

THE TA CONNECTION

resources for THERAPEUTIC ASSESSMENT PROFESSIONALS

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RISING LIKE A PHOENIX

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As I write this introduction to the TA Connection, I find myself reflecting on where we were as a community when the prior issue was released nearly a year ago. Much has changed and, in some ways, much has improved regarding the pandemic. While access to vaccines and new infections vary widely by country and even by states and regions within countries, there is undoubtedly reason to be hopeful that we can manage the novel coronavirus and re-emerge to a new normal.

The TA community is beginning to emerge as well. While we were forced to cancel the Collaborative/Therapeutic Assessment Conference planned for Denver in June of 2020, we have been able to plan an exciting program for a virtual conference in September/October of 2021. More on the conference in a moment. And scholarship and clinical practice has not ceased even if it has been modified to align with the changing public health advice and preferences of the clients we serve. This issue of the TA Connection features articles on the growth of TA in Japan and how to adapt TA methods for use with clients with intelligence quotients (IQs) that are below average but still above intellectual disability diagnostic thresholds. This is the first issue of the newsletter to feature only articles written by authors outside

of the United States. It is truly inspiring to see how TA has spread around the world. I want to send a special thank you to this issue's contributors, Naoko Ogura, Yasuko Nishida, Masamichi Noda Sachiyo Mizuno and Noriko Nakamura, and Lena Lillieroth; the Associate Editors, Deborah Tharinger, Hale Martin, and Pamela Schaber; and Steve Finn. I am grateful to each of you for your contributions to the newsletter.

We also continue the new section of the TA Connection in which we spotlight assessors newly certified in TA. We want to congratulate three assessors in this issue: Ernesto Pais, Anna Elisa Villemor-Amaral, and Naoko Ogura. Certification in TA is the culmination of years of TA practice and consultation with experts from the TAI. We are excited to add these talented assessors to the growing list of certified TA practitioners. And, another instance of the global reach of TA as these newly-minted certifications represent Argentina, Brazil, and Japan.

► *This Issue*

The first article in this issue is from the Asian-Pacific Center for Therapeutic Assessment (ACTA) in Tokyo, Japan. The authors discuss the founding of ACTA in 2014 and the activities that have resulted in reaching nearly 350 psychologists in Japan through TA-related trainings. The authors

then present data from a questionnaire and interviews conducted to better understand what has led more than half of those psychologists reached to attend more than one workshop or other training offered by ACTA. I wish not to spoil the findings, but readers will likely relate as I did to the reasons one is drawn to and returns to the TA approach. The second article, by Lena Lillieroth, describes application of TA with clients with below average IQs in the "grey-area" (70-90). The author describes a general approach to TA with such clients and then provides specific guidance and examples for ways of modifying and adapting each of the steps of TA to better align with their cognitive abilities. Some solutions to the challenges that are common with these clients are also discussed, such as when a client is unable to formulate Assessment Questions on their own and some scaffolding and prompting is needed. As assessing clients with IQs in the grey-area is common for most psychologists, this article is a must-read!

► *Upcoming TA Trainings*

The majority of upcoming trainings in TA are part of the 3rd International Collaborative/Therapeutic Assessment Conference. Workshops (full and half day) will take place between September and December with the scientific program of the conference on three consecutive

Fridays: September 24, October 1, and October 8. There are so many details on these trainings that rather than list them here, I have added the workshop flyer to the end of the newsletter, which provides the dates, times, presenters, and a brief description of each offering. There is also a hyperlink to register for the workshops and the conference itself on the flyer. You can also register by following the link below to our website:

https://mms.therapeuticassessment.com/members/evr/reg_event.php?orgcode=TAI&evd=25759439

► *Become a Member of the TAI*

If you are planning to attend the conference or any of the associated workshops, now is the perfect time to become a member of the Therapeutic Assessment Institute (TAI)! Or to renew your membership if it has lapsed. The TAI began offering memberships in 2017 and currently has nearly 200 members. Membership in the TAI gets you this lovely newsletter, access to the members-only listserv, discounts on the trainings just mentioned and others that are sponsored by the TAI, and discounts on Adult Attachment Projective Picture System (AAP) trainings. The membership fee is very reasonable at \$75 per year for professionals and \$40 for students. We are also offering discounted membership rates and registration fees for TA practitioners in low- and middle-income countries. Please consider joining to receive these benefits and to help support the TAI's mission, and please do also tell your friends and colleagues!

► *The Leonard Handler Fund*

Now more than ever we could use your generosity. The Leonard Handler fund assists economically disadvantaged clients who would benefit from a TA but are unable to afford one. Leonard Handler (1936-2016) was a brilliant researcher, teacher, and clinician who developed groundbreaking methods used in TA, especially with children and families, such as the Fantasy Animal Drawing and Storytelling Game. Please consider making a donation to this fund through the TAI website to help make TA available to everyone, regardless of income level. The economic effects of the COVID-19 pandemic underscore the need for support. Information will be available soon on the TA website on how TA-trained assessors can apply for these funds to support underserved clients that otherwise could not afford a TA-informed assessment.

► *Donate to TA*

The TAI is a nonprofit organization with a volunteer Board of Directors and little administrative support. All donations are tax-deductible. Please consider contributing so we will be able to continue to spread TA and provide the best available mental health services to the clients we serve. And please tell your well-to-do contacts about the worthwhile mission of the TAI. We currently use the majority of donations to support scholarships for students and professionals who need financial assistance to attend trainings, and we hope to provide financial support soon to underserved

clients through the Leonard Handler Fund. We also are at work on developing training materials for those of you who find it difficult to travel to our workshops, and as mentioned earlier, we will continue to sponsor high-quality online trainings. All of these activities take a great deal of time, and we count on your generosity to be able to do all we do.

► *Future Issues of the TA Connection*

If you have feedback or suggestions for the newsletter, email me! Many of the topics covered in the newsletter have come from your suggestions, and I hope to continue providing information that is useful to our readers. If you have conducted an exemplary or interesting TA case, want to write about some aspect of TA, or have a suggestion for a topic you would like to see appear in an upcoming issue, please let me know.

Please email questions, comments, and suggestions to J.D. Smith at jd.smith@hsc.utah.edu

What Is It that Brings Japanese Attendees at TA Workshops Back for More?



Naoko Ogura, MA



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One day at a leader's meeting of the Asian-Pacific Center for Therapeutic Assessment (ACTA), Steve Finn asked, "It seems Japanese participants come back to TA Workshops, don't you think?" It inspired us to carry out a survey to find out why. Is it simply because we Japanese are diligent or is it something else? It is true that fifty percent of participants in the TA workshops held by ACTA are repeaters, that is, they keep returning for more training. Why do they come back again and again? What 'catches their heart'? If we find the answer, we might have some hint about how to spread TA in Japan and the Asia-Pacific more generally. In this brief report, we want to share with you the survey and results.

▶ ACTA

ACTA was established in 2014, with 13 members in Tokyo, Japan. Between then and 2019, we held 18 workshops in total during the annual Spring and Autumn events. A total of 344 psychologists from all over Japan participated, and half of them were repeaters! These workshops were usually held over 3 days and involved an interpreter, which made them costly and time-consuming, but still the participants wanted to come back.

▶ STUDIES

We completed two studies to find out why these psychologists kept returning to TA workshops and how they experienced the workshops. The target group consisted of 101 repeaters who participated in ACTA workshops three or more times.

▶ First Study – Questionnaire

In the first survey, we asked 1) what made them repeatedly come to ACTA workshops, 2) what was the most impressive workshop for them and, 3) how did what they learned from TA workshops influence their clinical work and/or their personal life. About 30% out of 101 repeaters (38 clinicians) answered the questionnaire, and we analyzed the results by means of the KJ method¹. The results first showed that by participating in TA workshops, participants learned not only clinical skills but also gained confidence in their own day to day clinical practice. To the second question, many of the respondents reported that learning about shame at the Shame workshop was the most useful and eye-opening experience. We found out that it was true that 'fish did not know that they were wet!' From responses to the third question, we concluded that repeaters' feelings of internal stability and their increased sense of security were key factors in their coming back to the workshops.

▶ Second Study - Individual Interviews

Based on the results of the first survey, we decided to interview a selected sample of the 38 repeaters who responded to the questionnaire. Nineteen of them indicated they were willing to take an individual interview and the second survey took place with nine of these people who were selected to represent different lengths of professional working life (three with less than 10 years; four with 10-20 years; two with 20+ years). They

¹ It was created in the 1960s by Japanese anthropologist Jiro Kawakita. The affinity diagram organizes a large number of ideas into their natural relationships. It is the organized output from a brainstorming session. It is used to generate, organize, and consolidate information related to a product, process, complex issue, or problem. After generating ideas, it groups them according to their affinity, or similarity. This idea creates a method that taps a team's creativity and intuition.

to meet with one of us in person for the interview. The interviews took a half an hour to an hour, and focused on how the experience of learning TA had changed their attitude as a therapist and/or relationship with their clients, etc. We transcribed all these recorded interviews, and the verbal scripts were analyzed through the Modified Grounded Theory Approach (M-GTA)². From this we extracted the common concepts of their experiences and created a model diagram.

The results deepened and expanded findings from the first survey. Repeaters came back to workshops because they thought the workshops enabled them to gain confidence in themselves and increase their sense of security. In other words, participating in the workshops themselves involved the experience of grasping and internalizing the core concepts of TA. The participants experienced the workshops as a collaborative assessor. That is, through their personal experiences in the workshops, they could understand those core concepts of TA such as a 'respect' or 'collaboration' and felt the 'scaffolding' and 'being held' as well as facing/dealing with their own 'shame'. One of the biggest impacts they experienced was the awareness of commonality as a human being with their clients. It was interesting to know that repeaters were excited less about the new theory and concepts taught during the workshop than they were with personal experiences and personal growth. This seemed to be the key to their repeated attendance. Furthermore, these phenomena were equally true of both veteran clinicians (over 20 years of clinical experience) and beginning psychologists (clinical experience of less than 10 years).

Young clinicians started to think that clients are human just as themselves, not aliens, nor people who are different from us. This led them to reconsider their own clinical practice as based on similarities between their clients and themselves. We believe this is exactly the experience of being "in the client's shoes." Thus, they freed themselves from captivity to any theory or technique, and relied more on themselves as humans in their practice. On the contrary, the veteran repeaters gained some theoretical support from the workshops for their own clinical practice and re-integrated their knowledge and experience through the learning process of the TA, thus boosting their confidence.

² The M-GTA (Modified Grounded Theory Approach) is a qualitative research method developed by a Japanese sociologist, Y. Kinoshita. The M-GTA makes unique modifications to the GTA technique, improving it for greater practicability. Unlike the GTA, the M-GTA does not use the technique of slicing data, but uses the concepts of the Analytical Theme and Analytically-Focused Person.

Discussion

It is inevitable that clinicians will confront their inner self when learning TA, which can be difficult and painful. However, only through these experiences, can we gain an honest and unbiased attitude toward clients. It is our finding that many Japanese participants who repeat TA workshops do so mostly for the purpose of their own growth and self-understanding with the aim of becoming a better therapist. In other words, the TA workshop becomes not only a process for learning TA but also a process of personal therapy to deepen themselves. The result is that this brings participants increased confidence and reduces their own shame. We plan to present more about these surveys at the 3rd International Collaborative/Therapeutic Assessment Conference in the Fall of 2021. We are looking forward to seeing you there (virtually)!

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Yasuko Nishida, B.A., JAPAN Yasuko Nishida was a psychologist of Shizuoka Prefectural government. She had worked at the Child Guidance Center, Center for Developmental Disabilities, a residential treatment center for abused and neglected children. Her focus was on helping parents and children heal their relationships, and on how staff dynamics and the relationships between staff and clients provided insights about helping the children in the school's care. After retirement from Shizuoka prefectural government, she became a professor in the Department of Early Childhood Care and Education of Tokoha Junior College. She is on the leadership team of Asian-Pacific Center for Therapeutic Assessment, and certified in Therapeutic Assessment with adults.



Sachiyo Mizuno, M.A., JAPAN Sachiyo Mizuno is a member of Asian-Pacific Center for Therapeutic Assessment. She had worked at Soka Women's College student counseling office. She currently sees clients for psychological assessment and psychotherapy at Chigasaki Westside Clinic in Kanagawa. She first heard of TA at the 20th International Congress of Rorschach and Projective Methods in Tokyo.



Masamichi Noda, B.A., JAPAN Masamichi Noda is Professor of department of psychology of Health Sciences University of Hokkaido. After graduating the University of Tokyo, he had worked in family courts as a forensic clinical psychologist for 30 years. He now struggles to promote collaborative assessment and Therapeutic Assessment in the field of forensics. He is a member of Asian-Pacific Center for Therapeutic Assessment. He has been serving as the president of Japan Rorschach Society for the Comprehensive System since 2015.



Noriko Nakamura, Ph.D., JAPAN Licensed clinical psychologist, Dr. Nakamura is the Co-founder/director of the Asian-Pacific Center for Therapeutic Assessment in 2014. She is certified in Therapeutic Assessment with adults and couples. Co-Director of Nakamura Psychotherapy Institute founded in 1989, in Tokyo. Also, in the same year founded Exner Japan Associates for teaching and research on the Rorschach Comprehensive System (CS). Founding member of the Japan Rorschach Society for the CS 1993 and its president for 12 years. Board member of the International Rorschach Society (ISR) since 2002, including Vice-President 2008-2014 and President 2014-2021. President of the 2011 and Co-President of the 2022 ISR Congresses.

Thoughts on Practicing Therapeutic Assessment with Adult Clients in the “Grey-Area” of Intelligence



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As always, when practicing Therapeutic Assessment (TA) it is important to work with the core values in mind. These include collaboration, respect, humility, compassion, openness, and curiosity. This is especially important, in my experience, when working with clients with disabilities, such as those with borderline or low intelligence. Working with these clients is challenging in different ways than working with clients who are smart, sophisticated, and psychologically minded. It's another kind of demanding to be in tune and “stay low” – but not too low; to meet these clients on their level; to be in their shoes. That goes for the entire assessment process: from formulating Assessment Questions (AQs); deciding on tests; explaining tests; doing Extended Inquiries (EIs); conducting Assessment Intervention Sessions (AIS); and providing written feedback.

In my work with these clients in a public mental health setting, I have found it crucial to maintain respect and treat them with understanding and compassion. Most of these clients have, throughout their lives, been treated as persons with less understanding and been laughed at when they don't grasp things or just think slowly. Many of these clients have tried so hard to do their very best and yet struggled and failed in areas of life, such as school performance, friendships with peers, finding a job, and the like. They often develop mental health problems, such as symptoms of anxiety, depression and problematic substance use.

People with intelligence in the “grey-area” are persons with IQs of 70-75 up to 85-90. Over the level for diagnosis of Intellectual Disability (ID), but under the normal range, they often have struggles and difficulties similar to those with ID. Many of them have tried to get by in life but have struggled in school, in social relations, and in tasks of everyday life, like understanding peers,

doing homework, and keeping up with their peers regardless of the effort they exert. In addition, often their parents didn't see or understand their problems when they were children and subsequently didn't seek out services. Or, if they did understand, sought out help but were denied services due to their child being in the “grey area”. Consequently, many of these individuals didn't receive the assistance they needed early on. Not surprisingly, when they finish school, they often struggle in the work-area. And when they come to care they often continue to struggle because interventions have not been developed to meet their needs; many treatments with an evidence-base have excluded persons with IQs below 80 when researching effectiveness, leaving proven treatments lacking for these individuals.

In addition, in my work with these clients I have found that often they try to pretend that they have no problem. They try to cover up their difficulties and struggles because of the shame connected with not understanding and having trouble intellectually. There are often layers of shame to work on with these clients.

I have found it very important to put my mind to really listening to these clients; to listen to them with patience and interest, trying to get into their shoes and understand how life is and has been for them. I think that they have often experienced that people don't really listen to them and have little patience with them. But these clients have had enough of being talked over and not really listened to in their lives. In my work I make a strong effort to be on their verbal level and avoid talking “over” them (which needs constant monitoring when you are a verbally intelligent professional). So, as a TA assessor it is really important to give them an experience that is empathic, attentive, and at their pace. I also want to stress the importance of staying open and curious during the entire process and to work collaboratively. This is also an opportunity for assessors to find their own version of the struggle clients with low IQ experience and to enhance their empathy and compassion for them.

► *Assessment Questions (AQs)*

The goal of the initial session with a client in TA is to develop AQs that will guide the assessment and provide an organization for feedback. One of the things that I've struggled with in practicing TA in general is to stay humble and not give into the urge to try to "fix" the client's AQs. I have found this pull to be especially in play when working with clients with low IQs. I've found myself wanting the questions to be "better", cover more ground, involve emotions, be expressed "smarter", etc. But I have learned that when working on AQs that have been "fixed", it doesn't go very well. It hit me that the "fixed" AQs didn't really come from the client but from me. I have had to work on really letting the client lead the way and keep the AQs the way the client wanted them, thus using a more authentic collaborative approach.

Sometimes it's hard for clients to come up with AQs. Part of this might be due to their lack of capacity to mentalize. In these cases, I explain areas of assessment and tests very carefully and in simple language. There are times when this kind of "assessment-presentation" helps clients come up with questions such as "How come it's so much harder for me to do things than it is for others; has it got something to do with I'm not smart?" or "How come I sometimes don't understand what people talk about?" or "Why is it so much harder for me in school?". Sometimes clients do not come up with AQs with this method, but none-the-less feel they know more about what is to come and, as a result, their motivation increases.

Since I work in the public mental health-system I get clients referred with AQs from other professionals. Unfortunately, it's often the case that the content of the referral has not been shared with the client beforehand. The referring professional might have shared a diagnostic question, but not much more. In such cases, I take time in the initial session to review and make sense of the referring professional's AQs and explain the process meticulously. In this way the client is well aware of the reason for the assessment and can make an informed decision to consent — or not.

► *Testing Sessions and Extended Inquiries*

After the AQs are in place, testing sessions are scheduled. In my experience I have found it useful to do the WAIS fairly early on to get good information on how the profile looks, especially the client's verbal level. Sometimes persons with low IQs have learned words that they use but they don't really know the meaning of.

In such cases, individuals can seem to have a higher verbal IQ on the surface and seem to understand more than they actually do. It can be like a kind of "pretend game" and disguises the individual's real verbal level of understanding. The assessor might overestimate the client's functioning and the client might fall into a pretend-pit/false self that is hard to come out from. Many borderline or low IQ clients really want to be like everybody else and have learned to pretend as if they are. When you get the verbal level from the testing you know more specifically how to monitor your language to the client's level; to be in the client's shoes.

After a test is completed, the assessor may have a collaborate conversation with the client about an aspect of the testing, using (EIs). This is a way to get to know more about the client's thoughts and feelings on her or his performance; to ask the client to elaborate on responses to reveal additional information; and to make connections between observations in the testing situation, the AQs, and behavior in everyday life. EIs are used as a way to understand more about the client's self-narrative. For example, how does the client understand hardship during the testing and what does that illustrate about their self-narrative?

► *Assessment Intervention Session*

Following the testing, an AIS is usually planned. The AIS is designed to test out a part of the case conceptualization and inform one or more of the AQs. In usually involves inviting the client to do an activity designed to tell us more about what the client is ready to take in toward self-understanding and making changes. Often the AIS provides an opportunity for the client to understand their difficulties and process emotions, like shame, that come to the surface. There are also times when the assessor needs to assist the client in processing grief. This opportunity usually occurs when the client is ready to give up the "old" narrative of being like everybody else intelligence-wise and adopt a "new" narrative that includes both limitations and strengths, including areas in the client's life that are going well.

I have found that often in these cases it is not so much about finding split off affect states or processing affect (even though they may occur), but more of helping clients build on their skills. This can be done through psychoeducation and methods of mastering stress/pressure.

For example, by assisting clients to organize their thoughts and experiences and more accurately interpret the actions of others, they hopefully will be less vulnerable and develop more effective coping skills in everyday life. For example, some of these clients may end up drinking or having diffuse psychiatric symptoms, be taken advantage of, and as a result come in contact with the justice system. So, skill-building is essential to lessen this potential.

▶ *Summary/Discussion Session*

Following the AIS, preparations are made for the Summary/Discussion Session; a collaborative feedback session between the assessor and the client. Central to the feedback is usually a discussion of intellectual level. Talking with clients about low results on the WAIS can be challenging. When I was a new psychologist, giving feedback on low IQ was really hard for me. I saw the result through my own lenses and thought what in the world can be positive about a low IQ-finding? I remember a feedback session with a man with low IQ that I did rather early on in my professional life. The client had a support person with him. I talked about the struggles the client had in school and in life; things that had been hard for him; how much energy he had to put into managing things; and how drinking alcohol gave him a way out when the going got really tough. I then connected the concerns and his coping methods to the test results and said I thought the results could give some "explanation" to why it had been so hard for him. Afterwards I was wondering how it was for the client. The support person later gave me feedback and said that the client had felt "lifted up" and that he really understood himself and his struggles much better.

From that experience I learned the importance of connecting the test results to everyday life. And I reminded myself that I didn't need to wait until the Summary/Discussion Session to make connections but could also do so with Extended Inquiries about test responses during the testing phase of the assessment. In TA, making connection to everyday life is so important. And in cases with clients with low IQs, it is clear to me that it is essential to connect the results to both past and present struggles to help the client understand their context and make sense of their challenges in life. This process also promotes empathy in the assessor that can be shared with the client to appreciate how big her or his struggles have been and to help the client move forward with more understanding and new skills.

▶ *Letters/Written Communication to Clients*

It is now time to produce a written document for the client, often a letter, that is written on her or his level, is digestible, and stimulates thoughtfulness and growth. Having the client's AQs, verbal level on the WAIS, and the verbal exchanges throughout the assessment all helps the assessor to grasp what verbal level to use in the letter. It might sometimes be hard to stay on that verbal level and not give way to the pull to "raise" the language. More difficult words or concepts can be used if explained in a way that is well within the client's ability to understand. Written feedback could also be done as in Therapeutic Assessment with Children, in the format of fable; a method I myself have not practiced. I now present an excerpt from a letter responding to a client's AQ, discuss writing letters when no AQs have been posed, and provide an example of a format to use to provide feedback when there are no AQs.

▶ *Excerpt From a Letter Organized a Client's AQ*

AQ: How come I go straight into chaos and catastrophe when I get stressed?

It seems to be difficult for you to handle stress because you don't seem to know what to do when things are hard for you. You've done different things like drinking or gambling that have been helpful to you in the moment, but these are not good ways because they become bad for you afterwards.

When you're in difficult, hard situations you try the ways you know. You back away into loneliness. When that does not work – you have nothing. I think this is when you panic. It is very, very difficult then to think rationally. It becomes chaotic – that is what happens when one doesn't know what to do. It's like when the snowball is rolling full speed down the hill.

To take care of yourself in a good way when things get hard and to understand what you can do to make the situation better – these are things you learn when you're growing up. These things are taught to children by parents and other adults. But I think you had to learn on your own during your childhood. It is very difficult to learn better ways on your own, so you do the best you can, and that's what I think you've done.

You don't seem to turn to others for help so you are alone and afraid, maybe even scared. I think that you panic and start hurting yourself to get out of the

situation of all these feelings. It is very hard for you and you try to do the best thing you can in this situation. But there is hope. Even though it is hard, we can learn to handle difficult situations and scary feelings as adults. It might be good for you to find somebody, like a professional counsellor, to take help from. That person can support you and advise you and you can learn new ways to handle difficulties and feelings.

► *When Clients Don't Have AQs*

When client don't have AQs, I have still found it to be a good idea to write a feedback letter in the format of 2-3 pages, written very directly to the client and on point. Using bullet points is quite effective, one sentence or two per bullet. I have found it works well to divide the information into three sections: resources, struggles and suggestions, but with simpler language. Resources can be named: "You are good at this" or some version of that. Struggles I often name "This seems to be hard for you" or something to that meaning. And suggestions or recommendations can be called "This might be helpful to you". The content is crafted in language that is easily accessible and organized in a way that the client doesn't become overwhelmed. The aim is to present the information in a way that assists the client to adopt a more coherent and compassionate narrative about her or himself. Here is an example:

These are things you're good at (Resources).

- You can put an effort into things.
- You're good at listening to and taking support from others.
- You have an inner dialogue; you can talk to yourself to cheer up.
- You can see yourself a little from the outside; reflect on yourself.
- You have charm and a sense of humor.
- You want to learn new things.
- You can speak up for yourself.

These are things you seem to struggle with (Struggles, Hardships).

- To keep up attention over time.

- To be still.
- To control your impulses.
- You're good at listening to and taking support from others.
- To manage when it's hard; to know what to do.
- To wait your turn.
- To feel pleased with yourself, to like yourself and remember what you're good at.

These are things that might be helpful to you. (Suggestions).

- Live in a place where you could be helped to set daily routines.
- Learn how to put up with hardship.
- Learn what to do when things get hard for you.
- Learn how to be able to stay away from using substances; what to do in situations when you crave alcohol, pills, or drugs.
- Learn ways to resist your impulses.
- Learn to understand how things are connected.
- Learn more. Learn and understand how things work. Study things you missed out of in school.
- Learn how to slow down your thoughts. Think things over. Find alternative explanations. Train in thinking before you act.
- Learn more about how people are together; how it's good to be together with others.
- Remember what you're good at!

► *Final Thoughts*

During the time I've been working with the methods of TA, I can say it has been really rewarding to do so with clients with borderline or low IQ. There is a lot of mutual gratification for both the assessor and the client. It helps assessors to remember that we are "more human than otherwise" and that clients might, for the first time, be seen as she or he is, rather than who she or he is trying or pretending to be.



Spotlight on Recent TA Certifications



Lena Lillieroth, MSc, is a licensed clinical psychologist in Stockholm, Sweden. She works in the public mental health care system in Stockholm and is currently focused on patients with neuropsychiatric disorders. Throughout her 30+ year clinical career, she has specialized in assessment, and has since the mid 1990's incorporated a TA-inspired methodology in multiple settings. These include assessments of criminal forensic clients at pre-sentencing, juvenile delinquents, and patients with substance use disorders, as well as patients with intellectual disabilities, autism spectrum disorder, and attention deficit disorders. She was certified in TA with adults and is one of the founding members of the TA Institute. She is currently involved in adapting psychiatric treatment methods to suit intellectually low-functioning patients.

If you have questions for the author or would like to discuss working with these types of clients, you can email Lena at: llillieroth@gmail.com



▶ **Ernesto Pais**

Ernesto Pais completed his certification in TA with adult clients in October 2020. Ernesto did his psychology training at the Universidad de Buenos Aires in Argentina, graduating in 2002. He began to notice the therapeutic effects of assessment feedback in 2007 when he was doing evaluations in a state institution for adolescents convicted of crimes. Turning to the literature to see if anyone had written on this topic, Ernesto discovered Therapeutic Assessment and was amazed and excited. He also worked closely in Argentina with Isidro Sanz, who was working on his certification in TA until his death in 2017. Currently, Ernesto sees clients in private practice and runs the Centro Universitario de Evaluación Colaborativa y Terapéutica (University Center for Collaborative and Therapeutic Assessment) at the Universidad Abierta Interamericana (UAI), where he is also Associate Professor of Clinical Practice and Integrative Psychological Assessment. AT UAI he is a member of the board of Directors of the International Program in Collaborative/Therapeutic Assessment. Ernesto is also a board member of ADEIP (The Argentinian Society for the Study and Research on Psychological Assessment) and is the co-author of many papers and Congress presentations related to psychological assessment and Collaborative Assessment. Ernesto has organized many courses on TA in Latin America and supervised the translation of Finn's book,

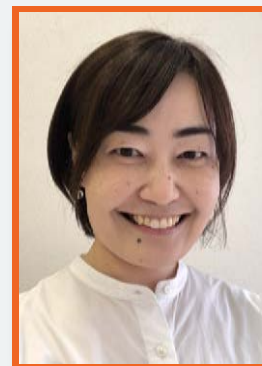
In Our Clients' Shoes, into Spanish (to be published this year). He is particularly dedicated to working with disadvantaged children and adolescents, and to spreading TA in the Spanish-speaking world. In his free time, Ernesto loves traveling, spending time with his wife, Sofia, and fishing and playing basketball with his three children, Juanchi (age 11), Mate (age 9), and Guada (age 6).



► *Anna Elisa Villemor-Amaral*

Anna Elisa Villemor-Amaral completed her certification in TA with adult clients in November 2020. She is the first psychologist in Brazil to be certified in TA. Anna Elisa (or “Ziza” to her friends) did her undergraduate psychology training at Pontificia Universidade de São Paulo and her Masters and Ph.D. at Universidade Federal de São Paulo. She also did a post-doc at the Université de Savoie in France. Currently Ziza sees clients in private practice and also teaches and does research at the Universidade São Francisco. Ziza first heard about TA at the SPA annual meeting in Boston in 2011, and then became more interested after hearing Steve Finn present at the Congress of the Brazilian Institute of Psychological Assessment in Maceió, Brazil in June 2013 (where she was a very gracious tour guide for Steve Finn and Bob Erard). Ziza attended the 2015 TA Immersion Course in Austin, TX and has continued to study, research, and sponsor trainings on TA ever since. She is known in Brazil as an expert on psychotherapy, psychological assessment, and on TA with adults, and has many publications in the area of psychological assessment.

In 2020, Ziza and Steve Finn published an article in *Rorschachiana* entitled, “The Rorschach as a window into traumas during Therapeutic Assessment” (vol. 20, pp. 93-106). Ziza lives in Itatiba, a city in the state of São Paulo. Ziza loves to travel, especially to Iceland, where her daughter lives, and she enjoys doing embroidery in her free time.



► *Naoko Ogura*

Naoko Ogura completed her certification in TA with adults in January 2021. She was a founding member of the Asian-Pacific Center for Therapeutic Assessment (ACTA) in 2014 and currently serves on the leadership team of ACTA. Naoko first heard of TA while she was in her graduate training at Soka University in Tokyo. She had studied about the Rorschach Feedback Session developed by Noriko and Shin-ichi Nakamura, and then heard Noriko speak about TA and wanted to learn more. Naoko currently sees clients for psychological assessment and psychotherapy through ACTA and also at a small mental health clinic. While she cannot always do full TAs with her clients, Naoko feels that TA helped her get in clients' shoes more easily and as a result she loves her work more than ever. Naoko is especially interested in working with clients with severe shame, and she hopes to get certified next in Couples TA. She likes to walk and listen to music in the beautiful hills and valleys near her home and to watch the sun set whenever she can. She also loves going out with friends to eat and drink. In fact, Naoko often helps arrange the dinners and parties that happen during and after ACTA workshops in Tokyo. She hopes more TAI members will be able to attend trainings in Tokyo.



Recent Publications

- ▶ Cradock O'Leary, J., Kelley, D., & Parrish, C. (2020). From swallowing to savoring emotions: A therapeutic assessment case study using the Thurston Cradock Test of Shame as an assessment intervention. *Rorschachiana*, 41(2), 181.
- ▶ Cradock O'Leary, J., Nakamura, N., & Finn, S. E. (2020). The Thurston Cradock Test of Shame as a crucial “empathy magnifier”: A therapeutic assessment of a teenager and her parents. *Rorschachiana*, 41(2), 144.
- ▶ David, R. M., Carroll, A. J., & Smith, J. D. (2021). Virtual Delivery of Therapeutic Assessment: An Empirical Case Study. *Journal of Personality Assessment*, 1-11. <https://doi.org/10.1080/00223891.2021.1929262>
- ▶ del Carmen Espinoza, M. (2020). The Use of Collaborative/Therapeutic Assessment with Oppositional Defiant Disorder. *Rorschachiana*, 41(2), 200-222.
- ▶ Fondren, A. H., & Jenkins, S. R. (2020). Horseshoe crabs and stingrays: A case study of interpersonal theory and multimethod collaborative/therapeutic assessment. *Rorschachiana*, 41(2), 162.
- ▶ Kennedy, E. K., Blyth, F., Sakata, E., Yahyaoui, L., Canaga-ratnam, M., & Nijabat, K. (2021). Making meaning from experience: Collaborative assessment with young adults who have mental health needs and social communication differences. *Educational and Child Psychology*, 37(3), 86-98.
- ▶ Levis, M. E. J., & Levis, A. J. (2020). Contextual assessment: Evaluating a novel self-guided online therapeutic assessment. *International Journal of Psychiatry in Clinical Practice*, 25(2), 206-215.
- ▶ Levis, M. E. J., & Levis, A. J. (2021). Evaluating the Therapeutic and Diagnostic Benefits of Conflict Analysis, a Self-Guided Online Therapeutic Assessment: An Online Case Study. *British Journal of Psychotherapy*, 37(1), 94-115.
- ▶ Snider, L. A., Talapatra, D., Miller, G., & Zhang, D. (2020). Expanding Best Practices in Assessment for Students with Intellectual and Developmental Disabilities. *Contemporary School Psychology* 24, 429-444.
- ▶ Van Laer, I. M., Vanhoyland, M., & De Saeger, H. (2020). Implementation of the Rorschach in an evidence-based setting: A Sisyphean task?! *Rorschachiana*, 41(2), 107.
- ▶ Villemor-Amaral, A. E. & Finn, S. E. (2020). The Rorschach as a window into past traumas in Therapeutic Assessment, *Rorschachiana*, 41(2), 93-106.
- ▶ Yalch, M. M., Burkman, K. M., Holleran, L. J., Karpenko, S., & Borsari, B. (2020). Integrating collaborative/therapeutic assessment of interpersonal functioning into group therapy for veterans with posttraumatic stress disorder. *Journal of Psychotherapy Integration*, 31(1), 19-33.



Upcoming Trainings in TA



▶ November 20, 2020; Online Webinar

Title: Couple Consultation Using Psychological Tests:
“Why Can I No Longer Stand the Things I Used to Love about You?”

Presenters: Noriko Nakamura, Stephen E. Finn, Francesca Fantini

Sponsors: Asian-Pacific Center for Therapeutic Assessment

Language: Japanese

Schedule: September 18, 19, 20; 9 AM – 2:30 PM (Tokyo time)

Information: asiancta@gmail.com

カップルのオンライン ケースコンサルテーション

Couple Consultation Using Psychological Tests

～あんなに好きだったのに～

Why Can I No Longer Stand the Things I Used to Love about You?

2021年9月18日(土)、19日(日)、20日(月・祝)

時間: 全日程 9:00～14:30 開催場所: オンライン (Zoom)

※全日程同時通訳があります

※参加者の皆様には、オンラインケースコンサルテーションの事前資料として
各講師からテストについてのイントロダクションのVTRをお届け致します

困っているカップルのケースについてより良い援助をするためにどのようにすると良いのか?
ご自宅でコンサルテーションを受ける貴重な機会をご活用ください。

2021年9月は「ACTA2021カップルのオンラインケースコンサルテーション」を行うことになりました。日本のカップルの1ケースを3日間計3回かけて学びます。日本ではカップルとどのように関わると良いのかについて正式なトレーニングを受ける機会は数多くありません。カップルの治療的アセスメントは心理アセスメントと心理療法を組み合わせることで、カップルが彼ら自身の背景とパーソナリティについて学んだり、それらがどのように結びつくことで彼らの関係性のパターンが築き上げられてきたのかについて学ぶことを援助します。

MMPI は大家であるスティーブン・E・フィン、ロールシャッハは中村紀子が担当して講義を行います。今回はゲスト講師としてEMP (早期記憶回想法) をイタリアで広めたエキスパートのフランチェスカ・ファンティーニがEMPの事前学習ビデオを作成してくれました。また、当日は家族療法家の中村伸一がコメントレーターとして参加しますのでご期待ください。

治療的アセスメントを深めたい方、カップルのケースが治療的アセスメントではどのように見立てられるのか知りたいという方、是非ご参加ください。治療的アセスメントのこれまでのワークショップへの参加経験にかかわらず奮ってご参加ください。

講師: スティーブン・E・フィン、中村紀子



Upcoming Trainings in TA

ケースの募集について

オンラインケースコンサルテーションではカップルのケースを1つ募集しております。ケース提出希望者は6月30日までにasiancta@gmail.comまでご連絡ください。カップルのケースで、各人の①ロールシャッハテスト ②MMPI ③EM P (早期記憶回想法) ④カップルのEM P (早期記憶回想法) の4つの心理検査は必ず施行してください。現在進行形のケースであることが望ましいです。カップルのEM P用紙が必要な場合はA C TA事務局からお送りしますのでご連絡ください。治療的アセスメントの方法を用いているかどうかは問いません。ケース提供のご希望に添えない場合がございますご了承ください。

初めて参加される方は

初めて参加される方はスティーン・E・フィンの『治療的アセスメントの理論と実践』（金剛出版）のカップルに関連した11章～13章をお読みになることをお勧めいたします。またカップルの治療的アセスメントに関する論文の邦訳を有料ですがご利用いただけます。（各1部1,000円）
 （邦訳）「カップルの治療的アセスメント」（2015）S.E. Finn
 （邦訳）「危機に陥ったカップルとの治療的アセスメント：コンセンサス・ロールシャッハによって問題のある投影同一化から説する」（2012）S.E. Finn
 ※論文は申し込みフォームより購入ができます。

講師紹介

Therapeutic Assessment Institute (TAI)
 Stephen E. Finn, Ph.D.



アメリカ・テキサス州オースティンに治療的アセスメント研究所を創設、認定臨床心理士として臨床実務に携わる。テキサス大学臨床心理学准教授、イタリア・ミラノのカトリック大学にあるEuropean Center for Therapeutic Assessment (ECTA)の上級研究者およびトレーニングのディレクターとして活躍。1984年にミネソタ大学で博士号を取得、アメリカ心理学会パースナリティ部門フェロー会員として2002年から2004年まで会長を務める。理論と技法に関する論文、著書は多数あり、以下の著書は日本語訳が出版されている。Manual for Using the MMPI-2 as a Therapeutic Intervention. (田澤安弘・酒木保訳 2007 MMPIで学ぶ心理査定フィードバック面接マニュアル 金剛出版)。In Our Clients' Shoes: Theory and Techniques of Therapeutic Assessment. (野田昌道・中村紀子訳 2014 治療的アセスメントの理論と実践—クライアントの靴を履いて 金剛出版)。2011年にはパーソナリティ・アセスメントの優れた業績を残した人に与えられるブルーノ・クロッパ賞を受賞。2017年8月には、アメリカ心理学会(American Psychological Association: APA)よりセクション12(臨床心理学部門)の「生涯突出した貢献をした者に贈られる賞」(Distinguished Lifetime Contribution award)を、2018年と同じくAPAより、人間主義心理学の理論と実践への卓越した貢献に対して、人間性心理学部門のカール・ロジャーズ賞を受賞。

Asian-Pacific Center for Therapeutic Assessment (ACTA)
 中村 紀子 (Noriko Nakamura, Ph.D.)



治療的アセスメント研究所理事。治療的アセスメント・アジアパシフィックセンター (Asian-Pacific Center for Therapeutic Assessment (ACTA))のクリニカルディレクター、中村心理療法研究室の共同ディレクターとして30年以上臨床実務に携わる。心理療法におけるロールシャッハ・フィードバック・セッションの提唱とその実践で知られており、現在は国際ロールシャッハ学会の会長(2014年-)を務めている。故John E. Exnerに師事し、包括システムによる日本ロールシャッハ学会の設立者の一人で、2003年から2014年まで会長を務めた。臨床に必要なアセスメントをExner Japan Associates (EJA)を主宰して30年来包括システムのロールシャッハ教育にあたり、臨床におけるアセスメントの重要性を説いてきた。治療的アセスメントの成人、カップルの認定セラピスト。

ACTA2021カップルのオンラインケースコンサルテーション 詳細

申し込み 早割：2021年7月23日（金）
 締め切り 通常：2021年8月27日（金）

対象者 「カップルのオンラインケースコンサルテーション」はカウンセリング・心理療法を行なっている専門家であればどなたでも参加できます。
 【大学院生について】守秘義務を遵守できる心理アセスメントを学んでいる大学院生を指します。
 ※この研修は臨床心理士の資格更新ポイントを申請予定です。研修証明書の発行は研修の全日程参加が必須となります。

定員 100名程度

オンライン Zoomを使ったリモート開催を予定しています。
 開催について ご自身のパソコンでZoomが利用できるよう、アプリをインストールの上、環境設定をお願いいたします
 (初めての方はZoomのヘルプセンターのページをご参照ください <https://support.zoom.us/hc/ja> ※外部サイト)
 Zoomのブレイクアウトセッションを用いたグループワークも取り入れる予定ですので、カメラ機能がついているPCもしくはWEBカメラの使用が必須となります。1名につき1端末で受講してください。
 ※機密性の高い内容を扱う特性上、本研修の録画配信は行いません。予めご了承ください。

TAIメンバー 治療的アセスメント研究所 (TAI) のメンバーになっていただけますと、ニュースレターの購読やワークショップの割引など様々な会員特典を受けることができます。治療的アセスメントに興味を持たれた専門家と大学院生の皆さまがこの活気満ちた創造的なコミュニティの重要な一員となっていただくことを期待しております。詳細は治療的アセスメント (TAI) のページ (https://www.therapeuticassessment.com/benefits_of_membership.php) を御覧ください。

料金	申し込み締め切り	一般	大学院生	TAIメンバー
早割	2021年7月23日（金）	¥37,000	¥18,000	¥35,000
通常	2021年8月27日（金）	¥40,000	¥20,000	¥35,000

* 料金は全3回分の参加料、資料代が含まれており、参加回数にかかわらず一律料金であることをご了承ください。

申込方法

ACTAホームページの特設ページにある申し込みフォームからお申し込みください。
 お申し込み後、事務局より選択された参加費のお支払方法と守秘義務誓約書をお送りいたします。守秘義務誓約書は署名の上、スキャンや写真撮影等したものをメール添付してご返信ください。
 ①参加費のお支払と②同意書への署名の確認を持って正式な受付完了となります。申し込み完了された方にはZoomにアクセスするための招待メールをお送りいたします。(お納めの参加費の返金には理由に関わらず応じられません。)
 ※フォームによるお申し込み後、ご自身が入力された申し込み内容が自動返信されます。自動返信がない場合は、フォームに入力したメールアドレスが間違っている可能性があります。その際はお手数ですが、事務局へメール (asiancta@gmail.com) するか、再度申し込みフォームから入力してください。
 また、2週間を経過しても事務局から返信がない場合は、その際も事務局までご連絡をお願い申し上げます。



【主催・お申込み・お問合せ】

Asian-Pacific Center for Therapeutic Assessment (ACTA) 事務局 HP: <http://www.asiancta.com/>
 Email: asiancta@gmail.com 住 所: 〒113-0033 東京都文京区本郷4-12-16-618
 ACTAでは専門家の方にも治療的アセスメントを行っています。詳細は事務局までお問合せください。



Upcoming Trainings in TA

3RD INTERNATIONAL COLLABORATIVE/ THERAPEUTIC ASSESSMENT CONFERENCE

WORKSHOP ABSTRACTS

50 WAYS TO DO AN ASSESSMENT INTERVENTION SESSION!

HILDE DE SAEGER AND INGE VAN LAER

SEPTEMBER 16 & 17 • 9AM-1PM CST

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

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

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

STEPHEN FINN

OCTOBER 2 & 9 • 9AM-1PM CST

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

LINK TO REGISTRATION:
[HTTP://BIT.LY/CTAC2021](http://bit.ly/CTAC2021)

Questions can be directed to the conference Co-Chairs,
Pamela Schaber at drpamelaschaber@gmail.com or J.D.Smith at jd.smith@hsc.utah.edu

CO-SPONSORED BY:

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Institute



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DENVER

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PROFESSIONAL PSYCHOLOGY



THE COLORADO
ASSESSMENT SOCIETY



Upcoming Trainings in TA

3RD INTERNATIONAL COLLABORATIVE/ THERAPEUTIC ASSESSMENT CONFERENCE

WORKSHOP ABSTRACT

MILLION THEORY AND INSTRUMENTS IN COLLABORATIVE AND THERAPEUTIC ASSESSMENT

SETH GROSSMAN AND BLAISE AMENDOLACE

OCTOBER 15 • 9AM-1PM CST

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

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

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

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

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

LINK TO REGISTRATION:
[HTTP://BIT.LY/CTAC2021](http://bit.ly/CTAC2021)

Questions can be directed to the conference Co-Chairs,
Pamela Schaber at drpamelaschaber@gmail.com or J.D.Smith at jd.smith@hsc.utah.edu

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ASSESSMENT SOCIETY



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MILLION THEORY AND INSTRUMENTS IN COLLABORATIVE AND THERAPEUTIC ASSESSMENT

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OCTOBER 15 • 9AM-1PM CST

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

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

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

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

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

LINK TO REGISTRATION:
[HTTP://BIT.LY/CTAC2021](http://bit.ly/CTAC2021)

Questions can be directed to the conference Co-Chairs,
Pamela Schaber at drpamelaschaber@gmail.com or J.D. Smith at jd.smith@hsc.utah.edu

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WORKSHOP ABSTRACT

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

JULIE CRADOCK-O'LEARY

DECEMBER 6 • 10AM-2PM CST

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

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

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

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

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