
How Therapeutic Assessment Became Humanistic

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ABSTRACT: Therapeutic Assessment is a semi-structured form of collaborative psychological assessment that grew out of efforts to make psychological assessment a positive and beneficial experience for clients. Although we developed this approach without being highly informed about humanistic psychology, gradually our work with clients led us toward more humanistic techniques and principles. We describe some of these techniques and their relationship to the efficacy of Therapeutic Assessment.

This article describes the links between Therapeutic Assessment and humanistic psychology, detailing how humanistic practices were gradually incorporated into the methods of Therapeutic Assessment and highlighting those aspects that are clearly compatible with humanistic principles.

What Is Therapeutic Assessment?

As we use the term, Therapeutic Assessment refers to a semi-structured form of collaborative assessment that uses psychological testing as the centerpiece of a brief therapy.¹ The techniques and thinking behind Therapeutic Assessment evolved in the mid-1980s when Steve was a faculty member of the University of Texas at Austin; they were later refined in the 1990s as a group of us worked together at the Center for Therapeutic Assessment in Austin, Texas.²

Although a comprehensive description of Therapeutic Assessment has not yet been published, its methods and rationale have been explained and illustrated in a number of publications and paper presentations (Finn, 1994; Finn, 1996a; Finn, 1996b; Finn & Martin, 1997; Finn & Tonsager, 1997; Finn, 1998; Finn, 1999a; Finn, 1999b; Finn, 2000; Finn, 2002a). Also, Steve has traveled around the world for over 10 years trainings on Therapeutic Assessment. We esti-

mate that at this point approximately 2000 psychologists have participated in the basic level of training in Therapeutic Assessment.

The Development of Therapeutic Assessment

The seed of Therapeutic Assessment was Steve's noticing during his graduate training that some clients appeared to have positive life-changing experiences via psychological assessment (Finn, 2002b). He became quite curious about how this happened and whether it was possible to enhance the beneficial effects of psychological assessment and increase the proportion of clients experiencing such benefits. In the 1980s, as a faculty member at the University of Texas, Steve began experimenting with different ways of conducting assessments and noticing their results with clients. In the early 1990s, Mary conducted--for her master's thesis--the first controlled study demonstrating the beneficial aspects of psychological assessment for clients (Finn & Tonsager, 1992). At this point in the development of Therapeutic Assessment, our focus was largely on how to make "feedback sessions" about psychological test results therapeutic for clients.³

Looking back now, we see that our methods at this time were largely humanistic in that we emphasized showing respect for clients, reducing the power imbalance between client and assessor, and dialoguing with clients about test results--instead of insisting that test findings were "true" in some objective sense. However, neither of us was highly familiar with humanistic psychology at that point in our professional development, even though to some extent we had both read Maslow, Rogers, May, and other self-identified humanistic psychologists. Thus, it's been interesting in writing this article for each of us to muse about the origins of our early humanistic leanings. Clearly, Steve was strongly influenced by being a Quaker and by that group's belief in the "inner light" in every person. Also, Steve felt a great kinship with Harry Stack Sullivan and his view of the psychologist as a consultant and participant-observer in the clinical process (Finn, 2000). Furthermore, Steve's clinical training at Hennepin County Medical Center in Minneapolis emphasized showing respect for clients' dignity and being open to what they had to teach. Mary had been influenced by her study and clinical supervision in Kohut's Self Psychology and Stolorow's theory of Intersubjectivity (e.g., Atwood & Stolorow, 1984; Stolorow, Brandchaft, & Atwood, 1987). These approaches helped us realize the importance

of "accurate mirroring" and empathic attunement, and highlighted the healing power for clients of feeling understood.

In addition to our affinity for humanistic psychology, during the early 1990s we became aware of the writings of psychologists who practiced psychological assessment within an explicitly human science or humanistic framework, primarily Fischer (1970, 1972, 1978, 1979, 1982, 1985/1994,), but also Dana (1982; 1984a; 1984b; Dana & Graham, 1976; Dana & Leech, 1974), Craddick (1972, 1974), and others. Contact with these thinkers helped us develop a philosophical underpinning for what we were doing in assessment already. Also, we began to borrow and systematize humanistic practices from these other clinicians--not just because they fit our values and our developing theory of what potentially makes assessment therapeutic--but also because these practices got results. Rather quickly we learned that *the more we conducted assessments from a model where clients were integral participants in a collaborative process whose goal was jointly observing, understanding, and re-thinking their problems, the more profoundly those clients were affected*. To tell the truth, we're not sure that Therapeutic Assessment would be so thoroughly compatible with humanistic psychology today, if we had not be so impressed with the positive results of incorporating humanistic principals in our work with clients.

Some specific examples might be helpful. As mentioned earlier, our initial focus was on the process of giving "feedback" to clients. One initial difficulty we encountered was how to discuss those test results with clients that conflicted with their typical views of themselves. Early on, we found that if clients were first given information that seemed to confirm their self-views, they often were then more open to information that seemed to conflict with those views (Finn, 1996b). While this insight might be considered empathic, it is not necessarily humanistic. We also learned not to insist upon the validity of a test result, but rather to present it as theory that could be modified, accepted, or rejected by a client. This practice is more in line with a human science view of psychological assessment (Cf. Fischer, 2001); however, for us it was more a useful strategy than an expression of an underlying phenomenological point of view.

A next discovery in the development of Therapeutic Assessment was that clients were more accepting of test information that could be tied to their personal goals or "puzzles" about themselves. Thus, we started the practice of asking clients at the begin-

ning of an assessment to form questions about themselves that they wished to explore through psychological testing. At the end of the assessment, these questions provided "open doors" through which to present information that clients might otherwise find overwhelming or difficult to hear. If we could explain how what we were saying was relevant to clients' personal agendas, they seemed to incorporate challenging information more easily, and to make bigger life changes after an assessment. This even seemed to work with clients who were referred against their will for an assessment, as is the case for many forensic evaluations.

In hindsight, this simple shift to a client-centered assessment model, from a more test-centered model, had a profound impact on our view of assessment. As we collected clients' questions and joined them in elucidating their goals, we found our focus shifting from test feedback to the entire assessment process. We became more empathic to clients' dilemmas of change and more attuned to the contextual aspects of behavior. Test results were still important, but we became more interested in how they could help clarify daily problems in living. Finally some of Fischer's emphasis on "life-centered assessment" (e.g., Fischer, 2001) began to make experiential sense.

A next step in the growth of Therapeutic Assessment was our developing "assessment intervention sessions" (Finn & Martin, 1997). These sessions are a standardized version of what Fischer calls "assessment of process" (Fischer, 1985/1994). The assessor elicits--often using test materials--*in vivo* analogs of clients' problems in living and works collaboratively with clients to observe, understand, and shift those problematic thoughts, behaviors, or emotions. For example, a client who is in trouble for "working too slowly" at a job, and who is excessively careful due to a fear of making mistakes, is invited to do the Digit Symbol test of the WAIS-III. The assessor helps the client notice his/her slow pace, name it (e.g., "being careful"), notice the similarity to the job situation, and then experiment with various ways of working faster. Once some success is achieved in the assessment situation (i.e., a quicker pace with the Digit Symbol task) the client is asked to test out similar solutions in the work context itself and report back at the next assessment situation how this went.

Although we have not yet conducted a formal research study on assessment intervention sessions, our clinical experiences have shown us that they often lead to profound, positive shifts on the part

of clients. We have even developed a set of interventions that are useful for clients with different types of presenting issues, for example those clients who believe that they have ADD and are reluctant to consider other alternatives (Finn, 1999b). And although, once again, our procedures were driven by a desire to impact our clients therapeutically, the end result was a set of practices that allowed us to explore "experiaction" (Fischer, 2001) and which fit extremely well with a human-science model of psychological testing. These and other developments have now led to our articulating an explicit human science basis for Therapeutic Assessment (Finn, 2002a).

Next we will describe some principles and practices of Therapeutic Assessment and how they relate to humanistic psychology and lead to therapeutic benefit for clients.

Some Humanistic Elements of Therapeutic Assessment

Enlisting Clients in Setting Goals for the Assessment

Historically, the goals of psychological assessment have been directed toward meeting the needs of mental health professionals--whether to clarify a client's diagnosis or mental health status, aid in treatment planning, or evaluate the effectiveness of interventions that have already taken place. Finn and Tonsager (1997) called this approach the "information gathering model" of psychological assessment. In contrast, a primary goal of Therapeutic Assessment is to meet the individual goals/needs of *clients*. Typically, this involves identifying, exploring, and answering clients' questions about themselves and/or their relationships with others.

As mentioned earlier, we now typically devote the initial session of an assessment to helping clients formulate these questions and to gathering background information relevant to the questions. In some ways, this process is akin to a first meeting with an architect (the assessor) to discuss plans for an observation deck (the assessment) which will be built over some area of the client's property (life). The two parties decide how large an area the deck will cover and where it will be placed, that is, those aspects of the client's life which are to be examined and in what depth. For example, a recent client asked "Why do I avoid any situation involving confrontation?" and "Why do I react so negatively to any criticism?" When Steve inquired how it would be helpful to have answers to these questions,

the client added the question "How can I become more comfortable with other people's displeasure?"

In assessments of children and adolescents, we gather questions both from parents and the children. For most children and young adults, this is a unique opportunity to have their own goals, frustrations, and concerns addressed and responded to in a meaningful way. Recently, we have been asked the following questions by children we tested: "Who do I get so mad at my mom?", "How come it's hard for me to fall asleep?", "Am I good at anything?" Furthermore, with adolescents, we negotiate that the child's questions may be kept private from the parents, although the adolescent will be informed of the parents' questions about him/her.

This practice--of working collaboratively with clients to define the goals for an assessment--obviously fits with Rogers' (1951) client-centered psychotherapy and Jourard's (1968) "psychology of invitation" as a means to help people understand themselves better. As theorized by many humanistic writers, we find that collaborative goal-setting gives clients a sense of power, heightens their own curiosity and engagement in the assessment process, and ultimately reduces their anxiety during and after an assessment. As such, this practice prepares the ground for clients to undertake revisions in their views of themselves and sets the stage for therapeutic change.

Using Psychological Tests as "Empathy Magnifiers"

In Therapeutic Assessment, psychological tests are not viewed as indicators of some objective *Truth* about clients, even though standardized procedures and nomothetic norms are used as starting points in a dialogue between clients and assessors. Rather, tests are viewed as *empathy magnifiers* that are useful in helping assessors get in clients' shoes (Finn & Tonsager, 1997). In this way, Therapeutic Assessment is in accord with humanistic psychology's goals of "reconciling" the objective and the subjective (Bugental & Sapienza, 1994).

For example, during a recent therapeutic assessment, a client's standardized scores on the Rorschach indicated a tendency to avoid or flee highly emotional situations ($Afr = .16$, $CF+C = 0$). (This is the client mentioned earlier who asked "Why do I avoid any situation involving confrontation?") Immediately after the Rorschach administration, Steve invited the client to reflect on one of his responses to Card VIII: "These two creatures are scurrying away

from a bad situation . . . It looks like an explosion could happen at any minute and they're running like hell to save their lives." The following dialogue ensued:

Steve: Do you identify with those creatures at all?

Client: (Smiling) I sure do! That's what I'm doing all day long at work. I guess I think I'll get killed if I stick around. The explosion these two are running from is a bad one.

Steve: And is that true for you?

Client: Not that bad, really. But I never really realized before that it feels like I'll die.

Steve: Yes, that seems like an important insight into why you avoid confrontation.

Client: I'll say. No wonder I've had such a hard time with all this.

As Fischer (2001) has noted, this is essentially a hermeneutic approach. The assessor cycles in a disciplined way between the client's goals, the nomothetic test data, the assessor's own associations, and the client's interpretation of his test response. Gradually, a deeper understanding of the client's dilemma emerges--for both client and assessor--yielding a moment of greater self-awareness and self-compassion on the part of the client. This fits our experience of the therapeutic benefit of a successful psychological assessment: both assessor and client come away with a deeper understanding of the client's dilemmas of change, an understanding that heals shame and points towards new ways of being for the client.

Sharing Our Reactions with Clients--Including What We Learned

In Therapeutic Assessment, we acknowledge the contextual basis of all knowing, and reject the positivist goal of being *objective observers*. Throughout an assessment, when relevant, we share our reactions and personal context with clients, acknowledging our biases so that they may take them into account in forming their own opinions. For example, here is an excerpt from Steve's final session with the client who avoids confrontation, when the two of them were discussing ways the client could become more comfortable with "other people's displeasure" (one of his assessment questions).

Steve: So from what we've discussed so far, do you see any way to get more comfortable confronting other people?

Client: I guess I just need to learn that I won't die if other people are mad at me.

Steve: That sounds right to me. Any ideas how to help yourself with that?

Client: Perhaps I could start with some people who aren't that important to me. That would make it less scary.

Steve: Great idea! I remember starting with store clerks and people like that when I was working on this same issue.

Client: Oh, did you have problems with this same thing?

Steve: Oh, yes. I used do to all kinds of things to keep people from getting mad at me. You should have seen me!

Client: And now it's better?

Steve: Yes. I'm not so scared of confrontation anymore.

Client: That makes me feel better--like there's hope for me too.

Steve: I'm having a similar reaction--that both of us are getting better at this anger stuff, and its going to make our lives a whole lot better.

We believe such interchanges are in keeping with humanistic principles of authenticity, modeled so powerfully by Perls and others (Cf. Barton, 1994). In their feedback to us at the end of our assessments, many clients have referred to such moments as turning points in their regaining hope for themselves. Also, many clients feel enlivened when they feel they have impacted the assessor. For this reason, we make it a practice to tell clients at the end of an assessment specific ways that we have been touched or have grown through working with them.

Believing in an Innate Healing Potential

When we lecture about Therapeutic Assessment, one frequent question we are asked is "Do you really believe that such a

brief procedure has the potential to change someone's life?" We do, and typically we explain how psychological assessment potentially can have lasting impact, because it addresses the "story" individuals tell themselves about themselves and the world. In preparing this article, we came to see the humanistic thread in our optimism, for we too view human beings as "resourceful, free, imaginative, creative, integrative, symbolic, perspectively gifted, [and] temporally flexible person[s]. . ." (Barton, 1994, p. 228).

In contrast to traditional relational psychotherapies, which attempt to bring out such qualities in clients through an ongoing relationship with a therapist who is more self-actualized, Therapeutic Assessment operates in a more incisive way. By engaging clients in an intense process of self-exploration and using psychological tests to quickly gain empathy for clients' problems in living, we attempt to decrease shame and to assist clients in seeing and testing out new ways of being. Clinical experience and controlled research now bear out the healing potential of this approach.

One client recently reflected this aspect of Therapeutic Assessment in her written feedback at the end of an assessment:

"I realize now that I started this not really thinking it could help since 4-5 therapists had already given up on me. But part way through, your constantly asking me to think about what I was saying and doing hit me. If you thought I could change, maybe I could if I just started paying attention to my assumptions (sic). Now I know there are different ways to see things and its (sic) already starting to work."

In closing, we are pleased and bemused to report that by searching for ways to conduct psychological assessments in ways that are helpful to clients, we ended up with practices and principles that are clearly humanistic. This provides fresh validation for the principles of humanistic psychology and speaks to common truths that may be discovered by any open-minded clinician through deeply listening to clients.

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Footnotes

¹As such, we differentiate Therapeutic Assessment (upper case) from therapeutic assessment (lower case), the latter being a term now generally used by some to refer to collaborative psychological assessment practices that are beneficial to clients.

²Other individuals who helped develop Therapeutic Assessment include E. Hale Martin, Terry Parsons Smith, Dale Rudin, Judith Zamorsky, LaNae Jaimez, Rosemary Ellmer, Patricia Altenburg, and Beatrice Gerry.

³We now use the term "summary and dicussion sessions" instead of "feedback sessions," feeling that the latter implies a unidirectional communication from assessor to client, rather than a collaborative dialogue about how test data elucidate life challenges.