the client is an individual or a couple or family? Since healthy relationships are comprised of healthy persons (e.g., Covey, 1990; Warren, 1992), it is argued that all assessments will require at least a minimal amount of individual evaluation. In the case of a couple or family, further assessment examining the quality of different relationships will also need to be done.

A comprehensive examination of how to do an assessment is beyond the focus of this chapter, so the reader is referred to Groth-Marnat (1999) for more detailed information on assessing adults and Sattler (1998) for children. An overview from Sattler's (1992) view that assessment is comprised of four fundamental domains will be presented. First, norm-referenced tests on individuals are typically carried out objectively (e.g., paper-and-pencil tests) and, to a lesser extent, projectively (e.g., subjective interpretations of images). Of utmost importance when selecting a norm-referenced test is to determine how well the test allows the clinician to answer the referral question (or address the presenting problem). The clinician's experience, knowledge of relevant literature, and practical concerns such as time and cost are also important when choosing a test. Whereas the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Watkins et al., 1995) gives valuable information about personality and levels of mood (Axis I of the DSM-IV-TR), the Millon Clinical Multiaxial Inventory (MCMI; Millon, 1977; Millon, 1994) assesses personality disorders (Axis II). Other norm-referenced tests include the Beck Depression Inventory (BDI; Beck, 1996; Beck, Steer, & Garbin, 1988) for depression and the Fear Survey Schedule (FSS; Wolpe & Lang, 1964; Wolpe & Lang, 1977) for anxiety. In addition, adult intellectual functioning can be assessed with the Wechsler Adult Intelligence Scale III (WAIS-III; Wechsler, 1997) and general cognitive functioning with the Mini-Mental Status Examination (MMSE; Folstein, Folstein, & McHugh, 1975; Tombaugh et al., 1996).

Whereas these objective tests often make administration, scoring, and interpretation easier, they can facilitate faking of responses and depend heavily upon the client's self-knowledge. In contrast, projective tests such as the Rorschach (a series of 10 ambiguous inkblot cards; Exner, 1969; Exner, 1993) or the Thematic Apperception Test (TAT; a series of ambiguous pictures; Morgan & Murray, 1935; Morgan, 1995) bypass a person's potential conscious resistance and may allow a more accurate evaluation of a person's underlying unconscious structure of personality.

Sattler's second pillar of assessment is interviewing. The word interview was derived from the French words, *entrevoir*, to have a glimpse of, and *s'entrevoir*, to see each other. These roots reflect a key component of good interviewing, namely, rapport. The essential therapeutic alliance between the client and clinician is made possible through Rogers' (1957) ideas of genuineness, unconditional positive regard, and accurate empathy, which enable the development of respect, mutual confidence, and ultimately a trusting relationship. The main function of an assessment interview is to gather information that may otherwise be unobtainable, such as idiosyncratic qualities of the client, his/her/their reactions to present life circumstances, quality of relationships with family of origin members, and so forth. Interviews are an effective way to acquire details about a client's presenting problem, through asking questions about feelings, cognitions, behavior, and physiological arousal. Knowledge about antecedents and consequences of the problem as well as family history and background information can also be obtained by interviewing the client in addition to people who are familiar with him/her. In addition, a crucial function of the interview is to serve as a check on information collected through testing in order to ascertain its validity and overall meaning. In sum, whereas the goals of interviewing during assessment are to establish genuine rapport and to collect important information to adequately define the problem, later interviewing can act to define specific goals that will be worked on in therapy and to help clients explore deeper emotional aspects of their personal issues.



Traditional approaches to understanding client's problems typically view personality as a manifestation of enduring underlying traits, with problems being an indication of intrapsychic conflicts which need to be diagnosed. In contrast, behavioral assessment (Sattler's third pillar, behavioral assessment) perceives personality constructs as a way to summarize particular behavior patterns, behaviors that are maintained by current situational conditions and which need to be precisely identified. A core feature of behavioral assessment is *functional analysis* (Skinner, 1953). This analysis refers to identifying the situational factors (the stimuli) that precede a particular behavior and the consequences that follow it. Thus, once identified, a maladaptive behavior can be changed in therapy by manipulating the stimuli and/or the reinforcers (i.e., the consequences) of the behavior.

The most common type of behavioral assessment is the behavioral interview. Here, the interviewer obtains information about the *antecedents*, *behaviors*, and *consequences* of the presenting issues (ABC model) by asking about pretreatment levels of frequency, intensity, and duration of the problem. This information is very important because it identifies specific areas that will try to be changed during treatment. Naturalistic observation is also used in behavioral assessment, in which trained staff closely monitor the behaviors of, for example, a family at dinner time, a child in a classroom. Whereas this technique is often expensive in both time and money, another method, self-monitoring, is often used and involves the client observing and recording his/her own behaviors, thoughts, and emotions. A comprehensive type of behavioral assessment, which could incorporate interviewing, self-monitoring and naturalistic observation, is Lazarus's (1989) BASIC ID model: behaviors (B), affect (A), sensation (S), imagery (I), cognition (C), interpersonal relations (I), and use of pharmacological drugs (D).

Behavioral assessment is an important component of the clinician's assessment repertoire. This is largely attributable to the fact that the initial identification of problem behaviors is usually directly related to the changing of these behaviors in treatment. Furthermore, initial baseline behaviors provide a valuable comparison point with which to evaluate the efficacy of the treatment, information, which can be very reinforcing for clients as they strive to change self-defeating behavior and maladaptive habits.

Sattler's fourth and last pillar for carrying out an assessment is referred to as informal assessment. This category provides an opportunity for the clinician to supplement data obtained from the other three pillars with some further domain-specific information. This could include giving informal tests created by the clinician or others about the presenting problem, examining prior records, keeping a journal, and so forth. Taken together, information obtained from these four pillars of assessment should give the clinician a comprehensive picture of the client's problem.

## Assessment in Marriage

The previous discussion, although more commonly applied to the evaluation of individuals, is applicable to all types of clients. But there are serious limitations to focusing exclusively on the individual, e.g., successful attempts to change an individual can easily