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# Therapeutic Assessment in Clinical and Counseling Psychology Practice

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Psychological assessment has been a core component of clinical and counseling psychology since the formal development of these applied specialties. Spurred on by practical demands for selection and assignment of military recruits during World Wars I and II, the psychological testing movement gained momentum in the first half of the twentieth century. Testing practices of that era were inevitably shaped by the necessities and constraints of that time. Testing large numbers of individuals required expeditious methods, giving rise to the use of fixed test batteries as opposed to individually tailored assessments, and group testing approaches were developed to meet the need for rapid, large-scale assessments. Although individual assessments prevailed within mental health treatment settings, they were shaped by the professional zeitgeist wherein the examiner was the dispassionate expert and the examinee was the *subject* of the evaluation. This stance was influenced by advances in statistical methods and psychometric studies in testing laboratories, which accorded the respectability of science to psychological methods. It fostered a test-centered (as opposed to person-centered) approach, and emphasized nomothetic over idiographic portrayals of examinees' functioning. The evaluating psychiatrist or psychologist, armed with knowledge of psychological theories and scientific methods, aspired to conduct an *objective* appraisal of the individual and tended to make diagnostic and dispositional determinations unilaterally.

Modifications to the testing approach came from several fronts, including psychoanalytic, interpersonal, humanistic, and phenomenological traditions, each of which critiqued the detached and superordinate role of the examiner. They offered alternative

perspectives on clients' contributions to the assessment and assessor–assessee interaction. Among mid-century expositions of this nature were Schafer's (1954) discourse on the interpersonal dynamics of the testing situation, and Harrower's (1956) explication of a psychotherapeutic assessment technique, followed by Berg's (1984) delineation of a flexible and collaborative assessment process. A particularly strong push for a new direction came from Fischer's (1985/1994) individualized psychological assessment approach that evolved into a collaborative assessment method (e.g., Fischer, 2000), and Finn's (1996) development of an assessment-as-therapeutic-intervention strategy that became formalized into Therapeutic Assessment (TA) (e.g., Finn, 2007). In Fischer's method, assessor and assessee actively collaborate, or "co-labor," to achieve a productive understanding of the examinee (Fischer, 2000, p. 3), using testing and assessment as a means to explore his or her life world. In Finn's (2007) paradigm, assessor and assessee jointly generate questions to be addressed in the assessment, followed by a collaborative dialog about the findings that is designed to be transformative. Through these developments, the assessor's role has altered from that of sole decision-maker to partner, and the assessee's role has evolved from passive recipient to active, informed participant in the assessment process. On these bases, TA today represents an example of effective integration of empirically oriented techniques within a reflexive, post-modern epistemological framework (Aschieri, 2012a).

## **Principles and Methods**

TA relies on humanistic/phenomenological and intersubjective principles. TA is, in humanistic/phenomenological terms, a hermeneutic cycle (Husserl, 1962): a process in which two observers produce a co-constructed understanding by sharing observations (e.g., focusing on problems in the client's life, or on a score or a behavior during a test), frame the observations into different contexts (e.g., the client's life, the experience of the assessor, the client's and the assessor's values, the client's and the assessor's lay or professional theories, the task and processes elicited by the test), and test the adequacy of the conclusions through new observations. Psychological tests are crucial elements of TA as they represent controlled environments to observe and define reality (e.g., by reaching a mutually agreed definition of the problem at hand in the assessment), to understand and contextualize the problem (e.g., by pondering the meaning of the same result across different tests, or the meaning of different behaviors and responses in tests that measure the same construct in different manners), and to intervene with clients' problematic behaviors (e.g., by asking clients to change their approach or to try out new behaviors to a test).

The contribution of the assessor in the assessment process is understood through intersubjective principles. Building on Stolorow (Stolorow, Brandchaft, & Atwood, 1987) and Bromberg's (2012) assumptions about psychotherapeutic processes, in TA assessors see themselves as co-participants in their clients' assessments and use their personal histories, values, and emotions in sessions to promote an authentic encounter with clients.

## Steps of a Therapeutic Assessment

There are currently four models of TA tailored to work with adults, families with children (TA-C), families with adolescents (TA-A), and couples. Virtually every TA begins with an initial telephone contact in which the assessor asks clients to think of questions they have about themselves and their problems, which they hope to have answered through the assessment. The assessor then sends clients reading material regarding the main features of the assessment, and provides space in the first session to address doubts about the procedures, the length and the costs of the process, confidentiality, and so on. The main goal of the first session is to establish a collaborative relationship between assessor and client and then co-develop Assessment Questions – individualized questions that capture puzzles, issues, and problems that bother clients or referring professionals (such as: “Why I can’t tolerate long-term relationships?” or “How can I get past my laziness and finish my degree?” or “Why is our child so afraid of the dark?”). By asking clients what they want to learn about their problems, assessors elicit curiosity, introspection, and other important psychological processes connected to exploring one’s own inner world (Aschieri & Durosini, 2015). Subsequently, in the step of Standardized Test Administration, assessors select and administer psychological tests chosen on the basis of the Assessment Questions. Matching the choice of tests with assessment questions and with specific aspects of a client’s situation (see, for example, the use of the consensus Rorschach with couples: Aschieri, 2012b) helps clients to feel the assessment is directed towards reaching their goals; in turn, they tend to provide more open, valid, and reliable test scores.

After the standardized tests are administered, assessors expand the personal meaning of clients’ test responses in the Extended Inquiry. The Extended Inquiry can focus on any aspect that clients or assessors find worth discussing, either of the testing experience or of its contents. For example, clients might be asked to elucidate “critical items” they endorsed on self-report measures, or to reflect on the emotions they experienced when telling stories to certain Thematic Apperception Test (TAT) cards, or to discuss and co-interpret particular images they saw on the Rorschach. Then, the assessor integrates information from the interviews, the standardized tests, and the Extended Inquiry into a case formulation that leads to the next step in TA, the Assessment Intervention Session. During Assessment Intervention Sessions assessors use testing materials in non-standardized ways to help clients to discover and grasp important answers to their assessment questions or to help them to explore new behaviors. More information about this unique aspect of TA can be found in Finn (2007).

The TA interactive process culminates in a Summary and Discussion Session in which assessors and clients review the findings of the assessment and use them to reply directly to the initial Assessment Questions. The assessor presents feedback in carefully ordered “levels,” proceeding from information congruent with clients’ self-perceptions to those that expand and shift their conceptions of themselves. Assessment Questions help clinicians to introduce information that is otherwise potentially difficult for clients to integrate, but which becomes more accessible to clients because it addresses their individualized goals for the assessment. Each

finding and each potential answer is discussed, re-shaped, and enriched with new material from the clients' reactions, associations, and real-life examples. All the information is finally summarized in a written Feedback Letter that is sent to clients to provide them with a review of the main findings and recommendations of the assessment. The combination of oral and written feedback has been shown by Lance and Krishnamurthy (2003) to be better than either one alone in helping clients to understand and make use of assessment findings.

A two- to four-month Follow-up Session is the last step of TA. This meeting allows assessors to address possible new questions from clients using the testing, to track the changes in their lives, and to refine treatment recommendations.

### Empirical Evidence

Initial evidence for beneficial outcomes associated with therapeutic test feedback came from two controlled studies conducted by Finn and Tonsager (1992) in the US, and Newman and Greenway (1997) in Australia. The first study demonstrated that carefully crafted therapeutic feedback produced significantly decreased symptomatic distress, increased self-esteem, and increased hope about managing problems in an outpatient counseling center client sample, compared with wait-list controls. These gains were achieved regardless of initial level of distress, severity and type of pathology, prior attitudes about mental health providers and services, and time interval between testing, feedback, and follow-up. The outcomes were also shown not to be a function simply of feeling accepted or cared for by the examiner. The second investigation replicated these findings in a similarly designed study, with supplemental evidence that the results were not due to the test administration itself or overall level of client satisfaction. These compelling findings have since received expanded support in a series of empirical investigations with diverse samples, revealing positive process and outcome effects. For example, Allen, Montgomery, Tubman, Frazier, and Escovar (2003) showed that university students who received personalized assessment feedback achieved significantly higher scores on rapport (i.e., positive evaluations of examiner and sessions) and self-enhancement (accurate mirroring, self-esteem, self-competence, and self-understanding) indices than no-feedback controls.

With regards to treatment samples, Ackerman, Hilsenroth, Baity, and Blagys (2000) compared the utility of a TA model and a traditional model of assessment in an outpatient sample. They found significantly fewer dropouts/greater continuance into psychotherapy in the TA group, and facilitative effects of the TA model on therapeutic alliance. Smith, Eichler, Norman, and Smith (2015) found a significant reduction in client-reported symptomatic distress, reflected in a medium effect size of  $d = 0.50$ , and a significant change in the direction of a downward trajectory of distress, for adult clients who received a collaborative/therapeutic assessment as a mid-therapy consultative intervention. Tharinger et al. (2009) reported effects of TA with children and their caregivers as including significantly higher service satisfaction, higher positive emotions, and lower ratings of child externalizing and internalizing problems by mothers in pre-post assessment comparisons. They also found

significantly decreased child symptomatology and improved family functioning as reported by both children and mothers.

Notably, a recent meta-analytic study provided strong support for the effectiveness of therapeutic assessment methods. Poston and Hanson's (2010) meta-analysis of data from 17 published studies involving a total of 1,496 participants showed an overall robust effect of therapeutic assessment ( $d = 0.42$ ). Furthermore, they found significant positive effects for therapy process and outcome variables. The researchers concluded that therapeutically delivered psychological assessment and feedback offers substantial, clinically meaningful benefits.

A recent development in collaborative/therapeutic assessment investigations has involved newer methodologies such as single-case/time-series research designs, which are well suited to efficacy studies. For example, Smith, Wolf, Handler, and Nash (2009) employed a time-series design to evaluate clinical improvements associated with a family TA intervention. Using multiple personality and behavioral measures as dependent variables, the researchers conducted five-phase comparison analyses extending from pretreatment baseline assessment through intervention and follow-up. Results showed significant improvements in parent-rated child behaviors and family distress, and an overall trajectory of positive change as a result of the family TA intervention. Note that use of this design revealed specific change mechanisms at different stages. Aschieri and Smith (2012) similarly utilized a time-series design in a TA demonstration with an adult client, which consisted of daily data collection over a 28-day period extending from pre-TA baseline assessment through TA application. Level-change analyses indicated significant improvements in the client's ability to express affection and a trend toward improvement in anxiety from baseline to TA delivery, with an overall significant improvement on a composite index. Slope-change analyses revealed movement towards positive change over the course of the study period. The researchers commented that case-based daily measure designs of the kind used in this and similar studies are particularly useful as a clinically-oriented, client- and researcher/practitioner-friendly method of documenting TA effectiveness.

Overall, the evidence for collaborative/therapeutic assessment effects is strong in terms of positive change processes and outcomes associated with this method of assessment, even without the introduction of conventional psychotherapy. Numerous other investigations have amplified the data on these effects in a variety of applications, discussed in the next section.

## Applications

The literature on collaborative/therapeutic assessment contains illustrations of its applications with various age groups (adult, adolescent, child/family), settings (e.g., clinical inpatient and outpatient, forensic, counseling), and contexts (neuropsychological evaluation, career counseling, healthcare). Case studies have shown its use with clients presenting with various disorders (e.g. adult Attention Deficit Disorder, child Oppositional Defiant Disorder, trauma and dissociation, eating disorders, personality disorders, self-harm, etc.). This literature further shows worldwide, cross-national applications.

### Age groups

Among applications of the TA model with adult clients, Finn (2003) provided a case study of a man diagnosed with Attention Deficit Disorder and presenting with disorganization and relationship difficulties. This report illustrated TA's utility in (a) helping clients to "rewrite" problematic or incomplete self-narratives through the use of the assessment tools as "empathy magnifiers" (p. 126), and (b) overcoming treatment impasses by enlisting both client and referring therapist as collaborators. Wygant and Fleming (2008) summarized a TA with a young adult man assessed after receiving crisis stabilization for a suicide attempt. In this case, the assessment and feedback generated useful insight through processes of conceptualizing and discussing underlying personality characteristics. Armstrong (2012) and Overton (2012) discussed TA use with female clients who had traumatic/abusive backgrounds, showing how assessment and feedback can aid such clients to develop cognitive control and emotional strength. Tarocchi, Aschieri, Fantini, and Smith (2013) used a single-case repeated measure design with a severely traumatized woman suffering from complicated trauma; this case highlighted the transformative effect of TA during the intervention and the follow-up. Across the aforementioned studies, the tests used ranged from an intelligence test to self-report personality inventories, a trauma measure, a performance-based personality measure, and a structured diagnostic interview, demonstrating that TA is not limited to the use of specific tests and measures.

TA may be particularly useful as a timely and rapid intervention with adolescent clients so as to prevent difficulties from intensifying or becoming entrenched. In TA-A, the adolescent's parent is involved in generating questions to be addressed in the summary session, while the adolescent's privacy is maintained during the testing. Among recent published reports of TA-A are Ougrin et al.'s (2012) application of a modified TA approach with teenagers engaging in self-harm, revealing a more favorable impact for non-suicidal than suicidal self-harming adolescents. Austin, Krumholz, and Tharinger's (2012) case example of TA with a drug-using adolescent and his parents demonstrated the responsiveness of the method to the developmental status and family context of adolescents. Toivakka (2012) described his collaborative assessment of a teenage girl with psychotic features complicated by self-mutilation, drug overdose, and alcohol misuse, assessed in a psychiatric hospital in Finland. Using a series of measures including an intelligence test, the Rorschach, human figure drawings, and fantasy animal drawings, the case demonstrated the impact of feedback in fostering parents' understanding and empathy as a vehicle for improvement in the adolescent's functioning. Another case example by Frackowiak (2012), involving assessment of attachment and neuropsychological functioning in a poorly functioning adopted teenager, also underscored the importance of developing a relationship with both parent(s) and teenager in the process of conducting therapeutically oriented assessment and feedback.

TA with children requires some further adjustments relative to procedures used with adults and adolescents. It invariably involves parents/legal guardians throughout the process, and is designed to enhance parents' understanding of their child as well as promote change (Tharinger et al., 2009). Handler (2006) provided a detailed

description of TA with children and adolescents that includes discussing how to adapt traditional assessment techniques and incorporate storytelling approaches in this paradigm. More recently, Aschieri, Fantini, and Bertrando (2012) gave a detailed overview of TA-C procedures with children in family therapy. Examples of TA-C work are also provided in several case reports. Purves (2002) examined the value of collaborative/therapeutic assessments of children in foster care and mothers seeking return of their children from foster care, showing how their initial resistances dissipate through the method's provision of a sense of agency. Hamilton et al. (2009) demonstrated how maladaptive family processes and interactions come to light and can be addressed through this method. Tharinger et al. (2012) described having parents observe and process their child's assessment through live video feed or a one-way mirror as a means of fostering understanding and change. Fantini, Aschieri, and Bertrando (2013) described performing TA in a series of systematic steps, including family intervention, summary/discussion and feedback segments, in the case of a four-year-old child assessed in Italy; this method was shown to be a useful means of achieving new viewpoints and emotions in the family. These and other published works shed light on a variety of useful strategies and the overall merits of TA with children and families.

### Settings and contexts

Collaborative/Therapeutic Assessment has been usefully applied with clients in a broad range of clinical, counseling, and forensic settings. While most of the previously mentioned case reports come from outpatient clinical and counseling settings, one noteworthy example of inpatient application is from Michel (2002) who described TA with adolescents hospitalized for eating disorders. In this account, TA-A was shown to help overcome typical resistances seen in this population through providing teenage clients with a sense of personal control and assisting in identity development. The TA literature spans case examples involving a variety of disorders seen in outpatient and inpatient settings, ranging from child Oppositional Defiant Disorder (e.g., Smith, Handler, & Nash, 2010) to adult personality disorders (e.g., de Saeger et al., 2014). In addition to its use with individuals and families, TA has been usefully applied in the context of couples counseling (e.g., Uhinki, 2001).

TA's reach is certainly not limited to personality assessment, as several previously mentioned examples show its utility in cases where the referral for assessment includes questions of cognitive/intellectual functioning. In fact, Gorske (2008) provided a report of therapeutic neuropsychological assessment of a young woman with a brain tumor to demonstrate how it can enhance the patient's overall sense of wellbeing. Forensic application of TA is discussed by Evans (2013), addressing its use in cases involving termination of parental rights as well as with criminal offenders; this is a relatively new frontier for TA that is likely to expand in the near future.

TA applications are beginning to extend from traditional mental health settings into the broader healthcare arena. Smith and George (2012) described the application of TA in assessing cancer-related trauma in a patient seen in a healthcare setting.



In this example, TA served as a brief intervention that enabled the patient to reduce affective distress, regain a sense of control and move forward with her life, in addition to addressing her unresolved attachment trauma. Miller, Cano, and Wurm (2013) discussed use of a motivational TA approach in alleviating pain and improving well-being in chronic pain patients and their spouses; this was a demonstration of an effective couples assessment and intervention strategy that fostered gains in both partners. Smith, Finn, Swain, and Handler (2010) described a family-centered application in the case of a child presenting in the emergency department of a children's hospital with medically unexplained neurological impairments. This report exemplified a systemic approach wherein the recipients of feedback included the medical professionals. With the recent entry of psychologists into primary and integrated healthcare settings, TA can support systemic goals in cases involving the interface of medical and psychological conditions.

### **Training in Therapeutic Assessment**

TA training has gained momentum in graduate psychology programs, being incorporated into personality assessment coursework (Finn, 1998) and/or offered through advanced seminars (e.g., Martin, 2013) and practica (Hanson, 2013). As a result, many students have some exposure to TA during their professional training. On the other hand, several graduate programs and internships in clinical and counseling psychology are doing less overall training in psychological assessment, with the result that some students/psychologists interested in learning TA have to find private sources of training (e.g., professional workshops). Among these alternative resources are TA institutes established in Austin (Texas), Milan (Italy) and Tokyo (Japan) that offer advanced, in-depth training. TA workshops and research presentations have also featured prominently in the international Society for Personality Assessment's annual convention over the last several years.

Training in Therapeutic Assessment has three aspects: (1) gaining competence in standardized psychological tests and in case conceptualization; (2) learning the structure and techniques of Therapeutic Assessment (e.g., how to do an Extended Inquiry of a standardized test); and (3) developing therapeutic skills such as alliance building and supporting clients as they explore dissociated affect states. The Therapeutic Assessment Institute (TAI) coordinates workshops around the world on the theory and techniques of TA ([www.therapeuticassessment.com](http://www.therapeuticassessment.com)), and there are now many published teaching resources available (e.g., Finn, 1996, 2007; Finn, Fischer, & Handler, 2012; Levak, Siegel, & Nichols, 2011). TAI faculty members provide consultation to advanced practitioners learning how to use test materials therapeutically with clients. And an intriguing fact frequently reported in the literature is that assessors often grow and change personally in important ways as they learn TA (e.g., Finn, 1998; Haydel, Mercer, & Rosenblatt, 2011; Krishnamurthy, 2012). Finn (2005) attributes this effect to the expanded empathy assessors must develop in order to understand and help clients whom other professionals find confusing, disturbing, or off-putting.

## Future Directions

Current research on TA is focused on identifying moderator variables – those client, assessor, or contextual factors that influence how useful TA is for a particular client. Also, although much has been written about why TA works, very little research has been done to test and identify specific therapeutic mechanisms. A recent study by Jourdan and Krishnamurthy (2015) represents a first step in investigating whether active note-taking by the client during the feedback session will strengthen his/her recollection and use of the oral feedback in subsequent therapy sessions. Also, some research is being directed towards evaluating how effective certain TA techniques are in isolation. For example, Tharinger and Pilgrim (2012) studied the use of child feedback fables in a standard neuropsychology practice and found that they greatly impacted children and parents.

Currently, the Therapeutic Assessment Institute is working to develop distance learning methods, such as supervision groups, webinars, and training videotapes, for practitioners interesting in learning TA in their localities. The TAI is also developing teaching materials, reading lists, and sample syllabi for graduate instructors who wish to include TA in their courses. In recent years, the TAI has established a certification program in TA, for those practitioners who want a guarantee that they are practicing TA at an advanced level.

As described above, TA was developed for use in clinical and counseling practice, but some practitioners are exploring its use in new settings, such as parenting plan evaluations (Evans, 2013), mandatory treatment of violent offenders (Chudzik & Aschieri, 2013), career counseling (Essig & Kelly, 2013), and executive coaching (Del Giudice, Yanovsky, & Finn, 2014).

## Conclusions

The future of psychological assessment in clinical and counseling practice lies in value-laden, meaningful assessment practices. This is essential when current time demands promote quick screenings that may result in unsatisfying assessment experiences for clients. Collaborative/Therapeutic Assessment models, particularly TA, represent an evidence-based approach that has proven effectiveness in a broad range of applications. Further research, demonstrations, and training should solidify its use in assessment practice.

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