Journal of Personality Assessment

ISSN: 0022-3891 (Print) 1532-7752 (Online) Journal homepage: http://www.tandfonline.com/loi/hjpa20

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To cite this article: Diane H. Engelman, J. B. Allyn, Alessandro Crisi, Stephen E. Finn, Constance T. Fischer & Noriko Nakamura (2016) "Why am I so stuck?": A Collaborative/Therapeutic Assessment Case Discussion, Journal of Personality Assessment, 98:4, 360-373, DOI: 10.1080/00223891.2015.1119154

To link to this article: http://dx.doi.org/10.1080/00223891.2015.1119154

JOURNAL OF PERSONALITY ASSESSMENT
2016, VOL. 98, NO. 4, 360–373
http://dx.doi.org/10.1080/00223891.2015.1119154

Routledge
Taylor & Francis Group

CLINICAL CASE APPLICATIONS

"Why am I so stuck?": A Collaborative/Therapeutic Assessment Case Discussion

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ABSTRACT

Assessors from 3 continents worked together on a single multimethod case study. Their goal was to hold the client at the center and forefront of their attitudes and thinking as each assessor focused on a specific measure or group of measures. The adult client requested a neuropsychological assessment and completed a full battery of cognitive measures as well as the MMPI–2, the Rorschach, and the Wartegg. A basic tenet of collaborative/therapeutic assessment holds that the client is a full partner in the assessment process; he or she is also seen as the final arbiter of the usefulness of the ideas derived. With that in mind, the client worked with the lead assessor to create 6 questions she wished answered by the assessment. Feedback and discussion occurred in a number of ways: through discussion sessions with the lead assessor that included extended inquiry; individualized letters from the other assessors, each addressing her 6 questions; a summary letter from the lead assessor; and a metaphorical, therapeutic story that stressed key findings from the assessment. Results converged powerfully, with similar findings from each assessor. The client stated that she felt heard and understood in the process, even by individuals who she had never met personally.

ARTICLE HISTORY
Received 13 March 2015
Revised 25 September 2015

What can a psychological or neuropsychological assessment provide a client and the professionals working with her or him? Data, of course—"facts" as reflected in the responses provided and numbers generated. Beyond the data, though, a collaborative assessment gives the assessor and any referring professionals a glimpse into the current "truth" of a client's life. Truth in collaborative/therapeutic assessment (C/TA) is seen as fleeting, contextual, and personal. At a given moment, however, this truth could provide a starting point for helping a client find balance in his or her life. In construction, *truing* means to position something so that it is balanced and level and brought into alignment (*American Heritage Dictionary of the English Language*, 2009–2010). In clinical work, truing refers to all the devices used to bring that work "into alignment" with the truth of the client's life, devices that include the clinician's training and experience, client history and interviews, and diagnostic tools (Frankel, Bourgeois, & Erdberg, 2012).

"Remember that our test data are our tools, not our findings," cautioned C. T. Fischer (personal communication, July 14, 2008; cited in Finn, Fischer, & Handler, 2012, p. 74). Applied carefully, those tools can become "empathy magnifiers" (Finn & Tonsager, 1997), as represented in the underlying philosophy of collaborative individualized assessment articulated by Fischer (1994). This magnification allows the assessor a glimpse of the client's lived world: It provides possible understandings of the client's strengths, struggles, and strivings at that moment in his or her life. By asking, "How do these test results help us imagine what it is like to be this client?" we glimpse what it is like to live "in our client's shoes" (Finn, 2007). Out of that understanding come ideas and approaches for helping the client make needed changes.

The case discussed in this article began when the co-authors—from three continents—returned from an international conference eager to work collaboratively on a single case. In the past, we had each attended various professional conferences where panels of multiple experts discussed different tests from the same client. These presentations were interesting and well received, but several of us felt that the client as a person was "lost" in the discussion of different tests. We wanted to see if we could modify this approach using C/TA methods, and so came up with the format discussed here. We realize that involving five assessors and a writer on a single case is not common. It is common, however, to consult an expert about a test that the primary assessor is less familiar with. For our project, each co-author was an expert at the task she or he would take on. If satisfied with the results, the team planned to propose a case discussion for the Society for Personality Assessment's annual meeting in March 2012.

Each member of the team held a similar understanding and philosophy of the basic tenets of C/TA (Finn et al., 2012) and intended to apply these tenets to this case. The team's goal was to hold the client at the center and forefront of their attitudes and thinking as they focused on specific measures and prepared

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responses to the client's questions. Because these assessors believe that the client is the final arbiter of the usefulness of ideas in C/TA, this article shares information about the client's reactions to the assessors' hypotheses. Although only one assessor ever met the client, the interpretations of the tests are not "blind." Each assessor strongly believes that tests are best considered in context and among other sources of assessment data, such as client background and observation. They also factor in their clinical experience and intuition as important contributors to understanding. Thus, as they evaluated the testing results, all involved assessors knew the client's questions for the assessment and were provided with a basic client history. As additional background information and observations became available through in-person work with the client, the first author (Engelman) shared these with the team.

The client of this collaborative neuropsychological assessment was a 49-year-old woman in Engelman's private practice. With the agreement of the other team members, Engelman was the only person compensated for her services; the remaining team members donated their time and expertise to the project. The client had been referred by her psychiatrist and had come specifically requesting a C/TA. Engelman suggested the possibility of the multiassessor, international format, and the client eagerly agreed to this approach. She was intrigued that each of the distant assessors was especially skilled at the measure(s) he or she would interpret. Engelman administered all measures in the assessment; scored, analyzed, and interpreted cognitive measures and any others not discussed in the sections that follow; requested and received the client's release to videotape sessions, to write about this case, and to share assessment data with other members of the team; and built the primary relationship with the client. No other team member was in direct contact with the client; all agreed that the assessment would be more cohesive with the lead author as the only client contact and conduit. Through the C/TA approach, the co-authors believed they could successfully collaborate with each other and the client. Engelman and the second author (Allyn), the therapeutic story writer, had long collaborated on stories for clients in Engelman's practice and had presented these cases and stories at conferences. Allyn never met the people for whom she created the stories, relying instead on the working relationship with Engelman to come to "know" the client. Using a similar approach, each distant assessor and the story writer developed a "personal" relationship with this client through the conscious collaborative efforts of all co-authors. Engelman strove to humanize her colleagues for the client and vice versa. The other co-authors worked to personalize a client they had never met and asked questions of Engelman as needed.

Based on discussion with each of the other co-authors, Engelman employed with the client various interventions and "extended inquiries" (see definition in "Discussion with Pippa: Extended Inquiries" section later in this article). Later in the assessment, each assessor wrote a feedback letter to Pippa in which he or she answered her questions, listed at the end of the following section. These letters integrated testing data, background and observations, and clinician experience. The third author (Crisi) scored, analyzed, and interpreted results of the Wartegg Drawing Completion Test–Crisi System (Crisi, 2007). The fourth author (Finn) did the same for the client's Minnesota Multiphasic Personality Inventory–2 (MMPI–2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989), and the sixth author (Nakamura), for the client's Rorschach Inkblot Method (Exner et al., 2001). Finn also provided integration of the MMPI–2 and Rorschach results. The fifth author (Fischer) contributed additional integration of the case materials, and Allyn wrote the therapeutic story used as intervention later in the assessment process. The case was presented at the aforementioned 2012 Society for Personality Assessment convention. Fischer took the role of discussant; Engelman, Crisi, Finn, and Nakamura each presented the measures(s) he or she had worked with; and Allyn read the therapeutic story with Engelman, as well as speaking the words of the client.

Introduction to the client and her questions

In C/TA, the questions the client asks of the assessment are usually the starting point. In the case of Pippa, however, her specific questions evolved organically during the process of gathering background information. Pippa developed them with her psychiatrist, with whom she had been in treatment for depression for the past year; Engelman had long worked with this psychiatrist and had educated him about the C/TA model and the use of questions. The assessors based their answers on the testing data they had each analyzed, on background and observations that Engelman had shared with all the co-authors, and on each co-author's clinical experience.

On the initial and subsequent visits, 49-year-old Pippa dressed neatly and casually in neutral colors and earth tones. Although she had a successful work history and had raised three children, she suspected she might have attention deficit/hyperactivity disorder (ADHD) or learning disabilities and requested a neuropsychological evaluation. She said, "I'm chronically distracted and procrastinating. I struggle with completing projects and I just say, 'Forget it—I can't possibly finish this.' I rely heavily on caffeine to get through my day." Pippa had not been previously assessed, and she wondered about medication. Her daughter had been diagnosed with ADHD, and medication had reduced her symptoms dramatically. Her daughter told her that she thought Pippa, too, had ADHD. Pippa, in turn, suspected that her own mother had undiagnosed ADHD. In elementary school, Pippa had seen a reading specialist. Her reading had not been up to grade level, and she had trouble with reading comprehension and vocabulary. She was told that she was "below average" in listening comprehension and paying attention. Somehow, through it all, she managed B grades and graduated from college. When asked how she handled her attention challenges in college, she said, "I drank a lot of coffee." Her college faculty advisor became a valued mentor. She said, "He helped me to realize my potential in so many ways," and she spoke sadly of his early death. She said she missed his presence professionally, has never found another mentor, and has longed for one.

In addition to her cognitive concerns, personality questions emerged during the process of gathering history. The oldest of four siblings, Pippa was open and willing to answer questions about the family she was born into as well as the family she created by marriage. When given the Early Memories Procedure

(EMP; Bruhn, 1992), an autobiographical measure, she answered 21 questions—7 memories in Part 1 and 14 in Part 2—in a computer document totaling 66 single-spaced pages. She also gave full-page answers to the 19 questions on a three-page Personal Interests Questionnaire (Allyn & Engelman, 2012) used for the therapeutic story. Pippa wrote, "I was always a sensitive kid. I felt really inadequate growing up." She also said that she had always felt like the "black sheep" of her family. Of her mother, she said, "motherhood has never come naturally to her." Pippa's maternal grandmother died when Pippa's mother was a baby, and Pippa's maternal grandfather gave his infant, Pippa's mother, to his sickly aunt to raise alone. Pippa's mother has had chronic depression all her life, with lengthy dark moods. Pippa said her mother also has "a razor-sharp tongue" and "loses complete control" when she drinks.

About her father, she said, "He always sides with my mother." She said that he, too, had come from a difficult upbringing, with an abusive alcoholic father. Pippa's father was the most dominant figure in her life growing up. She said he was "fiercely protective of his family, but intolerant of poor behavior." She recalled painful spankings, but remembered his disapproval as even more painful. When young, "Getting his compliment was like winning a gold medal." Pippa worked for her father's company for more than 20 years, "bringing in a great deal of work but being paid a very low salary." After quitting, she discovered that her father considered her the best employee he had ever had. He had never complimented her and had paid everyone else in the company more than he paid her. After mentioning anything that might sound critical of her parents, Pippa's tone became anxious and apologetic: "I hope you don't misunderstand me—I *love* both my parents and know they love us kids the best way they know how."

Her children's biological father was seldom present after their divorce. Pippa's second marriage has been a supportive one. Her current husband has long been active in the children's lives and has encouraged Pippa to figure out why she has been "so stuck." She wondered what was getting in the way of a career of her own, why she was not moving forward with her life.

As questions concerning Pippa's personality evolved and clarified, family behavior and psychiatric diagnoses also provided more information. As previously mentioned, her mother suffered from protracted depressions. Pippa's daughter was also diagnosed with major depressive disorder and obsessive–compulsive disorder, in addition to the ADHD mentioned earlier. One son is challenged by anxiety and panic disorder, and Pippa herself reported mild difficulties with anxiety, nervousness, and fear. Pippa and her psychiatrist explored this background information and formulated questions. At the beginning of the assessment, Engelman reviewed these questions with Pippa to be certain that they were the ones she wanted answered:

1. Do I have ADHD or learning disabilities?
2. What can I do to get myself out of old patterns of procrastination and not using time wisely? Why am I so stuck?
3. Why have I always been accountable to someone else instead of myself?
4. What are my strengths?
5. Are family issues from childhood or adulthood standing in the way of my moving forward with life in the way I wish?
6. Could emotional issues unrelated to possible ADHD or learning deficits help to explain my inertia?

Review of cognitive testing

Pippa was curious about neuropsychology and about how it might give her the answers she sought. She had many questions about the assessment process. She and Engelman discussed those questions as they arose, in keeping with the C/TA approach. Data gathered in Pippa's full neuropsychological assessment evaluated brain functioning throughout various "domains," providing information on her strengths and challenges. Testing the different brain domains is critical to a neuropsychological assessment, because it allows integration of data from each area with the others. This integration establishes comparisons and patterns of performance. The level of performance on a single test says very little about the reason for performance. A thorough assessment examines (a) the level of performance on tests, (b) patterns of performance and test score comparisons, and (c) pathognomonic signs indicating presence of a specific condition or disease (Lezak, Howieson, Bigler, & Tranel, 2012; Reitan & Davison, 1974).

No neuropsychological protocol can definitively diagnose ADHD. The challenge in interpreting testing scores to diagnose ADHD is that a high number of clients with ADHD achieve scores in the average or normal range of qualitative description in testing results (Barkley, 2013). For that reason, an assessment must take into account all sources of data: background, observation, and testing, including self-report. Even with no consistently recognized pattern of neuropsychological cognitive data to make a definitive ADHD diagnosis, a thorough assessment allows integration of disparate, and sometimes subtle, pieces of information. Neuropsychological assessment also helps to identify the executive function deficits that often accompany ADHD and other disorders (Pritchard, Nigro, Jacobson, & Mahone, 2012). As in Pippa's case, cognitive and personality tests can clarify the nature of attention problems, with the larger question being why problems with attention are present, if they are. If ADHD per se was not detected in Pippa's assessment, what else might be causing her to think or feel she had ADHD? For instance, she might have problems with attention, but the reason could be troubles in working memory or excessive anxiety or depression. And, if ADHD was confirmed, what other diagnoses might be comorbid with it? In adults as well as children, those diagnosed with ADHD are at heightened risk for other psychiatric conditions occurring alongside ADHD (Barkley, 2013). Untreated comorbidities contribute to poor ADHD treatment outcome in a range of settings—social, academic, vocational, and practical (Pritchard et al., 2012).

The information gathered from Pippa included extensive clinical interviews; behavioral rating scales; client checklists and questionnaires; observation; a thorough history, including a retrospective history of attention symptoms; cognitive tests; and personality tests. Each brain domain was evaluated by

more than one test, which aided our understanding of why and how Pippa's problems manifested as they did.

Engelman found little objective or "hard" evidence in the testing data to suggest ADHD. Pippa did relatively well in several areas.

- *Intelligence:* Wechsler Adult Intelligence Scale, Fourth Edition (WAIS–IV; Wechsler, 2008)–Full Scale IQ: Composite score = 106 (average range); Verbal Comprehension: Composite score = 116 (high average); Working Memory: Composite score = 100 (average).
- *Learning and retrieval*
  - Wechsler Memory Scale, Fourth Edition (WMS–IV; Wechsler, 2009b): All subtests = average to high average.
  - California Verbal Learning Test, Second Edition (CVLT–II; Delis, Kramer, Kaplan, & Ober, 2000): Average to high average.
- *Attention*
  - Continuous performance test—the Gordon Diagnostic System (Gordon, 1992): Three omissions and one commission; total of both Vigilance & Distractibility Tasks. All scores within normal range.
  - Auditory Consonant Trigrams (Strauss, Sherman, & Spreen, 2006, pp. 704–713): High average.
- *Executive function:* Executive function describes a set of brain processes. These processes include working memory; managing time; and mental activities such as organizing, strategizing, and paying attention to and remembering details.
  - Wisconsin Card Sorting Test (Heaton, Chelune, Talley, Kay, & Curtis, 1993): Average, overall.
  - Ruff Figural Fluency Test (Ruff, 1996): Average.
  - Tower of London (Culbertson & Willmer, 2005): Average (with the exception of one rule violation).
  - Trail-Making Tests (Trails A & B; Reitan & Wolfson, 1985): Average.
  - Delis–Kaplan Executive Function System (D–KEFS; Delis, Kaplan, & Kramer, 2001): Letter Fluency: Very superior; Category Fluency: High average.

With no hard evidence in the cognitive data to support an ADHD diagnosis, Engelman looked toward subtler, "soft" evidence. Pippa had some problems with certain subtests on the WAIS–IV (Wechsler, 2008). A score in the 25th percentile (low average) on Symbol Search and Arithmetic are signs of possible attention problems. The discrepancy in the three perceptual reasoning scores (Block Design: 50th percentile, average; Matrix Reasoning: 91st percentile, high average; and Visual Puzzles: 16th percentile, low average) might represent the variability in scores often present in ADHD. This variability, too, could be a soft finding, in light of all other findings of this neuropsychological assessment, but was noted along with the one rule violation mentioned earlier on the Tower of London (Culbertson & Willmer, 2005).

Pippa was an example of the situation mentioned earlier in this section: A high number of cases ultimately diagnosed with ADHD place in the average or "normal" range on testing, which creates a challenge in interpreting test scores. Tests administered to Pippa had yielded only soft evidence; however, self-report and history pointed toward ADHD. She met seven out of nine behavioral criteria for the diagnosis of ADHD, Predominantly Inattentive Type, according to the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM–IV–TR; American Psychiatric Association, 2000). (The *DSM–5* was not published at the time of this assessment.) These symptoms had been documented over many years. She had also "self-medicated" with caffeine and had even tried her daughter's ADHD medication, both of which had significantly helped her. In addition to the *DSM* criteria, the following tools contributed to this behavioral diagnosis:

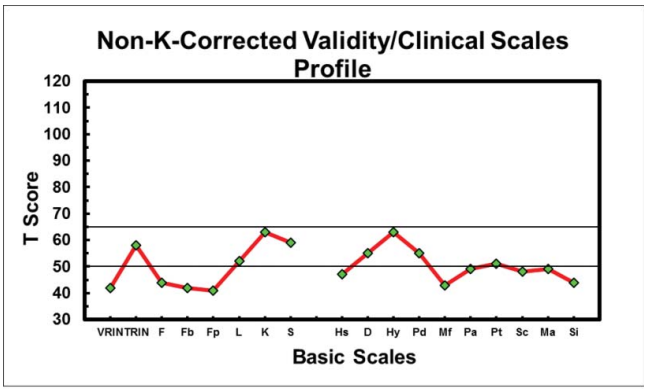
- Clinical interviews, individually with Pippa and her husband.
- The Neurobehavioral Signs & Symptoms Checklist (Professional Resources and Technologies,1999–2013).
- The Neurobehavioral History Questionnaire (Professional Resources and Technologies,1999–2006).
- The Behavior Rating Inventory of Executive Function (BRIEF; Gioia, Isquith, Guy, & Kenworthy, 2000) self-report and husband's report.
- The Wender Utah Rating Scale for the Attention Deficit/Hyperactivity Disorder (Ward, Wender, & Reimherr, 1993) comparing the retrospective to current rating scale for an adult.
- Items on the MMPI–2 that indicated mental confusion, anxiety, and tension.

Pippa's other cognitive question concerned learning disabilities. As a child, she was slow learning to read and was in special reading classes. She also had repeated trouble with foreign languages. During this assessment, she wondered if her troubles with reading were implicated in her career struggle. Based on her history, Pippa's assessment revealed what appears to be a remediated reading disorder (Shayvitz, 1998; Shayvitz & Shayvitz, 2005). In addition, she achieved notably lower scores on reading tasks than on many other academic skills (e.g., Reading Comprehension and Fluency = 55th percentile vs. Written Expression = 82nd percentile and Oral Language = 91st percentile; Wechsler Individual Achievement Test–III; Wechsler, 2009a). Otherwise, testing showed no hard evidence of learning disabilities.

Review of MMPI–2

The validity scales on the MMPI–2 showed a high K and S (see Figure 1). Finn, who scored and interpreted this measure, did not believe these scores suggested that Pippa was unwilling to disclose given the context of the assessment—a collaborative assessment of a voluntarily self-referred client. Rather, they suggested that Pippa is a woman who might look like she has it all together, but who actually might have a lot going on underneath. In Finn's experience, women with high S scores often come across as "superwomen" who generate envy in others because they can do so much and make it look easy.

Research suggests that given the high K, a more accurate representation might come from the non-K-corrected protocol. Therefore, Finn gave more weight to those findings. Additionally, the protocol did not show elevated levels of distress, which suggests that Pippa was functioning fairly well, at least in situations that were structured, not emotionally arousing, and not highly interpersonal.



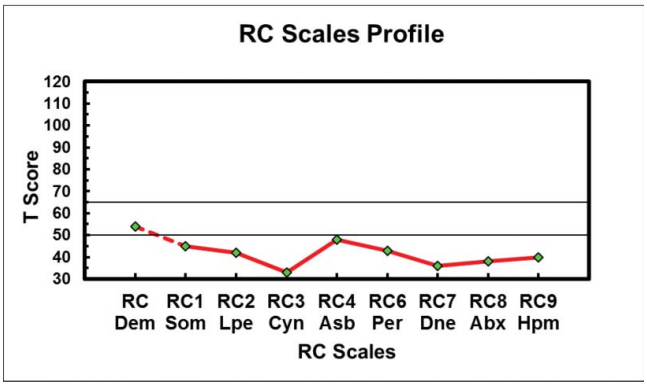


Figure 1. Pippa's MMPI–2.

The high Scale 3 and low RC3 (see Figure 1) indicated that she tries to be "nice" and might have problems expressing assertiveness or direct anger. She might have been taught that anger is "not nice" (especially as a woman, perhaps), resulting in her attempt to split off that part of her personality. That attempt at resolution could hamper her in many areas. For example, she could be at risk for developing physical complaints from split-off anger. On the other hand, it is possible she could learn to reverse her somatization and use it to her advantage. A therapist could teach her to interpret physical pains (e.g., headaches, stomach aches) as possible signs of unrecognized emotions. Then, with support, she could become more emotionally aware of disavowed affect states.

The low score on RC3, suggesting the lack of appropriate cynicism and some naiveté, also suggests a metaphor used frequently in TA, that of a "broken trust meter." Possibly, the people who were supposed to be trustworthy when she was growing up (e.g., parents) were not, but she had to believe they were. Thus, her internal indicator for judging interpersonal safety is "broken," with the result that she now has trouble knowing whom to trust and whom to distrust. Often, she might not be self-protective enough and might leave herself open to being taken advantage of. This vulnerability might lead to vigilance and distrust in other areas of her life. For that reason, she might need to learn how to test whether people are trustworthy and how to pay attention when they fail those tests. She might not know what a good repair of trust looks like when someone lets her down.

Caldwell (2001) hypothesized that people with high Scale 3 scores were exposed to overwhelming emotions when they were growing up—without enough support—with the result that they become "phobic" of their own emotions and avoid them. This emotional avoidance can make them seem flighty, unintelligent, or unconnected to reality. As they get support to tolerate emotions, they access their wisdom and good judgment.

Finn said that if he had to answer Pippa's questions from the MMPI–2 in isolation from the other measures, he would struggle. Rather than write his feedback letter directly to Pippa at this point, he waited to address her questions until he could consolidate MMPI–2 results with the Rorschach Inkblot Method.

Review of Rorschach Comprehensive System

This case was completed in 2011–2012, prior to publication of the meta-analysis by Mihura, Meyer, Dumitrascu, and Bombel (2013) in which a number of indexes were found to be lacking in empirical support; for example, the Zd, W:M, and Egocentricity Index. No research has yet been done on the W:M, whereas the Zd and Egocentricity Index have had some research, but the existing research did not support the hypothesized meaning of the indexes or was insufficient in the amount or quality of the research design. Pippa's Rorschach record was scored according to the Comprehensive System (CS; Exner et al., 2001), and the interpretation was based on clinician experience and understanding of the measure at that time. Several of the indexes formed the heart of the interpretation and subsequent letter to the client. Were we to remove the indexes in question from this discussion, we would also remove the rationale for the assessor's interpretation and subsequent resonance of her letter to the client, changing the case as it occurred. We can only guess what impact an alternative conceptualization of the Rorschach findings would have had on the client. Due to the research contained in the 2013 meta-analysis, we suggest that readers interpret the variables in question with caution.

Table 1 presents the Structural Summary of Pippa's Rorschach. Five key factors became the framework of Nakamura's understanding of Pippa: (a) Depression Index (DEPI) = 6; (b) D = –2 & AdjD = –1; (c) Hypervigilance Index (HVI) = yes; (d) Lambda = 0.18; and (e) Suicide Constellation (S-CON) = 7. These findings supported the case background. Pippa had an elevated DEPI and high S-CON, with low tolerance for stress (D = –2 & AdjD = –1). However, despite this degree of depression, she still had energy to interact socially and to attempt to meet the expectations of others. The HVI and lower Lambda findings could suggest that she puts a lot of her energy into being cautious and hiding her psychological distress from others.

Popular (P) responses are an indicator of the degree to which someone is attuned to social convention. The average number of P responses is five (Meyer, Erdberg, & Shaffer, 2007). Pippa gave nine P responses, which could indicate the degree to which she tried to cover her depression. On further examination, Nakamura recognized that every time Pippa did not give a popular response, she gave a minus response, except for the two responses each on Cards IV, VIII, and IX. Table 2 presents the Sequence of Scores. This pattern could suggest a sharp contrast between how she perceives life in conventional

Table 1. Pippa's Structural Summary: Rorschach Comprehensive System 5th edition.

Location		Determinants									
Features		Blends		Single		Contents		Approach			
		FM. FC				H	= 4	I	:W. W		
Zf	= 18	M. m. FY		M	= 1	(H)	= 0	II	:W. D		
ZSum	= 53.5	FC. FM		FM	= 3	Hd	= 1	III	:D. D		
ZEst	= 59.5	YF. M. CF. FD		m	= 1	(Hd)	= 3	IV	:W. W		
		FC. FC'. M		FC	= 3	Hx	= 0	V	:W. W		
W	= 12	FC. FC'		CF	= 0	A	= 9	VI	:W. D		
D	= 7			C	= 0	(A)	= 0	VII	:W. W		
W+D	= 19			Cn	= 0	Ad	= 2	VIII	:D. D		
Dd	= 1			FC'	= 0	(Ad)	= 0	IX	:WS. WS		
S	= 3			C'F	= 1	An	= 2	X	:D. DdS		
				C'	= 0	Art	= 2				
				FT	= 0	Ay	= 0		Special Scores		
DQ				TF	= 0	Bl	= 0			Lv1	Lv2
+	= 12			T	= 0	Bt	= 2	DV	= 2	x1	0 × 2
o	= 7			FV	= 1	Cg	= 7	INC	= 3	x2	0 × 4
v/+	= 0			VF	= 0	Cl	= 0	DR	= 3	x3	0 × 6
v	= 1			V	= 0	Ex	= 0	FAB	= 2	x4	0 × 7
				FY	= 1	Fd	= 0	ALOG	= 0	x5	
	Form Quality			YF	= 0	Fi	= 0	CON	= 0	x7	
				Y	= 0	Ge	= 0	Raw Sum6		= 10	
	FQx	MQual	W + D	Fr	= 0	Hh	= 2	Wgtd Sum6		= 25	
+	= 0	= 0	= 0	rF	= 0	Ls	= 0				
o	= 9	= 3	= 9	FD	= 0	Na	= 1	AB	= 0	GHR	= 7
u	= 6	= 0	= 6	F	= 3	Sc	= 0	AG	= 0	PHR	= 2
–	= 5	= 0	= 4			Sx	= 1	COP	= 2	MOR	= 4
none	= 0	= 0	= 0			Xy	= 0	CP	= 0	PER	= 2
				(2)	= 9	Id	= 2			PSV	= 0

Ratios, Percentages, and Derivations													
R	= 20	L	= 0.18			FC:CF+C	= 7 : 1	COP	= 2	AG	= 0		
						Pure C	= 0	GHR:PHR		= 7 : 2			
EB	= 3 : 4.5	EA	= 7.5	EBPer	= N/A	SmC':WSmC	= 3 : 4.5	a:p		= 6 : 5			
eb	= 8 : 7	Es	= 15	D	= –2	Afr	= 0.43	Food		= 0			
		Adj es	= 11	Adj D	= –1	S	= 3	SumT		= 0			
						Blends/R	= 6 : 20	Human Cont		= 8			
FM	= 5	SumC'	= 3	SumT	= 0	CP	= 0	PureH		= 4			
m	= 3	SumV	= 1	SumY	= 3			PER		= 2			
								Isol Indx		= 0.20			
a:p	=6 : 5	Sum6	= 10	XA%	= 0.75	Zf	= 18	3r+(2)/R	= 0.45				
Ma:Mp	=3 : 0	Lv2	= 0	WDA%	= 0.79	W:D:Dd	= 12 : 7 : 1	Fr+rF	= 0				
2AB+Art+Ay	= 2	WSum6	= 25	X–%	= 0.25	W:M	= 12 : 3	SumV	= 1				
MOR	= 4	M–	= 0	S–	= 1	Zd	= –6.0	FD	= 1				
		Mnone	= 0	P	= 9	PSV	= 0	An+Xy	= 2				
				X+%	= 0.45	DQ+	= 12	MOR	= 4				
				Xu%	= 0.30	DQv	= 1	H:(H)+Hd+(Hd)	= 4 : 4				

PTI	= 1	DEPI*	= 6	CDI	= 2	S-CON	= 7	HVI	= Yes	OBS	= No

ways and yet how she also perceives it from her own worldview. On the one hand, she knows how to act so that others will accept her, but she also has a way of viewing the world that is deeply personal, perhaps causing difficulty with others at times. Three details are also of interest in her pattern of responses: (a) Pippa gave 7 out of 10 P responses as her first response; (b) she gave two responses for each card; and (c) she began each card with either a W or D response and never gave a Dd until the final response to the last card. Although no research exists concerning the meaning of this sequence, CS tradition has suggested that this consistent style of response pattern might indicate orderliness in her thinking.

She began with expected answers: All of the five minus responses came after the popular responses on Cards I, II, V, VI, and X. Other responses, which did not end up minus in Form Quality (FQ), nevertheless negated the previous conventional perceptions on Cards III, IV, VII, VIII, and IX. In addition, the first and second responses on Cards I, II, III, V, VII, VIII, and IX were very similar, with the second response adding little. This duplication could suggest that her emotional world is somewhat limited at times. Note also that Pippa had almost no good FQ responses to the last three cards of the Rorschach (see Table 2), which are thought to be emotionally stimulating. This might suggest that she sees the world less accurately when her emotions are aroused.

To further examine the pattern of responding, Nakamura examined only the first response on each of the 10 cards. Although this is not a standard procedure, such analyses can be useful in understanding the results. Surprisingly, the most important core features were almost the same as on the full 20

Table 2. Pippa's Rorschach Comprehensive System sequence of scores.

Card and response no.		Loc andDQ	Determinant(s)and Form Quality	(2)	Content(s)	P	Z	SpecialScores
I	1	Wo	Fo		A	P	1.0	
	2	Wo	F-		A		1.0	MOR
II	3	W+	FMao	2	A, Cg	P	4.5	FAB
	4	D+6	FMp.FC-	2	A		3.0	MOR, DV
III	5	D+1	Mao	2	H, Cg, Hh	P	3.0	COP, GHR
	6	D+9	FCo	2	H, Cg	P	3.0	GHR
IV	7	Wo	FVo		Ad, Hh		2.0	MOR
	8	Wv	C'Fu		Bt			PER, DR
V	9	Wo	FMpo		A	P	1.0	DR
	10	W+	FMa-		A, An, Id		2.5	DR, DV, INC, MOR
VI	11	W+	mpu		H, Cg, Ad, Art	P	2.5	GHR
	12	Do1	F-		An			PER
VII	13	W+	Ma.mp.FYo	2	H, Sx	P	2.5	COP, GHR
	14	Wo	FYo	2	Hd, Id	P	2.5	GHR
VIII	15	D+1	FC.FMau	2	A, Bt		3.0	INC
	16	D+4	YF.mp.CF.FDu	2	Na, A		3.0	
IX	17	WS+	FCu		(Hd), Cg		5.5	GHR
	18	WSo	FCu		(Hd)		5.5	GHR
X	19	D+1	FC.FC'.Mao	2	A,Cg	P	4.0	FAB, INC, PHR
	20	DdS+22	FC.FC'-		Art, (Hd), Cg		4.0	PHR

Summary of approach

I: W.W
II: W.D
III: D.D
IV: W.W
V: W.W
VI: W.D
VII: W.W
VIII: D.D
IX: WS.WS
X: D.DdS

responses (e.g., very low Lambda and ambitent style; Human Movement [M] staying the same at 3; one Vista [V]; rather low Affective Ratio [Afr] of 0.43; and two Cooperative Movements [COP] staying the same). The second responses seemed morbid and depressive. The three Morbid content (MOR), two Color-Shading Blends, one vague (coded as C'F), and two Personals, which occurred on both Cards III and VIII, were all in her second responses. Color-Shading Blends could show her confusion and painful emotional experiences. The second responses also appeared to show impaired reality testing. This was in contrast to the first 10 responses, which showed perfect reality testing on XA% and WDA%, meaning X-% = 0. Through her second, negative responses, it could be said that she was able to vent her pent-up feelings. Rorschach results suggested that Pippa is efficient in her cognitive processing with Zf = 18, W:M = 12:3, DQ+ = 12, W:D:Dd = 12:7:1. Although she seemed to be hypervigilant, her Zd of –6.0 classifies her as an underincorporator. She appears to increasingly overexpend or misdirect her energy on information gathering, but because she is less efficient and misses important clues, the likely result is fatigue.

In spite of working hard and doing well in the various areas of her life, Pippa's internal self-image seemed to say that she did not feel comfortable with herself. A V with a MOR, two Anatomy (An) minuses, and four MORs in total, with a slightly elevated Egocentricity Index, all seemed to show her doubts about her self-worth. Nakamura also perceived an implicit "call for help" through the S-CON of 7 (Fowler, Piers, Hilsenroth, Holdwick, & Padawer, 2001) and DEPI of 6. Pippa had managed to support her life, family, and business quite successfully. Now, she faced an "empty nest" and the need to sustain a caretaker role for her parents. How much could she continue to behave according to what people expected of her, rather than living her life according to her own expectations or volition? The inertia she had been feeling might have resulted from not having felt rewarded for all the work she had done and the roles she had played, such as parenting, caretaking, and working at an unfulfilling job for many years. Although her personal history showed no obvious maladjustment, the S-CON of 7 and DEPI of 6 suggested that she was struggling more than the average person. The S-CON finding was likely a positive one, however. At last, her struggling true self was showing through. Now someone needed to respond to her.

Nakamura's letter to Pippa

1. Do I have ADHD or learning disabilities?
The Rorschach cannot answer this question, Pippa, so I defer to Engelman's analysis of the cognitive testing. You may have felt you had ADHD or a learning disability because you place high expectations on yourself to perform well; this struggle forces you to expend lots of energy in order to gather the information you need. Also, you may persist at a task beyond the effective point. Reasons for this might become clearer in your neuropsychological test results.

2. What can I do to get myself out of my old patterns of procrastination and not using my time wisely? Why am I so stuck?
You have a tendency not to rely on other people; I think you try to do everything by yourself, which is not easy. Moreover, you seem to want to do everything in an orderly fashion. These self-imposed requirements likely wear you out, physically and emotionally. It may also lead to some procrastination.

3. Why have I always been accountable to someone else instead of myself?
You are serious and hardworking, but at the same time, you appear to be too involved with the outside world. Metaphorically, everyone has a fence or wall around themselves, because we need to protect ourselves from outsiders. Assessment findings suggest that you may not protect yourself well enough

from other people or the problems they may toss over your wall. It seems that you often seek the approval of others, are afraid of showing your own needs or self, and may be a little too sensitive. You seem afraid that other people might judge you. You don't seem to allow yourself to enjoy life as it is, and you may distort what you see in other people or events in an effort to take care of others over yourself. In so doing, you may not recognize that other people don't always have your best interests at heart. At one point, you talked about metamorphosis. This image is sometimes given in Rorschach responses by someone who is changing. The fact that you are asking these questions likely indicates that you are ready to make a change. You appear to function well on the surface of your life; but inside, at a deeper level, you seem dissatisfied and unhappy. Pippa, I think you should do what you want. You have your own ideas, skills, and resources. I give you permission to live your own life!

4. What are my strengths?
You are responsible and a very hard worker. You also have common sense. Another strength is the fact that you can recognize that you are in difficulty and you are willing to take action.

5. Are family issues from my childhood and/or adulthood standing in the way of my moving forward with life in the way I wish?
I can only find the trait of overadaptation, which means that you try too hard to be a good girl, good parent, good daughter, and good employee. In other words, you are working very hard to adapt to socially expected goals. This behavior is related to "Popular" responses, a category on the Rorschach. The ability to see Popular responses on this test suggests that a person can recognize what most other people see as obvious in the cards. You scored somewhat high in this category. This finding may indicate that you try a bit too hard to fit in and to be accepted by other people. Their perceptions of you perhaps matter too much to you, and you may wish to please them at the expense of your true self.

6. Could emotional issues unrelated to possible ADHD or learning deficits help to explain my inertia?
I think depression is a big problem for you, Pippa. The eating disorder you had when young is an indication of depression, and although that behavior stopped after university, the Rorschach results suggest that depression is still present. Depression can drain you of your energy. This problem, in turn, can lead to inertia because, when depressed, you basically have less energy to devote to your life.

Integration of MMPI–2 and Rorschach

Finn used a schema (Finn, 1996) to integrate results of the MMPI–2 and Rorschach. In this integration, Pippa's Rorschach showed much more distress and problems than did her MMPI–2. Finn's experience has shown that people with this pattern are generally "survivors" whose psychological strengths have allowed them to get through situations that would have demolished other people. However, their psychological resources are tied up in warding off difficult emotions and holding themselves together, with the result that they don't achieve what they otherwise might in life.

As was hinted when Pippa's MMPI–2 and Rorschach results were each taken alone, Pippa might do best in highly structured, nonemotionally arousing situations (e.g., those represented by the MMPI–2). In the disorganizing, emotionally arousing interpersonal situation of the Rorschach, she struggled much more. In the preceding section, Nakamura mentioned this dichotomy in Pippa's responses within the Rorschach alone: Pippa had almost no FQ "ordinary" responses to the last three complex and brightly colored cards of the Rorschach, whereas she had a number of good responses in the first seven cards, which are thought to be less emotionally stimulating than the final three (see Table 2).

Finn's letter to Pippa

1. Do I have ADHD or learning disabilities?
Pippa, I defer to Engelman's review of this question, but emotional issues may complicate the picture. The testing says that in some ways, while doing all you have done in life (working, raising children, etc.) another part of you has been "treading water." That is, you have tried to keep your head above a pool of difficult feelings of sadness, grief, and anger resulting from things that have happened to you in your life. You were really adaptive in not facing these painful emotions earlier, but it has taken lots of energy to keep these feelings at bay. We can't know for sure, but it is quite possible that some of your problems in focusing and learning were—and perhaps still are—due to so much of your energy being diverted to this kind of survival. It's kind of like a computer that cannot do advanced calculations when its CPU is running the security program. Now that your children are out on their own and you are in a stable marriage, you can begin dealing with the things you had to put aside earlier and resolve them. This will take some energy, and you may feel guilty spending time on this. But doing this work will free you up to soar and to use your considerable psychological strengths for new projects and for enjoying life in a way you haven't before now.

2. What can I do to get myself out of my old patterns of procrastination and not using my time wisely? Why am I so stuck?
I know you think you should be able to do more, but testing says that you have been going through life with "100-pound psychological weights" around your ankles—the result of difficult things that happened to you that you never had the support to process and work through. You've gotten so used to these weights that you've forgotten they are there; you no longer know what it would be like to free yourself of them. Also, you don't know what it feels like to get support from others for your feelings, so that you can face those feelings without being overwhelmed by them. You have been in a real "Catch-22," and it's no wonder that you have felt stuck.

3. Why have I always been accountable to someone else instead of myself?
Your testing suggests that, when you were growing up, it was very adaptive to put your own needs and feelings aside and to work hard to please the people around you—the ones you had to depend on. This became second nature, and again, it served you well in different situations in your life. Now, you have the chance to focus more on your own needs and feelings and desires and goals. It's an exciting time, but you may feel a bit lost and "young" during this period. Don't worry, it's completely natural to feel this way, and your testing suggests you have all the strength and ability you need to meet this new challenge. What will help is learning how to use others to get support as you sort out who you are becoming and what you want out of life. Ongoing psychotherapy could be really helpful at this time.

4. What are my strengths?
You are an amazing survivor. You have come through things that would have put other people under the table. You are sensitive and attuned to others (sometimes too much so), and you care about people and don't want to hurt them. You are adaptable and hard-working, and the testing suggests that you may be more intelligent than you have given yourself credit for.

5. Are family issues from my childhood/adulthood standing in the way of my moving forward with life in the way I wish?

Yes, the testing suggests you are carrying around a great deal of grief (sadness and anger) that you are not fully aware of and that would have been overwhelming to face in the past. Also, you learned to handle problems and emotions mainly on your own, which makes it hard now to turn to others for emotional support or to know who are good people to support you and who are not. You still may tend to have an overly kind picture of your parents and other adults in your life and to not fully see ways that they failed you. It will be scary to let yourself look at these issues more closely and realistically, but it will really pay off if you can do so. And given your kind heart, you don't have to worry that you'll end up being unfair to people. This will just be a process of seeing people more fully—warts and all.

6. Could emotional issues unrelated to possible ADHD or learning deficits help to explain my inertia?
Yes, all those I described above. Several scores seem especially important in explaining your inertia. The MMPI–2 shows us the "top layer" of personality—what you are aware of and how others who don't know you very well are likely to see you. You didn't show much depression on this test. The Rorschach "lifts the lid" on our coping mechanisms and can show things we are not fully aware of. On a Rorschach measure of depression that goes from 0 to 7, you scored a 6. The difference between these two tests suggests that you have gotten used to your depression—it is a kind of gray coat you put on long ago, and you've forgotten it's on. But it is affecting you and keeping you from having all the energy you might in life.
Also, although no test can say for sure what happened to you in the past, there is a Rorschach score called the "Trauma Index" that goes from 0 to 100, though scores above 50 are almost unheard of (Armstrong & Lowenstein, 1990). You scored 25, suggesting that you have experienced some frightening and overwhelming experiences in your life, without having gotten enough support, and that you are still recovering from these experiences. You don't have to relive all these experiences to recover—just to know enough about them to let yourself find your feelings about what happened, get support, and find more compassion for yourself. Pippa, I think this could be a wonderful time of self-discovery and coming into your own in life. I wish you the very best.

Review of Wartegg Drawing Completion Test

The Wartegg Drawing Completion Test (WDCT; Wartegg, 1953) is a drawing technique frequently used in Italy, Japan, Scandinavia, and South America. It is appropriate for children, adolescents, and adults. A recent meta-analysis supports its validity in assessing personality and psychopathology and affirms that the measure's information is comparable to that one might obtain from the Rorschach and MMPI–2 (Soilevuo & Gronnerød, 2012). The test consists of eight boxes, each of which contains an ambiguous mark. The client is asked to use the mark as a starting point to make a drawing "that means something" in each box; therefore, the WDCT is a graphic, projective technique, with eight marks as semistructured stimuli. Onto these stimuli the individual can "project contents and specific dynamics of his or her personality, which are, then, revealing of his or her organization" (Rapaport, 1977, p. 31).

In working with Pippa, the WDCT was used according to the Crisi Wartegg System (CWS; Crisi, 2007), both a scoring and a normative interpretive system. Client drawings are scored across a wide range of variables, at the graphic, verbal, and conceptual level. As in the Rorschach CS, a large number of indexes derive from the scoring. The CWS scoring is partially based on the same categories as Rorschach scoring: Form Quality, Populars, Contents, human and inanimate Movement, and special scores related to thought disturbance (e.g., Disproportion, Contamination, Confabulation, etc.). However, the CWS primarily developed its own original codes. Here are two examples: (a) *Evocative Character* is similar to the concept of "card pull" in the Rorschach. Each mark "pulls for" certain types of drawings or suggests certain kinds of graphic or conceptual responses; and (b) *Affective Quality* scores are based solely on the affective connotation and emotional tone that the client assigns to his or her drawings. Both the client's graphic reaction to the Evocative Character and the emotional connotation of Affective Quality are quantitatively analyzed in interpretation, along with a host of other ratios, computations, and indexes. Finally, the CWS also considers the order in which clients draw the boxes as compared to a theory-driven, research-based predictive model.

As with Nakamura and Finn in previous sections, Crisi gave his interpretation of the WDCT results in a letter to Pippa. His responses integrated impressions across her various questions instead of addressing them in numerical order as the other authors had done. (Note: The parenthetical, italicized notes that follow each paragraph below relate to the CWS scores that contributed to the statement(s) and were not included in the letter to the client.)

Crisi's letter to Pippa

Pippa, two of your questions related to the presence of ADHD or learning disabilities and their possible influence in causing your inertia: "Do I have ADHD or learning disabilities?" and "Could emotional issues unrelated to possible ADHD or learning deficits help to explain my inertia?" The WDCT does not directly evaluate cognitive questions. However, the findings show us a woman tending to an upper level of intelligence and with good traits of originality and creativity. *(Regarding intelligence, the indexes in the Wartegg test supporting this statement are EC+% = 56, FQ+% = 88, P% = 38, P+% = 100, O% = 13, B6 with O, N. Cont. = 6.)*

As we'll see below, your "inertia" is probably more connected to other issues, maybe those family issues from childhood that you mentioned in one of your assessment questions ("Are family issues from childhood and/or adulthood standing in the way of my moving forward with life in the way I wish?"). Inertia is, in fact, a word that brings to mind not only idleness, laziness, and listlessness, but also passivity and submissiveness. As you can see, all of these words implicitly imply a negative judgment and an impression of "guilt." Is this really what you mean? *(In her approach to reality, Pippa seems to refer mainly to internal patterns regardless of their relevance, as reflected in Special Scores: AP = 2, II = 1, PA = 1. These patterns appear strongly rational and intellectual but in a way that appears to distort reality.)*

Why not think of yourself as experiencing a state of dejection or a moment of disappointment or depression? *(In the Wartegg test, there are several signs indicating a depressive state: AQ+% = 50, B3 = AC, IIT-1 = 1.5, M = 0, tendency to Low H%, High P%. Pippa seems unable to complete, effectively and productively, the activities that she undertakes. There may be an increase in the number of activities undertaken, but this rise probably hides a masked depression, as shown in Box 3 = AC, Box 5 = D, Box 8 = AP, and Box 7 = Color Projection. [See Figure 2.])*

Assuming that you were experiencing a moment of depression or disappointment instead of overall inertia would certainly have been more fair and objective to yourself. But maybe your personal history has had episodes that made you believe that the cause of your

problems is you and not the situations or the people with whom you shared your life. The Wartegg test indicates that relationships with both your parental figures have not been as pleasant, reassuring, and full of care as they should be. It seems that frequently you have experienced moments of tension, fear, or maybe real terror in your dealings with them. Do you remember "Jack-o-Lantern" in Box 4 or "The smooth talking man" in Box 2? (See Figure 2 and Table 3) Sometimes these two boxes are connected to our parents, as you and Engelman discussed. *(In the Analysis of Sequence, both Box 2 and Box 4 have a negative code; respectively, they are AC and D. These elements suggest an insecure and elusive relationship based on a lack of confidence with the maternal figure and a very neglectful or not effective relationship with the paternal figure.)*

If your life included this negative history, then know that when this occurs, we typically don't have many routes to take. The less-formed capacities of youth don't give us a lot of possibilities or many choices. The ancient Romans said, "If you cannot defeat your enemy, make him your friend." It is likely that you have done the same in trying to reduce tensions by meeting the demands of your parents and your family, even if those requests are absurd and inexplicable. *(In the WDCT, there are signs of a strong dependence on and compliance with others: WIP = Quadrant D, P% = 38, in the Adaptive area P% = 50, Box 8 = S, H% = 13, FQ+%, EC+%. At the same time, themes of inflexibility are present in her social relationships; these are accompanied by a marked tendency to mask feelings and moods and to take on false attitudes of mood and/or serenity. These tendencies are reflected in Box 2 and Box 3 = AC; negative H in Box 2, similar to PHR of Exner CS; and Color Projection in Box 7. [See Figure 2.])*

What else could you do under the circumstances? Not very much, I think. But if all this, on the one hand, allowed you to find a form of adaptation, on the other hand, it demanded you pay a high cost. The cost is, "If I do what others want me to do, I end up being too dependent on the others' judgments, too accommodating with them. I cannot move a step without the approval of others." Do you remember what you drew in Box 1? (See Figure 2.) You said, "It was supposed to be a cat, but it looks more like Snoopy, my dog. I'm not particularly fond of cats. … Cats are okay being by themselves and on their own, but dogs need a social life." (See Table 3.)

In Box 1, people sometimes draw something about their "self." Am I mistaken if I say that it seems Box 1 may represent your oscillation between the desire to be more like a cat (autonomous, independent, and less conditioned by the judgment of others) and the experience of your life that brings you to be like a dog (more dependent on others and their requests)? Such a need to be accommodating also leads you to show external attitudes of false cheerfulness and good humor. (Do you remember the "dark sun" in Box 8, the box of socialization?) Within you, however, very different feelings seem to be present. In fact, data from the WDCT suggest that you may hold a lot of resentment that was not possible for you to express in a safe way. In Box 5, where we often indicate our way of reacting to frustrating situations, you made a drawing that was completely blocked, as if to say, "In situations of difficulty or frustration, I cannot express my anger or resentment in an adequate and appropriate way. I'd rather put 'a good face' on things. If I cannot express my anger or resentment toward the cause of my frustration, then the resentment goes toward myself and I get depressed or I feel blocked." (*Many of the indexes related to dysfunctional management of aggressive energies are present: Box 5 = D, high Index of Impulsivity = 1.5, Ratio A/F in the Adaptive Area = 3/3.)* Fortunately, there are many resources within you, Pippa, not least of which is the ability to look inside yourself. That quality surely will be of great help to you in rereading and reinterpreting the events of your childhood that have so strongly affected your life. *(Good signs of Ego-strength and psycho-affective potentialities were measured, such as C = 2, CP = 1, F+% = 88, EC% = 56, H contents = presence, P% = 38.)*

Discussion with Pippa: Extended inquiries

To prepare Pippa for a collaborative and therapeutic discussion of the findings addressed in the preceding letters, Engelman did several "extended inquiries," a technique commonly used in C/TA. After testing is complete, clients are asked to comment on their own test productions and to consider whether they are relevant to their assessment questions (Finn, 2007). In each of them, Engelman took into account whether the topic discussed was Level 1, Level 2, or Level 3, using Finn's (2007, pp. 8–9) rank-ordered approach. This approach starts the discussion with information that is most easily accepted by the client (Level 1) and moves to that which is hardest for her to hear. In an attempt to make this difficult information more acceptable and less threatening to Pippa and to help her integrate it

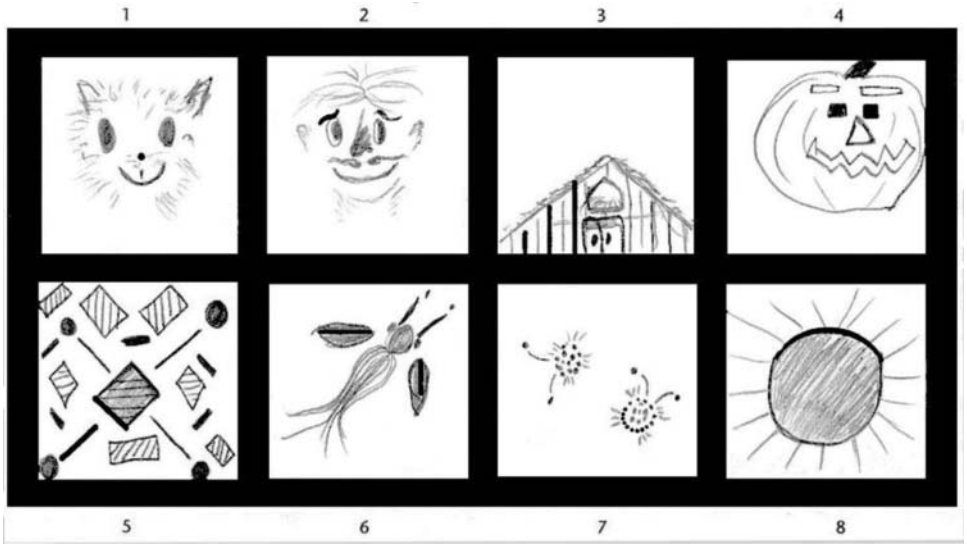


Figure 2. Pippa's drawings—Wartegg Drawing Completion Test.

Table 3. Pippa's responses: Wartegg Drawing Completion Test.

	I	II	III	IV	V	VI	VII	VIII
Order of sequence	1	2	3	8	4	6	5	7

Box #1	It was supposed to be a cat, but it looks more like Snoopy, my dog. I'm not particularly fond of cats. They are antisocial. They have very unique personalities. I find them to be finicky or rather, temperamental. Cats don't need to have friends. They are very much their own beings. Cats are OK being by themselves and on their own, but dogs need a social life. Cats are independent. Dogs are not. Cats and dogs are just good energy to have in a home. There is nothing like curling up with a pet when you've had a rough day. Snoopy thinks she's a cat. She scratches the carpet like a cat. When she urinates, she buries it, too. (Laughter)
Box #2	Just a man. It reminds me of a smooth-talking man. Yeah, just some smooth-talking guy.
Box #3	A barn with a hayloft.
Box #4	Jack-o-lantern.
Box #5	I'm not sure, just some graphic design.
Box #6	I don't know what to call these bugs. They are called "pincher bugs," I think, but I'm not sure what name is correct for them.
Box #7	Ladybugs! Don't you see that?! (Laughter.) Now, if I had crayons … (Laughter).
Box #8	A sun.
Which *drawing* do you like most? Why?	Hmmm. It's between Snoopy (#1) and the barn (#3). I'll go with Snoopy (#1). Oh, I like this one because … have you ever had a pet that just feels like she's your soulmate? No matter how bad your day is going, she just makes you smile.
Which the least? Why?	Probably the smooth-talking man (#2). Because smooth-talkers always make me uneasy because they always exude too much confidence, and there's just something shady about them.
Which *mark* do you like the most? Why?	I like the half circle (#8) or #1. Hmmm. Probably #1. Yeah, I like #1, because I have more freedom to do what I want with it. There are more possibilities with a dot.
Which the least? Why?	The first thing that comes to mind is, just between #4 or #5, but … I choose #4, because I don't like getting boxed in. #4 has that box shape.
During the administration, did the patient turn the form?	No
Was it necessary to use the additional instruction?	No

into her self-view, the following examples of extended inquiry all worked with information at Levels 2 or 3.

Extended inquiry 1—mother issues (Wartegg box 2)

In the first extended inquiry, Pippa went in numerical order through the Wartegg boxes, telling Engelman what she had drawn in each (see Figure 2). Of Box 2, she said, "It is just a man—a smooth-talking man." When asked which of her eight drawings she liked least (a question that is part of the standard WDCT protocol), Pippa answered, "Probably the smooth-talking man in Box 2. Smooth-talkers always make me uneasy—there's something shady about them."

After the test was completed, Engelman asked Pippa to say more about her drawings. She said, "The drawing that disturbs me the most is the smooth-talking man in Box 2. It's unsettling. I can't put any specifics to it." When told that that box is sometimes thought to represent a relationship with a mother figure, she joked that she had thought it was about men, "my first husband, in particular!" She paused, and then said, somewhat dismissively, "I don't know if it has anything to do with my mother." However, 1 week later, she sounded shaken when she said, "Box 2 … *may* be about my mother. *(Pause.)* I've never particularly trusted her. … She has referred to me being like people she despises. I don't share much with my mother. Somehow it gets … used against me."

Extended inquiry 2—anger, depression, and life energy (Early Memories Procedure, MMPI–2, and Rorschach)

This extended inquiry was based on the Early Memories Procedure, a projective test of autobiographical memory, with supporting information from the MMPI–2 and the Rorschach. Pippa was 43 years old at the time of this memory, 6 years prior to the assessment. She said that she very rarely expresses her anger, especially with her parents or siblings. However, one evening Pippa raged back at her mother, in response to her mother's sharp comments. But when she went to her parents' home to apologize "for the umpteenth time," her parents told her she was "delusional" and that if she did not behave, they would "disown" her. In speaking about this memory, she was shameful and apologetic, saying, "I suspect my on-going feelings of guilt, and … shame stem from my mother's continually telling me I am selfish." She then quickly defended her mother: "This does *not* excuse the way I reacted to her alcohol-fueled tirade." Although still ashamed of her own behavior as she discussed this memory, Pippa seemed confused and outraged when she said, "What the hell? 'Disown' me? Like every other encounter with them, there was no discussing feelings rationally." She paused briefly, then gave a big mechanical smile that never quite reached her eyes: "I will always be at odds with my family about my mother's nonsensical behavior when she's in one of her 'moods.' Thankfully, I've learned to emotionally disengage myself." The following exchange then occurred:

Engelman: What happens to all your unexpressed anger, upset, and rage?

Pippa: I don't know—but I think these feelings are not terribly far below the surface.

Engelman: Say more?

Pippa: I stuff those feelings *really* well. I know that I get very tired and feel bad when I'm around my family.

Engelman: So, it seems that holding in your feelings takes a lot of energy and makes you feel bad inside?

Pippa: It does.

Engelman told Pippa that her MMPI–2 results taken alone showed that she appeared to function pretty well psychologically on the surface, but Rorschach findings suggested that under the surface a lot of feelings went unexpressed, especially grief, anger, and sadness. She observed that this might be causing Pippa to feel bad at a deeper level, below the surface of her awareness. Pippa then made a connection with a lunch she had had with her brother a few days before. She had felt herself getting angry with him, and "I did what I always do. I just ignored my anger." Pippa and Engelman then discussed the idea that perhaps she could safely learn to express her feelings, thus increasing her sense of well-being.

Extended inquiry 3—stuffed feelings and depression (Wartegg Box 8 & Rorschach Card V, Response 10)

Pippa had said that her drawing in Wartegg Box 8 was a sun (see Figure 2). When asked if she noticed anything about her sun, she said no. Pippa's sun was blackened, filled in with pencil strokes, but it appeared that she did not initially see that, just as she did not see her own depression. Engelman then asked Pippa her thoughts about a Rorschach response on Card V, saying, "These responses can be a bit like the Wartegg. They may teach us something about ourselves. They can be metaphors for how a person experiences herself or her world."

Pippa's initial response to Card V had been, "Definitely an insect. It could be a caterpillar that is kind of blossoming. It's coming out of its cocoon. It's deformed." When read back to Pippa, her initial reaction was to joke, saying, "Hmmm. What might this say about me? I'm a little scared to know." Then she said seriously, "The word 'deformed' stands out to me."

Engelman: That word stands out to me, too. What do you think that might mean?

Pippa: Could *I* be that deformed caterpillar coming out of *her* cocoon? (*Long pause.*) I do see myself as damaged. (*A bit tearfully.*) I'm sad. I'm a bit mad, too. I've bought into the deformed notion from my family hook, line, and sinker.

Engelman: I understand why you would feel sad and mad. That deformed perception may be your family's, but it doesn't have to be yours.

Pippa: (*Quietly.*) I've stuffed feelings for so long. I feel really bad inside.

Engelman: Holding anger, grief, and sadness inside for a long time can lead to depressed feelings. Sometimes, those go on so long that you are no longer even aware of them.

Pippa: (*Quietly, tearfully, and with dawning awareness.*) Like my blackened sun.

Pippa's response to therapeutic letters and her strengths

At different times during the discussion sessions of the assessment, Engelman shared the feedback letters written to Pippa by Crisi, Finn, and Nakamura. At the end of the assessment, in place of a formal report, she consolidated all of the findings into her own 3,500-word letter as a summation of the collaborative, multiple-assessor process. She excerpted and integrated responses from the other letters and added her answers to Pippa's original six questions, including the cognitive ones with which she had taken the lead. For example, in response to Pippa's question about having ADHD or learning disabilities, Engelman wrote the following:

> As we've already discussed, neuropsychological tests … help us better understand how a person functions with regard to attention.… However, the actual diagnosis is based more often on descriptions and observations of behaviors (and) on details of personal history. … Altogether, the findings from your assessment support a diagnosis of Attention Deficit Hyperactivity Disorder, Predominantly Inattentive Type. You do not appear to have learning disabilities, although some … traces of your troubles with reading as a child were found in the data; but you have learned to compensate well for these early deficits.

Pippa responded positively to all four letters and appreciated each assessor's unique approach to communicating with her. After reading and discussing Nakamura's letter, Pippa e-mailed asking for a particular quote, writing, "It helped me so much—I want to put it on my fridge so I can read it every day!" The requested quote said, "You should do what you want. You have your own ideas, skills, and resources. I give you permission to live your own life!" Finn's comments about how Pippa's emotions had weighed her down resonated strongly for her. Of his letter she said, "I do feel weighed down, as he said, and for no apparent reason … I'm really looking forward to the day I finally sever the '100 lb. weights'—they have been shackled around my ankles for years!" Of Crisi's letter she said, "I've been giving a lot of thought to the Wartegg boxes and to the letter that you shared with me. I'm amazed with his assessment of my drawings and the accuracy of what he said has unfolded gradually." She said in a follow-up session:

> I've just never before been able to make any sense out of what I've been feeling or to define my inner struggles as clearly as you four assessors did. I feel incredibly blessed and a great sense of gratitude to you and your colleagues for allowing me to partake in this process. It's truly been an honor. Thank you from the bottom of my heart.

She also sent thank you notes to the three assessors who had interpreted the MMPI–2 (Finn), the Rorschach (Nakamura), and the Wartegg (Crisi), and to the writer (Allyn) who had created her therapeutic story.

All four therapeutic assessors found strengths in Pippa that would give her a strong foundation for moving ahead. These included her intelligence, solid working memory, strong verbal skills, and good ability to solve problems. She also showed adaptability and sensitivity to others, sociability and kindness, common sense, responsibility, and willingness to work hard. These qualities are reinforced by her ability to look inside herself and reinterpret difficult past experiences.

Therapeutic story: Final intervention and Pippa's reaction

To consolidate the findings of the assessment into a form that would speak to Pippa on another level, Allyn and Engelman created a 1,300-word therapeutic story; it embedded selected findings from the assessment into a metaphorical rendering of Pippa's life. (See the Appendix for a summary of the

therapeutic story.) Metaphor provides a medium for integrating the imagistic mode of the brain's right hemisphere with the linguistic mode of the left (Cox & Theilgaard, 1997). Not every adult client will respond to metaphor in the form of a story applied to his or her life. Pippa had done some writing, however, and her manner of speaking and interacting with Engelman indicated that this form of intervention could resonate for her. Therapeutic stories convert selected findings into mental health messages, woven together with important pieces of the client's life and history (Allyn, 2012). In stories for adults, the mentor character, who helps the client character apply the mental health messages to his or her life, is based on a person the client admires. This individual could be a family member, friend, or acquaintance, living or dead; a historical figure; or a character from literature or mythology (Engelman & Allyn, 2013). In Pippa's case, the mentor character was a version of her valued college advisor.

Pippa said the timing of the story was serendipitous. She had awakened that morning thinking about her college mentor and wondering what sage advice he would give her at this juncture. His appearance in the story made her feel particularly in tune with it. She found the story "suspenseful," as she kept wondering where it would lead, and the caterpillar and butterfly imagery, used as the primary extended metaphor, resonated powerfully for her. She remembered the Rorschach percept of the deformed caterpillar and the discussions about it during intervention sessions. This led to further discussion of her own transformation and of her unawareness that it had been quietly starting to unfold. She responded strongly and positively to the frame that her new journey was just beginning. On the following day, Pippa phoned, saying, "After rereading my story this morning, I wanted to hear more. I guess I'll just have to write the continuation myself, once I discover my next path in life!"

Summary and discussion

As stated in the introduction, Fischer's role in the SPA presentation had been as discussant, to further integrate the assessors' impressions. In reviewing their materials, however, she soon realized that the integration had already occurred because the assessors had each directly addressed Pippa's situation, possibilities, and questions. Based on their understandings from diverse instruments, their "life-world" (Fischer, 1994) impressions had converged powerfully. To her knowledge, developing responses to a client's specific questions and requests in this formal, multiple-assessor format had never before been undertaken. The strength of the overall case discussion derived from one main fact: Even without meeting Pippa, let alone continuously interacting with her, each assessor was able to develop an individualized understanding of her and suggestions for her. To each of them, Pippa was a person, not an abstract.

Fischer's one initial concern had to do with the terminology used to describe Pippa and the results of her testing. Some words and phrases—such as "coping mechanisms," "lacks," "tendencies," "needs," "underlying anger and resentment," and "cut off from deeper emotions"—could have been viewed as reductive and categorical. Those terms refer to constructs, not to a real person traveling a real life journey. However, Fischer soon saw this common terminology as providing touch-points with diverse literature and acting as a starting place for each of the assessors. Some of the starting constructs resonate with other psychologists and even, at times, with clients; they need not lead to a categorization or reduction of the client's situation. In Pippa's case, each of the assessors went on to individualize his or her understanding in terms of how Pippa might have come to her current difficulties and how she might move beyond them in life. The therapeutic effect for Pippa likely occurred through experiencing herself as deeply understood and respected for having coped with many challenges and being ready to undertake new ones.

This international exercise in C/TA worked on many levels. The process of truing referred to earlier drew equally on the client's perception, history, and experience; on the clinicians' training, experience, and intuition; and on diagnostic tools. Test data were, indeed, "our tools, not our findings" (Finn et al., 2012). Pippa was an equal collaborator in the process, as exemplified by the extended inquiries, in which hypotheses were put forth for her to explore. That she felt deeply connected to all members of the team, without meeting them, might be attributed to careful collaboration—collaboration between Engelman and the client; between Engelman and the other assessors and the story writer; and among the professional team.

Because Pippa met the *DSM–IV–TR* behavioral criteria for ADHD, Inattentive type, she chose to try medication. It has significantly improved her life. She is able to focus and attend to projects and tasks for sustained periods of time without becoming overwhelmed by inattention and restlessness. She has also begun therapy to deal with the issues uncovered in the assessment. She and her therapist are working on her responses to family dynamics, triggers for depression, and questions of vocation.

Acknowledgment

Portions of the material in this article were presented at the 2012 Annual Meeting of the Society for Personality Assessment (SPA) in Chicago, IL, as Case Discussion A, *Getting in Clients' Shoes' via Psychological Tests: A Collaborative/Therapeutic Case Discussion*. All six of the co-authors participated in that presentation.

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Appendix: Summary of 1,300-word therapeutic story for pippa

Based on Pippa's response to Rorschach Card V, Allyn and Engelman created a story using the extended metaphor of metamorphosis from caterpillar through chrysalis to butterfly. Pippa loves the ocean, horses, dogs, and being in nature. The story depicts a client character, who symbolizes Pippa, as she rides her horse along a deserted beach. This client character meets a mentor character and begins a conversation. The person reminds her of someone she has known but can't recall, and she feels safe with him. Metaphorically, this figure represents Pippa's treasured college advisor, who died of cancer.

Mental health messages that evolved out of the assessment were placed in the context of images, colors, and experiences from Pippa's life. For example, in one extended inquiry during the assessment, Pippa had referred to herself as "deformed." In the story, the client character uses that word to describe the emerging butterfly's contorted wings. The mentor character is then able to reframe that image as being a natural growth process for the butterfly. In this conversation, the client character herself expresses the recognition that she has "stuffed" her emotions for many years and how it has done damage; but she also goes on to say that she now realizes that she can repair that damage.

After saying goodbye, the mentor character moves toward the deserted beach and rapidly fades from sight. Only then does the client character recognize the man's similarity to her college advisor. The story ends with her confident thought that she is at the beginning of a new journey, one that she will be able to continue and complete.