

the handbook of
pluralistic
counselling and
psychotherapy

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Edited by
Mick Cooper and Windy Dryden



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Assessment and Formulation in Pluralistic Counselling and Psychotherapy

*John McLeod and
Julia McLeod*

THIS CHAPTER DISCUSSES

- The role of assessment and case formulation in therapy
- A pluralistic perspective on assessment and case formulation
- Client assessment: models and methods
- A framework for collaborative pluralistic assessment
- Case formulation: models and methods
- Collaborative pluralistic case formulation
- Therapeutic challenges and future directions

INTRODUCTION

Client assessment can be defined as a process of information-gathering, usually at the start of therapy or before therapy begins, with the aim of arriving at a decision about such issues as the suitability of the client for therapy, the focus or goals of therapy, and the type or length of treatment that would be most appropriate. Assessment typically also includes some kind of 'history' and exploration of presenting problems. Case formulation or case conceptualisation refers to the process of making sense of information, in relation to the underlying causes of the problem(s) that have been presented, and the factors that might facilitate or inhibit progress in therapy. Assessment and case formulation can be regarded as inter-linked elements in the therapeutic process.

ASSESSMENT

Key principles of pluralistic assessment

A pluralistic perspective introduces a heightened awareness of specific functions that assessment and case formulation might be expected to fulfil. As with any other aspect of therapy, whatever happens should seek to acknowledge and cultivate client agency – the sense that the person seeking help is purposeful and resourceful. A key dimension of client agency, at this stage of therapy, centres on the question of the client's assessment of the therapist. Another key aspect of pluralistic practice concerns therapist transparency – the willingness of the practitioner to share his or her ideas, knowledge and response to the client, and to engage in collaboration and dialogue. A further core aspect of a pluralistic approach is to make use of, and incorporate, multiple theoretical perspectives and ideas about what might be helpful. Finally, a pluralistic perspective invites both client and therapist to consider the relevance and utility of cultural resources that exist outside of the therapy room. The implications of these key principles, for assessment and case formulation practice, are explored in subsequent sections of this chapter.

Models and methods that can be incorporated into a pluralistic approach

The counselling and psychotherapy literature includes descriptions of a rich array of ideas and practices around the theme of client assessment. Good starting points for exploring this topic are Bager-Charleson and van Rijn (2011), Mace (1995) and Milner and O'Byrne (2003). This body of professional knowledge contains many areas that are relevant to a pluralistic approach to assessment.

The ethics of assessment

The process of assessment includes an important ethical dimension. As information unfolds about the life of the client, and the problems for which he or she is seeking help, the practitioner has a moral responsibility to advise on different forms of treatment and support that might be appropriate. Ethical guidelines in the fields of health and social care require that the client be regarded as an autonomous individual, who should have the right to decide. This principle is expressed through the use of informed consent. In practice, informed consent is problematic in counselling and psychotherapy, because it is hard to know what might happen in therapy (and therefore what is being consented to), and because some clients may enter therapy in a state of emotional crisis in which they wish to be guided by the therapist. A study by O'Neill (1999) found that therapy organisations varied a great deal in the extent to which they engaged clients in conversations about alternative types of help that

were available for their problem. O'Neill (1999) reported that client involvement in discussion of alternatives appeared to strengthen the client's trust in their therapist. In pluralistic therapy, exploration of alternative types of help is central to the framework for practice, as well as being an ethical requirement. The work of Barry Duncan and Scott D. Miller provides a valuable model of good practice in this area. In their work, assessment and feedback data are collected throughout the course of therapy, in a spirit of openness to the possibility that a positive outcome of therapy might be to 'fail successfully', by working together to identify other pathways of treatment and support that might be more appropriate (see, for example, Miller, Duncan, & Hubble, 2005).

Assessment as a therapeutic process

An important aspect of assessment is that it does not merely serve as information-gathering, but can make a direct contribution to client learning and change. The assessment process can provide an opportunity for clients to reflect on the issues in their life, see the 'bigger picture' and develop a greater level of understanding. In a study by Hunter, Chantler, Kapur, & Cooper (2013), clients were interviewed about their experience of undergoing assessment. Many of them reported that the assessment had a positive impact, in terms of legitimating their distress, off-loading painful emotions, inspiring hope for change, and gaining a sense of being an acceptable, worthwhile person. By contrast, other research participants described assessment as a negative experience, in which they felt shamed and judged, and struggled to be heard.

Assessment as a collaborative activity

There is research evidence, from a number of studies, that practitioner adoption of a collaborative stance, during assessment interviews, leads to a stronger therapeutic alliance and client retention in therapy (Hilsenroth & Cromer, 2007; Riddle, Byers, & Grimesey, 2002). A collaborative approach to assessment can be accomplished by allowing sufficient time, inviting the client to initiate discussion of issues, eliciting the client's understanding, offering feedback, and reviewing the meaning of assessment results (Finn & Tonsager, 1997; Fischer, 2000).

Making use of multiple sources of information

Many therapists and therapy agencies rely solely on clinical interviews as a source of assessment information. While interviews represent a flexible assessment strategy, it is possible to augment them with other sources of information that offer different perspectives. Symptom questionnaires are available that can be used to provide an overall assessment of the severity of a client's problems (Drapeau, 2012). In addition to their use in initial assessment, these brief instruments lend themselves to ongoing monitoring throughout therapy. Comprehensive interview schedules and self-report open-ended questionnaires have been developed by Lazarus (1989), Mace (1995) and

Marquis (2008). Assessment questions that focus on client strengths rather than deficits have been devised by Davidson (2014). Projective techniques, such as the early memories test, can be used to begin to identify relational themes that may be outside the conscious awareness of the client (Clark, 2001). It is possible to explore patterns of family relationships using genograms (McGoldrick, Gerson, & Petry, 2008) and family photographs (Berman, 1993). Some therapists have found it useful to visit the client at home, to gain a better understanding of their everyday-life environment (McElwain, Polizzi, & Polizzi, 2002; Yalom, 2002). It is not necessary to make use of all of these sources of assessment information; there is little point in collecting information that will not be used. Each therapist or therapy agency needs to evolve their own approach to assessment. Mace (1995) discusses how various therapy services, using different models of therapy with different client groups, have developed assessment protocols that are suitable for their specific purposes.

A framework for collaborative pluralistic assessment

A pluralistic perspective invites consideration of particular aspects of the assessment process.

Collaborative style

What happens at the early assessment phase of therapy sets the pattern for what will follow, in terms of setting the scene for collaboration and dialogue. This can be done through offering an explanation of the purpose of assessment, how long it will take, what will happen and how information will be used. The client is invited to initiate topics and provide additional information that they believe might be relevant. It may be useful to chart information on a whiteboard or flipchart, to allow both participants to inspect it together. The client is invited to ask why a particular question or instrument is being used, and told that they may refuse to answer certain questions without needing to give a reason. It is accepted that there may be some aspects of the client's story that they are not yet ready to disclose. The assessor offers feedback and is willing to share their interpretation of what the client has said. The client is invited to offer his or her understanding of events in their life, or answers to questions. At the end, the assessor offers a tentative summary of their conclusions, and invites the client to make comments and corrections. The client is able to see any written reports that are made.

Multiple descriptions and assessments of the client's goals and problems

The aim is to produce a multi-faceted, rich, open-ended description of what has brought the person to therapy, and what he or she hopes to gain from therapy. In the

previous section of this chapter, a range of possible sources of information were suggested. Many pluralistic practitioners find it helpful to invite their clients to formulate specific goal statements, as a means of anchoring therapy in a clear, shared understanding of purpose. However, an appreciation of what a problem or goal actually means to a client requires knowledge about the back-story, current and past relationships, and the future time-horizon within which the person operates.

Preferences

Clients have ideas about what has helped (or not helped) in the past, and what they believe might be helpful now. Some of these ideas may be readily articulated, while other preference aspects may be implicit. There are three main strategies that can be used to elicit information in this domain. It is valuable to ask the client what he or she thinks would be helpful, and to emphasise that realisations at a future point of what might be helpful are always welcome. There are scales that can be used to collect information about preferences, such as the Patient Expectations scale (PEX; Berg, Sandahl, & Clinton, 2008) and the Therapy Personalisation Form (TPF; Bowen & Cooper, 2012). It is useful to ask about previous episodes of therapy or other forms of help, including self-help, and to invite the client to talk about what it was that was useful (or otherwise) in these activities, and whether this knowledge would be relevant in respect of the current problem. It is essential to keep in mind that client preferences refer not only to in-session activities ('I want to talk about past events that are troubling me', 'I want my therapist to be warm and humorous') but also practical aspects of therapy, such as gender and age of therapist, group vs. individual therapy, frequency and scheduling of therapy, and so on. At the present time, there do not exist standardised forms for collecting this kind of practical information.

Strengths and resources

From a pluralistic perspective, the client is regarded as a co-participant in therapy, who possesses personal knowledge and experience around how to deal with problems in living. When a person enters therapy, he or she is likely to be feeling demoralised and 'stuck', and these strengths and resources may not be at the forefront of their mind. During assessment, and at other points during the opening sessions of therapy, it is useful to invite the client to talk about how they have dealt with difficulties in their life, what they have accomplished in their life, and who in their life believes in them and supports them. Rather than just assembling lists of resources ('I like to walk my dog and read romantic novels'), it is better to show active curiosity around what these activities make possible for the person. Kurt Lewin's concept of the 'life space' (Marrow, 1969) provides a means of thinking about these aspects of the person. When the client allows their therapist (or assessment interviewer) to learn about the territory of their everyday life, the practitioner can begin to build up an appreciation of potential resources that may be available for therapeutic purposes.

CASE EXAMPLE

Assessment as means of developing understanding

Tasmin was 23 years old when she entered counselling at her university student counselling service. She was in the final year of a degree in pharmacy, and reported that she was becoming increasingly anxious and worried, unable to sleep, and falling behind with her work. Tasmin had grown up in a traditional Asian community in the UK, but had chosen to attend a university that was far from her home city, and while at university had developed friendships and activities that she realised were in conflict with the cultural values of her family. The assessment phase of counselling comprised a single, extended, 90-minute interview, augmented by the use of a Goals Form and symptom measure, and detailed exploration of personal strengths and cultural resources. At the end of that meeting, Tasmin replied that she could now begin to see how the different parts of her life fitted together.

CASE FORMULATION: MODELS AND METHODS THAT CAN BE INCORPORATED INTO A PLURALISTIC APPROACH

Case formulation takes place after the collection of assessment information, with the aim of making sense of the material that has been gathered, and indicating the direction that therapy might take.

There are many highly useful models of case formulation that are available, for example within the cognitive behaviour therapy (Kuyken, Padesky, & Dudley, 2009) and transactional analysis (Widdowson, 2010) professional communities. These models can be regarded as templates or starting points that can be adapted for pluralistic purposes. Eells (forthcoming) suggests that there are three main functions that a case formulation needs to fulfil:

- describe and take account of the problem(s) for which the client is seeking help;
- provide an explanatory hypothesis, incorporating the immediate and underlying causes of problem(s), and identifying both the resources and obstacles to change;
- an indication or plan of how problem(s) can be alleviated.

Effective case formulations fulfil these requirements in a way that makes sense to the client, and engages the client in an active process of change. Research has shown that, compared to formulations produced by novice therapists, the case conceptualisations constructed by expert practitioners are much more likely to tie observations together in causal sequences (Eells & Lombart, 2003; Eells, Lombart, Kendjelic, Turner, & Lucas, 2005). By contrast, novice formulations tend to be mainly descriptive.

In addition to the general case formulation literature, the emerging model of collaborative pluralistic formulation reflects a range of innovative practices. Omer (1997) describes the activity of 'narrative empathy', which consists of a very simple type of formulation in which the therapist merely re-tells the client's story as he or

she has understood it. This simple technique can have a powerful impact on clients, in demonstrating to them that they have been understood by their therapist. It also introduces the idea that a formulation is a story. Other formulation practices that have inspired pluralistic therapists include the use of diagrams and letters in cognitive analytic therapy (CAT; Hamill, Reid, & Reynolds, 2008; Ryle & Kerr, 2002), and the use of letters in narrative therapy (Rombach, 2003). These approaches illustrate the potential value of documenting the formulation in a tangible way, as something that can be kept and consulted (or amended) on future occasions (Oster & Crone, 2004).

A framework for collaborative pluralistic case formulation: the time-line map

There are many ways in which a shared understanding can be developed and discussed, and pluralistic practitioners are encouraged to use their imagination and resourcefulness in this domain. The following description provides an outline of one particular set of procedures that can be used, in the context of a block of time, or whole session, at an early stage in therapy. The therapist needs to lay the groundwork for this session, from the start of therapy and during assessment, by telling the client that he or she would like to share their ideas and understanding at a suitable time. Once this time has been agreed, the therapist takes the initiative by mapping an understanding of the client's life, current issues and future goals, on a large sheet of paper or whiteboard. It is usually best for the therapist to hold the pen, while continually inviting the client to comment and add new information; if the client holds the pen, the process tends to take a lot longer. Sometimes, the client may choose to take over control of the pen, or to take the page home with them to continue at their own pace.

It is necessary for the therapist to rehearse and think about this session in advance, perhaps including use of supervision or consultation with a colleague. However, it is not helpful to come into the session with a pre-prepared diagram – it is essential to allow the client to be able to influence the emerging shared understanding as it unfolds.

The structure that has been found to be particularly facilitative is to use a *time-line* – a horizontal line across the centre of the page that is marked on the left by birth, toward the right end as 'now', and then leave some space for 'future'. Therapists who are interested in inter-generational family patterns may wish to start the left edge of the line before the birth-date of the client. It is best to begin by writing the client's problems around the 'now' point in the line. The therapist then tentatively fills in the earlier life events and turning points, using dotted lines or arrows to offer possible links between these events and current difficulties. It is important to keep talking while doing this, and to use a form of words ('I wondered if some of these fears, now, might be related to the bullying that happened at school – does that make sense?') that invites the client to change, correct or elaborate on what is being mapped. It is important to observe the client's reactions to what is being offered, in terms of interest, agreement and emotional responses. It may be necessary to pause the mapping exercise to allow the client to talk about these reactions.

This approach to using a time-line can be seen as a means of exploring the potential relevance to the client of alternative causal narratives, informed by therapy theories. The problems presented by most clients can be conceptualised in psycho-dynamic terms ('that was then – to survive, you needed to hide your feelings ... but this is now'), in terms of CBT theory ('you learned to think/feel/act in certain ways'), in humanistic terms ('you chose to fulfil your potential by ...'), in family systems terms, and almost certainly in accordance with any theories known to the therapist. What is being accomplished here is the possibility of considering multiple ways of understanding the problem, in a format that allows for improvisation, and enables the client to 'try out' ideas for size. While this mapping is being carried out, it is possible to add, round the edge, images or labels of personal and cultural resources and accomplishments.

In facilitating this procedure, the therapist needs to leave enough time, either toward the end of the session, or at the next session, to reflect on the map as a whole, and to use it as a basis for deciding on priorities ('there seem to be quite a few areas/tasks we could follow up – where do you want to start?'). One of the distinctive features of pluralistic therapy is that it gives clients the option of pursuing several goals and tasks in parallel. The time-line map provides a way of seeing how different tasks might fit together.

CASE EXAMPLE

Using formulation to explore possible ways of understanding a life

Danny was 30 when he requested to see a therapist at a community counselling service, on the urgings of his mother. He described himself as 'really messed up' and 'just feeling bad a lot of the time'. His goal for counselling was 'to sort myself out'. Five years previously he had been referred for CBT, which he described as having been quite helpful. More recently, he had felt suicidal, and his GP had prescribed anti-depressant and anti-anxiety medication. At the counselling service he took part in an assessment interview, which revealed a troubled and somewhat chaotic life, which included the death of his father when he was a child, moving from one city to another with his mother and stepfather (including periods of time when he was 'dumped' on other family members), and a series of jobs and girlfriends. Reflecting on the assessment information that had been collected, and his own experience of meeting Danny and talking with him during the first two sessions, his counsellor asked if it would be a suitable point for him to share his thoughts on what Danny had told him. At that stage, the counsellor made sense of Danny's issues in terms of a set of tentative and preliminary hypotheses. First, it seemed to be hard for Danny to sustain close relationships – he would get close to a girlfriend or set of work colleagues, and then leave them. The counsellor wondered whether this was a pattern that might have its roots in Danny's loss of his father, which could have left him with an underlying fear that closeness leads to abandonment. The counsellor was old enough to be Danny's father, and was aware of

a countertransference reaction response of seeing Danny as a son, and wanting to take care of him. A second hypothesis related to the way that Danny dealt with stress by turning inward and ruminating, which led to a destructive spiral of becoming more and more hopeless and self-critical. A key element of his coping mechanism appeared to be a tendency to perfectionism. A third hypothesis was concerned with the strongly creative side of Danny (he had trained as a graphic designer) and his pattern of believing that he was 'not good enough' to be a success in this career. In addition to these possible ways of explaining Danny's current problems, the counsellor had identified a number of strengths and resources: Danny's relationship with his step-sister, his creativity and intelligence, and his capacity for hard work. The counsellor and Danny worked together to map these ideas on to a large sheet of paper (Figure 2.1). Danny had three main responses to the picture that emerged. He was immediately struck by the pattern of his life as a whole, in terms of cycles of stress/breakdown and recovery. He became tearful on acknowledging his own strength in always being able to 'bounce back' after a crisis period. Finally, he took charge of the page, and on his own initiative began to create a more detailed mapping (not shown) of what happened during what his counsellor had characterised as a 'rumination cycle'. This issue then became the focus for the next two sessions.

THERAPEUTIC CHALLENGES AND FUTURE DIRECTIONS

At the present time, the majority of counsellors and psychotherapists who have embraced a pluralistic perspective are individuals who have received their initial training in approaches such as person-centred or psychodynamic, which generally do not advocate use of a formal case formulation that is shared with the client. For these practitioners, collaborative case formulation can seem like a big step. What tends to happen is that these therapists discover that this type of formulation is much more productive than they expect, and that clients experience it as meaningful and facilitative. Another challenge, in this area of therapy, concerns terminology. Different organisations use different terms to describe these activities – initial meeting, intake, history, diagnosis, assessment, contracting, formulation, reformulation, conceptualisation. It is important to find a way of talking about these activities that feels right to both therapist and client. A further challenge lies in the achievement of an appropriate balance between therapist 'expert' knowledge and client 'insider knowledge'. Therapists are (or should be) much more fluent and confident than clients in formulating a way of making sense of a set of problems in living. There is a risk that the client may be intimidated or mystified by the therapist's apparent expertise. It is also necessary to keep an open mind, and create opportunities for the case formulation to be reviewed and to evolve as new information becomes available over the course of therapy. A final challenge, at this stage in the development of pluralistic therapy, is to carry out research and innovation around the principles and techniques described in this chapter.

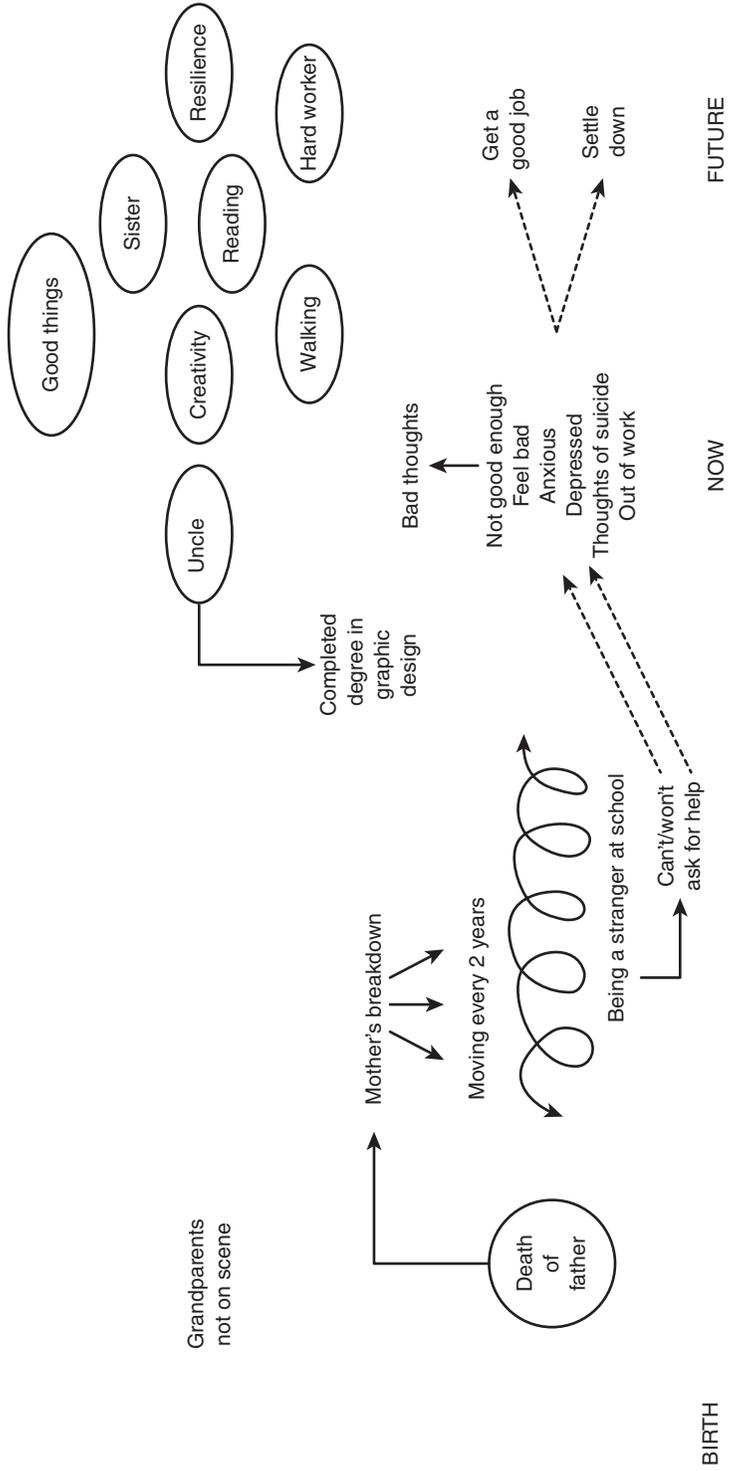


FIGURE 2.1 Danny's case formulation time-line

SUMMARY

The key points of this chapter are:

- A key dimension of pluralistic therapy is shared understanding of the client's problems, and what might help.
- Assessment and case formulation provide specific points, early in therapy, when a shared understanding can be established.
- Within the existing counselling, counselling psychology and psychotherapy literature, there are many ideas and practices that can contribute to pluralistic assessment and case formulation.
- The key principles of pluralistic assessment and case formulation include the adoption of a collaborative, dialogical stance, and consideration of multiple perspectives.

EXERCISES/POINTS FOR REFLECTION

- 1 What assessment information would you want to collect from clients, in relation to your own ideas about what is important in therapy?
- 2 In relation to your own work as a counsellor or psychotherapist, and the settings in which you see clients, what terms do you use to describe 'assessment' and 'case formulation'?
- 3 Identify an issue or problem that concerns you at the moment. Construct a personal time-line formulation around this issue, using at least three contrasting theoretical perspectives. What was your experience of undertaking this exercise? How helpful was it?

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Johnstone, L., & Dallos, R. (Eds.). (2014). *Formulation in psychology and psychotherapy: making sense of people's problems* (2nd ed.). London: Routledge. An invaluable sourcebook on how formulation is carried out within different schools of therapy.

Kuyken, W., Padesky, C.A., & Dudley, R. (2008). The science and practice of case conceptualization. *Behavioural and Cognitive Psychotherapy*, 36, 757–768. A classic paper, which both describes a CBT model of formulation and questions its relevance and effectiveness.

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