

Client Assessment

Background

- Clients will come from all walks of life and present many and varied personality issues and mental health difficulties. We therefore need to be aware and informed about the issues and skills involved in seeing a client for the first time.
- Placements vary in how they assess clients referred to trainees. There are placements where there are full assessments by senior therapists, some undertake initial telephone assessment and some where your first session with a client is their first face-to-face contact in the agency and involves you in using assessment skills to work towards a shared understanding of the client's needs and your role and capacity as a practitioner.
- It is accepted that assessment processes vary according to training and orientation. Each of you will therefore naturally align with different parts of the following suggestions and apply assessment concepts in different ways. The important thing is that you each continue to develop your own assessment process which you are happy with and which is in line with the ethos of your placement. Remember: Supervision is helpful in formulating and holding assessment processes.
- Assessment is important in order to decide whether and how to work with a client.
- Assessment processes should address safety issues, risk assessment of e.g. client's aggression, suicidal or self-harming tendencies.
- Assessment enhances the capacity to form a bond, develop some sense of client goals and to see whether the client can engage in therapeutic tasks (in the broadest sense)
- Assessment provides an opportunity to ask yourself, 'Do I feel competent to work with this client?'
- Assessment aids the identification of areas which are likely to be unsuitable for trainees (depending on past experience), including chronic or acute mental health problems, chronic domestic abuse, current and ongoing substance misuse, current, acute suicidal ideation or behaviour.

- Consideration should also be given to whether your way of working/natural style is suitable for this client and/or the presenting issues and whether this is the right agency for this client/problem.
- Think about what kind of relating is best for this client and how this fits with your training model/practice orientation.
- Assessment starts from your first contact with your client and this initial contact is the first building block of the therapeutic relationship, providing valuable information that informs your sense of how the relationship might develop over time.
- Consider what support/back up you may need. Remember - It is OK, and part of ethical and professional practice, to ask either your supervisor or the counselling co-coordinator for advice/support should you experience any difficulties. Also remember that you can sensitively refer a client back into your placement system. This should be discussed with your supervisor in the first instance, in order to consider how a referral might be negotiated with your client.
- Remember that assessment is a two-way process. Consider the fact that each potential client is also assessing their potential therapist.

Example of practical assessment processes

- Assessment is not a stand-alone, 'one-off', event, but is integrated into the counselling relationship and evolves throughout the therapeutic process. It starts with active listening to the 'telling of the story' and is ongoing.
- As part of the assessment process, it can be helpful to provide new clients with brief details of what counselling is, and what it actually entails. This can be generated by exploring your client's preconceptions of counselling and discussing their hopes and expectations.
- CORE can, but is not always, used as an assessment process, and, if introduced with awareness and sensitively, and used in a humanistic way, is helpful as a reviewing mechanism.
- An open, conversational style is generally more sensitive and informative than a series of direct questions, or "We just have to go through this form.....!" The following BASIC form is therefore a GUIDE only.

[Draft] Initial Client Assessment form	
Assessment Date:	
Assessor:	
Client ID Code:	
Name:	
Address:	
Telephone:	
Message to be left:	
D.O.B:	
Medical Centre GP Contact:	
Referred By:	
Health History:	
Mental Health History:	
Contact with Other Agencies: (i.e. Mental Health Team; Social Services; Probation etc.)	
Presenting Problem:	

Family/Social Support	
Conflict of interest	
Confidentiality and BACP Guidelines Discussed?	
Notes	
<i>This form constitutes the first section of the client record and should be kept separate from any client notes</i>	

Example of conceptual assessment processes

(Both initially and developing/revising over time)

Client

- Again, an open, conversational style is generally more informative than a series of direct questions. It is sometimes important to note what the client omits to talk about for instance.
- Hope and expectations of counselling. What do they want? e.g. 'to stop being depressed' (conscious level), 're-parenting' (unconscious level). Concreteness, what does this mean? Examples?
- How do they understand 'the problem'? e.g. 'What is depression?' 'Why do I think I'm depressed?' – Chemical imbalance in the brain? Consequence of childhood sexual abuse? 'Because my partner left?'....

Counsellor

- How do I understand the client's presenting issues and also their less conscious motivations for seeking counselling?
- How empathic is my conceptualisation and capacity to communicate this to the client? E.g. 'I can see you're a very abusive man and I'm not surprised your wife left you!' versus 'I can understand, given your experiences, that you can feel very angry with women and often find this anger hard to contain'
- If I feel overly judgemental with a client, perhaps I should not work with them.
- Need to find a meeting place in forming not only a therapeutic relationship, but also a safe space for a working alliance.

Key points of the assessment process:

1. Obtaining Information:

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- What are the main facts of the presenting issue, meaning to client.
- Family history, key relationships, psychiatric/therapy history, medication, any diagnosis, opinion of self and others, coping mechanisms.
- Here the goal is to help the client to organise their experience, not just obtain facts.

- Information needs to relate to the client's presenting issue e.g. onset, course, predisposing factors, perpetuating factors.

2. Observing Process

- How does the client relate to the counsellor?
- Listening for language clues
- Awareness of safeguarding issues
- How does the client describe their experience and express themselves non-verbally?
- How motivated does the client seem to engage?
- What experiences are triggered in the counsellor during the session (co-transference)?

3. Being aware of our influence on the process

- Information flows in a relational context: no assessment setting is neutral. What the client feels able to tell us depends on our response.
- Hence, using good counselling skills will elicit more and richer information.
- In all of the above, beware of objectifying the subjective. Assessment processes say as much about our internal reactions and responses as they do about the client. Furthermore, a reminder of the comment at the beginning of these guidelines that the way we each use tools of assessment relates very much to our own personal style of counselling and our orientation or modality.
- The important thing is that we are comfortable with a process of assessment which protects the client, the therapist and the organisation. Another, important reminder: Remember that assessment issues can, and should, be discussed as part of the supervision process.

4. Ongoing process

- Continual assessment as part of the contract and the therapeutic process
- Six session reviews

Suggested reading:

Bager-Charleson, S. and Van Rijn, B. 2011. *Understanding assessment in counselling and psychotherapy*. Exeter: Learning Matters.

Milner, J. and O'Bryne, P. 2004. *Assessment in counselling: Theory, process and decision making*. Hampshire: Pallgrave Macmillan,

Tasker, B., 2010. *Assessment in counselling and psychotherapy*. Information Sheet P.13. Lutterworth: BACP. [Currently being revised and intended for a more structured assessment process, but definitely worth a read. A copy of this is attached].

Van Rijn, B., 2015. Assessment and case formulation in counselling and psychotherapy. In Reeves, A. [Eds]. 2015. *Essential issues in counselling and psychotherapy*. London: Sage.