# MFT Assessments

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#### Basis Behind Using Assessments

- During an initial clinical interview, information is gathered about a client's presenting problem, history of previous interventions, and each family member's perception of a problem.
- Initial clinical interviews also focus on gathering information about previous diagnoses, assessing alcohol and/or substance use, suicidality, and family violence.
  - Patterns of resiliency and other familial strengths, such as overcoming addictions, religious affiliations, spirituality, and education are important a family's treatment process.

#### Basis Behind Using Assessments

- Information is gathered about individuals within a family system and interactions with each other.
  - Socio-demographic information, such as race, culture, gender, religion, and socioeconomic status, is obtained in order to gain more context about a family in order to inform treatment. Information about a client's family of origin, early and other relevant experiences within their families, schools, and their community, are also noted.
- Use of assessment tools also helps to determine need for referrals.
  - For example, if a client's presenting symptoms are severe or raise concerns that are outside of a clinician's area of expertise a referral can be deemed appropriate.

### Assessments within Theoretical Orientation

- Theoretical orientation: structural family therapy while integrating solution focused techniques and attitudes.
- "Structurally informed therapists view flexibility as both a strength and a predictor of positive change" (Gurman, 2015, p.234)
- I am generally very flexible and treat each client as an individual with a problem rather than that the individual is a problem.
- Using structural I find myself assessing the family's hierarchy, roles, rules, and boundaries.

#### Genograms

- A genogram may also be created for a client, in order to gain more context with regards to familial relationships, emotional connections within those relationships, and to also to examine behavioral patterns within a family system.
- A genogram can add a systemic lens to the treatment of couples and families .
- It helps to examine patterns of alcohol or substance abuse, infidelity, cutoffs, incarceration history, medical conditions, domestic violence, and other potentially problematic patterns.

# Dyadic Adjustment Scale (DAS)

- The DAS is a self-report measure of relationship adjustment consisting of 32 questions that measure relationship quality.
- The DAS is geared towards adults ages 18 years and older and most commonly used for couples.
- The scale is divided into four subscales:
- 1) Dyadic consensus- the measure to which each person agrees with their partner
- 2) Dyadic satisfaction- the degree to which each person feels satisfied with their partner
- 3) Dyadic cohesion-the magnitude to which the couple participates in activities together
- 4) Affectional expression- the degree to which each partner agrees in reference to affection

## Dyadic Adjustment Scale (DAS)

- The purpose of the DAS is to determine the degree of dissatisfaction couple is experiencing.
- Both partners' thoughts and perceptions of the relationship are measure and the ratings are compared to look for discrepancies and obtain a better understanding of the couple's problems.
- The DAS takes about 5 to 10 minutes for each partner to complete, upon completion scores are added up.
- Scores below 92 are considered to indicate distress and scores over 107 indicate adjustment, scores that fall in between are in some ways adjusted and other ways distressed (Graham et al, 2006).
- It was found that subscales and cutoffs alone are not as reliable as looking at the assessment in its entirety (Graham et al, 2006).

# Dyadic Adjustment Scale (DAS)

- The DAS was shown to be valid and reliable in the four categories (Spanier, 1976).
- What was particularly interesting was the reliability of the DAS.
  - The scores did not differ by the sexual orientation, gender, or ethnicity of the participants (Graham et al, 2006).
- A weakness of using the DAS is that it is a self- report, thus each partner could report inaccurate answers as well as this scale not being a standalone assessment of the relationship.
- Strengths
  - Short and concise
  - Translated into a wide array of languages, has been used in many diverse cultures, and has shown to be valid and reliable (Graham et al, 2006).

### Conflict Tactics Scale (CTS)

- The conflict tactics scale (CTS), created by Murray A. Straus in 1979 is the "most widely used instrument in research on family violence" (Straus, 2007).
- There are two versions of the CTS; the CTS2 (modified version of the original CTS for couples) and the CTSPC (Parent-Child).
- The CTS "stems from the assumption that conflict is an inevitable part of all human association" (Straus, 2005).
- The purpose and focus of this assessment measure is to assess for violent and harmful behaviors associated with conflict (Straus, 1979).
- The scale measure prevalence, frequency, and severity level and mutuality types of these behaviors (Straus, 2007).

### Conflict Tactics Scale (CTS2)

- The 78 question assessment is grouped in pairs, for example the first question says, "I showed my partner I cared even though we disagreed" and the next is the same replacing "I" with "my partner."
  - The scale: 1= once in the past year, 2= twice in the past year, 3= 3-5 times in the past year, 5= 11-20 times in the past year, 6= more than 20 times in the past year, 7= not in the past year, but it did happen before, and 0= this has never happened.
- It is important to note that "for the scales with highly skewed distributions and for which it is important to identify even a single occurrence of the behavior, such as physical assault, injury, and sexual coercion scales, the "prevalence" score or rate is the most usual choice" (Straus, 2007).
  - Therefore, the clinician must pay attention to all three categories because they are all equally important.

# Conflict Tactics Scale (CTS2)

- Strengths:
  - Takes a few minutes to complete.
  - Confidential, each partner is taking it on their own and if they were scared to report the abuse they can mark the numbers indicating abuse to make the clinician aware.
- Weaknesses
  - Abuse is measured only in the context of conflict which limits "the respondent to exclude reporting on abuse that is control-instigated or which does not arise from a known cause" (DeKeseredy, 1998).
  - There are many forms of abuse that do not derive from disputes that can be overlooked due to the type of questioning in this scale.
  - Preliminary findings were based on college student couples but racial and ethnic differences were not reported (Straus, 1996).

- Would be interested in how the scale and scores would differ based on different dimensions of intersectionality.

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