



Biopsychosocial (BPS) Assessment

Bio: *physiological causes and effects*

Psycho: *thoughts emotions and behaviors such as psychological distress, fear/avoidance beliefs, current coping methods*

Social: *socioeconomical, socioenvironmental, and cultural*

The biopsychosocial (BPS) assessment looks for the behaviors responsible for growth and change in organization and functioning of children, within the context of families and society. This lens offers a unique perspective on a period of life described by rapid changes across different domains, broadly seen as biological, psychological, and social. The BPS assessment is used to:

- Understand the overall picture of the child;
- Identify any gaps;
- Prioritize issues and problems;
- Emphasize needs and strengths;
- Plan for interventions;
- Normalize problems; and
- Strengthen and encourage collaboration.

According to the BPS perspective, the child’s biology, behavior, and social environment are changing one another continually over the course of development.

ECLIPSE programs use the BPS assessment to identify a family and child’s strengths and needs. It looks at many contributing factors that may impact a child’s behavior and stress response. Understanding the history and current impacts a child is facing can help a mental health

professional understand what appropriate targeted intervention to select. The BPS assessment can also capture the cultural needs and experiences of families to ensure treatment is culturally responsive. A BPS assessment is used to develop a care plan, goals, and identifying strengths.

A common framework for writing a BPS assessment incorporates the 5 P’s (Macneil et al., 2012).

The 5 P’s are:

Protective Factors	Resilience and strength factors that help maintain emotional well-being
Presenting Problem	Stress responses; problematic and/or difficult behavior(s)
Precipitating Factors	Events that have led to the presenting problem
Perpetuating Factors	The internal and external factors that maintain the current behavior
Predisposing Factors	All factors in a child’s life that may have contributed to the behavior(s)





Protective Factors: BPS assessments capture more than areas for improvement of a person's life. They also provide space to focus on strengths. Protective factors are the positive forces in a child's life that help mitigate the presenting problem's impact or help prevent further issues arising.



Presenting Problem: This is the primary complaint or reason for seeking services. The presenting issues can include life stressors that put a child at risk for future difficulties even if they are not currently experiencing mental health symptoms or challenging behaviors. Children are not familiar with the risk caused by their symptoms or cannot give an accurate report due to their developmental level. It is suggested to seek information from reliable outside sources, such as parents, teachers, psychiatrists, or other allied professionals to include in the BPS assessment. This goes beyond diagnosis as a particular behavior is identified and targeted for intervention.



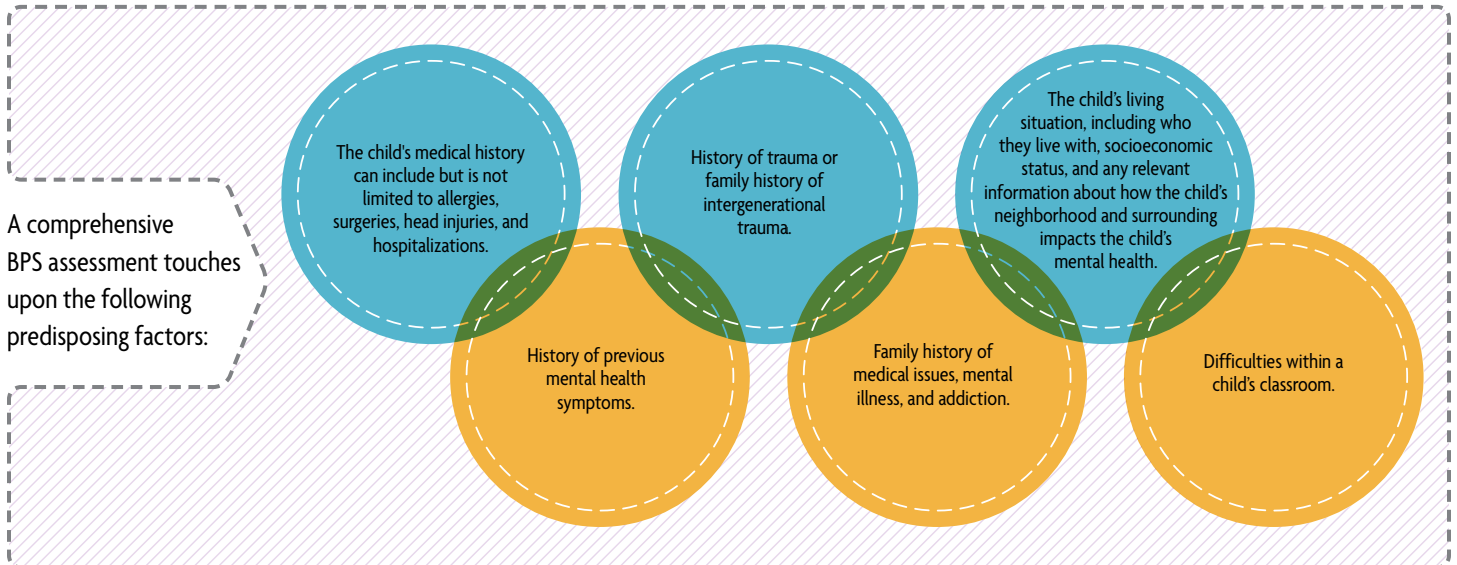
Precipitating Factors: This includes the events that have led to the child's presenting problem. It is important to note there is no time limit on what qualifies as a precipitating factor. It is recommended to document the history of trauma and any recent related occurrence.



Perpetuating Factors: These are ongoing stressors in the child's life that continuously contribute to the behavior. Thoroughly assessing and documenting perpetuating factors can help a clinician provide referrals to outside resources that would support the treatment and benefit the child and family.



Predisposing Factors: These factors in a child's life contribute to the presenting issue and can include genetic, biological, or environmental influences and past trauma experiences. Consider all the factors throughout the child's lifetime that could have contributed to the presenting issue.



Using a comprehensive assessment in the treatment of children provides an opportunity for a shared understanding of a child's difficulties and will benefit the child, family, caregivers, staff, and clinicians to support the family in the most culturally responsive way while intervening with appropriate strategies. This tool can be used to provide individualized therapeutic strategies when completed in a collaborative and strengths-based way.

References

- Calkins, S., (2015). *Handbook of Infant Biopsychosocial Development*. The Guilford Press (https://www.guilford.com/excerpts/calkins.pdf?t=1_)
- Macneil, C., et al., (2012). *Is diagnosis enough to guide interventions in mental health? Using case formulation in clinical practice - PMC* (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3523045/_)

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