

Comprehensive Therapeutic Assessment

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Therapeutic assessment is a term that has been used to describe “a method of assessment in which assessors and clients work together to understand problems in living” (Finn, 2003). This is a way of working in which the therapist and client seek to gain a mutual understanding of the client's strengths and weaknesses. Methods include quantitative data collection (i.e., test scores) as well as qualitative data from interviews, personal history and observations.

In fact, many of us are already practicing in this way. This is simply a different way of thinking about what we do. The goal is to have the assessment process itself, particularly the feedback session(s), be therapeutic for the client and/or family. Assessment becomes a very effective short term treatment intervention for which psychologists are uniquely trained.

The assessment proceeds in the following way. An initial meeting is held with the person being evaluated and/or his or her significant family members. Hypotheses are generated from the person's history and current level of functioning as to the concerns that have brought him or her to the office. The administration of psychological tests becomes a kind of single case research study. Different hypotheses can be tested with the goal of understanding the person being evaluated and answering the referral questions. In the case of children, it is often helpful to conduct a school observation prior to doing the testing to obtain information about the child in his or her environment. Teacher and parent rating scales can also be quite informative. The choice of tests and rating scales is dictated by the questions to be answered.

After the testing is completed, a discussion takes place concerning the strengths and weaknesses that have been uncovered. The results of the assessment are summarized in writing in language that can be understood by the client. This discussion and summary session is of particular importance. During this session the assessor's thoughts are shared with the person and family in a collaborative way. It is important to determine how everyone can work together with all of the available informa-

tion to improve the client's situation. These sessions are often a kind of brief family therapy intervention. Feelings often arise concerning the issues being discussed. Parents may realize ways in which their children remind them of themselves or of family members. It is very important that such feelings are allowed and explored as part of this process. There is often a re-framing that occurs in these sessions, as people begin to see the child's behavior and relationships in a different way. In this way it can function like brief cognitive behavior therapy; as thinking changes so do feelings as well as behavior.

For example, Andrew is a seven-year-old boy I worked with recently. He was an early reader and was exceptional at math. However, he could not tell his mother anything about what he had read and was often in tears when trying to write a book report. His teacher reported that he had shut down in school and refused to write in his journal. The evaluation revealed an expressive language disorder as well as depression. He was referred for both speech and language evaluation and psychotherapy. During the lengthy discussion session, his parents dealt with their feelings of anger and frustration at what they had previously thought was just Andrew's defiant behavior. Andrew's father recalled his own difficulties in school that reminded him of his son's. The information they learned concerning their son helped to defuse their anger. They could see the discouragement and shame that was under the angry defiance of Andrew's outward behavior. Andrew's parents went home and explained what they had learned to Andrew. Language therapy and psychotherapy were helpful for Andrew and his family. At last report, Andrew was a much happier child and was doing well at home and school.

This example highlights the need for therapeutic assessment also to be comprehensive, especially in the case of children who are struggling. So often problems do not occur in isolation. The co-occurrence of different disorders, comorbidity, is associated with worse outcomes in some research (e.g. Nottelman & Jensen, 1995). It is hoped that by uncovering the significant impediments

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to a child's success, the child is likely to have a better outcome. This is why our evaluations need to be comprehensive. Sometimes we also need to follow children as they develop. The symptoms of ADHD in a six-year-old can be a precursor of other kinds of problems such as Tourette's and obsessive compulsive disorder as the child develops.

Another example might be helpful here. Megan is an 11-year-old girl who had been diagnosed with a developmental reading disorder at a young age. She had very intensive remediation for several years, with exactly the kinds of work that has been found to be helpful with reading disorders. In spite of all of this help, she was still unable to read. Her new speech and language therapist referred her for a complete evaluation, suspecting that something was interfering with her ability to learn. The evaluation revealed an undiagnosed and untreated problem with ADHD and depression that was interfering with her ability to learn. It is very common that children with learning disabilities suffer from anxiety and/or depression. There are many theories about why this is the case. However, school is such an important part of children's lives that if they are not successful there, it can have wide ranging impact on their emotional growth. It is well established, for example, that failure to learn to read by third grade is associated with lack of development of a sense of self-efficacy in learning (Torgesen, 1990). In order to help the whole child, it is necessary to treat her reading disability as well as the secondary emotional issues that have been raised by having the disability.

Comprehensive therapeutic assessment, then, is a technique that is a short psychotherapeutic intervention with potentially long term consequences. It is a technique that causes us to use all of the skills for which we are uniquely trained as psychologists. We use our therapy training to attune ourselves to what is going on in the person being evaluated. Often people are feeling discouraged and ashamed when they seek our help. Only by allowing those feelings to emerge and be discussed can we obtain an accurate picture of their strengths and weaknesses. Similarly, sharing information about what is learned from the assessment in a collaborative way is often a form of brief family therapy and we must be attuned to the family dynamics that arise in these sessions.

We use our assessment training in that we must use current reliable and valid test instruments, as required by our ethics code. In addition, it is important that we are aware of issues concerning differential diagnosis and comorbidity. We use our research training in that we must

be knowledgeable about current research concerning diagnoses and treatment in order to make good recommendations. When we use all of these skills in this way we are in a unique position to be of real assistance to our clients.

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