

CONTRIBUTIONS OF A NEW PSYCHOLOGICAL ASSESSMENT PROCESS TO PSYCHOTHERAPIES

CONTRIBUCIONES DE UN NUEVO PROCESO DE EVALUACIÓN PSICOLÓGICA A LAS PSICOTERAPIAS

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Abstract

The Psychological Assessment Process establishes the method through which this Psychological discipline guarantees its scientific status. Psychological Assessment is present, to a greater or lesser degree, in all psychological activities related with the study and analysis of an individual or a group, with the aim of establishing a diagnosis, an orientation, a selection or a psychological intervention. In this work, a new model of Psychological Assessment Process is described, which we consider to be of special utility in the field of psychotherapies, due to its versatility and flexibility. The psychological assessment and treatment are closely interrelated with each other, although the different psychotherapies employ different procedures to evaluate and intervene. The new structure of the Psychological Assessment Process presented in this paper is divided into two blocks. The first block (phases 1 to 3), correspond to the "evaluative process", in which nature of the problem is analysed, the evaluation hypothesis are established, the case formulation is performed and the proposal of the intervention established. The second block (phases 4 and 5), correspond to the "valuation process", directed at the implementation and the evaluation of the treatment, in which the established hypothesis are oriented towards the psychological intervention. We deem it necessary that both students and new professionals learn the indispensable tasks to perform a correct psychological assessment, which together with practice, experience and professional supervision, would achieve efficiency, effectiveness in the application of psychotherapies, guaranteeing an adequate assessment of the problem and the valoration of its treatment.

Keywords: *Psychological Assessment Process, Psychotherapies.*

Resumen

El Proceso de Evaluación Psicológica constituye el método con el que esta disciplina de la Psicología garantiza su estatus de ciencia. La evaluación psicológica está presente, en mayor o menor medida, en toda actividad psicológica que se relacione con el estudio y análisis de una persona o grupo con el fin de establecer un diagnóstico, una orientación, una selección o una intervención psicológica. En este trabajo se describe un nuevo modelo de Proceso de Evaluación Psicológica que consideramos que puede ser de especial utilidad en el ámbito de las psicoterapias por su versatilidad y flexibilidad. La evaluación y el tratamiento psicológicos están íntimamente interconectados entre sí, aunque las distintas psicoterapias utilicen diferentes procedimientos para evaluar e intervenir. La nueva estructura del Proceso de Evaluación Psicológica que aquí se presenta se divide en dos bloques. El primero (fases 1 a 3) corresponde al "proceso evaluativo" en el que se analiza la naturaleza del problema, se establecen las hipótesis de evaluación, se realiza la formulación de caso y la propuesta de intervención. El segundo bloque (fases 4 y 5) corresponde al "proceso valorativo", dirigido a la implementación y evaluación del tratamiento, en el que las hipótesis que se establecen están orientadas a la intervención psicológica. Consideramos necesario que los estudiantes y profesionales noveles aprendan las tareas imprescindibles para realizar una correcta evaluación psicológica, lo que permitirá junto con la práctica, experiencia y supervisión profesional, conseguir eficacia, eficiencia y efectividad en la aplicación de las psicoterapias, al garantizar la adecuada evaluación del problema y la valoración de su tratamiento.

Palabras clave: *Proceso de evaluación psicológica, Psicoterapias.*

In psychotherapy journals is usually more common to read articles about the evaluation of therapeutic processes, rather than articles about the process of psychological assessment. Nevertheless, during the psychotherapeutic intervention a series of tasks are carried out, which form part of the process of the psychological assessment (such as the gathering of information, determining the problem, the hypothesis about the causes that maintain or generated the problem, and how to assist the patient to achieve the change), since both processes are interrelated. Sometimes, the psychological assessment is implicit in the psychotherapeutic process, especially in those psychotherapies in which the evaluative psychological techniques may be utilized both in the assessment as well as in the intervention such as, for example, in the Grid Technique (Ramírez y Feixas, 2019), or the Narrative Strategies (García-Martínez, 2019), among others.

At other times, psychotherapies describe the dynamics established between the therapist and the patient from the first encounter till the conclusion of the treatment, detailing in the therapeutic process the different phases: since the definition of the problem, the agreement about the aims of the therapy, the therapeutic programming and the change strategies and treatment conclusions (Nardone y Watzlawick, 2012). These phases are in obvious parallelism to the phases proposed by the different models of the Process of Psychological Assessment.

In other occasions, the investigations are centred on the evaluation of the actual therapeutic process and the factors which act on/ influence the results obtained, rather than a manifest interest in the psychological assessment process and its application in psychotherapies. In this sense, the importance of aspects such as the therapeutic alliance, the number of sessions or the quality of the bond, is highlighted so that changes in the client would occur (Botella, 2008).

The aim of the present work is not to analyse the models or evaluation strategies which are used (or not used) from the different schools or therapeutic theories, and neither does it offer a model which is considered valid for all the modalities of therapeutic interventions. We only aspire to propose a model which contributes in systemising the evaluative and intervention tasks, which would help in the training and education of new professionals, to provide the patients with the parameters that would guarantee the psychological performance, and lastly, a model which facilitates the supervision of the therapeutic work and the investigation about the assessment of the psychotherapeutic processes or results, so necessary within our discipline.

International and national antecedents of the Psychological Assessment Process (PAP)

Diverse authors described the PAP, and each one underlined different tasks considered to be more relevant and are hence defined in phases which vary between 3 and 9. On an international level, it is worth quoting the last publication in 2013 of the American Psychological Assessment (APA), of the Handbook of Testing and Assessment in Psychology, in which Sara Maltzman (2013) described the PAP

proposal of Weiner (2003), which consists of three phases in which the valuation of the psychological intervention is not included.

Furthermore, in 2003, the European Association of Psychological Assessment (EAPA), published the Guidelines for the Assessment Process, (GAP; Fernández-Ballesteros et al., 2003), in which an ample group of assessors were consulted and the assessment process was established in four phases: 1. Case Analysis, 2. Organization and information of the results and its communication to the client, 3. Planning the intervention, 4. Evaluation and follow-up. In each phase, the tasks to be carried out are listed in detail, offering a total of up to 96 tasks or actions that the evaluator must perform to comply with the quality guarantees of the PAP.

In Spain, the first proposal goes back to 1980 and was established by professor Fernández-Ballesteros, constituting from that moment the most influential model in the field of psychological assessment. Her most recent contribution (Fernández-Ballesteros, 2011) is based on 7 phases divided into two parts. On one hand, the descriptive-predictive approach with four phases: 1st) First data collection 2nd) the formulation of hypotheses and deduction of verifiable statements, 3rd) contrasting: the administration of tests and other evaluation techniques and 4th) communication of results: the psychological report. Furthermore, in the Interventive-Valorative approach, it adds three more phases to the previous ones: 5th) Planning the psychological treatment and its valuation, 6th) Psychological intervention: design and administration and, continuous evaluation when considered appropriate, 7th) Valuation.

The PAP proposals developed by different professors from Spanish universities can be consulted in Moreno-Rosset (2019). Practically all of them coincide in an initial phase of collecting information to identify the problem, a phase of formulating hypotheses, to the verification of which they add a phase of data collection, analysis of results and interpretation of the same. At the end of the process, all the authors agree, once again, that after the psychological intervention, the evaluation should be repeated to value its effectiveness, and some add a follow-up evaluation.

The Psychological Assessment Process: a new structure (Moreno-Rosset, 2019)

Starting from the critical and reflective study of the structures and phases of the various published PAPs, and combining academic and applied knowledge, we have established a new structure and contents of the PAP, with the object of rendering it flexible and useful for professionals in the field of Psychology, since it explains in an easy and practical manner how a psychological assessment should be carried out correctly. Among its main contributions, which differentiate it from the previous proposals, we highlight a greater interrelation between the phases for psychological assessment and treatment, and the incorporation of the case formulation, to complete the gap between both moments, an aspect highlighted by Caro y Montesano (2016).

Structure

As we have commented, the previous proposals concerning the PAP have been divided between 3 and 9 phases. We considered that three phases could not encompass all the necessary tasks, ranging from evaluation the problem to evaluate the psychological intervention. To the contrary, establishing nine phases could mean overly breaking up the tasks and requiring excessive time, which is not always available in daily professional practice. We decided that the tasks could be grouped into five phases, naming them with utmost clarity, so that their rubrics/titles would inform about the actions to be carried out at all times. We would like to emphasize that the number of phases in the PAP should not be identified with the number of psychological evaluations or intervention sessions, given that for each of the phases of the PAP one or more sessions are employed, when necessary. Our new PAP structure (Moreno-Rosset, 2019) was constituted as follows (see Table 1).

Table 1. *Structure of the Psychological Assessment Process (Moreno-Rosset, 2019)*

PHASES OF THE PROCESS	TASKS TO PERFORM	INSTRUMENTS TO APPLY
PHASE 1: SPECIFICATION OF THE DEMAND AND THE OBJECTIVES	FIRST DATA COLLECTION	
1.1. Specifying the reasons for the petition	a. Determine the purpose of the consultation (diagnosis, orientation, counselling, mediation, selection, intervention, etc.) and on what problem/s or situations should be it be evaluated	Apply instruments that allow obtaining broad and generic information, and consult other sources of information:
1.2. Establishing potentially relevant historical and current conditions	b. Reconstruct the historical records: <ul style="list-style-type: none"> • Collect information on current and past socio-environmental conditions that may be causing, maintaining or controlling the problem • Perform a first approximation to personal, biological, social, environmental variables, etc. related to the problem 	<ul style="list-style-type: none"> • Interview • Observation records • Lists or Inventories of behaviours • Appraisal scales • Instruments for screening problems • File data • Reports from other professionals • ...etc.
1.3. Setting objectives to meet the demand	c. Establish the objectives derived from the demand: specify on what aspects will the evaluation be based and the goals that will guide the evaluation	

PHASES OF THE PROCESS	TASKS TO PERFORM	INSTRUMENTS TO APPLY
<p>PHASE 2: FORMULATION OF VERIFICABLE EVALUATION HYPOTHESES</p> <p>2.1. Formulate the evaluation hypotheses about the problems and objectives of the demand</p> <p>2.2. Define the problems to be evaluated to verify the hypotheses</p> <p>2.3. Select evaluation techniques or strategies</p>	<p>STAGE OF STUDY AND REFLECTION</p> <p>a. Proposing verifiable evaluation hypotheses based on demand-related problems</p> <p>b. Selecting the variables to evaluate for each given hypothesis</p> <p>c. Choosing the most appropriate evaluation instruments for each of the variables</p>	<p>Choose specific evaluation instruments for each of the selected variables. To this end, it is necessary to have extensive training concerning the reasons for the demand, evaluation techniques and diagnostic criteria.</p>

PHASES OF THE PROCESS	TASKS TO PERFORM	INSTRUMENTS TO APPLY
3rd PHASE: VERIFICATION OF THE EVALUATION HYPOTHESES, CASE FORMULATION AND COMMUNICATION OF THE RESULTS	SECOND DATA COLLECTION	
3.1. Plan the application of the evaluation techniques	a. Design the number of sessions and the order of administering the psychological instruments, depending on the characteristics of the person to be evaluated, the application times and complexity of each test	
3.2. Apply evaluation procedures	b. The application of the instruments must include informing and / or training the client to obtain his or her consent and provide an active and participatory attitude	The tests selected in the anterior phase are applied to verify the evaluation hypotheses and establish the case formulation
3.3. Correct, interpret and integrate the results	c. The correction and interpretation of each of the tests and integration of all the data will allow the employment of the remaining tasks of this phase	
3.4. Testing the evaluation hypotheses	d. Determining the acceptance or rejection of each of the hypotheses. If not verified, the previous phase should be repeated, proposing new verifiable evaluation hypotheses	
3.5. Establish the case formulation	e. Describe the formulation or case theory through a pictorial type diagram	
3.6. Communicate the results of the evaluative process. Evaluation report	f. If the objective is to make a diagnosis, the results of the assessment process are offered orally and it is advisable to write the Assessment Report, in case it is requested at the same time or in order to have it available in case it is required in the future g. If the objective is to carry out an intervention, the planning of the program will be added, and consequently, phase four must anticipate the communication of results	

PHASES OF THE PROCESS	TASKS TO PERFORM	INSTRUMENTS TO APPLY
PHASE 4: PLANNING THE PROGRAM AND THE FORMULATION OF INTERVENTION HYPOTHESES	STAGE OF STUDY AND REFLECTION	
4.1. Define which problems to intervene	a. Specify the problems, symptoms or behaviours object of the intervention	
4.2. Establish how to intervene	b. Choose the way in which the intervention will be carried out and in what direction: increase, decrease, implement, etc.	
4.3. Choose with which strategies, techniques or program to intervene	c. Decide on strategies, techniques or an intervention program	
4.4. Formulate the intervention hypotheses	d. The established hypotheses about the changes that are expected to be obtained with the application of the intervention	
4.5. Structure the psychological / therapeutic intervention	e. Decide the number of sessions, their content and duration.	
PHASE 5: APPLICATION AND VALORATION OF THE PSYCHOLOGICAL INTERVENTION	THIRD DATA COLLECTION AND THE APPLICATION OF THE TREATMENT	
5.1. Select the necessary evaluation instruments to evaluate the effectiveness of the intervention	a. Check that all the contents of the intervention can be assessed with the evaluation techniques applied in the assessment process	
	b. If some have not been evaluated, apply the corresponding evaluation instruments	Apply the necessary new evaluation instruments to complete the pre-treatment evaluation
5.2. Apply the strategies, techniques or intervention program	c. Carry out the treatment	
5.3. Assess the results and test the intervention hypotheses	d. Carry out a post-treatment evaluation to verify the achievement of the established objectives and confirm the intervention hypotheses	Apply all the instruments for the post-treatment evaluation, which would allow the results to be compared with those obtained in the pre-treatment
5.4. Communicate the results of the assessment process. Intervention report	e. Inform orally and / or in writing the results obtained	
5.5. Prepare the discharge or provisional closure of the case, if follow-up(s) have been planned	f. Prepare for the discharge g. Set new dates in case of follow-up(s)	
5.6. Follow-up: assessment of the maintenance of the achieved objectives	h. If necessary, re-evaluate to confirm the maintenance of the improvement achieved	Apply the necessary evaluation instruments or techniques

The five phases of the PAP are divided into two blocks: the first is the “evaluative process” (phases 1 to 3), and the second is focused on the “valuative process” (phases 4 and 5), whose objective is the valuation of the intervention. Therefore, when the objective of the psychological assessment is the diagnosis, orientation, selection, etc., the process will be carried out solely with the first three phases. On the contrary, when the demand is for treatment, the PAP will be extended to the fifth phase. This does not mean that it is only evaluated in the initial phases, nor is it intervened in only the last ones. The evaluation and treatment are intertwined and, as we have been highlighting, it is an orderly way of presenting the PAP, and thus we have also differentiated the phases in which the therapist is in contact with the person (first, third and fifth phases) from those which perform evaluative or valuative tasks alone (second and fourth phases), understanding that the psychologist does not always work in direct contact with the client, and that the tasks of study, reflection, consultation with other colleagues or professionals, supervision, etc. also form part of professional work.

Another novelty of this new PAP scheme is the naming of the classified hypotheses into only two types: we have termed those that are carried out in the evaluation process “*evaluation hypotheses*”, and denominated those that are postulated in the valuative process “*intervention hypotheses*”. In this manner, we may distinguish between the hypotheses set forth for evaluative purposes that will serve to offer a diagnosis or explanation of the problem from the intervention ones, which are formulated in the verification of the treatment.

The new PAP model adds information on how to *optimize each phase of the process* when the psychologist has obtained enough practice and supervision, in order to be able to streamline the process, using fewer instruments and evaluation sessions and obtaining greater efficiency in the process.

PHASE 1: Specification of demand and objectives

The initial phase of the PAP begins by specifying the reason for the demand, that is, knowing the purpose of the consultation to find out what the problem or situation is, which should be evaluated and intervened. In addition, we propose to *establish potentially relevant historical and current conditions* to reconstruct past history and investigate the different spheres in which the problem affects the person and their present relationships, being aware that throughout the process we must be attentive to the continuous information that emerges during client-therapist interactions and which will have to be integrated into the model that is progressively and gradually being built between both. Finally, in this first phase of the PAP, it is convenient to *set the objectives to meet the demand* that will not always coincide with the problem or problems posed by the subject, since during the initial examination the psychologist may have detected some other related conflict that has not been demanded by the patient until that moment. When the objectives are several, it is convenient to focus on the most urgent, always in a consensual way with the

patient, who we must listen to, and respect what they consider to be their main needs. Therefore, despite the fact that one is the person who requires help and the other is the professional who provides it, at all times the decision-making must, from our point of view, be made jointly. There are however exceptions in specific areas such as, for example, the forensic or the selection of personnel in which the assessments are not directly requested by the subject, but by prosecutors, judges or businessmen respectively. The intervention should begin as soon as possible in those cases where the therapist detects a risk problem for the patient.

Regarding the evaluation instruments in this phase, we consider the interview a priority, recommending that it be open and focused on the interviewee, mainly using non-directive listening response techniques (Guillén & Moreno-Rosset, 2019). Other wide-spectrum evaluation instruments may also be used, from subjective techniques (García-Martínez, 2019; Ramírez-Uclés & Feixas, 2019), projective techniques (Gómez de Terreros & Valdés, 2019) or observation (Caprara & Anguera, 2019). Likewise, one should interview family members or other sources of information, or contact other health professionals, when the case deems it necessary.

PHASE 2: Formulation of verifiable assessment hypotheses

There are three tasks to carry out in this second. First, based on the problems and objectives of the demand, the therapist must formulate evaluation hypotheses, taking into account all the information collected in the first phase of the PAP and his or her knowledge about the nature of the problem. Secondly, he or she must select the variables to be evaluated for each hypothesis, and thirdly, choose the evaluation techniques or strategies that will serve to test them. We insist that this requires extensive training and professional experience.

Regarding the verification of the tests, it will not always be necessary to apply an evaluative instrument for each established hypothesis, but it may be sometimes sufficient to verify them through observation or the verbal report of the patient himself. On the other hand, each evaluator may choose different tests depending on the psychotherapeutic model applied. Regarding the number of recommended hypotheses, these must always be streamlined to the objectives of the case, and it is therefore not necessary to make a large number of hypotheses, but only those necessary in order to implement the solutions to the case as soon as possible. In addition, by postulating the essential ones, the amount of evaluation tests that, in many cases, do nothing more than corroborate the convergent validity between them will be reduced. As Moreno-Rosset (2019) highlights, with the interview, most of the information is obtained, which, if deemed necessary, can later be verified through other more specific evaluation techniques (Ramírez-Uclés, 2019).

PHASE 3: Verification of the evaluation hypotheses, case formulation and communication of the results

This phase closes the “evaluative process” block with a second process of data collection. We will divide the explanation of the tasks of this phase into three parts as follows:

a. Verify the evaluation hypotheses

The first task will consist of planning the application of the evaluation techniques that will have been selected in the previous phase. To that purpose, the times necessary for its administration must be taken into account and the necessary sessions and materials must be calculated considering the ages and characteristics of the people to be evaluated. The interviews that are applied at this time should have as an objective the verification of evaluation hypotheses, so it is recommended to use “directive interview techniques” (Guillén & Moreno-Rosset, 2019).

This planning could have been added as a last step in the previous phase, since it is a task that is carried out in the absence of the person evaluated, however, we have included it here because it is aimed at verifying the evaluation hypotheses raised.

The second step in this phase will consist of applying the psychological evaluation tests, the administration of which should be agreed with those who are going to be evaluated, and obtain the corresponding consent for their application, offering them the necessary information for the correct collection of data through their active participation.

Next, the results must be corrected, interpreted and integrated, which is another aspect that the psychologist will perform alone. Correcting and interpreting correctly a test is very important, since any data wrongly calculated or understood can lead to misleading conclusions. But one thing even more important: to integrate well the results of the techniques applied from the beginning of the PAP in order to achieve a correct interpretation, which will allow a better understanding of the nature of the problem, as well as specify the performance of the remaining tasks in this phase. The third task consists of testing the evaluation hypotheses, for the realization of which it is convenient to specify “verifiable predictions” on the evaluation instruments applied. This means that the hypotheses established on the cases are operationalized, by expressing in them the results that are expected to be obtained.

When the hypotheses are not verified, they must be reconsidered, understanding that both their acceptance and rejection are always positive, since this implies an advance in the understanding of the problem, allowing us to redirect the hypotheses, re-choose the evaluative strategies and carry out the corresponding verification. Both in this and in the rest of the phases of the PAP, we must be flexible enough to grasp and accept that our approaches may or may not be the most accurate, and not only seek the verification of our hypotheses, but also of other alternative hypotheses. This is the manner to approach knowing the client, instead of the image we

had created of him or her.

b) Case Formulation (CF)

The verification of the evaluation hypotheses and the case formulation (CF) are carried out at the same time during the third phase of the process given that they are intimately connected. Case Formulation is an essential component in the practice and training in psychotherapy and it is established once the hypotheses have been verified and the variables on which it will be more beneficial to intervene have been established. We agree with Ingram (2016) that prior to proceeding with the planning of the treatment, it is necessary to carry out the CF which will serve to conceptualize the client's problems and guide the appropriate treatment. Montesano & Caro (2016, p. 1) affirm that "*the formulations that we make as psychotherapists are the vehicle through which we build realities **with** our clients*" (highlighted by the authors). It is an essential clinical skill that guides the therapist towards treatment and each formulation can vary depending on the theoretical orientation of the therapist, and can be understood as an object (a report, functional analysis, a diagram, etc.) or as a process where the formulation evolves within a recursive chain of construction and revision (Caro & Montesano, 2016). Connecting with this last meaning, we consider that it could be understood as part of the PAP, and for this reason we have incorporated the CF as a necessary and useful tool so that the evaluator can organize the information obtained up to this point, and use it to explain the problems and their interrelationships, and propose solutions or pertinent psychotherapy to the client, that may be carried out by the evaluator himself or by another psychotherapist. Furthermore, there is sufficient evidence that explaining the CF to the client facilitates the adherence to the treatment (Caro, 2017). It is about the clients evaluated being able to understand their processes in order to become active agents of the changes, which will lead them to achieve the objectives established in the first phase of the PAP.

Regarding the graphic representation of CF, different models of psychotherapies have established diverse ways of capturing it, some of which are described in the Monograph on "Case Formulation in Psychotherapy" (Montesano & Caro, 2016). In our PAP scheme we have chosen the pictorial representation proposed by Godoy & Gavino (2011) as it is easy and simple to create diagrams that clearly identify the problems. The graphic representation of the problem is in itself a reflective process. Determining what the core variables of the problem really are and how they are related to each other causes questions to arise on numerous occasions, the modification of the interrelationships or the relevance of the variables considered, or we become aware that a piece has "escaped" and which is important and necessary for us to form the complete "puzzle". For all these reasons, CF should be understood as a dynamic and changing concept over time, due to the changes that may occur in the client evaluated, its appearance as a consequence of treatment, etc. (Muñoz, 2003).

c) The communication of the results of the assessment process. Assessment report

When the objective of the psychological evaluation is only diagnostic, the results of the evaluative process are presented through the feedback interview in which we recommend directive verbal techniques such as “information”, “instructions” and “framing” (Guillén & Moreno -Rosset, 2019). The CF will be useful in this phase of the PAP to explain the results of the evaluative process to the client and thus avoid diagnostic labels; although as Rodríguez-Sutil (2013) indicates, the tendency to classify is inevitable in the human being and useful for the clinician. We also recommend writing the “evaluation report” that differs from the intervention report (Calvo & Rodríguez, 2019). It is here then, that the first three phases of the PAP would end, which, as we mentioned, constitute the “evaluative process”.

However, and if on the other hand, the objective of the psychological assessment is the treatment, the communication of the results will be exposed once the fourth phase of “Program planning and formulation of intervention hypotheses” terminates, since in the return interview, in addition to transmitting and sharing the conclusions about the client’s problems, it will also explain how to solve them through strategies, psychotherapeutic techniques or an intervention program that will respond to the objectives established on the case. All the tasks of the fourth phase of the PAP must therefore anticipate the communication of results in order to present them. We can see here a clear example of the flexibility of the PAP.

PHASE 4: Program planning and formulation of intervention hypotheses

From the CF that provides the understanding of the client’s problem, the therapist reaches this phase in which he or she can easily determine on what problems, how and with what strategies, techniques or program the intervention would proceed. Experienced therapists, when setting CF, perform these tasks almost instantly.

At this time, in addition, the intervention hypotheses should be formulated on the benefits that are expected to be obtained from the treatment, taking into account the demands and expectations (those that are attainable, logically) of the patient. Thus, in these hypotheses, the problems, symptoms or behaviours are related to the changes that are expected to be obtained through the strategies, techniques or intervention programs.

The end of this phase will consist of *structuring the psychological/therapeutic intervention* according to the theoretical models of each professional, anticipating the number of sessions, contents and approximate duration. This means that the therapist must agree with the client on those aspects that may be a priority and order them, even if all the therapeutic objectives are treated in parallel.

PHASE 5: Application and Valoration of the Psychological Intervention

In this phase, it is convenient to check that the techniques applied during the “evaluative process” are sufficient to valuation the contents of the intervention. If not, *the necessary evaluation instruments should be selected* and applied. In this

manner, we will have all the necessary instruments for the pre-treatment evaluation. Next, the intervention will be carried out (which as we mentioned above, has been able to start in previous phases) and thus it will be the time *to apply the strategies or intervention program* which each therapist, from the psychotherapeutic model on which it is based, considered more effective for the case.

As a therapist endeavouring to help the client, and as a member of the scientific community, we must demonstrate the efficacy of our interventions. To this end, once the treatment is finished, we will proceed to assess the results and check the intervention hypotheses, deeming it necessary to carry out a post-treatment evaluation that allows us to know the achievements of the established objectives, confirm the hypotheses raised and *communicate the results of the evaluative process* to the client, both orally, as well as through the intervention report. And if the objectives initially proposed have actually been met and are thus perceived by the client and the psychologist, it would be necessary to prepare the client for discharge; or in the case of planned follow-ups, we will proceed to carry out the provisional closure of the case. In this latter instance, new dates must be established to verify the maintenance of the achievements, which will lead to the last task: *the assessment of the maintenance of the objectives achieved*.

Final Considerations

In the field of Psychological Assessment, the existence of models that help to structure the different steps and tasks that the professional must perform, contribute to achieving the objectives with a verifiable quality, ethics, professionalism and validity. In this way, the PAP helps to unify the professional criteria to be followed, at the same time ensures enough flexibility to allow it to be accommodated to the specific circumstances of the case being addressed.

The Psychological Assessment Process that we propose, like other previous ones, ranges from the first collection of information with the client until the completion and valuation of the effectiveness of the psychological intervention carried out. It is a reflection of the close link that exists between both processes (psychological evaluation and intervention), being difficult in professional practice to delimit when each of them begins and ends.

There are several characteristics of the new PAP that we believe may be also useful in the field of psychotherapies. Among these, we would like to highlight a more agile and intuitive way of relating the phases of the process with the tasks to be carried out in each of them, the systematization of that part of the therapist's work which is carried out without the presence of the client and which helps the reflection on one's own professional performance, the inclusion of the case formulation that not only serves to understand the nature of the case and design intervention strategies but is also especially useful for communication and therapeutic consensus with the client and, finally, the division into two large blocks according to whether the objective to be achieved is purely evaluative or diagnostic ("evaluative process")

or we also intend to demonstrate the effectiveness of the psychotherapeutic intervention carried out (“valuative process”).

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