

## CLINICAL CASE APPLICATIONS

# Family Sessions as Part of Child Psychological Assessment: Goals, Techniques, Clinical Utility, and Therapeutic Value

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Including a family session in a child assessment can significantly advance the assessor's and parents' understanding of the child's problems and enhance the likelihood that parents will follow through on recommendations after the assessment. A family session allows the assessor to observe the child in the family context, test systemic hypotheses, better understand the meaning of individual test results, and try out possible interventions. A family session may also help parents see systemic aspects of their child's problems, help the child feel less blamed, foster positive experiences among family members, and offer the family a glimpse of family therapy. We describe methods and techniques for structuring family sessions and offer guidance on preparing for and conducting such sessions depending on one's case conceptualization. Detailed case examples illustrate each technique and demonstrate the immediate and subsequent impact of family sessions as well as their therapeutic value. We also address common clinical and pragmatic issues.

Experts on treating children's problem behaviors seem unified about the importance of using a systemic approach that treats the child within the context of the systems in which the problem behaviors occur (Dishion & Kavanaugh, 2003; Dishion & Stormshak, 2007; Henggler, Schoenwald, Rowland, & Cunningham, 2002; Landreth & Bratton, 2006; Wachtel, 1994). This emerging consensus reflects the ongoing influence of the family therapy movement that began in the 1960s. It also concurs with contemporary psychotherapy theories such as narrative therapy (White & Epston, 1990), existential-phenomenological therapy (Fischer, 1991), intersubjective theory (Stolorow, Atwood, & Brandschaft, 1994), feminist therapy (Dutton-Douglas & Walker, 1988), and the developmental systemic perspective on child psychopathology (Mash & Barkley, 2002). All of these viewpoints emphasize the importance of contextual influences on human behavior and addressing larger interpersonal and social systems in planning effective treatments.

Despite widespread agreement about the utility of thinking systemically about a child's development and problems, this point of view is not often sufficiently incorporated into traditional psychological assessment of children. It is our impression that most children referred for assessment are assessed only individually; and although it is customary in traditional child assessment to interview parents and ask them to complete behavioral rating scales at the beginning of an assessment, parents typically are not involved again until the final assessment session when they receive feedback. Thus, the nature of tradi-

tional child assessment seems to tacitly support the view that the child is the sole problem or at least the only problem that is being addressed. This traditional approach can be unsatisfying in that parents seeking an assessment want help responding to their children's problems. Moreover, any individual interventions recommended are likely to be unsuccessful if children's problems are systemic. Also, if the assessment is solely focused on the child, parents may be unprepared to hear about ways in which they may be contributing to their children's difficulties. At the end of the assessment, assessors are then placed in the difficult position of having to filter feedback and make suggestions to frustrated and exhausted parents who have "tried everything." With such an approach, many parents have little chance of seeing their own involvement in their child's problems or seeing that it is imperative for them to be part of any solution to the child's difficulties. This disconnect may contribute to the finding that nonadherence to recommendations made from child assessments is a common occurrence and a significant concern (Geffken, Keeley, Kellison, Storch, & Rodrique, 2006).

Through years of clinical work and research, we have learned that there are many procedures that can be integrated into traditional psychological assessment with children to enhance parent collaboration and to help parents conceptualize child problems systemically. We have found that such procedures have a significant effect on the parents and that they then are more likely to follow through with recommendations. We have written elsewhere about (a) the importance of involving parents in constructing questions for the assessment of their child (Tharinger, Finn, Wilkinson, & Schaber, 2007), (b) the impact of encouraging parents to observe aspects of their child's assessment followed by miniconsultations between the parents and the assessor (Finn, 2007), and (c) the effectiveness of a collaborative approach to feedback with parents (Tharinger, Finn, Hersh, et al., in press)

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and with children (Tharinger, Finn, Wilkinson, et al., in press). An additional procedure that we have found extremely useful is including a family intervention session (heretofore referred to a family session), typically at the end of the formal testing of the child and prior to providing the parents and child with feedback (Finn, 2007). After collecting standardized test data, the assessor can use a family session to bring selected results together in a meaningful way for both the parents and child. The assessor attempts to understand the nature and characteristics of the interactions that occur in the family in that those interactions may help or hinder the family's attempts to cope with the child's problem behaviors. The assessor also evaluates the family's readiness to respond to recommended interventions. From this perspective, the child is not viewed as the sole source of any problem; rather, the family's repetitive patterns of interaction are considered to be a likely source or influence regarding the problem.

Although many assessors may feel comfortable including a measure of family functioning in the assessment, for example, the Family Environment Scale (Moos & Moos, 1994), even seasoned assessors may find the idea of including a family session to be surprising or even shocking. We believe that including a family session in child assessment requires a paradigm shift, specifically a willingness to move individual child assessment into a more systemic experience. Reactions from assessment professionals may be similar to when, in the 1960s, there was a shift from individual therapy with children (with the adjunct of parent guidance or consultation) to family therapy to address the context of the child problems (Ackerman, 1967; Bowen, 1978; Haley & Hoffman, 1968; Minuchin, 1974; Satir, 1964). This paradigm shift involved no longer seeing the child as the problem but seeing the system as the problem or as contributing to or maintaining the child's problem. It was challenging for treatment professionals to make that shift decades ago, but the change turned out to be extremely valuable. It may be similarly challenging for assessment professionals to entertain the bold move of including a family session in a child assessment, but we believe that this move has the potential to be very worthwhile.

In this article, we encourage practicing assessment psychologists to consider incorporating family sessions in their psychological assessments of children. We first explain the goals of a family session and then provide guidelines for planning and implementing them. Next, we describe seven methods and techniques that can be used to structure family sessions. We illustrate each method with a case example from an independent practice or a research study investigating the efficacy of collaborative assessment with children and their families. The case examples demonstrate the clinical utility and therapeutic value of including family sessions in child psychological assessment.

## INCLUDING FAMILY SESSIONS IN CHILD ASSESSMENT

### *Goals of a Family Session*

Family sessions can serve multiple goals in a child psychological assessment. In many cases, the session helps the family reach certain goals the assessor intended. In other cases, it helps the family meet goals that the assessor did not plan for but that turn out to be useful nonetheless. Also, in most cases, probably both effects occur in that the assessor may not fully understand what purposes a family session has served until after it is finished and the family has had a chance to react and process what

has happened. We review eight reasons why an assessor may wish to include a family session.

1. Having a chance to observe a child in the family context. The most general goal of a family session is simply to give the assessor an opportunity to observe the child within the family context. Regardless of the method, activity, or parent and child responses, the assessor will be able to glean more information about the family system and how the child operates within it. Without such information, an assessor runs the risk of attributing a child's problems to individual psychopathology when this may not be the case at all or may be only part of the full picture. For example, in a recent assessment, a 6-year-old boy was being evaluated because of overly fearful behavior. His parents were at a loss to understand his extreme anxiety, and the assessor felt that "something was missing" and asked for a family session to see what could be learned. When the boy and his family were in the waiting room on the day of the session, the assessor happened to observe him being tormented by his two older siblings while the parents were busy with the receptionist paying their bill. On further inquiry, it came out that such "torture" was a frequent occurrence about which the parents were only dimly aware. The boy's fear was directly related to his being traumatized by his siblings.
2. Testing out systemic hypotheses about the child's behavior. In the previous example, the assessor had some vague sense that family dynamics were involved in the child's problems. At other times, an assessor may develop a specific systemic hypothesis during the course of a child assessment and may ask for a family session to test this out. For example, an assessor may come to suspect that a child's acting out behavior serves to divert attention from conflict between the parents. During a family session, the assessor can observe how the child behaves while the parents are getting along and whether the child becomes more of a problem at times when the parents start to be in overt conflict. In some cases, the assessor will even have some sense—from assessment data already obtained—of what kinds of questions or situations may provoke conflict between the parents. For example, in one such case, the child's response to Card II of the Rorschach (Exner & Weiner, 1994) was "My parents fighting over money." In a subsequent family session, the assessor asked the family to jointly discuss how they would spend a \$1,000 windfall. The parents, as expected, got into a heated argument, and the child's behavior became noticeably worse until the parents were diverted from their conflict.
3. Understanding the systemic context of individual test results. Not only can a family session place a child's behavior in context, but it can also help contextualize the child's individual test results, thereby suggesting systemic interpretations of those data. For example, suppose that a individual child's Rorschach showed a great deal of anger and aggression, for example, S = 7, AG = 3, AgC = 10, and percepts of volcanoes waiting to explode. Then imagine that in a family session, when asked to discuss how they handle anger, all members of the child's family said they felt anger was "ungodly" and that they worked hard never to feel or express anger. This might lead to entirely different interpretation of the child's Rorschach (e.g., that he was "holding" anger for

- the entire family) than if the Rorschach was interpreted alone (e.g., that the child was very angry and prone to aggression.)
4. Helping parents develop a systemic view. In some instances, an assessor is able to use a family session not only to observe or test out family influences on a child's behavior but also to help families see their part in eliciting, maintaining, or potentially addressing a child's problems. This is a way of promoting or developing a family or "collective observing ego" (Pinsoff, 1995). For example, in one of the previous examples, the assessor might ask the parents, "Did you notice what was happening just before Johnny started to act up in the session?" After some discussion, the assessor might even offer a tentative interpretation such as "I wonder whether Johnny was trying to help out the family by creating a distraction when the two of you started to clash with each other. Do you think that is possible?" In other instances, an assessor might focus on the parents' ability to be part of a solution rather than helping them just to see their part in a child's problems. For example, parents might be coached on how to effectively praise their child and then notice (with the assessor's help) how obedient their child becomes when given this kind of positive attention. This intervention could lead the parents to reflect later on how little they praise their child at home.
  5. Testing out possible interventions. As can be seen in the previous example, a family session can also provide an opportunity to test out potential family interventions, which allows the assessor to determine if the intervention is feasible or effective for the family. Such opportunities can be extremely useful in developing practical recommendations to be offered at the end of an assessment. For example, in a recent evaluation, the assessor suspected a child's misbehavior was in part a way to get attention from his depressed mother. (The mother had completed the Minnesota Multiphasic Personality Inventory-2 [MMPI-2; Butcher, Dahstrom, Graham, Tellegen, & Kaemmer, 1989] as part of the assessment, and it revealed a severe, longstanding depression.) The assessor contemplated recommending that the mother spend 1 or 2 hr a week alone with the boy. Before the end of the assessment, a "play session" was arranged between mother and child in which the assessor attempted to coach the mother on how to play a board game with her son. The intervention was effective in that the boy was extremely obedient and compliant during the play session. However, it also became clear that the mother was incapable of focusing on her son without a great deal of support. This finding resulted in the assessor drastically modifying the intended recommendation and focusing on the mother getting treatment for her depression first so that she would have the resources to focus on her child. This example illustrates that an intervention is often one of the best assessment tools one can use. If it works, the assessor is on the right track. If the intervention does not work, it often reveals what the restraining forces or blocks to change are (Pinsoff, 1995).
  6. Helping children feel less blamed. In our experience, when a family session leads to a new view of a child's problems as systemic rather than individual, or when parents come to see that they can positively impact their child's behaviors, children feel less scapegoated and blamed. Such shifts can have a profound impact on children's self-esteem over time. Also, successful family sessions can lead families to broaden

the focus of the assessment. It is not uncommon, after a successful family session, for parents to appear at the next session saying that they are now more concerned about the child's sibling, or their marriage, or that they should be the ones being tested! The assessor can then work to make sure the family doesn't elect a new scapegoat or identified patient in place of the child.

7. Fostering positive family relationships. In some instances, an assessor may suggest and then carefully structure a family session so that parents and children have a positive experience together. It may have been a long time since the family interacted in a positive way, and such an experience can restore hope and inspire a family to keep trying. In one recent assessment, parents were so disheartened about their interactions with their 8-year-old adopted daughter that they were considering terminating the adoption. A carefully structured positive family session reminded them of why they had adopted the girl and helped them realize that if they had appropriate support, things could go better for the family.
8. Giving families a positive experience of family interventions. A family session during an assessment can provide families with an example of what family therapy would be like. This can reduce apprehension if a recommendation for further treatment or therapy is made at the end of the assessment. In our experience, often families are quite anxious about family therapy and rarely follow through on such a recommendation at the end of a traditional child assessment. However, when family sessions are included as part of the child assessment, such recommendations are much more likely to be followed.

*Summary.* Clearly the goals of a family session are multifaceted. They range from observation of the family to actively testing out systemic hypotheses and interventions. They aim to help reduce the child's sense of blame, promote a positive experience among family members and set the stage for subsequent treatment. However, to meet these goals, careful planning is needed.

#### *Planning and Implementation*

The aforementioned goals guide the planning of a family session; the goals are the desired destination and the methods and techniques, discussed in an upcoming section, are the chosen vehicles to get there. There are many factors an assessor will want to consider in deciding which goals are reachable and what method is best for a particular family. In preparation, assessors may find it helpful to ask themselves the following nine questions.

1. Who should I include in the family session? At times, we ask other family members—siblings, grandparents, aunts, and so forth—to take part in family sessions. At other times, we restrict those sessions to parents and the referred child. Partly this decision rests on whether the assessor senses that other family members play major caretaker roles with the child or could be useful in helping the family to see and handle the child differently. For example, in a recent case of a grandmother raising her autistic grandson, we found it very helpful to have her daughter, the boy's aunt, attend a family session where we coached the grandmother on how to play with her grandson. The aunt was able to reinforce what we were attempting to teach the grandmother, and because the

aunt also helped care for the child, her participation ensured that both caretakers were operating from a similar strategy. At other times, an assessor may wish to strengthen the alliance between a particular child and his or her parent(s), so the assessor may choose not to involve siblings and others in the family session. This decision seems particularly applicable when the assessor senses that the child is longing for individual time with the parent(s). Finally, the assessor may choose to include siblings or extended family members if it is believed that they play a major role in eliciting or reinforcing the child's problem behavior. For example, in a recent assessment, the assessor learned that an aunt who assisted with child care was routinely undermining the parents' authority by telling the child that "they were too strict" and to "pay them no matter." The assessor invited the aunt to the family session where this dynamic could come out in the open and be explored.

2. What would I most like the parents to learn from the session? How close are they to that new awareness? Typically, after the testing sessions are completed, assessors have a tentative case formulation of how the child's problems came to be and are maintained within the family. Also, from their previous contacts with the parents, assessors can judge what aspects of their formulation or "new story" (Finn, 2007; Tharinger et al., 2007) will be most difficult for parents to understand and assimilate. Finn (1996, 2007) has labeled this information the "Level 3" findings of an assessment as opposed to information that explicitly matches a family's existing narrative (Level 1) or that reframes familiar conceptualizations (Level 2). Family sessions are an opportunity for parents to "discover" such new insights on their own with the guidance of the assessor. In effect, Level 3 information becomes Level 2 information because of the family session. Thus, we recommend assessors start by compiling a "wish list" of insights they would like the family to gain prior to the final feedback and recommendation session. If families are still quite far from such insights, it probably won't be possible to achieve them in one family session; the assessor may then need to adopt more modest goals such as providing the family with a positive experience and just a few insights. For example, in one assessment, an 8-year-old girl was referred for possible confirmation of attention deficit hyperactivity disorder, inattentive type. She spent hours in school staring out the window and had already been evaluated for a seizure disorder (which she did not have). Her Rorschach suggested severe psychosis ( $W_{Sum6} = 67$ , Contamination = 2,  $X - \% = .59$ ), and the girl confided at one point to the assessor that she was having conversations during the day with the "elves" outside her classroom window. The assessor knew, however, that the parents would be extremely shocked by any suggestion that their daughter was mentally ill (in spite of a family history of psychosis in the father's family). Hence, the assessor arranged a family session in which the parents and the girl were asked to sort words into bags labeled "real, not scary"; "real, scary"; "not real, not scary"; and "not real, not scary." The girl insisted that "ghosts," elves, and "demons" were real, although she successfully placed "Santa Claus" in the bag labeled "not real, not scary." With the assessor's help, the parents then interviewed the girl about the elves and came to understand themselves why she was not paying attention in school.

3. How can I link the family's concerns or questions for the assessment to the family session? Frequently, family sessions are stressful for family members. In particular, those parents who are focused on their child as "the sole problem" may experience the family sessions as an anxiety-provoking intrusion, for example, "Just tell us what is wrong with Johnny! Why do you need to meet with us as a family before you give us the assessment results?" For these reasons, we recommend that you clearly link the purpose of the family session to one of the parents' central concerns or questions guiding the assessment. You may do this by choosing an activity that relates, on its face value, to one of these concerns and then explicitly explaining this link to the parents before or at the time of the session. For example, an assessor might say, "You asked about what to do when Andrea rages. Today I'd like to ask all of you to act out a time when she raged and how everyone in the family handled the situation. I hope this will allow us to put our heads together and see what works and what doesn't."
4. What role do I think the family plays in this child's problem or adaptive behaviors? What have I learned from the assessment results about what produces or reinforces the child's problem behaviors? As mentioned earlier, one of the aims of family sessions is to test out systemic hypotheses that you as an assessor develop as the assessment proceeds. In planning the family session, you can tailor your activity to conduct such informal tests. For example, in the case mentioned previously, you may have learned through the testing that 7-year-old Andrea has very poor emotional controls (e.g., on the Rorschach  $EB = 1:8$ ,  $FC: CF + C = 1:5$ ,  $Afr = .80$ ). You may also suspect from interviewing the parents that Andrea explodes when people around her get angry. Thus, in analyzing the family reenactment, you would pay close attention to what preceded the rage scene chosen by the family, and you would carefully question the family about what happened right before the scene and how each person in the family reacted. The goal here is to test out and help the family discover the "necessary and sufficient" elements for the problem behavior to occur and then experiment in blocking or removing such factors until the problem behavior disappears. By thinking about your hypotheses before the session, you will be prepared to help test them out.
5. What adaptive solutions are likely to begin to alleviate the problem behavior or create awareness for the parents? Often, a family session can be used not only to help parents gain insight and develop a new story but also to test out possible interventions for a problem behavior. When this is a possible goal, the assessor can think carefully before the session about what adaptive solutions are likely to produce a positive outcome. Again, such hypotheses are informed by information already gained from the testing and from interactions with the family. For example, in a recent assessment, the parents complained that their 8-year-old daughter, Rachel, was excessively demanding of their time and attention and asked for help managing her demands. Rachel's Rorschach suggested low self-esteem, dependency needs, attachment difficulties, depression, and an underdeveloped ability to delay gratification [ $3r + (2)/R = .13$ ,  $Fd = 1$ ,  $T = 0$ ,  $Pure H = 0$ ,  $DEPI = 5$ ,  $EB = 0:8.5$ ,  $FC: CF + C = 0:7$ ]. Earlier in the assessment, it was observed that when Rachel was given undivided attention from an adult for short periods of time (during child

care), she often seemed calmer and less demanding afterward. Thus, in the family session, we asked Rachel's parents to play with her in a focused, positive way, mirroring her frequently, and to notice what happened. They too saw Rachel's behavior become more appropriate during the session. This led to their giving Rachel a 1-hr individual play time at home each week while setting limits on her requests for attention at other times. They tried this method even before the feedback and recommendation session and reported that it seemed to be working.

6. How much intensity can the family handle at this time? Some families are more resilient than others, and it is important to remember this when planning a family session. The most frequent mistake we have made when conducting family sessions is to be too ambitious and to overwhelm either parents or children by trying to accomplish too much. A related risk is that parents may have an important realization during a family session of how they contribute to their children's problems, but this insight may cause emotional distress and be somewhat traumatizing to the parents. Thus, we urge all assessors to realistically evaluate the collective "ego strength" of a family system and its individual members while planning family sessions. Test results can inform such considerations. For example, if a child's Rorschach has a D and Adj D of  $-4$  and  $-3$ , respectively, or if the parents' MMPI-2 scores on Scale F are at 100T, a family is not likely to benefit from an intense family session. Again, if unsure, it seems best to adopt more modest goals or use a technique that is less emotionally arousing for families. If this plan is successful, the assessor can always follow up with another activity in the family session that is more emotionally intense or can schedule an additional family session at a later time.
7. Should I include "check-in" and "check-out" miniconsultations with the parents at the beginning and end of the session? Frequently, we have found it useful to leave time at the beginning and end of family sessions to talk with parents. In this way, parents can share any concerns or feelings they have from the past week and then can process any reactions they have resulting from the session. In some cases, this may be essential so that the parents will then be able to focus on their child rather than their own needs or anxiety during the family session. With some children, it is possible to leave them in a waiting room or play room while such consultations happen. With others it is not, and you may need to arrange to call parents at home after the session to talk.
8. What are the parents' worst fears about what the assessment might reveal, and how do they inform the family session? Finn (2007) recommended that assessors ask clients, early in an assessment, what their worst fears are of what the assessment might reveal—and then work carefully not to confirm such "pathogenic beliefs." We recommend that assessors hold such fears in mind when working with parents in family sessions. For example, a common fear of parents is that "we have damaged our child." Sometimes in a family session, a parent will come to recognize that he or she has inadvertently blamed a child for a problem that is actually systemic. An assessor must be ready at such times (or immediately afterward in the follow-up consultation) to reassure parents that children are typically not irrevocably harmed by such events and to coach the parent on how to make a good repair with the child. It may also be useful to say explicitly,

"You can't be held responsible for what you did before you realized what was happening with your child. What's really important is how you proceed forward from this point, now that you understand the problem."

9. What could go wrong in the family session? Of course, "the best laid plans often go astray," and we find it useful in planning to think about what things could go wrong during a family session and how one might handle those events if they occur. For example, in the case of Margaret, an 11-year-old girl, her parents were concerned about her inability to follow through on requests, such as getting ready for a soccer game, and about the arguments that resulted when such events occurred. Her Rorschach indicated underlying depressive characteristics (DEPI = 5), problems modulating emotions (FC: CF + C = 2:5), and a substantial amount of underlying anger (AG = 4, S = 4). In the family session, structured by using family drawings and sculptures, the father was unable to see his role in the argument cycle and aggressively vented his anger on Margaret, whereas her mother took the habitual role of trying to keep the peace. Margaret tried to hold her own, but even with the support of the assessor, she withdrew and detached from both parents. The assessor felt that the goal of enhancing their positive communication was not met and that the child had been overwhelmed. In the check-in mini-parent consultation at the following meeting, the father was able to reflect on his part in the escalation of family arguments. He indicated that he had already made changes that week when interacting with his daughter and was making progress in handling such situations better at home now. Margaret also later indicated that their interactions were starting to change, and she felt her father was more understanding. Although the assessor likely overestimated the capacities of this family to make change in the moment, on reflection and with time, the intervention was useful, illustrating the importance of check-in and check-out consultations.

*Summary.* With selected goals in mind, the assessor needs to pay special attention to numerous factors including who to include in the family session; the tentative case formulation to date, including systemic hypotheses; what the assessor thinks the family is ready to learn at this point; and how much intensity the family can handle. Test results on the child and parents (if available) can be useful in gauging the degree of vulnerability of the family. In addition, the assessor should be alert to the parents' worst fears and be as prepared as possible for the unexpected and what could go wrong. With goals and an informed, considerate plan in hand, the assessor is ready to finalize what methods or techniques to use in a family session. We describe various techniques in the following section. In our experience, the goals, plan, and methods are simultaneously considered by the assessor and go through several iterations before actual implementation.

### *Methods and Techniques*

One of the most creative tasks when planning a family session is deciding on the method or technique to use in the session. Many of the techniques are commonplace in family therapy (e.g., family sculpture [Constantine, 1978], psychodrama [Flomenhaft & DiCori, 1992]) or parent-child interaction therapy [Herschell, Calzada, Eyberg, & McNeil, 2002]) but are rare in traditional psychological assessment. Some of the other methods, such as the consensus Thematic Aperception Test (TAT;

TABLE 1.—Methods and techniques for use in family sessions.

| Technique                             | Description   | Intensity  |
|---------------------------------------|---|--|
| Parent coaching and skill development | The assessor introduces and models skills for parents, including labeling emotions, mirroring their child's emotions, "sports casting," and empathic listening. The assessor serves as an active coach for the parents and often uses rehearsal and feedback.   | Parent coaching focuses on teaching parents a specific skill that can be grasped in a single session and is one of the lower intensity interventions. However, with parents who are lacking in emotional resources, even labeling their child's emotions can be difficult. The assessor must consistently try and match the intensity of the activity with what the parents are ready to learn and be alert to their emotional reactions.  |
| Semistructured play                   | Parents are encouraged to follow and support their child's lead in a play activity and attend to their child's desires rather than to typical rules. Parents and the assessor observe how the child's behavior changes under these conditions. Options include having the family play a game, engage in free play directed by the child, or participate in a joint creativity task.   | There are many levels of semistructured play, and it is often a gentle starting place for families. This method can help parents learn how to give undivided attention to their child and be truly supportive rather than being competitive or rule focused. Again, parents with limited emotional resources may struggle even with this basic training, so the assessor must be alert and make adjustments as needed.   |
| Family drawing                        | Family members are given instructions (e.g., draw your family doing something together; draw your family when someone is angry or sad), and each creates their own drawing. The assessor leads the family through a discussion or reaction to each picture and facilitates communication.   | Family drawing tends to be a low- to medium-intensity activity that all family members can participate in. It is creative and can often be used as a warm up for a more intense activity (such as family sculpture or psychodrama). However, for some families, challenging dynamics may be raised with just the drawings, and the assessor needs to be ready to work with and possibly temper the intensity.  |
| Family sculpture                      | Family members take turns creating a scene depicting how they feel as a member of their family. They are instructed to place other family members in position, including facial and bodily expressions, and then place themselves in the sculpture. The assessor facilitates discussion around the family positions and reactions. The assessor may decide to ask for a second sculpture, such as a scene of how they would like to feel in their family.   | Family sculpting tends to be a medium- to high-intensity activity, as it can elicit a strong response from family members because they may be placed in positions that may be unflattering. Also, the "body" element can elicit a stronger affective response because it is more personal and harder to deny than a discussion or drawing. To try and maintain balance among the family members, the assessor's goal should be to allow every family member to have a turn creating a sculpture. This method often needs a warm-up activity such as family drawings or semistructured play.  |
| Psychodrama and family reenactments   | Families are asked to reenact challenging past events such as an incident that lead to an argument or melt down. After the initial reenactment, it can be useful to ask family members to change roles. The assessor then helps the family problem solve and see alternative ways they could have reacted to the incident. The family keeps redoing the scene until they feel some success implementing new strategies.   | Psychodrama and family reenactments tend to have high intensity because family members can get caught up in their past negative thoughts and emotions during the reenactment. The assessor needs to be prepared to intervene and redirect as needed. The use of puppets, where each family chooses a puppet to represent themselves, often serves to regulate intensity, as the family member can somewhat distance himself or herself if needed.  |
| Consensus TAT                         | Families are asked to co-create stories in response to TAT cards. Cards should be chosen carefully to elicit positive, negative, and neutral feelings and allow the assessor to observe how the family interacts under these different affective conditions.  | The consensus TAT tends to have medium intensity. It is most often used to be affectively arousing, and cards are chosen with that goal in mind. This task can reveal the emotional arousal patterns and management skills of both parent(s) and children. The assessor may choose to intervene and ask for a different story or ending than the family created to see how ready they are for altering their pattern.  |
| Consensus Rorschach                   | Family members are asked to create joint responses to selected Rorschach cards. This task elicits typical communication and interaction patterns, which can then be discussed and modified with the family's input. It can be instructive to note the quality of responses produced by different groupings of family members. Although the goal is not necessarily to produce a scored Rorschach, the assessor may find it helpful to notice how the contributions of each member affect the quality and content of the response. | The intensity of the consensus Rorschach is difficult to predict, as the family may or may not be aware of the structure or interpreted meaning of their responses to the ambiguous stimuli. Thus, the assessor needs to decide how much to simply observe communication patterns and resulting responses (and weave the information into the subsequent feedback session) or to comment on the meaning of what is being observed at the time to see how family members respond. This decision will be influenced by the assessor's general sense of the family's readiness to profit from more directive intervention at this time. |

TAT = Thematic Apperception Test.

Murray, 1943) or consensus Rorschach, involve using assessment materials but in a nonstandardized way. For example, when engaging a family in a consensus Rorschach, the goal is not necessarily to get scorable answers but rather to help the family observe their own processes and interactions when completing a novel task. With the addition of a family session, the assessor can choose from a variety of techniques that help move the focus from the child to the family yet still maintain a common purpose—to continue to assess factors involved in the child's problems. The choice of method does not depend specifically on a child's or parents' individual test results. Rather, as we illus-

trate, methods are more closely tied to case formulations, which are derived from the integration of test scores, observations, and history within one's theoretical framework. Table 1 contains a description of methods and techniques we have found useful in family sessions. In addition, Table 1 presents our experience with the intensity of each of the methods and techniques.

### Case Examples of Family Sessions

We have chosen case examples from the Therapeutic Assessment Project (Tharinger et al., 2007) and S. E. Finn's practice of

therapeutic assessment (TA) to illustrate the methods and techniques described in Table 1. The examples depict the utility and impact of family sessions as well as the continuity between and among the assessment findings and goal setting. The case examples also display the flexibility of family sessions to address a variety of child problems (anger, depression, withdrawal) and family situations (marital issues, divorce, stepparent, siblings, grandparent as primary caregiver).

*Parent coaching—“sportscasting.”* Parent coaching is a fairly low-intensity technique that has the combined goals of testing out how the family responds to a basic intervention and hopefully fostering positive experiences between family members. One example of parent coaching is the sportscaster technique. This technique involves the parent narrating, out loud in an excited demeanor, a positive mirroring description of what the child is doing. (Imagine Howard Cosell in his heyday or John Madden announcing every move a player made in a Monday night football game, and then imagine a parent doing the exact same thing for every move a child makes while engaging in an activity.) It is a way of showing the child that the parent is noticing what the child is doing without instructing or judging the child in the process. This is a particularly useful technique to teach parents who are exerting too much control over their child and are inadvertently preventing the child from developing self-efficacy and independence as well as for parents of children with siblings who may not be giving each of the children enough individual attention.

For example, in the case of Brian, his mother and father came to the assessment with questions about whether Brian was depressed or just feeling sad and why Brian sometimes acted aggressively. Brian’s formal test results indicated that he was extremely depressed, had difficulties modulating his anger, and was guarded interpersonally (e.g., Rorschach DEPI = 6, FC: CF + C = 2:6, HVI-Positive). Additionally, he was taking medication for attention deficit hyperactivity disorder (ADHD) symptoms that was making his depressive symptoms more pronounced. Through the assessment process, the assessor came to understand that as the middle child, Brian was feeling lost in the shuffle, and he felt he was an unimportant part of the family. Brian’s older brother, as the oldest child, often took charge of situations, which was frustrating Brian and compounding his feeling that he was not an important, valued member of the family. When he acted aggressively, it was a way of expressing his frustration as well as a way of getting attention, even though it was negative attention. His punishment for acting aggressively served to reinforce his feelings of being unimportant to the family, creating a self-perpetuating cycle. Furthermore, the parents’ MMPI–2 profiles suggested that they also had difficulties with anger management. Brian’s father tended to hold anger in but then explode (Welsh code:  $4 \pm 32$ ), whereas his mother rarely expressed her anger directly and tended to somatize or blame herself instead (Welsh code: 27’18). Both parents confirmed these interpretations in the final summary session.)

The family session, which included his two siblings, focused on teaching Brian’s parents the sportscaster technique. The assessor first modeled using the sportscaster technique with Brian while his parents watched. The parents then tried using the technique themselves, first with Brian alone and then with Brian and both of his siblings, who were invited to the family session. The assessor checked in with the parents after they tried the

technique with Brian alone, gave them praise and constructive feedback, and then made additional suggestions for how to use the technique when his siblings would be involved in the play. When the three children came into the room, Brian was given the responsibility of choosing the activities for his family to play. He first chose free play with toy dinosaurs and then a game of cops and robbers. His parents narrated every move Brian made throughout playing (e.g., look at Brian’s dinosaur attack the little one, and now his dinosaur is climbing up a mountain . . .). At one point, Brian’s older brother tried to take over the game, and their mother narrated, “It looks like Brian is getting frustrated because he was in charge of the game, but now his brother is trying to take over.” This statement was effective in letting Brian’s older brother know he was dominating the game and prompted him to relinquish control to Brian. It also was a sign to Brian that his mother understood how he felt. Because the statement was delivered in the form of the sportscaster technique, neither child was judged for what was happening, nor were they instructed to change their behavior. Instead, they were simply made aware of the situation and naturally changed their behavior as a result. By using the technique in this way, their mother avoided getting involved in the boys’ power struggle and avoided having to take one child’s side over the other child’s.

Over the course of the session, Brian’s demeanor changed from disinterested sadness to fun loving and happy. His parents were amazed by this change in demeanor and commented on how easy the technique was to implement. They said they would make sure they allowed time every week for Brian to choose the activity the family did together and that they would use the sportscaster technique to guide their children’s interactions with each other. Brian’s mother noted in a postassessment interview that she was finding time to do things with Brian, just the two of them, and commented that she wished she had learned even more parenting skills like the sportscaster technique to use with Brian. She also mentioned that she had noticed a shift in Brian’s behavior and that his teacher and parents of other children on Brian’s football team had also noticed a change. They all noticed that he no longer seemed depressed, he was excited to participate in class and extracurricular activities, and he no longer sought negative attention. His mother also noticed that since the family session, the two brothers were getting along better and were playing together more often. Finally, Brian’s father poignantly noted that seeing the shift in Brian’s behavior since they had started to do more things together as a family had given him “great hope” for the future.

*Parent coaching—empathic listening.* Empathic listening also is usually a fairly low-intensity technique. The aim is to teach parents how to respond patiently and empathically to their child’s emotions about a situation instead of trying to jump in and solve the problem for the child. Parents are taught reflective statements and how to label their child’s feelings (e.g., I can tell you’re really upset about something.). Empathic listening helps parents build a positive communication relationship with their child so that the child feels validated and heard by the parents. Similarly to parent coaching, when used in a family session, the goal of empathic listening is to facilitate the family’s response to a basic intervention and foster positive experiences between family members. For example, in the case of Aaron, his mother and recent stepfather came to the assessment with questions about why Aaron felt inadequate and how the new marriage

might be affecting him. Although Aaron could outwardly recognize some of his strengths, such as being intelligent, his TAT stories were filled with depression. Also, Aaron was not able to express negative feelings and was constantly apprehensive of negative evaluations from his mother.

The family session focused on teaching Aaron's mother and stepfather empathic listening skills. Instead of trying to respond to Aaron's thoughts by saying they weren't true (e.g., "You shouldn't feel disappointed, you played a good game!"), the assessment team modeled empathic listening and reflective statements. First, they role-played empathic listening with each other in front of the parents, and then with the parents while Aaron was in a separate room. Aaron was then brought into the session but was reluctant to participate directly. Instead, he became the "coach" for one of the assessors and would whisper ideas and situations that were then role played with the parents. The parents were even able to start putting the skills into practice during the session by reflecting how overwhelming it might be to be the center of attention in a room full of adults. This illustration is a good example of handling the unexpected in that the assessors were able to adapt to Aaron's reluctance to participate directly and still managed to provide modeling and a positive learning experience for the family.

Aaron's parents were curious about how to implement empathic listening when they were going to have to punish Aaron. For example, anticipating how to respond when they took away his Game Boy, the parents were given examples on how to reflect and articulate Aaron's feelings for him (e.g., "I understand that losing your Game Boy might be frustrating and make you feel angry") without changing the punishment. They were also encouraged to relate their own experiences to Aaron's (e.g., "I know I get really upset when someone doesn't listen to me") to help him feel accepted and verbalize his feelings. The parents practiced the empathic listening skills during the session and felt that they would be helpful in relating to Aaron. This connection was especially important with Aaron's new stepfather, as he was trying to establish a positive relationship with Aaron. When asked, in a postassessment interview, what they thought they would change about their interactions with Aaron, his mother said

Yeah, just the way we speak to him, so that he doesn't think of himself in a negative light, and so he's not just so worried that everything he does is—so that he doesn't think of himself as a bad kid. Just continue to praise him in the good aspects and let him know that mistakes are expected and we all make mistakes. So that he doesn't have to be perfect for us, because we still love him. And he's still a great kid regardless of what happens.

*Semistructured play.* Semistructured play is a flexible, somewhat directive, mid-intensity technique that aims to encourage constructive parent-child play. The supported play activities aim to facilitate the family's response to a fairly basic intervention, foster positive experiences among family members, and serve to test out systemic hypotheses. For example, Will, a 9-year-old boy, came for an assessment due to his parents' concerns about his ADHD-type behaviors, anger, and fluctuating self-concept. Through the assessment, it was determined that Will's difficulties with attention were not due to ADHD. Instead, his trouble with concentration and attention, as well as his anger outbursts, were due to his inability to regulate his emo-

tions (Rorschach FC:  $CF + C = 0:4$ . Pure  $C = 4$ ). It was further discovered that Will's self-esteem was significantly lower than that of other boys his age (Rorschach  $3r + (2)/R = .12$ ). Will's parents had a tense and limited relationship with one another (they had never married or lived together) as well as very different connections with and expectations of him. These family dynamics prevented Will's mother and father from being able to participate in a family session with Will together, so two separate sessions were conducted.

The plan for the family session between Will and his father was simply to get them into a room together and facilitate a positive and collaborative interaction between them. The assessors set up a large piece of poster board with a grove of trees and a river drawn on it and explained that Will and his father were to work together to construct a Lego city including various specific structures. Further, they were to determine, between the two of them, who would be the lead architect and who would be the assistant. Before leaving them to the activity, the assessors also informed them that the "City Council" would intermittently be providing them with further guidelines for the project. As they began the activity, Will's father initially did a good job of asking Will his opinions and attempting to get him involved. In turn, Will was responsive and engaged. As they worked, however, Will's father began to dominate each task, no longer seeking Will's input and instead giving him constant directions, including which specific Legos to use in constructing each building. Confusingly, Will's father would follow up his commands by telling Will that he could build things however he wanted, subsequently saying things such as "hold on" before taking over the construction process. Will's father, at times, went so far as to remove the Legos that Will had added to a structure. In response, Will alternated between being engaged and disengaged as his dad busily continued building.

This unfolding dynamic came as a surprise to the assessors as they watched. Until this point, Will's father had been viewed as being very reserved and almost removed in his relationship with his son. His overbearing presence had not been anticipated. In a corrective effort (again—handling the unexpected), the City Council issued an improvised directive that Will's father could no longer speak, as he had come down with a sudden case of laryngitis. In response to this imposed limitation, Will's father was visibly angered, although only briefly. Shortly thereafter, he scooted his chair closer to his son and seemed to begin working with Will more. He began communicating with his son through gestures and facial expressions, whereas Will whispered to his dad in return. Later, when summarizing the session, both father and son said that the activity had been fun. Although Will's father attributed his son's enjoyment of the task to liking Legos, the assessors emphasized that it seemed to be the opportunity to spend one-on-one time with his dad that made Will "light up." Will's father seemed receptive to this interpretation, and in fact, after this intervention session, he let us know that he had begun doing things with his son alone that he'd never done much before such as taking him fishing and to a professional basketball game. After the assessment was complete, Will's father independently acknowledged that he enjoyed spending one-on-one time with his son.

*Family drawings and family sculptures.* We describe these two techniques together and illustrate their combined use in one case example. These methods, when combined, are viewed as

having mid- to high-intensity potential. These techniques are usually chosen to test out systemic hypotheses; facilitate a new, more systemic view of the child's problem on the part of the parents; and help lessen the child's feelings of blame. Starting with the family drawings can in itself be provocative but also can be a good way to ease into the family sculpting, which tends to be a more powerful experience for most family members. When working with family drawings, each family member is asked to complete his or her own drawing of the family engaged in some type of activity together. Then a family member volunteers to go first and shows and explains his or her drawing, whereas the other family members are encouraged to ask questions about the drawing. It is helpful, but not necessary, for the assessor to ask the first question to demonstrate what kind of questions to ask.

Family sculpting (Constantine, 1978) is often used following the drawings. Family sculpting begins by asking each individual to place the various family members into a sculpture that represents how he or she sees the family (or people's roles in the family). Each family member takes a turn, and the sculptures are discussed after each member finishes. Family members are encouraged to ask questions. A second sculpture may then be requested, asking each family member to sculpt how he or she would like the family to be. This procedure can be quite revealing, as parents often are surprised by the level of insight their children have into family problems.

For example, in the case of Zack, an 8-year-old boy, his mother and father came to the assessment describing Zack as having a history of explosive anger outbursts, separation anxiety, and obsessive-compulsive disorder symptoms. His parents' major questions included how to help Zack diffuse his anger, alleviate his anxiety, and prevent future outbursts. Our observations and the assessment results suggested that Zack's emotional maturity was delayed and was at the level of a much younger child. The Rorschach indicated high levels of anger and emotional constriction ( $AG = 2$ ,  $S = 6$ ,  $WsumC = 1.5$ ). The original plan for the family session was for Zack's parents to model appropriate emotional control. The family drawing task was tailored to address a major concern; each family member was asked to draw a picture of the family when someone was angry. The assessor noticed and pointed out to the family that instead of one person being drawn angry, all characters in all drawings were angry. When discussing this observation, Zack's parents confirmed that when Zack got angry, they also became angry, and emotions would escalate. This pattern was expressed in the form of a metaphor in which Zack was the "spark" of a fire that then spread to each family member until the parents were so upset they could not resolve the issue effectively.

When Zack and his family were asked to act out the family sculptures, each family member responded differently than what they described as their typical behavior at home (possibly due to the awareness they gained from the family drawing technique). Zack became visibly upset when his father asked him to repeat hurtful comments that Zack typically directed at his parents during his outbursts. Both parents realized that Zack felt guilty about these comments, that he truly cared for them, and that there were times when he did not have the capacity to control his anger. This realization helped the parents shift their response from one of anger and punishment to one of supporting Zack so he wouldn't lose control of his emotions. By recognizing and labeling Zack's feelings, his parents came to see how they could prevent the metaphorical spark from spreading. They

did not need to defend themselves and escalate the argument but rather could help Zack learn to express his emotions more appropriately. Thus, with Zack's family, the idea of the spark of anger that spread throughout the family was very powerful for the parents. The assessor was able to work this new metaphor into the feedback session by offering suggestions of how the parents could help control the spark (i.e., empathic listening, cool-down time, and modeling emotional control).

*Psychodrama and family reenactments.* Psychodrama asks the family members to reenact a past event, such as an argument, to be processed with the assessor (Flomenhaft & CiCori, 1992). The assessor then helps the family find ways in which they could have reacted differently. Family members are often asked to switch roles, which can help with perspective taking and allow family members to communicate their interpretation of the actions, and even intentions, of others. This method has high-intensity potential and is usually chosen to test out systemic hypotheses about the child's problems, facilitate the adoption of a systemic view of the child's problems, help the child feel less blamed or scapegoated; and provide an experience of what family therapy would be like. Psychodrama and other experiential methods also help families develop a different kind of "knowing" that comes from moment-to-moment processing of sensory-motor data. Siegel (1999) and others have believed that such experiences help transform clients' brains.

For example, a family sought an assessment to understand and better deal with the violent temper tantrums of their 12-year-old daughter, Samantha, who had been known to destroy family heirlooms and other valuable objects during her tirades. Results of personality testing showed that the girl was severely depressed (e.g., Rorschach:  $DEPI = 7$ ,  $MOR = 5$ ,  $V = 2$ ), felt unwanted, and believed she was "bad." Her final response to the Rorschach was "a fetus that has just been aborted because no one wants it." The assessor sought to get a better picture of the tantrums and asked the family to reenact one in his office. He hypothesized that the girl's violent episodes were connected to the girl feeling rejected or shamed. On the second round of the reenactment, the assessor asked everyone to switch roles and for the girl to role-play the part of her mother. The girl acted out her mother barricading herself in her bedroom during the tantrum, leaving the father to handle the situation. When the girl was asked what she, as the mother, was thinking, she immediately said, "I hate my daughter and wish she had never been born. I should have had an abortion."

After the session, the mother called the assessor in tears and confessed that she did often feel exactly that way and that she and her husband had almost had an abortion when she was pregnant with the girl, as they were not yet married and were not certain they wanted to commit to each other. Instead, they got married and had the girl but still wondered, at times, if they did the right thing. This revelation led to several fruitful sessions with the parents and to their eventually agreeing to work in marital therapy to resolve their ambivalence. The assessor felt that without the family session, the parents would have rejected such a recommendation.

*The consensus TAT.* Using this technique, family members are asked to craft stories together to TAT or other picture story cards. The assessor may choose cards for the family that pull for different affective states, creating the opportunity for family

members to see how they respond under these different conditions. This task has somewhat unpredictable intensity, as it can be hard to anticipate at what level the family members will respond. This technique is usually chosen to test out systemic hypotheses about the child's problems, facilitate the adoption of a systemic view of the child's problems, and help children feel less blamed or scapegoated.

For example, in the case of Monica, a 14-year-old girl who was referred for assessment because of her severe depression, her parents asked, "What can we do to help her with her depression?" Early on, the assessor noticed that the parents responded to any dysphoric statement from the girl by contradicting it and trying to talk her out of it (e.g., when the girl said, "I feel ugly," the parents said "That's ridiculous! You're such a beautiful girl. Why do you think that?") In the family session, the assessor asked the parents and girl to tell stories to TAT cards he had chosen that pulled for sadness and depression. The girl suggested depressing stories and both parents tried to impose unrealistically happy stories on the cards instead. The assessor helped the parents see that they were ignoring the typical stimulus properties of the cards. The girl was able to say that she felt even more alone and depressed when her parents tried to "cheer her up." The assessor suggested that the parents join the girl in telling a sad story. They confessed they were afraid this would deepen her depression but with the assessor's encouragement agreed to do so as an experiment. As they joined the girl in constructing a sad story, she started to smile, and even suggested a happy solution to the character's depressing dilemma. The parents saw that by joining with the girl around difficult affect states, she actually felt better and that by denying how she felt, they were actually making things worse. This was a surprising revelation to them, and the feedback session was spent helping the parents understand why this might be true and what they would need to do to counteract their "habit" of trying to talk their daughter out of her painful feelings.

*The consensus Rorschach.* The consensus Rorschach, a task in which family members view Rorschach cards together and jointly choose and articulate responses, has a long and illustrious history (cf. Handler, 1997, or Finn, 2007, for a review). It is very similar in potential intensity and selectivity as the consensus TAT just described and can be used to elicit problematic patterns of interaction and communication that affect a child's behavior. If the family recognizes these patterns, the assessor can then help them try out new, more functional ways of relating. For example, in the case of Martin, an 8-year-old boy, his parents brought him in for assessment to help understand why he withdrew and slept so much at home yet seemed fine at school. The boy himself was unable to articulate any reason why this pattern might be present. Early in the assessment, it became clear that the parents had a great deal of marital conflict, and they admitted that they had considered a separation but were undecided. Also, the boy's individual Rorschach showed that he tended to "shut down" when he got emotionally overwhelmed ( $Afr = .20$ ,  $SumC = 0$ ).

In the family session, the boy was asked to first look at two Rorschach cards with his father and come up with joint responses. He was alert and energetic throughout the process. Then he did the same task with his mother, and it again went well, although there was some conflict between the two. Finally, mother, father, and son did two cards of the consensus

Rorschach together. The parents had difficulty agreeing on joint responses, and things got quite tense in the room. At this point, the boy closed his eyes and fell asleep. With the assessor's help, the parents saw that their unresolved marital conflict might be related to their son's withdrawal. This made for a much more productive feedback session at the end of the assessment. Finally, when this idea was broached with the boy, he was able to tell them that he "hated it" when they fought and that he "couldn't stand it anymore." This helped the parents realize that they had to address their marital problems either by getting counseling or by separating. Shortly after the assessment, they entered marital therapy.

#### *Other Clinical and Pragmatic Issues*

Having laid out the rationale, purposes, and methods of family sessions, we now turn to common clinical and pragmatic issues. We consider six issues in turn.

*At what point to schedule the family session.* If an assessor suspects that family interactions are the main cause of a child's difficulties, he or she may wish to schedule a family session early in the assessment to test out this hypothesis. In one instance, S. E. Finn remembers an early family session that made it so clear to everyone that a child's problems were systemic that the parents saw no need to proceed with the child being tested. In most instances, however, we have found it wise to "join" with families presenting a child as the identified patient, which translates into focusing the early sessions of the assessment on testing of the child (with parental involvement; see Tharinger et al., 2007). Thus, the family session is scheduled after the individual testing of the child (and possibly the parents) has taken place and prior to the feedback or summary sessions. In some instances, an assessor may even schedule several family sessions, perhaps involving different constellations of family members, before proceeding to feedback. As shown in the previous examples, by placing the family session relatively late in the assessment, the assessor can draw on the relationship already built with the various family members, has the individual test results and case conceptualization in mind in choosing interventions, and has some sense of what he or she would like to accomplish in the subsequent feedback session and can thus test out the family's readiness.

*What to say when suggesting the family session.* How one introduces the possibility of a family session depends a great deal on the family's existing "story" about why the child is having problems. If parents have asked any questions at the beginning of the assessment that show an awareness of possible systemic influences (e.g., "Why is our son so good with the teachers and baby sitters, but so terrible with us?"), then the assessor can easily explain the need for a family session to help answer such questions. If, however, it is clear that the parents are focused on the child as the sole problem, the assessor must find another way to justify the session. For example, the assessor might explain that it appears from the test results that the child might respond to some special parenting techniques developed for children with special needs. The parents are asked if they would be willing to come to a session in which they are taught and practice these techniques to see if they work. The assessor may also state that he or she routinely includes family sessions as part of all child assessments, which prevents families from

taking the request personally. In fact, it can even be useful to mention the possibility of a family session at the very beginning of the assessment so that families are not caught off guard when the topic is raised.

*Cultural issues.* Different cultures have different degrees of openness to the idea that family members influence each other's psychological well-being, and thus a family's willingness to take part in a family session can vary greatly according to their cultural background. Family therapists have learned that it is imperative to consider such attitudes (e.g., Canino & Inlan, 2001; McGoldrick, 1998). For example, in our experience, many Latino, Asian, and Native American families immediately grasp why a family session is advisable when a child is having problems, and the family may even question the validity of an assessment unless such a session is held. Also, different cultures have varying definitions of who constitutes "immediate family." For example, when S. E. Finn was assessing a 12-year-old Taiwanese boy with severe depression and asked for a family session, the parents readily agreed this would be a good idea. To Finn's surprise, however, on the day chosen for the session, 22 members of the boy's extended family arrived including parents, siblings, grandparents, aunts, uncles, and cousins. A successful family session was held in which information was revealed about many other family members who had depression and how the family thought it was best to handle this condition.

*What to do when a family is reluctant.* If a family is unwilling to take part in a family session, the assessor should explore the reasons for this hesitance and, if possible, address any distortions or worries. If the family still is unwilling, the assessor should accept this and realize that this is an important assessment result, which will influence subsequent feedback and recommendations. At times, some family members are willing to attend but others whom the assessor sees as important are not. If this is the case, the assessor may proceed with the willing participants and even ask them to represent those members who are not in the room ("Now what would Dad say about all this?"). A basic principle is to try to understand and empathize with any resistance rather than to push the family through it.

*What to do when a child is reluctant.* Sometimes other family members are willing to attend a family session, but the child who is being assessed insists that he or she does not want them to come. Typically, this is because the child has enjoyed the special individual attention from the assessor and the parents that the assessment provided, and the child doesn't want to dilute or lose this attention by introducing siblings or other family members. In such instances, we have helped parents understand and accept the child's feelings (often thereby illuminating one of the main findings of the assessment). Or, if the child doesn't want to share the assessor's attention, the child can be reassured of their prior special relationship and can be invited to sit closest to the assessor in the session.

*Insurance coverage for family sessions.* As always, various third-party payors have different policies about covering family sessions during a child assessment. If such coverage is important to the family, an assessor or family should clarify such policies prior to scheduling the session. Thankfully, in our experience, in recent times, many gatekeepers readily understand

the need for a family session as part of child assessment and will authorize an hour of conjoint therapy (Current Procedural Terminology code 90847) as part of a child assessment. As always, if the assessor has a coherent explanation of why such a session is needed, the chances of approval increase. We hope that this article will help assessors in formulating such explanations.

#### SUMMARY AND CONCLUSION

The active participation of the family in a child's psychological assessment greatly contributes to the assessor's understanding of the nature of the child's problems, including how the problems came to be and are maintained. Family involvement is also crucial to developing focused, effective recommendations that families understand and accept, thereby increasing the chances of the family following through with them after an assessment is completed. Including a family session in a child assessment has the potential to significantly advance both of these aims and thus stands to be therapeutic. Perhaps most important, a family session helps parents realize the critical impact that their interactions and responses can have, both positively and negatively, on their child's behavior and development.

Through a family session, the assessor becomes more informed about the child in the family context and gains awareness of the parents' ability to understand and tolerate systemic hypotheses about their child's problems. Furthermore, the parents' capacity to implement interventions, and the child's ability to respond, can be ascertained. This hands-on evaluation of "family readiness" that is often a product of a family session is crucial to developing focused, effective recommendations. In addition, through a family session, children may have the experience of feeling less blamed or scapegoated by their parents, and thus a window will have been opened for them to begin to see the family landscape differently. As a result, the child's sense of personal responsibility for all the problems may be greatly reduced. Finally, the family has the chance to experience positive interactions with each other and break through consistently negative patterns. This experience may encourage them to pursue other systemic interventions such as family therapy.

We are encouraged by our initial findings about the satisfaction and outcome of family intervention sessions in child assessment. At this time, we only have parents' written or interview comments about the efficacy of their family sessions, and we have included these in the case examples previously. Elsewhere, through a case study methodology (Hamilton et al., in press; Tharinger et al., 2007) and a group repeated measures design (Tharinger, Finn, Gentry, et al., in press), we have investigated client satisfaction and other outcomes of TA with children where family sessions were included. However, although these findings were positive, they concerned the overall experience and impact of TA and were not specific to family sessions.

In conclusion, including a family session in a child's psychological assessment provides a lens through which an assessor may obtain a systemic perspective of a child's difficulties rather than viewing the child's problems in isolation. Family sessions can be a powerful turning point for families, opening them up to experiences, insights, and forthcoming feedback to which they otherwise may not have been receptive. By helping families develop new skills "in the moment" and experience family dynamics that contribute to their child's difficulties, a family

session can lead to renewed energy and hope for both the parents and the child that translate into positive change.

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