Initial Assessment in Counseling

Chapter 6
Information Gathered in the Initial Interview

- Demographic information
- Client background information
- Health and medical history
- Client’s Presenting concerns
- Other Relevant Information
Defining the Client’s Problem

1. Explore each significant problem from multiple perspectives.
2. Gather specific information on each major problem.
3. Assess each problem’s intensity.
4. Assess the degree to which the client believes each problem is changeable.
5. Identify methods the client has previously used to solve the problem.
Assessing the Change Process

Prochaska’s Transtheoretical Model:

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
Interviewing Skills and Techniques

- Trustworthy, expert, attractive
- Open-ended vs. closed-ended questions
- Paraphrasing, clarifying, reflecting, restatement, interpreting, summarizing
- Verbal and nonverbal behaviors
Interviewing Children

- Establish rapport and familiarity
- Gear vocabulary to child’s educational level; reduce complexity of questions
- Ask questions in a warm professional manner
- Explain why asking questions
- Define limits of confidentiality
- Use variety of question types; avoid abstraction
- Use physical props, games, toys
- Observe behavior during interview
Types of Interviews

- **Structured**: established set of questions asked in the same manner and sequence to each client.

- **Unstructured**: counselor has idea of possible items but conducts interview in a unique and different manner depending on the client’s needs.

- **Semi-structured**: combination of structured and unstructured; certain questions are always asked, but there is room for exploration and additional questions.
Other Strategies Used in Initial Assessment

- Checklists
  - Standardized
  - Informal
- Ratings scales
- Other screening inventories
  - e.g., Problem Oriented Screening Instrument for Children (POSIT)
Assessment of Suicide Potential

- Suicide is the 11th leading cause of death in the U.S. (NIMH, 2006)

- 71% of counselors have worked with individuals who had attempted suicide; 28% of those practitioners had a client who had committed suicide (Rogers, Guelulette, Abbey-Hines, Carney, & Werth, 2001)

- Demographic factors
  - Gender
  - Age
  - Ethnicity
  - Marital status
Assessment of Suicide Potential (cont.)

- Other factors:
  - drug/alcohol use
  - depression – hopelessness/helplessness
  - previous attempts
  - recent loss, divorce, or separation
  - personality factors
  - history of psychiatric disorder
  - personality disorder
  - “protective” factors
Assessment of Suicide Potential (cont.)

- Stelmachers’ (1995) recommended areas of concentration for clinicians assessing the risk of suicide:
  1. Verbal communication
  2. Plan
  3. Method
  4. Preparation
  5. Stressors
  6. Mental state
  7. Hopelessness
Assessment of Suicide Potential (cont.)

- Suicide potential instruments:
  - *Suicide Probability Scale* (Cull & Gill, 1992)
  - *Beck Scale for Suicide Ideation* (Beck & Steer, 1991)
  - *Beck Hopelessness Scale* (Beck & Steer, 1993)
  - *Suicidal Ideation Questionnaire* (Reynolds, 1988)
  - *Adult Suicidal Ideation Questionnaire* (Reynolds, 1991)
Assessment of Depression

- Know the symptoms – cognitive, affective, behavioral/physical
- Assess severity and type of depression
- Some formal instruments:
  - Beck Depression Inventory-II (Beck, Steer, & Brown 1996)
  - Children’s Depression Inventory (Kovacs, 1992)
  - Hamilton Depression Inventory (Reynolds & Kobak, 1995)
Assessment of Substance Abuse

- In most mental health settings between 29% and 50% of the individuals seeking services will also have a substance use disorder (Adesso, Cisler, Larus, and Hayes, 2004)

- Assessing substance abuse is not conducted solely during the initial session. If the possibility of a substance problem is detected during the screening period then the following steps should be followed (Adesso et al., 2004)
  1. Screening
  2. Brief problem assessment
  3. Diagnosis
  4. Comprehensive pretreatment problem assessment
  5. Treatment-related factors
  6. Outcome assessment
Assessment of Substance Abuse (cont.)

- Explore possibility of substance use and abuse early in counseling (alcohol, over-the-counter, prescription, and street drugs).
- Consult *Physician’s Desk Reference* to be knowledgeable about side effects.
- Assess social and interpersonal aspects of substance abuse.
- Identify internal and external triggers that precede the use of the substance.
- Identify whether you can provide appropriate treatment or whether to refer the client elsewhere.
Assessment of Substance Abuse (cont.)

- Methods and instruments:
  - *Substance Abuse Subtle Screening Inventory (SASSI)*
  - CAGE interviewing technique (Mayfield, McLeod, & Hall 1974)
    - 1. Have you ever felt you need to cut down on your drinking?
    - 2. Have people annoyed you by criticizing your drinking?
    - 3. Have you ever felt bad or guilty about drinking?
    - 4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye opener)?
  - “acid test” method
Mental Status Examination
(Polanski & Hinkle, 2000)

- Used to describe client’s level of functioning and self-presentation.

- Usually organized around: (Trzepacz & Baker, 1993)
  - Appearance, attitude, and activity
  - Mood and affect
  - Speech and language
  - Thought process, thought content, and perception
  - Cognition
  - Insight and judgment