Therapeutic Assessment with Children in Family Therapy

Filippo Aschieri,[1] Francesca Fantini,[1] and Paolo Bertrando[2]

1 European Center for Therapeutic Assessment, Università Cattolica del Sacro Cuore, Milan, Italy
2 Private Practice, Milano

Therapeutic Assessment with Children (TA-C) is a brief semi-structured intervention in which psychological assessment is used to help families with children and adolescents to change. In this paper we introduce the TA-C model, describe its semi-structured format and exemplify how it can be applied by family therapists.

Keywords: therapeutic assessment, children, family therapy, psychological testing

Introduction

In family therapy, clinicians often perceive the assessment of a couple or family and their subsequent intervention or therapy as involving different processes and techniques (Nurse, 1999). However, in recent years, the idea of assessment as separate from therapy has been slowly changing. A recent meta-analysis of studies into the effectiveness of assessment as brief intervention revealed a significant and robust effect (Cohen's $d = 0.423$). This indicated that clients can experience positive transformative outcomes after participating in an assessment procedure (Poston & Hanson, 2010). The use of assessment as a therapeutic intervention is also illustrated by authors who integrate the results of individual psychological tests with hypotheses on couple and family dynamics (e.g. Holman, 1983; Fulmer, Cohen & Monaco, 1985). For example, Fulmer et al. (1985) describe systemic change in a family through the use of a psychological assessment.

Over the last 20 years Stephen Finn and his colleagues (Finn & Tonsager, 1992, 1997; Finn, 2007) have developed a semi-structured form of brief intervention, called *Therapeutic Assessment* (TA), which combines standardised assessment procedures with therapeutic techniques. With appropriate modifications, the TA model has been applied to and researched with different types of clients, such as adults, couples (Aschieri, 2013), and families with children and adolescents (Finn, Fischer & Handler, 2012). This paper draws on this work and Tharinger et al. (2009) and Hamilton et al.

Address for correspondenc: Francesca Fantini, European Center for Therapeutic Assessment, Università Cattolica del Sacro Cuore, Milan, Italy. email: francesca.fantini@unicatt.it

(2009) to describe and illustrate therapeutic assessment for families with children (TA-C).

The TA-C Approach

TA-C involves a series of steps developed to best meet the need of parents to find meaningful and transformative answers to questions and puzzles about their child's problems. The assessor engages the parents as co-evaluators and co-observers of their child and co-constructs with them new understandings of the presenting problems (Tharinger et al., 2009). The new narrative that results from this collaborative process represents the basis for long-lasting ways of interacting within the family (Byng-Hall, 1995). It is viewed not just as a cognitive enterprise, but as an emotionally arousing process for which clients require support to experience and work through.

TA-C was researched in a series of studies conducted in the Therapeutic Assessment Project at the University of Texas at Austin (Tharinger, Finn, Wilkinson & Schaber, 2007). Data from the project involved the process and outcome of 14 families who underwent the full, 9-session version of TA-C. The study showed reduced symptoms both in parents and children, increased communications and positive emotions and decreased negative emotions and conflict within the family (Tharinger et al., 2009).

However, to date it is still unclear which specific part of the assessment induces a positive change in families. A series of single case studies based on repeated measures designs suggested the trajectory of change seems to differ among families. That is, different families modify their ways of functioning at different points in time during the assessment (Smith, Wolf, Handler & Nash, 2009; Smith, Handler & Nash, 2010); some soon after the assessment starts, others during the process, others after the assessment is completed.

These research data support the notion stressed by Finn (2007) that the steps of TA have primarily a heuristic goal. Thus, it is mandatory for clinicians who practice TA to be flexible enough to modify, if needed, each step and relate it to the needs and characteristics of particular clients.

Steps in TA-C

Step 1: Forming the assessment questions. After the initial phone contacts, the first step in TA-C involves meeting the parents to co-construct assessment questions that address their main doubts and worries about their child or their relationship with their child. The child being assessed, especially starting at 9 or 10 years of age, might have his/her own questions too. Generally, the child's questions are elicited in the second session, usually scheduled with the whole family. If appropriate, other important adult figures (such as teachers or grandparents who are in daily contact with the child) may also be asked to pose their own questions early in the assessment.

The assessor(s) typically meets with the parents alone with the following specific goals: (a) to co-construct the parents' questions for the assessment, i.e., the issues, doubts or dilemmas parents have about their child, or their relationship with the child, that they would like addressed during the assessment; (b) to collect background information about the parents' questions and main concerns, as a way to allow the parents' story about their child to begin unfolding; (c) to begin establishing a

safe relationship with the parents, based on experiences of emotional attunement, collaborative communication and the repair of possible disruptions (Finn, 2012).

The decision to meet the parents alone at the beginning of TA-C focuses the initial part of the work on building an alliance with them, generally considered the main source of possibilities for change in the family system. Also, in this way parents and assessor can talk about information that they would not feel comfortable discussing in front of the child, and which can be important for the case formulation and the assessment outcomes. This strategy also reinforces appropriate intergenerational boundaries and gives the message that the parents are the authorities in the family system.

Moreover, by collecting assessment questions from parents about their child, clinicians aim to: (a) foster parents' curiosity about the child; (b) reduce parents' anxiety about the assessment by involving them as active participants in defining the goals of the work; (c) collect information about where the stories that parents have about their child are not effective in explaining his/her behaviours (Finn, 2007). Questions also define the subsequent course of the assessment, guiding the choice of tests and activities that will be carried out to answer such questions.

Step 2: Testing the child while parents observe. The second phase of TA-C includes several sessions devoted to the administration of psychological tests to the child. The number of sessions and the type of testing strictly depend upon the assessment questions and the kind of child/family problem. For example, cognitive and achievement tests are more likely to be chosen if the parents are worried about their child having a cognitive disability. Self-report tests on depression and/or projective tests are preferred where the child's presenting problem relates to some kind of emotional disturbance with depressive features. However, Finn (1996) underlines the advantages of assessing specific psychological constructs through both self-report and performance-based personality tests, to increase the likelihood of identifying a more complete and satisfying answer to the assessment questions.

In the testing phase, cognitive tests like the *Wechsler Intelligence Scale for Children – IV*, self-report measures for the child and/or the parents e.g. the *Youth Self-Report* or the *Child-Behavior Check List*, performance-based personality tests like the *Rorschach inkblot test*[1], and narrative tests like the *Adult Attachment Projective Picture System* (George & West, 2012), are administered, scored and interpreted according to their manuals.

After the standardized administration is completed, in the so called *extended inquiry* phase, assessors and children work together to use the verbalizations, metaphors and stories that emerged from the tests to better understand aspects of the children's narratives about themselves and their world; and help parents to 'put themselves in the children's shoes', by reflecting on their tests images and responses (Finn, 2007).

Besides standardised tests and scales, assessors also frequently use less structured instruments and activities (i.e. playing, drawing, non-standardised measures like the *Sentence Completion Task*, etc.), to foster a dialogue with the child that further deepens an understanding of his/her behaviours and problems.

One novel feature of TA-C, compared to traditional assessment procedures, is that during the child's testing the parents are usually asked to observe the child and

the assessor working together. This can be arranged with the parents watching from behind a one-way mirror, or staying in another room and watching via a video link. In such cases the presence of a second assessor who stays with the parents can be very important to support them emotionally and/or to help them pay attention to important test responses or interactions happening in the other room. If neither a one-way mirror nor a video link is available, the parents can be invited to stay in the testing room, sitting silently behind their child's back.

In any case, after the testing session is finished or during one or more dedicated sessions, the parents and the assessor usually meet to share and discuss each other's observations. Research has shown that observing their child's testing promotes parents curiosity, engages them as active participants in the assessment and as experts on their child, and educates them about psychological tests, demystifying the psychological assessment itself (Tharinger et al., 2009). Furthermore, parents can contribute to the process of the assessment with important observations and can also discover new aspects of their child, reaching spontaneous understandings about his/her problems.

Step 3: Family intervention session. At the end of the child's testing, generally the assessor has collected enough information to formulate a tentative case conceptualisation that, in the vast majority of situations, has an important systemic component. Therefore, at this point in the assessment, the assessor usually plans one or more family intervention sessions, where the whole family is asked to do an activity that is likely to elicit systemic aspects of the child's problem. As described by Smith et al. (2009, p. 518), in family intervention-sessions: (a) the assessor observes the child in the family context while testing out systemic hypotheses; (b) parents can develop a more systemic view of the child's problems; and (c) possible interventions are tested out.

During family intervention sessions, assessors can use one or more family therapy techniques, such as parent coaching and skill development, family drawing or family sculpting, or psychodrama and family reenactments, with different levels of expected emotional arousal in the family members (Tharinger et al., 2008a).

Step 4: Summary/discussion session with the parents. In TA-C, the assessor first meets with the parents without the child, in a session where the assessor gives a formal answer to the parents' initial assessment questions. At this point in the process, however, parents have generally started to develop new conceptualisations of their children's struggles and difficulties, and the session may become an occasion for the parents and the assessor to summarise together what they have learned about the child and the family and to discuss next steps.

As stressed by Tharinger et al. (2008b), during the discussion of the assessment results, the assessor: (a) supports parents in making connections between their new understanding of their child's problems and the answers to their questions, i.e., asking parents: *How would you answer your question now*; (b) tracks the parents' emotional reactions to the new story developed about the child and the family and supports these emotions; and (c) usually also gives parents new pieces of information that have emerged from the assessment, while supporting the parents in processing the most distressing results.

Finn (2007) has developed a framework to conceptualise information about the child and family functioning according to the degree of the discrepancy from the pre-existing story of the parents. In this framework, TA assessors classify assessment results into: 'Level 1 information,' i.e., data that fit with pre-existing views of the parents; 'Level 2 information,' i.e., data that are somewhat inconsistent with the pre-existing story of the parents but that can be easily integrated and processed by them with emotional support from the assessor; and 'Level 3 information,' i.e., information that is strongly discordant with the parents' preexisting view of their children and their family.

To be accepted and integrated, Level 3 information would require a deep reframing of the narrative that parents have about their children, their families and themselves. Research on adult clients (Finn & Tonsager, 1992) has shown that the best way to discuss assessment results is by beginning with Level 1 information, then moving to Level 2 information, and only afterwards proposing Level 3 information. It is presumed that the same is true when discussing assessment results with parents. When discussing Level 3 information it is important to provide parents with a lot of emotional support and leave room for them to disagree.

The answers to the parents' assessment questions, and their comments and reactions are then summarised in a letter, written in non-technical language, which is usually sent to the parents several weeks after the end of the assessment. The letter serves as reminder of the assessment results and of the new story co-constructed during the work with the child and the family (Tharinger et al., 2007).

Step 5: Feedback to the child. In TA-C feedback to the child is usually given in the form of an individualised age-appropriate fable, written by the assessor to express in metaphor the major assessment results and the most important pieces of the child's history. In writing the fable, the assessor uses metaphors and images that emerged from the tests and incorporates the suggestions of the parents (e.g., letting them suggest the favorite animal to be the main character of the fable). The fable is read to the child in a separate session with the whole family present, and the child is asked to decide who should read it and is explicitly asked to suggest any changes he/she wishes to make to the story.

Case example: Daniela and Her Family

Daniela was an 8-year-old girl assessed at the *European Center for Therapeutic Assessment* (ECTA) at the Univeristà Cattolica del Sacro Cuore in Milano, Italy. The Center, founded in 2010, promotes clinical application, research and training in Therapeutic Assessment. Clients are either self-referred or referred by psychotherapists and psychiatrists for assessment and for consultation during ongoing treatments. The ECTA also does several assessments each year pro bono for economic disadvantaged clients.

Daniela was brought to the Center by her parents, Laura and Antonio. Antonio was a full-time worker in a factory and Laura had a part-time job as a baby-sitter. Laura contacted the second author, who conducted the assessment, at the suggestion of a family friend who had participated in an assessment some time before. Following the TA-C model, both parents were invited to the first session.

Step 1: Meeting with Daniela's Parents and Collection of Their Questions. Laura and Antonio were puzzled about Daniela's difficulty separating from her mother. Since the beginning of elementary school, Daniela had often cried both in the morning before going to school, because she did not want to leave Laura, and in the afternoon, when her mother picked her up from school. Also, at night Daniela did not want to sleep in her own bed, and regularly slept with her parents.

Discussing with the assessor, Dr. Francesca Fantini helped Laura and Antonio frame these concerns into the following question for assessment:

1. Why is Daniela morbidly attached to her mother?

When Francesca collected background information on these questions it became clear that Laura and Antonio often disagreed on how to handle Daniela's demands. Laura was generally very distressed and annoyed by her daughter's requests and complaints, but did not find a coherent way to respond. At times she was dismissive, and tried for example to push Daniela to go to school, ignoring her requests for closeness.

Other times, when Antonio intervened to set limits to the girl's requests, Laura felt sorry for her, took her side, and the two parents often ended up arguing. Laura complained that Antonio's way of handling Daniela's needs was too harsh. Laura could not stand to see him threatening the daughter with his belt or listening to him saying he would throw the bed out of the window if the girl did not go to her own bed to sleep.

When asked what were their 'best guesses' at that time about the reasons for Daniela's problems, Laura began to criticise herself as a mother. She felt insecure about how to raise Daniela and connected her difficulties to the way she was raised by her own parents. Laura disclosed, with tears in her eyes, that she had been so cruelly treated by her mother, that she remembered herself, a 6-year-old girl, standing in the kitchen with a knife in her hand thinking about suicide. Antonio and Francesca comforted Laura until she calmed down, and immediately afterwards Laura decided to add one more question to the assessment:

2. How can I be a good mother for Daniela, different from the mother I had?

Step 2: Meeting with Daniela and Standardised Testing. Daniela arrived at the next session with both parents. The first impression the assessor had was she was older and more mature than her age: she appeared calm and well mannered, and answered the assessors' questions seriously. After an initial discussion, the assessor proposed that the parents move to the back of the room, behind Daniela's back.

Next the assessor worked with Daniela on an individualised *Sentence Completion Task*. In this task, the assessor reads to the child the beginning part of incomplete sentences, which are specifically written to target themes and hypotheses relevant to the case. The child is asked to complete each statement. Some of Daniela's answers concerned her dog and the fear of separating from him e.g., The thing I most want is . . . *that my dog would die with me*; I am worried when . . . *I think that my dog will not come with us during the holidays*.

After the sentences were completed, the assessor asked Daniela to comment and say more about those items. Daniela spoke about how much pain she felt at the idea of her dog leaving or disappearing. At the end of the session, while a colleague

looked after Daniela in the playroom, the assessor talked with the parents about their reactions. Both Laura and Antonio initially downplayed the importance of Daniela's verbalisations connected with the abandonment, interpreting them as overly dramatic. But when Francesca asked if they had any guesses about why Daniela seemed to be so sensitive to abandonment, Laura disclosed that she and Antonio had periods in which they fought a lot, and several times she had threatened to leave him.

Since then, Laura recalled that one day Daniela had told her: '*You and dad would be better separate instead of arguing with each other so much*'. Laura and Antonio began to wonder if Daniela might still be afraid of a possible separation and of a potential abandonment by her mother, even if their marital relationship was now more stable and less conflictual.

In the following session, the assessor gave Daniela the *Rorschach inkblot test* (Rorschach, 1921) while Laura and Antonio observed from behind the girl's back. The assessor followed the standard administration procedure according to the Comprehensive System (Exner, 2003), and after the administration was completed, conducted an *extended inquiry* of one of Daniela's responses in order to elucidate its meaning (Finn, 2007). The following response was given to Card II: '*a face of someone who is begging*' and this was explored by the assessor as follows:

> Assessor: *Well, Daniela, thank you for doing this long test with me . . . . What was it like for you?*
> Daniela: *mmm . . . it was ok*
> A: *And, I wonder if I can ask you to do something more with me for one of your responses*
> D: *Ok!*
> (The assessor handled her Card II)
> A: *Here you said "a face of someone who is begging." If this face could speak, what would the face say?"*
> D: *"Help! I'm very sad" . . . isn't it clear?*
> A: *Oh, of course, and what made the face feel so sad?*
> D: *I don't know, I just can see the tears . . . something must have happened to him.*
> A: *Would you tell me a story about what happened to him?*
> D: *Ok . . . once upon a time a wolf was chasing after a person, the person was crying and shouting, "Help, help!" but nobody heard him. He went on shouting and he said: "Isn't it clear that somebody is chasing me?", but people seemed not to understand. So he fell down and started to cry so much that he created a sea of tears, really. All the people were drowning in his tears, so the people started to ask for help but he said: "You didn't help me, but I'm not a bad person so I'll help you." He picked up all the people he could and they were very grateful.*
> A: *What a great story! And let me help a little bit, so then you can go on telling it yourself. "But the wolf was still there, chasing him. So one day a hunter came and said to him: 'I'm sorry I didn't hear you before, but now I'd like to help you. Stay locked in this house in the woods, I'll go outside and chase the wolf away, and I'll be back in one hour."*
> D: *So one hour passed and he didn't come back. The day went by, and he didn't come back. The week went by and the hunter didn't come back. The person was more and more sad as the time went by. "What will I do without the hunter?"*
> A: *So, after many days, the hunter finally came back. The person asked: "Where were you?", and the hunter replied: "I couldn't come back because the wolf was chasing me as well!"*
> D: *[stares, in silence]*

A: *So, I propose, why don't we make them call all the people that the person saved to help and comfort them?*
D: *Yes! "So the hunter hung a flag on the wooden roof of the house in the wood, but the trees were a lot taller than the house, so it took a long time for the people in the village to see the flag... but at the end they came and rescued the person and the hunter and they brought them to the village, and they were finally safe from the wolf."*

First Session with the Parents

After this session, Francesca discussed with the parents alone what they observed. They talked about the loneliness Daniela was expressing, and the fact that her story seemed to suggest that in her experience: (1) people suffer without being noticed; (2) people are not reliable in giving help and support when it's needed (the hunter was expected to come back after one hour but many days went by before he came back to the person).

Francesca asked the parents if this story might have anything to do with their first question for the assessment. Laura and Antonio recalled several times in which Laura had to pick Daniela up from school, but she was late because of her job and was not able to let the teachers know. In those instances, Daniela had to wait for her after all her classmates and their mothers were gone. And when Laura finally arrived, Daniela was very distressed and went on crying and complaining for hours.

Still, Laura wondered why Daniela seemed to be distressed even when she was just 5 minutes late. Laura also had difficulties understanding how Daniela's experiences of her not being there when she was supposed to, could reinforce her fears of her mother disappearing and not coming back anymore.

Continuing Standardised Testing

The third session was dedicated to the administration of the *Early Memories Procedure* (EMP, Bruhn, 1984). In the first part of EMP clients are asked to recall their first five childhood memories and a sixth memory from anytime during their lives that is particularly significant or vivid. In the second part, the client is asked to recall targeted memories (e.g., a memory of mother, a memory of father, etc.), which can be chosen on the basis of the client's presenting problems.

Each memory is deepened through a brief series of questions, for example: *Which is the clearest part of the memory? Which is the strongest feeling in the memory? If you could change the memory in any way how would you change it?* The memory is rated by the client according to how clear and how pleasant it is. In the EMP theoretical framework, the clearest and most negative memory and the clearest and most positive memory can be considered as metaphoric representations of, respectively, the clients' core conflicts and current coping strategies.

In the EMP Daniela recalled, among others, the following episodes: (1) I was ill, and I was crying in the hospital I remember crying and I was alone; (2) I was exploring a dusty chimney, and the door keeper of the building was nice to me. I wished my mother spent the same amount of time with me that the door keeper spent with me, instead of working; (3) My elder cousin who lived with us and I were playing. I was there and she was preparing dinner for me and playing. I was happy; (4) We were moving, my mother and I were waiting at a bus stop, while my father was busy with

the moving. I wished we all could have worked together on the move; (5) I was at the garden playing with my mother, and all of a sudden she had to go to work. I knew she had to leave but I felt bad. I wished I could have gone with her; (6) I remember visiting the zoo with my father. He showed me the crocodiles. The part I liked best was that I was with him.

Second Session with the Parents

Both parents were shocked by these episodes: with only a little help from Francesca they could easily see that the most important theme for Daniela was abandonment, and that in the most positive memories (#3 and #6) she was experiencing being held, and nurtured. Daniela's mother started to cry, saying that when the cousin who lived with them had to leave Daniela was very sad. She had started to call the cousin 'mum'. Laura said that during that period she was very ambivalent about the attachment that Daniela had to her cousin. On the one hand she felt annoyed by Daniela calling her 'mum', on the other she was happy to have the possibility to go to work, and spend her time outside of the home without problems.

Francesca asked the mother how separations were handled in the past, and Laura said that separations were frequent when Daniela was younger. Daniela's father was working full time in an industry in another town, and Laura was the only caregiver Daniela had for a long time. Every time she had to leave Daniela home to go to her own job, Laura felt uncomfortable and angry for being seen as the 'bad one' who left Daniela, while the father was the 'good one' who spent the weekends playing with her. In those moments, the more Daniela tried to cling, the more Laura felt overwhelmed and the faster she tried to leave. Laura and Antonio commented that these experiences might have 'primed' Daniela's desperate reaction to 'insignificant' episodes, like the one in which Laura arrived late to pick up Daniela after school.

Step 3: Family Intervention Session. Francesca, by the end of the fourth session had arrived at the following case formulation. The Rorschach Comprehensive System coding suggested that Daniela was a child who had developed a lot of painful negative emotions ($DEPI = 6$), in particular longing ($Sum\ T = 3$), worthlessness ($Sum\ V = 1$) and sadness ($MOR = 3$). Daniela struggled to understand people ($Sum\ H = 5$, *Pure H* = 1) and had a hard time making sense of the environment around her ($M- = 1$).

These affective features were triggered and sustained by family relationships in which separations were not processed, and potential attachment figures could disappear without warning. The parents were unable to contain Daniela's fears effectively; the more the mother felt Daniela needed her, the more she felt overwhelmed by her own attachment needs and unmet dependency needs. The father's behaviour was inconsistent; on the one hand he seemed to spend a lot of time outside the house, hence he had a hard time understanding Daniela's needs. On the other hand, when he disciplined Daniela, he could not modulate his behaviour and ended up scaring Daniela even more and triggering Laura's anger toward him.

The more the parents ended up fighting between themselves the more Daniela felt afraid, and clung to the mother and displayed the behaviours that were so disturbing to the parents (sleeping in their bed, etc.). Hence it was possible that parents tried to

avoid the risk of fighting, by avoiding communicating. But in turn, this made it hard for the family to coordinate effectively.

During the course of the assessment both parents were able to see connections between their own and Daniela's behaviours. So the goal of the family intervention session was to explore possible alternative interaction patterns, when each family member was confronted by dependency and attachment needs.

Francesca organised a family puppet play asking each person to choose from a large group of hand puppets. She then asked Daniela and her parents to have their puppets come together and decide to do something fun together. At first, both the parents' puppets turned to Daniela's puppet to ask what she wanted to do. She answered that her puppet wanted to stay at home. Laura replied that outside it was a nice sunny afternoon and that it was better to go out. The more the two of them started to discuss, the more the father withdrew from the discussion; eventually, he ended up sitting back in his chair and abandoning the game while Laura and Daniela argued between themselves.

The assessor stopped the puppet play and asked the father what he thought was happening in that moment. He said that the scene was exactly like the family dynamic at home. The more Laura and Daniela got into their struggle, the more he did not know how to intervene and became silent and passive.

Francesca asked each of them what might have triggered the process. According to Laura the problem was that Daniela was stubborn, and never accepted her authority. According to Antonio, the problem was that Laura was not firm enough with Daniela. Daniela thought that that situation might have been avoided if her mother accepted staying home with her. The assessor then asked to the parents to come to the next session alone to discuss more about their observations.

Before meeting with the parents in the next session, the assessor edited the video recording of the family intervention session into three sections. The plan was to make sense of Daniela's difficulties, highlighted by their assessment questions, in a more systemic, growth-oriented and circular manner.

Step 3 with the Parents

When the parents came in, the assessor first showed the ending piece in which Laura and Daniela were fighting and the father sat dejected in his chair. The assessor and parents agreed this was a very negative outcome. As soon as the parents brought up the question of what triggered that situation, the assessor showed them the very first seconds of the family interaction, when they were asked to decide together what they could do, asking them to observe the tape and say what struck them. With only a little help, both parents realised they did not take any time to discuss between themselves what they wanted to do, and instead turned automatically to Daniela asking for direction.

When talking about this episode, both parents said they were very curious to see what might happen at home, if they took some time to discuss and agree on the plans for the family before involving Daniela. The assessor agreed more coordination might change the family interactions in many ways. Yet she also suggested that they might avoid this given their tendency to conflict. In their family they learnt to maintain some emotional and physical distance, to avoid getting into discussions that could

easily degenerate into violence. The downside of this adaptive process was that Daniela ended up feeling alone and became very sensitive to abandonment.

Step 4: Summary/Discussion Sessions

At the onset of the next session, Laura and Antonio said they were relieved because they felt they had already started to understand many family factors that were causing Daniela's problems. Francesca asked them how they were feeling about seeing these more 'circular' aspects of Daniela's problems. The mother said she realised she might have to deal with her own issues connected to her family of origin. The father said he was available to support Laura in that process and that during that week they had spoken several times about the possibility of beginning couples therapy.

Then Francesca reviewed the assessment questions they had initially posed about Daniela, organising the main findings of the assessment to answer them. With regards to the first question about why Daniela was so 'morbidly' attached to her mother, the assessor explained that Daniela had experienced several unexpected separations in her life from important attachment figures. Also Daniela had witnessed fights in the past between her parents, and became afraid they might end up divorcing. Both parents agreed it was not surprising she was sensitised to separations and tried to reassure herself about the continuity of the presence of Laura by clinging to her. As a result, often Daniela and Laura ended up struggling about the right distance to maintain, and Daniela felt rejected. Other times Antonio, aiming to help with the conflict, intervened in such harsh ways that Laura felt the need to push him away, increasing Daniela's fears that they might end up divorcing.

The discussion of this question led the parents and the assessor to talk about how Laura could be a better mother for Daniela, than the one she had herself. Here Francesca stressed Laura was already doing a much better job than her own mother. Laura was so sensitive to her daughter 's distress that she had decided together with her husband to look for professional help. Then she had become very involved in the assessment, and showed great courage in disclosing many traumatic episodes from her own past that were new even to Antonio. Also Laura realised that the quality of the relationship between her and Antonio influenced Daniela's development and both parents were already planning to work on couples issues after the assessment.

Before the end of the session, Francesca asked Laura and Antonio for help in writing a fable for Daniela. They told the assessor that Daniela's favourite stuffed animal was a dolphin, and that Daniela herself loved going to the sea in the summertime. So the parents and the assessor agreed to present to Daniela the feedback results in the framework of a story of a dolphin in the sea.

Step 5: Presenting the Fable to Daniela

The family came in for the last session, and when Daniela was told that there was a fairy tale written only for her, she said she was happy and decided she wanted her father to read the fable loud.

The title of the story was '*Daria, the little dolphin*' and it was about a little dolphin struggling with separation and the fear of being abandoned. Daria was afraid of swimming in open waters, and her parents felt sorry for her and were puzzled by her fears. In the story, Daria is brought to a turtle (the assessor) who explained to her

parents that, very early on in her life, Daria was shocked by seeing her best friend swim into deep water and not come back anymore.

This case example illustrates a typical successful TA-C describing the various steps, choice of tests, a framework for case conceptualisation and the family feedback process. Other tests could have been used in helping to build a coherent narrative formulation for Daniela. Also, which tests are used will differ according to the requirements of a particular child and family presentation.

Conclusions

This paper has described and illustrated a TA-C approach that integrates psychological testing within a systemic and dialogical approach to therapy (Bertrando, 2007). Here test results are left open for discussion as hypotheses, rather than treating them as statements about factual reality (Bertrando & Arcelloni, 2006).

In the Therapeutic Assessment model the concept of *triangulation of narratives* (Aschieri, Finn & Bevilacqua, 2011; Aschieri, 2012) deals with the potential conflict between stories about standardised psychological testing. A wider discussion about how the narratives of clients and assessors can differ or converge allows for more flexible, contextual, coherent and accurate stories, as well as creative solutions to child and family difficulties.

The TA-C model has been adapted to work in schools (Tharinger et al., 2007), university-based clinics (Hamilton et al., 2009; Smith & Handler, 2009), private practices (Finn, 2007; Handler, 2006), and community-based clinics (Guerrero et al., 2011; Haydel et al., 2011). As presented here it also has a potential application in a family therapy context.

Endnote

[1] To date the issue of the Rorschach's validity is still controversial, with published literature both in its favour (see Rosenthal, Hiller, Bornstein, Berry & Brunell-Neuleib, 2001; Smith et al., 2005) and against (see Hunsley & Baily, 1999; Wood & Lilienfeld, 1999). Very recently, five authors, four of which were former members of the Rorschach Research Council, chaired by the test's creator John Exner (1928–2006) until his death, further elaborated the RCS to reach even more solid psychometric bases for the test, and published the first manual of the Rorschach Performance Assessment System (R-PAS, Meyer, Viglione, Mihura, Erard & Erdberg, 2011).

References

Ackerman, S. J., Hilsenroth, M. J., Baity, M. R. & Blagys, M. D. (2000). Interaction of therapeutic process and alliance during psychological assessment. *Journal of Personality Assessment*, *75*, 82–109.

Aschieri, F. (2012). Epistemological and ethical challenges in standardized testing and collaborative assessment *Journal of Humanistic Psychology*, *52*, 350–368. DOI:10.1177/0022167811422946.

Aschieri, F., Finn, S. E. & Bevilacqua, P. (2010). Therapeutic Assessment and epistemological triangulation. In V. Cigoli & M. Gennari (Eds.), *Close and Community Relationships: An international perspective* (pp. 249–264). Milano, Italy: Franco Angeli.

Aschieri, F. (2013). The Conjoint Rorschach Comprehensive System: Reliability and validity in clinical and non–clinical couples. *Journal of Personality Assessment*, *95* (1), 46–53, DOI10.1080/00223891.2012.717148

Aschieri, F. & Smith, J. D. (2012). The effectiveness of an adult Therapeutic Assessment: A single-case time-series experiment. *Journal of Personality Assessment*, *94*, 1, 1–11, DOI: 10.1080/00223891.2011.627964

Bertrando, P. (2007). *The Dialogical Therapist*. London: Karnac Books.

Bertrando, P. & Arcelloni, T. (2006). Hypotheses and dialogues: Sharing hypotheses with clients. *Journal of Family Therapy*, *28*, 370–387.

Bruhn, A. R. (1984). The use of early memories as a projective technique. In P. McReynolds and C.J. Chelume (Eds.) *Advances in Psychological Assessment* (6, pp. 109–150). San Francisco: Jossey-Bass, Inc. □

Bying-Hall, J. B. (1995). *Rewriting Family Scripts*. New York: Guilford.

Durham-Fowler, J. A. (August 2010). *Therapeutic Assessment with Couples*. Doctoral dissertation, University of Texas at Austin. Available electronically from http : / /hdl .handle .net /2152 /ETD -UT -2010 -08 -1790 .

Exner, J. E., Jr. (1974). *The Rorschach: A Comprehensive System*. New York: Wiley.

Exner, J. E., Jr. (2003). *The Rorschach: A Comprehensive System* (4th ed.). New York: Wiley.

Finn, S. E. (1996). *Manual for Using the MMPI-2 as a Therapeutic Intervention*. Minneapolis: University of Minnesota Press.

Finn, S. E. (2007). *In Our Clients' Shoes: Theory and techniques of Therapeutic Assessment*. Mahwah, NJ: Erlbaum.

Finn, S. E. (2012). Implications of recent research in neurobiology for psychological assessment. *Journal of Personality Assessment*, *94*, 440–449.

Finn, S. E., Fischer, C. T. & Handler, L. (2012). *Collaborative/Therapeutic Assessment: A casebook and guide*. New Jersey: Wiley.

Finn, S. E. & Tonsager, M. E. (1992). The therapeutic effects of providing MMPI-2 test feedback to college students awaiting psychotherapy. *Psychological Assessment*, *4*, 278–287.

Finn, S. E. & Tonsager, M. E. (1997). Information-gathering and therapeutic models of assessment: Complementary paradigms. *Psychological Assessment*, *9*, 374–385.

Fulmer, R. H., Cohen, S. & Monaco, G. (1985). Using psychological assessment in structural family therapy. *Journal of Learning Disabilities*, *18*, 145–150.

George, C. & West, M. (2012). *The Adult Attachment Projective Picture System: Attachment theory and assessment in adults*. New York: Guilford.

Guerrero, B., Lipkind, J. & Rosenberg, A. (2011). Why did she put nail polish in my drink? Applying the therapeutic assessment model with an African-American foster child in a community mental health setting. *Journal of Personality Assessment*, *93*, 7–15.

Handler, L. (2006). The use of therapeutic assessment with children and adolescents. In S. R. Smith & L. Handler (Eds.). *The Clinical Assessment of Children and Adolescents: A practitioner's handbook* (pp. 53–72). Mahwah, NJ: Erlbaum.

Hamilton, A. M., Fowler, J. L., Hersh, B., Hall, C., Finn, S. E., Tharinger, D. J. et al. (2009). "Why won't my parents help me?": Therapeutic Assessment of a child and her family. *Journal of Personality Assessment*, *91*, 108–120.

Haydel, M.E., Mercer, B.L. & Rosenblatt, E. (2011). Training assessors in Therapeutic Assessment. *Journal of Personality Assessment*, *93*, 16–22.

Holman, A. M. (1983). *Family Assessment. Tools for understanding and intervention*. Newbury Park, CA: Sage.

Hunsley, J. & Baily, J. M. (1999). The clinical utility of the Rorschach: Unfulfilled promises and an uncertain future. *Psychological Assessment*, *11*, 266–277.

Meyer, G. J., Viglione, D. V., Mihura, J. L., Erard, R. E. & Erdberg, P. (2011). *Rorschach Performance Assessment System: Administration, coding and technical manual*. Toledo, OH: Rorschach Performance Assessment System.

Newman, M. L. & Greenway, P. (1997). Therapeutic effects of providing MMPI-2 test feedback to clients at a university counseling service. *Psychological Assessment*, *9*, 122–131.

Nurse, A. R. (1999). *Family Assessment: Effective uses of personality tests with couples and families*. San Francisco, CA: Wiley.

Ougrin, D., Ng, A. V. & Low, J. (2008). Therapeutic assessment based on cognitive-analytic therapy for young people presenting with self-harm: Pilot study. *Psychiatric Bulletin*, *32*, 423–426.

Poston, J. M. & Hanson, W. E. (2010). Meta-analysis of psychological assessment as a therapeutic intervention. *Psychological Assessment*, *22*(2), 203–212.

Rosenthal, R., Hiller, J. B., Bornstein, R. F., Berry, D. T. R. & Brunell-Neuleib, S. (2001). Meta-analytic methods, the Rorschach, and the MMPI. *Psychological Assessment*, *13*, 449–451.

Smith, B. L., Boss, A. L., Brabender, V., Evans, B. F., Handler, L., Mihura, J. L., . . . Nichols, D. (2005). The status of the Rorschach in clinical and forensic practice: An official statement by the board of trustees of the Society of Personality Assessment. *Journal of Personality Assessment*, *85*, 219–237.

Smith, J. D., Wolf, N. J., Handler, L. & Nash, M. R. (2009). Testing the effectiveness of family Therapeutic Assessment: A case-study using a times-series analysis. *Journal of Personality Assessment*, *91*, 518–536.

Smith, J. D., Handler, L. & Nash, M. R. (2010). Therapeutic assessment for preadolescent boys with oppositional-defiant disorder: A replicated single- case time-series design. *Psychological Assessment*, *22*, 593–602.

Smith, J. D. & George, C. (2012). Therapeutic Assessment case study: Treatment of a woman diagnosed with metastatic cancer and attachment trauma. *Journal of Personality Assessment*, *94*, 331–344.

Tharinger, D. J., Finn, S. E., Austin, C. A., Gentry, L. B., Bailey, K. E., Parton, V. T. & Fisher, M. E. (2008a). Family sessions in psychological assessment with children: Goals, techniques, and clinical utility. *Journal of Personality Assessment*, *90*, 547–558.

Tharinger, D. J., Finn, S. E., Gentry, L., Hamilton, A. M., Fowler, J. L., Matson, M., . . . Walkowiak, J. (2009). Therapeutic assessment with children: A pilot study of treatment acceptability and outcome. *Journal of Personality Assessment*, *91*, 238–244.

Tharinger, D. J., Finn, S. E., Hersh, B., Wilkinson, A., Christopher, G. & Tran, A. (2008b). Assessment feedback with parents and pre-adolescent children: A collaborative approach. *Professional Psychology: Research and Practice*, *39*, 600–609.

Tharinger, D. J., Finn, S. E., Wilkinson, A. D. & Schaber, P. M. (2007). Therapeutic assessment with a child as a family intervention: A clinical and research case study. *Psychology in the Schools*, *44*, 293–309.

Wood, J. M. & Lilienfeld, S. O. (1999). The Rorschach Inkblot Test: A case of overstatement? *Assessment*, *6*, 341–351.