what risk factors to assess for (e.g., suicidal ideation, self-harming behavior, psychosis, aggression). It can also help the social worker develop a historical timeline of the overall course of the client's medical or mental health needs. For a child, adolescent, or student client, a review of academic records such as grades and behavior reports is needed. This provides information about the student's academic strengths and challenges. For children and adolescents in special education, a review of the student's individualized education program (IEP) is needed. An IEP is an individualized learning plan that outlines the student's learning disabilities and sets academic goals and objectives for the student for the coming academic year. An IEP can provide information about how the student's learning disabilities affect his or her academic success and outlines interventions that the school has used to support his or her learning needs. For students with receptive or expressive language difficulties, a review of the IEP can assist the social worker in understanding how to best communicate with the child in treatment and how he or she experiences and interacts with others. The drawback of using record review as a source of information is that records tend to be deficits-based instead of strengths-based. Rather than focusing on client strengths and resiliencies, they focus on the client's needs. Care should be taken to give as much weight to other sources of information such as client interviews and observations of the client in his or her environment in order to prevent social worker bias and failure to recognize the client's strengths and competencies
- Verbal report from the client
  - All biopsychosocial-spiritual assessments should include an interview with the client. The value placed in social work on client self-determination dictates that clients should be involved in all aspects of their treatment to the extent of their ability. In fact, the primary source of information for the biopsychosocial-spiritual assessment should be the client him- or herself. The client's own perspective on his or her needs and strengths may be very different from those held by social workers or other professionals. Understanding the client's perspective is critically important in order to develop goals that are consistent with the client's concerns. Client interviews can provide the social worker with factual information such as identifying information, problems, historical information, cultural information, and spirituality. However, a skilled interviewer will also be able to elicit more personal information from the client, such as his or her perception of his or her relationships with others, interactions with the systems that are present within his or her life, his or her sense of safety and belonging in the community, and how he or she finds a sense of purpose and meaning in life
  - Adolescents should participate in their own biopsychosocial-spiritual assessment. Adolescence is a key stage of growth and development, in which the individual begins to form his or her own identity and develop personal and environmental resources that will help him or her navigate the transition to adulthood. Understanding the adolescent's own perception of his or her mastery of these transitions and his or her needs and strengths is important to developing an understanding of the client within his or her environment. Interviews with adolescents can be facilitated by encouraging the client to share media content (e.g., music lyrics, movies) that he or she feels relates to his or her own experiences and by encouraging the client to share his or her interests and discuss peer and family relationships
  - Even very young clients can participate in direct client interview. For young children, gathering of verbal information may be assisted by the use of play-therapytechniques. Play is the primary way in which children learn about the world and make sense of their experiences. The social worker can use objects and toys that facilitate storytelling, such as puppets and dollhouses, and art therapy techniques to help the child communicate his or her feelings, challenges, and experiences. Young children who have developed verbal skills will be able to provide information on their basic emotional state (e.g., happy, sad, mad) and basic information about their fears and interests. Because young children experience and understand their environment very differently from adults, this direct client information is critical to understanding the biopsychosocial-spiritual needs of the young client. The young child's perception of why he or she is being seen by the social worker is a critical starting point for building a therapeutic relationship with the child and should be determined during the assessment process

– Direct interview of older adults can give the social worker a sense of the senior's cognitive abilities. Older adults can often provide rich historical information about their lives and often have a strong sense of spirituality or purpose, which can be identified as a source of spiritual and psychological strength for the client
– When working with families, individual interviews with each family member as well as a group interview with all members are necessary. In addition, the social worker may wish to interview dyads, such as the parents or caregivers together, or specific sibling sets. In this way the social worker can gather information about the strengths and needs of each family member, as well as the family as a whole. Conducting multiple types of interviews with client families will also give the social worker an understanding of the ways in which family members relate to one another, alliances and conflicts that might exist, and how each family member perceives the others
- Social workers should apply an ecological perspective that encompasses complex interactions of individual, social, and transpersonal factors that impact children and their families, leading to the development of appropriate family-centered services and supports. A complete assessment of each family member is helpful to understand the extent and nature of the effect that family structure has had on the family member and its impact on other life areas
- The needs of all family members should be assessed in order to disentangle various contributors to their difficulties, rather than focusing solely on the severity of the child's behaviors or parents' current state of mind
- Interventions designed to strengthen or correct problems in the parent-child relationship and build a sense of trust and safety for the child may be necessary in order to stabilize the family and enable children to progress in other areas

• Direct observation
– A major source of information for the biopsychosocial-spiritual assessment is the social worker's direct observation of the client in a variety of environments. Observation of clients can take place during the direct client interview, as well as through observations of the client in his or her environment. During environmental observations, the social worker may choose not to interact with the client, but rather to observe the client's natural way of interacting with his or her environment (e.g., observing how a child interacts with his or her peers at school). Nonverbal information about the client can be observed in his or her manner of dress and in the body language and facial expressions he or she uses with the social worker and others, including family members, friends, and other professionals. Observations can be made about the client's executive functions, such as flexibility, problem-solving skills, and frustration tolerance
– Observations of adolescents can take place at school and in peer groups as well as during joint interviews with the adolescent and the adolescent's caregivers. Observations of the client in the classroom can provide the social worker with information on the client's interactions with authority figures, as well as his or her ability to handle frustrations or redirection from authority figures. Observing peer interactions provides information about the client's social development and the quality and type of peers with whom he or she associates. Family dynamics and style of resolving conflicts can be observed during joint interviews with the adolescent's caregivers
– Observing children at home and at school, both in the classroom and on the playground, can provide the social worker with a wealth of knowledge about the child's relationships with peers and teachers, the child's level of impulse control, and his or her emotional, verbal, and cognitive development in relation to that of peers. Observing interactions between the child and the caregiver can give the social worker a sense of the family dynamics, the child's attachment to the caregiver, and how the child responds to the caregiver's parenting style
– Observing older adult clients in the home environment can help the social worker gather information on the client's level of isolation and whether basic needs are being met. Any physical or mobility restrictions can be noted, as well as the older adult's ability to adapt to any limitations that are present
– When working with families, it is important to observe interactions between each family member and within specific dyads, as well as the interactions of the family as a whole. Through observation the social worker can gather information about the structure and boundaries of the family, the family's style of addressing and resolving conflicts, and the ways in which family members engage positively with one another. Observing interactions between the identified client in the family (i.e., the family member whom the family identifies as having the problem) and other family members can also provide information about how the family as a whole might be contributing to the family dynamics

• Information from collateral sources
– Collateral sources include caregivers, family members, teachers, employers, and friends. Other professionals can be valuable sources of information as well. Family members will perceive the client's challenges and strengths differently from the client him- or herself and can provide firsthand information about the client's behaviors and their impact on the family system. Adolescents and their caregivers often have very different perceptions of the adolescent's needs and resources. For children, family members or guardians may be the primary source of historical information such as developmental history, school attendance, and medical background. If an older adult client is dependent on others for physical or financial support, the adult children or caregivers of the older adult should be interviewed in order to understand the level of support or distress that these relationships may present for the older adult and to alert the social

worker to any signs of neglect or abuse. Social workers should understand that family members may present information based on their own biases. Care should be taken to evaluate all sources of information and not rely too much on negative views of the client presented by others. Other professionals such as employers and teachers can also be good sources of information. Persons outside of the family system may evaluate the client's interactions and behaviors based on the norms and values of the systems within which the client interacts (i.e., school or work). This perspective can give the social worker an idea of how the client is functioning in systems outside of the family

- Standardized screening instruments
  - Although all of the sources of information mentioned thus far provide subjective information about the client, standardized screening instruments can be used to gain objective information on the client's functioning. Social workers can choose from a variety of screening tools based on the issues and concerns of the client. Some of these tools are completed by the client and others need to be completed by the social worker or other trained professionals. Although screening tools should not be used in exclusion to diagnose or determine client needs, they can alert the social worker to symptoms or needs that might not otherwise be identified. Numerous screening tools are available that screen for specific symptoms or disorders. Below is a sampling of tools that are exceptionally useful for biopsychosocial-spiritual assessment because they screen generally for needs in one domain, screen for concerns in multiple domains, or examine the relationship between two or more domains
    - The WHO Quality of Life spiritual, religious, and personal beliefs scale, brief format (WHOQOL-SRPBBREF), is a 34-item screening tool designed to evaluate personal, spiritual, and religious beliefs and religious practices (Skevington et al., 2013)
    - The Spiritual Well-Being Scale evaluates both existential and religious ideas about spirituality. It is a 20-item scale, with 10 items that measure religious well-being and 10that measure existential well-being. The tool is not based on any specific religion or spiritual ideology
    - Psychological Adjustment to Illness Scale–Self Report (PAIS-SR) is a 46-item tool that measures the quality of psychosocial adjustment to illness in seven categories: healthcare orientation, vocational environment, domestic environment, sexual relationships, extended family relationships, social environment, and psychological distress
    - The Achenbach System of Empirically Based Assessment (ASEBA) is a series of assessment tools that can be used to assess clients between the ages of 1.5 and 90. The ASEBA evaluates the client's competencies, strengths, and adaptive functioning, as well as behavioral, emotional, and social concerns. Scales vary based on the client's age. For all ages, scales are available that are to be completed by the client through self-report, as well as scales that are to be completed by others who know the client such as parent, teachers, or significant others (ASEBA, n.d.)
    - The Strengths and Difficulties Questionnaire (SDQ) is a 25-item standardized screening tool for use with adolescents. The SDQ incorporates five subscales: hyperactivity/inattention; emotional, conduct, and peer relationship problems; and prosocial behaviors. The SDQ is available in 40 languages and has been found to be reliable across socioeconomic groups (He etal., 2013)
    - The Child and Adolescent Functional Assessment Scale (CAFAS) is a tool used to measure the extent to which the functioning of a child or adolescent (ages 7–17) is impacted by a mental health or substance use disorder. A professional trained in the administration of the CAFAS must complete the scale. The CAFAS measures functioning in eight areas: school/work, home, community, behavior towards others, mood and emotions, self-harm, substance abuse, and thinking (Holosko et al., 2013)
    - The Problem-Oriented Screening Instrument for Teenagers (POSIT) is self-administered and assesses 10 areas of functioning: substance use, physical health, mental health, family relationships, peer relationships, educational status, vocational status, social skills, leisure and recreational activity, and aggressive behavior and delinquency (Holosko et al., 2013)
    - HEADS-ED (Home, Education, Activities/Peers, Drugs/Alcohol, Suicidality, Emotions/Behavior, Discharge Resources) is a brief, standardized assessment tool that has been found to be effective in identifying a wide range of adolescent concerns. Benefits of using HEADS-ED include the use of an easy mnemonic device to guide the interview process and no additional training needed to interpret (Cappelli etal., 2012)
    - Ages and Stages Questionnaire (ASQ) is a parent-completed screening tool used to identify social, emotional, and developmental delays in children between 1 and 66 months old. The ASQ, which identifies both developmental strengths and concerns, assesses children's social and emotional concerns in the areas of self-regulation,compliance, adaptive functioning, autonomy, affect, interaction with others, and social communication. Nine screening tools are available for children of different ages (San Antonio et al., 2014)
    - Perceived Stress Scale (PSS) is a tool used to measure situations that are considered stressful. It uses a list of 10 items rated on a 5-point scale ranging from never to very often. The lower scores represent less perceived stress (Lee, 2012)

– Ecomaps, culturagrams, and genograms are assessment tools that use diagrams to assess the environmental context of the client. All are visual representations of the client's environment and can be completed using simple tools such as paper and pencil/pen
  - In an ecomap, the client or family is drawn in a circle in the center of the page and the individuals, systems, activities, and resources of the client are drawn in circles surrounding the client or family
  - A culturagram is an assessment tool used to examine the role that culture plays in a client's life. It is particularly useful for clients or families who have recently immigrated or for second- or third-generation immigrants
  - A genogram is used to assess the history, relationships, and dynamics of multiple generations within a family. A genogram is a graph that has levels to capture information on each generation of the family

Social Work Responsibilities in Regard to Completing a Biopsychosocial-spiritual Assessment

A biopsychosocial-spiritual assessment will contain different elements depending upon the age and concerns of the client. Throughout the process it is important to remember that the client is considered the expert on his or her problems and that each client has resources that can be identified and utilized to help resolve his or her concerns. Clients should be allowed to maintain control of the process and identify their own priorities for treatment. Social workers should be assessing all of the following areas, although the emphasis placed on each will vary by client

› Identifying demographic information
- The social worker should note the client's name, age, marital status, contact information, referral source, and living arrangement. Emergency contact information, and, if relevant, billing information should be included
- Presenting concerns: Presenting concerns are the issues for which the client has come into contact with the social worker. Presenting concerns may arise in any domain. Physical concerns may include pain management or palliative care needs; psychological concerns may include depression, anxiety, substance use, or other mental health issues. The client may need help with social factors such as difficult family relationships, feelings of isolation, financial concerns, or a lack of social supports. Other social concerns may involve larger social systems such as difficulty accessing medical benefits, a need for housing or welfare benefits, or assistance navigating the complexities of the child welfare or education systems. Clients may have spiritual concerns, including existential questions about the meaning of life, or may need assistance with integrating their spiritual beliefs with other belief systems. When working with families as clients, the social worker may need to help the family identify the presenting concern of the whole family unit by bringing together the individual viewpoints of each member. It should be noted that the concerns of the client can be significantly different from the concerns of professionals or the referral source. Information on presenting concerns should be obtained from the referral source as well as from the client. The social worker should establish a timeline that indicates when the concern first arose and whether it has continued, abated, or increased over time. The client's ideas about the causes of the concern and how he or she has attempted to address it should be noted

› Assessment of risk factors
- All biopsychosocial-spiritual assessments should include an assessment of risk factors, which should take place early in the assessment process. Risk factors will need to be addressed immediately, before completion of the biopsychosocial-spiritualassessment. Critical risk factors to assess include
  – Current or past suicidal ideation or self-harm
    - Clients should be asked directly about any current or past suicidal ideation or attempts. For those clients with current ideation or past attempts, further assessment should be conducted to determine current level of risk, whether the client has a plan for suicide, and if so if he or she has the means to carry out the plan. For clients with active suicidal ideation, the biopsychosocial-spiritual assessment process should be delayed until safety of the client has been established through psychiatric hospitalization or other appropriate means. For those clients who report no active suicidal ideation but admit to suicidal ideation in the past, the social worker should explore triggers and risk factors. These may include biological factors (e.g., extreme, unmanaged pain), psychological factors (e.g., increases in depression), social factors (e.g., strained relationship with a loved one, high levels of work or home stress), spiritual factors (e.g., lack of a sense of meaning for life), or a combination of factors
    - Clients should also be asked directly if they have any history of self-harming behavior (e.g., cutting or burning themselves). Although not all self-harming behavior is related to suicidal ideation, it can still present a significant physical risk for the client and indicates that there is severe psychological distress taking place. The social worker may ask to see any scars or other physical evidence of self-harming behavior in order to assess its severity and how recently it took place. For clients with active self-harmingbehavior, safety should be established first through a non-harm

contract or other means. Once safety has been established, as with suicidal ideation triggers and risk factors should be assessed

– Danger to others
  - All clients should be assessed for current ideation or plans for hurting others. In the United States, if the client is threatening to harm another person social workers in most states are obligated by law to break confidentiality and take reasonable steps to protect the potential victim or victims either through warning the victim directly or through contacting law enforcement (National Conference of State Legislatures, 2018). Social workers should follow state, local, and facility protocol when responding to client violence or potential violence

– Grave disability
  - Some clients may be a danger to themselves not through suicidal ideation but because they are unable to take care of their own basic needs for food, shelter, and clothing as a result of a severe mental health disorder or cognitive decline. Social workers should follow applicable state, local, and facility protocol when responding to grave disability. Possible signs of grave disability include
    - Physical: Disheveled or dirty clothing, public nudity, if the client has poor hygiene, malnutrition or dehydration, or is unable to consume food or water due to mental health symptoms or cognitive decline
    - Psychological: severe paranoia, hallucinations, or catatonia that prevents the client from taking care of his or her basic needs
    - Social: an inability to establish or maintain consistent shelter due to mental health symptoms or cognitive decline

– Child maltreatment
  - All children and adolescents should be assessed for current or past maltreatment. Child maltreatment includes psychological, physical, or sexual abuse and neglect. Children and adolescents can be asked directly about their experiences of maltreatment, but may not be forthcoming with information because of fear of the consequences of reporting (e.g., further abuse or punishment from the abuser, fear that they may be removed from their home), because of mistrust of adults, or because of feelings of shame. The social worker may need to rely on direct observation, collateral reports, or historical records to accurately assess. If child maltreatment is suspected, the social worker should follow local reporting laws and agency/facility protocol. Although none of these symptoms should be used to identify child maltreatment on its own, possible signs of child maltreatment include
    - Physical: unexplained injuries, bruising, cuts, current or past sexually transmitted diseases, pregnancy, dirty clothing or signs of poor hygiene, failure to meet developmental milestones
    - Psychological: impulsivity or inattention, changes in behavior (e.g., increased anger, hostility, or depression), suicide attempts, exaggerated startle response, delayed emotional development; parent inability to recognize signs of emotional distress in his or her child
    - Social: withdrawal from friends or family members or isolation from support systems by parents, lack of support for or supervision of child at home, poor school attendance and/or performance, parents who blame the child for their problems or expect academic and behavioral performance beyond the child's developmental level
    - Spiritual: belief that God has abandoned him or her, existential crisis

– Elder abuse
  - Elder abuse can include physical, sexual, or emotional abuse, neglect, abandonment, or financial exploitation of an older adult. Information used in assessing for elder abuse can be obtained through client interview, interview with collateral informants, or through observation. As with child abuse, if elder abuse is suspected local and facility/agency protocols for responding and reporting should be followed. Possible signs of elder abuse include
    - Physical: unexplained injury, disheveled appearance, evidence of having been restrained, weight loss, poor hygiene, bedsores, sexually transmitted disease
    - Psychological: depression, loneliness, suicidal ideation, anxiety, fear
    - Social: relationship conflicts between the older adult and his or her adult children, other family members, or caregiver; social isolation or lack of contact with others outside the home
    - Spiritual: existential crisis, belief that God has abandoned him or her

› Advance care directives
- An advance care directive allows a client to make determinations about his or her healthcare in advance of incapacitation. Whether an advanced care directive exists is particularly important to determine for clients who are receiving medical care or hospice care, are elderly or disabled, or are living in long-term care facilities. If there is an advanced care directive in place, a copy should be obtained and reviewed. If one is not in place, completion of an advanced care directive can be noted as a possible treatment goal

› Past history of treatment/interventions
  • Record review, collateral report, and client self-report can all be used to gather information about the client's past history of treatments for his or her presenting concerns. The social worker should determine what treatments have been tried and when treatments took place, as well as the effectiveness of treatments. The social worker should assess not only treatments and interventions that have been prescribed by a professional, but also assess any efforts that the client has made on his or her own to resolve the concern and any social supports that have been utilized to resolve the issue. Most clients will utilize their own informal social supports (i.e., friends and family members) to resolve concerns before turning to professional interventions. Those clients with strong spiritual practices may utilize the support of a clergyperson or other spiritual guide before seeking the help of a mental health professional. Some clients may also utilize cultural practices or folk medicine. All of these treatments should be assessed and viewed as valid and potentially effective treatments
› Medications
  • An assessment of any past or present medications the client has taken or has been prescribed should be obtained. Information should be gathered on any medications the client has taken to address the presenting concern, as well as any other medications taken or prescribed for other concerns. Both professionally prescribed and self-prescribed medications (i.e., OTC or herbal remedies) should be included. Dosage, frequency, duration, and effectiveness should be determined as well as information on side effects, drug interactions, and the effectiveness of any drug combinations
› Medical information
  • A complete medical history for the client should be obtained through client and collateral report and through record review. Information should include current and past illnesses, injuries, hospitalizations, and surgeries, as well chronic illnesses and disabilities. The social worker should gather information on treatments that were or are being provided, as well as information on pain management for any current medical concerns. If injuries are reported, the cause of injury should be noted. For clients seeking assistance for mental health concerns, medical causes of mental health issues should be evaluated
› Substance use
  • By including past and present substance use in the biopsychosocial-spiritual assessment, the social worker is able to identify how the use of substances might be impacting the client's physical, psychological, social, and spiritual functioning. Direct client interviews, collateral interviews, and record review may all be useful tools for assessing substance use. The following areas should be included
    – Historical use: The age at which the client began using substances should be included as well as what types of substances were initially used and if the type of substance changed over time. If there are any times during which the client did not use substances, this should be explored to identify reasons for stopping use and determining length of sobriety
    – Current use: Any current substances used by the client should be established, including the type of substance, if the use is chronic or episodic, the amount used during each episode, and the duration of use (i.e., how long each episode lasts)
    – Reasons for use: The client might be able to identify when and why substances are used. For example, some clients might use substances while in social situations or when they wish to relax, while others might use in isolation or to improve mood or decrease anxiety. Collaterals close to the client might have additional perspectives as to the client's patterns of use or triggers for use
    – Impact of use: Some clients may use substances extensively yet their use seems to have little or no impact on their biopsychosocial-spiritual functioning. Others may use very little but experience more severe impacts. The social worker should assess the client's perceptions of the impact of substance use, as well as gather information to assess the actual impact. Although clients may be unable to identify these impacts themselves, establishing a timeline of use and biopsychosocial factors present in the client's life can help establish connections between use and present circumstances. The level of denial the client experiences regarding the impact of substances provides the social worker with important information about the client's readiness for change
    – Past or present treatment: The social worker should assess if the client has been treated for substance use in the past or is currently in treatment. The type of treatment should be determined (e.g., inpatient, outpatient, AA) as well as its outcome (i.e., whether sobriety or a reduction in consumption was achieved and for how long)
› Family history
  • Family history can have physical, psychological, social, and spiritual impacts on the client and should be included in all biopsychosocial-spiritual assessments. Some medical and psychiatric disorders can run in families. Substance use is often "passed down" from one generation to another as a result of a complex combination of biological, psychological, and social factors. Family dynamics often repeat themselves throughout multiple generations. Assessing at least three generations of family history can allow for the emergence of patterns of experiences or behaviors. In addition, the social worker should be alert to nonverbal information from the client and family members regarding their feelings about their family and

whether they sense the family as a whole as being a source of strength or stress for them. Completing a genogram can be particularly helpful for assessing family history. The following areas should be assessed

- Medical: family history of diseases including cancers, heart disease, genetic disorders, disabilities, and dementia or other cognitive disorders
- Psychiatric: history of mental illness, suicide (both completed and attempted)
- Substance use: family members' use of alcohol and other substances, including known or suspected addictions, or family members who do not use substances at all. If there is a history of addiction in the family, the social worker should note any attempted or successful treatments as well as length of sustained sobriety
- Family relationships/dynamics: any marriages, divorces, or separations should be determined, as well as the ages of all impacted family members (e.g., husband, wife, children) when these events took place. The social worker should determine the number of children both conceived and delivered for each dyad in the family and whether the pregnancies were planned or unplanned. Dates of and reasons for the deaths of family members, and any traumatic events the family has experienced, should be noted. Both clients and family members can provide information on the relationships between family members, including individuals who are estranged from one another or have severed relationships and those who maintain strong bonds
- Criminal: Any family history of contact with law enforcement, including probation, incarceration, and parole, should be determined. Reasons for law enforcement contact should be established as well as length of incarceration if present. For adolescents, a family history of gang involvement or association with gangs in the community should be assessed

› Developmental history

• Establishing a client's developmental history is critically important when assessing children and adolescents, but is also a useful component of adult biopsychosocial-spiritual assessments. Children and adolescents often develop at different rates in different domains. In one area of development the child or adolescent may be below the age-appropriate norm, whereas in another he or she might be advanced. Development is highly influenced by both biological and environmental factors. Determining if clients have reached developmental milestones can help the social worker begin to make connections between the child or adolescent's environment, genetic or other biological factors, and his or her strengths and deficits. A thorough understanding of normative child development is crucial for the social worker working with children and adolescents. For social workers working with adults, an understanding of the client's attainment of developmental milestones can provide explanation for the ways in which the client's early environment affect his or her current functioning. The child or adult client's attainment of developmental milestones should be assessed in the following areas

- Physical development: birth weight, length of gestation, gross and fine motor skills, speech/language acquisition, vision and hearing
- Cognitive development: learning, problem solving, memory, executive functions
- Social and emotional development: bonding, interactions with others, cooperation, ability to respond to the feelings of others, impulse control, age-appropriate moral development

› Spirituality

• Spirituality is defined as having a sense of purpose and connectedness to self, others, nature, the world, and/or a higher being or beings; and as belief that there is something beyond the physical world (Abernethy et al., 2020; Oxhandler et al., 2018). A client's spiritual beliefs will deeply impact his or her perception of his or her concerns, health, place and purpose in the world, and interactions with the environment. Spirituality and religious beliefs are often a part of one's cultural identity. Thus, including spirituality in biopsychosocial-spiritual assessment is imperative (Hunt, 2014). When assessing a client's spirituality, it is important to look at a variety of factors that might influence the client's beliefs. This includes an assessment of the religious or spiritual beliefs of the client's family of origin and the importance that spirituality or religious beliefs were assigned in the home, influences on the client's development of current belief systems, and significant life events that have shaped current beliefs. The client's current spiritual beliefs should be assessed, including rituals or services in which he or she participates, the importance of these practices in his or her life, and any spiritual struggles being experienced or sources of strength that are derived from these beliefs or practices (Hunt, 2014). Although the positive benefits of spirituality have been documented in research (Finocchiaro et al., 2014; Khalid & Naz, 2020), not all clients will derive a sense of support from spiritual beliefs. For some clients, the way in which religion was practiced by their family of origin (e.g., participation in belief systems that were overly controlling, or harsh consequences for nonconformity) can create barriers to establishing their own belief system. For others, their current struggles have created a religious or spiritual crisis of belief, in which they feel separate from God or are questioning their beliefs. Social workers should take care to use nonspecific terminology (e.g., "Do you participate in any spiritual rituals?" versus "Do you attend church?") when assessing spiritual beliefs in order to establish a sense of trust and safety with the client (Hunt, 2014)

› Cultural/racial identity

- When assessing clients and families it is important to understand them within a cultural context. This includes not only race or ethnicity, but also cultural factors specific to the client or family's region of origin, language, and time of immigration if relevant. The client's experiences of racism and discrimination are also hugely important to understanding the client's perceptions of his or her cultural and racial identity and how he or she relates to and interacts with social systems and the larger society
  - Current cultural/racial identity: the race or ethnicity the client identifies as; whether he or she wishes to marry or form relationships within his or her own race or culture
  - Immigration: why the client or his or her family/ancestors immigrated, when immigration took place, whether the family immigrated together or at different times, whether the client/family maintains relationships or connection to the country of origin, legal status, primary or preferred language of client and family members, challenges faced during immigration or adjustment to the new community
  - Beliefs about health and social services: what the client understands to be the causes or reasons for illness, disability, or social problems, how he or she interprets symptoms, what he or she understands about treatment and his or her perceptions of treatment providers, stigma attached to illness or seeking help
  - Cultural practices: how the client celebrates holidays, religious events, or other special occasions, participation in cultural institutions
  - Oppression and discrimination: client's experiences of discrimination or oppression in his or her country of origin, current experiences of oppression and discrimination
  - Values and beliefs: beliefs about childbearing; child-rearingpractices; values concerning work and education
  - Family**:** gender role expectations, the importance placed on family, the boundaries between family members, role expectations for children, parents, and older generations

› Personal history

- Education: For adults, the level of educational attainment should be determined. For children, a history should be determined of all schools attended and academic and social strengths and challenges. If the child is in special education, a copy of the child's IEP or other documentation should be obtained. Both adult and child clients can provide subjective information on their experiences in the education system, both positive and negative
- Employment: Assessment information should be gathered on the type, location, and duration of each job, along with reasons for leaving the position. Any gaps in employment should be explored. Information on wages and benefits can assist the social worker in identifying socioeconomic status and access to services. Subjective information from the client on his or her employment experiences, including relationships with coworkers and supervisors, overall job satisfaction, and employment goals, can assist the social worker in understanding the positive and negative aspects of the client's employment experiences
- Legal history: If the client has been involved with law enforcement, the social worker should learn the reason for arrest, time spent in jail or prison, and if the client is on parole or probation. For adolescents, gang involvement or association with community gang activity should be determined and how safe the adolescent is in his or her community should be established
- Marital/relationship status: the client's current and past relationship status should be explored, including number and dates of marriages and divorces, reasons for divorce, and the status of the relationship with the former husband or wife. Sexual functioning and satisfaction within past or current relationships should be determined. If the client is a parent, the names, ages, and the client's current relationship with the children should be established. The client's satisfaction with his or her current relationship status should be explored

› Strengths, support, and resiliencies

- By assessing a client's strengths, support, and resiliencies the social worker and client are able to identify possible resources that can be used in the treatment process, and the client begins to develop a sense of empowerment and mastery over his or her own environment. Personal strengths to be assessed include the client's interests, skills, talents, and positive attributes. Resiliencies are protective factors that allow the client to positively adapt to challenges. Exploration of resiliencies such as the client's or family's ability to persevere and overcome obstacles; tenacity; and survival skills can help clients identify the strengths they utilized during incidents or situations that were challenging. Social strengths include the client's ability to identify and utilize social support systems such as immediate and extended family and friends, as well as his or her ability to develop and maintain new relationships. Community strengths may include positive aspects of the client's neighborhood or religious or cultural institutions

› Results of structured screening tools
  • Any screening tools that have been administered should be scored and the outcomes recorded. A copy of the completed assessment tool should be included with the biopsychosocial-spiritual assessment
› Mental status exam
  • The mental status exam evaluates the client's current mental state. Mental status examination information is gathered from both client report and observations of the client during the initial assessment interview. Areas of assessment include (Royal Children's Hospital Melbourne, n.d.; Norris et al., 2016)
    – Appearance: grooming, hygiene, appropriateness of clothing for the environment
    – Behavior: appropriateness of facial expressions for social situation; posture; level of arousal (e.g., calm, agitated); psychomotor activity; tremors, tics, or involuntary movements
    – Affect: whether affect is blunt, restricted, or overly expansive, appropriateness of affect to the social situation, whether mood or affect is stable or labile
    – Speech: is speech pressured or halted, is volume appropriate, ease with which client converses, tone
    – Cognition: is the client oriented to person, place, and time; ability to process information; level of consciousness (e.g., sleepy, awake, intoxicated); general knowledge; ability to interpret abstract concepts; basic memory functions
    – Thoughts: is the client experiencing delusions, visual or auditory hallucinations, obsessions, preoccupations, or phobias; loose associations (i.e., making irrelevant comments); flight of ideas (i.e., frequently changing subjects)
    – Insights and judgments: acknowledgement of concerns for presenting problems, understanding of treatment options, problem-solving abilities
› Summary impression
  • A brief overview of the client, integrating all aspects of the biopsychosocial-spiritual assessment, will allow the social worker to bring together the various aspects of the assessment into one cohesive narrative. The summary impression should include the social worker's impressions of how the various domains influence one another and the presenting concern(s) of the client
› Diagnostic information
  • If working in a mental health setting, a biopsychosocial-spiritualassessment will include the identification of a*DSM*-5 diagnosis, as well as supporting information on how the client meets the diagnostic criteria
› Service plan
  • The focus of treatment efforts should be established and written into the client's service plan. The service plan is a written document describing the goals and objectives that will be addressed in treatment, as well as who will be involved in the treatment plan. Roles and tasks for the social worker, the client, the family, and other significant collaterals who will be involved in the treatment process can be included. Goals are long-term outcomes that the client wishes to achieve related to the presenting concern. Objectives are the steps that will be taken to achieve the goals. Goals should be measurable and objectives achievable in order to clearly define when they have been met in order to facilitate a sense of mastery for the client. Working from a strengths perspective, clients should be actively involved in the identification and development of the service plan. Clients should be directing this process by identifying what they consider to be priorities for treatment and what interventions they believe will best work for them
› Social workers should practice with awareness of and adherence to the social work principles of respect for human rights and human dignity, social justice, and professional conduct as described in the International Federation of Social Workers (IFSW) Global Social Work Statement of Ethical Principles, as well as the national code of ethics that applies in the country in which they practice
› Social workers should develop an awareness of their own cultural values, beliefs, and biases and develop knowledge about the histories, traditions, and values of their clients. They should adopt treatment methodologies that reflect the cultural needs of the client
› Complete informed consents for client, client's family members, healthcare providers, and members of support network
  • Typically, the general consent for treatment executed by clients at the onset of treatment for social services includes standard provisions that encompass providing culturally competent care
› To obtain accurate and pertinent assessment information from the client, a social worker should express genuine and nonjudgmental interest in the client's health and history

Other Interventions that may be Necessary Before, During, or After Completing a Biopsychosocial-spiritual Assessment

› All risk factors should be addressed and resolved or stabilized before biopsychosocial-spiritual assessment takes place

› Some clients may be reluctant to allow the social worker to access all the collateral information needed to complete the biopsychosocial-spiritualassessment. Mistrust of the social worker and the assessment process, or conflicts with collaterals, may hinder the collection of information. The social worker may need to focus on building a therapeutic alliance and rapport with the client before a thorough assessment can be completed
› A biopsychosocial-spiritual assessment is an ongoing process that continues to develop and change as the interactions between the client and his or her environment change and new challenges present themselves. Client service plan goals and interventions should change accordingly
› The biopsychosocial-spiritual assessment may reveal a need for immediate referral of the client to services or resources that the social worker is unable to provide. The social worker should provide case management to connect the client to necessary services
› Although the biopsychosocial-spiritual assessment is a client-driven process, the social worker may need to educate the client and the family about the causes and possible solutions for the client's presenting issue in order to develop achievable goals and objectives for the client

What Social Work Models are Used with Completing Biopsychosocial-spiritual Assessments?

Biopsychosocial-spiritual assessment is compatible with any established and generally accepted social work model, as it provides a way of understanding the client within the context of his or her environment and is not a system of interventions. The following theories and perspectives provide a conceptual framework for understanding the client and his or her interactions with his or her environment.

› **Systems theory**: Human behavior takes place within a social environment. Individuals interact with a number of different systems, each of which interacts with one another and either negatively impacts or promotes the well-being of the client. These systems can be classified as micro (i.e., the individuals with whom a client comes in contact), mezzo (i.e., family members, support networks, and small groups with whom the client interacts), and macro (i.e., society as a whole, neighborhoods, communities, and institutions). All systems have distinct boundaries, yet have reciprocal relationships with one another. Biopsychosocial-spiritualassessment will include information on the intersection of these different entities and how they impact the client (Rogers, 2016; Lacks & Lamson, 2018)
› **Conflict theory**: Conflict theory can be used to understand oppression and discrimination that might affect the client. According to this theory, there is an unequal distribution of power in society. Groups and individuals with power control resources and try to advance their own best interests by using their power to control and manipulate less powerful groups and individuals. Powerful groups determine social norms and will punish or stigmatize those who act outside of these norms (Murray, 2014)
› **Ecological theory**: Ecological theory states that both the organism (in this context the human) and the environment will adapt to one another to find a goodness of fit between the two (Mattaini & Huffman-Gottschling, 2012)
› **Family systems theory**: This theory views the family as a system in which each member is strongly emotionally connected to and reactive toward the others. When there is a change in one person's functioning, the other family members will also change in order to maintain equilibrium in the family system. Some family members will do more accommodating than others, and these individuals may begin to give up their own autonomy and neglect their own needs in order to stabilize the family. This can result in a variety of dysfunctional behaviors and negative emotions (Dore, 2012)
› **Person in environment (PIE) perspective**: This perspective emphasizes the interactions between the person and the context within which he or she exists. The PIE approach to assessment includes information on the client, his or her problem or concern, and his or her social environment (Holosko et al., 2013)
› **Psychosocial theory**: Psychosocial theory explains human development as a lifetime interaction between a person's personality and the environment. The eight different stages of life proposed by this theory each presents new social demands that must be resolved in order for development to continue. When these social demands cannot be met, the person experiences identity confusion and alienation from society (Greene, 2012)
› **Strengths perspective**: The strengths perspective emphasizes the strengths and resiliencies of the client over his or her challenges, problems, or weaknesses. Clients will do better if they are helped to identify their strengths and the resources they have in the community. It also draws from the idea that all clients are using their resources and strengths to resolve their problems; if a client is struggling to resolve a problem it is because of a deficit in available resources (e.g., the social environment), not in the client him- or herself.
› **Critical race theory**: This theory is useful for an understanding of the role that race and gender play in a client's experience in the United States of the systems with which he or she interacts. Identity is not one-dimensional but multidimensional (e.g., is composed of race, gender, ethnicity, and socioeconomic aspects)

Social workers should practice with awareness of and adherence to the social work principles of respect for human rights and human dignity, social justice, and professional conduct as described in the International Federation of Social Workers (IFSW) Global Social Work Statement of Ethical Principles,as well as the national code of ethics that applies in the country in which they practice (IFSW, 2018). For example, in the United States, social workers should adhere to the National Association of Social Workers (NASW) Code of Ethics core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. They should become knowledgeable of the NASW ethical standards as they apply to biopsychosocial-spiritual assessment and practice accordingly (NASW, 2015)

Red Flags

› Today's focus on short-term treatment has limited the amount of time that can be spent on biopsychosocial-spiritual assessment
› The medical model that is the basis for reimbursement for services in many agencies is a deficits-based model, which can make integration of a strengths-based biopsychosocial-spiritual assessment challenging in these settings
› A complete biopsychosocial-spiritual assessment requires interactions with numerous collaterals and professionals, as well as gaining access to client records. Care should be taken to ensure that appropriate releases of information have been obtained and that the client is fully informed of the type of information that will be gathered from these sources and what information, if any, will be released
› Biopsychosocial research in medicine is needed to elucidate relationships between biological, psychosocial, and spiritual dimensions of illness and disease outcomes, particularly those of chronic diseases (Kusnanto et al., 2018)
› Spirituality is a relatively recent addition to the biopsychosocial model; however, there is increasing recognition that the spiritual dimension plays an important role in health and coping (Saad et al., 2017)
› In a United States study of licensed clinical social workers, researchers found that only 9.1% reported that they received education on how to integrate religion and spirituality into practice (Oxhandler & Giardina, 2017)

What Do I Need to Teach the Client/Client's Family about Biopsychosocial-spiritual Assessment?

› The client should be included throughout the biopsychosocial-spiritualassessment process. Because in-depth information on every area of an individual's life is gathered in biopsychosocial-spiritual assessments, they can feel invasive for some clients. Explaining to the client the purpose of the assessment, as well as what the results will be used for, can increase the client's comfort level with the process and help establish rapport between the client and the social worker
› When appropriate, the client's family members should be included in the biopsychosocial-spiritual assessment process. Family members should understand that although they are an important source of information, it is not their perception of the client's needs that is primary, but rather the client's perceptions of his or her own needs

DSM 5 Codes

› There are no applicable DSM-5 codes

References

1. Abernethy, A. D., Currier, J. M., Witvliet, C., Schnitker, S. A., & Carter, J. (2020). Understanding the roles of religious comfort and strain on depressive symptoms in an inpatient psychiatric setting. *Psychology of Religion and Spirituality*, *12*(3), 366-375. doi:10.1037/rel0000233
2. ASEBA (Achenbach System of Empirically Based Assessment). (n.d.). ASEBA overview. Retrieved August 28, 2020, from http://www.aseba.org/aboutus/asebaoverview.html
3. British Association of Social Workers. (2012). *The code of ethics for social work: Statement of principles*. Retrieved August 28, 2020, from http://cdn.basw.co.uk/upload/basw_112315-7.pdf
4. Cappelli, M., Gray, C., Zemek, R., Cloutier, P., Kennedy, A., ... Lyons, J. S. (2012). The HEADS-ED: A rapid mental health screening tool for pediatric patients in the emergency department. *Pediatrics*, *130*(2), e321-e327. doi:10.1542/peds.2011-3798
5. Chen, Y.H., Lin, L.C., Chuang, L.L., & Chen, M.L. (2017). The relationship of physiopsychosocial factors and spiritual well-being in elderly residents: Implications for evidence-based practice. *Worldviews on Evidence-Based Nursing*, *14*(6), 484-491. doi:10.1111/wvn.12243
6. Corriere, M. D., Yao, W., Xue, Q. L., Cappola, A. R., Fried, L. P., Thorpe, R. J., Jr, & Kalyani, R. R. (2014). The association of neighborhood characteristics with obesity and metabolic conditions in older women. *Journal of Nutrition, Health & Aging*, *18*(9), 792-798. doi:10.1007/s12603-014-0551-z
7. Dore, M. M. (2012). Family Systems Theory. In B. A. Thyer, C. N. Dulums, & K. M. Sowers (Eds.), *Human behavior in the social environment: Theories for social work practice* (pp. 369-518). Hoboken, NJ: John Wiley & Sons, Inc.
8. Finocchiaro, D. N., Roth, P. A., & Connelly, C. D. (2014). Spiritual well#being as predictor of quality of life for adults with paraplegia. *Rehabilitation Nursing*, *39*(6), 285-293. doi:10.1002/rnj.16
9. Greene, R. R. (2012). Psychosocial theory. In C. Thyer, C. Dulmus, & K. Sowers (Eds.), *Human behavior in the social environment: Theories for social work practice* (pp. 193-223). Hoboken, NJ: Wiley.

10. Hendrie, H. C., Tu, W., Tabbey, R., Purnell, C. E., Ambuehl, R. J., & Callahan, C. M. (2014). Health outcomes and cost of care among older adults with schizophrenia: A 10-year study using medical records across the continuum of care. *American Journal of Geriatric Psychiatry*, *22*(5), 427-736. doi:10.1016/j.jagp.2012.10.025
11. Holosko, M. J., Dulmus, C. N., & Sowers, K. M. (2013). *Social work practice with individuals and families: Evidence-informed assessments and interventions*. Hoboken, NJ: John Wiley & Sons.
12. Hunt, J. (2014). Bio-psycho-social-spiritual assessment? Teaching the skill of spiritual assessment. *Social Work and Christianity*, *41*(4), 373-384.
13. International Federation of Social Workers. (2018). Global social work statement of ethical principles. Retrieved August 28, 2020, from https://www.ifsw.org/global-social-work-statement-of-ethical-principles/
14. John, S. G., Brandt, T. W., Secrist, M. E., Mesman, G. R., Sigel, B. A., & Kramer, T. L. (2019). Empirically-guided assessment of complex trauma for children in foster care: A focus on appropriate diagnosis of attachment concerns. *Psychological Services*, *16*(1), 120-133. doi:10.1037/ser0000263
15. Khalid, A., & Naz, M. A. (2020). A clinical study of the effectiveness of biopsychosocial-spiritual treatment approach for diabetic patients. *Journal of the Pakistan Medical Association*, *70*(1), 171-173. doi:10.5455/JPMA.11281
16. Klawonn, A., Kernan, D., & Lynskey, J. (2019). A 5-week seminar on the biopsychosocial-spiritual model of self-care improves anxiety, self-compassion, mindfulness, depression, and stress in graduate healthcare students. *International Journal of Yoga Therapy*, *29*(1), 849-856. doi:10.17761/D-18-2019-00026
17. Kusnanto, H., Agustian, D., & Hilmanto, D. (2018). Biopsychosocial model of illnesses in primary care: A hermeneutic literature review. *Journal of Family Medicine and Primary Care*, *7*(3), 497-500. doi:10.4103/jfmpc.jfmpc_145_17
18. Lacks, M., & Lamson, A. (2018). The biopsychosocial-spiritual health of active duty women. *Mental Health, Religion & Culture*, *21*(7), 707-720. doi:10.1080/13674676.2018.1552672
19. Lee, E. H. (2012). Review of the psychometric evidence of the perceived stress scale. *Asian Nursing Research*, *6*(4), 121-127. doi:10.1016/j.anr.2012.08.004
20. Mattaini, M. A., & Huffman-Gottschling, K. (2012). Ecosystems Theory. In B. A. Thyer, C. N. Dulmus, & K. M. Sowers (Eds.), *Human behavior in the social environment: Theories for social work practice* (pp. 297-325). Hoboken, NJ: Wiley.
21. Murray, K. (2014). Conflict theory. In C. Forsyth & H. Copes (Eds.), *Encyclopedia of social deviance* (Vol. 3, pp. 123-127). Thousand Oaks, CA: SAGE Publications, Inc.
22. National Association of Social Workers. (2017). *Code of ethics of the National Association of Social Workers*. Retrieved August 28, 2020, from https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English
23. National Association of Social Workers. (2015). *Standards and indicators for cultural competence in social work practice*. Retrieved August 28, 2020, from https://www.socialworkers.org/LinkClick.aspx?fileticket=7dVckZAYUmk%3d&portalid=0
24. National Conference of State Legislatures. (2018, October 12). Mental health professionals' duty to warn. Retrieved August 28, 2020, from http://www.ncsl.org/research/health/mental-health-professionals-duty-to-warn.aspx
25. Norris, D. R., Clark, M. S., & Shipley, S. (2016). The mental status examination. *American Family Physician*, *94*(8), 635-641.
26. O'Donnell, A., de Vries McClintock, H. F., Wiebe, D. J., & Bogner, H. R. (2015). Neighborhood social environment and patterns of depressive symptoms among patients with type 2 diabetes mellitus. *Community Mental Health Journal*, *51*(8), 978-986.
27. Oxhandler, H. K., & Giardina, T. D. (2017). Social workers' perceived barriers to and sources of support for integrating clients' religion and spirituality in practice. *Social Work*, *62*(4), 323-332. doi:10.1093/sw/swx036
28. Oxhandler, H. K., Narendorf, S. C., & Moffatt, K. M. (2018). Religion and spirituality among young adults with severe mental illness. *American Psychological Association*, *5*(3), 188-200.
29. Portnoff, L., McClintock, C., Lau, E., Choi, S., & Miller, L. (2017). Spirituality cuts in half the relative risk for depression. Findings from the United States, China, and India. *Spirituality in Clinical Practice*, *4*(1), 22-31.
30. Rogers, A. T. (2016). Human behavior and the social work profession. In *Human behavior in the social environment* (4th ed., pp. 1-22). New York, NY: Routledge.
31. Royal Children's Hospital Melbourne. (n.d.). Mental state examination. Retrieved August 28, 2020, from http://www.rch.org.au/clinicalguide/guideline_index/Mental_State_Examination/
32. Saad, M., de Medeiros, R., & Mosini, A. C. (2017). Are we ready for a true biopsychosocial-spiritual model? The many meanings of "spiritual". *Medicines*, *4*(4), 70. doi:10.3390/medicines4040079
33. San Antonio, M. C., Fenick, A. M., Shabanova, V., Leventhal, J. M., & Weitzman, C. C. (2014). Developmental screening using the Ages and Stages Questionnaire: Standardized versus real-world conditions. *Infants & Young Children*, *27*(2), 111-119.
34. Skevington, S. M., Gunson, K. S., & O'Connell, K. A. (2013). Introducing the WHOQOL-SRPB BREF: Developing a short-form instrument for assessing spiritual, religious and personal beliefs within quality of life. *Quality of Life Research*, *22*(5), 1073-1083. doi:10.1007/s11136-012-0237-0
35. Yang, Y. C., Boen, C., Gerken, K., Li, T., Schorpp, K., & Harris, K. M. (2016). Social relationships and physiological determinants of longevity across the human life span. *PNAS*, *113*(3), 578-583. doi:10.1073/pnas.1511085112