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Clinical Assessment in the Counseling Process: A Teaching Model

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Within human health services, the first contact with patients or clients provides opportunities for service providers to obtain essential information about symptoms and complaints. The essential information will be used to form diagnostic impressions and guide subsequent clinical procedures. Medical interview (Coulehan & Block, 2005), psychiatric interview (MacKinnon, Michels, & Buckley, 2010), and triage (Briggs, 2011; Briggs & Grossman, 2005) are such intake procedures used by medical doctors, psychiatrists, and nurses.

Similarly, counselors conduct the clinical assessment to obtain crucial clinical information about clients and implement clinical judgments to further the counseling procedures. Clinical interview (Jones, 2010; Sommers-Flanagan & Sommers-Flanagan, 2008) has been used to describe the client intake as aiming to collect clinical information and lay a foundation on which to build the counseling process (Sommers-Flanagan & Sommers-Flanagan, 2008). However, clinical assessment is used in this article to describe the intake process. It is important to point out that client intake and clinical interview are only part of clinical assessment. Clinical assessment can be either structured or unstructured (Jones, 2010), and is not completed in a one-time client interview. Clinical assessment can become an ongoing process through the course of counseling (Hawley, 1995) and may include standardized assessment tools (Hawley, 1995; Vacc, Juhnke, & Nilsen, 2001). Thus, assessment (Hawley, 1995; Nelson, 2002) is an appropriate term to

more accurately reflect the evaluation process that counselors conduct on their clients during the client intake and follow-up counseling procedures.

For the purpose of our discussion, clinical assessment is viewed to have two distinct types of client-counselor interactions. First, clinical assessment can be conducted through a clinical interview (Sommers-Flanagan & Sommers-Flanagan, 2008). The face-to-face client interview allows counselors to meet their clients at the beginning of the counseling process (Jones, 2010). Counselors rely on interview skills to obtain clinical information from their clients.

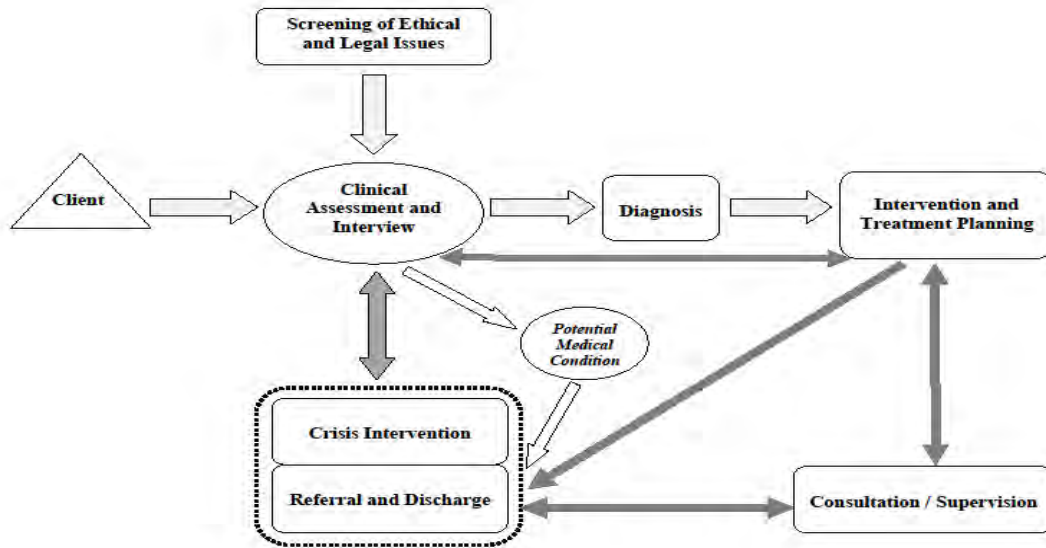
The second type of clinical assessment is the use of assessment tools. The assessment tools may be self-developed intake forms or the standardized psychological assessment tools (e.g., Beck Depression Inventory; Thomas, 1995). The self-developed intake form, as used in community agencies, provides a structured interview process. Counselors can focus on the gathering of basic information requested on the intake form. Clients may also be asked to fill out an intake form prior to the clinical interview. This self-reported intake form usually requests clients' demographic information, medical history, and clinical information (e.g., presenting issues). Assessment tools with sound psychometric foundations (e.g., standardized instruments) provide counselors with valid clinical information (Hawley, 1995). These two assessment tools can be used individually or simultaneously in the clinical assessment process.

In our view, clinical assessment takes many forms, and includes a combination of clinical interview and assessment tools. More importantly, clinical assessment should not be viewed as merely a one-time client intake but rather a component in the counseling process. However, the main function of clinical assessment is to establish an effective relationship with the client during the first meeting (Sommers-Flanagan & Sommers-Flanagan, 2008) and collect essential clinical information from them (Jones, 2010). It serves as a foundation for subsequent counseling procedures. This article intends to discuss the role and functions of clinical assessment in the counseling process to provide counselor educators a teaching model that depicts how clinical assessment fits in the counseling process.

The Teaching Model of Clinical Assessment

After discussing clinical assessment and its functions during client intake, it is important to view clinical assessment as a part within the whole counseling process, which starts from the client intake and ends at the discharge of clients. Such perspective provides counseling students a map to clearly position clinical assessment within the counseling practice. In order to illustrate the importance of clinical assessment, a teaching model is sketched to show counseling students the role of clinical assessment and its relative position within the counseling process. Different components of the counseling process are discussed in this teaching model to illustrate where clinical assessment stands. These components include aspects of Ethical and Legal Issues, Diagnosis, Intervention and Treatment Planning, Consultation and Supervision, Crisis Intervention, and Referral and Discharge. These components either function within the clinical assessment process or are used as part of the clinical assessment to advance the counseling process.

Figure 1. A Teaching Model of Clinical Assessment



In this diagram, the one-way arrows represent the directions of the counseling process. The two-way arrows represent the loop of a bilateral direction that feeds back from the next steps which can bring adjustments or changes to the previous steps.

Discussion of the Teaching Model

As clients enter the clinical assessment with counselors, their responses serve to activate different components of the counseling process. Some components are prone to immediate action and some subsequent steps in the counseling process. We will explain this model in a format that aims for counselor educators to present it to their students.

1. The *Ethical and Legal Issues* must be screened for during the clinical assessment process. This screening allows counselors to utilize their knowledge of ethics and legal issues to make clinical judgments of clients' situations. Certain conditions will require counselors' immediate attention and action. For example, a minor is brought to a *clinical assessment* by a non-custodial parent, or a client refuses to sign treatment consents. Depending on regional regulations, both scenarios might halt the *clinical assessment* and prevent further counseling procedures.

2. *Crisis Intervention* could become the next component that counselors have to address during the clinical assessment. There may be situations during the clinical assessment that could interrupt the process and redirect the counseling session to *crisis intervention*. For example, a client's statement of suicidal or homicidal ideations often triggers the counselor's action toward crisis intervention. Dealing with suicidal or homicidal ideations is part of the *ethical and legal screening*, but also requires counselors' immediate *crisis intervention* procedures. Also, *consultation and supervision* may have to be sought when handling a crisis situation in an outpatient setting. Feedback

or instructions from supervisors or consultants could change the course of clinical assessment and move cases to *referral and discharge*.

3. *Referral and Discharge* would come into play when the results of the clinical assessment lead a counselor to conclude that a client needs to seek immediate crisis care, see other or additional service providers, or require no current counseling services. For example, a suicidal client needs to be referred to emergency psychiatric services immediately. *Consultation and Supervision* may also be sought for professional consultation and guidance.

Both *Crisis Intervention* and *Referral and Discharge* may influence the *clinical assessment* process in a reverse manner. For example, clients are able to manage their crises during the *clinical assessment* and want to stay in counseling. Counselors will continue the *clinical assessment* process but focus more on clients' specific life aspects, which relate to their crises. Once clients are *referred or discharged*, they may still influence the *clinical assessment*. For example, a referred client may come back to seek counseling after additional clinical information is obtained, or a client may decide to disclose previously hidden issues upon discharge. *Clinical assessment* may have to be reactivated to process new clinical information.

4. When clients' *medical conditions* surface during the clinical assessment, these conditions require counselors to make a clinical judgment according to ethical and legal codes. Since counselors are not usually trained as medical professionals, they are not permitted to treat clients' medical conditions. A *referral and discharge* might have to be implemented. For example, a client discloses he or she is diagnosed with Alzheimer's disease and is suffering from more than psychological symptoms. A referral to a medical specialist is certainly the proper course of action for the counselor to take.

5. *Consultation and Supervision* may be sought during clinical assessment due to the severity of the client's condition. Although counselors often function independently in their work settings, they need to establish resources for the difficulties encountered in their counseling practices. Counseling students and beginning counselors have to rely on their supervisors to guide them to develop their skills in their new profession. Experienced counselors can use consultation to enhance their counseling services. *Consultation and Supervision* also sends feedback to counselors and can influence procedures of *crisis intervention*, *referral and discharge*, *intervention and treatment planning*, and also lead to a change in the *clinical assessment* process. For example, a junior counselor may want to seek his or her supervisor's opinions on a suicidal client during the *clinical assessment* process. The results of *consultation or supervision* could mean that a supervisor instructs a counselor to ask certain questions or use specific assessment tools during the *clinical assessment*, to make immediate *referrals* for certain clients, and request specific *interventions or treatment plans*.

6. *Diagnosis* is often the next step when a *clinical assessment* has been successfully completed. Counselors in different work settings will use the clinical information collected during the *clinical assessment* to form a DSM-IV diagnosis or a type of diagnostic impression as well as the conceptualization of clients' cases. This is especially important for mental health counselors who use the DSM-IV diagnoses to apply for insurance reimbursement or request clients' counseling services. Clinical assessment that leads to accurate diagnoses requires the inquiry of important clinical

information (Jones, 2010). For example, counselors need to provide solid records or test results of clinical assessment to justify the DSM-IV diagnoses they assign to clients.

7. Once a diagnosis or case conceptualization is formed, it will move the counseling process to *Intervention and Treatment Planning*. Case conceptualization and diagnosis should become the driving force for the selection of interventions and the construction of treatment plans. For example, after conducting a client intake, the counselor determines a client is suffering from a major depressive episode. The counselor then needs to select interventions targeting the depression symptoms and generate a treatment plan that leads to recovery. Successful execution of *interventions and treatment plans* will lead to *referral and discharge*.

Intervention and Treatment Planning also serves as a feedback mechanism to the *Clinical Assessment* and connects with *Consultation and Supervision*. At times, *consultation and supervision* can be sought to assist in the prognosis of difficult cases. When treatments are not effective, these interventions should be reviewed. These reviews may lead counselors to conduct additional *clinical assessments* or even adjust *diagnoses*.

The Use of This Teaching Model

Despite different formats of conducting clinical assessments, counseling students need to understand the relative position of the clinical assessment in the counseling process. In this teaching model, a systemic perspective on clinical assessment is presented to provide counselor educators with a tool to teach counseling students how to view the role and functions of clinical assessment. It is, however, not the intention of this article to limit the role or functions of clinical assessment to what is illustrated in the model. Instead, this model presents a type of concept map that aims to assist counseling students' quick understanding of clinical assessment within the counseling practice system. Further classroom discussions, along with questions and answers, should be elicited by this teaching model. Counselor educators are encouraged to utilize this model's educational aims and guide their students in the learning process of the clinical assessment.

References

- Briggs, J. K. (2011). *Telephone triage protocols for nurses* (4th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Briggs, J. K., & Grossman, V. G. A. (2005). *Emergency nursing: 5-Tier triage protocols*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Coulehan, J., & Block, M. (2005). *The medical interview: Mastering skills for clinical practice* (5th ed.). Philadelphia, PA: F. A. Davis.
- Hawley, D. R. (1995). Using self-report assessment in couples counseling. *The Family Journal: Counseling and Therapy for Couples and Families*, 3, 27-36.
- Jones, K. D. (2010). The unstructured clinical interview. *Journal of Counseling & Development*, 88, 220-226.
- MacKinnon, R. A., Michels, R., & Buckley, P. J. (2010). *The psychiatric interview in clinical practice* (2nd ed.). Arlington, VA: American Psychiatric.

- Nelson, M. L. (2002). An assessment-based model for counseling strategy selection. *Journal of Counseling & Development, 80*, 416-421.
- Sommers-Flanagan, J., & Sommers-Flanagan, R. (2008). *Clinical interviewing* (4th ed.). New York, NY: John Wiley & Sons.
- Thomas, V. (1995). The clinical report: Integrating family assessment instruments into family counseling practice. *The Family Journal: Counseling and Therapy for Couples and Families, 3*, 284-297.
- Vacc, N. A., Juhnke, G. A., & Nilsen, K. A. (2001). Community mental health service providers' code of ethics and the *Standards for Educational and Psychological Testing*. *Journal of Counseling & Development, 79*, 217-224.

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