THE TA CONNECTION

resources for THERAPEUTIC ASSESSMENT PROFESSIONALS

Volume 9 Issue 2
Summer / Fall 2021

Therapeutic Assessment Institute

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HAPPY NEW YEAR!

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Happy new year to all in the Therapeutic Assessment (TA) community. While I suspect each of us had some hope and optimism for 2022, the COVID-19 pandemic continues to challenge us and shape our personal and professional lives in profound ways. The ups and downs of new variants, infection rates, and mitigation measures challenges our resolve and adaptability on a daily basis. Yet, with this new way of life, there was one silver lining: We were able to put on an incredibly successful 3rd International Collaborative/Therapeutic Assessment Conference virtually this past September and October with workshops held throughout the Autumn season. The virtual format allowed for increased attendance and participation from many in North and South America. We were especially delighted at the incredible turnout from our South American colleagues, thanks in large part to the tireless efforts of Ernesto Pais to promote TA. One of the drawbacks of this virtual event is the time zone challenges for our colleagues in Asia and Europe. We greatly appreciate all the wonderful presentations despite the time difference. We are gearing up for the next conference to be held in either 2023 or 2024. Be on the lookout for details as we decide on dates and a location. Given the wider inclusion that is afforded by a virtual format, we are looking into options for a hybrid in-person and virtual event to include as many from the TA community as we can who want to participate. The Therapeutic Assessment Institute (TAI) is also busy planning workshops, webinars, and even a live TA for 2022, so stay tuned to the TAI Listserv for details!

Welcome, Raja!

This last issue of 2021 also brings with it a change at the helm of the *TA Connection*. It is my absolute pleasure to welcome Raja David, PsyD as the Editor of the newsletter. I have enjoyed my role as founding editor tremendously over the past 9 years but it is time for a fresh vision and new energy. Raja will bring both as evidenced by his scholarship and practice of TA, as well as his training and mentoring activities. The *TA Connection* will be in Raja's capable hands with the continued support of the long-time Associate Editors, Deborah Tharinger, Hale Martin, and Pamela Schaber. I will also be there to support Raja this year as he takes on this important role.

This Issue

This issue of the *TA Connection* features presentations turned into articles from the Collaborative/Therapeutic Assessment Conference. These are but three of the many exceptional presentations at the conference. We expect to highlight more of them in the coming issues.

The first article in this issue, authored by Alea Holman, presents a case study of 15-year-old Black boy working on positive self-development despite racial discrimination. The case is framed in racial socialization and describes ways to support inquiries in TA concerning the racial identify of people of color. As noted by Dr. Holman, the "case study shows, an assessment that attends to children's racialized experiences aids in the therapeutic value of the assessment process by helping children and families feel seen, validated, and open to further therapeutic intervention."

Next, Dana Castro presents a paper and case study on using TA in organizational context for supporting long-term employment and other related issues in the workplace. Dr. Castro keenly shows how the values of TA can be used in the occupational context to great success.

Third, a cadre of authors, including three TA learners, discuss the value of learning about therapeutic feedback letters during graduate training. While there are a number of general benefits to teaching TA in graduate training pointed out by the authors, the trainees offer specific perspectives on therapeutic feedback in the form of a letter. Hale Martin provides a broad perspective on teaching TA and therapeutic letters and how learners can gain these skills.

Last, we have our now-regular section of the newsletter spotlighting assessors newly certified in TA. In this issue, we are delighted to congratulate Melinda Glass, Silvia Gasparotto, and Mariam King. 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.

Upcoming TA Trainings

The Upcoming Trainings section of this issue includes workshops and trainings happening early in 2022, including three workshops to be presented at the Annual Conference of the Society for Personality Assessment in Chicago, IL in March.

On February 18th, Dr. Hale Martin will be hosting a workshop (virtual) titled, "Why do I have so much trouble in my classes?": Therapeutic Assessment of Specific Learning Disabilities. In January and February, Carol George and colleagues will be putting on a series of nline meetings titled, "Winter Coding and Classification Webinar for Adult Attachment Projective Picture System." Check the Upcoming Trainings page or the TAI website for more details. At the end of April into early May, the Asian-Pacific Center for Therapeutic Assessment will be hosting a three-day online workshop by Wai Yung Lee (President, Asian Academy of Family Therapy), titled, "Child Problems as a Window into Couple Dynamics: Family Biofeedback with Couples and Families."

TA will again be well represented at the Society for Personality Assessment in Chicago, IL in March with three workshops. Carol George and Melissa Lehman kick things off with a two-part workshop starting with a webinar on March 4th (before the conference) followed by an in-person workshop on Thursday, March 10th titled, "Fire and Ice: Using the Adult Attachment Projective Picture System in Attachment-Based Treatment of the Failure to Mourn." On Wednesday, March 9th, Jacob Palm, Stephen E. Finn, and Alessandro Crisi have a full-day offering titled, "Working with "Levels of Information" in Therapeutic Assessment Using the Crisi Wartegg System." Finally, on Sunday March 13th, Pamela Schaber and Hilde De Saeger will conduct a full day in-person workshop titled, "Integrate and Translate Assessment Data into Client Questions: Working on Individualized Case Conceptualizations." These are all sure to be exceptional workshops.

For up-to-date information on trainings offered by the TAI, visit our website and click on the Trainings tab at the top.

Become a Member of the TAI

The Therapeutic Assessment Institute (TAI) began offering memberships in 2017 and currently has 168 members. Membership in the TAI gets you two issues a year of 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 AAP trainings. The membership fee is very reasonable at $75 per year for professionals and $40 for students. 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, and 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 Raja David! Many of the topics covered in the newsletter have come from your suggestions, and we 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 us know.

Please email questions, comments, and suggestions to Raja David at raja@mnccta.com

Integrating Racialized Experiences in the Psychological Assessment of Children of Color: A Case Study

Alea R. Holman, Ph.D.

Abstract

This case study explores the importance of assessing the racialized experiences of children of color when examining their personality and social-emotional functioning. The case highlights the experience of a 15-year-old Black[1] boy as he works to negotiate a strong sense of self despite living in conditions that actively work against his positive self-development. To frame the case study, this paper describes the normative experiences of racial discrimination and racial socialization among Black children. The paper also suggests methods to support inquiry into the racial identities of children of color. The collaborative, therapeutic assessment framework offers pathways to explore how children have psychologically integrated their racialized experiences and helps to support the development of healthy identities despite unjust circumstances. As the case study shows, an assessment that attends to children's racialized experiences aids in the therapeutic value of the assessment process by helping children and families feel seen, validated, and open to further therapeutic intervention.

[1] "Black" and "African American" will be used interchangeably in this paper to include people of African descent in the U.S. I understand "Black" to be a socially constructed racial and ethnic category and political reality that represents a diversity of cultural and socioeconomic backgrounds (Kendi, 2016).

Introduction

Traditionally, assessment focuses on diagnosis and leads to treatment recommendations. In collaborative, therapeutic assessment, the goals are expanded to include collaboratively gathering a comprehensive picture of the client's lived experience,

compassion and transformational healing among clients, their loved ones, and their service providers (Aschieri et al., 2018).

An essential part of getting "in our client's shoes" (Finn, 2007) is examining the socio-cultural contexts in which our clients live and being curious about how their identities and situated roles influence their psychological functioning. Pushing the potential of assessment even further, when considering how to make assessment an anti-racist experience, clinicians should prioritize empowering clients who have been systemically disempowered and promoting dignity among clients of color. Professional psychology organizations, including the American Psychological Association (APA) and the National Association of School Psychologists (NASP), have made explicit calls for anti-racist practice, which include working to dismantle institutional racism, diversifying the psychology workforce, and engaging in practice and research that benefits people of color (Abrams, 2020; APA, 2019; NASP, 2020). Considering the racist roots of psychological assessment (Blanton, 2000), it is important that we imagine and practice what it means to be anti-racist in assessment.

To move closer to these goals, this case study presents ways to explore and support positive racial identities through the assessment process. Before detailing the case, I present a brief description of common racialized experiences affecting Black children to make clear why exploration of these experiences is important in psychological assessment.

Experiences of Black Children in America

We cannot accurately assess a person's psychological functioning without considering the contexts in which they are operating. There are layered contextual issues affecting children's beliefs about themselves, their relationships, and how they navigate social-emotional experiences (Bronfenbrenner, 1992; Stern et al., 2021). There are a host of socially constructed, identity-related factors that impact children's psychological experiences, including race, ethnicity, gender, religion, sexual orientation, immigration history, acculturation, and physical and mental characteristics. These identities intersect and influence how children relate to themselves and others.

One of the major contextual issues impacting Black children is that of living in a racialized environment where their behavior is oftentimes judged through biased lenses due to disparaging ideologies about Black people (Sellers et al., 2006). In thinking about assessing children of color, it is important to consider culturally-specific experiences that most, if not all, children of color encounter.

Children notice and seek to understand racial differences at a very early age (Briscoe-Smith, 2010). Our brains are primed to make sense of the world by placing things into categories, and in a glance, the brain activates stereotypes, prejudices, and behavioral impulses (Fiske, 2010). We are prone to stereotypic knowledge (Hirschfeld, 2008). Developmentally, race is one of the earliest emerging social categories (Fiske, 2010). We do not experience a period of colorblindness in childhood—from as young as 6 months old, children recognize differences in skin color (Briscoe-Smith, 2010), and as early as preschool, they notice the ways in which society has been stratified around these differences and wonder why (Van Ausdale & Feagin, 2001). Whereas adults often feel an impulse to protect children's innocence by attempting to shield them from thinking about racial differences and the problem of race in our society, children are naturally curious about their world and need adults' help to learn how to make sense of racial differences and disparities (Briscoe-Smith, 2010; Van Ausdale & Feagin, 2001).

As they develop their conceptions of race, children of color are often enduring unfair, hurtful experiences because they are not White. Racial discrimination is pervasive and normative for children of color (Garcia Coll et al., 1996). Racial oppression operates through many pathways, including ideological denigration of Blackness; institutional barriers to health, education, housing, and social mobility; interpersonal indignities, injuries, and irritations; and internalized beliefs of inferiority and insecurity (Chinook Fund, 2015). Racial discrimination, in all its subtle and overt forms, negatively impacts children's educational progress and mental health (Sellers et al., 2006; Wong et al., 2003). The cumulative experience of mistreatment can result in racial trauma, "where every personal or vicarious encounter with racism contributes to a more insidious, chronic stress" (Carter, 2007; Jernigan et al., 2015, p. 2).

Learning what it means to be Black in a society that negatively stereotypes Blackness is a developmental task that draws upon individuals' capacities to cope with challenging circumstances with resilience and strength (Anderson & Stevenson, 2019). There are many pathways through which youth of color construct and enact their racial identities, including through school, classroom, neighborhood, and peer group experiences (Hughes et al., 2016). One of the most influential pathways is the role of parents in children's development of the psychological resources that help them manage difficult life circumstances (Anderson & Stevenson, 2019; Peters, 2002). Racial socialization is the term used to describe what parents tell their children about race and how they convey these messages (Hughes et al., 2006). Parents' racial socialization practices are most often intended to prepare their children for encounters with racial bias and to enable them to maintain positive self-beliefs despite prejudice (Dunbar et al., 2017; Hughes et al., 2006).

Black parents who discuss race with their children contribute to their children's stronger racial and ethnic identities and more positive attitudes about African Americans when compared to children whose parents do not discuss race (Branch & Newcombe, 1986; Hughes & Johnson, 2001). Unreflective acceptance and internalization of negative racial stereotypes can be detrimental to a child's sense of self and achievement (McAdoo, 2002).

Towards More Comprehensive Assessment

As assessors, we have an opportunity to shine light where unreflective acceptance and internalization of negative racial stereotypes might be occurring for clients. We can also hold space for clients' conscious experiences of racial trauma and offer compassion as well as recommendations to provide relief. Though there has been a great deal of knowledge generated about how race impacts clients' health (Paradies et al., 2015), psychologists have often ignored the influence of race and other identities in case conceptualization or examined clients of color through a deficit-lens (Dana, 2005). When trying to understand differences in the task performance of clients of color, psychologists have historically purported explanations based on models of inferiority/pathology or cultural deprivation (Leong & Park, 2016), with White people's behavior as the standard of comparison.

Fortunately, the status quo is changing, and psychologists are increasingly showing interest in how to better serve clients of color and attend to the psychological impact of race (Leong & Park, 2016). Practitioners have sought to expand and strengthen how we consider culture in assessments. Literature on multicultural assessment focuses on bridging gaps in cross-cultural assessment and the need for assessors to be cognizant of cultural differences between themselves their clients (Dana, 2005; Suzuki & Ponterotto, 2008).

Another way practitioners are changing status quo is by using collaborative, therapeutic assessment techniques. Practitioners have attended to the roles of race, class, gender, and their intersections in the application of collaborative, therapeutic assessment to reduce bias in assessments and improve the diagnostic process (Macdonald & Hobza, 2016; Rosenberg et al., 2012; Turner & Mills, 2016). "TA works to avoid stereotyping. We stay close to the client's experiences and the meaning of those experiences to the client, thus reducing stereotype-based assumptions" (Martin, 2018, p. 290).

Using collaborative, therapeutic assessment techniques to improve the quality of information we gather, assessors can investigate how racism, across levels (institutional, interpersonal, ideological, and internalized; Chinook Fund, 2015) has been experienced by clients. Assessors can also investigate what positive racial socialization experiences clients have had to buffer against discrimination. A collaborative consideration with clients of how these experiences are an important part of their lives can offer assessors a better understanding of clients' functioning within the context of our oppressive society. The following case study provides an example of how assessors can invite and engage curiosity about children's and families' racialized experiences, perspectives, and needs throughout the assessment process.

Kahlil's Story: A Snapshot

At the time of assessment, Kahlil was a 15-year-old African American boy in the 10th grade living with his maternal grandmother who raised him in a large urban area. His grandmother requested the assessment at a community mental health clinic to understand his recent decline in academic performance and his inconsistent focus in class. He had a history of strong academic achievement until his 9th grade year when his grades took a dive and he started receiving a growing disciplinary record for defiance and fighting. Concurrent with his declining school performance, Kahlil reported increased marijuana use.

He lived with his maternal grandmother and grandfather from infancy. They had intermittent experiences of homelessness throughout his life. His mother reportedly used drugs while pregnant with him and was not in a position to care for him. His grandfather was in the home until Kahlil was 13 years old, when his grandparents separated after a 40-year relationship. At the start of 9th grade, Kahlil moved about two hours away to live with his mother. This arrangement only lasted for 3 weeks. After leaving his mother's home, he went to live with his grandfather, who lived in the same city as his mother. After 7 months, his grandmother decided to bring him back home with her because she was concerned about his lack of adequate supervision. Tragically, multiple family members had recently been killed or permanently injured due to gun violence. His grandmother explained that their family history included complex trauma, drug use, and learning and mental health challenges, including her own struggles with depression.

His grandmother's questions for the assessment included: (1) Why has he had a decline in academic performance and focus? (2) What is the impact of his exposure to drugs in utero and his loss of several significant family members? and (3) How can I help him express his feelings? Kahlil's questions included: (1) Why do I get so stressed out? (2) Why don't I tell people how I feel? (3) Why does my family have so many problems? and (4) Why do I let people bring me down?

Assessment Questions and Tasks Examining Racialized Experiences

In addition to the common questions explored in clinical interviews, I asked Kahlil about his experiences as a Black adolescent, including at home, school, and in the community. I used a self-developed Parental Racial Socialization questionnaire with Kahlil's grandmother to explore her beliefs about and efforts toward providing him with racial socialization messages and experiences. This questionnaire was originally developed for a dissertation project (Holman, 2012). The questions ask about caregivers' experiences discussing race with their children and the factors that guide their socialization decisions. Specifically, I asked Kahlil's grandmother to please tell me about experiences that gave her an opportunity to teach Kahlil about race. I also asked her to tell me about times when he had experienced racism (at school or in another setting) and about conversations she had with him about getting along in the world as a Black person. To follow up, I asked for details about what happened, what she communicated to him, and any other ways she had thought about responding. I also inquired about what it was about Kahlil's personality, situation, and desires that she thought had led her to respond the way she did. Other questions included: What do you think your child learned from you about being Black? How do you want your child to cope with racism and racial discrimination? and What are some psychological tools you hope to provide to your child to deal with racism?

Though not used in this assessment, two questionnaires that have been designed to gather information about a wide range of children's and families' socio-cultural experiences include the Jones Intentional Multicultural Interview Schedule (JIMIS; Jones, 2009) and the Wright-Constantine Structured Cultural Interview (WCSCI; Wright & Constantine, 2020). These lines of questioning help engage clients in a more comprehensive inquiry into their lives and help to inform collaborative conceptualizations of clients' behaviors and functioning.

Similarly informative are art and storytelling projective tasks that encourage clients to voice their perceptions and motivations. A projective technique used in this assessment to tap into Kahlil's identities included the questions: "How do you see yourself, how do you think others see you, and how do you want to be seen?" Using drawings and/or commentary, clients can express their self-perceptions, expectations, and aspirations about how they present in society.

Assessment Findings

Kahlil had overall average cognitive abilities for his age. His specific strengths were his nonverbal reasoning abilities and his processing speed. His relative weaknesses appeared to be his verbal abilities and his working memory, though both composites fell in the average range. Data from the assessment (e.g., CPT-II; WRAML-II; WIAT-3 Listening Comprehension) suggested that Kahlil struggled with sustained attention. Considering that his performance on tasks measuring attention abilities were not consistent with an attention deficit disorder, the attention problems that he experienced were better explained by his emotional functioning.

He seemed to be preoccupied with his painful emotions and put forth a great deal of effort to suppress these

feelings. He had a difficult time retaining a high load of verbal information. His assessment data also suggested that, with the resolution of situational stresses currently impinging on his peace of mind, the interference of intrusive ideation on his ability to attend and concentrate would diminish.

Kahlil's ability to cope with painful feelings seemed to have been hampered by his experiences of traumatic grief. Several people close to him had died unexpectedly, and his biological parents were mostly absent from his life. His emotional functioning was negatively impacting his academic motivation. Emotional data suggested that he became emotionally flooded due to overwhelming feelings of depression, anger, anxiety, and unresolved grief. His Rorschach profile, including five responses that contained morbid (i.e., hurt and damaged) content, suggested that he may see himself as flawed and internally hurt by his life circumstances. Furthermore, his self-report on the BASC indicated that he experienced diminished internal locus of control, such as feeling like he had little control over events occurring in his life and feeling blamed for things that he did not do. On the sentence completion task, he wrote, I suffer… "pain." His grandmother's responses to the BASC also indicated that Kahlil displayed behaviors that appeared clinically significant for depression, conduct problems, and attention problems.

He seemed to feel largely isolated in his feelings of pain and depression. His Rorschach responses suggested that he experienced feelings of helplessness and had unsatisfying interpersonal relationships. His apparent lack of effective coping led him to put forth a great deal of energy toward keeping his feelings of sadness and anxiety locked away. When Kahlil could not maintain emotional distance, he constricted what he felt, which caused others to perceive him as emotionally detached or uncaring.

Kahlil rarely discussed his grief, and he did not seem to realize the depth of his depression and loneliness. While self-protective, the extent to which he internalized, rather than expressed, negative affect was maladaptive and resulted in repressed emotions. These bottled-up feelings were sometimes released through risky behaviors.

Kahlil was increasingly relying on marijuana for temporary relief. He said he started smoking in the 9th grade. This method of coping seemed to be maladaptive for him, and the increased drug use coupled with his distressing feelings were likely contributing to his reduced motivation in school. Additionally, as a depressant, marijuana could have been further exacerbating his symptoms of depression and his difficulty sustaining attention in school.

The multiple traumas that his family had experienced also contributed to his hypervigilant behaviors. When Kahlil was a toddler, he moved around often with his grandmother, grandfather, and aunt, including periods of homelessness during which they lived in cars, hotels, and shelters. Though he had little memory of these experiences, he may have developed heightened vigilance to his surroundings as a survival mechanism. More recently, he was aware of his aunt's experiences of domestic violence. During a testing session, he explained that his aunt was injured in a domestic violence incident over the weekend. He described his role in comforting her at the hospital. He said he felt especially pulled to protect her since her father (his grandfather) could not intervene given his recent physical limitations (i.e., paralysis due to gun violence).

As a Black adolescent, Kahlil was challenged to develop positive racial and gender identities within a society that frequently devalues Black people, particularly Black men. He explained that some of his peers held negative stereotypes about his intellectual abilities. Some of Kahlil's responses on projective tasks highlighted his experience of being stereotyped and mistreated due to his race and gender. For example, in response to a Roberts-2 card that depicted two White boys and one Black boy, he perceived the scene to be conflictual. He said:

> Two White guys walk up to a Black guy. They're teenagers. One of the White guys has glasses, and they both have long sleeved shirts. But the long-sleeved shirts are pulled up like they're about to do something. One dude is trying to talk to the African American kid. And the other White dude has his hands on his hips like he's waiting for something. They're thinking about, they're probably making jokes to him about Black people. The Black dude don't like what they're saying. He's getting mad. He's trying to walk away, but they're not letting him walk away. He sees the teacher and tells the teacher.

His experiences of racism likely added to his feelings of powerlessness and anger, which in turn exacerbated his feelings of depression.

Furthermore, Kahlil expressed ambivalence about his identity, and he had difficulty establishing a clear and stable sense of himself. When presented with the identity projective task described in the previous section, Kahlil chose to draw his responses and later verbally explain what he had produced. When I asked him to draw how he sees himself, he explained, "I see myself chilling with a whole bunch of friends after school smoking weed." After a moment of silence, he asked, "Can I change something on that?" Then, he drew a thought bubble that said, "do HW." He explained, "I'm trying to remember to myself to do homework."

When asked how he thinks others see him, he expressed feeling that: "A lot of people think that just because I smoke weed that I'm not smart or good in school. It might be how my grandma sees me too. An Asian freshman in my class thinks he's smarter than me because I smoke weed and he doesn't. When I did my homework one day, he said, 'Wow! [Kahlil] did his homework. I bet he got them all wrong.' And I got them all right."

When asked how he hopes others will see him, he explained that the people that think he is "stupid" are "the nerds that get the highest grades." He said, "I want everyone to see me as [Kahlil], no matter what I do. I want people to see me as a person who smokes weed and still gets good grades in school." He went on to say, "If my mom [i.e., grandmother] said she believes I can do it, I'd have a 4.0. When she does say it, it doesn't sound like she means it." It seemed that Kahlil was at a crossroads in his identity development. In the face of deficit perspectives about his abilities, he struggled to ground himself in strong racial and academic identities.

Though he expressed a desire and confidence in his ability to be academically successful, he also avoided full engagement in school due to fear of confirming racist stereotypes about his abilities. Additionally, his tendency toward pessimism caused him to disregard his grandmother's praises and solely attune to her criticisms, resulting in increased feelings of dejection. At the time of assessment, Kahlil lacked the psychological resources and coping skills he needed to confidently establish and realize his goals.

Assessment Feedback

I met with Kahlil and his grandmother separately to discuss feedback. I wrote each of them a letter that I read aloud, responding to their initial assessment questions. I deliberately paused throughout reading the letters to ask for their reactions. My conclusions resonated with both Kahlil and his grandmother, and they each expressed feelings of validation. They readily agreed to the recommendations, the primary of which was individual therapy for each of them. Thankfully the clinic through which the assessment took place allowed for me to continue as Kahlil's therapist. He engaged in weekly therapy for a year. The assessment ultimately served as a catalyst for Kahlil's ongoing therapeutic progress. With compassionate support, he made remarkable changes in his attitude toward school, and he renewed his relationship with his grandmother.

Conclusions

This case highlights Kahlil's experiences of working to negotiate a strong sense of self within a society that frequently devalues, denigrates, and discriminates against Black people. Despite early traumatic experiences, Kahlil had a history of strong academic achievement until he entered high school. He was overwhelmed by feelings of grief, depression, and anxiety, which were exacerbated after losing family members to gun violence. His shift into adolescence was accompanied by traumatic loss, fears of community violence, and having to endure racist stereotypes at school.

The findings of this case illustrate how important Kahlil's racialized experiences were to his personality and social-emotional functioning. It is crucial that assessors invite conversation about how racism has been experienced by clients. Additionally, clients will likely benefit from assessors' investigation of what positive racial socialization experiences clients have had to buffer against hurtful racist experiences. Racial socialization is a primary part of parenting in Black families, and is a major contributor to children's racial identities, thereby supporting their academic achievement and emotional functioning.

With these goals in mind, psychologists can offer a nuanced understanding of clients' functioning within the context of this racist society, as well as more concrete recommendations for clients and their support systems. To work toward providing an anti-racist assessment experience, the clinician utilizing collaborative, therapeutic assessment techniques must consciously practice cultural humility and reverence for the strengths of non-White people, thereby creating a space where clients can experience healing from racial trauma and be validated by a professional field that has historically negated their worth.

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The Application of Therapeutic Assessment in Organizational Settings

Dana Castro, Ph.D.

The purpose of this paper is to share a clinical experience in a novel professional context involving application of the fundamental humanistic principles and feedback within the Therapeutic Assessment (TA) model. The insights discussed stem from my voluntary activity of accompanying and supporting long-term jobseekers registered in a return-to-work program offered by an institution financed by health insurance companies. I briefly describe the psychological problems caused by long-term unemployment, explain why it is useful to use a collaborative approach in the spirit of TA with this population, and provide an illustrative case example with a client named Ann.

Unemployment and its associated psychological problems

Unemployment is typically considered an involuntary state that puts people in a position of great deprivation where their deep psychological needs are no longer met (Zechmann & Paul, 2019). According to Jahoda's (1981) latent deprivation model, employees' psychological needs conceptualized as the latent functions of employment that foster mental health are the following: (1)Structured routines and frames for everyday life which provide biographical and temporal landmarks; (2) Social contact that goes beyond emotional ties usually experienced in close family relationships which creates a strong feeling of professional relatedness; (3) Meaningful goals by cooperating with others and contributing to a collective purpose which acts positively on the fundamental psychological need for self-efficacy; (4) Occupational identity that defines a certain status and contributes to positive narratives on the occupational self, and thus to the maintenance of self-esteem and self-image; and (5) Activity which put people in movement, through motivation and stimulation, towards self-actualization. Ryan & Deci (2000), guided by self-determination theory, add two more employment latent functions: (1) Competence: ability to actively influence one's environment in a desired way and to feel effective and, (2) Autonomy: directing one's actions consciously and out of personal free will and control.

Human beings require regular access to all those beneficial effects of employment and any prolonged deprivation inevitably leads to poor mental health (van Rijn et al., 2016) as meaning, purpose, identity, and relatedness in life are basic human needs that not only prevent distress, but also organize personality, emotional states, and overt behavior.

But to find a job, specifically after a long period of unemployment, it is necessary to have psychological strength, confidence in one's qualities and skills, to be disciplined and supported by close relationships and to hold on to this objective at all costs! Not all jobseekers are able to fulfil these conditions because of psychological fragility, mental health problems due to long-term unemployment or other adverse personal or professional life events.

The return-to-work programs in France

In France, several health insurance companies have set up programs with substantial financial and human resources to help this population gain employment. These programs last from four to eight months and offer personal, professional, and logistic support to all registered people. All of the programs roughly follow the same process, which includes a long assessment and "occupational self-rehabilitation" phase followed by a practical one, which is operationally focused on the job search process. The team that carries out the project is made up of five full-time employees, a coordinator, a social worker, a secretary and two counsellors. The rest of the staff is made up of volunteers who come from different professional backgrounds.

The assessment and "self-rehabilitation" phase comprise the: (1) assessment of the applicant's social situation by a social worker; (2) assessment of the applicant's personal position (motivation, abilities, resources, self-esteem, self-image, beliefs, and hindrances) by a volunteer, not necessarily a psychologist; (3) assessment of the

professional career, vocational skills, and professional achievements, including successes and failures, desired working conditions, and interests that is conducted by a volunteer, not necessarily a psychologist. The assessment phase, conducted not necessarily by a psychologist is a global one that comprises the applicant's social current situation, the history of his/her motivation, abilities, resources, self-esteem, self-image, beliefs, and hindrances related to work and his/her future desired working conditions and interests.

The operational phase comprises: Intensive (several times per week) practical job search workshops such as how understand a job offer, how to write a CV adjusted to it, how to present an application, how to make a pitch, etc.

The client reaches the fourth step after having successfully completed steps one, two, and three of Phase 1. All volunteers must follow the same progression, but are free to intervene as they think best for the client. My involvement, as a volunteer, is carried out in phase one (assessment and self-rehabilitation), steps two and three, and aims, based on my clinical psychology training, to help clients build an understanding of their global situation. We then search together to identify their levers for change. The overall duration of my intervention with each person is about eight to 10 weeks, with a one-hour appointment per week.

Except the global use of interviews, the tools applied in phases two and three are standardized questionnaires, self-descriptions through adjective lists, and written narratives on the topics of "Who am I at work," reasons for one's professional successes and failures, and about one's major's qualities and areas for improvement.

Standardized Questionnaires

"My values at work questionnaire" (Trognon & Bromberg, 2008). Sample questions include, "I choose my top ten values"; "I rank my top ten values in order of importance, according to which values are important to me and which ones am I willing to negotiate on." -

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The "Holland Codes": The RIASEC model for professionals based on personality types (Holland, 1997). Holland suggested that there are six personality types that are determined by people's interests and by the way they approach life situations: (1) Realistic personalities (doers) like to work with 'things. They tend to be assertive, competitive and are interested in activities that require motor coordination, skill and strength and enjoy outdoors activities. (2) Investigative personalities (thinkers) are the type of people who like working with ideas and concepts. They like to do things that involve theory, research, and intellectual inquiry to solve problems. (3) Artistic personalities (creators) like to think outside the box. They like to find new and creative ideas and enjoy seeing things from a different perspective. They like to work in unstructured situations using their imagination and creativity. (4) Social personalities (helpers) like to serve and help others. They tend to find great joy in forming close relationships with others, to enlighten, inform, help, train, or cure them. (5) Enterprising personalities (persuaders) like to lead people. They have excellent social skills and are good at persuading others—often they are described as being able to "sell ice to an Eskimo." (6) Conventional personalities (organizers) are organized, accurate and methodical. They like things to be done on time and they strictly adhere to rules and regulations.

Self-descriptions through adjective list: This contains items such as, "At work I am: Cooperative; Honest; Creative; Patient; Perseverant, etc.

Self-description narratives: "Who am I at work": how do I put personality traits at the service of my professional function? Did my personality traits change over time? What do people around me most often criticize me for? My main qualities and points of progress and in which manner can I achieve progress?

All those tools are very client-centered and interpersonally oriented and aim to galvanize self-reflection on one's professional self to obtain motivation, energy, and incentives for action.

Why use TA with long term job seekers?

When looking again at Jahoda's deprivation model (1981) we notice parallels with TA in that the model targets people's deep psychological needs and by design helps meet them. There are at least six reasons for using TA with this population as TA is: (1) A brief intervention effective with a wide variety of disorders and client's type without the need to make major modifications in one's procedures (Kamphuis & Finn, 2019). (2) It is a client centred approach where the working together attitude involves clients as active and

committed participants (Finn, 2007). (3) TA's most powerful component is the quality of the empathic relationship that promotes emotional security and availability for introspection, by the assessor displaying respect and unconditional validation (Hilsenroth, Peters, & Ackerman, 2004). (4) In TA we consider the preferences of the clients who has their own scale of priorities and level of readiness for the interpersonal exchange by starting from their own questions and goals (Finn, 2007). (5) The approach is based in clients' productions—responses to psychological tools—which gives credibility to the content of the feedback. For some people tests might act as "objective evidence" reassuring them of their own abilities and value (Samba & Zoute, 2005). (6) Feedback is organized in relation to the different levels of information to target the basic human needs for a sense of coherence, valorization and self-efficacy (Finn, 2007).

To apply the TA model to the job seekers population several changes were undertaken to respect the professional goals of TA, as well as the ethical principle of "do no harm" which include the following: use of questionnaires and narratives instead of projective tests or the MMPI (In France, the use of projective techniques for occupational matters is strictly forbidden as they are perceived as too intrusive.); use of homework between sessions; discussion of one client's item per session instead of a global synthesis of all his/her productions, which is done at the end of the program, during the last session; and the withholding of Level 3 Information in the feedback.

A Case Example

Ann, 54 is a social counselor in an institution for difficult adolescents. She lost her job eight years ago, got burnt-out, developed high social anxiety, and entered the program when all her financial resources were depleted. She lived aloof from charities, in great poverty. She is a tall skinny woman, who has long grey hair, a worn-out expression, with a defensive and tense posture, and she was suspicious, reluctant to talk about herself and defensively aggressive in interpersonal interactions. She appeared to be very weak and distressed and was actively struggling to maintain a "sense of dignity."

When I asked her during our first meeting to present herself as she wished, she was petrified with anxiety and could not utter a single word. So, I talked with her for almost half an hour, trying to put her at ease with the idea of "taming" her by letting her know me in my way of thinking, doing and being in interpersonal interactions. At the end of the half hour, after looking at me very intensely with suspicion and a little bit of curiosity, she agreed to talk and disclose herself. After some hesitation, Ann poured out her story like a torrent and was very difficult to stop. Five minutes after she sat down to tell her story I already wanted her to finish. I felt very uncomfortable, irritated, and bored. She spoke slowly, getting lost in unnecessary and irrelevant details, using psychological explanation and tongue-in-cheek vocabulary. She would sometimes get angry, blushing with emotion, and at other times she would collapse, leaving her sentences unfinished, with tears in her eyes.

Ann's professional story.

She is the fourth daughter of a family of factory workers and started to work from a very young age, first as a saleswoman in the ready-to-wear industry, all over Europe. A few years later she created and ran a company of products for the treatment of wood which became very successful and lucrative. A few years later she went back to study child/adult education and team health care management. She started working in institutions for adolescents with behavioral disorders, where she supervised a multidisciplinary team of educators and social workers. She implemented many innovative manual and sportive workshops for teenagers, set up school reintegration projects, obtained funding for several programs of practice-based research and received an award for one of her pioneering achievements. Then, the management changed and was replaced by a "bunch of technocrats who were more interested in spreadsheets and statistics than in the welfare of our young people." From this change on, her problems began as she functioned independently as if she was still with her old team, disregarding the demands of the new staff, which regularly called her to order. To these admonitions, her response was always the same, "I am not interested in bureaucracy, I don't have time for that, I have to take care of my teens." At this time, she had a moto accident, which required an extended recovery. When back to work again, she experienced a lot of institutional violence, harassment and psychological aggression from the hierarchy and colleagues She stated, "They spoiled my life, let me lose myself and then they threw me away like a mop." Since her dismissal, perceived as unjust and arbitrary, Ann had shut herself up in a deafening grief, resenting, brooding, and feeling devastated. She lost all confidence in her abilities, lived with a permanent feeling of interpersonal threat, and developed, as a result, an important social anxiety and found herself unable to find a new job. And yet, her profession is highly sought after in the medical-social field and many vacancies are offered for hiring.

During job interviews, Ann behaved like a failure, could not value her professional achievements, challenged her interviewers on questions of professional ethics, or in impulsive moments decided unilaterally to end the recruitment process.

Reflecting on my reaction to her presentation, I easily understood how difficult it is for an employer to genuinely be interested in her and find the competent professional behind this unusual person. "I am done" she said. "My destiny is to die of hunger, or maybe when I will have nothing more left in my house, to sell and lose my roof, go to a nunnery and live in seclusion until the end."

TA with Ann.

From a DSM 5 psychopathological perspective, I figured Ann had elements of a borderline personality, and was swamped in cyclical feelings of anger and depression, but of course I kept all those impressions to myself. I organized the feedback I gave at the end of this first common interaction, according to Finn's (2006) recommendations about the Levels of Information. I started by validating her distress, showed empathy about what happened to her, and acknowledged the violence she experienced and the still very vivid personal wounds that resulted from it (Level 1 Information).

"It looks like a severe trauma you suffered from all that," I told her.

"That is exactly so," was Ann's answer, validating my comment.

Then I mirrored her portrait as it appeared strictly from the facts of her career story:

"You seem to be a good person: tough, committed, determined, guided by moral values, knowing how to seize opportunities for growth, interested in others and in collective action."

"I was once like that," she said silently crying.

I went on stating that all those elements are personality traits which once present, never disappear as they are everlasting organizers of people's nature and behavior. But sometimes, after such traumatic events, people forget how to use them to bounce back in life. Thus, I suggested that before she goes to the nunnery we try to search for her hidden resources, and revitalize them to put them in motion for her sake.

Ann's questions.

I suggested we work in a deeply collaborative way, starting from the questions she asks about herself, through the answers we will get while filling in the return-to work program and the ideas that will come to both of us, by doing that. Ann's questions about herself were the following: Why am I so poor in interpersonal relationships, see nothing bad coming, I irritate the people I am with, and I don't know how to get out from those situations? Why did I become impulsive and fatalistic and a definite looser?

Ann's Testing results.

Ann's testing results are summarized in Table 1.

Table I. Ann's tests results

Tests	Ann's responses
Values	work, dignity, humanity, respect, and justice
"Holland Codes": The RIASEC	**1.** Social personalities (helpers) like to serve and help others **2.** Realistic personalities (doers) like to work with 'things and are interested in outdoors activities'
Main qualities	Brave, innovative, responsible, reliable, and straightforward
Points of progress	I am demanding, impatient and blind in interpersonal relationships

The Summary and Discussion Session.

Through the Summary and Discussion session, I took every statement she gave in the standardized questionnaires and in her self-descriptions and explained their meaning in terms of psychological abilities, traits, capabilities, and behaviours. For example, concerning her RIASEC profile, as a helper I picked up the word help and discussed the skills behind the word: interest in people, empathy, motivation for sharing, respect, etc. Then I asked her to give us three examples of her professional life that validate that explanation. She wrote every single word in a notebook because she wished to do so, underlining words, making diagrams, flowcharts, and comments. Starting from that, I suggested that in between sessions she reads her notes and then asks new questions about herself or asks me for more

clarification, and we repeated this protocol during four sessions. We passed through words stemming from her answers, re-explaining and reformulating looking for more examples. It was like a Socratic training, in learning how to question and how to answer or like a Pilates training where the systematic repetition of the same exercise brings more flexibility, fluidity and softens the difficulties of acting

By the seventh meeting, she started answering employment offers, but failed some of them because of high insecurity and anxiety, and each time we returned to the tests results by stating: "Ok now, what do you know about yourself? "I read her answers again and she looked for examples, and I explained and she validated and started to associate pleasure and stimulation with events from the past: "It was so good when I implemented my botanic workshop with the kids," and she told how she did it. Together, we linked her story to her self-descriptions of brave, innovative, and reliable and with her personality trait as a doer.

Through all our meetings and discussions, I avoided introducing Level 3 Information because
1) they stemmed only from my clinical impressions,
2) I perceived Ann to be too sensitive and did not want to scare her with what might become threatening information, and
I3) We were not in a psychotherapeutic process, but only in a supporting one.

At the end of the phase three of the return-to work program, Ann enrolled with interest in phase four and just two weeks later she got a job as a coordinator in a home for adolescent migrants with behavioral problems. After signing her work agreement, Ann sent me a text stating:

> "Thank you, Ms. Castro, for our interaction and the respect you have shown me in the back-to-work program. It has helped me regain my self-confidence and mobilize my energies. When I arrived, I was extremely down, it was at the end of my rope. Through your intervention, I felt like revaluing myself, letting myself be guided and rebounding with a new approach to myself. I am also very happy to be on a mission that interests me...All the best, Ann."

What does she tell us through this little text? That the respect she felt in our interaction provided her with enough security to let herself be guided. Furthermore, the given feedback guided her to positive work memories that allowed her to relearn from her own professional life-story. Finally, that the reassessment of herself, through valorization and self-efficacy (rebounding with a new approach) brought her to hope, and hope put her in action.

Final Thoughts

This happy-end experience points to the fact that: the spirit of TA, its fundamental principles, and procedures with the client, might be successfully translated to other area after appropriate modifications, under two mandatory conditions: 1) raise questions about one's experience and history; 2) use clients' productions through psychological tests that have a link to self-image or personality traits. Nevertheless, a lot of research is needed to validate this statement. In an occupational context and according to their priorities, people can successfully be helped even if personal events do not come into discussion or Level 3 Information is not discussed. The benefit of this kind of help might act as a preparation to a deeper approach, such as psychotherapy.

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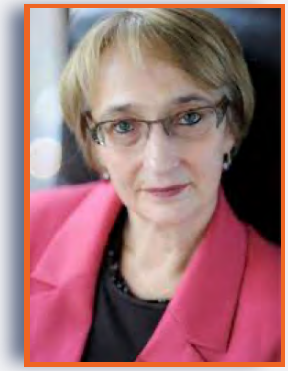

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Exposure to Collaborative Therapeutic Assessment in Early Graduate Training through Therapeutic Feedback Letters

Hadas Pade, Hale Martin, Jamareea Lewis, Lily Bigalke, and Amir Tavari

Teaching psychological assessment is demanding, to say the least. The recent APA Guidelines for Education and Training in Psychological Assessment in Health Service Psychology (2020) discuss the multitude of skills that students must learn. Instructors and students are often overwhelmed by the sheer volume of information along with the complexity of it. Thus, it is not surprising that many students opt not to pursue further assessment training early on in their graduate education. Therefore, it may seem contraindicated to add yet another component. However, incorporating aspects of Collaborative Therapeutic Assessment (CTA), including therapeutic feedback letters, can enhance the learning (and teaching) experience and make what is sometimes considered fairly dry and technical material far more meaningful and relatable, and by default more engaging (resulting in students finding compelling reasons to pursue further training in assessment).

In this column, Hadas Pade reviews the potential benefits of teaching and learning the CTA approach early in training programs, and elaborates on the impact of therapeutic feedback letters. She then shares findings from a small sample of graduate students about the value they experienced doing such an activity. Following, Jamareea Lewis, Lily Bigalke, and Amir Tavari, graduate students/interns, reflect on their CTA learning experience and its impact on their overall professional development, with an emphasis on the significance of writing therapeutic feedback letters. Subsequently, Hale Martin provides a brief overview of his teaching CTA, incorporating written therapeutic feedback to clients. Finally, he offers some final thoughts on the health and future of CTA.

Ways to Incorporate CTA in Early Assessment Coursework

My (Hadas Pade) direct experience teaching assessment with first-and second-year graduate students as well as advanced students was enlightening. Initially, I did not explicitly discuss CTA in depth with students during beginning assessment courses, mainly to not overwhelm them or myself or distract them from the basics of assessment. I did, however, utilize it with my advanced assessment students who were conducting clinical assessments. It was these students who unequivocally informed me just how valuable it would have been to learn about CTA their first year in the program. Considering this was coming from students who were clearly already invested in assessment, I could only imagine the potential impact this aspect of teaching would have on students who were unsure or turned off by assessment. And so, I began incorporating CTA more thoughtfully and from the very first class.

A simple way to incorporate CTA, especially for an instructor who may not be as familiar with the approach, is introducing and emphasizing its core values in the context of assessment work. While students may be well familiar with the concepts of collaboration, respect, humility, compassion, openness, and curiosity in general and in the context of psychotherapy, many of them may not readily recognize what their transforming role can be in the assessment process. Along with simply letting students know this approach exists and the basic concepts, instructors can steer students towards the Therapeutic Assessment Institute's (TAI) website and encourage them to find readily available resources to explore on their own. Another user-friendly approach is to assign reading(s) on CTA: a chapter from Steve Finn's 2007 book, In Our Client's Shoes; or one of the many articles and other books now available, accompanied by class discussion and/or a reflective write up. Readings can be assigned at any point of the assessment course and in direct relation to material taught. Finally, another way to introduce a core component of CTA is by creatively teaching the development of therapeutic feedback letters.

Use of Therapeutic Feedback Letters in Early Assessment Coursework

As someone (Hadas Pade) who has regularly utilized feedback letters in direct clinical work, I have a variety of examples that I introduce. For those who do not, there are plenty of samples within reach as the CTA community is indeed a collaborative one. While that alone can suffice as a powerful experience for students, I recommend having an assignment associated with feedback letters. At the very least a reflective write up that allows students to read such letters or stories and explore their own reaction and to perhaps think about their utility in clinical situations. Reflective write ups are beneficial for students and do not require a tremendous amount of time to review and grade by instructors. Thus, they are a simple win-win way to incorporate CTA. For those instructors who want to go further, having students write a draft letter is a great activity. Whether it's based on clinical case data, a report they review, or their own volunteer client, writing a letter can have several benefits towards learning assessment. The goal is to have students consider and explain assessment findings in a user-friendly, meaningful manner. I have found that students' letters can demonstrate their actual understanding of testing data better than what they provide in the formal report.

Over the past three or so years I have gathered informal feedback from 1st and 2nd year students via an anonymous online survey. Thirty-two shared their input about using feedback letters as a class activity. Results indicated that all but 2 (94%) agreed or strongly agreed that writing feedback letters as a class activity was useful and "forced" them to explain testing data in a meaningful manner to a non-trained audience. Overall, 96% of respondents agreed or strongly agreed that feedback letters should be an activity utilized in early assessment coursework. Students' comments further illustrated the potential benefits and goals I was hoping to accomplish. Here are a few examples.

I think feedback letters are a concrete way to tackle the complicated process of giving feedback to clients. Conducting an actual feedback session requires a lot of thought and practice, but completing a feedback letter is a good activity that gets at similar thought processes.

While it was a difficult activity, I found it to be extremely valuable because it made me try to imagine what the client would want to see/hear and how to make the information applicable and personalized to them. It challenged me to take on someone else's point of view but by doing so I was able to explore how much I actually learned and understood from the testing process.

I like how feedback letters are tailored to clients in a way that allows you to be creative and personable. As a student, writing a feedback letter also challenges me to make sure that I am communicating the results accurately, regardless of the age of the intended audience.

I think it is really useful to better explain report results to a client… The earlier you learn to do this the more beneficial. It helped me really grasp conceptualization and integration.

Three Students' Experience and Perspectives on CTA and Learning from Therapeutic Feedback Letters

I (Jamareea Lewis) will never forget the day I first came to learn about psychological assessment, the importance of my role in the assessment process, and gain insight into my overall passion for assessment. It all began when I enrolled in a school psychology master's program. It was a challenging transition from undergrad, and I recall having to work harder than others in my program to understand how to administer and score tests and how to make sense of all the data. Through this process I learned that the motto of a school psychologist was to "test, score, interpret, report, and move on."

This approach led me to see the examinee as a number. I began to have this feeling that something was missing for me in this process, but I could not put my finger on it. I would often ask myself, "What am I missing? "What am I feeling?", "What is assessment?", and "Why do I continue to care for this area?". These questions did not get answered until a few years later when I enrolled in a PsyD Clinical Psychology program. Initially, I entered the program overly confident, feeling as though I had a lot of knowledge in assessment. I created a mantra for myself, "You got this, you're already a step ahead." However, I was quickly awakened when I had to interpret the data by focusing on a client-centered approach to tell the story of what the numbers mean in terms of their life experiences and current functioning. I had never struggled so much throughout my education.

It was not until the final course in the 3-course assessment sequence when I wrote a practice feedback letter as part of assessment with a volunteer that I had an "ah-ha" moment. The light bulb went off and I was flooded with the answers to those questions noted above. I had realized what I was missing and what assessment was really about. The answer: "Therapeutic Assessment." Having to create a feedback letter for a volunteer helped me reflect on my journey into

assessment, reflect on what I learned in the process, and reignited my passion for assessment and helping people make sense of who they are and why they may be struggling at a certain point in their lives. Now that I am on internship at Fresno City College, I feel it is my obligation to try and make a change in helping others see the importance of using a collaborative approach as well as feedback letters with college students. The use of a feedback letter helps the clinician join in on understanding the client, lower their anxiety based on the results, and help increase the collaboration between client and clinician. I now embrace my personal mantra, "You got this, you're already a step ahead."

I (Lily Bigalke) had always felt that assessment was a deeply personal and emotional process. Yet all of my past experiences as a client had taught me to believe emotions and feelings had no place in the world of psychological testing. Reading "In Our Clients Shoes" in my first-year graduate assessment course not only validated my personal experience with assessment, but author Stephen Finn was also proposing a mechanism through which validating our clients' emotional experiences can be utilized as a potentially therapeutic intervention. Learning about TA, I felt empowered to use my personal experience to better understand the experiences of clients and harness the true therapeutic change that is possible when the assessment process views the client as the expert in their own life.

Additionally, learning about the core values of therapeutic assessment and being introduced to feedback letters early on in my graduate training also enhanced my understanding of test measures and results, it informed my report writing, and strengthened my ability to synthesize and think about clinical information in and out of the classroom. Through the experience of writing my first feedback letter for a client, I recognized the full power of TA's mechanisms of therapeutic action. Six months after giving my client her feedback letter, she called me to thank me. She described how the letter had become a guiding light for her during her first semester of her freshman year of college. She was regularly attending therapy and feeling "hopeful about the future for the first time in a long time." She described how the letter had provided a frame of reference and a lexicon that validated her personal experience and helped her feel seen and heard after years of feeling misunderstood. She told me she used the letter with her therapist to identify goals for therapy and to communicate more effectively with family and friends about her needs and boundaries. Hearing words of gratitude from my client in regard to her feedback letter will always be a profoundly personal and moving moment for me as a young assessor in training. Through this experience I recognized how vital the feedback process is in fostering resiliency in clients of all ages and backgrounds

I (Amir Tavari) entered graduate school without any academic or other experience of assessment, though I had this understanding that assessors used tests to prescribe narratives for people, and that it wouldn't matter if the person thought differently. It implied a top-down notion, in which the tests and assessor would assert the truth about the client, regardless of the client's perspective. However, once I was immersed in the CTA curriculum at the very start of my graduate program, not only was the assessment process redeemed for me, it felt exciting to collaborate with the client to provide a more personal perspective to the complex assessment data and to work together to demystify them for the client. I found the process of engaging in ongoing bidirectional feedback to be the most valuable part of what an assessment offers the client, which culminates with the feedback letter. It's difficult for me to imagine learning assessment from a different approach at this point.

When I was later exposed to what the traditional assessment process entailed via a practicum site, being directed towards producing a data-centered report, I felt so much appreciation for the client-centered nature of the CTA model. Nevertheless, one of the most difficult parts of practicing a CTA approach in my initial assessment course was attempting to translate the data and jargon-heavy results into a discussion of the client's experience and what that data means for their life. My early reports were quite frankly embarrassing in how cryptic they would have been for clients. When we were introduced to the concept of a feedback letter, and asked to write one, it forced me to put myself in the client's shoes where I may be unfamiliar with concepts like fluid reasoning skills, or that certain subtests scaled scores are out of nineteen. When I later conducted clinical assessments, I further recognized that through the process of writing feedback letters, I better understood the personal meaning of the data and how I could relay the data to add greater understanding of the client's experiences. It was evident that the letter helped everything 'click' for the client, and offered some relief in the face of complex assessment results.

Once I felt like I had a good grasp of the value of feedback letters, it was exciting to work with students who were newer to assessment to hopefully impart the value that letters provide towards the interpretation and integration process, as well as the reciprocal nature of feedback when the letter is shared with the client. I recall tutoring a fellow student who wasn't taught assessment through the CTA framework, and witnessing how they struggled to break the data down into an understanding that would provide digestible meaning to the client. It was thrilling to see them have an easier

time once they worked on a letter and began to understand that they could speak to the client directly without the clinical jargon, while communicating the most important and relevant concepts for the client. Now, I feel privileged to be at an internship with WestCoast Children's Clinic, where assessments are client-centered, and with a concentration on the process being therapeutic and collaborative. In the course of our regular CTA training, I distinctly recall when our training director was speaking to how we can foster collaboration through communicating to the client from their lens of their difficulties, and even the fears they may have of the assessment results. This message emphasized that formulating a feedback letter could help bring us into the client's shoes, and minimize the power differential between clinician and client. This perspective has motivated me to think about the feedback letter from the very first session, so that I may join the client in understanding their concerns, and reaching a conclusion together.

Teaching CTA and Final Thoughts

I (Hale Martin) have had the honor of teaching Therapeutic Assessment (TA) to doctoral students for the last 20 years and have taught a class fully dedicated to TA for the past 13 years. I am delighted by the experiences shared earlier by Jamareea, Lily, and Amir. They capture the experience of students learning to be assessors. I also have found students to be very receptive and excited about CTA and have often heard, "Why would you do it any other way?" Jamareea, Lily, and Amir observe some powerful effects of CTA: it helps us think beyond data points and logical conclusions in order to really understand what all the numbers are about; it helps students become not only good assessors but also better therapists; and it highlights the value of well-written feedback letters as agents of change through helping clients discover more accurate and more self-compassionate understanding of themselves. It is an eye-opening experience for students to realize the therapeutic value written feedback can have. By letting assessors look deeper than the data, it also uncovers new understandings of people in general and, with these new understandings, it even helps assessors in their own personal growth, which is one of the life-long benefits of our work.

In my TA course, one of the assignments is to write a portion of a feedback letter that uses a metaphor to explain some technical finding in plain language so that a client has a better chance to actually assimilate it into their life. In TA we try to use metaphors and images that the client has given us during the assessment to make the written feedback even more personal and powerful. Another assignment is to write a fable for a child (often used instead of a therapeutic letter for children under 12) that captures the child's experience and conveys at their level of understanding something from the assessment that will give them direction and hope to understand/address their problem in living. The fable is often very helpful for their caretakers as well. I recently had a 38-year-old man with whom I had done a TA 29 years ago contact me to see if I remembered his and his families' struggles at that time. The thing that had stuck in his mind was a fable I had written for him, Bob's Blue Backpack. It was the first story I had written for a child client and was touched that it was memorable 29 years later to the client and had been helpful in his life.

Finally, I believe CTA also has the potential to transform service delivery. For this reason, I hope the experiences that Jamareea, Lily, and Amir shared become more common and that the value of CTA is recognized more broadly. The biggest obstacle I find in training students in TA is finding supervisors proficient in TA to help them apply it in assessment cases. Having students of today become the supervisors of tomorrow will help make the practice of CTA more common. With the insights of Jamareea, Lily, and Amir, and with the dedication of Hadas (and others) to training students, I am encouraged to think that CTA is on a good path into the future.

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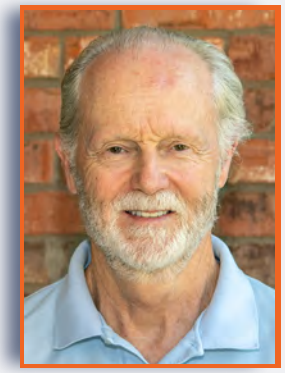
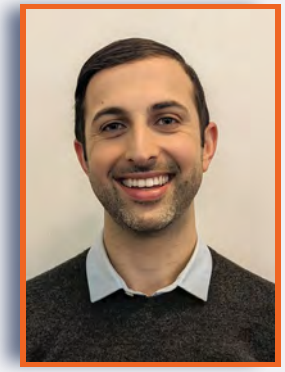


Dr. Martin, Ph.D. is clinical professor in the Graduate School of Professional Psychology at the

University of Denver, where he teaches Cognitive Assessment, Self-Report Assessment, Introduction to Rorschach, and Therapeutic Assessment. Dr. Martin is also on the Board of Directors of the Therapeutic Assessment Institute charged with advancing Therapeutic Assess-ment. He teaches Therapeutic Assessment nationally and internationally. He has written a number of chapters and articles on psychological assessment and co-authored a book with Stephen Finn on Masculinity and Femininity and the MMPI. He is the founder of the Colorado Assessment Society and a Fellow of the Society for Personality Assessment.

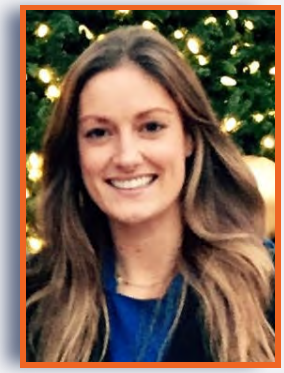
Jamareea Lewis is currently a fourth year PsyD student in the Clinical Psychology program at California School of Professional Psychology of Alliant International University in Emeryville, CA. She is in the Child and Family track. Before attending Alliant, she completed her graduate work: M.S in Psychology concentration in School Psychology at San Francisco State University. Her internship is currently with the State Center Community College district where she is placed at Fresno City College.



Amir Tavari, M.A. is a Psy.D. doctoral candidate at the California School of Professional Psychology (CSPP) at Alliant International University, San Francisco Bay Campus, and a doctoral intern at WestCoast Children's Clinic. He began training within from a collaborative therapeutic assessment (CTA) model at the start of his graduate coursework, and has since advanced his CTA training while at the CSPP Assessment Clinic and at WestCoast Children's Clinic. He has also trained psychodynamically and analytically at the RAMS outpatient clinic and UCSF Alliance Health Project. Amir is completing his doctoral dissertation on the remission factors of Alcohol Use Disorder, and is projected to graduate this May of 2022.

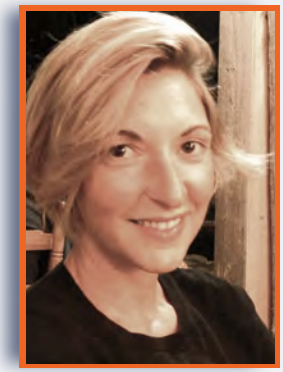
Hadas Pade, PsyD is an Associate Professor with California School of Professional Psychology (CSPP) at Alliant International University, San Francisco Bay Campus, and is the Co-Director of the CSPP Assessment Center. Dr. Pade is the current President of the Assessment Psychology Section of APA's Division 12 Clinical Psychology. She is also the President of the Collaborative Assessment Association of the Bay Area (CAABA). She has written several book chapters and articles on psychological assessment and regularly co-facilitates workshops and various presentations at the APA and SPA conventions on multiple topics in psychological assessment including training and diversity considerations. Dr. Pade also conducts public safety evaluations in the SF bay area.

Spotlight on Recent TA Certifications



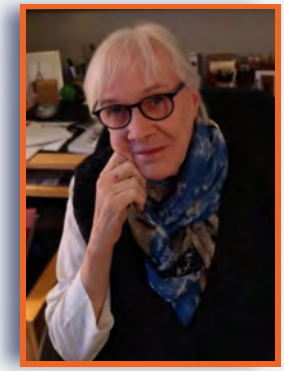
Lily Bigalky is a fourth-year student in clinical psychology at the California School of Professional Psychology (CSPP) at Alliant International Universi-ty, San Francisco Bay Campus. She is currently completing her advanced fourth-year practicum at Kaiser San Rafael in the Psychiatry Department and Adult ADHD Assessment Clinic. Her research experience includes a poster presentation on disability and accessibility issues in graduate assessment training at the 2021 Annual Conference of the Society for Personality Assessment and a symposium presentation at the 2021 International Collaborative Therapeutic Assessment Conference. She has dedicated her dissertation research to developing a didactic presentation for graduate students on Therapeutic Assessment (TA) to be shown in clinical psychology doctoral programs as a training resource that seeks to increase the acceptability of TA among graduate students.

Newly Certified in TA



Silvia Gasparotto

Silvia is the first psychologist in Italy outside of the European Center for Therapeutic Assessment (ECTA) to be certified in TA. She studied psychology at the University of Padua, and did her graduate training at the Family Therapy Institute of Veneto. In 2014, Silvia took a course offered by ECTA on "The Collaborative Use of Psychological Tests." She quickly fell in love with TA and enrolled in all subsequent TA courses and workshops offered by ECTA. She also began to get individual consultation from ECTA faculty, in particular with Camillo Caputo. In 2020 Silvia began consultations with Stephen Finn, and earned her certification in adult TA in November 2021 through the new Mentor/Sponsor option (explained on the TA website). Silvia says what she likes the most about TA is how client-centered it is and how tests are used to help clients reach distant and often unknown places. She recommends the TA certification process to others, saying that it helped her grow a great deal, and not just professionally. Her current goal is to keep improving her TAs with individual adults, and eventually to become certified in TA with couples. Apart from work, Silvia loves to play tennis and ski and to lose herself in a good novel.



Mariam King, PsyD

Mariam is a psychologist in private practice in Marin County (outside of San Francisco). She has been working with TA since June 2012, after attending the TA Immersion Course in Austin. Mariam completed her certification in TA with Children in December 2021 via the Mentor/Sponsor method (explained on the TA website) after working with Stephen Finn and other TAI faculty in individual consultation. As an undergraduate, Mariam studied Philosophy at Santa Clara University, and a course on the Philosophy of the Unconscious spurred a long-term interest in Theory of Mind, Jungian analysis, British Object Relations, and Self Psychology. After graduating, she worked for three years in a residential treatment center for children with severe autism, and then for one year in another residential program for adults with initial onset psychosis. Mariam decided to pursue graduate studies and received a Master's in Clinical Psychology from San Francisco State University and a doctorate in Clinical Psychology from the California School of Professional Psychology. During her graduate work, Mariam became very interested in developmental disorders, learning disabilities, and neuropsychology. For 20 years she was on the staff of California Pacific Medical Center in San Francisco, seeing and assessing children and teens and their families. Mariam then worked for five years at an agency specializing in ASD evaluations; there she introduced psychology interns to TA and to how it could be used to integrate cognitive and psycho-social testing. Mariam hopes to complete her certification in TA with Adolescents very soon.

Melinda Glass, Ph.D.

Melinda Glass completed her certification in TA with adult clients in December 2021. She is the first psychologist in Alaska to be certified in TA. Melinda completed her B.A. (in psychology and English) at CSU, Fresno, where she also received her M.S.W. in clinical social work. She then studied at the University of Wyoming in Laramie, completing her Masters and Ph.D. (in 1995) in clinical psychology. Melinda has been a licensed psychologist in Alaska since 1996 and has worked in many places in Alaska as a psychologist and social worker, including with Alaskan native populations. Besides doing TA and psychotherapy, Melinda has also been in demand as a forensic assessor. Melinda first heard about TA in 2011 at the annual SPA meeting. She attended the TA Immersion Course in Austin in 2012. Melinda lives in Palmer, Alaska, a town just north of Anchorage, and practices in both Palmer and Anchorage. Melinda loves to travel, and when she is not working you may find her curled up with her cats or dogs, walking with friends, or paddle-boarding with her husband, John, on the beautiful lake near their house. Her next goal in TA is to become certified in TA with couples.

Recent publications

- Armstrong, D. L. (2020). *Collaborative/Therapeutic Assessment with psychiatric inpatients diagnosed with bipolar disorder* (doctoral dissertation). https://doi.org/10.7939/r3-gzwt-ep85

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- Waldron-Perrine, B., Rai, J., & Chao, D. (2021). Therapeutic assessment and the art of feedback: A model for integrating evidence-based assessment and therapy techniques in neurological rehabilitation. *NeuroRehabilitation, 49,* 293–306 https://-doi.org/10.3233/NRE-218027

Upcoming Trainings in TA

January and February, 2022; Online

Title: **Winter Coding and Classification Webinar for Adult Attachment Projective Picture System** (38 CE Credits)
Presenter: Carol George and colleagues
Sponsors: Therapeutic Assessment Institute & Society for Personality Assessment
Language: English
Schedule: January 7, 14, 17, 21, 23 and February 4 and 6, 2022 12 PM – 4 PM EST
Information: www.therapeuticassessment.com

February 18, 2022; Online Webinar

Title: **"Why do I have so much trouble in my classes?": Therapeutic Assessment of Specific Learning Disabilities** (2 CE Credits)
Presenter: Hale Martin
Sponsors: Therapeutic Assessment Institute & University of Denver Graduate School of Professional Psychology
Language: English
Schedule: February 18, 1 PM – 3 PM CST
Information: *www.therapeuticassessment.com*

March 9, 2022; Chicago, IL (Society for Personality Assessment Annual Meeting)

Title: **Working with "Levels of Information" in Therapeutic Assessment Using the Crisi Wartegg System | Workshop C** (7 CE Credits)
Presenter: Jacob Palm, Stephen E. Finn, & Alessandro Crisi
Sponsors: Therapeutic Assessment Institute & Society for Personality Assessment
Language: English
Schedule: 8 AM – 5 PM CST (in-person)
Information: https://spa-convention.org/2021/11/10/working-with-levels-of-information-in-therapeutic-assessment-using-the-crisi-wartegg-system-workshop-c-7-ce-credits/

March 4, 2022, Webinar
March 10, Chicago, IL (Society for Personality Assessment Annual Meeting)

Title: **Fire and Ice: Using the Adult Attachment Projective Picture System in Attachment-Based Treatment of the Failure to Mourn | Workshop F** (7 CE Credits)
Presenter: Carol George & Melissa Lehman
Sponsors: Therapeutic Assessment Institute & Society for Personality Assessment
Language: English
Schedule: March 4, 1 PM -5 PM CST (webinar)
March 10, 8 AM – 12 PM CST (in-person)
Information: https://spa-convention.org/2021/11/10/-fire-and-ice-using-the-adult-attachment-projective-picture-system-in-attachment-based-treatment-of-the-failure-to-mourn-workshop-f-7-ce-credits/

March 13, Chicago, IL (Society for Personality Assessment Annual Meeting)

Title: **Integrate and Translate Assessment Data into Client Questions: Working on Individualized Case Conceptualizations | Workshop K** (7 CE Credits)
Presenter: Pamela Schaber & Hilde De Saeger
Sponsors: Therapeutic Assessment Institute & Society for Personality Assessment
Language: English
Schedule: 8 AM – 5 PM CST (in-person)
Information: https://spa-convention.org/2021/11/10/integrate-and-translate-assessment-data-into-client-questions-working-on-individualized-case-conceptualizations-workshop-k-7-ce-credits/

April 29, 30, and May 1, 2022 Online workshop

Title: **Child Problems as a Window into Couple Dynamics: Family Biofeedback with Couples and Families**
Presenter: Wai Yung Lee, President, Asian Academy of Family Therapy
Sponsors: Asian-Pacific Center for Therapeutic Assessment
Language: English (with simultaneous Japanese translation)
Schedule: 9:30 AM – 3:30 PM Tokyo time, 5:30 PM – 11:30 PM US Pacific time
Informarion: asiancta@gmail.com