Assessment: A Critical Component of Clinical Social Work Practice with Physically Ill Adolescents

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ABSTRACT: The establishment of an accurate psychosocial assessment is important in clinical social work with all adolescents. With those who are physically ill the complexities imposed by the illness make it essential to take into account the predictable physical and emotional effects of the illness or disability as well as the developmental tasks, the apparent adequacy and flexibility of the defenses and coping capacities and the availability of personal, cultural and institutional resources. A framework for assessment is proposed which examines these variables and their dynamic relationships.

The complexities and problems associated with clinical work with adolescents have been documented by many practitioners. Adolescents are reputed to be difficult to engage and even more challenging to maintain in treatment. They seldom come for help willingly. Those who are chronically ill or disabled often seek emotional support during episodes of acute physical distress, but deny their need for treatment as soon as they begin to feel better.

There is an evanescent quality to adolescent behavior which makes it difficult to assess what constitutes normality. While the universality of the characterization of adolescence as a period of inner chaos and disruption is debatable, an accurate assessment of which specific behaviors are normal, which are reactive and temporary and which are pathological is often confirmed only in retrospect. Yet the establishment of an accurate assessment is the sine qua non of clinical intervention.

Clinical work with adolescents requires an understanding of three

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domains. The first is the internal domain of their drives, wishes, impulses and conflicts. The second is the domain of the self and the third is the domain of the external or social reality (Coppolillo, 1980). A fourth domain is introduced when adolescents experience physical illness or disability of a sufficiently serious nature that the accomplishment of their major developmental and adaptational tasks is negatively affected. Each of these four domains has a group of theories that help to make sense out of the unique problems of the adolescent who comes or is brought for treatment. Some of these theories are used extensively by clinicians to explain the interlocking complementary processes of physiological, cognitive, social, moral and emotional development. Others, for lack of a compatible frame of reference or a method of integration into practice, are underused or ignored. Exemplifying the complexity of the four domains of assessment is the following brief case vignette:

John is a fourteen year old Black adolescent with sickle cell disease. He lives with his mother and a younger half brother. John’s father is in prison, and John has not seen him since he was seven. His mother, a depressed woman in her late twenties, has a history of alcohol abuse and a seizure disorder which is currently being controlled by medication. She recently lost both of her parents and a brother to illnesses and homicide. She has been emotionally unavailable to John for most of his life, but John continues to try to get some support from her, mostly by clinging, age-inappropriate behavior. John relates poorly to the father of his half-brother who visits frequently.

John is physically thin and small for his age. He has suffered many separations since infancy due to hospitalizations for sickle cell crises. At seven years of age he was placed in a children’s long term care hospital due to the frequency of the sickle cell crises. His brother was born while he was hospitalized.

In the last six months he has been seen in the emergency room of the local hospital five times and was admitted to the hospital on several of these occasions. He missed 45 days of school in the past year and has been placed in a special health class. He has few real friends, but “hangs around” with a group of boys several years his junior.

John was referred to a children’s behavioral clinic by the medical staff. He is considered a problem because he is uncooperative and needs continuous attention during medical treatments. The physicians and nurses are wary of him because he is verbally aggressive and threatens to hit them, but he has not done so. He was assigned to a male therapist to whom he initially related with immature, childlike behavior. He misses appointments and is often almost silent. Yet adolescent concerns were clearly present, reflected in his concern about body image and anxiety about his lack of sexual maturation.