

SUPERVISING THERAPEUTIC ASSESSMENT

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WHAT IS THERAPEUTIC ASSESSMENT?

Therapeutic Assessment (TA) is a semi-structured form of collaborative psychological assessment developed in the 1990s by me and my colleagues at the Center for TA in Austin, TX (Finn, 2007). TA draws heavily from techniques and principles of collaborative psychological assessment (CPA) as described by Fischer (1985/1994), Handler (2006), and Purves (2002). A defining feature of TA is that clients are seen as essential contributors to the assessment process and are involved in every step, from defining individualized *assessment questions (AQs)* to be addressed by the assessment, interpreting their test responses and experiences during the *extended inquiry (EI)* of standardized testing, participating in targeted “experiments” during the *assessment intervention session (AIS)*, making sense of test findings and tying them to daily life in the *summary/discussion session*, and reviewing and commenting on any *written feedback*, often presented in the form of a *highly accessible letter*.

Rapid Reference 9.1

Collaborative Steps in TA

1. Defining Assessment Questions (AQs)
2. Interpreting test responses and experiences in the Extended Inquiry (EI)
3. Participating in targeted "experiments" in the Assessment Intervention Session (AIS)
4. Tying findings to daily life in the Summary/Discussion Session
5. Reviewing written feedback in the form of a highly accessible letter

This approach is different in major ways from the traditional forms of psychological assessment that are still dominant in clinical, counseling, and educational psychology (Finn & Tonsager, 1997). Although Collaborative/Therapeutic Assessment (CTA) has spread in recent years, traditional psychological assessment—which uses testing primarily for information gathering and where there is more power differential between assessor and patient—is still the model taught in most graduate training programs (Evans & Finn, 2017).

Research has demonstrated that TA and CTA are associated with substantial benefits in many different types of clients, including decreased symptomatology, increased self-esteem and self-awareness, and more motivation for and follow-through with subsequent treatment (see Kamphuis & Finn, 2018, for a recent summary of the efficacy of TA). This has led some experts to recommend that all psychologists receive training in TA (Poston & Hanson, 2010). In fact, my experience is that in recent years an increasing number of psychologists and graduate students are seeking training and supervision in Collaborative or Therapeutic Assessment (generically called "CTA").

To date, the only published references on doing supervision/consultation in TA are chapters by Finn (1998) and Handler (2008). However, there are a number of articles in which trainees describe their experiences of being supervised when learning TA (Dietrich-Maclean & Jackson, 2017; Haydel, Mercer, & Rosenblatt, 2011; Kelley, 2016; Peters, Handler, White, & Winkler, 2008). Further, there is an interesting qualitative study of the reactions of 10 graduate students being supervised on their first TAs as part of a graduate assessment course (Smith & Egan, 2017).

SUPERVISION VS. CONSULTATION

Before describing a supervision model I have developed, I first want to make an important distinction. I define *consultation* as the process of assisting *already licensed psychologists* in their practice of TA, especially when *the consultant has no institutional or legal responsibility for the psychologists' work* or for their clients. For example, Dr. Long, a licensed psychologist in Austin, may ask for my help with a difficult TA he is conducting in his private practice. We meet several times to discuss the assessment and review the client's test materials, but Dr. Long has the option of using my comments or not. In contrast, I use the term *supervision* for contexts in which one psychologist (presumably more expert) helps another psychologist or trainee in his or her practice of TA, and *the supervisor has a legal or institutional responsibility for the outcome of the supervisee's work*. This was the arrangement in the past when I supervised clinical psychology graduate students at the University of Texas doing TA with clients referred by clinicians in the Austin community (Finn, 1998). The student trainees were practicing "under my license," and I was ultimately responsible for the outcome of the TAs they conducted. Thus, I expected the students to do what I advised, as best they could.¹

As the reader will see, I believe that *supervision* presents a number of dilemmas that are either absent or minimized in *consultation*.

Rapid Reference 9.2

Consultation vs. Supervision

Consultation	Supervision
Assisting already trained (and licensed) clinicians in their TA work	Assisting clinicians in their TA work, whether licensed and/or trained or not
Consultant has no institutional or legal responsibility for the clinician's work	Supervisor has a legal or institutional responsibility for the clinician's work
Clinician can decide to use consultant's feedback or not	Clinician should use supervisor's feedback, as the supervisor is ultimately legally responsible for the work

GOALS OF SUPERVISION/CONSULTATION IN TA

In the model I describe here, the principal goal of supervision/consultation in TA is to *enhance the consultee's knowledge, skill, confidence, and professional identity* as regards TA. A secondary goal is to help the (consultee's) client and/or referring professional to have the best experience possible. As might be obvious, in situations where the supervisor has legal or institutional responsibility for the assessment conduct and outcome, this second goal is given almost equal weight as the first. In situations where the supervisor has no legal responsibility, the primary focus is on assisting the psychologist seeking help.

ISOMORPHY BETWEEN TA WITH CLIENTS AND SUPERVISION/CONSULTATION OF TA

Another defining feature in both supervision and consultation of TA is that I demonstrate the same core values, principles, and techniques with consultees as I do with clients, with the result that there is isomorphy (i.e., an identical form and process) between the experience of consultees and that which I hope they will provide to their clients. This gives consultees an experience of what it is like to take part in a TA, which I believe in invaluable in helping them get "in their clients' shoes" (the title of my 2007 book). Let me now elaborate these parallels.

Collaborative Approach

Although expert consultation/supervision—like psychological assessment and psychotherapy—inherently involves a power imbalance between the two individuals involved, I aspire to take a collaborative approach throughout the process. For example, I make it clear from the beginning that although I might know more about certain tests or about TA than my consultees, it is they who are in the room with their clients. Hence, it is important that they feel free to question, disagree with, or modify any suggestions

REMEMBER

Each moment in consultation/supervision has the potential to be collaborative. Take every opportunity to be collaborative explicitly, as much and as often as possible in the consultative/supervisory relationship.

interactions, or reviewing a video of a session, I am more likely to ask questions than to make pronouncements; for example, "I wonder if your client went into shame there, right after you said what you did? Is that possible? If so, that might help explain why he suddenly became so quiet."

Centrality of the Consultant–Consultee Relationship

Just as the working alliance between assessor and client is central to the success of TA, so I consider the consultant–consultee relationship to be of the utmost importance in supervision/consultation. TA is an incredibly complex and difficult process to learn, and, as I have stressed, it is too difficult to practice in isolation (Finn, 2007). By creating an interpersonal environment in which consultees feel helped, supported, and contained, I aspire to create a "secure base" from which they can venture into deep explorations with their clients, knowing that I am there as an anchor, support, and advisor. I also pay attention to potential disruptions in my relationship with consultees, and I endeavor to make repairs when they seem warranted—either explicitly or simply by modifying my approach.

DON'T FORGET

Monitor the quality of the consultant–consultee relationship continuously throughout the work together, and work toward ensuring that consultees feel supported, contained, and safe to explore their TA work with their clients.

Attentiveness to Shame

In TA with clients, assessors pay special attention to shame; we attempt to avoid eliciting shame when possible and also to intervene when clients express or experience shame during an assessment (Aschieri, 2016). Likewise, I have come to believe that shame is an immensely important phenomenon in supervision/consultation. Research has shown that supervisees often experience shame but rarely speak about it directly; also, they often avoid shame by not telling supervisors important details about their interactions with clients (Ladany, Klinger, & Kulp, 2011; Yourman, 2003). In my experience, shame increases dramatically when I suggest that consultees and I watch videos of their TA sessions together. Many of my colleagues remember "traumatic" experiences of being shamed by supervisors during their training. As best I can reconstruct, this happens generally because of the following situations: (a) the supervisor empathizes with the client and wants the client to have the best experience possible; (b) the supervisor sees errors in the way the supervisee is working with the client; (c) the supervisor feels protective of the client and

loses empathy for the supervisee; (d) the supervisor shows anger, exasperation, or impatience, or even calmly "talks down" to the supervisee; and (e) the supervisee goes into shame. Such interactions, when not acknowledged and repaired, make it less likely that supervisees will discuss places of insecurity or anxiety in supervision.

I attempt to address shame in three major ways, by: (a) cultivating a supervisory relationship in which I am humble, non-judgmental, affirming, and transparent; (b) maintaining my primary focus on the supervisee (while of course also paying attention to the client); and (c) using a number of specific shame interventions (described further below) that have been developed for TA with clients (Aschieri, Fantini, & Smith, 2016; Finn, 2007). Among these, I make frequent use of judicious self-disclosure, especially about my own mistakes in developing and practicing TA. I also help supervisees find a larger context for their own "mistakes;" for example, I may hypothesize that they have been recruited into a process of projective identification with a client that has led to a therapeutic disruption.

SUPERVISION TECHNIQUES IN TA

Levels of Information

One of the essential methods in TA with clients is to give feedback/provide information throughout an assessment using a schema called "levels of information" (Finn, 2007). *Level 1* information is that closest to clients' current ways of thinking; *level 2* information is slightly discrepant from clients' existing views; and *level 3* information differs in significant ways from how clients currently think about themselves and the world. I have found this same framework to be valuable in working with consultees, and in my mind one of the most frequent ways consultants elicit shame in consultees is by providing level 3 feedback before paving the way for this information to be accepted.

Rapid Reference 9.3

Levels of Information in TA

- Level 1. Information closest to the client's (consultee's, supervisee's) current ways of thinking
- Level 2. Information that is slightly discrepant from the client's (consultee's, supervisee's) existing views
- Level 3. Information that differs significant in ways from how clients (consultees, supervisees) currently think about themselves and the world

This brings me to one of the most important aspects of distinguishing *consultation* from *supervision*. In consultation, where the consultant has no professional or legal responsibility for the consultee's work, it generally is not necessary to give level 3 information to the consultee. In supervision, where the supervisor is required to maintain certain standards and ensure that an assessment is being conducted competently, it may be impossible to avoid giving level 3 feedback. The latter situation increases the likelihood of disruptions in the supervisor-supervisee relationship and of the supervisee feeling shame in response to the supervisor's comments. One way to address this complication is for the supervisor to utilize two other techniques imported directly from TA with clients: *individualized questions* and *scaffolding*.

Individualized Consultation Questions

Whether I am engaged in consultation or supervision, I ask that the person help frame our work by giving me specific questions that he/she wants me to address in each meeting. These questions serve multiple purposes, just as individualized Assessment Questions (AQs) do in TA: (a) they signal where the consultee is open to input and ensure that I am attempting to meet his/her goals for the consultation; (b) they give me information about how the consultee is currently thinking about the client and the TA, which helps me gauge what is level 1, 2, and 3 information; and (c) they help me choose among the many things I could potentially comment on.

Just as clients may not be able to immediately offer up AQs for a TA, I find that consultees often need to "tell the story" of their experience with a client before they respond to my initial query of, "What questions do you have for me?" If so, I listen carefully, mirror back what I hear, and then eventually ask again, "Where do you most want my input today?" I help to reframe questions that are overly general; for example, to statements like "I want to know if I'm doing it right," I might ask, "What particular part do you feel most unsure of?" And if questions are too specific (e.g., "What should I do for the AIS?"), I try to broaden them (e.g., "Would it be helpful to talk through your case conceptualization first, and then to discuss what to target in the AIS?").

As stressed earlier, supervision is different from consultation in that there is an existing set of often implicit "background" questions that must be addressed whether supervisees actually pose them or not. Included in these are: "Does this TA meet basic standards of competence?" and "Am I as the supervisor comfortable that this TA will reflect well on me or on our institution?" I have found that it can be useful to make such questions explicit at the beginning of the supervision process, so that a supervisee is not surprised when I give feedback that goes

beyond his/her level of curiosity. (This is parallel to how one would handle an involuntary assessment in CTA, by making it clear that there are questions from third parties that must be addressed in addition to any the client might pose.) In my 1998 chapter, I wrote about how this process of sharing implicit questions aided trust and learning in a required graduate assessment course in which I was required to grade and evaluate students learning TA.

There is one other special context in which consultants may end up giving level 3 feedback: when a consultee is attempting to qualify for certification in TA.² Again, an explicit consultation question is extremely useful, such as “When you watch this extended inquiry, do you think it demonstrates the competencies required for certification in this step?” In this way, the potentially distressing effects of any unanticipated comments are at least mitigated by the consultee’s direct request for feedback. Also, the Therapeutic Assessment Institute (TAI) faculty members maintain a particular attitude about certification in any comments we make; that is, we do not assert that we know the “right” way to work with any particular client in a certain context. The certification criteria reflect the techniques and processes that we have found most useful to date and that have been supported by empirical research. We comment on whether an interaction is “on-model” or “off-model,” rather than “right” or “wrong;” this helps reduce consultees’ distress when we decide together that they do not yet meet the criteria for certification.

Scaffolding

Scaffolding is a term developed by Bruner (1978) and others to describe a process whereby learners are provided temporary active assistance to help them achieve goals that are just beyond their reach. Assessors learning TA are taught how to use “half-steps” and “bottom-up” learning to help clients modify their narratives and take in potentially threatening new information (Finn, 2007; Kamphuis & Finn, 2018). “Bottom-up” learning is where instructors provide direct experiences to learners and help them draw conclusions and insights (as opposed to “top-down” learning, in which conclusions are taught first, and then learners are exposed to examples [Sun & Zhang, 2004]). Again, the same approach is used in consultation. An important principle is to use Vygotsky’s Zone of Proximal Development (ZPD) and for the consultant to give just enough help to allow the consultee to achieve his/her next step, but no more (Kamphuis & Finn, 2018). Half-steps can be used in many different learning contexts. For example, in assisting with test interpretation and case conceptualization, a consultant might at first give small “mini-lectures” about the meaning of a set of test scores, or recommend

something for the consultee to read. When the same material is germane again, the consultant might ask, “Do you remember what we said before about this particular test configuration? I wonder whether that’s relevant here also.”

Scaffolding is extremely important when watching videos of assessment sessions (or live sessions) with consultees, as there are so many things one could comment on when a trainee is first learning TA, and commenting on many of them has the potential to be completely overwhelming and discouraging. Again, I try to work from consultees’ questions and to identify potential “open doors” through which to send my comments. Below is an excerpt from a consultation with Tom, a mid-career licensed psychologist who had just started to incorporate TA in his work. Tom had asked me to watch a video of an extended inquiry he had done with a young adult client about his Rorschach responses. At a previous consultation, we had discussed a video of the initial TA session Tom did with this same client.

AN EXAMPLE OF SCAFFOLDING IN TA CONSULTATION

- Tom: *So please watch this clip and let me know if it's any good.*
 Finn: *Is there something in particular you want me to look for?*
 T: *Well, I'm not sure if I'm getting this half-step thing, and there's one place where I felt really stuck.*
 SF: *OK, before we watch the extended inquiry, were there any things you noticed when administering the Rorschach?*
 T: *(Shows sequence of scores) Yes. Look at all these Aggressive Content scores.*
 SF: *Wow, I see that. And it looks like they are really frequent on Cards VIII, IX, and X.*
 T: *I hadn't noticed that. You're right.*
 SF: *Any theories?*
 T: *Well, this is the guy who asked, "Why do I get so angry at times?"*
 SF: *Thanks for reminding me. What are you thinking?*
 T: *That maybe when he gets emotionally aroused, the anger starts showing up?*
 SF: *That seems possible. Is that what you targeted in the EI?*
 T: *Not quite, but you'll see.*
 Tom and Finn then watch a 10-minute section of video, in which Tom tried to explore the client's AGC responses with him.
 T: *So what do you think?*
 SF: *I think there are some lovely moments. I was really happy about the client's statement at the end, "Maybe I'm angrier than I realize!"*
 T: *Me too. That was good, right?*

- SF: Really good! That growing awareness could help him solve a lot of the puzzles he has about himself, don't you think?
- T: Yes. But I wasn't sure I was going to get there at first.
- SF: OK. During which part?
- T: I felt really stuck at the beginning when I tried to point out all the aggressive things he had seen.
- SF: Right, he balked at that, didn't he? Is that the place where you were wondering about the half-steps?
- T: Yes. Exactly. I guess I tried to go too fast there. . . . What would be a half step?
- SF: I'm not sure, but I wonder about saying something like, "I want to read you some of your responses and see if anything stands out for you." Then you could pick out all the AGC responses and read them and see what the client says.
- T: I see. So try to help him see the pattern I see.
- SF: Right, then if the information is Level 3, the client doesn't have to disagree with you. You can stay on the same side as he is.
- T: And if he doesn't notice the pattern?
- SF: Good question. Any ideas?
- T: I guess I could say, "Well, I was thinking these all seem like aggressive things. What do you think?"
- SF: Perfect! You ask the client for confirmation. And if you really think the observation is threatening, you can go even more one-down when you bring it up, like, "I'm not sure what this means, but I wonder if some people might think these things were angry or aggressive. Do they seem like that to you?"
- T: I see. I did go too fast.
- SF: I know how that is. It's really hard sometimes to contain and take half steps when we see something important in a client's test responses. But let's be clear, what you did didn't completely derail things. I saw you back up, and then you and the client got there together by the end.
- T: That's right. We did. Didn't we?
- SF: It's impossible to be perfectly attuned in an extended inquiry. We try to be, and to watch the client. But inevitably we over- and undershoot and then have to make adjustments. That is how we get in the client's shoes.
- T: Wow. So no one can get it right all the time.
- SF: I sure don't! And I get frustrated with myself sometimes. But I am getting better at noticing when I go too fast, and then making a shift. That helps the client feel seen and understood, because I'm adjusting myself to be more in-synch with him....

I provide this lengthy excerpt because it illustrates many of the principles and techniques of consultation in TA. One major goal was for me to practice the exact kind of containment and scaffolding with Tom that he was trying to implement with his client. My comments and suggestions were connected to Tom's supervision questions, instead of being my own non-contextualized thoughts and opinions. And whenever possible, I invited Tom to give his thoughts before offering mine, although I was willing to provide direct and specific feedback. Further, I tried to hold in mind the vulnerability any of us would feel when showing a videotape of our work to a consultant, and to use specific shame interventions developed for work with clients in TA (Aschieri et al., 2016): (a) I genuinely mirrored the positive things I saw in Tom's interactions with his client ("I think there are some lovely moments..."); (b) I contextualized the struggles he was having ("It is really hard sometimes to contain and take half-steps..."); and (c) I self-disclosed about similar struggles ("I sure don't [get it right all the time]! And I get frustrated with myself sometimes."). My hope was that by doing all these things, I would provide a bottom-up learning experience for Tom that would help him "feel his way" into the collaborative stance of an assessor doing TA. In fact, in the next session Tom and I reviewed on video, he was more collaborative with the client and more skilled in his attempts to scaffold new understandings.

Rapid Reference 9.4

Managing Shame in TA Consultation/Supervision

Shame is an extremely painful emotional state that arises when we are aware that we have fallen short of our own or an important other's expectations. Research has shown that trainees often feel shame in psychotherapy supervision and that they avoid shame by not telling supervisors important information they fear will be judged. Supervisors can minimize and address shame in a variety of ways:

1. Invite supervisees to pose questions they wish to have answered during the supervision; this way they feel some control over where they will be exposed.
2. If possible, focus your comments and feedback on addressing those questions. If you must address things the supervisee has not asked about, make it clear why you must do so; e.g., "Since I am legally responsible for your work, I also need to make sure that your work meets our basic standards."
3. Use role plays, videos, and other experiential learning methods that help supervisees arrive at understandings on their own, without your having to tell them.
4. Notice and comment on things supervisees do well or points where you can see them trying. Many new things can be taught by progressively rewarding positive steps.

5. Be aware that TA is difficult to learn and that various factors can impede supervisees' learning. Be curious about supervisees' dilemmas of change in learning TA.
6. When trainees feel ashamed or embarrassed, acknowledge that such feelings are human when trying new things, common in supervision, and do not reflect some personal shortcoming of the supervisee.
7. Help supervisees find the larger context for any missteps or mistakes; e.g., special challenges posed by the client, systemic or cultural factors that are at play, or a lack of experience dealing with the client's issues.
8. Self-disclose in a judicious way about times when you've made similar mistakes.

SUPERVISION CHALLENGES IN TA

Dilemmas of Change

A central goal in TA with clients is that of identifying their *dilemmas of change*. These are areas where clients' growth, learning, and development are blocked by restraining forces connected to past traumas, biological factors, economic limitations, or their cultural/familial context (Finn, 2007). For example, an adult woman might be referred for a TA by her therapist, who is impatient with her inability to stand up for herself even after a great deal of assertiveness coaching. The TA assessor and client might come to understand that her assertiveness is blocked in part by shame about childhood sexual abuse by her father. Resolving this shame is not so easy because (a) the client feels a great deal of loyalty to her parents and is financially dependent on them, (b) in her familial/cultural group, women and girls are seen as responsible for their sexual abuse, and (c) blaming herself keeps the client from acknowledging she was not in control, which results in a great deal of fear about her current life. By appreciating this dilemma of change, the client, assessor, and referring therapist can find more compassion about her lack of assertiveness and discuss ways to address the underlying dilemma.

Similarly, in supervision/consultation in TA, various factors may interfere with a consultee's ability to learn and practice TA, and curiosity about such restraining forces is essential to keep both consultant and consultee from becoming discouraged or frustrated. Let me briefly highlight some of these potential blocks to practicing TA:

Previous Training in Traditional, Non-collaborative Assessment

Psychologists and graduate students who have previous training in traditional information-gathering assessment sometimes experience quite a lot of turmoil

when beginning to learn CTA because its practices and philosophy are so different from what they learned in their initial training (Finn & Tonsager, 1997). For example, I remember one mid-career psychologist who was quite drawn to TA, but who struggled with the idea of doing extended inquiries of standardized tests. Initially, he voiced concerns in consultation about whether an EI might invalidate future scores if a client were retested. As we spoke further, he acknowledged that it was very unlikely most of his clients would ever be tested again. He then realized that he "winced" at the idea of using tests in other than strict, standardized ways (even if he had first done a standardized administration) because his early training had so emphasized the importance of standardized procedures. Practicing TA required him to manage the cautionary voices of past supervisors that he still heard in his mind when working with clients ("Don't deviate from standardized procedures!"). I suggested he read a number of case examples in the CTA casebook (Finn, Fischer, & Handler, 2012), and this helped him feel more comfortable with extended inquiries. It seemed clear that the fact I could understand and accept his internal struggle, rooted in his previous training in traditional assessment, was crucial to his being able to move forward in practicing TA.

Investment in Being Viewed as an Expert

We all become psychologists for varied reasons, and it is not uncommon that we find comfort, solace, and self-esteem in a role where we are viewed as authorities or respected test "experts." The collaborative stance of TA requires assessors to acknowledge that clients are "experts on themselves" and that clients' input is essential for understanding any test score. Some trainees seem relieved by this point of view, but others find it extremely uncomfortable. As one mid-career consultee once told me, "It's pretty breezy out there when I take off my 'white coat!'"

Anxiety About Speaking Honestly/Making Mistakes/Hurting Clients

Not surprisingly, when we step out of the role of wise, all-knowing experts whose assessment tools tell the "Truth" about clients, many of us experience anxiety about the daunting task we are undertaking in psychological assessment: to use our fallible psychological instruments and imperfect selves to help people who are in great pain and confusion about how to move forward in their lives. As Handler (2008) wrote, a fear expressed by many graduate students learning TA is that they will not be able to answer clients' assessment questions, or that the responses they give will fall flat or, worse, do harm. I have found that many trainees are confused about the distinction between Level 3 information (which might be difficult for a client to hear) and test results that are Level 1 but perhaps socially undesirable, such as, "From your Rorschach responses, it seems that your thinking is sometimes quite confused, and it might be hard for others to

understand you. Is that right?" Again, in traditional assessment, assessors might never give such feedback directly to clients; thus, they never learn that many clients are relieved by the fact that someone has understood their experience and shown that it is not too terrible to discuss.

Difficulties Being Spontaneous

Another block discussed by Handler (2008) is the difficulty many trainees have learning to use themselves creatively and reacting in-the-moment to important events that arise in testing sessions without warning. Again, traditional assessment emphasizes following structured procedures and, to some degree, being circumspect with clients about one's observations. In TA, we aspire to invite clients "up on the observation deck" to witness and discuss experiences and behaviors that are relevant to their problems in living. This requires an ability to think on one's feet and to participate actively while also observing. Some trainees are able to do this more easily than others.

Lack of Deep Knowledge About Tests

Because TA is a brief therapeutic intervention, some aspiring trainees are attracted by the psychotherapeutic aspects, but lack much knowledge of psychological tests. These clinicians are sometimes quite disappointed to find out that to be skilled at TA, they need a deep grounding in standardized tests, and this can take years to acquire. Also, as assessment training declines in psychology graduate programs (Evans & Finn, 2017), I find that much of my consultation time is spent helping people with test interpretation and case conceptualization. I find that consultees often learn tests more quickly when they are actually using them with clients, as opposed to reading about them in a book or hearing lectures in a classroom.

Personal Blind Spots

Because assessors in TA aspire to get "in their clients' shoes," we are also continually challenged to "find our own version" of clients' struggles in order to empathize with them. As a result, as a consultant I am often called upon to help consultees with personal blind spots that are impeding their ability to understand and have compassion for certain clients. I have previously shared an example from my own training in which a skilled supervisor, Dr. Ken Hampton, helped me face an area of my personality I was previously unaware of (Finn, 2005). I was a 26-year-old psychology intern working on the inpatient psychiatric unit of a large county hospital, and I had been asked to assess a man, John, about my same age, who had prominent narcissistic features. John had alienated a lot of the hospital staff with his depreciating manner, and he openly put me down, telling me he could

learn nothing from an inexperienced trainee. John's Rorschach was full of his dissociated shame and anxiety, but I was furious at his demeaning treatment of me and had no empathy for how his grandiose character defenses protected him from intolerable shame. One day in supervision I asked, "But why doesn't John just admit to his pain and let us help him?" Dr. Hampton then asked me if I could understand how a person "might rather hide his pain and insecurity with an air of competence and self-sufficiency rather than face the shame of admitting that he needed help" (Finn, 2005, p. 30). Suddenly, I could, and I understood not only John, but also myself in a new way.

Dr. Hampton's intervention allowed me to talk to John about his assessment results in clear, kind language that proved helpful to him, explain his obnoxious behavior to the hospital staff so that they had more compassion, and reflect on some of my own relational challenges. The supervision helped identify a blind spot in me that interfered with my work with John, and that also was impacting my personal life.

DON'T FORGET

Find empathy for the "blocks" in assessors' learning and applying TA.

Think of your own development, stumbles, and challenges when learning TA. Remember that you too struggled with:

1. Previous training in traditional, non-collaborative assessment
 2. Investment in being viewed as an expert
 3. Anxiety about speaking honestly, making mistakes, and hurting clients
 4. Difficulty being spontaneous
 5. Personal blind spots
- Also, remember how difficult it can be to learn and truly understand in a deep way the tests and methods we use in assessment. Being an assessor is a huge investment and can be a steep climb.

PERSONAL TRANSFORMATION IN LEARNING TA

This leads to a point I have written about before (Finn, 2005), that practicing TA at a high level challenges clinicians to face aspects of themselves and the world they might otherwise not have encountered, and this requires, among other things, a commitment to becoming increasingly self-aware. In thinking back, I now see that all the psychologists I have supervised to the point of their being certified in TA have undergone some significant personal transformation as a result of their work with TA. I have been humbled and honored to see them engage in this kind of growth. Of course, similar changes arise when learning and doing psychotherapy, but I think such transformations may be more intense in TA, because the clients we tend to

see have baffled and challenged other good psychiatrists and psychotherapists (suggesting they are not that easy to comprehend), and our tests give us a window into clients' inner worlds in a way that breaks through our defenses and coping mechanisms. Traditional assessment provides some "protection" to assessors because of its more distant interpersonal stance and its view of tests as objective instruments. When we use tests as "empathy magnifiers" to get "in our clients' shoes" (Finn, 2007), we are often stretched in ways that are personally uncomfortable.

I remember one supervisee working with a client who had a history of torturing animals. The supervisee (an animal lover, as it turned out) was repulsed by the client at first and reported feeling intense nausea during the administration of the Rorschach, which was full of sadistic and gory images. It was only through our joint discussion of the Rorschach that the supervisee came to understand that the client used sadism as a way to cope with intense feelings of powerlessness and fear related to his traumatic past. This helped him understand behavior that had previously disgusted him. Several months later, the supervisee told me our work had a major impact on him, and that he now realized he too sometimes wanted to hurt others when he felt powerless.

Using Recordings in Supervision

I have already mentioned the importance of watching videotapes of trainees working with clients as part of TA supervision, and videos present rich opportunities for personal growth in assessors. When I watch videos of my own or others' work with clients, my attention is on moment-to-moment interactions between assessor and client. I pay special attention to therapeutic disruptions and clients' shame; therefore, it is not hard to notice interactions where assessors are misattuned with clients and to follow those moments of misattunement back to assessors' own unintegrated parts of self.

Of course, this can be challenging for all of us, but my experience is that after awhile of practicing TA and watching videotapes, the shame of discovering our blind spots decreases, and curiosity and excitement predominate. Currently, as I watch my own work, I find myself more and more compassionate about my humanness. I think this attitude also shapes my interactions with supervisees and helps them have more compassion for themselves.

Supervision/Consultation vs. Psychotherapy

One question that arises frequently when I am training supervisors of TA is: "What is the boundary between supervision/consultation and psychotherapy?"

This topic is highly relevant because assessors are asked to engage personally with clients during TA; thus, as already described, personal blocks that are impacting supervisees' work easily come into view during TA supervision. How should one work with these? My approach is to help supervisees identify and name these blocks and to work with these issues in the context of their assessments, for example, by doing role plays or watching a video in which they felt stuck and imagining other possibilities. If supervisees begin to make links to their personal histories during consultation sessions (e.g., "I just realized this client is so hard for me because she reminds me of my mother"), I encourage such reflections and am happy to listen and help name dilemmas of change (e.g., "How helpful to know that! So your personal work is to remember that the client is not your mother and to find ways to respond that would have been impossible for you when you were a child"). Then the discipline of addressing consultation questions is very helpful: if a supervisee asks, "What is the best way to work on this personal issue?" I might recommend psychotherapy. Otherwise, I typically wait until this question is asked. By containing discussions in our consultation sessions mainly to the supervisees' interactions with clients—not friends and family—I also help them realize that if they want to work further on their personal contexts, they can do this best in psychotherapy.

Sometimes, a supervisee may ask whether he/she can see me for individual psychotherapy. My policy, based on my interpretation of the ethical guidelines of the American Psychological Association (APA, 2010), is "once a client, always a client." That is, if a supervisee transitions to becoming a therapy client, he/she will no longer be able to seek regular assessment consultation with me in the future. (This does not mean that client issues are off limits when I see a psychologist in psychotherapy.) In this way, I protect myself and the client from confusing dual relationships.

Personal Growth in TA Supervisors

Finally, let me speak briefly about the personal and professional challenges in doing TA consultation/supervision that create opportunities for personal growth in supervisors. Because TA consultation/supervision focuses mainly on the experience of assessors, and secondarily on the experience of clients, supervisors are very frequently asked to get in the supervisee's shoes. This requires us as supervisors to be empathic with the challenges of learning TA and to find compassion for earlier versions of ourselves during our training. Also, when I find myself feeling frustrated, impatient, or critical of a supervisee, I ask myself, "What is personally at stake for me in this situation?" I then typically locate either: (a) an important

reality variable (e.g., the supervisee is behaving in an irresponsible way that puts me at legal risk); (b) a personal block I have not yet faced (e.g., there is some way I am over-identifying with the client and angry at the assessor for not being more attuned); and/or (c) some way where I am overly invested in the supervisee's performance (e.g., I am intent on impressing a demanding referring professional and am concerned that the supervisee is not doing a good enough job to allow this to happen). Once I am aware of the source of my impatience, I usually find it easier to support the assessor in the way that is most helpful to him/her.

CONCLUSION

Consultation/supervision in TA is a complex and demanding process, but it is simplified by the goal of applying the same core values and techniques with supervisees that we use in TA with clients. Current research suggests that supervision/training conducted in this way is valuable to supervisees and can build interest in psychological assessment in trainees who previously had strong reservations about practicing assessment (Smith & Egan, 2015). With its emphasis on reducing shame and addressing personal blocks in clinicians, supervision in TA may also be a potent way of helping assessors at many different levels of training reach a high level of clinical competence and further their personal development.



TEST YOURSELF

Choose the best answer for each item below:

1. Which is **not** characteristic of Therapeutic Assessment with clients?

- The client is treated as an essential collaborator.
- The client is not given feedback about the assessment results.
- The client is asked to pose questions to be answered via the assessment.
- The assessor never says anything that might challenge the client.

2. How does Finn distinguish supervision from consultation?

- The consultant is legally responsible for the assessor's work, while in supervision this is not true.
- The supervisor is legally responsible for the assessor's work, while in consultation this is not true.
- The expert is paid for supervision, but not for consultation.
- There is no difference between the two situations.

3. Which of the following can be impediments to a trainee learning TA?
 - Previous training in non-collaborative assessment
 - An investment in maintaining an expert stance with clients
 - Personal blind spots
 - All of the above

4. How does Finn contrast supervision and psychotherapy?

- Psychotherapy leads to personal growth, but this is not true for supervision.
- All supervisees should also undergo personal psychotherapy.
- Supervision focuses on how personal issues influence work with clients, not on how they come into play in personal contexts.
- There really is no distinction.

Answers: 1. d; 2. b; 3. d; 4. c

NOTES

1. In the remainder of this chapter, I will use the terms "consultation," "consultant," and "consultee" when making points that are general to supervision/consultation, and "supervision," "supervisor," and "supervisee" for those situations where there is a formal training or legal relationship between the two parties.
2. The Therapeutic Assessment Institute offers a certification process for psychologists who wish to know whether they are practicing TA in the way we have found most useful (Therapeutic Assessment Institute, 2018).

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