CHAPTER 1

Introduction to Assessment

> The key to wisdom is knowing all the right questions.
>
> —JOHN A. SIMONE, SR.

Assessment is fundamentally important to therapy. In fact, it could be argued that it is the foundation upon which treatment rests. If the therapy process does not build upon a solid and accurate assessment, attempts to treat our clients can fall apart. The importance of assessment is evident in the number of purposes it serves.

First, assessment helps you uncover what your clients expect from therapy. Obviously this will include what changes they would like to make. It may also include expectations around how therapy will be conducted. Clients may have preconceived notions of how long therapy will last or who will be included. Some clients will expect you to give them homework or specific suggestions, while others will be content simply using you to vent or as a sounding board. Understanding these expectations allows you to negotiate a viable contract for therapy.

Second, assessment helps you understand how problems manifest and impact your clients' lives. Both Rebecca and Jodi report being depressed. However, each is affected by her depression in different ways. Rebecca is moderately depressed, but is able to function adequately at work. Jodi, in contrast, consistently misses days of work because she cannot get out of bed. Rebecca does not have any thoughts of suicide, whereas Jodi often thinks about what it would be like to end her life.

Beyond its diagnostic value, assessment can facilitate our joining with clients if it helps us better understand their pain and suffering.

Third, assessment helps you figure out why the problem exists. Why does the couple in front of you constantly fight? Why is the 4-year-old boy prone to angry outbursts and aggression towards his parents? Why is your middle-aged male client depressed? Through assessment, you develop a conceptual understanding of how the problem developed and is maintained. This understanding can help you determine what changes your clients need to make.

The fourth purpose assessment serves is to help you select the best treatment for your clients. Assessment can help you answer the specificity question— which treatment, under what conditions, will offer the best results for this particular client? A therapist working with a depressed woman named Carla recognized through ongoing assessment that she needed to modify her treatment approach. Although the therapist preferred focusing on a client's affect, she learned in one session that Carla had read an article she had found very helpful. The article focused on challenging one's negative thinking. This discussion, in combination with other clues provided during therapy, led the therapist to shift to a more cognitive approach with Carla.

The fifth purpose of assessment is to evaluate how effective therapy is in bringing about change. Have things improved, stayed the same, or perhaps even deteriorated? Assessment can be used to evaluate the effectiveness of a specific intervention or the overall success of therapy. It also aids you in determining when clients are ready for termination.

CHALLENGES OF DOING AN EFFECTIVE ASSESSMENT

Learning assessment skills as a beginning family therapist can be a challenge. Beginning therapists often question their assessment skills, wondering if they missed something important or asked the right questions. This book walks you through the various areas you need to assess when working with different populations or presenting problems in order to help you be more confident that you are being thorough in your assessment. In addition, we describe specific tools and questions you can use when exploring these different topic areas.

Beginning therapists can feel overwhelmed with the amount of information they obtain from assessment. It may be difficult to priori-

tize all of the information you have collected, and therefore difficult to know where to focus your clinical energy during treatment. The final chapter of this book will provide you guidance on how to take what you have learned through assessment and shape it into a treatment plan that can guide your work.

Another challenge facing beginning therapists is using theory to inform one's assessment. Theories can help therapists make sense of what they are observing and suggest ways to intervene. Thus, applying theory to both assessment and treatment can be helpful.

One mistake we sometimes see therapists make is to maintain a strong allegiance to a particular theory and apply it to all of their cases. We believe the risk of relying on a single theory is that the therapist will attend only to things that are congruent with that theory and overlook other potentially important factors. A therapist using structural family therapy, for example, may miss the importance of transgenerational issues in a case.

The philosophy of this book is that the appropriate theory for conceptualizing the case will ideally emerge from the assessment data. The best theory to use can depend on a number of different factors, including the presenting issue, underlying causes, client characteristics, and the fit between the therapist's and clients' theories of change. Evidence-based research may also guide the therapist in which approach to use. Therefore, we advocate being able to look at your clients from different theoretical perspectives and then choose the approach that best fits the case. This is not to imply that only one theory will work with a particular case. In many cases, more than one theory could be successfully applied. However, generally speaking, some theories are more fitting than others when conceptualizing a case.

Given this philosophy, the book does not present assessment from one specific theoretical approach. Rather, it attempts to present assessment from an integrative perspective that is compatible with a variety of theories. Obviously, certain questions will be more pertinent to some theories than others. Questions that focus on meaning, for example, will fit better with narrative or cognitive approaches. In contrast, questions that focus on affect will resonate with approaches like emotionally focused therapy. Using our assessment guidelines will provide you with enough information so you can pick the best theory or approach to guide your treatment.

Beginning family therapists can face other challenges that relate to

assessment. They sometimes feel pressure to intervene before they have a thorough understanding of the problem and its underlying causes. Although clients in crisis may need immediate intervention, be careful about taking action before you have a clear understanding of the case.

Beginning therapists may also question their ability to accurately diagnose or conceptualize a case due to their lack of experience. As a result, they may be reluctant to share their perspective with other treatment team members (e.g., psychiatrists, case managers). Of course, other therapists may make the opposite mistake, putting too much confidence in their opinions and not being open to other professionals' views.

A BIOPSYCHOSOCIAL–SYSTEMS MODEL

As family therapists, we work primarily from a systems perspective. Essentially this means that we try to understand problems in the context of our clients' relationships. Suzanne, a 38-year-old single mother who is depressed, brings Zachary, her 7-year-old son, to therapy because of his misbehavior. A therapist working from a systemic perspective will observe that Zachary seems to act out in order to get the attention of his mother, who would otherwise be depressed and withdrawn. Including the mother in the formulation and treatment will be necessary to effectively resolve Zachary's behavioral issues.

As systemic therapists, we recognize that our clients often find themselves caught in relational patterns that create problems for them. Devon, for example, feels that Amber is smothering him. He reacts by pulling away and becoming more distant. Amber, in response to his withdrawal, pursues more vigorously in order to fulfill her need for connection. However, her efforts only fuel Devon's sense that he is being smothered. Identifying and altering these interactional patterns is the key to successful therapy.

Even in cases where we could label the person as having an "individual" problem, considering the relational context is still important. Families, for example, do not cause schizophrenia. However, they can and do influence the course of the illness in many individuals. Individuals with schizophrenia are more likely to have relapses if they have family members who are critical, hostile, and intrusive (sometimes referred to as high expressed emotion). Conversely, supportive family members can be a protective factor for individuals with psychopathology.

One mistake we sometimes see beginning family therapists make is putting too much emphasis on individual factors, particularly if only an individual presents for therapy. You need to be constantly asking yourself how the relational context may be shaping your clients' thoughts, feelings, and behavior. Whenever possible, invite the couple or family into therapy, since it is easier to see the relational dynamics in action when family members are present.

Although this book will focus mainly on couples and families as the primary relational system, it is important to acknowledge that systemic principles can be used to understand a variety of other relationships. Systemic principles could be applied to friendships, work relationships, or our clients' relationships with other professionals (e.g., physicians, lawyers, teachers, caseworkers).

Although the systemic approach provides the overarching framework by which we conduct assessment, we recognize that it is important to integrate assessment from other domains. These include biological, psychological, cultural/contextual, and spiritual factors. The biopsychosocial framework (Engel, 1977) reminds us to consider these various areas when doing assessment. Each of these levels can interact together, shaping our clients' experiences. The importance of each of these areas is briefly summarized below.

Biological Factors

Therapists may overlook the role of biology due to their training, which generally focuses on psychological processes. One woman recently described her struggles with depression in a *New York Times* article (Belfort, 2007). The woman went through 4 years of therapy and was treated with multiple medications and shock therapy. All were unsuccessful in resolving her depression. A full blood workup eventually uncovered that she had hyperparathyroidism. The woman's depression has not returned since her hyperparathyroidism was successfully treated. This woman's experience is a stark reminder not to overlook the possibility of organic or biological problems causing what initially appear to be psychological disorders.

Medications can also contribute to or cause psychological problems and need to be ruled out. The onset of Patricia's depression was linked with a change of medication to treat her low blood pressure. When the medication was stopped, her depression immediately began to disap-

pear. Therapists may also encounter individuals who have experienced negative sexual side effects from taking antidepressants.

Health issues or illness can also exacerbate relationship problems. Larry and Sandra successfully worked on a number of different problems to improve their marriage. Although the couple's relationship had significantly improved through these interventions, the couple reported a dramatic improvement in their marriage after Larry's chronic back pain had been successfully treated through a surgical procedure. The chronic pain had led Larry to feel irritable most of the time, which made the couple more prone to conflict.

Psychological Factors

Since couples and families are composed of and created by individuals, psychological factors affecting individuals are important in assessment. The relationship between individuals and a couple or family system is like the relationship between primary and secondary colors. If you wish to create a shade of purple, you must mix red and blue in the proper proportions. In much the same way, two individuals are like primary colors that in combination create a unique relationship dynamic or outcome (e.g., a shade of purple). If you desire a different shade of purple, you don't adjust the color purple directly, but alter the proportion of the primary colors. The process of changing a couple or family system happens in much the same way. You do not change the system directly, but you do it through getting one or more of the individuals in the system to change. Thus, successfully changing a couple or family system requires that you understand each individual within that system.

Assessment can cover a number of psychological factors, but it should evaluate the general domains of affect, behavior, and cognitions. All three are interrelated. Creating change in one domain may lead to change in the other two areas.

Affect (or lack of it) is often a key symptom of psychological disorders such as depression, mania, or schizophrenia. Thus, it can be a critical diagnostic clue in identifying mental illness. Affect can also provide clues as to how an individual is making meaning out of the events in his or her life. Anastasia tried to downplay the impact of the abuse she experienced growing up, but she could not hide the anger and shame she felt when talking about her family of origin.

Assessing behavior can also provide rich insight, such as informa-

tion on a client's level of functioning. Whether or not your client is able to do the daily tasks of life may help you evaluate the degree to which his or her life is impaired by depression. Observing behavior may also give you clues as to what a client may be thinking or feeling. Joseph would begin to fiddle with his cane whenever he started to become upset by his wife's comments.

Cognitions are also important to explore because they determine how we make sense of the world around us, which in turn determines how we feel and how we interact with the world. Distorted cognitions, for example, can underlie depression. Our cognitions can also impact how we make sense of other family members' behavior, creating the potential for closeness or conflict. After an evening out, Kim said that she was tired and wanted to go to sleep. Ben was interested in some physical contact after they went to bed, so he reached over and put his arm around Kim. When she became irritated, Ben pulled away and got up to go to his computer. When they discussed the incident in therapy both became agitated and began blaming each other. Kim said she thought that whenever Ben touches her he wants sex. Ben said that he just wanted some contact and he felt like she "never wants to be touched."

Careful evaluation of affect, behavior, and cognitions may uncover psychopathology. A potential mistake therapists can make is to miss that a client is struggling with some form of psychopathology. Therapists who work in settings where diagnosing mental illness is minimized or discouraged are most prone to making this mistake. Pay attention to anything that seems unusual or out of the ordinary, and consider whether it may indicate a mental illness. Chapters 6 and 8 specifically address how to assess for psychopathology in adults and children or adolescents.

It is important you take a balanced view between relationship functioning and psychopathology. You want to avoid overlooking a client's psychopathology by focusing exclusively on relationship dynamics. Conversely, you want to avoid the opposite mistake of focusing just on a client's psychopathology, ignoring the role that couple or family relationships have on the etiology or course of the mental illness.

Cultural and Contextual Factors

Cultural and other contextual factors are another important level to consider in assessment. Through socialization, certain beliefs and val-

ues can be instilled in an individual by his or her environment. These beliefs and values can influence how individuals relate to one another. Race or ethnicity, for example, can shape the way our clients decide how to balance the collective needs of the family and those of the individual. In addition to race and ethnicity, gender, religious affiliation, sexual orientation, or socioeconomic status may influence our clients' beliefs. Many of these contextual factors may overlap, creating a rich and unique blend of values and beliefs among our clients.

The community or neighborhood in which clients live can be another important contextual factor, impacting your clients' quality of life, in both positive and negative ways. For example, are gangs or crime a concern in the neighborhood? What is the quality of the schools within the community? What is the availability of public transportation, and how does it impact your clients' ability to access jobs or other services?

A mistake that we commonly see beginning therapists make is to overlook cultural or contextual factors in their assessment. You should be asking yourself if there are any important cultural or contextual factors that may be impacting your clients' beliefs or daily life experiences.

Spiritual Issues

Spiritual issues are another important consideration in assessment. How individuals make meaning of things is often shaped or informed by their religious or spiritual beliefs. Roxanne came to therapy to deal with grief issues surrounding the death of her husband. The therapist soon discovered that Roxanne believed her husband had died because God was punishing her. For many clients, however, spiritual or religious beliefs are a source of comfort and strength that therapists may wish to draw upon (Walsh, 2009).

Spirituality or religiosity can also be an important social context for your clients. A client who is involved in a religious community (e.g., church, temple, mosque) can find it to be an important source of social support. Religious socialization can also shape a client's beliefs about marriage or family. Some religions, for example, encourage men and women to adhere to traditional gender roles. Thus, you need to be mindful of the multiple ways in which spiritual issues can play out in a biopsychosocial-systems framework.

SEVEN GUIDING PRINCIPLES OF ASSESSMENT

This book will explore a variety of approaches and questions that you can use to assess a range of clinical issues. However, to increase the effectiveness of your assessment skills, you will need to move beyond a formulaic approach to assessment. Beyond simply asking a set of questions, effective assessment follows certain principles. Using the seven principles described below (see Table 1.1) will enhance your assessment skills.

Joining Is Critical to Assessment

Effective assessment is highly dependent upon the quality of the therapeutic relationship. Clients will be reluctant to disclose sensitive information if they think you do not care, are judgmental, or will use the information against them. If you have a good relationship with your clients, you are more likely to get honest and cooperative responses. Therefore, it is essential that you work to join with your clients as quickly as possible to facilitate assessment in the early stages of therapy. It is also not uncommon for clients to disclose more sensitive information later in therapy after they have developed confidence in the safety of the relationship. Samuel did not initially mention to his therapist that he had delusions of being God until later in therapy when he felt it was safe to disclose this information to her.

Be Curious

One of the greatest assets a therapist can possess is curiosity. Curiosity is important in assessment for at least three reasons. First, curi-

TABLE 1.1. Seven Guiding Principles for Conducting Assessment

- Joining is critical to assessment.
- Be curious.
- Think assessment all the time.
- Assessment is intervention, and intervention is assessment.
- Assess for strengths.
- Assessment includes the therapist.
- Assess using multiple perspectives.

osity can encourage us to explore topics more deeply to understand what the client did not immediately see or reveal. This, in turn, can uncover important information that can be essential to understanding the client. During one session, Debra was asked to describe the one important change she would like to see her husband focus on during the week. She refused, stating that she wanted Lance to come up with the behavior. The therapist was curious as to why she took this stance and asked about it further. Debra stated that she wanted him to take responsibility for his actions. When asked to explain why she felt so strongly about this, Debra began to cry and stated that it did not feel safe to ask anything of him. She added that Lance was just like her father, who always blamed her for everything. Due to her experience with her father, Debra was sensitive to any suggestions from Lance that she was to blame for their problems or that he was avoiding taking responsibility for his actions. This proved to be invaluable in helping to uncover part of the interactional cycle that the couple struggled with in their relationship.

Being curious can also encourage us to be less judgmental, which encourages our clients to be more open with us. If we focus solely on the client's behavior, it is tempting to judge whether that behavior is right or wrong, appropriate or inappropriate. Curiosity encourages us to look at the client's underlying motivations or contextual factors that influenced the behavior. Understanding these factors may allow us to have more compassion for the client, even one whose behavior we find offensive (e.g., child abuse, domestic violence). At an agency staff meeting, a supervisor presented the case of a 16-year-old young man who said he had molested his 13-year-old stepsister. He asked the staff who might be interested in working with the case and the room went silent. A discussion ensued among the staff, where they talked about their preconceived ideas about the young man. Their reluctance to work with him stemmed from judgments of his behavior and fears of feeling uncomfortable when sitting with him. The supervisor asked the group to try to detach from their judgments and feelings, and instead to summon their curiosity about the young man. Had someone molested him? What did he mean by "molested"? How did he make sense out of what had occurred? What kinds of problems have been going on in the family? Being curious helped the staff to set aside their judgments and attempt to understand what might be occurring in this case.

Finally, being curious can help us overcome our inhibition about asking difficult questions. Many topics therapists need to be comfortable asking their clients about may violate social norms. It would generally be rude or impolite for a stranger to ask another person about his or her sexual life. Yet, you need to be comfortable asking these types of questions to effectively work with couples. Curiosity helps us overcome that inhibition.

Think Assessment All the Time

Beginning therapists often conceptualize therapy as occurring in distinct phases: it starts with joining and covering administrative issues (e.g., informed consent, confidentiality), proceeds to the assessment phase, and then, after the assessment phase has been completed, treatment can begin.

Although there is some truth to this timeline, it is important to think assessment all the time. After you have formulated a treatment plan, you need to continue assessing the client to help evaluate treatment effectiveness and modify treatment as necessary. Important information can also come out in the earlier phases of therapy before formal assessment has begun, such as when handling routine administrative issues. When his therapist requested permission to videotape sessions for supervision, one client said that he was uncomfortable being taped, hinting at possible involvement in illegal activities.

You should also recognize that during assessment, important information that could be easily overlooked can come out in unexpected ways. In one clinic, couples are routinely given an assessment packet that includes a variety of printed relationship instruments. When a therapist casually asked how completing the battery of assessment instruments had gone, the wife admitted that she experienced great difficulty with it. The therapist then learned that the wife had very limited reading abilities, which easily could have gone unrecognized. In another example, a therapist during a home visit instructed the family to go to the living room so she could do an assessment exercise called a family sculpture. The mother responded, "We've never been in here together as a family." As it turns out, this was an indicator of the family's high level of disengagement. In both examples, important information could have been overlooked if the therapist had narrowly focused only on the results from the relationship inventories or sculpture.

Assessment Is Intervention, and Intervention Is Assessment

A supervisor once said, "Assessment is intervention, and intervention is assessment." Years of clinical experience have proven this principle to be true. In many cases, assessment can be a powerful catalyst for change, even though our intent is not to bring about change through our questions. Questions that you ask can introduce new information to a client or a family system, which in turn can lead to change. During an initial interview, a therapist successfully mapped out the problem cycle with which Scott and Emily struggled. The therapist was surprised to hear the couple report that things had significantly improved since the last session, particularly since the therapist had not attempted to intervene in breaking the couple's cycle. The couple stated that once they saw their cycle on the whiteboard, they knew they needed to find ways to interrupt the cycle, which they did successfully on their own during the week.

Intervention is also assessment. How clients respond to your interventions provides new information that can be incorporated into your understanding of the client or family system. (Remember, think assessment all the time.) In an attempt to deal with a couple's sexual difficulties, the therapist prescribed a sensate focus exercise in which each partner was instructed to touch, caress, and massage the other in ways that would be pleasurable. The person receiving attention was told to give the partner feedback on what was most pleasurable. When it came to doing the exercise at home, the man, contrary to instructions, told his partner not to say anything during her turn. He later reported that he focused on trying to pleasure her in the manner in which he wanted. To his surprise, he became sexually aroused during the exercise. In debriefing why he had altered the sensate focus, the man described how hard he works at trying to please his partner when they do have sex. His response to the exercise helped the man recognize how his preoccupation with pleasing her had prevented him from enjoying the sexual experience himself, which contributed to his low sexual desire. Even a failure to follow a suggestion can provide helpful information, such as potential negative consequences of change.

Assess for Strengths

Therapy often focuses on identifying problems and their causes, making it easy to overlook strengths. However, it is important to assess

for both individual and relationship strengths. A couple, for example, might be asked to identify what they like about each other, revealing personal strengths. In addition, they can be asked to comment on relationship strengths, which might include shared personal interests or goals, or compatibility in personalities.

Assessing for strengths is important for a number of reasons. First, identifying strengths can help instill a sense of hope, which may be in short supply in the beginning of therapy. A couple discouraged in their relationship may reconnect with the positive feelings they once felt for one another by talking about how they first met. Second, identifying client strengths can aid you in developing the therapeutic relationship by communicating that you want to see your client in the best possible light, reducing the likelihood he or she will feel judged. Third, strengths can be leveraged to bring about change. A therapist asked Frances, who came to therapy to deal with her husband's recent death, how she had grieved the loss of her parents, who had passed away several years before. Frances was able to describe certain things that helped her deal effectively with the loss of her parents. This provided Frances and her therapist with ideas on how she might successfully cope with her husband's death.

Assessment Includes the Therapist

Some therapists assume that assessment focuses only on the client. Remember that you are part of the therapeutic system. You need to pay attention to your own behaviors and reactions in therapy and assess them just as you do with clients. Nelson, a recently licensed MFT, found himself looking at the clock during much of his session with Mary. The hour seemed to drag, reminding him of when he had recently stood in a long line waiting to buy some tickets. He felt impatient and irritable. He liked Mary, but was tired of listening to her complain about her boyfriend. He wasn't sure how to help her, and it didn't feel like she wanted to change anything. Nelson was bored and was having difficulty concentrating in the session. This was an indication that he was stuck and had lost his sense of direction in therapy.

We need to pay attention when clients elicit strong reactions from us, which may impede therapy. These include finding it difficult to care about or be respectful toward a client, feeling bored and having difficulty concentrating during sessions, feeling helpless and frustrated

with a client, having unusual memory lapses regarding the details of the case, and having a very strong positive or negative emotional reaction toward a client.

When you have a strong reaction to a client it is important to assess the impact and the source of these feelings. In terms of impact, are you able to step back from your feelings and maintain objectivity? Is something amiss in the relationship that you and the client should focus upon? In rare cases, it could be that your reaction is so strong that you cannot productively work with that client.

Assessing the source of feelings and reactions is the first step toward gaining some perspective. Is the reaction caused by differences in values or beliefs? Does the client remind you of someone you dislike? Evan admitted that he was having a negative reaction to a female client because she reminded him of his mother, with whom he had a difficult relationship.

Sometimes beginning therapists are quick to assume that their negative reactions to clients reflect issues about themselves. Although this may be true, in many cases it may be more diagnostic of an issue with the client than an issue involving the therapist. Your response could indicate the client has some type of psychopathology (e.g., personality disorder). Or, your reaction may derive from being caught in a parallel process within the client system. In other words, you may find yourself replicating patterns found within the couple or family. As the next vignette illustrates, paying careful attention to your reactions may help you uncover important clues about family dynamics.

Deanne sought supervision regarding her work with a 46-year-old mother who was struggling with parenting her two teenage children. The mother complained that her children did not do as they were told, and were often disrespectful of her. Deanne believed the mother overfunctioned in terms of taking care of her children and had difficulty setting limits with them. Deanne admitted that she was frustrated because the client often talked over her when she attempted to ask a question or make a comment. She also admitted frustration that her client did not seem to follow the multiple suggestions she was offered to improve her parenting. With further discussion, the therapist began to recognize that she and her client were stuck in a pattern similar to that which the client found herself in with her children. Deanne admitted that she was overfunctioning for her client and had difficultly setting limits with her when the client talked over her. Recognizing the parallel process helped

Deanne confirm her initial hypotheses and gave her insight on how to modify her interactions with her client.

Assess Using Multiple Perspectives

The wise clinician will use multiple perspectives when conducting an assessment. Although this may require extra effort on your part, assessing clients from multiple perspectives will help ensure you do not overlook important information. It will also help you determine whether you can trust the information you are gathering. Getting multiple perspectives as a clinician is similar to a journalist getting multiple sources to confirm and deepen a story.

Multiple perspectives can be obtained in different ways. One way is to solicit input from different individuals. One of the principal advantages of family therapy is that you automatically get access to input from multiple individuals. Anyone who has worked with couples will quickly recognize that partners can have very different perspectives on their relationship, with the truth often being a blend of both partners' views. Thus, the therapist who relies only on one person's perspective will end up with a distorted view of the case. In a similar manner, children or adolescents may paint a different picture from their parents or caregivers. Therefore, it is vital to use a variety of sources. Teachers, for example, can provide an important perspective when you work with youth. In other situations, it may be prudent to get input from other professionals (e.g., caseworkers, therapists) or individuals (e.g., extended family, friends) who can offer additional insight about the individual, couple, or family.

It is also wise to use various methods of assessment as a means of obtaining multiple perspectives. Various forms of assessment offer different types of data, each with its own strengths and limitations. Assessment instruments offer quantitative data, whereas the clinical interview offers data that is more qualitative in nature. Generally, using multiple methods will provide data that complement each other, providing a better understanding of our clients. In the first interview, Brady and Susan failed to disclose their concerns regarding their sexual relationship. However, both acknowledged concerns about their sexual relationship on an inventory that assessed marital quality. When asked further about this in the subsequent session, the couple admitted that it was indeed a significant area of concern. In the next chapter we discuss

various approaches to collecting assessment information, including the potential strengths and limitations of each.

CONCLUSION

This chapter has described the goals and challenges of doing an effective assessment. It has also articulated the importance of using a biopsychosocial-systems perspective in assessment. The remainder of the book shows in greater detail how this framework can be applied when assessing individuals, couples, and families. Finally, we have described seven guiding principles that we recommend therapists follow to enhance their effectiveness in conducting assessments.