

# Nurse Instructions: Life History Assessment

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## How the life history assessment is useful:

Completing a Life History Assessment with a new client helps the nurse learn about the client's past challenges, coping skills, and inner strengths. It helps the nurse consider how this past may impact the client's current choices, health, and parenting. It is supported by using one of two facilitators: 1) Life History Calendar or 2) Life History Timeline. You may find one will appeal more to some clients while the other facilitator will appeal to other clients. Below is the guidance for using either the Life History Timeline or the Life History Calendar. The guidance incorporates trauma- and violence- informed care principles.

This assessment is typically initiated sometime before the 7<sup>th</sup> visit however it can be done later based on of the client's readiness to share. Although the Strengths and Risks (STAR) assessment is based on client's current risk and informed by historical risks, the life history assessment provides a foundation for understanding our client's history and how this history impacts the client's present-day behaviors and contributes to the STAR assessment.

Historical risks and strengths are often highly predictive of current risks and strengths. The client's attitudes, values and beliefs that grew out of past relationships and situations impact the client's current behaviors that increase or reduce risk. Exposure to adverse childhood experiences and adverse community environments (social determinants of health) may result in toxic stress which increases the likelihood of "weathered" biological systems as well as the potential to engage in health-risks behaviors as an adult. This increases the risk of chronic illness or mental health problems in adulthood.

A client's past experiences with their caregivers may influence the client's caregiving capacities and the nature of the environment in which the client's child is raised. Reviewing past relationships can also begin to open the door for later conversations about healthy and not so healthy relationships and intimate partner violence.

## Privacy and safety when you discuss this topic:

When completing the life history assessment, ensure that the discussion is being held in a space where safety is prioritized (e.g., information is confidential, privacy has been established). Invite the client to tell you their "story" and approach this topic with sensitivity using trauma-and violence- informed care strategies such as asking permission, listening, using open-ended questions, affirming, inviting the client to control the conversation, and reflecting on insights.

Watch for cues about client sensitivity to topics. Is the client looking away, looking at the phone, fidgeting, talking faster, etc.? You may want to stop and say something like *"You shared a lot of information. Just share what you are ready to share."* Clients may back off a bit in the relationship when they feel like they have shared too much personal information too early in the relationship. If the client indicates a need to wait, make notes about what you might want to address when you and the client have established a better bond of trust in your therapeutic relationship.

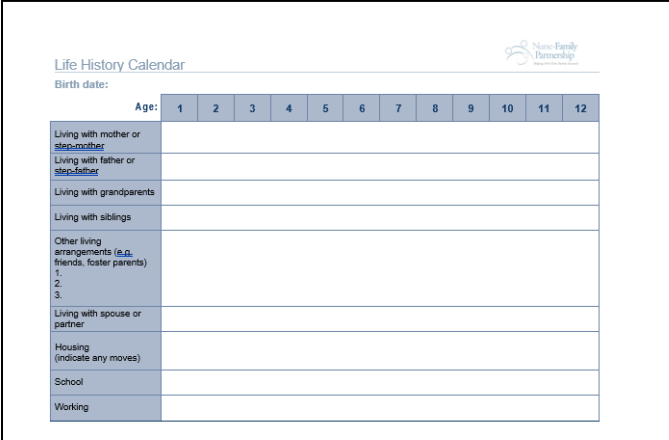
Information from this facilitator can be revisited any time over the next 2 ½ years of the intervention. The client's history can impact every domain and the client's progress toward program goals. Utilize information the client shares in this session to determine program topics you can address at future visits.

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## Completing a Life History Assessment

**Preparing the client:** A client who has had an unstable or even chaotic life may find it painful to discuss this with you, especially early in your relationship. The client may not have shared this kind of information before. Preparing the client ahead of time for this conversation promotes trust and safety. You might say something like, *“I have found that talking about experiences as a child can make a difference for you and your baby. Would it be okay if we did that on our next visit so we can learn together how events in your life have influenced who you are today and how they might impact the decisions you make about parenting, caring for your infant and your own personal life goals?”* Ask who they want to be present and where they would like to have the conversation. If a partner or other family member is present, consider inviting them to create their own life history assessment alongside the client.

**Starting:** Sit side by side, so it is a shared experience. Use the Timeline or the Calendar.

<p>Life History Timeline: use the facilitator or a blank sheet of paper. May use colored pencils, stickers.</p>	<p>Life History Calendar: use the facilitator. May use colored pencils, stickers.</p>
<p>Ask the client to write in their birth date or earlier date if they want to include information about their mother’s experiences while pregnant. Then add today’s date on the other side of the paper.</p>	<p>Ideally, the client will fill in the calendar, however some may prefer that you “scribe.” If you fill the calendar in based on client’s comments, the client needs to see what you write and confirm that you got it right as you go along.</p>

**Explaining to the client:** Support the client to control the narrative and decide what information they are comfortable to share. Provide a brief overview of how a life history assessment is done: *“This paper will be used to reflect on your life. You can start wherever you wish. As we discuss what you have experienced, you can decide what you would like to discuss and when you would like to stop.”*

<p>Completing the Timeline: start by asking the client to identify and describe the three most important events in their life. Have the client add those events and age (or year) to the timeline. Use open-ended questions to increase awareness and understanding: Who were you</p>	<p>Completing the Calendar: begin where the client wishes, it may or may not be sequential. The client might provide some but not all information in the boxes about who was involved in the client’s life, work, and school. Any shared experience opens the</p>
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<p>living with at that time? What were your relationships with them like? Where were you living?</p> <p>After considering the three events, invite the client to add more events, and the details surrounding those events, if the client wishes.</p>	<p>door for reflection. Use open-ended questions to increase awareness and understanding.</p>
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**Exploring life history:** Increasing awareness: If the client is open to sharing and filling in details, expand on what is revealed by using open-ended questions, deep listening, and affirmation. Avoid interrogating or fixing! The goal is for the client to be heard and accepted. Were there losses, conflict, health concerns? Was there adversity? You might ask, “*How was this significant to you? How did you cope? What made you strong during that time?*”

**Reflection with the client:** Ask clients about their thoughts and feelings about their childhood. A trauma- and violence-informed strategy is to use a strengths-based and capacity-building approach, highlighting strengths, and inviting the client to build on what was learned. Some examples are:

- *When you look at your timeline, what events or patterns stand out the most to you? What experiences were the most difficult? What experiences helped you to become strong?*
- *I noticed that you asked for support from caring people when you needed it and that you persisted even when it didn't seem things would get better quickly. Allow space for the client to respond to your reflection. Once they have shared completely you might follow up with, “What other inner strengths did you use in managing the hard stuff? How might you use those skills in the future?”*

**Developing parenting goals:** Reviewing the life history assessment creates an opportunity to reflect and explore with the client how their history may be influencing their beliefs and values about parenting. This can be a time to begin to develop some short- and long-term goals (e.g., related to behaviors in pregnancy, parenting, relationship status).

- *When you look back at how you were raised, what are some of the things that you would like to repeat with your baby?*
- *What are some of the things/events you would like to do differently?*
- *What are some of the things/events you would like to keep the same or do more?*
- *Sometimes these kinds of experiences can make it more challenging to be the parent you want to be. I'm wondering if you have ideas about what you need and want for yourself and for baby.*

**If the client has experienced toxic stress,** adverse childhood experiences or adverse community environments, you may choose to discuss the impact on long term physical and mental health at this time or at a subsequent visit.

- *You have been through a lot. You may not be aware that these kinds of experiences can wear your body down. For some people, these difficult experiences can cause the body systems to change and make a person more likely to have chronic conditions in adulthood like high blood pressure, diabetes, asthma, anxiety, and depression. Have you had concerns about any of this for you or your family?*

**At the end of the life history assessment:** The information shared summarizes the client's experiences and life, thus the assessment is the client's to keep. If the client wishes to keep the assessment, ask permission to take a photo of it so the assessment data can be added to the nursing record. If there is potential for the assessment to

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be dangerous for the client to keep (due to family discord, etc.) discuss this with the client and plan where the assessment can be stored safely.

**If the client's partner or significant other is attending** visits with your client, you may make a second copy of the life history assessment and invite the partner to fill out a timeline for their own life. This can be a powerful opportunity for shared understanding; neither the partner nor the client may have shared this information with one another. Confidentiality is paramount before inviting one or the other to fill this out in the other's presence. Consider safety implications if there is a concern about intimate partner violence; you may choose to defer offering this to the partner.

For more information on how to ask questions and how to respond to the client's experience of adversity you may download the NEAR@Home Toolkit for free. It was designed by and for home visitors to address concerns about assessing and addressing adversity in client's lives.

<https://startearly.org/where-we-work/washington/nearathome/>

## **Open-ended questions you could use with this facilitator:**

- Who were your favorite people as you grew up?
- How did they help you and show they cared about you?
- What is one happy memory you have about school?
- Was there someone you wanted to be like them when you grew up? Tell me two or three things you liked about them.
- What are some things in your life you would like to be different for your child?
- What are things in your life you would like to repeat with your child?

## **Reflections for the Nurse – How will this be helpful?**

- How might the client's history influence the client's attachment with the baby?
- How will the client's past support or interfere with Maternal Role and caregiving?
- How will the client's past support or interfere with Life Course development?
- How is the client's history reflected in family dynamics, communication, respect for one another, etc.?
- What was valued most: education, teamwork, respect, schooling etc.? How might I use that to motivate clients towards their goals?
- How does this inform Strengths and Risks (STAR) assessment coding?