the couple level. Therefore, determining how effective individuals and families are through their capacity to apply the 7 Habits can also be included as part of a comprehensive assessment.

The very important impact of time also needs to be assessed. Consistent with the major thesis of this chapter, Kail and Cavanaugh (2004) argue strongly that the four life forces (biological, psychological, social and cultural) all operate on humans through the lens of time, i.e., developmental changes occur across the life-span. In other words, a person will often repeatedly experience a particular issue (e.g., a vulnerability) during his/her life. For example, trust (or mistrust) in infancy will develop into progressively more complex forms of trust (or mistrust) over the life-span in relationships with friends and/or a significant other.

Recognizing how the four forces interact and manifest their influence on human development differently across time is essential for understanding human nature in general and a client's problems in particular. For example, developmental aspects of the individual and/or relationship should be considered. This can begin by identifying key early life experiences that may continue to manifest themselves through childhood, adolescence, and adulthood. Intergenerational familial influences also need to be recognized. Since values and attitudes impact behavior, and since values in particular can change as a function of the passage of time, *cohort effects* should also be considered as a potential potent influence on the client, whether this is an individual, couple, or family. It is very important to recognize that the force of time can be either a positive influence on an individual (e.g., adopting the healthy values of an older role model) or a negative influence (e.g., clashing of values between two spouses of different cultural backgrounds or families of origin).

It is recommended that clinicians actually draw a free body diagram of the positive and negative influences acting on a client and identify which of these are of primary or secondary importance. This visual depiction of the many micro and macro forces impinging on a client has the capacity to clarify a client's issues, to identify weaknesses that need minimizing and strengths that need maximizing, and to guide therapeutic efforts toward sustained improvement in mental health.

How to Assess: The Four Pillars and Assessment in Marriage

A cautionary note at this point seems warranted. The amount of information worthy of inclusion in the assessment procedure may be perceived as daunting to some readers. But it is important to remember that the following discussion is a relatively comprehensive overview of assessment techniques that could be employed with individuals and/or couples. In actual clinical work, a smaller number of specific assessment strategies will need to be selected as a function of the particular client. Specific references on the assessment inventories discussed in this text have been given, but the reader is also referred to assessment handbooks for further information (e.g., Fischer & Corcoran, 1994; Touliatos, Perlmutter, & Straus, 1990). It should also be noted that certain assessment measures can only be administered by clinicians with adequate psychometric training (e.g., Minnesota Multiphasic Personality Inventory-2 [MMPI-2; Hathaway & McKinley, 1940; Watkins, Campbell, Nieberding, & Hallmark, 1995]; Wechsler Adult Intelligence Scale–Revised [WAIS-R; Wechsler, 1955; Wechsler, 1981]), so some referrals to a clinical psychologist or psychometrist may be required. Since relatively few companies actually publish psy-

chometric tests, directly contacting them should provide information about what instruments require specialized training (e.g., The Psychological Corporation, National Computer Systems, Psychological Assessment Resources). Nonetheless, the vast majority of assessment measures are readily available, and accessing them should be relatively easy and inexpensive (or free, if in the literature as they often are) to the clinician who recognizes the value of doing an initial evaluation of a client's problems.

The initial referral information and the first interview will be crucial in helping the therapist to define better the presenting problem and therefore to select specific instruments that properly assess the client's world. In addition to carefully selecting assessment instruments, creating simple computer programs to add up item scores (e.g., in Excel) will make scoring much more efficient. Furthermore, an increasingly common scenario in clinical work is to have clients complete questionnaires right on a computer, which further facilitates the processing of assessment information. Some assessment inventories include computer-generated reports that further simplify interpretation (e.g., MMPI-2; Symptom Checklist-90-R [SCL-90-R; Derogatis, 1983]; Neuroticism-Extraversion-Openness Personality Inventory-Revised [NEO-PI-R; Costa & McCrae, 1992; Piedmont, 1998]). Finally, with time and greater experience, the clinician will better be able to select the procedures that optimally examine the special assessment needs of particular clients.

The Four Pillars of Assessment

Having answered the question of what to assess, the question arises as to how to do an assessment. Assessment begins with a referral, whether self- or other-referred. Someone – the client, a spouse, a parent – has posed a question: Why am I feeling so lousy?; How can we regain our previous marital happiness?; How can we change our adolescent's delinquent behavior? As has been argued throughout this chapter, the starting point for answering such questions is to gather "information to make informed decisions" (Brock & Barnard, 1999, p. 18).

Sattler (1992) has defined "the four pillars of assessment" as a "building blocks" approach to gathering information and using it to build hypotheses, formulations, and relevant recommendations with which to help the client. The first pillar is *norm-referenced tests*, which refers to tests that are administered in a standardized way and that have a norm group with which to compare a client being assessed. These tests can be used to understand better an individual client, or a couple or family. The second pillar is *interviews*. This typically refers to a less-structured, open-ended exploration into a range of topics although structured interviews are also employed on a less frequent basis. The goal here is to gather information from multiple sources (e.g., spouse, close friend, teacher) on all key issues. *Observations* define Sattler's third pillar. This often refers to observing the behavior of persons (usually children and families) in their natural settings (e.g., home, school) to note interactions between the referred client and others (e.g., parents, peers), and/or possible differences in behavior between settings. The fourth pillar of assessment is *informal assessment*. Here, specific information about the presenting problem is sought through supplementary techniques such as unstandardized or nonnormed tests, journaling, logging behavior, and so forth.

Considering Sattler's four pillars of assessment as a foundation for how to perform an assessment, the question still remains as to how one carries out an assessment as a function of who is being assessed. That is, how do assessments vary as a function of whether