In practice: Assessment

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Sally Brown launches our new regular clinical feature with some advice on assessment

Like many newly qualified therapists, I continued as a voluntary counsellor with my placement organisation, which provided low-cost, long-term psychodynamic counselling, until I felt ready to set up in private practice. The organisation had a multi-staged assessment process, which meant that clients had been 'in the system' for around 10 weeks before they were allocated to me. They had also been discussed by a team of experienced counsellors and my peers in a process that involved a 90-minute assessment, a written report, an intake meeting and group supervision.

By contrast, the process in my private practice is typically much swifter: a client finds me on a directory or by word of mouth and sends an email or leaves a voicemail. After an exchange of information by email or over the phone, I may or may not offer an initial session. If I do, we usually meet within the next couple of weeks. My sense is that this shorter journey is good for clients, but sometimes I wonder if it's good for me and for our work together. In my early days, I took on a few clients with complex needs; now, with more experience, I would refer them on, as the impact took me close to burnout.

As private practitioners, we are our own gatekeepers. Although the idea of 'assessing' someone and the implicit power imbalance that suggests may not sit comfortably with everyone, it creates an essential get-out clause, allowing us to opt out of working with a client. We have a professional commitment to work within our competence,[1] as well as a duty of self-care and personal safety,[2] and that is one of the chief purposes of the assessment process: it can help protect us from taking on clients that we do not have the training, experience or personal resilience to work with safely and effectively. As I discovered, it's not infallible, but its effectiveness improves with experience.

Training

So how do we go about the process of assessing whether a client is right for us? Not all counselling courses cover this in depth, and you may leave your placement, as I did, without any hands-on experience of assessment. Training can help bridge the gap. I decided to take the psychodynamically orientated Certificate in Clinical Assessment Skills before I started in private practice, which helped enormously. Not least, it demystified the process for me. It helped me realise that assessment draws on the basic skills we counsellors use every day with our clients, including holding and containing, active listening, acting in a client's best interests and being aware when we are viewing their experiences through the lens of our own.

As my practice has evolved away from my core modality into an integrated approach, so has my assessment process. We are a profession made up of individuals and our principle tools are ourselves, so it makes sense that our assessment processes should be flexible. But for most practitioners, an assessment has five core purposes: to obtain information, assess strengths and weaknesses, determine the cause and beginning of difficulties, evaluate the dynamics of relationships in a client's life and establish a rapport.[3]

Pre-assessment

As communication increasingly moves to text and email, it's easy to get to the assessment stage without actually speaking with your client. Sometimes this is OK – I can generally gauge from an email exchange that this is my kind of client in that they present with challenges that I have experience of dealing with or they show an openness to self-reflection and a readiness for change. But if there is any doubt, I find that a short phone call can help clarify whether it is right to offer a client a face-to-face assessment.

As your practice grows, pre-assessment contact can also be used to let clients know your availability. There is little point in carrying out an assessment if the client's working hours make it impossible for them to come to the one free session on Wednesdays at 4pm that you currently have to offer. This is also the time to be transparent about your fees and whether you offer concessions.

My pre-assessment process also includes asking the client to fill out a registration form, covering contact details (full name, address, telephone number and email address), plus questions such as current medication and health issues, reasons for seeking therapy, what they hope to gain from our work together and if they have had any therapy before.

Other practitioners might baulk at expecting so much personal information to be shared before a working alliance is created. And, from a personal safety point of view, it arguably offers no protection – someone intent on harm could simply supply fake information. But for me it has two purposes. First, it flags up any complex presenting issues so I can discuss them with my supervisor before taking the assessment further. Second, it gives an indication of the client's commitment to therapy. My experience has been that clients who don't fill in the form often go on to miss sessions or end abruptly.

Try before you buy?

From a marketing perspective, a 'try before you buy' session may help get clients through the door. When I first started in private practice, I charged a reduced fee for the assessment until I had a light-bulb moment, prompted by James Rye's observation: 'Why should counsellors feel embarrassed about charging for an hour of their time during which "all" they did was an assessment?'[4]

After following his suggestion of calculating how many assessments I typically do in a year and how much money I was losing by not charging or by offering a reduction, I now charge my full fee.

Timing

The assessment session is the client's first experience of working with you, and it may be hard to re-establish boundaries if you let it run over. One solution is to offer an extended session – for example, 90 minutes – to allow time for the client to feel heard and for you to both gather and share key information.

I have considered this, but at the moment I find it possible to do effective assessments in 60 minutes, if I pay close attention to the time. What is key for me is using the 15 minutes before the session ends to outline our working relationship. I also give clients a written document to take away that includes details of confidentiality, record-keeping and some key points from the Ethical Framework. Clients can then read and digest this before we discuss and sign the contract at the next session.

Starting the session

After settling in the client by offering some practical information about the building we are in, where the toilets are and that the tissues and water on the table next to them are for their use, I often start simply with, 'Where would you like to start?' or 'What is important for me to know about what's going on for you?' My focus in the first 10 or 15 minutes is on active listening so the client feels heard and using reflection and paraphrasing to ensure I have fully understood. My challenge is to resist launching into information-gathering mode and to stay with what the client brings into the room, while paying close attention to my own responses.

Managing the flow

My aim is for the assessment session to flow seamlessly. As with all therapy sessions, sometimes that happens and sometimes it feels stilted and leaves me cringing at my ineptness. But I aim to follow a rough arc that encompasses presenting issues; personal history and key relationships; previous experience of therapy; health and lifestyle issues; and, finally, the client's aims for therapy. Most therapists say they are more proactive in an assessment session, that they use more direct questions than they do once the work has started. Questions that I find useful include: When did you first become aware of [the problem]? Have you had experience of [the problem] in the past? What have you done in response to [the problem] so far? What has and hasn't helped? How has your life changed as a result of [the problem]? How would your life change if [the problem] went away? What areas of your life are going well right now?

Key relationships

Many clients come for help with relationship difficulties, but relationships are relevant even in those who don't specifically present with a relationship issue, so I find it's helpful to gain a feel of their family, friendship and colleague dynamics. If the client has yet to bring these into the room, I will invite them to do so with questions such as 'Who do you feel closest to in your life right now?' and 'Which relationships do you find the most challenging?' I may also ask about strong memories from childhood and about their experiences of school.

There is, of course, much to be learned from paying attention to our own embodied experience of being with the client and the way of relating that we co-create with the client.

Previous experience of therapy

I ask about previous experiences of therapy partly to identify clients with a history of disappointing encounters. Experience has taught me that, no matter how much they insist that you are the one who can sort them out, you will almost inevitably also disappoint them. Skilfully handled, this can be breakthrough work, but it is challenging and probably best not attempted when you are first setting out.

This line of questioning also gives the client a chance to air preferences, such as 'My last therapist didn't say very much and I'd like a more structured approach', or 'I don't want to go into my childhood again, I just want to know how to manage my panic attacks.' Given our professional commitment to working collaboratively, if you don't feel you can authentically honour the client's request, you may consider it ethical to refer on.

Assessing health and lifestyle

My pre-registration form specifically asks about health and medication, and following this up at the assessment allows the client to share how physical conditions may be impacting mental wellbeing, and their experience of any medication they are taking, including when they last had their prescription reviewed. This is especially important when it comes to SSRIs and other 'mental health' drugs. It's not uncommon for a client to be left on repeat prescriptions for years without a review, and it's good to know that our work together may include finding strategies to take control of that situation. This is also an opportunity to review any lifestyle issues that may impact therapy, such as alcohol or drug use. Many practitioners prefer not to work with people with active substance abuse issues unless they have specific training.

It's also important to consider the environment in which the client lives. If they are dealing with acute insecurity regarding housing or employment, for instance, or have a serious health challenge, careful consideration must be given to the depth of your work and any potential destabilising effects. It goes without saying that, while exploring the client's socio-economic and cultural contexts, we need to hold in mind the differences between us and be alert to any unconscious biases that may be at play, while accepting that the client's race, ethnicity, class, sexuality or gender will inevitably be an important factor in the problems they are seeking help with.

Using outcome measures

Part of the appeal of being a private practitioner is having the professional autonomy to decide how you will work in the best interests of the client. Those of us who have felt restricted by having to use formal outcome measures in agency or NHS work often embrace the chance to never use one again when we move into private practice.

I don't use them with every client and I am aware they are a blunt instrument, but I find that measures such as CORE-10, PHQ-9 and GAD-7 can be helpful. I work short-term (around 20 sessions) and, in my experience, severe depression needs long-term work, so if a client scores 20 or above on PHQ-9, I tend to refer on. I also encourage them to visit their GP if they haven't already. Similarly, if a client presenting with anxiety scores above 15 on GAD-7, I will encourage a GP visit. I tend to ask the questions verbally rather than get the client to just tick the boxes, to allow space for the client to say a bit more about the context of their responses. I find outcome measures are also useful for assessing risk and ensuring that questions about self-harm and suicide are brought into the room.

Presenting a case formulation

Towards the end of the assessment session, most practitioners will sum up, reflect on key themes, outline the client's presenting issues and offer an outline of how the work together may help them. Most clients come to therapy to be understood rather than to be given a label for what they are experiencing, and I have found it wise to hold any initial formulation lightly, as it inevitably evolves with the work.

Using supervision

In an ideal world, it should be possible for counsellors and psychotherapists who are new to private practice to discuss potential clients with their supervisor before agreeing to take them on, but in practice I'm not sure how this would work. Would it mean doing an assessment, then saying you will let the client know whether you can take them after you have consulted your supervisor? I would be interested to hear if any private practitioners have tried this approach and made it work. I have on a couple of occasions over the past five years told potential clients I would need to meet them again before deciding whether it's right for us to work together. But usually I don't discuss new clients with

my supervisor until after the assessment, and often not until after we have started working together.

Referring on

Telling a client at the end of an assessment that you believe it is not in their best interests for you to work together is never easy. However carefully it is worded, the shadow of rejection lurks. I know how hard it feels, having twice been told by clients that they didn't want to book further sessions with me after the assessment, as it wasn't what they were looking for. Ouch!

My reasons are invariably clinical – the client's needs or presenting issues are not something with which I feel confident and competent to work – and this is what I explain to them. Usually it's because the assessment suggests they need long-term attachment work, specialist trauma work or support with substance abuse. I will signpost them on by suggesting the type of therapist they might look for, but I leave the looking to them.

Sometimes, it is clear to me that the client would benefit more from couples counselling with their partner. On a few occasions, I have suggested that a client might talk to their GP about getting a referral to a mental health specialist. I would also hesitate to work with any client who is actively self-harming or who expresses suicidal ideation.

As a profession, we are all about helping people; if their needs are beyond our realm of competence or expertise, then the most helpful thing we can do for a client is not take them on.

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References

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