Assessing Clients

History of Assessment

Assessment has always been part of a person-centred therapy, although it wasn’t always known as ‘assessment’, and little was written about it in the early days. However, it’s clear that assessment did take place – for example, Gloria Szymanski, who featured in Everett Sholstrom’s film, Three Approaches to Psychotherapy, was handpicked for this, having already had experience with therapy.

Purpose of Assessment

So why is assessment important for contemporary therapists? In summary, it supports us to provide the best possible service to clients, and so also to protect our own and the profession’s reputation. For example, in an agency setting, assessment is typically carried out by a qualified and experienced practitioner. They see clients initially, screen them, and then allocate them to therapists based on the therapist’s level of skill, knowledge and experience. This enables the client to receive the most appropriate care, and the therapist to work within their ability. The client deserves to have a therapist who is competent in working with the presenting issues; moreover, this is important in meeting the requirements of the Ethical Framework for the Counselling Professions, published by the British Association for Counselling & Psychotherapy.

Did you know that this resource is available in the Counselling Study Resource with links to related topics for further reading? Read it online.
Areas for Assessment

Assessment is typically used to look at a number of key areas:

1. **Client’s Needs**
   – determining what the client wants to change, and what issues they think they would like to bring to therapy.

2. **Client’s Expectations**
   – explaining what counselling is, how it works, and so what it is realistic to achieve – so helping avoid ‘magic wand syndrome’ where clients expect to be cured in a few sessions.

3. **Health and Safety**
   – ensuring that the client is not in crisis or trauma, and is able to make psychological contact (e.g. is not under the influence of substances, or experiencing psychosis or hallucinations).

4. **Diversity**
   – ascertaining, for example, whether the client needs an interpreter, wheelchair access or a hearing loop (ensuring that we meet the requirements of relevant legislation: in the UK, the Equality Act 2010); or wants to see a specific gender of therapist.

5. **Type of Counselling**
   – identifying what modality and specialty would be most beneficial for the client’s issues and preferences, e.g. allocating someone with arachnophobia – a fear of spiders – to a cognitive behavioural therapist rather than a person-centred counsellor; and someone with a kinaesthetic (physical/tactile) learning style to a therapist who facilitates clients to use clay, figures or objects to explain how they are in the world).

Signposting to Other Agencies

As a result of assessment, it’s possible that the assessing counsellor may choose to signpost the client to other sources of support, either instead of or before counselling. For example:

- if someone has just been bereaved of their partner, and then discovered that the person who died had borrowed the entire equity of the house and so they are about to be made homeless, they may first need financial advice
• if a client who wants counselling also needs help withdrawing from alcohol or drugs may be better going first to an agency that supports that, thus helping them to enter counselling in a position to make full psychological contact
• if the person is experiencing psychosis, they may be better helped by acute mental-health services.

Getting the Timing Right

My good friend, Bob Cooke, from the Manchester Institute for Psychotherapy, says: ‘Therapy is a process, not an event.’ In other words, change is made not just in one session but through a series of them. So, if a client has a very chaotic lifestyle – perhaps due to issues around childcare, debts, crisis or moving around – and so is unable to commit to regular appointments – you must consider whether it’s ethical to start opening someone up. If they begin to open then are unable to return for more sessions, you may have done more harm than good.

The other thing I’m always curious about is why people have sought therapy now. It can be useful for clients to understand this. For example, people who have been abused often present for therapy when their children reach the age at which they experienced the abuse. They somehow see themselves in their children, and it can be very useful for them to understand that this is happening, because the client can then link the two things.

Transference and Countertransference

Sometimes, we get really strong feelings about a client, and that can come from our own history. Maybe the work with a client – or the way they speak – reminds you of someone you know or knew. Many years ago, I met with a supervisee who felt terrified of her client, even though he had given her no reason for this. He didn’t look or sound like anyone from the client’s past. Eventually, I asked: ‘What does he smell like?’ And the supervisee sat up and said: ‘That’s it! He smells like the person who abused me.’

In a case like this – where transference is taking place – it’s important to take a highly principled view on whether you, as the assessing therapist, could work with this client, because there may be personal work for you to do first. Smell, in particular, can be really tricky, because it’s really embedded into the brain. This sense is located in the olfactory bulb and the limbic system of the brain, and so can really trigger people. In a case like this, onward referral – if you are working in private practice and cannot therefore allocate the client to a colleague in the agency – may well be the most ethical approach.
Use of Assessment Notes

So, should the counsellor who is subsequently allocated to the client read the assessment notes or not? I never used to read them, as I felt it was an important principle in person-centred therapy to hear the client’s voice directly, rather than through any filter. But over the years, I’ve realized that sometimes – especially with very complex presentations around abuse, neglect or trauma – clients might not want to talk about triggering events again. Certainly, there’s some evidence that retelling the story of traumatic events can re-traumatize the client. So, sometimes, it’s useful simply to say: ‘You know, I’ve read the referral.’ Also, you could get a lot of detail in the referral, giving you a good overview for the client before you start working with them.

Student Counsellors and Assessment

So, should students assess clients? My view is that – although a qualified counsellor will have done the initial assessment at the agency – the student should certainly do a soft assessment when they first see the client, because things do change. There’s a good possibility that the client you are seeing has been on the waiting list for a while. Even within a month, a lot can change. It’s simply a good habit to re-assess clients at the first counselling session, making your practice life a lot easier and making you a more ethical practitioner.