

LO 3 Activity: Practice Writing a Biopsychosocial Assessment

This assignment will help the BHSS student practice writing a biopsychosocial assessment based on a realistic (but fictional) scenario. Students may use the example provided as a starting point or the instructor may identify a media piece for students to observe and practice.

1. Identifying Information

Include brief fictional details such as age, setting, and reason for service.

2. Presenting Problem

Describe the unexpected incident clearly and concisely.

3. Biological Domain

Include relevant information such as:

- Notable medical or physical factors
- Recent sleep or appetite patterns
- Energy level or observable physical state
- Medication adherence (if applicable in your scenario)

4. Psychological Domain

Include:

- Client's reported emotions or concerns
- Observed mood, affect, and behavior patterns
- History of mental-health treatment (fictional)
- Strengths and coping strategies
- Changes from typical functioning

5. Social Domain

Include:

- Family or peer relationships
- Cultural or community factors (if relevant)
- Recent stressors

- School or work considerations
- Support resources

6. Summary and Impression

Write a concise paragraph connecting the three domains to the client’s presenting problem and unexpected incident.

Focus on describing patterns—not diagnosing.

7. Recommendations

Suggest appropriate next steps such as:

- Continued observation
- Skill-building interventions
- Scheduled follow-up
- Collaboration with treatment team
- Referral to additional support services

Recommendations should be consistent with an undergraduate scope of practice.

Your assessment should be **1.5–2 pages**, double-spaced.

Case Scenario: Biopsychosocial Assessment

Client: *Jordan M.*, 20-year-old college sophomore

Setting: University counseling center drop-in session

Scenario

Jordan M., a 20-year-old student, arrives unexpectedly at the university counseling center during a late-morning drop-in period. Jordan typically attends scheduled skill-building sessions every other week and is usually punctual, upbeat, and engaged in discussion. Today, however, Jordan appears noticeably more subdued and arrives 15 minutes after the drop-in hour has begun.

When greeted, Jordan explains that they’ve had “a really overwhelming week” and felt like they needed to talk to someone sooner than their next scheduled appointment. Jordan reports feeling unusually distracted in classes and says they “can’t seem to get anything done,” even though midterm

assignments are approaching. Jordan also mentions a recent disagreement with a close roommate, which has made their apartment environment feel “tense and uncomfortable.”

During the conversation, you observe that Jordan’s speech is slower than usual and their affect is more flat compared to past sessions. Jordan frequently rubs their temples and notes that they “haven’t been sleeping great lately” due to staying up late trying to finish schoolwork. Despite the challenges, Jordan emphasizes that they want to get back on track and are open to trying strategies to manage their stress.

This unexpected visit marks a noticeable shift from Jordan’s typical functioning, prompting a fuller review of the biological, psychological, and social factors contributing to their current difficulties.