

3RD INTERNATIONAL COLLABORATIVE/THERAPEUTIC ASSESSMENT CONFERENCE

WORKSHOP ABSTRACTS

USING THE RORSCHACH PERFORMANCE ASSESSMENT SYSTEM (R-PAS) IN THERAPEUTIC ASSESSMENT

JESSICA LIPKIND AND PHILLIP J. KEDDY

The Rorschach provides a unique source of rich data that is especially valuable in Collaborative/Therapeutic Assessment. This workshop demonstrates how the Rorschach Performance Assessment System (R-PAS) can play a significant part in Therapeutic Assessment with children, adolescents, and adults. Using a variety of cases, the workshop utilizes R-PAS findings to illustrate how variables such as Form Quality allow the clinician to describe a client's worldview and problem-solving techniques. R-PAS supports description of executive functioning, reality testing, cognitive slippage, and interpersonal function relating these findings to the Therapeutic Assessment context.

INTRODUCTION TO ADMINISTRATION AND CLINICAL USE OF THE CRISI WARTEGG SYSTEM (CSW)

ALESSANDRO CRISI AND JACOB PALM

This workshop presents a practical introduction to Crisi Wartegg System (CWS), a methodology for the clinical use of the Wartegg Drawing Completion Test (WDCT). The WDCT is a performance-based drawing technique that can be completed in 5-10 minutes by the client and is appropriate for children, adolescents, and adults including individuals with mental disabilities. Once one becomes competent in its use, the test takes 40-45 minutes to administer, score and interpret. A recent meta-analysis attests to its validity in assessing personality and psychopathology, and reliability and validity data of the CWS is commensurate with both self-report (MMPI-2) and performance-based (Rorschach) personality measures. The CWS was also recently recognized as a valid performance-based personality method that can be used for certification in Therapeutic Assessment, given the measure's ease of use, resonance with clients, and non-threatening nature. Specific topics covered in this workshop include introduction to the history of the WDCT, as well as the development of the CWS. Reliability and validity data will be reviewed, as well as recommended clinical use and incremental validity of this measure. Participants will learn proper standardized administration procedures. Lastly, a variety of clinical cases examples and protocols will be provided to demonstrate both the utility of the measure and its discriminative power between clients with various presenting symptoms or challenges. Prior to exposure to the CWS, participants will have the opportunity to complete the test independently, with time provided for reflection on their experience and initial reactions. Following completion of this training, clinicians will be able to administer the test to clients, but will require consultation to score and clinically interpret collected protocols. Skill Level of Participants: This is an introductory training on the CWS; no previous use of the test is required although thorough grounding in psychological assessment and theory is recommended.

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USING THE THURSTON CRADOCK TEST OF SHAME (TCTS) IN THERAPEUTIC ASSESSMENT: FROM ADMINISTRATION THROUGH ASSESSMENT INTERVENTION SESSION

JULIE CRADOCK-O'LEARY

The Thurston Cradock Test of Shame (TCTS; 2009) has been increasingly used in Therapeutic Assessment (TA) in the U.S. and abroad. Given the pervasive nature of shame, and TA's interest in understanding the root of a client's problems in living, it is an essential measure to have in an assessor's repertoire.

Shame is a profound sense of inadequacy, and a belief that your core self is fundamentally bad. While common, shame is often a hidden phenomenon, as most people don't wish to share that which mortifies them. This makes an assessor's job more difficult. Helen Block Lewis (1987) called it the "sleeper in psychopathology." Shame underlies many relationship difficulties and is often hidden within the very symptoms (e.g., depression, angry outbursts, substance abuse) that lead to therapy and psychological assessment. It is imperative that clinicians improve their ability to discover, understand and treat shame dynamics lest a key element of a client's experience be missed. By uncovering the shame dynamics that might drive a client's problems in living, clinicians can effect change at a much deeper level.

This introductory workshop will teach the Thurston Cradock Test of Shame (TCTS; 2009), a card-based storytelling measure deeply rooted in shame theory and designed to access the multidimensional internal, interpersonal and behavioral aspects of shame. Actual TCTS protocols will be used to provide a brief primer on the topic. Examples of overt and subtle expressions of shame will be provided. Common shame triggers or phenomena (e.g., achievement, body image, sexuality, being different in some way), key defenses (Deflation, Aggression, Inflation/Contempt), and varying abilities to manage or resolve shame will be highlighted. Cultural differences in experiencing and effectively addressing shame will be illustrated via recent TCTS protocols from Japan and Italy.

Workshop participants will learn the fundamentals of administering, scoring and interpreting TCTS protocols via didactic instruction, small group exercises, and large group discussion. Special attention will be given to the use of the TCTS in Therapeutic Assessment, as it has been found to be useful in TA cases with children, adolescents, adults, and families. For example, the TCTS has frequently uncovered shame and related issues that were previously unknown to the assessor and client, and sometimes not apparent in other psychological testing results. Workshop participants will learn how the TCTS can be used to compliment other psychological measures to address the client's Assessment Questions. Finally, examples of using the TCTS in Assessment Intervention Sessions will be provided.

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50 WAYS TO DO AN ASSESSMENT INTERVENTION SESSION!

HILDE DE SAEGER, INGE VAN LAER, AND DALE RUDIN

Despite the many examples of AIS in the literature and the writings of Steve Finn and colleagues about the topic (e.g., Finn, 2007; Tharinger et al., 2009), planning an AIS keeps on being challenging. The challenges of AIS, are multiple. At first one needs to plan properly, then one has to think about the easiest way to get the problem behavior in the room. We also have to keep our own (in)securities in mind. Some years ago a list of published AISs was put together in the TA Connection (TA Connection, 3-2, 2015), indicating the need for help on this issue. In our daily work with clients, student, colleagues and supervisees it's a returning topic. It's the most challenging and exciting part of TA at the same time, we want to do it well and we are frightened about it. In an AIS, collaborative working finds it acme. Our clients, students gave us the opportunity to practice, to learn from all and we found out that if we think out of the (our) box, we can come up with some pretty creative plans that have great benefit in working with our clients. We learned to use our neuropsychological tests in the broadest way possible. But lately we have started working with more non-verbal (creative) techniques to help our (overstructured or over-emotional) clients and their families. Working this way gave us the opportunity to really get into our clients' shoes. Using unstructured creative sessions showed us the strength of our clients and their systems, their resilience but also their deepest dilemmas of change. It also confronted us with our own Epistemic Trust and insecurities (i.e., Is this really going to work? How far do I want to go out of my comfort zone?, Am I able to ask this from my client? etc.)

In this workshop we want to show you some case-examples of different kinds of non-verbal/creative techniques to plan an AIS with different kind of clients (adults with different kind of problems, adolescents and their family system, and couples). We will show some video material to walk you through the process and discuss all the steps. The focus will be on helping you thinking out of the box in the planning of AI sessions. How can you be loyal to your own anxiety, your own flexibility and go into a meeting with your client. What is needed beforehand. There will be enough time to practice and plan AIS of your own clients.

FOUR MODELS OF THERAPEUTIC ASSESSMENT: CORE CONCEPTS AND PRACTICES SHOWN IN CLASSIC VIDEOS

STEPHEN FINN

This workshop provides an opportunity for participants to hear Stephen Finn, the developer of Therapeutic assessment, discuss his insights into the core concepts and practices underlying the four models of TA (TA with adults, TA with children, TA with adolescents, and TA with couples). Dr. Finn will illustrate steps of Therapeutic Assessment with videos of himself and his colleagues working with actual assessment clients. This is an introductory workshop, but attendees should have a basic knowledge of major assessment tools such as the WAIS-IV, MMPI-2 and MMPI-2-RF, and the Rorschach.

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WORKSHOP ABSTRACTS

USING THE AAP IN THERAPEUTIC ASSESSMENT: UNDERSTANDING CLIENTS FROM AN ATTACHMENT PERSPECTIVE

MELISSA LEHMANN AND CAROL GEORGE

This workshop will address how the AAP provides integral information about our clients that helps us better understand their presenting concerns, assessment questions, test scores, and dilemmas of change. Attachment is an essential part of helping us gain a complete and thorough understanding of our clients. The AAP is a “window” into our clients’ representations and experiences in relationships that shapes the way we learn and adjust to interactions during an assessment. The origins of attachment are in early development. As such, the AAP provides lifespan depth to our conceptualizations of clients’ struggles by giving us the relational context within which their difficulties arose. It gives us the “why.” Why do our clients feel frightened, depressed, angry, anxious and/or ashamed? Why is reaching out to others for support so difficult? Why do they feel “not good enough” or “invisible” when it comes to getting their needs met? Clients’ AAP stories also provide us with a language in which to talk with our clients about their test scores to help them change and re-create the stories they hold about themselves.

The workshop uses two case examples of Collaborative/Therapeutic Assessments to illustrate these points. The presenters will focus on using the AAP to complete the clients’ pictures through analysis of attachment classification and content coding patterns to help generate understanding about clients’ coping strategies and defense processes, desires and ability for connection, capacity to take action, and ability to regulate attachment distress. The presenters will demonstrate how the AAP attachment representation helps us fill in the gaps of clients’ descriptions of early childhood relationships, including experiences of attachment trauma, dissociative tendencies, and disruptions in the grieving process—a concept Bowlby (1980) termed “Pathological Mourning” The workshop will demonstrate how the AAP assessment can then be used to help shape how we make sense of client’s test scores on other personality measures, such as the MMPI-2-RF, the Rorschach, and the Early Memories Procedure.

The presenters will also discuss the nuances of how AAP attachment representation leads to different ways of interacting with clients during the assessment process. This discussion will demonstrate how the AAP guides the way we talk with them about their test results, answer their core assessment questions, and make suggestions for next steps. The presenters will also talk about how this information can be used to help clinicians find creative ways to intervene with clients during Extended Inquiry and Assessment Intervention sessions, as well as develop specific attachment techniques that can help reduce the fear and shame clients feel about their struggles and behaviors.

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HOPE MATTERS: COMPLEXITY AND PROMISE OF “EPISTEMIC HOPE” IN COLLABORATIVE/ THERAPEUTIC ASSESSMENT

DIANE ENGELMAN AND JB ALLYN

“Hope” is a concept that implies questionable certainty that a desired occurrence will take place. But it does suggest confidence that the occurrence is possible and the expectation that the goal can be reached. Hope is a way of thinking that reflects a combination of positivity and intent.

In the 1950s, psychiatrist Karl Menninger considered hope a major weapon against suicide and as the “indispensable flame” of psychiatry. In the 1990s, C.R. Snyder and colleagues developed the State Hope Scale as a self-report to provide a snapshot of a person’s goal-directed thinking. More recently, in 2018, Anthony Scioli and colleagues published their evolving work on developing a Hope Index for the Rorschach.

Clients in Collaborative/ Therapeutic Assessment (C/TA) are often faced with parts of their lives that don’t seem to work. Making the changes suggested by assessment findings requires equal parts of trust and hope. Jan H. Kamphuis and Stephen E. Finn have published explorations of “epistemic trust” as an essential component of Therapeutic Assessment. This willingness to accept new information from another person depends on the recipient’s perception of the source as trustworthy, generalizable, and relevant. An extension of that concept can be found in what we will call “epistemic hope” – a hope that grows from the trust between client and assessor in C/TA. This form of hope empowers the client to nurture confidence that a desirable goal can be reached in order to claim both positivity and intent.

This half-day workshop will illuminate and apply this process in three sections. First, we will explore hope in all facets of life and draw a distinction between “hope” and “optimism” We’ll illustrate different forms of hope, with emphasis on the work that has been done to explore and quantify hope in the psychological field. Second, we will examine the value of hope in the C/TA process, most especially how epistemic trust can lead to epistemic hope. Finally, we’ll discuss and use examples of therapeutic letters and stories as a mechanism for tapping into epistemic hope.

Throughout, we will use case illustrations of nurturing hope throughout the assessment process. We will also facilitate group discussion of hope at work in attendees own clinical practices.

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MILLON THEORY AND INSTRUMENTS IN COLLABORATIVE AND THERAPEUTIC ASSESSMENT

SETH GROSSMAN AND BLAISE AMENDOLACE

The widely-held understanding of the MCMI-IV and other Millon Inventories is that they are instruments primarily useful in ruling-out categorical personality pathology, yet this is only their most basic application. With some rudimentary understanding of Millons Evolutionary Theory, the instruments lend themselves to considerable clinical enhancements, including, but not limited to, facilitation of collaborative alliance relevant to CTA.

This half-day workshop demonstrates how information from the MCMI-IV, the MACI-II, and other Millon Inventories can inform CTA with information that is useful to both the assessor and the client. Through a precis on applied Millon Evolutionary Theory, live “mock” assessment/intervention demonstrations, and participant-involving case examples, assessors will gain both didactic and “hands-on” experience using theoretical and empirical information gleaned from the assessment material.

The Millon instruments, on their own, provide support in the context of a CTA in two major ways. First, the motivating aims components of the theory (the “evolutionary polarities”) highlight the individual’s central struggles and life orientation alignment, as well as core conflicts in motivation. This information aids the assessor’s efforts in positioning themselves relevant to the client in context with mentalization and understanding difficulties with epistemic trust. Second, this information, when combined with facet-domains (the facet scales and additional structural and functional domains) operationalize this perspective toward treatment options, which can be used as information relevant to both assessment intervention and treatment recommendations in summary sessions and written feedback.

In combination with other instruments, the Millon Inventories hold a unique ground as something of a hybrid-style methodology. While technically “objective” instruments, they are best interpreted at a level between more empirically-derived objective measures, such as the Minnesota instruments or the PAI, and performance/projective measures such as the Rorschach. As such, they frequently highlight “gaps” between information gathered from more “pure” objective measures and performance-based tasks. The workshop will demonstrate several examples of the role of the MCMI-IV and other instruments in context with other commonly-used measures, as well as how it may inform other problem-specific assessment instruments.

Participants will be exposed to live demonstrations of interpretation, collaboration, and feedback using the aforementioned theoretical/empirical material. They will also participate in small-group or dyadic exercises using case material provided by the presenters. At the culmination of the workshop, participants will have gained a working sense of utilizing the Millon methodology toward enhanced empathy, more accurate and relevant understanding of the client’s interpersonal/behavioral, intrapsychic, biophysical, and phenomenological functioning, and improved clinical alliance.

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