

International Journal for School-Based Family Counseling

Volume VI, 2015

Trans-system assessment: A strategy for improving School-Based Family Counseling

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Although a comprehensive, integrated approach to assessment is critical in School-Based Family Counseling (SBFC), few professionals are currently using such an approach. This article addresses that problem by recommending trans-system assessment as a useful, feasible first step in promoting SBFC assessment across professions. To illustrate this, four trans-system approaches are applied to a hypothetical case study.

Keywords: SBFC assessment, circumplex model, behavioral assessment, Adlerian assessment, cognitive assessment.

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The importance of assessment in SBFC

Assessment in SBFC serves two main functions: formulating a comprehensive case conceptualization to guide an intervention plan, and evaluating the degree to which the implemented intervention plan has been successful. Ideally, the comprehensive case assessment involves an assessment of the child's behavior at home and at school; the child's relationship with adults and peers at home and at school (e.g. parents, guardians, teachers, siblings, classmates); the group dynamics of the family and of the classroom/school; a multicultural assessment; and an assessment that makes explicit reference to the theoretical perspective from which the professional practices SBFC, e.g. family systems, cognitive, behavioral, humanistic, etc. (Gerrard, 2013a). An example of one way to formulate such a comprehensive SBFC assessment can be found in Gerrard (2013a).

Assessment for outcome change differs from assessment for case conceptualization in that it is narrower and generally focuses more on whether the problematic behavior that resulted in the client presenting for treatment has changed. Ideally, the outcome evaluation assesses the child's

behavior at home and at school (if the child is experiencing difficulties in both environments); the child's relationship with significant adults, peers, and siblings; the group dynamics of the child's family and classroom/school; and use of an outcome assessment approach that has demonstrated reliability and validity. Further discussion of ways of measuring SBFC outcomes may be found in Gerrard (2013b).

What is central to a comprehensive SBFC assessment is the focus on both the family and the classroom/school. The importance of this is evident in situations in which the child has problems both at school and at home. However, in situations where the child has (for example) a problem at school (e.g. being bullied), but no problems at home, an assessment of the family may be very important for identifying positive family resources that can help address the child's problem at school. In the mental health professions (such as psychiatry, psychology, school counseling, school social work, and family therapy) assessment is typically taught in academic training programs using approaches favored by the particular mental health discipline. For example, in family therapy programs, students typically learn family systems assessment approaches. In school counseling programs, students typically learn assessment approaches that focus on the child and the school environment. Because most mental health professionals do not work simultaneously with families and schools, they are unlikely to have learned assessment approaches that fit both school and family environments. But that is the type of comprehensive assessment that is required for the practice of SBFC.

Dr. Marcel Soriano refers to this as the 'silo model' – the tendency of mental health professions to be narrow in their approach to working with children and focus only on traditional assessment and intervention approaches used within their discipline (Soriano, personal communication, Nov. 7, 2004). This narrowness of disciplines has been criticized by some commentators for some time, as in books like 'Unthinking social science: The limits of 19th century paradigms' (Wallerstein, 2001) and 'Open the social sciences: Report of the Gulbenkian Commission on the restructuring of the social sciences' (Calouste Gulbenkian Foundation, 1996). Both call for the integrated development of knowledge from the humanities, social sciences and sciences, and advocate for the type of interdisciplinary approach used in SBFC.

A first-step approach towards the adoption of a comprehensive approach to SBFC assessment across disciplines

Since the widespread adoption of a comprehensive SBFC-type assessment approach across the professions dealing with children is not likely to happen swiftly in light of the challenges described above, what can be done to encourage professionals to begin using a SBFC approach? A first-step SBFC strategy to promote assessment of both family and school environments affecting children is for professionals to begin by using an assessment approach they are familiar with, and using it in one of the child's systems, but extending it to the child's other system. The term I use to describe the use of the same assessment approach in two (or more) systems is 'trans-system assessment'. Such an approach to SBFC would not necessarily be comprehensive, but it would have the advantage of not requiring the professional to learn a new and more complex assessment approach (especially one that their colleagues might not approve of). In addition, it would open up for the professional a conceptual understanding of the two environments that have the most influence on children. To illustrate what this trans-system assessment approach would look like I will review four different trans-system approaches as applied to a hypothetical case study.

Case study

Luis was referred to counseling by his teacher, Miss Jones, because he has been inattentive in class, has not been completing his schoolwork during class, or his homework, and he is often tearful when spoken to. Barbara, the school mental health professional, interviewed Luis and discovered that he was being bullied by an older boy, Mark. Miss Jones' view of this is that "boys will be boys" and that she has a difficult time monitoring what happens in a large class of 30 students. The principal reports that there have been instances of bullying, especially cyber-bullying, in other grade levels in the school. Barbara learned in a phone call with Luis' mother, Mrs. Janet Rodriguez, that Luis has been sad since his mother and father separated. Mrs. Rodriguez reports that she has been separated from her husband for 6 months and that things are very tense between them. Luis is angry with his father who now rarely calls him.¹

The four trans-system approaches I will use for illustrative purposes are Behavioral, Cognitive, Adlerian, and the Circumplex Model. This selection is arbitrary and based on the fact that these are trans-system approaches - that is, they can be applied to both families and schools; I have extensive experience with them; and they are meant to demonstrate how trans-system assessment can be applied across a variety of different theoretical approaches and levels - individual, dyad, and larger system. The Behavioral and Cognitive assessment approaches are in wide use, as Cognitive-Behavior therapy is currently a dominant paradigm in mental health. Adlerian assessment is included because it was the first mental health approach to adopt a SBFC emphasis and is still widely used. The Circumplex Model is included because it is a systems approach that can be applied to any dyad or larger group. The Cognitive, Behavioral and Circumplex models have strong research support. In addition, they can be integrated easily to form a comprehensive approach to SBFC assessment. Because the readers of this journal come from a wide variety of disciplines, and not everyone will be familiar with all the trans-system models discussed, I will describe the before/after treatment application of each model in a detailed manner.

Behavioral assessment

Description: Behavioral assessment based on direct observation involves counting the frequency of specific behaviors. For children, these might be negative behaviors, e.g. whining, crying, non-compliance with adult requests, off-task behavior, arguing, hitting, etc.; or positive behaviors, e.g. on-task behavior like doing homework, complying with adult requests, or playing quietly. Examples of adult behaviors which a SBFC professional might measure for a parent or teacher include reprimanding, criticizing, praising, or ignoring. The behavior to be measured is clearly defined and is typically recorded by the parent, teacher, or SBFC professional who records the frequency the target behavior occurs during a set interval (e.g. a 5 minute period each hour), a day, or a week (Bellack & Hersen, 1998). A behavior therapist would accompany this with a functional behavior assessment of the child's behavior - tracking antecedent (the behavior occurring before);

¹ Reprinted with permission from Gerrard, B. (2013). Chapter 4. Assessing change in SBFC. In Gerrard, B. and Soriano, M. (Eds.) *School-based family counseling: Transforming family-school relationships*. p. 51, Phoenix, AZ: Createspace.

behavior (the child's problematic behavior); and consequence (the behavior that follows, especially adult behavior that might reinforce the child's behavior).

Application to case study: A hypothetical example of before and after intervention frequencies for Luis doing schoolwork and homework is shown as Figure 1. Although a wide variety of interventions could be used to modify, for example, Luis' on-task behavior for schoolwork and homework, many SBFC professionals who use behavioral assessment also use a behavior therapy approach. This might involve the SBFC professional using a token economy intervention with the teacher and the parent. A behavioral functional analysis (assessing antecedents, behavior, consequences) could uncover parent or teacher behaviors that are reinforcing a child's problem behavior. The SBFC professional might first focus on the target behavior of Luis being on-task with schoolwork, then shift to other target behaviors such as helping the teacher and the parent, by increasing the use of praise and active listening with him. Additional non-behavioral interventions could be used, e.g. parent consultation with Luis' mother and father in order to reduce conflict between them in their parent roles.

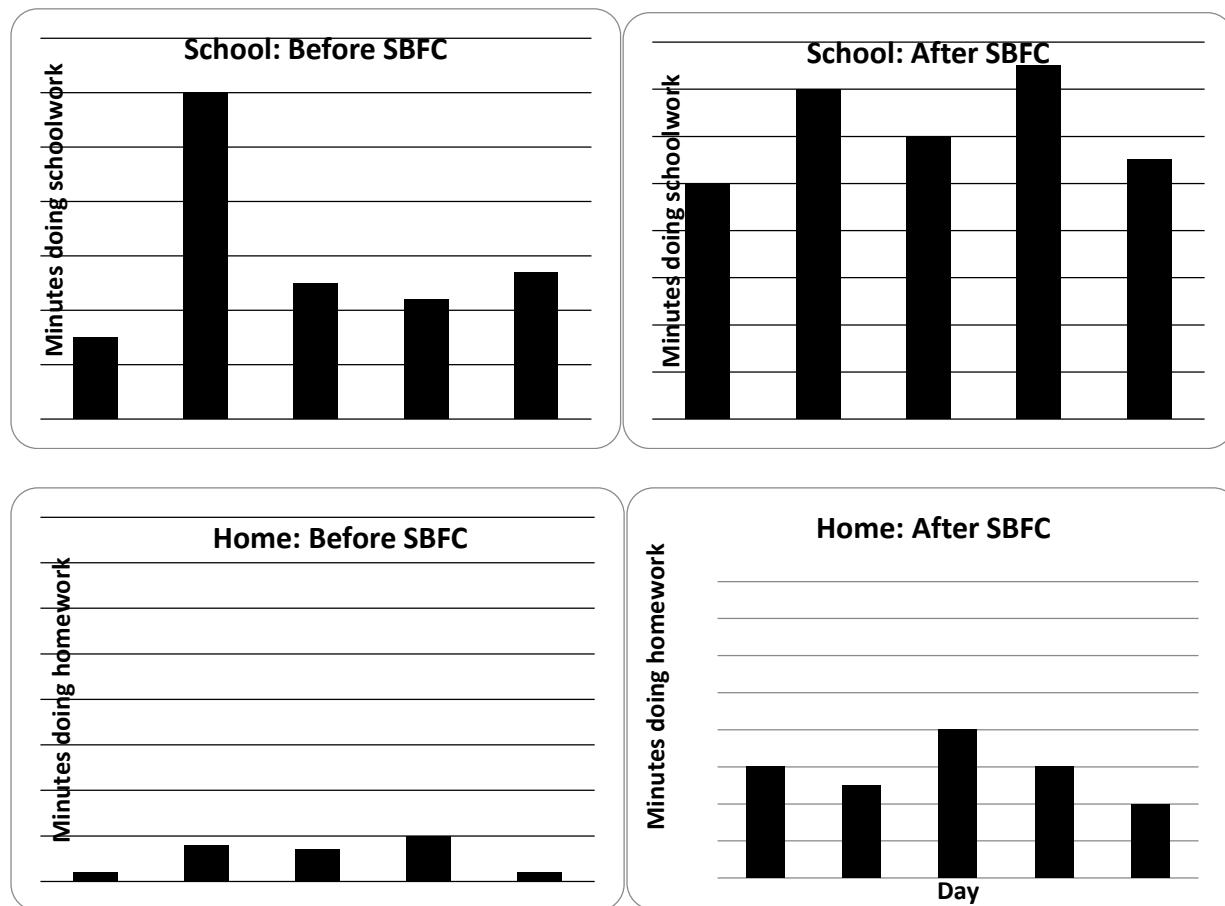


Figure 1 Case study: Behavioral assessment before and after intervention

Advantages: Behavioral assessment has several advantages. It is relatively easy to do: a teacher who has a child for the day could use 5 minute sampling each hour over 5 hours (a total of 25 minutes) and simply note whether for the 5 minute observation period the child was on-task or off-task. Similarly, a parent could be asked to have a set time for the child to do homework (e.g. from 4:00-4:30 pm) and monitor the number of minutes the child spends on-task. No special materials are required. Simple recording sheets can be prepared easily for the teacher and parent to keep track of the child's on-task behavior. It has excellent reliability and validity, which are important for demonstrating evidence-based support (Hersen, 2005). Behavioral assessment is compatible with cognitive assessment, in that both are typically done together by practitioners using integrative Cognitive-Behavior Therapy (CBT) approaches. Finally, behavioral functional analysis has a systems assessment aspect when identifying interaction patterns between children and significant others who are reinforcing the child's behavior. This dyadic systems level is important for the development of a comprehensive approach to SBFC assessment.

Challenges: Teachers and parents may resent being given the 'homework' assignment of tracking behavior even if the amount of time required is not onerous. In situations like this the SBFC professionals can either collect the classroom behavior themselves through classroom observation, or interview the teacher and parent once a week and ask them to estimate the number of minutes the child was on-task with schoolwork each day. For example, a simple behavioral inventory to assess a student's time doing schoolwork could be prepared that teachers and parents could check off daily or weekly.

Cognitive assessment

Description: Cognitive assessment involves assessing the thoughts and beliefs of clients, especially dysfunctional or irrational thoughts, as well as rational or positive coping thoughts. This assessment approach is typical of the cognitive therapies such as Cognitive Therapy (Beck, 2011) and Rational Emotive Behavior Therapy (Ellis, 2005). The standard way to do a cognitive assessment is to ask the client what they are thinking about a situation that is causing them stress. A technique called the Downward Arrow Technique developed by Burns (1999) is often used and involves repeatedly asking the client questions like: "What does it mean to you that _____?" In addition, the SBFC professional may ask the client if he or she believes a particular irrational belief; e.g. "Could it be that you believe that if someone doesn't approve of you it's just awful?" or "Could it be that you believe that making mistakes is terrible?"

Application to case study: Some possible irrational and rational beliefs experienced by persons in the case study are shown in Table 1. Since irrational beliefs can be present as images, the SBFC professional doing cognitive assessment would also enquire about the client's images or fantasies about themselves and others. For example, Luis may have an image of Mark as a sort of 'vampire' which contributes to his fear. Luis may also have an image of his father yelling at him or rejecting him in some way. Traditional cognitive therapy interventions that might be used with the irrational beliefs shown in Table 1 are to help the client identify more rational, positive coping beliefs and images that contradict the irrational beliefs and images. In addition, a cognitive assessment can be made of other persons (parents, teacher, classmates) whose behavior is affecting Luis. In terms of intervention implications the SBFC professional could, for example, assist Luis in seeing that Mark's bullying behavior is a reflection of Mark, not Luis. Mark, in turn, could be helped to see that he has value even if his peers don't approve of him.

Advantages: Cognitive assessment is a critical part of cognitive therapy which has a strong track record as an evidence-based therapy. That is, if you are able to identify your client's irrational beliefs, there are effective cognitive techniques you can use to modify them (O'Donohue & Fisher, 2008). Cognitive assessment is simple, requiring only the interviewing skills of the SBFC professional. Cognitive assessment is also useful for measuring post-intervention client change. This can be done by asking the client: "How much do you believe that idea, on a 1-10 scale, with 10 = you totally believe it and 1 = you don't believe it?" The cognitive assessment model can be applied easily to children and adults (Szigethy & Weisz, 2012). In addition, cognitive assessment is compatible with behavioral assessment.

System	Person	Irrational belief before SBFC	More rational belief after SBFC
School	Luis	"Making mistakes is terrible" (re his poor schoolwork and grades)	"Everybody makes mistakes"
	Mark	"If I am not approved of I am a bad person" (re Mark)	"This is about Mark, not me"
Family	Luis	"If I am not approved of I am a bad person" (re his absent father)	"If my father doesn't call, it doesn't mean he doesn't care"
	Janet	"Making mistakes is terrible" (re feeling she has failed Luis)	"I am a good mother doing my best"
Mark		"People should be condemned for their wrongdoing" (re Luis' father)	"Everybody makes mistakes"
		"If I am not approved of I am a bad person" (re his father)	"My father has a temper but he does care for me"

Table 1. Case study: Cognitive assessment before and after intervention

Challenges: In order to do an accurate cognitive assessment, it is essential that the SCFC professional establish a strong relationship of trust with clients. This is because clients often feel embarrassed revealing they have 'irrational' beliefs or images. In addition, the SBFC professional must be able to use empathy and the ability to 'back off' if necessary when probing thoughts like 'I am worthless' that make the client feel vulnerable. In order to tap into underlying core beliefs

about the client's self, the SBFC professional must develop skill in hypothesizing what a client might be thinking (Beck, 2011).

Adlerian assessment

Description: Rudolf Dreikurs' Goals of Misbehavior (which are examples of interpersonal goals) have long been used by Adlerian mental health professionals to assess children's behavior at home and at school. Dreikurs identified 4 common goals of children when they misbehave: Attention, Power, Revenge, and Display of Inadequacy. Dreikurs has written on how parents and teachers can help children to move from the goals of misbehavior towards developing Social Interest. Social Interest is Adler's conception of mental health and is exhibited behaviorally in pro-social goals such as cooperation, collaboration, and caring (Dreikurs, 1958; Sweeney, 2009). This form of Adlerian assessment is basically an early CBT approach because of its emphasis on both cognition and behavior, i.e. both the child's and the parent's thoughts and actions.

Application to Case Study: Luis' behavior at school might demonstrate a combination of Attention-seeking (acting helpless) and Display of Inadequacy (feeling deeply discouraged to the point of avoiding contact with others). At home, in a more familiar situation, Luis might demonstrate more Attention-seeking behavior with his mother (e.g. acting helpless). Mark, the child bullying Luis, is likely to demonstrate the goal of Power, although it could be Attention-seeking to get the attention of his peers. An investigation of Mark's relationship with his family might reveal that Mark has a rebellious (Power) relationship with his father. Table 2 shows how Dreikurs' Interpersonal Goals might look before and after SBFC intervention. Adlerians would typically use similar strategies, such as Encouragement, Logical and Natural Consequences, and withdrawal of attention to misbehavior in helping the teacher and the parents to respond differently to Mark and Luis. Adlerians emphasize that, depending on the child's goal of misbehavior, a different intervention approach should be used. For example, with Display of Inadequacy, the primary intervention recommended is Encouragement. With the Attention-seeking child, withdrawal of adult attention and use of Logical Consequences are recommended. With the Power-seeking child, avoiding arguing with the child, giving the child some responsibility, and using Natural Consequences are recommended. With the Revenge-seeking child, the primary intervention is to use empathy and not take personally the child's hurtful remarks (Dreikurs, 1968). Although the Adlerian assessment system is tied to Adlerian interventions, other SBFC interventions could also be used to help Luis and Mark develop Social Interest.

Advantages: This assessment approach is closely tied to Adlerian interventions that vary depending on the diagnosis. If this is the diagnosis, then this is the recommended intervention. Teachers and parents may feel empowered by this because it gives them a clear approach to use with the child. Making a Dreikurs' diagnosis of a child's behavior is relatively easy, using charts available in Dreikurs' books and online. There is a fairly sizable Adlerian literature on how to intervene with children at home and at school. This literature is very readable, which makes it appealing to parents and teachers (Adlerian society, UK, 2015). Parenting skills programs like Systematic Training for Effective Parenting (S.T.E.P.) are available to SBFC professionals who wish to facilitate parent workshops (Dinkmeyer & McKay, 1997, 2007).

System	Person	Before SBFC	After SBFC
School	Luis	Attention-seeking	Behavior demonstrating Social Interest
	Mark	Power-seeking Attention-seeking	Behavior demonstrating Social Interest
Family	Luis	Attention-seeking Display of Inadequacy	Behavior demonstrating Social Interest
	Mark	Power-seeking	Behavior demonstrating Social Interest

Table 2. Case study: Adlerian assessment before and after SBFC

Challenges: The evidence for Adlerian assessment reliability and validity, although promising, is limited and there is a need for further research on the approach (Kern & Jonyniene, 2012). In my opinion, the concept of Interpersonal Goals also applies to adults who frequently display goals of Attention, Power, Revenge and Inadequacy, as well as goals reflecting Social Interest. The Adlerian assessment model would be improved by this extension to adults. For example, in the case study involving Luis, his parents appear to be demonstrating goals of Revenge and Power with each other.

Circumplex Model assessment

Description: The Circumplex Model is an approach to assessing family relationships along two dimensions - Cohesion and Flexibility (Olson, 2011; Olson, Russell & Sprenkle, 1989). Cohesion refers to the degree of closeness between family members and exists as a continuum ranging from too close (Enmeshed) to not at all close (Disengaged). Flexibility refers to the ability of a family to adapt to change and provide structure and leadership. Flexibility ranges from too flexible (Chaotic) to not at all flexible (Rigid). Each dimension has 4 categories (see Figure 2). Cohesion comprises Disengaged, Separated, Connected, and Enmeshed. Flexibility includes Chaotic, Flexible, Structured, and Rigid. The categories in the middle represent characteristics of more healthy families. An inventory called FACES IV can be used to rate a family's Cohesion and Flexibility (Olson, 2011). Lusterman (1988) has demonstrated that the Circumplex model can be used to assess both school and family groups. It can be used to diagnosis an entire family or classroom, as well as relationships between any two persons.

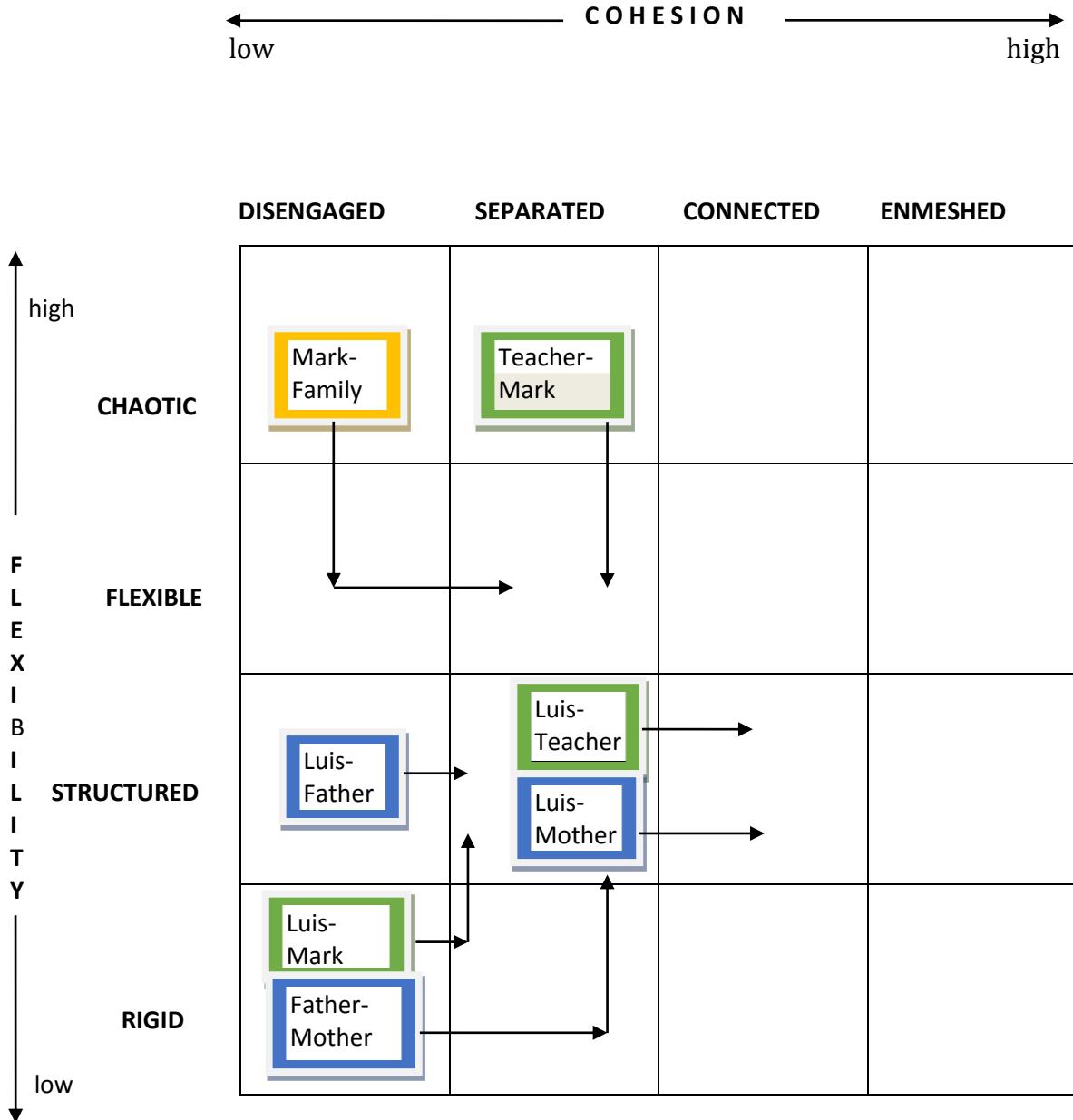


Figure 2. Circumplex Model assessment and goals for Luis

Application to case study: Figure 2 shows Circumplex diagnoses for significant dyads in the case study. The arrows show the direction the SBFC professional would likely want as a Circumplex goal. Table 3 summarizes Circumplex diagnoses and goals for the relationships diagrammed in Figure 2. In general, for this case, relationships that are Disengaged need to develop more Cohesion; those that are Chaotic need more structure; and those that are Rigid need to develop more flexibility. A wide variety of SBFC techniques can be used to effect these relationship changes.

System	Relationship	Circumplex diagnosis before SBFC	Circumplex diagnosis after SBFC
School	Luis-Mark	Rigidly Disengaged	Structurally Separated
	Luis-Teacher	Structurally Separated	Structurally Connected
	Mark-Teacher	Chaotically Separated	Structurally Separated
Family	Luis-Father	Structurally Disengaged	Structurally Separated
	Luis-Mother	Structurally Separated	Structurally Connected
	Luis' Mother-Luis' Father	Rigidly Separated	Structurally Separated
	Mark-Family	Chaotically Disengaged	Flexibly Separated

Table 3. Case study summary of Circumplex diagnoses before and after SBFC

Advantages: The Circumplex Model is a flexible approach for assessing the functioning of relationship systems. It does not assess individual behavior. It can be used to assess any level of grouping: dyad, triad, small group, family, classroom. This is an important systems assessment strength. The Circumplex Map, which is the diagram shown in Figure 2, is useful for comparing a student's relationships at home and at school, because both are shown on the same diagram. As can be seen, Luis' Circumplex diagnosis for his relationship with Mark at school is identical to the diagnosis for the relationship between Luis' parents, and very similar to the relationship Luis has with his father. The Circumplex Map makes clearer how Luis' family vulnerabilities are connected to his problems at school. The Circumplex Map is also useful for diagramming relationship change goals. This can be an important aid to case planning. Finally, the Circumplex model has strong reliability and concurrent validity for use of FACES IV (Olson, 2011).

Challenges: Sometimes a family or group does behave as though it does have a very distinct personality. However, when the Circumplex Model is used to diagnosis an entire family, there may be a significant loss of important information if there are dyads present that have very opposite Circumplex diagnoses. For example, in the above case Mark and his family have a Chaotic-Disengaged relationship. However, Mark's relationship with his father could be Chaotic-Disengaged, but his relationship with his mother may be Flexibly-Separated. This difference in relationship is significant and would likely lead to different interventions with each dyad. Consequently, mental health professionals may find the Circumplex Model more useful for planning interventions if it is used to diagnose dyads. Administration of FACES IV to clients,

which provides better reliability and validity, may not always be possible. Finally, there is no FACES instrument for measuring classroom cohesion and flexibility.

Discussion

Four examples of trans-system assessment were reviewed above and are compared in Table 4.

Trans-System assessment	Focus on:			Reliability	Validity	Ease of Use
	Individual	Dyad	System			
1. Behavioral	x	x		3	3	3
2. Cognitive Therapy	x			2	2	2
3. Adlerian	x			2	2	2
4. Circumplex Model		x	x	2	2	2

Note: 3 = High; 2 = Moderate; 1 = Low (ratings based on author's estimates)

Table 4. Comparison of sample trans-system approaches

The assessment approaches reviewed are not meant to be exhaustive, but only illustrative. The goal is to demonstrate how the use of a trans-system assessment approach may be useful in SBFC. It should be kept in mind that there are other assessment approaches representing different theoretical orientations that are equally valid to use as trans-system SBFC assessment approaches.

There are several advantages to using this approach. It facilitates a comparison of how a child is functioning in two different environments because the same assessment categories are used. Virtually every mental health practitioner is familiar with at least one assessment approach that could be used for trans-system assessment. This represents an initial way for professionals to begin using a more SBFC approach and represents a first step in addressing the silo model problem. It focuses the professional's attention equally on school and family so that problems and resources in either system can be discovered and dealt with or utilized. That is, it facilitates the professional using a case planning approach that focuses on both family and school. This represents a feasible first step in developing a SBFC assessment approach.

However, there are several challenges in using a trans-system assessment approach. Firstly, although several of the trans-system approaches are connected with standardized instruments with some degree of demonstrated reliability, many SBFC professionals choose not to use standardized inventories because of cost, inconvenience, unfamiliarity with the instruments, concern about the effect of formal 'testing' of clients, and psychological bias that reduces the test's validity for use with minority clients (Mullins-Sweatt & Widiger, 2009; Reynolds & Suzuki, 2012). In this circumstance trans-system assessment based on observation and client report may be useful for case planning, but not assessment of change. Secondly, a central challenge in trans-system assessment is whether its use results in more effective outcomes for clients. It is logical to assume

that if a mental health professional conducts a comprehensive assessment (trans-system or otherwise) of a child's school situation and its family situation that the mental health professional will be in a better position to mobilize both family and school resources to help the child. However, we do not know the extent to which this will make a difference. This remains a question for future research. Thirdly, as long as the silo model remains popular in the mental health professions, we are unlikely to see an assessment focus on both a child's family and school environments. This is perhaps the most serious problem facing not just trans-system assessment but facing the adoption of a SBFC approach to working with children. Some potential solutions to the silo model problem involve mental health professionals using a trans-system assessment approach in their own research and service programs; publishing articles using a trans-system assessment approach in their traditional mental health journals; and encouraging students, teachers, and supervisors to use a trans-system assessment approach in case presentations. These changes take time and represent first steps toward the broader use of comprehensive, integrated approaches to SBFC assessment. However, one should remember that family therapy, as a field, developed outside the traditional mental health professions but was eventually incorporated into many of them, including social work, counseling, psychology, and psychiatry (Rasheed, Rasheed & Marley, 2011).

The second step: Toward a comprehensive SBFC assessment approach

What is needed, however, is a second step that involves a comprehensive approach to SBFC assessment. This requires assessment not just across family and school environments, but also at individual, dyad, and group or systems levels. This can be accomplished through trans-system assessment approaches that are combined to facilitate more integrated case planning. For example, a professional with a CBT family systems orientation could use a combination of Behavioral, Cognitive, and Circumplex Model trans-system assessment approaches. This would have the strength of assessing individual, dyad, and systems levels across family and school environments. A professional with a more humanistic orientation could use a combination of different trans-system assessment approaches. A trans-system approach should be used to diagnose and monitor a child's behavior in systems other than school and family, if the child is significantly affected by those systems: e.g. peer group or community organization. This facilitates comparison across all the child's significant primary group systems.

In conclusion, this article is intended to address the current lack of focus in the mental health literature on studies that assess both a child's family and school situations. A strategy, called trans-system assessment, is suggested as a possible first step in developing a comprehensive approach to SBFC assessment. As an illustration, this trans-system approach was applied to four traditional assessment approaches. The development of this approach, as well as the development of more comprehensive and integrated models of SBFC assessment, is challenging in that it requires the 'unthinking' of traditional assessment models that have a narrow focus. Children live in a complex world made up of separate, and often overlapping, primary groups that research has shown to have a profound effect on personal, social, and academic functioning (Gerrard, 2008). Professionals who work with children have an obligation to develop the fullest possible understanding of the forces affecting children. This requires embracing more complex approaches to assessment that illuminate the different worlds children live in, and guide us to more comprehensive and effective interventions.

References

- Adlerian Society, UK Institute for Individual Psychology (2015). *Guide to Adlerian books*. <http://www.adleriansociety.co.uk/page7>.
- Beck, J. (2011). *Cognitive behavior therapy: Basics and beyond*. New York: Guilford Press.
- Bellack, A. & Hersen, M. (1998). *Behavioral assessment: A practical handbook*. New York, NY: Allyn & Bacon.
- Burns, D. (1999). *The feeling good handbook*. New York, NY: Plume.
- Calouste Gulbenkian Foundation (1996). *Open the social sciences: Report of the Gulbenkian Commission on the restructuring of the social sciences*. Stanford, CA: Stanford University Press.
- Dinkmeyer, D. & McKay, G. (1997). STEP kit. Fredericksburg, VA: STEP Publishers.
- Dinkmeyer, D. & McKay, G. (2007). *The parents' handbook: Systematic training for effective parenting*. Fredericksburg, VA: STEP Publishers.
- Dreikurs, R. (1958). *Children the challenge*. New York, NY: Harper and Row.
- Dreikurs, R. (1968). *Maintaining sanity in the classroom*. New York: Harper and Row.
- Ellis, A. (2005). *Rational emotive behavior therapy: A therapist's guide*. Atascadero, CA: Impact Publishers.
- Gerrard, B. (2008). School-based family counseling: Overview, trends, and recommendations for future research. *International Journal for School-Based Family Counseling*, 1, 6-24.
- Gerrard, B. (2013a). Chapter 4. How to develop an integrative school-based family counseling case conceptualization. In Gerrard, B. and Soriano, M. (Eds.) (2013). *School-based family counseling: Transforming family-school relationships*, pp. 51-115. Phoenix, AZ.: Createspace.
- Gerrard, B. (2013b). Chapter 5. How to assess change in school-based family counseling. In Gerrard, B. and Soriano, M. (Eds.) (2013). *School-based family counseling: Transforming family-school relationships*, pp. 116-136. Phoenix, AZ.: Createspace.
- Hersen, M. (2005). *Clinician's handbook of child behavioral assessment*. New York, NY: Academic Press.
- Kern, R. & Jonyniene, J. (2012). Psychometric properties of the Lithuanian Adlerian Parental Assessment of Child Behavior Scale (LAPACBS) in parents of 6- to 12-year-olds. *The Family Journal: Counseling and Therapy for Couples and Families*, (20) 1, 86-93.
- Lusterman, D. (1988). School-family intervention and the Circumplex Model. *Journal of Psychotherapy and the Family*, 4 (12), 267-283.

Mullins-Sweatt, S. & Widiger, T. (2009). Clinical utility and DSM-V. *Psychological Assessment*, 21, 3, 302–312.

O'Donohue, W. & Fisher, J. (2008). *Cognitive behavior therapy: Applying empirically supported techniques in your practice*. New York, NY: Wiley.

Olson, D. (2011). FACES IV and the Circumplex Model: Validation study. *Journal of Marital and Family Therapy*, (37) 1, 64-80.

Olson, D., Russell, C. & Sprenkle, D. (Eds.) (1989). *Circumplex model: Systemic assessment and treatment of families*. Binghampton, NY: Haworth Press.

Rasheed, J., Rasheed, M. & Marley, J. (2011). *Family therapy: Models and techniques*. Thousand Oaks, CA: Sage.

Reynolds, C. & Suzuki, L. (2012). Chapter 4. Bias in psychological assessment: An empirical review and recommendations. In Weiner, I. (Ed.), *Handbook of psychology*, Volume 10, pp. 82-108, New York, NY: Wiley.

Sweeney, T. (2009). *Adlerian counseling and psychotherapy: a practitioner's approach*. New York, NY: Routledge.

Szigethy, E. & Weisz, J. (2012). Cognitive-behavior therapy for children and adolescents. New York, NY: American Psychiatric Publications.

Wallerstein, W. (2001). *Unthinking social science: The limits of 19th century paradigms*. Philadelphia, PA: Temple University Press.