Assessment with Young People

M: That’s fine, Liam, I am pleased to hear it. Shall we agree to meet for six sessions and then review and see whether you would like any more or whether that feels like enough?

L: That sounds good.

M: Now, can I ask how would you like your life to be different right now? Maybe thinking in that way will help us get a sense of what you would particularly like to focus on in our sessions.

L: I want to feel happier again, back to my old self. It would be good if things didn’t get to me so much too. Like, maybe I could be in a bad mood but still be able to do football and see my mates as well?

M: It sounds as though you would like to focus on improving your mood as well as looking at how you manage your emotions. Does that sound about right?

L: Yeah. That sounds exactly right.

Melanie is tentative when helping Liam formulate the goals and focus for his counselling, checking in that they have got it right. For counselling to be effective it is essential that the goals or focus chosen are genuinely those of the client and not based on the agenda of the school, parent, or any other party, including the counsellor. In this respect, it is worth noting that throughout the collaborative assessment process counsellors should reflect on their own responses to the young person in order to ensure that their feelings or judgements do not interfere with an ability to respond to the young person in an open, accepting and empathic manner. Goals and focus will be explored further in Chapter 4 and Chapter 9.

Risk assessment as part of the collaborative assessment process

Risk assessment is an integral part of the collaborative assessment process and is carried out with the intention of hopefully preventing or minimising risk of significant harm to the client or other vulnerable person. Assessing for risk is not a one-off occurrence. Rather, the assessment of risk will be ongoing throughout the therapeutic work. If risk factors are not identified in the initial stages of the counselling, counsellors must not assume that these will not emerge further along.

What risks are we assessing for?

Any risk assessment or exploration of risk factors carried out by a counsellor should be based on a solid foundation of knowledge of the different forms of clinical risk to be assessed for. These are explained in Box 3.3.
Box 3.3: Forms of clinical risk

Risk of harm to self:

- suicide risk including –
  - suicide (act of deliberately killing oneself)
  - suicidal ideation (thoughts and feelings of wanting to kill oneself)
  - suicidal intent (a plan to kill oneself immediately or at some point in the future)

- self-harm without apparent suicidal intent, e.g. deliberate self-poisoning or self-injury, self-harm related to eating disorders or substance abuse, impulsive behaviour, sexual behaviour that puts the individual at risk

- risk of self-neglect

- risk of deterioration in mental health (i.e. risk of onset of psychosis, cognitive impairment due to eating disorder).

Risk of harm to others (e.g. violent and challenging behaviour).

Risk of harm from others (e.g. domestic violence, sexual, physical or emotional abuse, neglect, parental mental ill health/substance misuse).

Identifying risk and protective factors

During assessment, counsellors need to identify risk factors in the client’s presentation as well as protective factors to weigh them against. Risk factors are factors in the young person’s presentation or situation which could increase the likelihood of them coming to harm. Protective factors are those which could decrease this risk. Table 3.1 shows some of the risk and protective factors that counsellors will need to consider as part of this risk assessment process with young people.

Table 3.1  Risk and protective factors

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Previous suicide attempt.</td>
<td>• Coming for counselling/ the quality of the therapeutic alliance.</td>
</tr>
<tr>
<td>• Currently having a suicide plan.</td>
<td>• Being willing and capable of talking about thoughts and feelings.</td>
</tr>
<tr>
<td>• Alcohol and drug use.</td>
<td>• Support of family and/or friends.</td>
</tr>
<tr>
<td>• History of sexual abuse.</td>
<td>• Involvement in interests and activities.</td>
</tr>
<tr>
<td>• Family history of suicide.</td>
<td>• Use of self-care and coping strategies.</td>
</tr>
<tr>
<td>• Parent/carer with mental illness, current or historical.</td>
<td></td>
</tr>
<tr>
<td>• On the ‘at risk’ register.</td>
<td></td>
</tr>
<tr>
<td>• Parent/family member in prison.</td>
<td></td>
</tr>
<tr>
<td>• Self-harm behaviour or ideation, current or historic.</td>
<td></td>
</tr>
<tr>
<td>• Multiple bereavements.</td>
<td></td>
</tr>
<tr>
<td>• Poor school attendance.</td>
<td></td>
</tr>
</tbody>
</table>

Source: Reeves, 2015; Stewart and Bell, 2015
Assessing for risk

When assessing for risk, counsellors need to consider the likelihood that harm will occur, how soon, and to what degree. Counsellors will then need to assess what, if any, action is required. All methods used to explore these areas need to be pitched according to the client’s developmental level and capacity to understand. They should be asked sensitively and appropriately with the aim of encouraging the client to open up further and share concerns about their thoughts, feelings and behaviours.

The following are examples of explorative questions which could be used to assess risk:

’ve have you ever hurt yourself when you have had difficult or painful feelings?’

or,

’ve have you ever had thoughts of ending your life?’

or,

’ve have you ever made a plan to end your life?’

Counsellors should look for any non-verbal communications which might indicate risk factors. Signs to look out for include, but are not limited to:

• Difficulties making or maintaining eye contact.
• Unkempt appearance/unpleasant smell, indicating self-neglect or neglect in family.
• Bruising, marks, or other visible injuries on body, indicating possible harm by self or other.
• Bracelets or wristbands potentially hiding self-harm.

Risk management/crisis plans

If the counsellor believes the client is at risk they need to decide, preferably in collaboration with the client, on a course of action. The following list shows some courses of action, the choice of which will depend on the severity and the urgency of the risk factors present.

• Urgent and immediate referral to another service/agency due to the presence of risk factors indicating that this is necessary. This might be because a young person has disclosed that they are being abused or they have self-harmed in a way that presents an immediate threat to their safety (i.e. taken an overdose). The counsellor’s response will depend in part on the context they are working in. If they are in a school or agency setting, then any agency protocols will need to be considered when formulating a response.
• Possible involvement of other services/agencies alongside counselling. This may be because the client has presented risk factors which indicate they may need to be supported by other services alongside their counselling. This might be the case with eating disorders, substance misuse, or early intervention for psychosis.
• Formulation of a crisis/risk management plan. This is a plan drawn up collaboratively between counsellor and client covering various aspects of how they will manage risk of harm. This can be used in conjunction with the two previous options or it can stand-alone without the involvement of other agencies when appropriate.
Making a crisis plan

If risk factors are identified, client and counsellor will need to spend some time considering these and then draw up a plan showing how they will manage risk and improve the client’s situation together. The counsellor might encourage the client to think about when they feel worse and what, if anything, helps them to feel better. Ways of ensuring adequate support for the client in between sessions should also be considered. These can include healthy coping strategies such as talking to a trusted person, drawing, writing in a journal, using telephone or online crisis support, getting out for a walk or run, etc.

Some crisis plans will need to include other people such as teachers, parents or other family members. This should be done with the full cooperation and agreement of the client if possible and with their best interests in mind.

Working with risk and safeguarding are explored in more detail in Chapter 11.

Chapter summary

- Assessment is a collaborative process, involving the active participation of the client and ongoing throughout counselling.
- The assessment should be aimed at identifying the client’s strengths and difficulties and formulating goals for counselling.
- Risk assessment is an integral part of every collaborative assessment.
- If risk factors are indicated counsellors should consider drawing up a crisis plan in collaboration with the client in order to consider how to manage risk and keep the client safe.

Additional online resources

MindEd – www.minded.org.uk
412-019 What is Assessment? – Ros Sewell and Peter Pearce
412-021 Engaging in Collaborative Assessment – Ros Sewell and Peter Pearce
412-020 Areas to Consider in Assessment – Ros Sewell and Peter Pearce
412-024 Risk Assessment – Andrew Reeves

Further reading