Psychological Assessment without Psychological Tests

How can a clinician do assessment without formal psychological testing?
What "instruments" does a psychodynamically trained practitioner have?

How can we know whether what we do is effective? Can we evaluate this effectiveness in any way other than the traditional research design of observation before and after intervention, with appropriate controls? Anything else is often described pejoratively as "anecdotal," and therefore unfortunately discounted. Relying on an individual's own report may be seen as too "subjective." Yet subjective change can be evaluated in the same way a clinician does an initial evaluation, without psychological testing, i.e. by observation, inquiry, intuition, and experience. We can do this by exploring several areas of function, including work, recreation, personal and social relationships, self-awareness, patterns of thinking, how feelings are handled, and the level of self-worth and self-esteem. With athletes, performance improvement is only one way of evaluating effectiveness of interventions. Satisfaction or enjoyment or even less involvement in sport can also be indications of their effectiveness.

For many clinicians, ongoing evaluation is an inherent part of the work. It is frequently not addressed as a discrete entity or separate subject. It includes such questions as: How is this person experiencing and describing their situation today? And how are they viewing themselves? How do these answers compare to the previous visit or to last month or last year? Evaluation need not be limited to outcome, such as symptom relief or behavior change. It can also include the process of changing; that is whether the individual is developing the inner resources to deal with future difficulties. This last point bears on the question of how long benefits last. Even if the original gains begin to slip away, newly developed inner resources can initiate a sequence to bring about change again.

Let's look for some answers in Who? What? When? Where? Why? and How?

Who? The clinician uses the self as the main instrument of assessment. To do this requires a significant amount of self-awareness – What do I know about myself that will help me see, hear, feel, and do? What do I want? What do I need? What is important to me? What are my expectations? How do I react when I don't get what I want or need? What gives my good feelings about myself? What does the opposite? What upsets me and how do I react when I get upset? What would I like to change? What's in the way of changing?

What? Observation provides us with important information about the challenges facing the particular athlete, coach, team, administrator, referee, or parent we are working with. We observe what's present, and consider what's absent. We look, listen, think, and feel. What we see includes the person's appearance and movement– eye contact, facial expression, hair, body, clothing, posture, position, gestures. What we hear includes the words, tone, volume, pauses, trailing off, and rate of speech. We listen to their language for clues to blaming or fault finding, to all or nothing thinking, to self-doubt, self-criticism, and also how questions are answered. This last point can provide good information about the relationship between you and the other person. Finally, what we think and feel can offer clues to our own inner experience, or to what the other person might be thinking or feeling. When others describe their thoughts, consider asking about their feelings. When feelings are expressed, inquire about the thoughts that are connected. And in both instances, ponder the unexpressed wants.

When? This question highlights the importance of timing. At what point in a person's life is a particular behavior initiated or intensified. Is it at a beginning or an ending? Is it about relationship, communication, or some other activity? The concept of readiness is useful here. Consider what they are not ready for - this can be helpful in determining what they might be ready for.

Where? Our attention needs to include the setting and context of the meeting place, and the impact of these on ourselves and the person we are working with. Our focus will shift from one to the other and back again, as we try to understand the process.

Why? To understand and interpret another's experience requires an appreciation of what that experience actually is for that person. We must be able to separate our perception of what's happening from what is actually happening for them. (i.e., Intuition vs. Projection). The meaning we give to a behavior is not necessarily its real meaning.

How? Gestalt therapy emphasizes the process of how something is done, in contrast to the more traditional question of why something is done. As a result, it is sometimes possible to bring about change even without knowing the reasons for the original pattern of behavior.

Using these "instruments," there are some general questions that a practitioner can keep in mind (without necessarily asking them) to enrich the assessment process.

1. How does the person I'm working with perceive themselves in their lives– their environment, their relationships, their communication?
2. How do they experience the particular situation they currently are concerned with? What are they feeling? thinking? doing? wanting?
3. Is this particular situation similar to their usual experience or different from it? What might account for the difference?
4. How much self-awareness do they have?
5. What do they believe about their self-worth?
6. What seems possible for them now? (Their view and ours).

Early training - In the traditional model, a "history" is taken first (including past, family, social, physical, sexual, health and medical, education, work, relationships, and interests). Then a diagnostic formulation is developed. Then treatment is begun. This approach is essential at the beginning of one's training. One must have a foundation on which to build a personal style.

Current practice – In my work now, assessment is done concurrently with "treatment" and continued throughout the contact. From the beginning, the process consists of alternating following with leading. I often begin a session by asking the athlete "Where would you like to start?" Then I follow the athlete, focusing on their present in-the-moment experience, occasionally asking for clarification or elaboration, until I hear or see something that represents what I call an "entry point." This is something that suggests it might be useful to explore in more depth. At this point, I will lead, by bringing the athlete's attention to something that might not have been considered. Then I follow again, observing the response, or lack thereof, until another entry point arises, and so on. Following and leading is the method of concurrent assessment and intervention.