THE TA CONNECTION

resources for THERAPEUTIC ASSESSMENT PROFESSIONALS

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TA Books, Relationships, and Learning

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Greetings, friends and colleagues. I am grateful for the opportunity to take over the editorship of the *TA Connection* and publish this edition. Our world continues to face significant challenges, and more than ever, our fellow humans need psychological support. Many professionals have seen increases in the request for mental health services, while multiple stressors contribute to emotional and relational challenges. While it is great that more people are feeling comfortable accessing help, the increase in demand can contribute to us as professionals experiencing our own challenges, while we also are affected by all that is occurring with continued COVID outbreaks, war, racism, and violence in our communities. My relationships with colleagues and the TA community broadly are both a balm and a source of happiness through all of this. As I complete my second decade of work as a psychologist, I realize more than ever that our work is about relationships and learning, and hopefully this issue of the *TA Connection* and the ones that follow convey the importance of both.

Before I go further on those points, I don't want to bury the lead. Many of us were inspired by Steve Finn's (2007) *In Our Clients' Shoes*, and yet we also longed for texts that would provide more guidance on each step of the TA model. After years of hard work by various individuals, we will soon have two books published that meet that goal. In March, *Therapeutic Assessment with Children: Enhancing Parental Empathy through Psychological Assessment* was published, and on June 23, 2022, *Therapeutic Assessment with Adults: Using Psychological Testing to Help Clients Change* will be released. Both books have chapters that will be useful to clinicians and those teaching and training students. Each book covers theory and research for each model, and there are chapters on building your TA skill set, marketing, and managing practicalities. Readers will appreciate the chapters devoted to each step of the model, and these cover the values and theories that are important to hold with practical advice for each step. These chapters also have several vignettes that demonstrate clinical applications and ways to avoid common errors. The highlight of each book is a clinical case that is presented at the end of each chapter on the steps. These books will be valueable to those just learning TA, as well as skilled TA assessors who are facing specific challenges or are looking for new ideas. At the end of this edition, there is a flyer with more information about those books and other C/TA texts published by Routledge. For a limited time, there is a 20% discount.

Back to relationships and learning. It was great that many of us could gather in Chicago this past March for the Society of Personality Assessment (SPA) Annual Conference. In this edition, there are some photos from the conference, but a highlight was Steve Finn being awarded SPA's Distinguished Service and Contribution to Personality Assessment Award. This award honors professionals who have demonstrated excellence in teaching, outreach, advocacy, or practice as related to personality assessment. There were also multiple TA presentations and an early morning CTA Interest Group was well attended. Amidst the many opportunities to learn, there were opportunities to connect with friends and colleagues in ways that were not possible during virtual conferences.

Taking on editorship is a new endeavor for me, and I have already learned a lot about this process. I am grateful to our outgoing editor JD Smith for all the guidance and quick responses to my emails. It has also been great to collaborate with the *TA Connection* Associate Editors: Hale Martin, Pamela Schaber, and Deborah Tharinger. Steve Finn has also been invaluable in answering questions and helping me think about aspects of the newsletter. I am looking forward to seeing what we can produce for the *TA Connection* to make it as useful to clinicians as possible.

This Issue

Our first article also highlights the importance of relationships and learning. Edward (Ned) Jenney presented at the SPA conference in March, and he turned that presentation into a paper for this edition. He highlights the benefits of building relationships with consultants who help assessors understand test results in deeper ways. Ned's case is also a beautiful example of bottom-up learning and how during an Extended Inquiry, the client's problem in living is often present to be observed, explored, and understood.

Our second article grew out of my relationships with three local master's level therapists. We collaborated on many TAs, and I was curious about their experience and what teen clients and their parents say after a TA is finished. Megan Sigmon-Olsen, Sarah Souder Johnson, and Ashley Groshek each provide valuable information about what it is like to be a referring therapist for a TA. Working with referring professionals can be highly rewarding and this article provides some thoughts on how to build those connections.

Next up, Dale Rudin, TAI Certification Chair, shares about the newly developed TA certification model. Often when people learn about TA they consider getting certified, but like any endeavor, it takes time and a commitment. The newly developed consultation model will be welcomed by those who appreciate more support and time to organize themselves and their materials in a certification process.

Last, we continue to spotlight assessors newly certified in TA. In this issue, we are delighted to congratulate Kate Thomas, PhD, on her certification after completing a post-doc at the Center for Therapeutic Assessment in Austin. Kate also recently presented on Therapeutic Assessment with Adolescents for the TAI and has been a welcome addition to the TA community.

Upcoming TA Trainings

The TAI continues to prioritize routine trainings and in May, Pamela Schaber and Kate Thomas conducted a two-day workshop: *Introduction to Therapeutic Assessment with Adolescents and their Families*. The TAI is targeting having a Level 2 training this fall—more details to come as this is further organized.

If you attended the SPA Conference, you may have seen Pamela Schaber and Hilde De Saeger's workshop on case conceptualization. This presentation will be available in webinar form on June 29 & 30, 2022 through SPA. Identifying Levels of Information in test result to inform decision making for the Assessment Intervention Session is an important skill for TA assessors, and this workshop is a fantastic opportunity to hone those abilities.

There will be several presentations on TA at the XXIII Congress of the International Society for the Rorschach and Projective Methods—2022. This congress was postponed from 2021 because of the COVID situation and is the 100-year celebration of the Rorschach. In addition to TA related presentations, there are others on the various tests that often comprise a TA battery. If you can't make it to Geneva, the conference is available virtually (www.rorschachgeneva2022.org).

As always, 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 informative newsletter, access to the members-only listserv, discounts on trainings sponsored by the TAI, and discounts on Adult Attachment Project (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 cannot 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 donating 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. We are continuing to build this fund and hope to have information 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 do all we do.

Future Issues of the TA Connection

Since taking over the role of editor, I have been thinking about a variety of ways to share information in the TA Connection that will be useful to practitioners. If you have feedback or suggestions for the newsletter, please let me know. 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 in an upcoming issue, feel free to share your ideas.

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

"Going down rabbit holes in the basement:" Using Collaborative, Multimethod Assessment to Clarify a Case of ADHD in an Adolescent

Edward B. Jenny, Psy.D.
Edward Jenny & Associates, PC.

This case presentation emerged from a series of fruitful consultations on a difficult case. I would like to thank Jacob Palm Ph.D., Melissa Lehman Ph.D., and Julie Cradock-O'Leary Ph.D. for their insightful contributions to this case. One of the things I most value about working from a Collaborative/Therapeutic Assessment framework, is the ability to collaborate with fellow practitioners and conceptualize cases from a "shared mind." Often the nuances of complex cases can only emerge when multiple mentalizing perspectives are recruited to make sense of the data. In this case, I had the good fortune of consulting with experts on each of the measures used. The case involves a 19-year-old, White, cisgender male who was having difficulty in his first year of college at a large state university.

History and Background

I first met John and his parents when they consulted me about their concerns regarding John's slipping performance in college and his oppositional and explosive behavior in the family. John was nineteen and struggling in his first year of college. He had done well in high school and presented as bright and articulate. John's father stated that "there were a lot of different angles for how we got here." He cited concerns about John's school performance. He wondered if John needed better time management skills and cited decreased motivation as sources of the problem. He wondered if this was all due to ADHD or something else. He described his son as being "off the rails" and wanted help in getting him back on track.

John's mother described him as fidgety in grade school and recalled that it seemed to take him a long time to get assignments completed. After his first semester of college, he was diagnosed, through psychiatric interview, with ADHD and prescribed 15mg of Adderall, but this had not seemed to help much. John's mother described her son as lethargic but not sad. She noted that he resisted making lists and that reinforcement plans only provided temporary benefits.

John described himself as struggling to get started on school projects but even when he got behind, he was able to make up work and end up with a decent grade. He described himself as "motivated", but he had a hard time initiating tasks. He reported that habits tended to "fizzle out" and that he had always had a hard time focusing.

John is the youngest of three children in an intact family. He has a twenty-two-year-old brother and a twenty-five-year-old sister. He describes his sister as highly accomplished and able to sail through high school and college with ease. John's brother reportedly had some difficulties when he first went to college, being overly social but ultimately settling in and earning his degree. John attended Catholic school from grades 1-8 then public high school. He reportedly did well, had no major discipline problems but was often caught "goofing around." There were no learning differences identified.

According to John "the first year of college didn't go well." This was the start of the pandemic and classes were conducted over Zoom. He began to feel disconnected from the classwork, missed deadlines and got farther and farther behind. He disclosed some shame about all of this: "I knew I needed help, but I didn't like it when it was given." He kept telling himself "next week will be different," but he continued to slip behind and ultimately had to take incomplete grades. At this point his parents mandated that he return home and enroll in a local satellite campus of his university. He moved into the basement and became increasingly isolated and despondent. his was when they sought my help, and we started a collaborative assessment.

Assessment Questions:

John and his parents formulated the following assessment Questions:

Mom:

1. How can John be more engaged and motivated to succeed?
2. How can he be successful?
3. Is ADHD the right diagnosis or is there something deeper?

Dad:

1. Is there an executive functioning issue?
2. Can John use time management?

John:

1. Where did this start and why is this happening now?
2. How might my relationship with my parents affect how I behave with others and my inability to do things?
3. How might my relationship with my parents affect my social relationships?
4. Is this just a rough patch or do these strong feelings indicate deeper problems?
5. Why do my parents and I get into so many fights?
6. Can we as a family learn to give feedback (to each other) more supportively?

What struck me about these questions is the qualitative difference between John's questions and his parents'. Understandably John's parents were concerned with him being successful at college and moving into adulthood, but John's questions were much more psychologically rich and insightful. He wanted to know what makes him tick, and his questions imply a deep interest in interpersonal relationships and personality dynamics.

In an individual session with John, he confided that when his parents give too much support, he feels like they "baby" him and he feels "micromanaged" suggesting a developmental mismatch in the family system. John had searched WebMD and wondered if both he and his father had narcissistic traits. He experienced his dad as controlling and perfectionistic and described fights in which neither one was willing to concede any ground to the other, to the point where neither could understand what the other was talking about or how the argument started.

Assessment Measures

Over the course of the assessment, John completed the MMPI-2, Wartegg Drawing Completion Test (Crisi Wartegg System, CWS), Adult Attachment Projective (AAP), Thurston-Craddock test of Shame (TCTS), Rorschach (R-PAS), and the Difficulties in Emotion Regulation Scale (DERS).

John's MMPI-2 (Butcher et al., 1989) showed elevations on scales 7-4-2 and 8. John's 7-4-2 profile suggested that he experienced significant tension, worry and guilt and that he used acting out to manage these feelings. His scale 2 and the Rorschach (discussed below) told me that he was also quite depressed. His K and S scales were low, and I wondered about damage to his self-esteem. I was also concerned about the quality of his thinking with an elevated clinical scale 8, RC8 and BIZ at t-score = 81. As we will see, John's thinking can become loose, but this generally happens when has "gone down rabbit holes." We began to explore together the role of emotion in disrupting his thinking.

To explore this more systematically, I had John complete the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004), a self-report measure tapping a client's experience and management of emotion. John's responses suggested that he was aware of his feelings but had difficulty regulating them and staying focused when he was flooded. John reported that his emotions "feel like a flood" and that he feels like "I have two brains constantly thinking of a million things." He stated that Adderall made this worse rather than better.

On the Rorschach (Meyer et al., 2011), John produced a complex protocol with signs of engagement (elevated turning, pulls, blends, synthesis). Like the MMPI, there were also signs of some perceptual and thinking problems (elevated EII-3, TP-Comp, WSumCog, SevCog), but the accuracy of his perceptions was good. He could accurately interpret his environment but was prone to combinations and logical connections that were peculiar. There were indications of stress on his Rorschach (elevated shading, m, SC-comp), and his trauma content index (Armstrong & Lowenstein, 1990; TC) was scored at .39, particularly high given that Kamphuis, Kugeares and Finn (2000) found that a sample of sexual abuse survivors produced a TC of .32. John produced seven achromatic color responses, a testament to both his distress and his resilience. Finally, his Rorschach was notable for his attempts to integrate information on each card. Of 28 responses, 25 were whole card responses including all the later, more complex cards. He really wanted to pull everything together even when the cost in doing so was prohibitive, as evidenced by special scores suggesting cognitive slippage.

John's Wartegg (Crisi & Palm, 2018) also demonstrated his over-ideational style. Most Wartegg protocols can be recorded on a single sheet of paper. John's ran to five pages. His box three response, the box of available energy and achievement, was 384 words long and involved a pyramid with "energy or knowledge coming out of it," Which was a unique response to say the least. His pattern of responses clearly showed that he preferred to think rather than feel and used cognitive defenses to neutralize feelings. For example, his protocol contained four astronomy contents, an attempt to cool off and distance emotion (Palm, 2022). Emotion, particularly anger, appeared split off and contained by intellectual defenses but was prone to break throughs.

John's AAP (George & West, 2012) classified him as unresolved with numerous trauma markers. Unresolved clients are dysregulated and flooded with

confusing emotion. The defenses they used in past no longer work, and they are left vulnerable to cognitive, emotional, and behavioral dysregulation (Lehman, 2022). John's AAP stories painted a picture of despair, confusion, and blocked agency. Attachment figures, when present, were not supportive and were often confusing. The attachment world described in John's AAP was one in which he felt isolated, confused, and overwhelmed by feelings of anger and shame that he could not manage.

Regarding shame, John's TCTS (Thurston. & Cradock O'Leary, 2009) contained four references to direct shame and nine references to indirect shame across the ten cards (Cradock O'Leary, 2022), which is unusually high. He used a variety of defenses to contain his shame, but most of his stories had maladaptive endings in which the central tension was not resolved effectively. Like the Wartegg and Rorschach, John's stories were lengthy (one story ran to 841 words). John often repeated themes or phrases as though he was entangled with them. He also negated feelings (e.g., "he is not feeling…") as though he was denying a feeling that he could not understand.

Case Conceptualization

At this point it was clear to me that this was a sensitive, intelligent, and distressed adolescent. I was leaning away from psychosis or thought disorder and more toward disruptions in thinking caused by intrusions of confusing affect. I also realized that ADHD symptoms, while present, did not explain the complexity of this presentation.

There seemed to be a few things at play in John's attempts to stay regulated. First, there was a fair amount of acute distress; his trauma content scale and all those achromatic color responses spoke to his level of distress, but at least with me, he presented as relaxed and engaged. Where was all that pain? Second, based on the history presented by John and his father, there was some aggression below the surface that fueled the angry exchanges between John and his family, but again, where was it? It became clear to me that John was investing a lot of cognitive energy into containing aggressive and dysphoric affect. He was bright and he had the "bandwidth," so to speak to do this, but not without consequences. In his efforts to stay regulated, John used cognitive defenses to contain his anger and sadness. This is what was sending him down "rabbit holes." When he got too far down these rabbit holes, his associations got looser, and he began to look a little psychotic. This seemed at the core of the fights he had with his father in which they got to the point that neither one knew what they were arguing about anymore.

Rorschach Extended Inquiry

One of the most powerful innovations in Collaborative/ Therapeutic Assessment is the use of psychological assessment measures as "empathy magnifiers" (Finn, 2007). Using John's Rorschach, I wanted to bring his tendency to "go down rabbit holes" into the room so that he could experience it without becoming flooded. I wanted to help him understand, 1) why he did that and 2) what the consequences were in terms of his schoolwork.

John's tendency to "go down rabbit holes" was readily apparent on his Rorschach. He had earlier produced a valid protocol with signs of distress and cognitive slippage. Two things really stood out to me from John's Rorschach. First, he put a tremendous amount of effort into incorporating every bit of data (W responses). To explore this, John and I looked at his sequence of scores together. We talked about how, in making a response to a Rorschach card, we can choose between focusing on minute details (Dd, he had none), using easily digested bits (D, he had a few), or pulling the whole field together in one response (W), which he did often. He readily understood that it takes more effort on most of the cards to create a W response, especially the visually complex cards VIII, IX and X. John began to see that the choices he made led to responses that were not clear, logical, and well-integrated. We wondered together if a similar process was affecting his academic work, and he thought that it was.

The second thing that stood out to me and seemed to have a bearing on his question about focusing, was his tendency to have good form popular response, but then spoil the repones with extraneous elaborations of the percept, which showed up in the Rorschach scores as deviant responses (DR). This was particularly evident on Card VIII where he identified the popular animal at D1 but then "went down rabbit hole" associating this with the challenges of living in cities

and the ecological impact of human societies. I asked John to read the response with me, and I told him that the response contained a common, good form quality content (Animals walking on all fours) but that a lot of the elaboration around it obscured the animals. To explore this a little further, I asked him to stick just with the two animals and try to ignore the other details. He did it, but he didn't like it. He stated that it was "kind of difficult because I keep finding new layers." Linking back to our discussion of location he said, "I try to integrate everything." We talked about his frequent use of the word "thing" to describe percepts on the Rorschach. I found myself wondering what these unnamed "things" were as I tried to code the responses. John said that many times on the Rorschach, "I can feel it but not describe it. Then I over-think and it gets jumbled. It's like peripheral vision with thoughts."

And there it was. What I love about C/TA is how the experience encourages clients to discover their own metaphors. I could not have said it much better myself, John did it for me. Particularly in the context of colorful cards like VIII, IX and X, John got overstimulated. His pattern was to "feel" what he saw but not articulate it verbally, and then his defenses stepped in to help him out, but only tied him up, "I overthink, and it gets jumbled." We talked about how this might relate to his problems at school and his arguments with his father. We were able to use the metaphor of "running down rabbit holes" in our therapeutic work together. I could now ask him at the start of a therapy session "how were the rabbit holes this week?" and he would know what I meant. As we worked together, he was able to let go of some of the shame and see himself as less broken. He began to tolerate his feelings a bit more.

How is John today?

I am happy to report that John has made significant progress. He was able to return to the main campus of his college and has reconnected with his peers. This was a significant improvement and a long way from his isolation in the basement. Academically, John is passing all his courses with A's and B's. He continues to struggle with deadlines a bit, but he has learned to rely on his peers to keep him on track. When he is late on an assignment, it is no longer in the service of avoiding an uncomfortable feeling but more normative, age-appropriate prioritizing of fun over work.

I have continued to work with John in psychotherapy and may have an opportunity to repeat some of the measures discussed here. It would be interesting to see what has changed as a result of our work together.

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Author Bio

Edward (Ned) B. Jenny earned his BA in Classical Studies from the University of Pennsylvania in 1990, his M.Ed. in School Counseling from the University of Delaware in 1994 and his Doctor of Clinical Psychology (Psy.D.) from Immaculata University in 2003. Ned completed an APA approved internship in Clinical Psychology at Friends Hospital in Philadelphia, and a post-doctoral fellowship at the Philadelphia School of Psychoanalysis. Upon his completion of his Psy.D. from Immaculata, Ned joined the department of Graduate Psychology. He taught at Immaculata for 17 years reaching the rank of Tenured Full Professor, and in 2019 departed the university to focus on full time clinical practice.

The View from Referring Clinicians: How do They Perceive Therapeutic Assessment with Adolescents?

As part of Therapeutic Assessment (TA), assessors collaborate with referring therapists who send their adolescent clients for psychological evaluations. In many, if not most cases, the family system is stuck and the therapy is stalled. Typically, outside input is sought to move things forward in new and positive ways. From the TA assessor's standpoint, it is a rewarding experience to witness change in both the client and their family members, working in collaboration with the referring colleague. At the same time, I (Raja) wondered how referring therapists perceive TA and what it's like to be the other professional in this collaborative endeavor. Do they find TAs helpful and if so, what parts specifically? What do the adolescents have to say? What do their parents/caretakers think? And are there parts of the process they think could be enhanced? These questions and others led me to reach out to local colleagues I have worked with on TAs with adolescents to see if together we could address these questions and share their experiences with the TA community through this article.

As a psychologist who specializes in working with children, adolescents and families, I made connections with three local providers who also approach client care and professional consultation holding a collaborative mindset. Megan Sigmon-Olsen and I first met over 10 years ago, when I was primarily conducting forensic evaluations for the juvenile justice system, and she was working as a Multi-Systemic Therapist (MST). We built our relationship working with families who faced many challenges and barriers, and our connection grew when we each opened private practices.

I, Megan, started Sentier Psychotherapy in St. Paul,

Minnesota as a solo practitioner in 2009. During that time, I was working as an MST therapist and saw psychotherapy clients on a part-time basis. I was exposed to many varieties of psychological evaluation while an MST therapist, and often felt disappointed with the 20+ pages of results I received in the form of a report at the completion of an evaluation. It often felt like I was given a "product" and left to put it all together, make sense of it, and create change, all on my own. I was hoping there was another way.

I knew Raja from his forensic work with some of my MST clients. After moving to full-time private practice, I reached out to him for an evaluation, and he introduced me to TA. Raja and I began collaborating on TAs, and I experienced their value and impact. As I grew my practice, I shared with my team members how a TA differs from a traditional psychological evaluation. I encouraged all members of my team to work with Raja when an evaluation seemed that it could be useful. Eventually, Raja built relationships with Sarah Souder Johnson and Ashley Groshek and in total, we have collaborated on over 30 TAs together, mostly with adolescent clients.

For me, Raja, given my experiences with Megan, Ashley, and Sarah, it was natural to turn to them when conceptualizing and gathering qualitative data for this article. We made it a collaborative process. To gather data, I first interviewed each, and took extensive written notes. They then used the notes to write a narrative that captured their experience as told to me. We then edited the piece together. What is presented below captures their experience of the adolescent model of TA, what they have found to work well, ways it might be improved, and unique considerations. We hope these findings will be beneficial to those practicing TA with adolescents and those referring their clients for TAs.

Megan Sigmon-Olsen
MSW, LICSW

I have been in the field for 14 years and I primarily work with adolescents, young adults, and families; trauma is often part of the picture. I started Sentier Psychotherapy in 2009 and there are now seven clinicians working in my clinic. I started Sentier with the goal of being able to provide mental health services for the whole family under one roof. We focus on "wellness for families" and provide therapeutic services to clients ages birth to 100+. We also specialize in working with the LGBTQIA+ community.

While there are many benefits to clients participating in a TA, for me the primary benefits are clarifying the client's mental health picture, the needed areas of focus in treatment, and when a referral should be made for another provider. For example, at times through a TA, clients and I come to recognize that another therapist or treatment approach might be better, or minimally should be adjunctive therapy to our work. While information about diagnoses and treatment recommendations are obtained from a traditional evaluation, in my experience such recommendations often aren't followed up on by the client because that evaluator doesn't come to know the client well. In contrast, because the TA assessor builds such a strong connection with the client and the suggestions made are far more authentic and impactful, clients often take those next steps. Clients feel known by the assessor and that gives the findings and suggestions more power. I have found that it is the power of the relationship clients experience with the TA assessor that helps create movement and change that previously was blocked or resisted.

Another value I see in an adolescent TA is that it is an intervention that leads to changes in the family system. Often while working with a client, I'm looking to make a shift in the family or increase parent buy-in, but my therapy interventions are less impactful than what I have experienced from collaborating with as assessor using the adolescent TA model. I have come to truly appreciate what can be learned from a Family Assessment Intervention Session, a key component of the model. With many of the families we work with, things are sticky, and parents often struggle to fully grasp their adolescent's mental health issues and contributing family dynamics. That session, and the review of the test data during the final session(s), are often quite helpful in promoting systemic change. For example, in one TA case, the mother of an adolescent client completed her own testing (which is often offered in a TA), and the assessor helped her see how she was contributing to what was going on for her adolescent. Because it was "statistically true" and the assessor spoke to her without raising her shame, the findings were more acceptable to her, which allowed

her to take steps that helped herself, and also the family.

In addition, adolescent clients often feel deeply validated by the process and findings from the TA. The data helps substantiate their diagnosis and experience, which is also highly impactful. Teens also appreciate that they are given permission during the Summary/Discussion Session to agree and disagree with test findings, and what flows from that conversation often sets the stage for our future therapy work. It's also helpful when the suggestions are realistic. For example, one teen client appreciated having an awareness of some of the "red flags" Raja mentioned that might be signs of relationship difficulties or an increase in symptom severity. I find that many clients really internalize that information and hang onto it long term, as that language often pops up in our future sessions (even years later!). I also always use the feedback letter written for the adolescent for establishing treatment goals, and refer to these goals during ongoing treatment as a check to see what we've accomplished and where we still need to focus. Often in sessions a client will make a comment and I'm reminded of the TA Summary/Discussion Session, and I pull out the letter and we review it again together.

Having completed more than 15 TAs with Raja, we have established an effective rhythm. I initially share a little bit about the client, but try to stay tight lipped, and as the initial testing data comes in and we discuss it, it's often validating of my hypotheses. Given that master's level therapists in our geographical area aren't trained in the use of psychological tests, we have to rely on our subjective experience of the client. Therefore, it's highly valuable to have test data that validates that our understanding of a client is correct. At the same time, my case conceptualization is expanded by the test findings which help me build a more cohesive and comprehensive understanding of the client.

I have learned a few things that are helpful to prepare a client for accepting a referral for a TA. Clients often find it scary to consider psychological testing of any type. They often react strongly to my suggestion and think things like, "Megan must think I'm mentally ill!" because they have misconceptions about psychological testing. As a result, when I first mention the idea of a TA, I emphasize that I want greater clarity about their diagnostic and symptom picture, which helps them see we are both stepping into the process with some vulnerability. Such language often opens the door to a conversation about diagnosis and mental health symptoms, and I let them know I'm trying to understand some of the subtleties of their experience. For most clients, I share the idea of a TA during one session, encourage them to think about it or check out Raja's website, and then during the next session check in with them. If they are hesitant, I'll ask, "What kind of things would you like to know about yourself and your brain, that you don't have answers to right now?" Such a question opens up another conversation where their curiosity builds, and after that, many clients realize a TA could be helpful. Their commitment, and sometimes excitement, about the possibilities grows when they start working on their questions with me in a session.

I have also come to learn that it is often best to decrease my contact with clients slightly during a TA, so that they have emotional capacity and space to do the TA work. I want to remain in contact and support them, but also not overwhelm them with too many appointments or therapy conversations. Further, given I am hiring new clinicians at times, I explain to new therapists how we value testing and TAs on our team, and they often admit that they're terrified about talking to clients/parents about testing. They often fear that the parents of their teen clients will be upset about the idea, and thus talking to parents feels difficult to them. I now work with new clinicians to normalize those worries and help them see how the TA experience will be different than they expect and quite beneficial to them and the families they serve.

Sarah Souder Johnson
MEd, LPCC

I attended Peabody College at Vanderbilt University and graduated in 2008 with a Master of Education in Human Development Counseling. I have worked as a school counselor, student affairs professional in higher education, adjunct professor, and mental health therapist. In my practice at Sentier Psychotherapy I primarily serve clients ages 12-25, as well as creative professionals. Clinical specialties include supporting life transitions, identity development, executive functioning, AD(H)D, anxiety, mindfulness, Supportive Parenting for Anxious Childhood Emotions

(SPACE) treatment, and facilitating groups for teens. My passion project is called Dissonance, a nonprofit organization that focuses on healthy connections in and through the arts and supports mental health and recovery in the artist community.

When I feel like something is missing in my understanding of a client, I have found that referring for a TA and its resulting process and findings adds a layer of person-centered care and suggestions that deepen treatment planning in my work with the client. The non-pathologizing approach of TA garners buy-in from the client, which increases the likelihood that it will be a helpful process. It is also useful to me as the "home" therapist to hear about how the assessor experiences my clients as they get to know them. In general, I appreciate the collaborative nature of TA as it promotes communication between the assessor and therapist, between the assessor and client (and caretakers), and across all three.

I have found various aspects of TA to be quite valuable. Identifying questions at the beginning of a TA seems like such a simple thing, but it often helps me get unstuck as a therapist. I enjoy being able to say, "What do I still need to know here?" and to know that my questions will be taken seriously in shaping a client's assessment. I feel respected as a therapist who has information that the assessor considers important. And at the end, the Summary/Discussion Session is special for clients because they are an active part of it and not just being talked at or about. Young clients seem especially empowered when involved in their treatment at this higher level. Receiving feedback in letter form also is very accessible and useful for both client and therapist. New information is not helpful until we learn how to apply it. The TA letter is a roadmap for this. It gives therapist and client common ground for making sense of the results. Last, it is helpful that Raja sees me as the expert with my clients, which has rarely been my experience with evaluators in traditional psychological testing. There is a level of respect and appreciation for the clinical work the client and I have already done, and the existing therapy becomes part of the assessment.

As I considered my experiences with TA, a few ideas came to mind that might also be interesting to consider. First, with the adolescent client's permission, including parents/guardians as observers of the Summary/Discussion Session of TA could be helpful at times. I would like the opportunity in many cases for parents to hear how the client, therapist, and assessor all make sense of TA recommendations/suggestions together and decide on the next steps for implementing them within the teen's therapy. This would again empower the teen while clarifying treatment goals for the parents/caretakers.

I've also had some thoughts about how to facilitate the gathering of assessment questions at the beginning of the TA, as I've seen some clients with high levels of anxiety and perfectionism get stuck at the beginning of the TA. The same may be true for clients with executive functioning deficits who see a blank page as overwhelming. A template or fillable form may eliminate some stress around starting from scratch when it comes to writing out their initial questions.

Ashley Groshek
LMFT

I have been working in the mental health field since I graduated in 2013 with a Master's in Family Therapy. Prior to that I worked about eight years in group homes and at an adolescent day treatment program. I have been at Sentier Psychotherapy for four years and I specialize in working with adolescents and the LGBTQ+ population. Most of my therapy work is focused on helping clients navigate gender and sexuality issues, as well as helping their parents and caregivers.

It's interesting to see how a TA affects adolescent clients. Often, when I ask my clients what they thought of the experience, they make a comment such as, "I didn't learn a lot about me, but what I heard was validating." They also say that they felt very seen by the assessor and whether they realize it or not, they now have words for their experience. While for some clients, the TA doesn't get them into deep therapy work, it moves them in that direction. Even when the teens say, "I already knew that about myself," following the TA they often use language that came from the conversations they had with the assessor, and we both begin using the new building narrative from the Summary/Discussion Session.

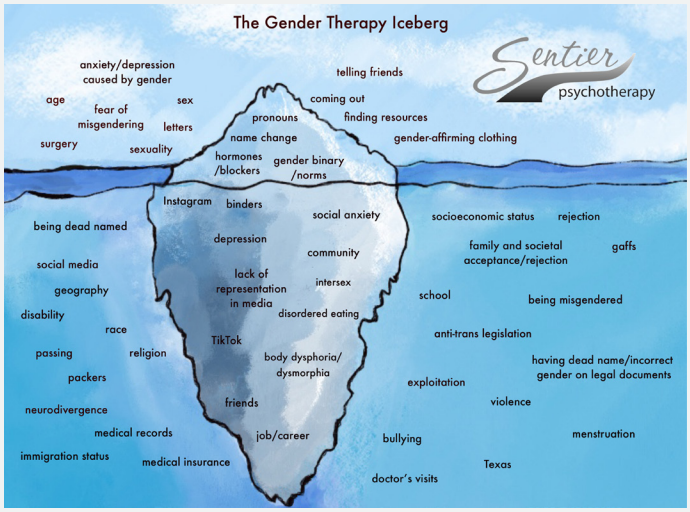
In my experience, the parents/caretakers of my teen

clients also gain a new perspective and understanding. Their adolescent often feels deeply validated, and parents come to better understand both their child and family dynamics that are contributing to their difficulties. For example, after a TA, the mom of one transgender teen understood how her child's anxiety led to oppositional behaviors. More importantly, following a Family Assessment Intervention Session, she also understood how what she thought was protecting her adolescent was actually keeping them stuck, given her partner's inability to see what their child needed and how she enabled those behaviors. After the TA, she took steps to take care of herself and make changes in her family, which was beneficial to the client.

I find it helpful to collaborate with Raja and we have a strong working relationship. I feel comfortable asking him about whether a client is a good match for a TA and how it might play out given the issues identified. My adolescent clients find it helpful that Raja is tender and leans in with curiosity, and not judgment and that helps them open up and talk about things I may not know about my clients. It also feels the same when we are connecting, and Raja helps me think about things I haven't considered. The entire experience differs from what occurs when I refer a client for a traditional evaluation. In those cases, I often get a report in the mail when the assessment is completed, and I have to reach out to that psychologist to get a consultation. I love that during a TA, the assessor and I have at least one mid-TA check-in where I can hear about the test results and learn about what is occurring for my client. Those conversations are immensely valuable, and I think about what's next in my work with the client. Those thoughts are further developed during the Summary/Discussion Sessions, and I really appreciate that the assessor comes to my office where the client feels most safe. After that session, I often percolate about where to go next with the client and what to target with them, including areas of focus or approaches that might be most helpful.

Given my work has been with a diverse population, I also find that the TA approach is highly efficacious with such individuals. One drawing analogy we have developed at Sentier Psychotherapy is the "gender iceberg" (See Figure 1).

Figure 1



This figure is likely to be familiar to professionals who know the "anger iceberg." We were interested in extending the technique to ensure we were thinking about our clients comprehensively, which we have found particularly helpful for parents to understand their adolescent. Often, as teens come out as gay or trans, others get focused exclusively on their sexuality or gender, and fail to consider the other parts of who they are. The "gender iceberg" is a way to capture contextual elements that are often part of the client's experience, such as the impact of social media, violence against the LGBTQ+ population, and daily experiences such as having to choose between only male or female on a medical form. Our teen clients with diverse gender or sexuality identifies resonate with the broad and deep focus that occurs through the testing and conversations that are part of a TA. The assessor respectfully realizes that there is more to the client than that one part of their identity (the tip of the iceberg) and helps the teen and the parents understand what's also under the water, and how those parts connect with their identity and mental health.

Raja's Summary

It was validating to hear and read about Megan, Sarah, and Ashley's experiences of adolescent TAs. Often, the TA wraps up and I send along the letter after the Summary/Discussion Session, but we don't always have opportunities to consult further or debrief. Knowing that the work is impactful to them is gratifying, but it is also equally helpful to hear some

nuances they consider as related to the process. For many years, I have thought that psychologists have missed a golden opportunity to provide consultation based on testing to referring therapists. As Megan commented, often therapists are intimidated by the idea of referring to a psychologist for assessment, and that view of psychological evaluations builds when they have negative experiences with traditional evaluations. As a field, we need to consider how we are educating and training assessment professionals when working with referring providers. Sarah's points about helping anxious clients identify questions and how to best structure the Summary/Discussion Session are also central to the TA being a positive experience. Last, Ashley helped us all remember the importance of holding the "whole" of our client when considering who they are and what will help.

I hope these ideas help TA assessors consider ways to expand and enhance their TAs. Equally important, it is a reminder that to build collaborative relationships with referring providers, we need to hold our TA values (collaboration, respect, humility, openness, and curiosity) with them as well. When we treat our colleagues in the same way we treat our clients, we build a working relationship that not only serves the client, but also can be personally and professionally rewarding.

Getting Certified in TA

Dale Rudin
Therapeutic Assessment Institute Certification Chair

So, I was supposed to write this piece three weeks ago. That was my time frame, but I procrastinated, like, I imagine, many of us do with any number of things. And then suddenly last week when I thought, "OK better start the writing." I got Covid and then was unable to write. After that the procrastination really kicked in --"I'm tired." "I don't really have much to say." "I need more time." "I'll ask for an extension or won't do it at all. It's not essential." Then I woke up today and thought, "Hmm, how does this relate to certification?"

I imagine the process of avoiding, procrastinating, prioritizing other things, may be what's been holding you back from getting certified. If you've been thinking about getting certified in TA, I am writing this to encourage you to begin the process and to tell you about a new development you may not have taken note of.

Everything you need to know about getting certified can be found on the Therapeutic Assessment Institute website (therapeuticassessment.com) under the Training tab. As you may know, there are four certifications we offer: TA with adults, TA with adolescents and families, TA with children and families, and TA with couples. Until recently, to get certified you had to videorecord one completed case showing that you meet the competencies for that model and then submit it for review by a TA faculty supervisor. If you wish, you can still use this way to get certified. However, many people found this process intimidating, so the TAI set up a second way you can get certified: by working, over time, with a TA Mentor/Supervisor. With this approach, you show videotaped sessions one at a time to a TAI supervisor and get feedback on whether you meet the competencies for that step. If need be, you can use more than one case to achieve certification for each step. This may be less daunting for folks. You don't have to pull together an entire case with all the supporting materials and you will have continuous support throughout the process.

Regardless of how you decide to proceed, it is essential for you to be aware of the specific competencies (listed on the website) that will be evaluated for the area of certification that you choose. Also, remember that the first step of applying for certification is to pass the Level 1 certification exam—also on the website. And certification is available only to people who are licensed to practice psychology in their jurisdiction.

Both ways to get certified were developed to provide interested people with enough support, guidance, and expertise to have a positive experience. The faculty certifiers embrace the core values of TA and use them during the certification review. It is a collaborative process that is respectful of the knowledge and experience the applicant brings. If you are working with a faculty supervisor, feel free to talk with them about getting certified and how to go about doing that. If you need more information, feel free to contact me at *drudin@austin.rr.com*.

Spotlight on Recent TA Certifications

Newly Certified in TA

Dr. Kate Thomas

Kates was certified in TA with adult clients during her training as a post-doctoral fellow with Drs. Pamela Schaber and Steve Finn at the Center for Therapeutic Assessment. When she became licensed in September of 2021, her certification became official. Kate now works as a licensed psychologist in Austin, Texas, practicing TA and therapy with adolescents, adults, and couples. She has published over fifty peer-reviewed articles and chapters about personality assessment, taught at multiple U.S. universities, and given international workshops on personality, relationships, and TA.

As an undergraduate student, Kate worked with Drs. Marshall Duke and Drew Westen at Emory University. She trained as a doctoral student with Dr. Chris Hopwood at Michigan State University, and had the good fortune of being introduced to TA in her first semester of graduate school when Chris invited her to see a workshop Steve was giving in Detroit. She was hooked on the value of TA immediately, and had several opportunities to practice collaborative and (lowercase) therapeutic assessment throughout her training. She even gave her assessment supervisor on her doctoral internship at the San Francisco VA Medical Center a copy of In Our Clients Shoes as a parting gift, as he was practicing ta without naming it.

From there, she accepted a tenure-track position as an assistant professor at Purdue University. As a research focused position, her opportunities for clinical work were limited to teaching clinical classes, like graduate personality assessment. She attended the TA immersion course in Massa, Italy in the summer of 2018 – purportedly to better teach TA to her students. Seven months later, she was in Austin training in TA as a postdoc with academia in the rearview.

Since joining the Center, Kate has been a welcome addition to the TA team. She is a lovely combination of a gifted, scientific mind with a warm, compassionate, relatable manner. When not working, Kate loves to travel and explore the outdoors and can often be found climbing, biking, hiking, and having various adventures with her wife and their two dogs. Her next goal is to come certified in TA with adolescents and couples, and to explore her burgeoning interest in ecotherapy (and "eco-TA"!).

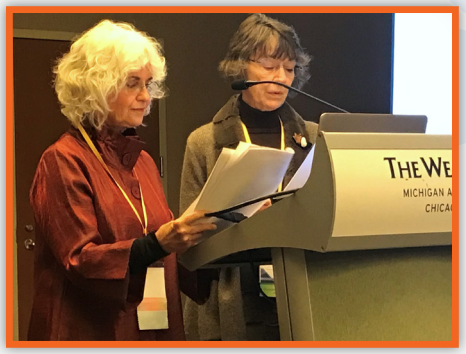
Society for Personality Assessment Annual Conference

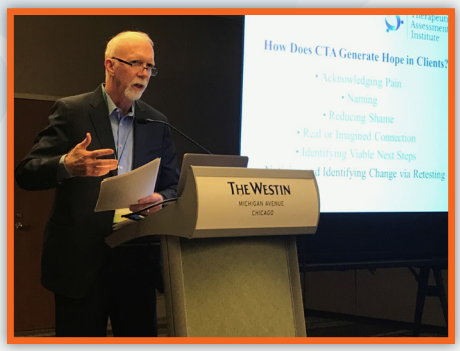
March 9 – 13, 2022
Chicago, IL

Steve Finn received SPA's Distinguished Service and Contribution to Personality Assessment Award.

The SPA Collaborative/Therapeutic Assessment Interest Group had a strong turnout for a morning meeting.

Pamela Schaber (Center for Therapeutic Assessment, Austin, TX) and Sarvenaz Sepehri (A Change Within Sight, Sacramento, CA), enjoy a session break in the lobby.





Diane Engleman & JB Allyn lead their presentation - Reigniting the Flame of Hope: CTA Approaches to Attachment, Shame, Mistrust, and Suicide, with Steve Finn as discussant.

The Therapeutic Assessment Institute (TAI) Board of Directors hard at work. From left: Hilde De Saeger, Jan Kamphuis, Dale Rudin, JD Smith and Pamela Schaber.

Upcoming Trainings in TA

June 29 & 30, 2022, webinar

Integrate and Translate Assessment Data into Client Questions: Working on Individualized Case Conceptualizations (7 CE Credits)

Presenters: Pamela Schaber and Hilde De Saeger
Sponsor: Society for Personality Assessment
Language: English
Schedule: 10:00 am - 2:00 pm ET
Information: https://www.personality.org/events/integrate-and-translate-assessment-data-into-client-questions-working-on-individualized-case-conceptualizations

XXIII Congress of the International Society for the Rorschach and Projective Methods—2022, Geneva, Switzerland

July 11, 2022, pre-Congress workshop, in person

Using the Rorschach and Projective Methods in Therapeutic Assessment

Presenters: Filippo Aschieri and Pamela Schaber
Sponsor: International Society for the Rorschach and Projective Methods
Language: English
Schedule: full-day--8:00 am GMT start
Information: *https://rorschachgeneva2021.org/workshops/*

July 11, 2022, pre-Congress workshop, in person

Utility of the Crisi Wartegg System in assessing trauma across the lifespan: Research, clinical, and Therapeutic Assessment applications

Presenters: Alessandro Crisi and Jacob Palm
Sponsors: International Society for the Rorschach and Projective Methods
Language: English
Schedule: full-day--8:00 am GMT start
Information: https://rorschachgeneva2021.org/workshops/

July 11, 2022, pre-Congress workshop, in person

The Adult Attachment Projective Picture System: Integrating Adult Attachment Assessment with the Rorschach

Presenter: Carol George
Sponsor: International Society for the Rorschach and Projective Methods
Language: English
Schedule: full-day--8:00 am GMT start
Information: https://rorschachgeneva2021.org/workshops/

July 11, 2022, pre-Congress workshop, in person

The Early Memories Procedure (EMP): Using a projective test of autobiographical memory in psychological assessment and psychotherapy

Presenter: Francesca Fantini
Sponsor: International Society for the Rorschach and Projective Methods
Language: English
Schedule: half-day--8:00 am GMT start
Information: https://rorschachgeneva2021.org/workshops/

Upcoming Trainings in TA: Continued

July 11, 2022, pre-Congress
workshop, webinar and in person

Evaluating the "Sleeper in Psychopathology" with the Thurston Cradock Test of Shame (TCTS)

Chair: Julie Cradock O'Leary
Sponsor: International Society for the Rorschach and Projective Methods
Language: English
Schedule: half-day—12:00pm GMT start
Information: https://rorschachgeneva2021.org/workshops/

July 13, 2022, Congress
symposium, webinar and in person

The Therapeutic Power of the Rorschach and Other Projective Tests

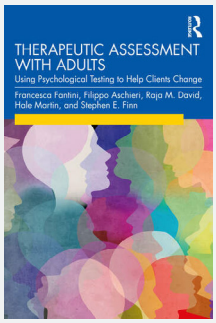
Chair: Stephen E. Finn
Sponsor: International Society for the Rorschach and Projective Methods
Language: English
Schedule: 4:15pm – 5:45pm GMT
Information: www.rorschachgeneva2021.org

Recent Publications

- Fantini, F., Aschieri, F., David, R. M., Martin, H. & Finn, S. E. (2022). *Therapeutic Assessment with adults: Using psychological testing to help clients change.* Routledge.
- Tharinger, D. J., Rudin, D. I., Frackowiak, M. S., & Finn, S. E. (2022). *Therapeutic Assessment with children: Enhancing parental empathy through psychological assessment.* Routledge.

Collaborative/Therapeutic Assessment

Key Titles



Therapeutic Assessment with Adults

Using Psychological Testing to Help Clients Change

By **Francesca Fantini**, **Filippo Aschieri**, **Raja M. David**, **Hale Martin**, **Stephen E. Finn**

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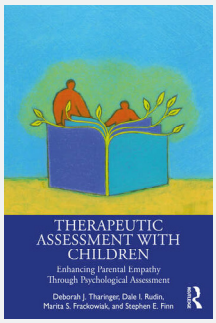

Therapeutic Assessment with Children

Enhancing Parental Empathy Through Psychological Assessment

By **Deborah J. Tharinger**, **Dale I. Rudin**, **Marita Frackowiak**, **Stephen E. Finn**

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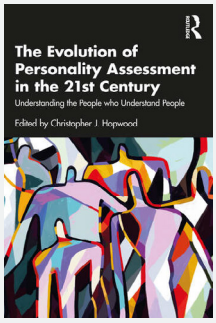

The Evolution of Personality Assessment in the 21st Century

Understanding the People who Understand People

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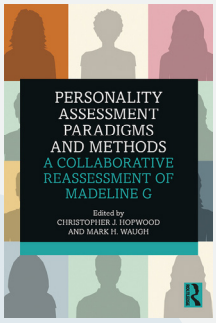

Personality Assessment Paradigms and Methods

A Collaborative Reassessment of Madeline G

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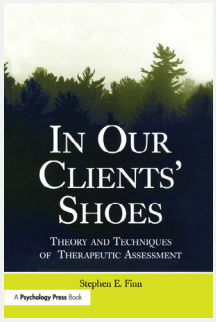

In Our Clients' Shoes

Theory and Techniques of Therapeutic Assessment

By **Stephen E. Finn**

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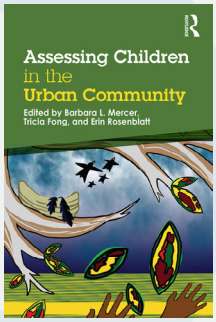

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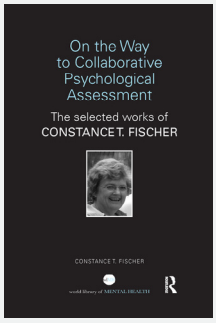

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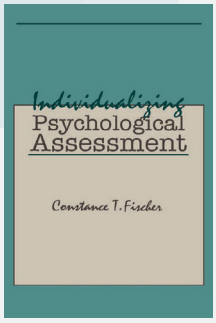

Individualizing Psychological Assessment

A Collaborative and Therapeutic Approach

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