

tant to recognize that competent decision-making and problem solving involves not only utilizing multiple sources of information, but also checking the consistency of the data that is provided across these different methods (i.e., convergent validity).

The fourth and final phase of clinical assessment is interpreting the data. This involves a description of the client's current level of functioning, and information related to etiology, treatment recommendations, and prognosis. Etiological considerations should avoid simplistic explanations and instead need to consider the complexity of background factors. For example, a systems approach would include information obtained from a genogram, and identify key communication patterns such as specific interactional patterns, information feedback loops, and so forth. Recommending treatment options involves developing an effective plan for intervention from the obtained assessment data. This will include developing hypotheses (e.g., informed statements about the client's behavior in a given situation), which will be based on a judicious integration of collected information and clinical experience.

The intake and assessment report is the culmination of the assessment process. A good report is an accurate and clear presentation of the collected information together with the clinician's interpretations, conclusions, and recommendations for treatment.

## What to Assess?: The Bio-Psycho-Social-Cultural Model of Human Nature

Of central importance in the preceding discussion of defining assessment are the concepts of complexity in client's presenting problems and the need therefore to develop a comprehensive understanding of the client's world. A very important way to come to understand human nature is systemically, i.e., to recognize the existence of the many forces that influence an individual person (Bronfenbrenner, 1995). A very apt metaphor for conceptualizing these influences is the important engineering concept of a free body diagram. Thus, an individual (or couple, family) is isolated from his/her surroundings by drawing a box diagram around the person (see Figure 1). Next, *all* the forces that influence the person are drawn onto the diagram. In the same way that it would be foolish for an engineer to forget to include all of the forces acting on a finite element of material when designing a bridge, a building, or a car – else it will surely fail! – so it is similarly unwise for the clinician to ignore any of the key influences that are impacting on an individual, couple, or family when trying to understand the client's world (i.e., assessing the problem).

The forces impacting on a person can be positive and therefore will push the person in a positive direction towards happiness and good mental health. Such positive forces would include a strong sense of self, human agency (internal locus of control), high morals, balance in life, healthy supportive friendships. In contrast, these forces can be negative and thus would push a person in a negative direction towards unhappiness and poor mental health: e.g., lack of an integrated identity, insecure attachment style, intergenerational influences such as alcoholism, physical, sexual and/or emotional abuse, dysfunctional family members and "friends" that negatively influence the person, inadequate social skills, and so forth.

These positive and negative influences on a person can be better understood using the bio-psycho-social-cultural model of human nature and can be conceptualized as either

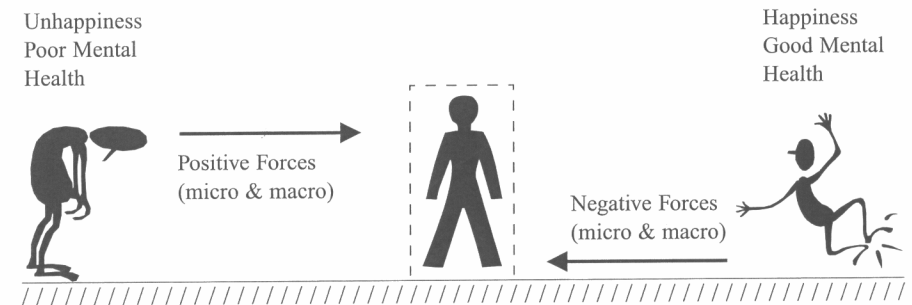


Figure 1. Free body diagram showing positive and negative forces on a client (individual/couple/family). The bio-psycho-social-cultural model is considered essential for understanding human nature, and is conceptualized as being comprised of micro forces (bio and psycho) and macro forces (social and cultural). Any of these four types of forces can exert a positive or negative influence on the client.

micro (i.e., individual – biological and psychological) or macro (i.e., relational – social and cultural) forces. Since clients in therapy are usually experiencing more negative than positive forces – thus pushing them to experience poor mental health – this model will be described initially from the point of view of negative forces. First, *micro or individual influences* that impact the individual can be *biological* in nature. This could include the possibility of genetic predispositions for psychological disorders such as schizophrenia, depression, etc. Similarly, physical health problems can negatively influence an individual's mental health because of pain and/or by reducing motivation and hope for improved health. *Psychological* micro forces that exert a negative influence on the individual can be depicted with the TFB model of functioning, i.e., Thoughts-Feelings-Behavior. It is typically negative affect that motivates a client to seek therapy, but it is very important to recognize the interdependence of thoughts, feelings, and behavior. Thus, feelings can be dramatically improved *indirectly* by modifying specific maladaptive thoughts and behavior (i.e., cognitive-behavior therapy, CBT). Given the powerful influence that changing these factors in therapy can have on improving mental health, it is essential that they be assessed prior to treatment.

Another important psychological micro influence that acts negatively on a client is imbalance. For example, clients often will be nonassertive or aggressive (i.e., not balanced or assertive); have an overdeveloped "parent" or "child" (rather than a balanced "adult" – from the Transactional Analysis model); be too emotional or too rational (and not some form of balance between the two); and/or work obsessively (imbalanced towards "doing" rather than having a balance between "doing" and "being"). These personality characteristics and lifestyles, as well as interpersonal imbalances, are inherently problematic and reflect an ignorance and lack of application of the timeless wisdom in Aristotle's Golden Mean, i.e., find and follow a middle road between the extremes in life. Being alert to imbalance, in its multitude of forms, during the initial assessment is recommended as an important component of understanding the client's world.

Second, *macro or relational influences* that exert a powerful influence on the client are *social* relationships. A major force in this domain is one's family of origin and the intergenerational patterns that can be transmitted through modeling and via operant and