Mental Health Counseling Assessment: Broadening One’s Understanding of the Client and the Clients Presenting Concerns

Gerald A. Juhnke

Assessment has experienced a resurgence in recent years both in the United States and abroad (Piotrowski & Keller, 1992; Watkins, 1994). Some continue to use the terms assessment and testing interchangeably. Both are vitally important to the counseling process (Lambert, Ogles, & Masters, 1992). Yet, assessment is broader in scope than testing. Typically, assessment includes gathering and integrating information about a client in a manner that promotes effective treatment (Cohen, Swerdlik, & Smith, 1992). This can be accomplished by using testing in conjunction with other methods, such as qualitative techniques, behavioral assessments and review of past client records. Testing should not be used as the only source of information about a client (Anastasi, 1992).

Continuous Assessment

Vacc (1982) notes, “Assessment in counseling should be viewed not as a one-time prediction activity but rather as continuous throughout the counseling process...” (p.40). Continuous assessment influences the direction of treatment in two ways. First, presenting concerns and client circumstances are not static. Goals identified by the client during the initial assessment often must be modified or re-ordered to meet new and urgent client needs. Continuous assessment apprises the counselor of possible new and urgent needs which have arisen since the initial assessment. These needs can then be addressed through the counseling process. Second, assessment can aid in evaluating the efficacy of treatment. Upon entering treatment, an initial assessment establishes the client’s baseline of functioning. Continuous assessment allows comparisons between this initial base-line and the client’s current functioning. Improvements suggest treatment efficacy and the benefit of continuing the current treatment course. Reduction in functioning or a lack of improvement, however, suggests a need to alter treatment. Continuous assessment, therefore, is important, because it keeps the counselor apprised of the client’s ever changing needs and indicates treatment efficacy.

Qualitative Assessment

Qualitative assessment techniques are compatible with the belief that “...assessment activities should not stand outside the change process; rather, they should blend into treatment strategies to guide self-discovery and to inform clients” (Drum, 1992, p. 622). Unlike standardized tests, qualitative assessments often consist of games or simulation exercises that are flexible, open-ended, holistic, and nonstatistical (Goldman, 1992). Typically a debriefing follows the qualitative assessment experience. Clients can process what they learned from the experience immediately within the counseling session.

One commonly used qualitative assessment experience is called, “The Life Line” (Goldman, 1992). The intent of this experience is to help clients reflect upon significant past events which have influenced them. Clients draw a horizontal timeline on a blank sheet of paper. They are then asked to recall past significant experiences, relationships, events or wishes which have influenced their lives, and to plot these along the timeline. The result gives the counselor detailed information about significant events in the client’s developmental history.

Similarly, role plays can serve as a qualitative assessment experience. For example, a mental health counselor may ask a client to role play a recent anxiety provoking experience (e.g., an argument with a supervisor, receiving a speeding ticket, etc.). The role play provides the mental health counselor with a sample of the client’s behaviors. As the role play is being demonstrated the counselor can query the client regarding possible negative self-talk (e.g., I’m so stupid, he’ll never listen to me, etc.). Understanding the self-talk used by a client can help the counselor generate effective intervention ideas. Clients can also practice new counselor-directed behaviors or self-talk (e.g., I’m intelligent, he’ll want to listen to me) within the counseling session through role plays.

Another qualitative assessment technique that can provide valuable information is a photograph safari. Depending upon the presenting concerns, the counselor may request that the client bring to the session photographs of the client’s family-of-origin or childhood. The counselor and client can jointly review these photographs. Particular attention should be paid to: (a) those present in the photographs; (b) those consistently absent from the photographs (e.g., Are the client’s siblings always included in the photographs but the client absent?); (c) common themes of the photographs (e.g., Are all the pictures taken on the family farm? Are pictures only taken during certain holidays?); (d) proximity to significant others posing in the photographs (e.g., Is the client consistently posed beside the client’s father? Is the client consistently standing apart from other family members?); and (e) emotions displayed on family member faces (e.g., Does the client consistently pout or appear angry in photographs?). Such qualitative assessment techniques can promote insight for the client and therapeutic direction for the counselor.

Behavioral Assessment

Counselors using behavioral assessments are most interested in recording manifest behaviors. Emphasis is placed upon identifying antecedents to problem behaviors and consequences that reduce their frequency or eliminate them (Galassi & Perot, 1992). Both indirect and direct methods are used for behavioral assessments. In-
direct methods of behavioral assessment might include the counselor interviewing the client or talking to significant others about the reported problem behavior. Indirect behavioral assessment provides important information about the client and the client’s presenting concerns, but the information obtained may be contaminated by misperceptions or biases about the client or the client’s behaviors. More direct methods reduce the probability of misperceptions or biases, and might include counselor observation of the client or client self-monitoring. A behavioral problem checklist or procedures especially designed to record the client’s concerns directly (e.g., recording the frequency, duration and intensity of marital arguments) can be used to help clarify possible antecedents to behavioral problems and record what subsequent interactions result in their discontinuance.

Past Records

Reviewing previous client records (e.g., counseling, school, police, medical, military, etc.) help the mental health counselor identify important patterns which the client may be unaware of or disinclined to discuss readily (e.g., problems with authority figures, self-injurious behaviors occurring after the ending of significant relationships, etc.). These records can be a vital source of information. Often a review of previous counseling records will indicate what types of treatment were attempted. Previously ineffective treatments can be ruled out, and treatment regimes found helpful re-implemented.

Concomitantly, past records link the client’s history to the presenting concern. A counselor can gain increased clarity of the immediate concern based upon an improved understanding of previous stressors or transitions leading to the client’s current condition. The Counselor can then address the cause(s) of the symptoms rather than the symptoms, themselves.

Summary

Assessment provides direction for treatment and aids in the evaluation process. Although many methods can be employed to promote a thorough assessment, no one method should be used by itself. Ultimately, it is the counselor’s responsibility to gain sufficient information regarding the client and the client’s presenting concerns to establish an effective treatment strategy. Using a combination of assessment techniques increases the likelihood of positive interventions and promotes successful treatment.

References


Gerald A. Juhnke is an assistant professor and Clinic Coordinator in the Department of Counseling and Educational Development in the School of Education at the University of North Carolina at Greensboro.