Counseling Process

- Counseling: The process, relationship and skills
- Assessment in Counseling
- Psychological testing and diagnosis

- Counseling interview

Counseling Relationship

? The core of the counselling process is the relationship established between the counsellor and the client.

? It is by means of this relationship that the counsellor elicits and recognizes the significant feelings and ideas that determine the behaviour of the client.

? It also helps the client to recognize these feelings and ideas. This determines the quality of the relationship and affects the progress of the counselling process.

? 'Relationship' acts as a curative agent in its own right. The counsellor helps the client make effective interpersonal relationships and to free him from unrealistic aspirations.

? Pepinsky and Pepinsky (1954) define this relationship "as a hypothetical construct to designate the inferred affective character of the observable interaction between two individuals.".

Dimensions of Counseling Relationship

? Uniqueness-commonness comprises an important dimension of the counselling relationship. No two individuals are alike and hence it is not possible to have a generalized type of relationship. The unique factors include counsellor and counsellee attitudes, beliefs, likes and dislikes, physical characteristics, and home and social backgrounds of the counsellor and the counsellee.

Subjective-Objective

The relationship is objective in regard to cognitive, scientific and generic aspects.
It is subjective as the relationship involves the feeling of warmth and psychological closeness that enables the development of intense interest in a particular client and his issues.

Cognitive-Conative

The other dimension of the counselling relationship is cognitive-conative. The cognitive aspects concern the exchanging of information and understanding the implications of various courses of action. The conative elements refer to the expression of feelings. There is need for the counselor to interpret the client's problem rationally.

Ambiguity

When a stimulus situation is vague and is capable of eliciting different responses from several subjects,it is called an ambiguous situation. Too much ambiguity may lead to anxiety.

Responsibility

The amount of responsibility that a client is asked to shoulder or that a counsellor should be willing to share depends on a variety of factors, such as the client's age, ability, background and type of problem. It would suffice to state that mutual responsibilities have to be worked out in each case, taking all the factors into account.

Counseling Process

The term implies continuous change that take place or rather which should take place in the client in promoting personality changes in a desired direction.

It aims at:

- Awareness on the part of the client
- Behavioral change in a desired direction through which the client can achieve his goals.
- Understanding his potentialities, limitations and how to utilize them best in achieving his goals.

Steps in the counseling process

o Awareness of need for help

o Development of relationship

o Expression of feelings and clarification of problems

o Exploration of deep feelings

o Integration process

o Time perspective

o Awareness of the counsellee

o Use of psychotherapeutic

FACTORS THAT INFLUENCE THE COUNSELING

☐ **Seriousness of the Presenting Problem**

Unfinished business (unexpressed feelings—such as resentment, hate, pain, hurt, anxiety, guilt, and grief—and events and memories that linger in the background and clamor for completion) will, as a rule, take longer to treat than clients who have just experienced a difficulty.

☐ **Structure in counseling**

Defined as "a joint understanding between the counselor and client regarding the characteristics, conditions, procedures, and parameters of counseling".

• Time limits (such as a 50-minute session),

• Action limits (for the prevention of destructive behavior),

• Role limits (what will be expected of each participant), and

• Procedural limits (in which the client is given the responsibility to work on specific goals or needs)
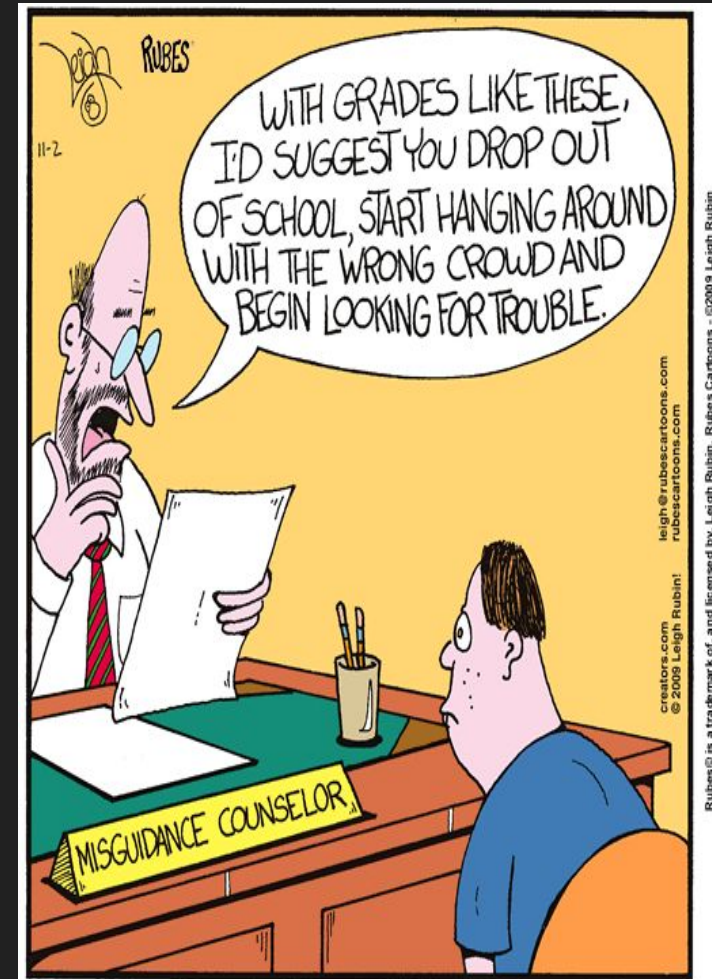
o Privacy
It includes physical and psychological privacy.
Recording counseling sessions is very important and necessary device in training counselors.
The controversy happens on two aspects:
 • Infringement on client's rights
 • Need for the privacy

The rights of the clients need to be accepted and without their consent, recordings should never be attempted.

o Attentiveness
By listening and observing, the counselor sustains, extends and deepens his knowledge of the counselee. It helps him to establish rapport and gain insight into the psychological world of the client.

o Counseling relationship
It is based on mutual trust and confidence on the part of both counselee and counselor and concern for the well-being of the counsellee on the part of the counselor. It encompasses the whole of the counseling situation and affects its process at every stage.

o Rapport
It is a warm, friendly and understanding condition which is essential for an effective relationship between the interviewer and interviewee.

Initiative

It is an estimate that the majority of clients who visit counselors are reluctant to some degree. A **Reluctant Client** is one who has been referred by a third party and is frequently "unmotivated to seek help" (Ritchie, 1986, p. 516). Many school children and court-referred clients are reluctant

A **Resistant Client** is a person in counseling who is unwilling, unready, or opposed to change. Such an individual may actively seek counseling but does not wish to go through the emotional pain, change in perspective, or enhanced awareness that counseling demands .Instead, the client clings to the certainty of present behavior, even when such action is counterproductive and dysfunctional.

- Anticipate the anger, frustration, and defensiveness that some clients display.

- Show acceptance, patience, and understanding as well as a general nonjudgmental attitude

- Use persuasion-"foot in the door" and the "door in the face."

- Confrontation-The three primary ways of responding are denying the behavior, accepting all or part of the confrontation as true, or developing a middle position that synthesizes the first two .

- Metaphors

- Mattering

- Pragmatic techniques- such as silence (or pause), reflection (or empathy), questioning, describing, assessing, pretending, and sharing the counselor's perspective

Resistant

Reluctant

The Physical Setting

Eight common architectural characteristics of space

- Accessories (i.e., artwork, objects, plants)

- Color (i.e., hue, value, intensity)—"bright colors are associated with positive emotions and dark colors are linked with negative emotions".

- Furniture and room design (i.e., form, line, color, texture, scale)—"clients prefer intermediate distance in counseling and … more protective furniture layouts …

- Lighting (i.e., artificial, natural)

- Smell (i.e., plants, ambient fragrances, general odors)

- Sound (i.e., loudness, frequency)— "music may enhance the healing process and affect muscle tone, blood pressure, heart rate, and the experience of pain"

- Texture (i.e., floors, walls, ceilings, furniture)

- Thermal conditions (i.e., temperature, relative humidity, air velocity)

- Proxemics - The distance between counselor and client (the spatial features of the environment or

o **Understanding**
It is essentially the perception of another's attitudes, meanings and feelings. It has two connotations in counseling:

• It refers to the client's understanding of himself and his situation or environment
• To the understanding of the counselor of the client's position or situation.

Levels of Understanding:
Knowledge about individual, thing, event
Consists of verbal and/or operational understanding
Understanding one's own experiences, likes or dislikes
It concerns self understanding (may or may not be with the assistance of either internal or external perceptions).

o **Communication**
It is about reaching in psychological world of the client. The counselor should not only try to reach to the heart of the client but also should be able to understand his deeper feelings.

o **Empathy**
It is the capacity to feel "into", an inter-relationship between two people.
It is to sense the client's private world as if it were your own, but without ever losing the "as if" quality.
It is not imitation.

Client Qualities

- **YAVIS**: young, attractive, verbal, intelligent, and successful (Schofield, 1964) are perceived as the one resulting in positive effects in counseling.

- Less successful candidates are seen as **HOUNDs**(homely, old, unintelligent, nonverbal, and disadvantaged) or

- **DUDs** (dumb, unintelligent, and disadvantaged). These acronyms are cruel but counselors are influenced by the appearance and sophistication of the people with whom they work. **Counselors most enjoy working with clients who they think have the potential to change.**

- The **physically attractive** are perceived as healthiest and are responded to more positively than others.

- **Nonverbal behaviors-** Children are especially prone to use nonverbal means to convey their thoughts and feelings

Counselor Qualities

Counselors who continually develop their **self-awareness skills** are in touch with their **values, thoughts, and feelings**. They are likely to have a **clear perception of their own and their clients' needs** and accurately assess both. Such awareness can help them be **honest with themselves and others**.

Communicate clearly and accurately

Expertness is the degree to which counselors are perceived as knowledgeable and informed about their specialty. Counselors who display evidential cues in their offices, such as certificates and diplomas, are usually perceived as more credible than those who do not and, as a result, are likely to be effective.

Attractiveness is a function of perceived similarity between clients and counselors as well as physical features. Counselors can make themselves attractive by **speaking in clear, simple, jargon-free sentences and offering appropriate self-disclosure**. The manner in which counselors greet clients and maintain eye contact can also increase the attractiveness rating.
Counselors who use **nonverbal cues** in responding to clients, such as head nodding and eye contact, are seen as more attractive than those who do not.
The **attire of counselors** also makes a difference. Clothes should be clean, neat, and professional looking but not attract undue attention.

Trustworthiness is related to the sincerity and consistency of counselors. Those who are genuinely concerned about their clients show it over time by establishing a close relationship. "There is and can be no such thing as instant intimacy" or trustworthiness.

Many beginning counselors make the mistake of dealing with surface issues instead of real concerns. For example, if a client asks a counselor, "Can I tell you anything?" a novice counselor might respond, "What do you mean by anything?" An experienced counselor might say, "It sounds as if you are uncertain about whether you can really trust me and this relationship. Tell me more." Trust with children, like adults, is built by listening first and allowing children the freedom to express themselves openly on a verbal or nonverbal level before the counselor responds (Erdman & Lampe, 1996).

Counseling skills
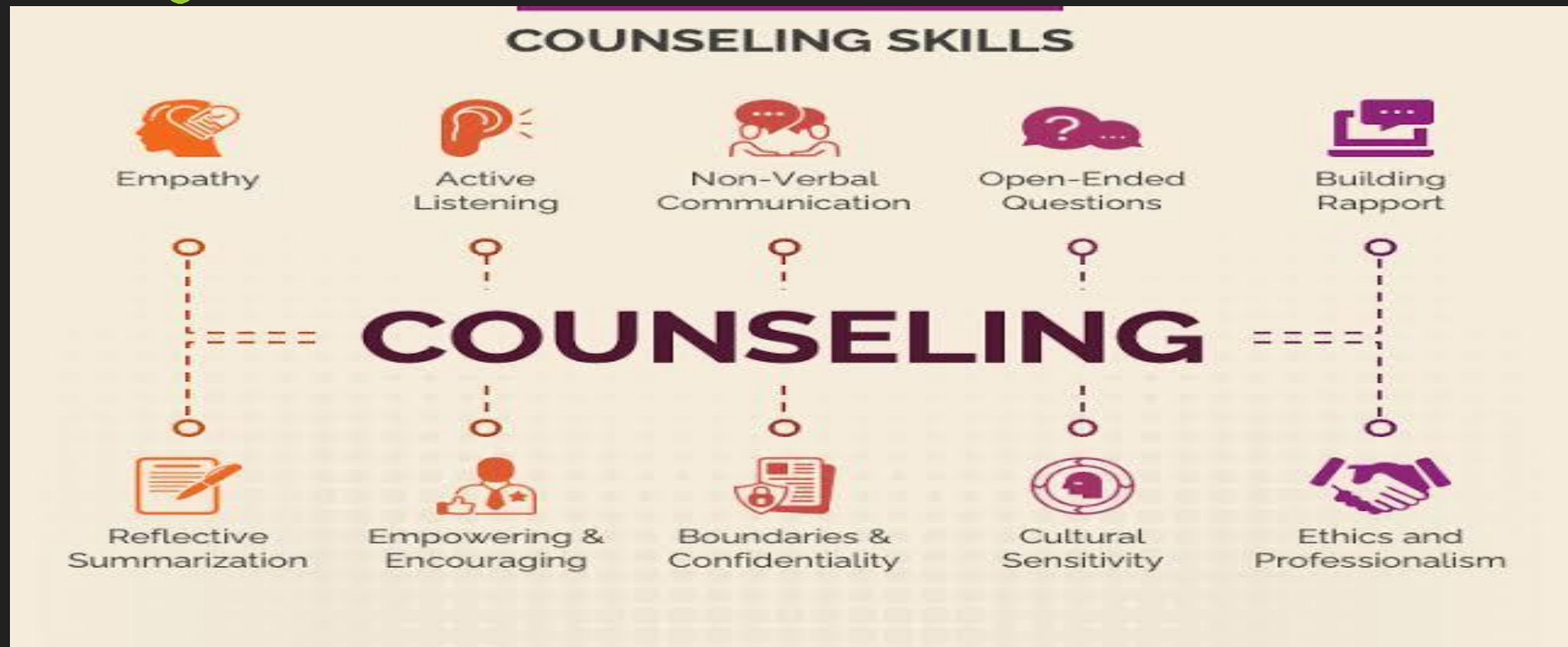
Counseling Interview

TYPES OF INITIAL INTERVIEWS

Client- versus Counselor- Initiated Interviews

- When the initial interview is requested by a client, the counselor is often unsure of the client's purpose. Thus, inquiring as to "what brought you here to see me?" may be an open and safe query for counselors to begin with.

- When the first session is requested by the counselor, Benjamin (1987) believes that the counselor should immediately state his or her reason for wanting to see the client.

- Uncertain feelings in clients and counselors may result in behaviors such as seduction or aggression (Watkins, 1983).

- Counselors can prevent such occurrences by exchanging information with clients. Manthei (1983) advocates that counselors' presentations about themselves and their functioning be multi- modal: visual, auditory, written, spoken, and descriptive.

Relationship-Oriented First Interview

- **Restatement:** is a simple mirror response to a client that lets the client know the counselor is actively listening.
- **Reflection of feeling:** It is similar to a restatement, but it deals with verbal and nonverbal expression.
- **Summary of feelings:** is the act of paraphrasing a number of feelings that the client has conveyed.
- **Acknowledgment of nonverbal behavior:** For instance, acknowledgment comes when the counselor says to a client, "I notice that your arms are folded across your chest and you're looking at the floor."

Information-Oriented First Interview

- It can be an intake interview to collect needed information about the client, or it can signal the beginning of a relationship.
- **Probe** is a question that usually begins with **who, what, where, or how**.
- It requires more than a one- or two-word response—for example, "What do you plan to do about getting a job?" Few probes ever begin with the word **why**, which usually connotes disapproval, places a client on the defensive (e.g., "Why are you doing that?"), and is often unanswerable (Benjamin, 1987)
- Closed question is quite effective in eliciting large amounts of information in a short period of time. However, it does not encourage elaboration that might also be helpful.
- Open question, which typically begins with what, how, or could and allows the client more to respond. Examples are "How does this affect you?" "Could you give me more information?" and "Tell me more about it."
- The major difference between a closed and open question "is whether or not the question encourages more client talk"

- **Request for clarification:** Counselor response used to be sure they understand exactly what client said.

CONDUCTING THE INITIAL INTERVIEW

Rapport

Attending behavior -A counselor needs to tune in to what the client is thinking and feeling and how he or she is behaving

Client-observation skills

Door openers -noncoercive invitations to talk

Door closers -judgmental or evaluative responses (X)

Empathy -the counselor's ability to "enter the client's phenomenal world, to experience the client's world as if it were your own without ever losing the 'as if' quality".

Empathy involves two specific skills: perception and communication (Welfel & Patterson, 2005).

Primary empathy is the ability to respond in such a way that it is apparent to both client and counselor that the counselor has understood the client's major theme.

For example, the counselor, leaning forward and speaking in a soft, understanding voice, may say to the client, "I hear that your life has been defined by a series of serious losses."

Sensitivity, if it bridges the cultural gap between counselors and clients, is known as **culturally sensitive empathy.**

Advanced empathy is a process of helping clients explore themes, issues, and emotions new to their awareness. Advanced empathy is used in the working stage of counseling.

Attentiveness (the amount of verbal and nonverbal behavior shown to the client)

SOLER

S = face the client squarely Facing a client squarely can be understood literally or metaphorically depending on the situation. The important thing is that the counselor shows involvement and interest in the client.

O = adopt an open posture Do not cross arms and legs. Be nondefensive.

L = lean toward the client Leaning too far forward and being too close may be frightening, whereas leaning too far away indicates disinterest. The counselor needs to find a middle distance that is comfortable for both parties.

E = eye contact Good eye contact with most clients is a sign that the counselor is attuned to the client. For other clients, less eye contact (or even no eye contact) is appropriate.

R = relax A counselor needs to be and look relaxed as well as comfortable.

Nonhelpful Interview Behavior

Okun and Kantrowitz (2015) list other nonhelpful verbal and nonverbal behaviors

- Advice giving
- Lecturing
- Excessive questioning
- Storytelling
- Acting rushed
- Being dismissive
- Blaming
- Interrupting
- Yawning

Testing, Assessment and Diagnosis in Counseling

Testing, Assessment and Diagnosis in Counseling

From the very beginning of professional counseling, counseling professionals have applied the use of testing and assessment to the assistance of individuals and society" (Ponton & Duba, 2009, p. 120).

According to Hays (2013), "During the early days, counseling and testing were virtually synonymous. Many of the counseling centers established during the 1930s and 1940s were called Counseling and Testing Centers" (p. 3).

Counselors interested in activities that require the use of measurement and associated procedures usually belong to the Association for Assessment and Research in Counseling, if they are members of the American Counseling Association (ACA). This division, originally named the Association for Measurement and Evaluation in Guidance (AMEG) and then the Association for Assessment in Counseling and Education (AACE), was chartered as the seventh division of the ACA in 1965 (Sheeley & Eberly, 1985). It publishes a quarterly journal, Measurement and Evaluation in Counseling and Development. Several American Psychological Association (APA) divisions are involved with tests, assessment, and diagnosis, as well. Clinical Psychology (Division 12), School Psychology (Division 16), and Counseling Psychology (Division 17) are among the most prominent.

A multiprofessional group has drawn up Standards for Psychological and Educational Testing (American Educational Research Association, American Psychological Association, and National Council on Measurement in Education, 2014). "The Standards provide a strong ethical imperative as a criterion for the evaluation and development of tests, testing practices, and effects of test use as they affect professional practice. They can be viewed as addressing three audiences: test developers (i.e., those who create and validate tests), test users (i.e., those who administer tests), and test takers (i.e., those to whom tests are administered)"

A BRIEF HISTORY OF THE USE OF TESTS IN COUNSELING

The employment of tests by counselors has a long, paradoxical, and controversial history.

Since the early years of the 20th century, when Frank Parsons (1909) asserted that vocational guidance should be based on formal assessment, counselors have been part of the testing movement.

During World War I, the army hired a group of psychologists to construct paper-and-pencil intelligence tests to screen inductees. These test pioneers, led by Arthur Otis and Robert Yerkes, built on the work of Alfred Binet,Charles Spearman, Sir Francis Galton and James M. Cattell.

The testing movement, which gained impetus in the 1920s, gave counselors a new identity and respectability and gave them an expanded theoretical rationale on which to base their job descriptions, especially in schools and in career service agencies.

The University of Minnesota's Employment Stabilization Research Institute led the vocational testing movement during those years. Its personnel assembled and administered batteries of tests in an effort to help the unemployed find suitable work. Paterson and Darley (1936) estimated that up to 30% of unemployed workers in the 1930s were mismatched with their stated job preferences and training.

Assessment in counseling

Assessment is used as a basis for identifying problems, planning interventions, evaluating and/or diagnosing clients, and informing clients and stakeholders.

Assessment in counseling provides the counselor with information to understand clients, and may be therapeutic in clients' self understanding. People are complex, and assessments can provide the counselor with an broader and more accurate perspective of the client.

Whiston (2008) described assessment as integral to counseling. Formal and informal assessments help counselors more accurately assess client issues, create case conceptualizations, select effective empirically proven therapies, and evaluate ongoing progress.

Assessments can be therapeutic, offering objective information for the client's self-discovery and may engage the client in self-reflection, which can be valuable in maintaining psychological health.

During the initial interaction in counseling, clients report one or more challenges or symptoms with which they are presently struggling.

The AARC (formerly known as the Association for Assessment in Counseling [AAC] and the Association for Assessment in Counseling and Education [AACE]) is a division of the American Counseling Association (ACA), whose mission is "to promote and recognize excellence in assessment, research, and evaluation in counseling."

Assessment is the process of gathering the needed information by the counselors for having a holistic knowledge of the client and her/his problems. The term can be defined as "a process that integrates test information with information from other sources (e.g., information from other tests, the individual's social educational, employment, health, or psychological history) used to draw inferences about characteristics of people, objects, or programs"

Maloney and Ward describe assessment as follows. It
1) Typically does not involve defined procedures or steps
2) Frequently uses tests
3) Contributes to some decision process to some problem, often by redefining the problem, breaking the problem down into smaller pieces, or highlighting some part(s) of the problem
4) Requires the examiner to consider, evaluate, and integrate the data
5) Produces results that can not be evaluated solely on psychometric grounds
6) Is less routine and inflexible, more individualised.

Process of Assessment in Counseling

Assessment is always a systematized and planned process involving a number of steps. These are as follows:

- Formulating goals
- Identifying tools and techniques
- Data collection
- Interpreting specific assessment data
- Integrating data from different sources
- Formulating assessment information
- Reformulating goal

Purpose of Assessment

According to Cormier and Cormier (1998), assessment has six purposes:

1. To obtain information on a client's presenting problem and on other, related problems.
2. To identify the controlling or contributing variables associated with the problem.
3. To determine the client's goals/expectations for counseling outcomes.
4. To gather baseline data that will be compared to subsequent data to assess and evaluate client progress and the effects of treatment strategies.
5. To educate and motivate the client" by sharing the counselor's view of the situation, increasing client receptivity to treatment, and contributing to therapeutic change.
6. To use the information obtained from the client to plan effective treatment interventions and strategies. The information obtained during the assessment process should help to answer this well-thought-out question: 'What treatment, by whom, is most effective for this individual with that specific problem and under which set of circumstances?

A formal psychometric instrument, the mental status examination (MSE) is being "increasingly used by counselors in work settings requiring assessment, diagnosis, and treatment of mental disorders" (Polanski & Hinkle, 2000). The MSE is organized under the following categories:

• **appearance** (i.e., physical characteristics of client), attitude (i.e., client's approach to the interview and interaction with examiner), and activity (i.e., physical or motor movement)

• **mood** (i.e., predominant internal feeling state) and affect (i.e., outward expression of a client's emotional state) • speech and language (i.e., the ability to express oneself and to comprehend word meaning)

• **thought process** (i.e., the organization, flow, and production of thought), thought content, and perception (i.e., delusions, hallucinations, anxiety symptoms, phobias)

• **cognition** (i.e., ability to think, use logic, intellect, reasoning, and memory)

• **insight and judgment** (i.e., awareness of one's own personality traits and behaviors, insight, and the ability to consider long-term effects and possible outcomes)

Testing in Counseling

Psychological tests are written, visual, or verbal evaluations administered to assess the cognitive and emotional functioning of children and adults. It is "an objective and standardized measure of a sample of behaviour." Psychological testing is a standard procedure of measurement designed to measure characteristics, abilities, personality, etc.

According to Anastasi (2003), psychological test can be defined as a sample of an individual's behaviour, obtained under standard conditions and scored according to a fixed set of rules that provide a numeric score.

Purpose of Psychological Testing

Psychological tests are used to assess a variety of mental abilities and attributes, including achievement and ability, personality, and neurological functioning. For children, academic achievement, ability,

Intelligence tests may be used as tools in school placement, in determining the presence of a learning disability or a developmental delay, in identifying giftedness, or in tracking intellectual development. Intelligence testing may also be used with teens and young adults to determine vocational ability (e.g., in career counseling).

Personality tests are administered for a wide variety of reasons, from diagnosing psychopathology (e.g., personality disorder, depressive disorder) to screening job candidates. They may be used in an educational setting to determine personality strengths and weaknesses.

Tests are thus used in the selection, classification, diagnosis, prediction. The counselor makes use of it to determine client's behaviour, know her/his personality and help the client in making educational and vocational planning.

Tests may also accomplish the following:

• Help clients gain self-understanding

• Help counselors decide if clients' needs are within their range of expertise

• Help counselors better understand clients

• Help counselors determine which counseling methods might be most appropriately employed

• Help counselors predict the future performance of clients in select areas, such as mechanics, art, or graduate school

Help counselors stimulate new interests within their clients

• Help counselors evaluate the outcome of their counseling efforts

QUALITIES OF GOOD TESTS

Validity: whether a test measures what it aims to measure.There are four types of validity:

- **Content (Face) Validity:** Degree to which a test appears to measure what it is suppose to measure What the test is really measuring;
- **Construct Validity:** degree to which a test is measuring a hypothetical construct
- **Criterion Validity:** Comparison of test scores to a person's actual performance
- **Consequential Validity:** Social implications (consequences) of test use and interpretation

Test score interpretations have both long-term and short-term effects on clients. Counselors must consider the client's perspective and position in using tests of any sort regardless of the age of the clients

Reliability: consistency of scores
- **Test-retest**, in which the same test is given again after a period of time;
- **Parallel-form or alternate-form**, in which two equivalent forms of the same test are administered;
- **Internal consistency analysis**, in which the scores of two arbitrarily selected halves of a test are compared.

Standardization refers to the uniform conditions under which a test is administered and scored (Cohen et al., 2013). Standardization makes possible the comparison of an individual's successive scores over time as well as the comparison of scores of different individuals.

Norms, or average performance scores for specified groups, make possible meaningful comparisons among people in regard to what can be expected

PROBLEMS AND POTENTIAL OF USING TESTS

To understand a test, counselors must know
• the characteristics of its standardization sample,
• the types and degree of its reliability and validity,
• the reliability and validity of comparable tests,
• the scoring procedures,
• the method of administration,
• the limitations,
• the strengths (Kaplan & Saccuzzo, 2013).

Opponents of tests generally object to them for the following reasons:
• Testing encourages client dependency on both the counselor and an external source of information for problem resolution.
• Test data prejudice the counselor's picture of an individual.
• Test data are invalid and unreliable enough so that their value is severely limited (Shertzer & Stone, 1980).

Assessment instruments must take into consideration the influences and experiences of persons from diverse cultural and ethnic backgrounds if they are going to have any meaning. Oakland (1982) points out that testing can be a dehumanizing experience, and minority culture students may spend years in ineffective or inappropriate programs as a result of test scores. To avoid cultural bias, the AARC has developed Standards for Multicultural Assessment.

CLASSIFICATION OF TESTS

There are many classifications of tests. Shertzer and Stone (1981) list seven:

1. **Standardized versus nonstandardized**—tests that are administered and scored according to specific directions (e.g., the Self-Directed Search) as opposed to those that are not (e.g., an experimental projective test)

2. **Individual versus group**—tests that are designed to be given to one person at a time (e.g., the Kaufman Assessment Battery for Children) as opposed to those that are given to groups (e.g., Minnesota School Attitude Survey)

3. **Speed versus power**—tests that must be completed within a specified period of time (e.g., most achievement tests) as opposed to those that allow for the demonstration of knowledge within generous time boundaries (e.g., many individually administered intelligence tests)

4. **Performance versus paper and pencil**—tests that require the manipulation of objects (e.g., the Object Assembly subtest of the Wechsler Intelligence Scale for Children-IV [WISC-IV]) as opposed to those in which subjects mark answers or give written responses (e.g., the Adjective Check List)

5. **Objective versus subjective**—tests that require the scorer not to make a judgment (e.g., short answer, true–false, matching, multiple-choice [Cohen et al., 2013]) as opposed to those that require the scorer to exercise a judgment (e.g., the Vocabulary subtest of the Wechsler Adult Intelligence Scale-IV.

6. **Maximum versus typical performance**—tests that require the examinees to do their best (e.g., tests of intelligence and special abilities) as opposed to those that measure what a person is most likely to do or usually does (e.g., tests that indicate interests or attitudes)

7. **Norm versus criterion based**—tests that compare an individual's score with scores within a group (e.g., intelligence or achievement test) as opposed to those that measure a person's score compared to a desirable level or standard (e.g., a reading test) (Cohen et al., 2013; Hogan, 2014)

Standardized test

- **Intelligence:** The first individual adults' intelligence test happened to be the WechslerBellevue Intelligence Scale specifically developed by David Wechsler (1939).
- Examples include CIE Verbal Group Test of Intelligence (Uday Shankar), Group Test of General Mental Ability (S. Jalota), Group Test of Intelligence (Prayag Mehta), Bhatia's Battery of Performance Tests, and Draw-a-Man Test by Pramila Pathak

- **Interest:** The earliest interest measure was the Strong Vocational Interest Blank (SVIB) which has been modified six times and now is available in the name of the Strong Interest Inventory.

- **Aptitude**: It refers to special abilities in a particular field, indicating a specific type of skill or knowledge. Counselors use aptitude tests for career Counselling, curricular planning in schools, helping employers in personnel selection and on the job training. Aptitude tests make prediction about the testee's future success.

- **Personality**: In 1919-1920 the U.S. Army began to use the Woodworth's Personal Data Sheet for screening out the emotionally unfit persons from the military services
- Several personality inventories have been developed. The first among them was the Minnesota Multiphasic Personality Inventory (MMPI) developed in the 1930s and later in 1989 and 1992, the revised versions, i.e., the MMPI-2 and the MMPI-A (Adolescent form) also came out.

- **Achievement tests:** It measure the outcomes of the instruction given in a subject or task. The results of achievement tests are used for making educational 67 and career decisions. The first standardized achievement test was developed by Thorndike.

- **Neuropsychological Testing**: Neuropsychological assessment primarily draws inferences about the functioning of the brain underlying behaviours shown by a person under structured conditions.
- Examples of neuropsychological tests include the Bender-Gestalt Test, the Luria Nebraska Neuropsychological Battery, the P.G.I Battery of Brain dysfunction, the P.G.I. Memory Scale, AIIMS Neuropsychological Battery and the DN-CAS, etc

Non-Standardized Assessment technique:

Observation
Observation involves noticing and recording of behavior without formal manipulation of events involved.

Interview
Interview involves a direct verbal interaction between the interviewer and the interviewee, the former probing to obtain information about the latter.
There are three forms of interview:
(i) Fully structured interviews in which a fixed set of questions are asked in a fixed order requiring the respondent to answer from a fixed series of options given by the interviewer;
(ii) Semi-structured interviews consist of a pre-determined set of open-ended questions allowing the interviewee freedom to express their views in their own terms;
(iii) Unstructured interview in which only one main question is asked to uncover the informant's views on the topic of interest.

Diaries and Daily Schedules Assessment
A diary is a method of collecting qualitative information self-written by the participants about her/his behaviors, activities, and experiences longitudinally over an extended period of time ranging from a few days to even a month or longer.

Computer Assisted Online Testing
Online assessments may be done either by presenting the paper-pencil questionnaire in a computerized form or through software
the client (and the counselor also) may not have an adequate level of computer literacy.
Secondly, it may not be suitable for persons with disabilities.
It is not clear whether paper-and-pencil and computer administration of tests would produce equivalent results, thus questioning the validity of the latter.

Psychological assessment	Psychological testing
Assessment is a broader term	Testing is a narrow term
Assessment is process of collecting information through various techniques such as formal, informal, qualitative and quantitative	Test is a standardized procedure of measurement designed to measure characteristics such as ability, personality, aptitude, interest etc.
Professional psychological assessment usually also includes: interview, demographic information, medical information, personal history, observations by others	Psychological testing (e.g., an intelligence test, personality test, or mental health test) occurs as part of the process of psychological assessment
An extremely complex process of solving problems (answering questions) in which psychological tests are often used as one of the methods of collecting relevant data	An objective and standardized measure of a sample of behaviour"
Information collected about the client's behaviour is more accurate and is detailed.	Information collected is based on test only; so little is known of client's behaviour.
Refers to any method used to measure characteristics of people, programs, or objects	It is a task upon which people are asked to try their best (aptitude & achievement tests). They measure maximum performance
The assessment process combines and evaluates all the information gathered about an individual.	A test provides only part of the picture about a person.

Issues related to assessment in counseling

Assessment in Counselling is as crucial an issue as controversial

Skills of counselor
If counselors do not have adequate assessment skills, they may overlook or underestimate important client-related information.

Use of tests
The most controversial issue is related to the use of tests. For example, while testing culturally different clients, the counselor must consider the appropriateness of the test for such a diverse population. Interpretation and scoring must be done with utmost care.

Sociocultural aspects
The sociocultural context needs to be taken into account while interpreting the test findings. Counselor needs to be aware of the adverse effect of labeling of the client based on test scores.

Use of computers and technology
not suitable for all types of clients
Counselors are not unanimous regarding the comparability of computer-mediated assessment and traditional paper-pencil modes of assessment.
psychologists have always emphasized the role of nonverbal cues in effective communication. In the absence of contextual and nonverbal cues, it may be difficult for the counselor to connect to the client and establish rapport with her/him.

Diagnosis in Counseling

- "Diagnosis … is the meaning or interpretation that is derived from assessment information "and is usually translated in the form of some type of classification system"
- Diagnosis is a description of a person's condition and not a judgment of a person's worth.
- Negative diagnoses may set up self-fulfilling prophecies for clients where they begin to behave as they were diagnosed.
- It is a complex process of observation and inference involving examining symptoms, inferring causes integrating observations and fitting them into general categories. Diagnosis is an essential aspect of the therapeutic process.
- It refers to the identification of abnormality on the basis of the symptoms and classification of the observed characteristics of the counsellee.
- it is a "summary of problems, their causes and other significant and relevant characteristics of the client together with the implications for potential for adjustment and mal-adjustment", Williamson (1950).
- Diagnosis refers to the description of the organism and his behaviour by a variety of methods whose basic purpose is to discover the personality dynamics in each individual case, Thome's (1950).
- Diagnosis is a means of obtaining a comprehensive picture of the client Patterson (1959) holds that diagnosis is understanding the client from an external view and represents knowledge about the client rather than knowing him, Tyler (1953).

When used appropriately, diagnoses do the following:
- Describe a person's current functioning
- Provide a common language for clinicians to use in discussing the client
- Lead to a consistent and continual type of care
- Help direct and focus treatment planning
- Help counselors fit clients within their scope of treatment

- Callis (1965) states "The fundamental purpose of diagnosis in counselling is to enable the counsellor to make predictions about client behaviour from which he in turn constructs his plans for handling the case.
- To make proper diagnoses, counselors must receive extensive training and supervision. They should know diagnostic categories, particularly those in the DSM.
- They should also realize that diagnostic decisions are an evolving process and not a static event.

- "Diagnosis and treatment planning are now such standard components of counseling practice" that a failure to diagnose on some level or a lack of professional diagnostic training may be construed as unethical.

- In making a diagnosis, a counselor must observe a client for signs of symptoms, listen for complaints, and look for functional disturbances.

- In some cases, a **dual diagnosis** will be made, which basically means that an individual is perceived to be carrying both a substance abuse and mental health diagnosis. Such a situation is said to be comorbid (the two conditions existing simultaneously but independently).

- Clinical decision making refers to "the intricate decisions professional counselors make when they assess the degree of severity of a client's symptoms, identify a client's level of functioning, and make decisions about a client's prognosis."

Diagnostic classification systems in Counseling

Williamson and Darley (1937) proposed the following diagnostic classification:

1. Personality problems - Difficulties pertaining to adjustmental problems, family conflicts, personal problems, etc.

2. Educational problems - Such as unwise choice of courses of study, differential scholastic achievement, inadequate general scholastic aptitude, ineffective study habits, reading difficulties, lack of motivation, under-achievement and the like.

3. Vocational problems-Comprising unwise vocational choice, differences between interests and aptitudes, etc.

4. Financial problems - Need for self-support at school and college.

5. Health problems- Inability to go about one's routine activities owing to problems of health.

Bordin (1946) suggests an alternate classification using five categories:

Dependence -Conflict in this area immobilizes the client and blocks active efforts to resolve the problem of reaching a decision. Clients in this category play a passive role and obviously have not learnt to resolve problems on their own. Parents at home, teachers at school, friends in other situations have been providing them with ready-made solutions.

Lack of information - Limited or restricted range of appropriate experiences or special opportunities to acquire necessary skills, leave the client ill equipped to solve his problems.

Self-conflict-Conflicts between self-conceptions or between a self-concept and some other stimulus function divide the individual's judgement of a situation.

Choice anxiety -The need to decide among alternate plans could be an upsetting experience for the client.

Lack of assurance -The decision is often made but the client wishes to play safe by checking with others.

The **Missouri diagnostic classification** plan is the most manageable scheme developed for research reporting purposes. In this classification a two dimensional scheme of problem goal and cause is used. The problem goal dimension is

(1) vocational,   (2) emotional   (3) educational.

Callis (1965) defines these three categories as follows:

1. **Vocational (VOC)** - This deals with career choice and planning, choice of college major and similar educational planning which would ultimately implement or lead to a career plan.

2. **Emotional (EM)** - This refers to personal and social adjustment problems which have a primary affective component. Problems of adjustment to current situations involving emotions, attitudes and feelings fall into this category.

3. **Educational (ED) -** Lack of effective study skills and habits, poor reading ability or lack of information about institutional policies and regulations come under this category. The client is primarily concerned with adjustment to current academic situations rather than planning for the future.

The categories in the second dimension refer to the causes of the developed problems. The five categories of this dimension are:

1. **Lack of information about or understanding of self (LIS)** - The client does not clearly know about himself in relation to certain groups.

2. **Lack of information about or understanding of the environment (LIE)** - This refers to lack of educational and occupational information.

3. **Motivational conflict within self (CS)** -There is a gap between the client's perceived self and ideal self.

4. **Conflict with others of significance (CO)** -Conflicts occur with parents, teachers, room-mates, friends, etc.

5. **Lack of skill (LS)**-Poor reading ability, poor study skills and poor social skills are typical.

Ethical Considerations in Diagnosis

Stigmatization

Despite recent advocacy efforts, there is still a stigma that surrounds mental health. It's crucial that therapists avoid making clients feel as if they are being stigmatized by their diagnosis.

Labeling

For many, a mental health diagnosis becomes a lasting label that impacts their overall identity. Gently revealing a diagnosis, combined with factual data and information, can help you avoid making your client feel as if they are being labeled by a mental health condition or disorder.

Confirmation Bias

It is essential that you begin each assessment with an open mind and avoid working to find proof of a diagnosis that you assume exists.