



Qualitative Methods in Family Evaluation: Creative Assessment Techniques

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Traditionally, family therapists have used experiential activities primarily as interventions. In this article, the authors discuss the role that experiential therapy methods can play in qualitative family assessment. It is believed that these methods can be quite helpful in engaging family members in a collaborative evaluation process. The authors discuss the advantages of qualitative assessment as complement to more quantitative family evaluation measures and present several illustrative qualitative assessment procedures.

Traditionally, therapists have used experiential activities primarily as interventions. In this article, we will discuss the role that experiential therapy methods can play in family assessment and suggest an expansion of their use for this purpose. We explore both familiar and less familiar qualitative assessment methods such as sculpture, art, photography, metaphors, and drama as means for gathering assessment data. Family therapists can use these qualitative family evaluation activities to engage client families in a creative, collaborative evaluation process. Through these methods, therapists simultaneously learn about and intervene in families, empower the family, stimulate their involvement, level the therapist-client hierarchy through a more collaborative relationship, and make the process interactively enjoyable.

ASSESSMENT IN MARRIAGE & FAMILY THERAPY

Definition

Family therapy without assessment is like a car trip without a map. The therapist needs to know where the family has been, is now, and what direc-

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tion they want to go. In short, when therapists assess a family, they attempt to understand the clients and their concerns so they can intervene in helpful ways (Wilkinson, 1987, p. 369). As McPhatter (1991) stated, assessment is both a product and a process—a guide and rationale for work and an intervention in and of itself. McPhatter (1991) listed the following goals for assessment:

1. to clarify the nature of the family's problems;
2. to understand how the family members perceive their problems;
3. to create a clear picture of the structure, functioning, and influences of family dynamics.

Assessment helps therapists to reconcile both the subjective and objective views of the problem in order to formulate a contract or treatment plan for therapy (Floyd, Weinand, & Cimmarusti, 1989; Wilkinson, 1987).

Assessment is also a powerful intervention tool. Therapists can use assessment to support and validate families, and thus encourage their involvement in therapy. For example, therapists can use assessment to welcome families into the helping system and join with them, to give them feedback, validate their concerns, and engender hope (Floyd, Weinand, & Cimmarusti, 1989).

Throughout therapy, therapists can use assessment techniques to track a family's progress, reevaluate goals, and stay in touch with the family's changing context and self-evaluations. Additionally, when therapists ask questions, they intervene by prompting families to think about issues and relationships in different ways.

Assessment Information

What information should therapists collect in an assessment? McPhatter (1991) believes that an assessment should include information about the following:

- the problem (history, definitions, intensity across time, past solutions, and clients' motivation to solve the problem);
- family organization (membership, family history, power and hierarchy, socioeconomic status, cultural influences);
- family functioning (life cycle issues, roles, rules, communication, problem-resolution skills, goals);
- family strengths and resources;
- and goals for therapy and change.

Other researchers have recommended that therapists also gather information about family members' personality characteristics, family expectations, reinforcement, problem-solving, decision-making patterns, attitudes about therapy, coping and adaptation strategies, values, and daily routines (Bernheimer & Keough, 1995; Cromwell, Olson, & Fournier, 1976; Thomas,

1990). Family assessments might also examine transgenerational history, recent stressors, medical history, and risk indicators for suicide, abuse, and violence (Deacon, 1998).

Therapists must decide what data are most helpful to understand the family and plan effective treatment. They must also decide *how* to collect such data.

Evaluation Methods

Family assessment methods are relatively new. Wilkinson (1987) reported that few methods to evaluate families existed before the 1960s. As the family therapy field developed, therapists looked to other fields for models of assessment. However, most assessment models were designed for use with one person, not the entire family. Even today, it is not uncommon for clinical evaluations to involve behavioral checklists, rating scales for specific symptoms (depression, anxiety, etc.), individual interviews, personality inventories, and projective tests which do not translate well to work with families (Zimmerman, 1996). Thus, many family therapists continue to rely on individual assessment measures to gather information from the client families they treat (Zimmerman, 1996).

Over the past several decades, however, we have seen some progress in family assessment. For example, researchers have developed and normed new paper-and-pencil tests to measure individual family members' perceptions of various family dynamics (Halvorsen, 1991). Examples include the Family Adaptability and Cohesion Evaluation Scales (Olson, Sprenkle, & Russell, 1979), Family Assessment Device (Epstein, Baldwin, & Bishop, 1983), the Beavers-Timberlawn Measure of Family Health (Beavers, 1985), and the Family of Origin Scale (Hovestadt, Anderson, Piercy, Cochran, & Fine, 1985). Additionally, Grotevant and Carlson (1989) published a compendium of various quantitative measures that therapists can use. While such instruments have significantly improved our research on family functioning, not as many therapists use these instruments for clinical assessment and treatment planning as one would imagine (Cromwell et al., 1976; Floyd et al., 1989; Gold, 1997).

Why are these excellent family research measures not used more in clinical assessment? Thomas (1990) explained that family measurement research is often difficult to translate into clinical assessment. Quantitative family research instruments tend to measure specific variables (e.g., cohesion, communication), and allow researchers to examine the degree to which family members exhibit these variables in comparison to a normative sample. The problem is that this information does not necessarily point to clear treatment plans. Thomas (1990) stated that the use of such tests can also distract the therapist from building one-to-one connections with family members. Floyd, Weinand, & Cimmarusti (1989) argued that many quantitative instruments reduce holistic, contextually relevant data into linear constructs and "static statistics" which do not adequately capture the culture of the family.

Green and Vosler (1992), in a study of a battery of assessment instruments with two-parent families, found that quantitative assessment information was actually misleading. They contended that family context is often more complex than what may be measured by quantitative research instruments. Furthermore, what families may report on anonymous paper-and-pencil research questionnaires they may be more hesitant to include on instruments that therapists will use to assess and treat them. Other reasons that family therapists are not uniformly enthusiastic about structured family assessment instruments may relate to their training (or lack thereof) in assessment, their lack of familiarity with the range of available instruments, skepticism about the validity and usefulness of assessment instruments, discomfort with the “expert-analyzer” role, and boredom with the process (Gold, 1997; Goldman, 1990, 1992; Thomas, 1990). Also, it may be that since the field is increasingly embracing constructionist thought, family therapists are seeking assessment methods that value ideographic meaning over normative comparisons.

Qualitative Assessment Methods

Qualitative assessment methods are by no means a substitute for standardized tests. When therapists want to examine where an individual falls relative to a normative sample on certain variables, they should use quantitative standardized assessment instruments. However, qualitative assessment methods can be a useful complement to such testing because of their own unique advantages, which are summarized below.

ACTIVE SELF REFLECTION

Family members typically want to understand themselves and their family better. They usually enjoy taking part in “hands-on” qualitative assessments, because the family information that emerges is immediate and often quite revealing. Moreover, they have an integral role in the assessment process.

ASSESSMENT AND THERAPY DIRECTLY COMPLEMENT ONE ANOTHER

We hear a lot about how important it is for therapists to integrate research and practice (Piercy & Sprenkle, 1990; Sprenkle & Moon, 1996). We recommend that qualitative assessment be folded into the therapy process itself. The therapist naturally and personally involves the family in qualitative assessment activities, then openly uses the information gained to guide therapy. The application of qualitative assessment to a real-world setting, then, is its own built-in external validity (Goldman, 1992).

QUALITATIVE ASSESSMENT CAN BE CHOSEN TO “FIT” THERAPISTS’ THEORY

Depending on a family therapists’ theoretical orientation, he or she will focus more on some aspects of family functioning than others—structure, sequences, power imbalances, dominant stories, and transgenerational themes

are a few examples. A therapist may choose a qualitative assessment method that focuses on issues related to his or her particular theoretical orientation (Halvorsen, 1991).

QUALITATIVE ASSESSMENT IS A SHARED ASSESSMENT

In traditional assessment, the assessor often uses a standardized instrument to generate assessment data that may or may not be shared with the family members themselves. If knowledge is power (Foucault, 1980), then therapists who are the exclusive extractors, encoders, and possessors of the knowledge are indeed in a hierarchical, more powerful position than the family members (Piercy & Thomas, 1998). On the other hand, qualitative assessment, at its best, supports a more participatory, open assessment process that levels the therapist-family hierarchy and at least, encourages a collaborative relationship. The qualitative assessor invites family members to become coassessors who generate and make sense of the assessment information that emerges.

QUALITATIVE ASSESSMENT EMPOWERS

When family members become active partners in the assessment process, they often feel empowered. We want our clients to take an active role in therapy, and their participation in the assessment process provides a template for such action. It sets the stage for a collaborative therapeutic process in which the family's agency will be directed toward change, both within and outside therapy.

QUALITATIVE ASSESSMENT INCREASES THE FAMILY'S COMMITMENT TO THE ASSESSMENT AND THERAPY PROCESS

When family members are involved in generating and making sense of their own assessment data, they usually feel more committed to the therapy process they are helping to formulate.

QUALITATIVE ASSESSMENT SUPPORTS FAMILY COMMUNICATION AND UNDERSTANDING

When family members share their qualitative assessment data, each family member learns from the others. In fact, sometimes families share more sensitive information through drawings and metaphors than they typically would through conversation alone. They also learn that their family is not a static system, but one that each family member may experience quite differently.

QUALITATIVE ASSESSMENT PROVIDES A HOLISTIC, CONTEXTUALLY RICH SENSE OF THE FAMILY

Imagine describing a butterfly only by its speed or the Grand Canyon by its width and depth. Your facts may be accurate, but there is so much more to

be seen and described. A family is a multifaceted system and the nuances of life in that family may be lost when it is reduced to discrete variables on a standardized test. Qualitative assessment gives us a “feel” for the family—their rules, norms, ways of giving and denying support—which may not be so easily tapped through standardized tests.

QUALITATIVE ASSESSMENT IS FLEXIBLE FOR USE WITH DIVERSE FAMILIES

The qualitative methods we will present in this article are sufficiently flexible to be used with families from diverse cultural and ethnic groups, socioeconomic levels, and with families with same-sex partners, members with disabilities, and members of various ages. The therapist may modify the content or vocabulary around the qualitative assessments without adversely affecting the usefulness of the assessment (Goldman, 1992).

QUALITATIVE ASSESSMENT USES THE FAMILY'S OWN PERSONAL CONSTRUCTS

Solas (1991) stated that it is important for therapists to understand families through the family's own personal constructs, stories, and meanings. Qualitative assessment techniques help therapists gather information from families in ways that privilege the family's own meaning structure and world view.

QUALITATIVE ASSESSMENT TECHNIQUES WITH FAMILIES

Interviews are the most common qualitative techniques therapists use (L'Abate & Bagarozzi, 1993). However, therapists can use a host of other creative activities to engage families in the assessment process, such as art projects, role playing, enactments, metaphors, photography, sculpture, storytelling, music, and standard projective techniques. The examples we give in the remainder of the article only tap the surface of the possible kinds of qualitative assessment activities that a family therapist might use. We encourage readers to adapt the procedures below to their own styles and practices.

Most of the assessment activities below have projective elements to them. That is, the family members project onto the activity certain aspects of themselves, which they then become more aware of. However, there are several differences between these activities and common projective tests. First, these are not formal tests—they do not quantify behaviors, or require comparisons and standardization. Secondly, the process is not covert or used to diagnose or categorize families. Instead, we use these techniques to learn from and with the families themselves, and our insights are overt and open for discussion.

Art Assessments

Art therapy has many specialized techniques that therapists can use in family assessment. Through drawing, painting, and clay modeling activities, thera-

pists learn about and connect with clients, especially children and those with limited verbal skills (Kwiatkowska, 1978; Willmuth & Boedy, 1979). The art activity serves as both an assessment technique for therapists and a therapeutic experience for clients. Clients are usually less anxious when they express themselves through art (Oster & Gould, 1987).

With art, clients use their “right brains” (the more creative and less logical part of their brains) and thus tend to be more expressive and less defensive. Additionally, the activity shifts the focus from an identified patient or problem to the art product. This allows the family to enjoy the process and connect positively to each other (Willmuth & Boedy, 1979). Furthermore, art activities can include family members of various ages and abilities, and encourage a more egalitarian, less intrusive role for the therapist (Sherr & Hicks, 1973).

Art therapists often ask each family member to draw a picture of his or her family (figuratively or abstractly) and a scribble or abstract picture of anything they wish to draw (Kwiatkowska, 1978; Rubin & Magnussen, 1974; Willmuth & Boedy, 1979). (Therapists can prescribe the scribble first, since it requires no art skills and is therefore a low-anxiety activity.) The therapist then asks family members, in turn, to describe their family drawings (which helps the therapist learn about each person’s view of the family) and asks the other family members to interpret one another’s scribble or abstract drawing (which helps the therapist to understand their perceptions and feelings about each other). Afterwards, the family can draw a mural together of whatever they choose. For example, one family may choose to draw a picture of their neighborhood and another a garden of flowers. The process of creating the mural serves as an enactment. The therapist observes how family members cooperate and communicate with each other, how they make decisions, what roles individual members play, and what problems arise. The therapist can then ask questions about the mural, the process, and specific interactions among family members.

There are many other ways to use art in family assessment. Vandvik and Eckblad (1994) used a “two-house technique” with step families in which the therapist asks children to draw both of their parents’ houses and the members that belong in each house. From this, therapists ask questions about how the two families interact and learn about the children’s views of their separate families. Wadeson (1972) used art with couples as a way to gain information about their relationship while encouraging interaction, emotional expression, and fun. Wadeson asked couples to draw a joint picture (of anything) without talking to one another (to assess nonverbal communication and conflict resolution skills); an individual self-portrait that each gives to the other to edit and complete (to understand each person’s perceptions of self and partner); an individual abstract of the relationship (to assess the partners’ views of the relationship); family portraits (to assess family of origin influences and relationships); and scribbles (to assess pertinent underlying intrapersonal issues). Therapists also have used art to assess sexual abuse

(Riordan & Verdel, 1991); roles in remarried families (Cobia & Brazelton, 1994); mental status (Finney, 1994); cognitive abilities (Oster & Gould, 1987); and affective expression (Brooke, 1996).

Below are some other art activities the reader may wish to consider for assessment purposes:

1. To set goals, ask families to draw their current family and ideal family and then describe the differences between the two and the areas that need to change.
2. To assess self-perceptions, ask family members to draw and describe themselves.
3. To assess roles, ask family members to draw the family in their house doing whatever they typically do.
4. To assess family structure and roles, ask family members to draw a floor plan of their house, including pertinent furniture and objects (Coppersmith, 1980). Ask members to describe why things are where they are, what typically happens in each room, the mood of various rooms, the rules of the rooms, special/favorite places for each person, and ways the house allows for interaction and privacy (e.g., doors, fences, gathering room, etc.).

Want-Ads

With this assessment activity, the therapist asks each person to write a want-ad for a family member or family quality (Piercy, 1977). For example, family members may write want-ads for a perfect parent, a child, a spouse, a happy marriage, better communication, solutions to problems, etc. This can be fun, but also quite revealing. The therapist and family use these want-ads to discuss expectations, hopes, values, and directions for change. Below is an example of a want-ad for a parent, written by a teenage daughter.

Parent Wanted

Looking for a parent who accepts me as I am and does not criticize everything I do. Those who apply should be open-minded, able to listen, and not quick to judge. Those who feel they are always right and don't want to compromise and respect people younger than them need not apply. Send resumes to . . .

The therapist used this want-ad to open discussion about the teen's frustrations with her parent's criticism. The want-ad was a vehicle to assess parent-child interaction and communication and define problems and goals for therapy. (The therapist could have also asked the parent to write a "child wanted" want-ad.)

Guided Imagery

We use guided imagery to help family members learn more about themselves and their relationships. Guided imagery activities also help the family and therapist identify important resources to use in the change process (Piercy & Tubbs, 1996). Below is an imagery exercise to help couples learn more about their interactions around arguments. The imagery activity encourages them to view their argument from a metaposition and to explore ways to break their typical pattern of conflict by changing their own behavior. Note that the assessment component of this activity (examining a pattern) is tied directly to subsequent intervention (experimenting with breaking the pattern).

“Imagine that someone has videotaped you and your partner having an argument. Watch the videotape and see what you can learn about how you both got into the argument . . . Now rewind the tape and watch it again, keeping in mind places where you could have kept from getting so angry. What could you have done to keep from feeling so hurt, even if your partner continued to say and do the same thing? . . .

Now edit the videotape in your mind. Don't change your partner's behavior, but insert some ways you could keep from getting angry and could keep the argument from becoming so hurtful. Now, play this edited videotape and watch how you keep from getting so angry and how you keep the argument from becoming so hurtful. . . . How do you feel watching yourself act more positively in the second video? How does it feel not having to respond the same old way to your partner? . . . Take a few minutes and consider what you have learned by watching the second video . . .”

As the reader can see, imagery activities such as those above can help family members discover more about their relationship, as well as find creative ways to address their problems (Piercy & Tubbs, 1996).

Photographs

Therapists may also use photographs to gather information about families, their history and context, and important events in their lives (Anderson & Malloy, 1976; Kaslow & Friedman, 1977). For example, families can be asked to make a collage of their most important family events within a certain time period. From this, therapists gather information about salient transitions in the family, since many families take photos at these ritual-filled times. Additionally, therapists can inquire about times for which there are no photos, which typically tend to be periods of stress and discontent. Looking at photographs often evokes strong emotions in families which can give the therapist a sense of each family member's connection to and place in the family. Photos have the potential to also elicit information about past events that can shed light on current family problems.

Genograms & Timelines

Therapists have traditionally used genograms to gather qualitative information about the history of the family, transgenerational influences, and family make-up (McGoldrick & Gerson, 1985). Families can be involved in creating a timeline of their history. Duhl (1981) described using a chronological chart to track family interactions in relation to specific events. This chart consists of columns with each family members' name and rows listing specific events that have occurred in the family (deaths, births, graduations, illnesses, etc.). Each family member writes his or her age at the time of the event and reaction to the event in the box corresponding to his/her name and the particular event. From this, the therapist and family discuss the family history. The therapist can use this information to assess historical influences on the family's current issues. Additionally, the therapist can see the intrapersonal and interpersonal impact of events across time. For example, with one family the therapist was able to discover that the daughter's separation anxiety occurred at the same time as the mother's depression, immediately after a grandfather died. The therapist then explored the relationship of these past events to the mother's current depression as the daughter was separating and leaving for college.

Some therapists have also used genograms, timelines, and lifelines to gather information about the family's religion, ethnicity, gender beliefs and roles, and culture (Arrington, 1991; Congress, 1994; Kaslow, Celano, & Dreelin, 1995). With the therapist, the family constructs a timeline of their history in relation to a specific topic (e.g., culture, religion, etc.). (A timeline is a horizontal line on a sheet of paper, usually from a date in the past to the present.) The therapist asks questions about cultural values that transcend generations, family myths and rules passed down, family of origin patterns, religious influences affecting various generations and subsystems, pertinent crises that changed the family make-up or relationships, co-occurring stresses for various family members, and so on.

Psychodrama & Role Playing

Therapists can use psychodrama and role playing to enact family interactions and dramas and gather information about family roles, rituals, communication, and problems. For example, families may be asked to reenact a specific event or interaction that they describe as problematic, such as a fight, a parenting skill, a family dinner, or a misunderstanding (cf. Minuchin and Fishman, 1981). To assess the perceptions of different members of the family, therapists can ask different family members to direct the family interaction as they see it. The directing family member uses the other family members as actors to reenact the event and show the therapist what he/she believes actually happens. Following, other family members can direct or

describe their versions of the same scenario and discuss how their experiences are different.

Therapists can also ask families to reenact holidays, a typical day, dinner table interactions, bedtime rituals, a vacation, or any other ritual or event that might provide a window into the dynamics of the family. From this, therapists are able to assess how the family communicates, who maintains the power, how members attract or repel each other, who gets the attention, who does what, how problems begin, and what meaning the family attaches to various interactions.

Imaginative stories are another means by which therapists can gather data about family dynamics. A family can role play a portion of a fairytale or play and then discuss how they chose their roles and use the metaphor of the drama to gather information about family interactions and relationships. For example, if the play is *The Wizard of Oz*, the therapist can ask questions about why a certain family member chose the role of the evil witch or the wizard, or Tin Man, or the Cowardly Lion. Usually the family picks roles similar to the roles they play in the family and enact their present relationships with each other through their characters. The therapist then inquires about how the family members want the drama to change (or how they would rewrite the story or its ending) and assess the family's goals for therapy.

Sculptures

Therapists have used family sculptures not only as interventions, but also to gather information about how various family members perceive the family. In a standard sculpture, one family member directs the others to assume postures that depict how he/she sees them at a particular point in time (Duhl, Kantor, & Duhl, 1973). Sculptors use closeness and space, body posture, facial expressions, and props to show their perception of each family member's relationship with the others. For example, a parent might sculpt a scapegoated son far apart from the rest of the family, sticking his tongue out at them and making faces. An involved, peace-making father might have his arms reaching out to the other family members. Whatever the situation, therapists can ask families to sculpt one another in order to get a better picture of how they relate to and perceive each other. To assess family history and future goals, family members could sculpt the family at some time in the past (perhaps a time of crisis or peace), the present, and at some point in the future when the problems are resolved. Or, therapists can also assess the impact of specific events or family interactions on various members by requesting that family members sculpt their perceptions of themselves at a particular event (a holiday, after a conflict, at a funeral, etc.). Gehring and Schultheiss (1987) encouraged clients to use dolls, sticks, and chess pieces instead of humans to make sculptures, thus allowing everyone to create their sculpture simultaneously.

In a linear sculpture, family members place themselves along an imaginary line on the floor, which represents their feelings about some bipolar dimension of family dynamics (Constantine, 1978). Family members might physically place themselves along a continuum of power (from “high” to “low”) to assess hierarchy in the family. Other continuums include personal traits such as cheerfulness, respectfulness of others, willingness to follow rules, helpfulness, talker-listener, etc. To understand self-perceptions, therapists should ask family members to place themselves along the linear dimension. To understand members’ perceptions of each other, therapists can request family members to place other family members along the dimensional line (e.g., the therapist instructs the husband to place the wife where he sees her on a talker-listener continuum.) Clients can be asked to place themselves or others along the line in terms of where they would ideally like themselves or a family member to be (e.g., a wife could place her husband where she thinks he is in terms of expressing affection and then where she would ideally like her husband to be). If there is considerable distance between the two points, this can be powerful feedback.

To learn about family members’ opinions and attitudes, ask them to place themselves along a continuum of “agree-disagree” according to a series of value-laden statements. For example, therapists can make statements such as: “This family cooperates with each other.”; “This family communicates well.”; “The rules in this family are fair.”; “Mom is the head of this family.”; or “The children in this family have little say in what happens to the family.”

We encourage readers to see Constantine (1978) for additional types of sculptures (such as polar sculptures, boundary sculptures, relationship sculptures, and typological sculptures) which therapists can use for assessment. We like to use sculpting because it engages family members in the assessment process, incorporates children well, requires little or no verbal communication, allows space for disagreement, and provides the therapist with useful information about family dynamics, perceptions, and opinions. Finally, and perhaps most importantly, we encourage therapists to use sculpting because it is fun for both therapists and client families.

Incomplete Prompts

Therapists have used free association from the beginnings of psychoanalysis. With free association, therapists prompt clients with a word or picture and ask them to say the first thing that comes to their minds. Therapists then try and interpret the meaning of the client’s response in relation to unconscious or covert processes. For example, family therapists have used family Rorschach tests in which they ask family members to interpret inkblots together (Loveland, Wynne, & Singer, 1963; Zimmerman, 1996).

Similarly, incomplete prompts are beginnings of sentences, stories, pictures, or words that therapists ask clients to complete. However, family therapists typically are not looking to uncover unconscious thoughts, but rather

to learn more about the client. Therapists can assess clients' feelings, thoughts, and behaviors through the use of prompts. Therapists, for example, can ask clients to fill in the blanks of sentences that describe their families, such as "When we argue, I feel . . ."; "I am closest to . . ."; "I get angry when . . ."; "I think our family rules are . . ."; and "I think we need to change . . ."

Therapists have also used storytelling to find out about clients' lives, experiences, and world views (Duhl, 1981; Lowenthal, Landerholm, & Augustyn, 1994). Clients may be given the title to a story and asked to write the story or tell about their experiences related to the topic. Examples of titles are: "My Most (or Least) Favorite Family Activity"; "The Best (or Worst) Day Our Family Has Ever Had Together"; "Dinner Time at Our House"; "When the Problem Started," or "What I Hate (or Love) About Family Holidays." Similarly, Sivec and Hilsenroth (1994) use pictures of hands in different positions to prompt clients to discuss activities that they engage in or experiences they have had.

More similar to free association, the "Talk About" game helps clients to spontaneously associate various events, feelings, or behaviors (Deacon, 1998). In this game, clients throw a ball or "hot potato" to one another and give the recipient a subject to talk about. The recipient of the ball must say five things in 10 seconds that relate to the subject they were given. Then the recipient throws the ball to someone else and gives that person a subject to talk about and so on. For example, the therapist might throw the ball to a parent, saying "Talk about your son." The parent says five things quickly related to his or her son, "He's tall. He has brown hair. He likes baseball. He makes me mad sometimes. And he fights with his sisters a lot." The parent then chooses someone to throw the ball to and gives that person a topic, "Talk about school." Clinicians can direct the game by giving family members' subjects to talk about that relate to family functioning or their problems. For example, the therapist might ask different family's members to talk about "punishment," "keeping secrets," "being the boss," "problems at school," or "parenting." However, the game should begin with topics that create little anxiety. Because the game is quick-paced, clients often say the most critical things on their mind and have little time to edit their responses. Therapists learn about topics quickly that they can ask questions about later.

As in all of these activities, the therapist makes clinical judgments about which techniques best fit a particular family. In this activity, for example, some families will benefit greatly and others may be so aggressive or dysfunctional that they will use the activity in a hurtful manner. When this is the case, less directly expressive activities, such as the metaphor activities below, may be more appropriate.

Metaphors

The assessment process is more fun and creative when family members answer questions in the form of metaphors (e.g., If your family experience

was a book, what would the title be?). Many family members feel unsafe saying what they think directly for fear they may hurt others' feelings. When therapists ask for metaphors, families often become less defensive and more able to express themselves in symbolic ways. With highly active or conflictual families, questions that require metaphors slow down the process and require less direct interaction.

There are a variety of metaphors a therapist can use. For example, families can describe themselves, each other, or certain dynamics as colors, styles of music or specific song titles, television shows or characters, fairy tales, movies, household objects, foods, shapes, modes of transportation, sounds, book titles, toys, games, or articles of clothing. The therapist can then ask why the family members chose their metaphors and what they symbolize. From this information, the therapist learns about the family and can use the themes behind the metaphors in therapy.

Family Polling

Interview questions also elicit qualitative data. Del Donaldson (personal communication, 1994) shared with us a series of polling questions he uses to assess various aspects of family functioning. (He gave credit to his mentor, William Hiebert, for these questions.) It is clear that this activity draws heavily from the circular questioning methods of Selvini Palazzoli and her colleagues (Palazzoli, Boscolo, Cecchin, & Prata, 1978). Starting with the youngest family member first, and progressively moving to older members, the therapist asks, in turn, the following questions.

1. What does your family do for *fun together*?
2. Who is the family comedian or *family clown*? That is, who is in charge of keeping things loose in the family, so people don't get too uptight?
3. What are your family's most important *rules*? Does everybody know what they are? Sometimes the most important rules in a family are unspoken ones. What are some of your family's unspoken rules?
4. Who is in charge of *law and order* in this family? That is, who is the family cop? If _____ is the family cop, then what is _____ in relationship to _____? What kind of cop is Mom? Dad?
5. Who has the most *influence on feelings* in your family? Who can make people feel a certain way faster than anyone else? How does he/she do it?
6. Who's the *most sensitive* person in your family? That is, who might pick up on something quicker than anyone else or react to something most quickly?
7. Who's the *most stubborn* person in this family? What are they stubborn about? On a scale of 1 to 10, how stubborn are they? Rank the entire family.
8. What's the *most important thing that's happened* in this family in the

past 5 years? The past 10 years? Ever? (Explore these pivotal events. Why are they so significant?)

9. *Who's closest to whom* in this family? Who is _____ closest to? What makes you think so? How can you tell?
10. What is this *family's "dance"*? Is there something that happens between you all that's kind of unpleasant, and yet predictable? In other words, when do you get that feeling of, "Oh no. Here we go again!" Describe your family's "dance" step by step.
11. I'd like you now to *think about your family in a symbolic way*, like you were dreaming, or like they are characters in a story. Often, the first thing that comes into your mind is the best. Don't work too hard at this. Use your imagination. You can use cartoon characters, Bible characters, historical figures, movie or storybook characters—whatever you want. See what symbols or characters you can come up with to describe your family in relation to one another. This should be about the way your family actually is, not how you'd like it to be. Now, again in symbolic form, what's your *worst nightmare* about this family?
12. What *changes* would you like to see in this family?
13. *What's it like to live in this family?*
14. What one thing that goes on in this family that you *don't understand* right now would you most like to understand?

Therapists could also use some of the action methods we have discussed to bring life to these assessment questions. For example, each family member could sculpt or act out their "family dance." Or therapists could use line sculptures for the degree to which each member is stubborn or sensitive. Family members might also draw how they have fun together. The point is, one can elicit qualitative data in any number of engaging ways.

LIMITATIONS AND CONTRAINDICATIONS

While some therapists prefer experiential activities and active, participatory assessments, others may be more comfortable with simple dialogue and interviews. Furthermore, various types of clients may not feel comfortable with active "doing" exercises. Some clients, for example, may fear that these activities are too revealing, anxiety provoking, or just plain odd. It is important that therapists consider both their own and their clients' comfort levels with experiential activities. It is also important to take into account clients' formal and creative thinking abilities, groundedness in reality, physical limitations, sensitivity, openness, and need for crisis intervention. None of these activities should be used if they put clients at risk of harm (emotional, physical, ethical, or otherwise) or compromise the therapeutic relationship or the effectiveness of treatment. At the same time, the authors encourage therapists to cautiously experiment with these activities and model an openness

to new experiences to their clients. As in all therapeutic assessment and intervention, clinical judgement is key in deciding what to use, when, and with whom.

CONCLUSION

In this article, we have examined how traditional experiential therapy interventions can be used for the purposes of initial and ongoing qualitative assessment. It is important to note that these methods are not meant to replace, but rather to complement more quantitative or standard methods of family assessment.

We should evaluate these qualitative assessment methods in terms of the degree to which they meet accepted criteria for good clinical assessment (e.g., Wilkinson, 1987; L'Abate and Bagarozzi, 1993; Thomas, 1990; Piercy & Thomas, 1998). Good family assessment, for example, should involve multiple methods that are culturally sensitive and support the active involvement of the family members themselves. The methods should be broad enough to assess a variety of complex problems, yet sensitive enough to reflect the nuances and multiple meanings connected to them. Assessment data should be able to be readily understood and used by family members and the assessment process should be an integral part of therapy. It should be a collaborative, open process in which assessment data are shared with and discussed by family members. It should guide therapy and empower the family. It should also be relevant to the family, the therapist, and the therapy process. In other words, it should be engaging and therapeutic in itself. We believe that the experiential qualitative assessment methods outlined in this article, if used sensitively in the context of a caring, respectful therapy, can do all of these things.

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