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> Therapeutic Assessment Institute





Special Issue: Wartegg Drawing Completion Test (WDCT) Crisi Wartegg System (CWS)

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This special issue of the TA Connection is being co-edited given our focus on the Wartegg Drawing Completion Test (WDCT) Crisi Wartegg System (CWS) and its use in TA. Jacob Palm (see bio below) is the U.S. representative of the *Istituto Italiano Wartegg* and has trained hundreds of clinicians on the Wartegg. Anyone who has worked with Jacob can attest to his warmth, collaborative style, and keen understanding of the Wartegg. I'm grateful for his support in pulling this edition together. He helped identify clinicians who could contribute articles and also ensured what was being written aligned with what we know about the Wartegg. His editing skills and contribution (see the cheat sheet on p. 32) are superb, and we believe this *TA Connection* will be highly useful to many clinicians.

The challenge we faced in pulling this edition together was considering what readers know about the Wartegg. For some of you, this may be your first introduction to the Wartegg, while others may have been using the test for some years. For obvious reasons, providing an indepth explanation of this complex test is not feasible. As with the Rorschach, it is difficult to convey the depth of information needed to fully understand the WDCT, its various attributes, and aspects of administration, scoring, and interpretation. For those unfamiliar with the Wartegg, it is it is an efficient graphic performance-based personality test that accesses a client's right brain via a creative drawing modality and reveals highly personal information regarding thought process, psychic energies and coping resources, affectivity, defenses, attachment style, interpersonal relationships, and primary personality traits.

During the 1980s, Italian psychologist Alessandro Crisi began the work of his lifetime identifying standardized methods of administration, scoring and interpretation, with improved psychometrics for the Wartegg. Many consider Alessandro to be the John Exner of the WDCT, in that he pulled together various research and ways of thinking about it to create a standardized system. The Crisi Wartegg System (CWS) was widely used in parts of Europe for some years, and eventually Steve Finn connected with Alessandro at the Rorschach Summer Seminars, and Steve helped bring the test to the United States. Over the last 10 years, hundreds of participants have trained on the Wartegg, and many in the TA community consider the test integral to their battery. The articles that are part of this edition will illustrate its utility. For those readers already using the WDCT, we expect you'll learn some new ideas and ways of using the test during a TA. For who are unfamiliar with the Wartegg, we encourage you to learn from the articles, as each provides some core information about the test. If you find your interest in the Wartegg has grown, on p. 34 we provide information about steps you can take to learn more about this valuable test.

It is highly appropriate that we begin this edition with an article by Alessandro Crisi. He provides a bit of history about the test and how it came to the United States, before describing a broad overview of the Wartegg. He highlights how both nomothetic data and metaphorical, idiographic data are useful for many steps in a TA.

Next, Alison Wilkinson-Smith and Alexis Clyde of Children's Medical Center in Dallas, TX describe the benefits of the test with children and caregivers. This article includes excellent examples of how the Wartegg can be used during Extended Inquires and Family Intervention Sessions. Their case studies demonstrate not only the power of the Wartegg but also illustrate important skills necessary for those steps of a TA.

Jason Turret practices in Boulder, CO and wrote a wonderful article describing the case of a 16-year-old female client. He provides ample test data for the reader to consider and explains how the Wartegg is useful when there are discrepant test results from self-report and performance-based testing. Next, he executes an Extended Inquiry with patience and understanding of how to work with Level 3 information.

In our fourth article, Sarah Bharier from Alameda, CA describes how the Wartegg is useful when considering core TA concepts such as Self-Verification Theory and Epistemic Trust. Her case study of an 11-year-old client illustrates how parents can be scaffolded to new understandings by using the Wartegg.

Our final article was written by Mitsugu Murakami of Tokyo, Japan and he describes how the Wartegg Index of Psychopathology (WIP) is useful for helping patients understand themselves and their family members. He describes the case of a child and mother and a couple's case and artfully explains how the WIP was used to help his clients build self and otherunderstandings.

As if all of that was not enough, the star of this edition can be found on p. 34. Jacob compiled one page, "CWS Tips" for using the test during an Extended Inquiry and Assessment Intervention Session. Many readers will want to print out this handy document and keep it close during a TA to remind them of various ways assessors can use the WDCT during these steps.

Pre-Conference Institute on Therapeutic Assessment

On March 28, 2022, we will celebrate the 30th anniversary of the Center for Therapeutic Assessment in Austin, with a one-day conference entitled: Collaborating in the Past, Present, and Future. This conference is held with the Society for Personality Assessment (SPA), and its annual conference begins on March 29th. TAI faculty and practitioners will reflect on the development of TA over the last 30 years, discuss TA's implementation in different settings around the world, and consider the future of training in Collaborative/Therapeutic Assessment. In keeping with the core values of TA, we aspire to involve attendees as active participants and collaborators in considering these topics. Following our day of training, we will have a celebratory dinner for all to attend. See p. 37 for more details: registration occurs through the SPA website

TA Trainings

The TAI continues to offer monthly trainings and in October 2022, we were fortunate to have Dr. Liz Angoff present on "Tools for Collaborative Neuropsychological Assessment with Kids." In November, Dr. Jan Kamphuis presented on using the MMPI-2-RF to build a case conceptualization to understand clients deeply and provide helpful feedback.

On January 27, 2023 (10-12 CST), Steve Finn, PhD will present with Krista Brittain, PsyD. During this webinar, Steve will provide live consultation to Krista, who is conducting a collaborative assessment with a client with severe trauma. This will be a unique opportunity to not only witness the live collaboration between two professionals, but participants will also have access to background information and test data, so that they can offer comments and ask questions. Registration can be found on the TAI website (www. therapeuticassessment.com).

The Society for Personality Assessment (SPA) annual meeting will occur March 29—April 2, 2023, in Austin, Texas. There are four workshops focused on C/TA and they are further described in the Upcoming Trainings section on p. 36. We also expect that there will be other symposium and paper presentations on C/TA, but that schedule has not been released.

Lastly, note that there are also opportunities for training on the Adult Attachment Projective (AAP) & Rorschach Performance Assessment System (R-PAS) listed. Many TA assessors find both tests to be useful tools in their battery and TAI members receive a discount on those trainings.

Become a Member of the TAI

The Therapeutic Assessment Institute (TAI) began offering memberships in 2017 and currently has 221 members. Membership in the TAI gets you two issues a year of TA Connection, access to the members-only listserv, discounts on trainings sponsored by the TAI, and discounts on Adult Attachment Project (AAP) and R-PAS 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 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. 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 most donations to support scholarships for students and professionals who need financial assistance to attend trainings, and we hope to provide financial support at some point 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

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. I hope to have other special issues featuring other psychological tests, and if you have an idea for that edition or an interesting case that demonstrates how a test was used during a TA, please let me know.

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

Jacob A. Palm, Ph.D., Bio



Jacob serves as the founder and director of the Southern California Center for Collaborative Assessment. He is the United States representative of the *Istituto Italiano Wartegg* in Rome, Italy, where he works closely with Dr. Alessandro Crisi on clinical applications, research, and training of the Wartegg Drawing Completion Test. Dr. Palm has facilitated over 600 clinical consultations using the CWS, and regularly presents at national conferences, community-based agencies, and university training programs about the test. Along with Alessandro Crisi, Dr. Palm is co-author of *The Crisi Wartegg System (CWS): Manual for Administration, Scoring, and Interpretation (Routledge, 2018).*

Dr. Palm is on staff at Miller Children's Hospital at Long Beach Memorial and provides assessment consultation to various programs throughout the southern California area, including the Professional Recovery Center. He provides integrated assessments as a member of the Teen Brain Team at Hoag-Presbyterian Hospital, Neurosciences Institute (Newport Beach). Dr. Palm completed his doctorate at Fordham University, in the Bronx, New York. He has previously served as the Director of APA Internship Training and Director of Psychological Assessment for The Guidance Center, a community mental health center, in Long Beach, California.

The Crisi Wartegg System (CWS) and Therapeutic Assessment (TA)



Alessandro Crisi, Psy.D. Italian Institute of Wartegg

The first Crisi Wartegg System (CWS; Crisi, 1998) training for the Wartegg Drawing Completion Test (WDCT; Wartegg, 1953) in the United States was held in Austin, TX, in January 2012. Prior to that date, beginning in 2008, there had been only a few presentations on the CWS made at the Society for Personality Assessment (SPA) annual conventions. The initial CWS training was organized by the Istituto Italiano Wartegg (IIW) in Rome, Italy, in collaboration with the Center for Therapeutic Assessment. The training was attended by 16 American psychologists, and it was remarkably successful but, above all, it marked the official entry of the Wartegg into the world of Therapeutic Assessment (TA). From that first training, many colleagues began to apply the Wartegg test according to the CWS in their clinical practice. As they shared their experiences of the CWS with other psychologists, interest in the test spread, and what followed were other trainings that took place in a variety of U.S. cities, most notably Denver, Minneapolis, and Oakland. Furthermore, the Wartegg was more routinely presented at SPA conferences by both me and other clinicians using the measure. Looking back, I can't help but smile, thinking of my first presentation at a SPA convention (New Orleans, 2008), as there were only two people at my symposium-two friends, of course!

Eleven years after that initial Austin training, things have greatly changed! There are regular trainings on the CWS in Europe, Asia, and the United States thanks to the hard work and collaboration of many colleagues, as well as a robust online group of training participants and CWS users. I am incredibly grateful for their hard work and great enthusiasm for the CWS. In particular, I am very indebted to three U.S. colleagues, who I also consider friends: Stephen Finn, Hale Martin, and Jacob Palm. Steve and Hale helped sustain and support the technical and scientific value of this test when it was new to the U.S. Jacob not only handled the English adaptation of the CWS handbook (Crisi & Palm, 1998)-- which was no easy feat—but he also indefatigably carried out and continues to manage the work of teaching, research, and promotion of the CWS.

Many psychologists in the U.S. now know and apply this test in their clinical practice.

I suspect some who are reading this edition of the *TA Connection* are very familiar with the CWS, but for others, it may be an introduction to this test. The Wartegg appears very simple as a projective graphic test with eight squares divided by a thick, black border. Each of these squares contains a small symbol.



Figure 1 provides a sample copy of the WDCT form on which the client draws (Wartegg, E. (1953), Schichtdiagnostik – Der Zeichentest (WZT), Hogrefe - Verlag für Psychologie. copyright: 1957, Hogrefe, Verlag für Psychologie-Göttingen; 2014, Hogrefe Editore).Please note that this test form is only a sample. Any kind of reproduction is strictly forbidden. A valid test result can only be obtained by a professionally qualified test administrator and using the original test materials. The test material can only be ordered at the Hogrefe Publishing Group (www. hogrefe.com). For any questions, please contact **rights@hogrefe.com.** The client is asked to create a meaningful picture in each box incorporating the small symbol in that box. The drawings are then scored across eight scoring categories, according to the standardized rules of the CWS. From these scores, indices are calculated, on which interpretation of the test is based. This CWS has demonstrated excellent validity and reliability (Crisi & Palm, 2018), as well as clinical validation over decades of use. It is precisely both this research and clinical experience that demonstrate (more often than not) that the test's stimulus marks associate with specific areas of the personality, as detailed in Table 1. demanding, and the simple black and white stimuli are less activating of the limbic system. Consequently, it is less emotionally arousing than the Rorschach. As McCully (1988) stated, this simplicity circumvents a client's defenses. The selection of the eight stimulus marks used by Ehrig Wartegg (1972) was not accidental. He chose the eight stimuli because they showed: *"Very poor graphic quality from a quantitative point of view, but very rich from a qualitative point of view."* Together, the simplicity and the qualitative evocative richness of the stimuli allow unconscious and highly personally relevant data to emerge from the test.

Table 1: Stimulus Marks and Associated Interpretive Meaning in the Wartegg Drawing Completion Test					
Box	Stimulus Mark	Evocative Character	Interpretive Meaning		
1	A central point/Centered dot	Centrality/Importance	Self-Evaluation		
2	A wavy line with rounded edges	Vitality/Movement	Female Object Relations/ Emotional Sensitivity		
3	Three progressive lines of increasing height	Directionality/Dynamic Progression	Available Energy		
4	A little black square	Heaviness/Stability	Male Object Relations/ Boundary Management		
5	Two contraposed perpendicular lines	Overcoming an obstacle	Management of aggressive energy		
6	Two lines at right angles	Synthesis/Structure	Relation to Reality, Rationality, Planning		
7	A dotted semi-circle	Delicacy/Pleasantness	Libidinal Energy/Relational Attunement		
8	A curved line turned downward	Roundness/Closure	Practical Social Skills		

To better understand how the Wartegg works, I would like to focus on some theoretical aspects that are fundamental to understanding the test, and, by extension, to its application to TA. You might first ask, how does the CWS work? Like the Rorschach, the Wartegg activates the right hemisphere of the brain and taps material that is often out of conscious awareness. However, in contrast to the Rorschach, the WDCT administration is less interpersonally During the test, the client faces unfamiliar, semistructured, and unorganized material. Such characteristics bring about a process of organizational activity within which the client produces a response, the drawing. The drawing itself is an independent behavioral creation, which can unveil certain dynamics related to aspects of a client's personality organization. Therefore, in response to the WDCT stimuli, the client organizes graphic material through a decisional process led by hierarchically organized, co-existing motives based in both immediate and remote motives.

First are immediate motives, which arise from Gestalt perceptive factors, graphic aspects of the marks, and the Evocative Character of the different boxes. These responses can be simple and primitive, while also capturing shared universal response tendencies (Evocative Character). Second are remote motives, which are highly organized and governed by unconscious dynamics. We encounter a more specific intrapsychic dimension, characterized by aspects such as self-esteem, confidence, self-image, and relationship with the environment. The responses show highly individualized and uniquely specific personal elements and projected unconscious representations. The deeper a client enters these remote motives, the more likely rich metaphorical imagery and evocative verbalizations are to occur.

These metaphors, combined with the CWS normative scoring system and contextualized within the life of the client, are highly applicable to many steps in a TA-including the Extended Inquiry (EI), Assessment Intervention Session (AIS), and fables or TA letters. The evocative power of the test to bring forth metaphors represents an important feature of the Wartegg. A metaphor transports a meaning, which, when applied to other meaning, enriches that meaning with expressive power. Clinically powerful metaphors can form a psychological connection between the client's feelings about a specific area of their personality and the symbolic meaning of what they drew. These drawings are most often led by remote motives connected to the psychological area underlying each specific box, as discussed above. Thus, the perfectly centered dot of Box 1 (which references self-concept, identity, self-esteem) moves beyond a simple mark to a deeper level that reflects externalized/unconscious meaning; for example, it becomes "the sun of a desolate and sad landscape" in an insecure and depressed person, or "the diamond set in a gold ring" in a determined, self-confident, and potentially narcissistic individual.

When discussing the client's drawings as part of the EI, AIS or Summary/Discussion Session, the metaphorical result is a much more powerful and penetrating description of the inner person than might arise from self-report measures or direct selfstatements. This expressive power often leads clients to important insights into their own internal dynamics, which allows them to make changes in their life. Thus, the Wartegg Drawing Completion Test using the Crisi Wartegg System is an ideal tool for integration into Therapeutic Assessment.

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Author Bio

Alessandro Crisi is an Italian psychologist who lives in Rome where he works as a private professional. He studied at Sapienza University of Rome where he received his Psychology Degree in 1976. Between 1976 and 1982, Dr. Crisi completed his psychotherapy training with Professor Lucio Pinkus of the D.G.G. Berlin (Germany). He had many periods of voluntary service (each lasting approximately one year) as an assessment psychologist, including: the Psychiatric Hospital of S. Maria della Pietà in Rome; the C. Forlanini Hospital of Rome in the field of psychosomatic disorders; and the Institute of Neurology of the A. Gemelli Hospital of Rome in the field of multiple sclerosis.

In 1982, Dr. Crisi received a diploma in Sport Psychology from Sapienza University of Rome, subsequently working for many sporting leagues. After these initial training experiences, his career mainly developed in three different directions: teaching, psychotherapy, and assessment.

From 1999 to 2018, Dr. Crisi taught "Clinical Assessment" as an adjunct professor at the Sapienza University of Rome and in other private psychotherapy

specialization schools in Rome. Having trained as a psychodynamic psychotherapist, Dr. Crisi works primarily in assessment (including the clinical, forensic, selection and career guidance fields).

Dr. Crisi has extensive experience working with performance-based personality tests, most significantly with the Wartegg Drawing Completion Test created by Ehrig Wartegg in 1926. Dr. Crisi has developed a system of use and interpretation for the Wartegg Test, called the CWS (Crisi Wartegg System). The CWS is currently used in many fields of assessment in Italy. Since 2002, the Italian Armed Forces has consistently utilized the CWS in its Selection and Careers Guidance proceedings. Dr. Crisi authored the *Manuale del test di Wartegg [Handbook of the Wartegg test]* published by E.S. Ma.Gi (1998, 2007) and co-authored with Bianchi and Di Renzo II test di Wartegg nell'età evolutiva [The Wartegg test in childhood] published by E.S. Ma.Gi (1996). He has also written numerous articles and book chapters, and presented at numerous professional conferences.

Using the CWS in TA with Children and Families



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Associate Professor at UT Southwestern Medical School

Introduction

During the initial development of the Crisi Wartegg System (CWS), more than a thousand children were included to establish normative comparisons and solidify interpretations. Typically developing children were included as well as multiple groups for clinical comparison (Crisi & Palm, 2018). Early validity studies of the CWS with children explored its use in children with communication and learning disorders as compared to typically developing children (e.g., Bianchi di Castelbianco et al., 1993, 1996; Crisi 2006). Since the early investigations of development and validation for the CWS, literature exploring its use with children has been scarce, despite the demonstrated utility of drawing tasks in children (e.g., Handler & Thomas 2014). One recent study highlighted the ability of children with autism spectrum disorders to use the CWS to represent their internal worlds (DiRenzo et al. 2021).

In this article we address the utility of CWS in Therapeutic Assessment with children and families (TA-C). We focus on the use of Extended Inquiry (EI) of CWS responses in two clinical cases. EI uses "the verbalizations, metaphors and stories that emerged from the tests to better understand aspects of the children's narratives about themselves and their world; and help parents to 'put themselves in the children's shoes,' by reflecting on their test images and responses" (Aschieri et al. 2012, p. 287). In effect, the EI does double-duty by helping children understand themselves and by helping parents expand curiosity and empathy when they watch the EI unfold during the testing session. Similarly, in TA-C, the assessment intervention session addresses the family system and provides another opportunity to work with EI responses with parents. Goals of this session include placing test results in context and helping parents view problems in a systemic way. There are a variety of techniques that can be used in this session to explore assessment results.

Findings from drawing activities can often prove useful, as can information gleaned from other kinds of projective and performance-based tasks (Tharinger et al. 2008). With its non-threating presentation and elicitation of rich creative and metaphorical content, the CWS lends itself quite well to TA-C, including utilizing EI after generating CWS responses in a testing session and considering their use in a Family Intervention Session. We would like to share how we have found the CWS useful in our TA work. First, Dr. Clyde shares an example of an EI of the CWS with a 12-year-old girl, followed by a review of the EI with the parents in a later session. Then, Dr. Wilkinson-Smith shares an example of using CWS responses in a Family Intervention Session with an 11-year-old boy and his mother.

Exploring Themes and Shifting Perspectives: An EI of the CWS

Nicole was 12-year-old Hispanic girl referred for assessment by her therapist. Nicole had a history of depression and anxiety, and her therapist had concerns about her mood swings and occasional feelings of "zoning out" and disconnection from reality. Nicole's therapist was concerned with Nicole's description of her mood shifting rapidly, including going from one extreme to another (e.g., excited to devastated), over minor occurrences (e.g., a friend does not text her back right away). Nicole's therapist was also concerned that Nicole described symptoms of dissociation. Nicole's mood swings also worried her parents, particularly given a family history of Bipolar Disorder. Nicole's father indicated concern that Nicole had been isolating herself from her parents and not opening up to them about her feelings. Nicole's mother described a complicated relationship between Nicole and her father, particularly since the pandemic. The family's main assessment question was "Does Nicole have Bipolar Disorder?"

Nicole and I worked together for several hours on one long testing day. She was upbeat and cheerful but able to describe her emotions deeply, including sadness. By the time we completed the CWS together, she had already completed other measures of her mood and personality. A primary finding from initial personality testing included that Nicole had a tendency to be submissive in relationships and dependent on information from others to decide how she sees herself. Nicole frequently sought reassurance from me during cognitive testing, despite having many clear strengths across areas. Nicole's therapist had shared that Nicole's mood tended to shift easily depending on what others thought and what was going on around her. Following administration of the CWS, I decided to complete an EI. Nicole's CWS drawings are included as Figure 1.



Figure 1

I was hopeful that the EI would help Nicole discover more about herself and her relationships on her own, rather than relying on me for a direct answer during a later feedback session.

Clyde: What did you think of this test?

Nicole: It was cool, it reminded me of things we used to do in elementary school.

Clyde: So, it's actually a personality test, so each box represents a piece of personality, like how you think about yourself, social relationships, anger, etc. Does that make you curious about any particular box?

Nicole: That makes me curious about the face I drew (Box 2: "sad face").

Clyde: That box can tell us about our sensitivity to what is going on around us, like how our environment might impact us. Does that mean anything to you?

Nicole: Yes, I feel like it could go either way, the tear. It could be sad or happy tears.

Clyde: Do you think that could relate to you? In terms of your sensitivity?

Nicole: Yes, I am sensitive, and it can be confusing. I don't know how I should be feeling, happy or sad, like

I don't know what's going on sometimes. I am also curious about my sunset (Box 8: "sunset").

Clyde: Box 8 can tell us about our social relationships. A sunset is something I've seen other kids draw; some people think of sunsets as sad, ending the day.

Nicole: There is a story behind why I drew that. When I was six, I had a canvas and I drew a big sunset, one of the proudest 'arts' I've ever done. My mom and dad were praising me for it, and I was so happy.

Clyde: Do you ever find that you look to others for approval like that with friends too?

Nicole: Yes, definitely. I am always wanting praise and approval; it helps me in knowing that I did something right.

Clyde: That is so interesting. Can you remember any more about how that made you feel?

Nicole: It made me feel accomplished. At school, I always felt the opposite of superior, what is that word? Inferior. All of my friends were in gifted/talented classes. It was hard, they would go off and do their work, and I always thought they were doing better than me, were smarter than me. I'm still not advanced in science and math, but I can do art. When my parents approved of my sunset piece, it proved I can be better at something too. {*Nicole starts to tear up*}

Clyde: Were there ever times when you had that type of pride, even for not doing something, like just being with other people?

Nicole: I don't know. I always feel pretty inferior. I do feel the same as others, maybe even better, when I am talking with people, like my social skills, my way of expressing things, even my grades too. I make pretty good grades. Especially when I help my friends with their grades. So yes, when I can help or teach, I feel proud too. {*Nicole smiles, looking down*}

I allowed Nicole to self-select boxes that interested her, in hopes that she would be drawn to boxes that were important for her. Given Nicole's reliance on others, I thought it was especially important for her to pick the boxes for discussion herself. During the EI, Nicole selected two boxes that were particularly relevant to her clinical symptoms. In describing her reaction to Box 2, I learned much more than I would have from her initial response "sad face." This was an insightful moment for me, as, before that moment, it was less clear why she was feeling disoriented at times. Similarly, Nicole's deep and insightful responses to Box 8 elevated my understanding of her interpersonal functioning, including her complicated relationship with her parents. Her elaborations on Box 8 corresponded to the personality assessment results and observations regarding her tendency to be more submissive and reliant on others. Nicole's memories of times when she felt proud of herself and accomplished also provided me with ideas for treatment recommendations. After completing this EI, I hoped to review Nicole's EI with her parents, with the intention of furthering their empathy and understanding of her and learning more about family dynamics and potential interventions based on their responses. After asking Nicole permission to talk about this discussion and her CWS with her parents, I scheduled a follow-up session with her mother and father. At the start of the parent session, I oriented Nicole's parents to the CWS, showed them her CWS drawings, and read her responses during the EI, beginning with Box 2:

Clyde: What do you think about what Nicole had to say? Does this seem consistent with what you know about her?

Father: I guess what I would say, as she expresses herself and has these confusing emotions, I'm thinking about all the factors: Adolescence, medications, therapy, peers and peer pressure. The parenting part is always going to stick in my mind; there may be a lot of influence there, positive and negative, maybe some conflicting signals... I know she is sad at times. I wish I knew how sad, but when I ask her directly, she's not forthcoming to me, and I'm grappling with it... And maybe me not being there a lot. When I see these images that she drew {on the CWS}, I feel a lot of emotions and have a lot of different thoughts I'm trying to organize in my head.

Clyde: What you just said reminds me of what she said {*during the EI*} about her sensitivity and confusion with emotions sometimes. Do you see yourself in her drawings or responses?

Father: Probably, yeah, yes. I go through a lot of ups and downs... I think this is also beautifully exemplified by the roller coaster of emotions, kind of like this roller coaster (Nicole's Box 3: "roller coaster"). I'm not the most open to talk about my emotions, and I

don't want to see this in her. When I was growing up, I was kind of left alone, it was not so much, "Let's talk." I kept to myself a lot, especially my emotions in my teen years, and I'm worried about her emotions and her teen years. At the same time, she is able to manage some of these things and still get 100s... but I wish she was confident going through this period.

Mother: Up until just now, I've always thought that Nicole was just like me, everything she did. Now, hearing {father}, I see that they are so alike. It just makes sense.

In addition to Nicole's parents seeming to understand her emotional sensitivity better, Nicole's father seemed to immediately connect to Nicole through her drawings and responses. He hypothesized stressors in her life, including the potential role of the family system. Beyond seeing her more clearly, Nicole's father saw himself in her responses, in the confusing aspect of expansive feelings, even in the inclination to isolate and leave things unsaid. Nicole's father even connected his experience of emotions in his family of origin with his difficulty expressing himself now, opening the door for family interventions to be discussed later. Nicole's mother was mostly quiet during this part of the family session, until the end, when she described being able to see the similarities between Nicole and her father for the first time. At this point in the session, we considered Nicole's EI response to Box 8, which they immediately recognized as a painting in their home.

Mother: She used to draw them when she was younger all the time. I have her canvases. It was a gift for you {father} and you were supposed to take it to your office, but we kept it home. It is still there, right?

Father: Yes, it's there. It's water, its sun, its sky. It basically looks like this. It is in the living room. She has high standards for her artwork.

Clyde: What do you think about what Nicole had to say about this memory?

Mother: Oh yeah, I mean I can see how much the whole praise thing means to her, even when she was younger, how she would almost feed off of praise... She always talks about that she's never recognized at school for anything. And even in art, she'll say, "Oh my partner's piece is so good," when hers is unbelievable. She'll ask a lot, "Did I do good?" and maybe that's why.

Father: We praised her a lot and tried to encourage and

motivate her, but we also got onto her a lot, you know, things like cleaning her room.... I'm sure that doesn't make her feel good at all and brings down her self-confidence.

Clyde: You're both describing a tendency for her to maybe overly rely on others at times.

Mother: I would like her to do what she likes to do just because she likes it.

Father: Going from elementary to middle school is a big change, and I think she used to get a lot of praise from teachers and now doesn't get near that amount of attention. She may try to make up for it in different ways. I know what it's like to have an inferiority complex. I think she can be successful with a lot of one-on-one attention, not necessarily with praise, but just with the attention and help. She's looking for approval, praise, and attention and she feels each one so strongly.

Mother: I think the attention is even more significant than the praise. She'll say, "Nobody even knows that I'm there." She's a steady stable student, you know, sometimes the ones who are disruptive get a lot of attention while she gets overlooked.

Clyde: Does it surprise you that she cares so much about what you two think, given her age?

Father: I'm sure it affects her, she knows that we're spending a lot of time with her brother or sister, and she doesn't want to interfere or interrupt. She might open up to her mom more than me, and when I get home, she's already been there for hours. Daddy just not being there so much, so I try to praise her when I can.

Clyde: Do you think she would benefit from more one-on-one time with you?

Father: I think they all would. There have been a couple days when we did things, maybe going for a walk. I'm always behind on something, and she understands and comments on it.

Mother: I think that would be a good goal for all of us. I know she is not doing it on purpose, but she will come seeking me out for attention at the worst moment, almost to reinforce that rejection. Maybe it is always chaos in my house, but "I love you and I'm not ignoring you but I just can't pay attention right now." *Clyde:* So maybe it would help if we were to find an intentional way for you both to spend time with her? Like finding moments for quality time, because we all know the quantity part can be hard when we are all so busy.

As we continued this discussion, Nicole's parents described a deeper understanding of Nicole's internal world. It was especially noticeable to me that her father started to use language that Nicole had used, including the word 'inferior," to describe himself, highlighting their similar struggles. Nicole's parents also helped me better understand Nicole's relationship with praise. Initially, I thought the praise itself, the verbal acknowledgement, was the most important piece, but her parents understood that attention and connection, time together, was something Nicole needed as well. This provided a bridge to intervention ideas involving the family that were later shared with Nicole and her parents during a joint feedback session. Nicole's description of confusion was used in this final feedback session to help illustrate the disconnection and disorientation that occasionally accompanies emotional sensitivity, and her parents were able to see the connection between Nicole's big emotions and tendency to withdraw and how emotional expression is modeled in the family dynamic. During our final feedback session, Nicole developed interpersonal goals related to identity development and assertiveness, and she collaborated with her parents in developing two family goals, one about starting family therapy and another about spending more one-on-one time with her parents, particularly Nicole and her father. We now move to the second case.

Parent Scaffolding and Family Dynamics: Using the CWS in a Family Intervention Session

Simon was an 11-year-old boy whose mother brought him for TA-C because of his sudden, intense anger outbursts. He had punched holes in walls, broken furniture, and hurled objects across the room. By the time I met him, Simon had a long list of previous diagnoses, two psychiatric hospitalizations, and multiple unsuccessful medication trials. His mother had taken him to therapy twice, but he "never opened up." In our initial session, Simon's mother told me she hoped to learn "What piece of the puzzle are we missing?" and "How can I help him calm down?" Simon and I worked together for several hours across two days. He was friendly with a sharp sense of humor. He handled frustration beautifully on cognitive testing. On self-report questionnaires, he endorsed very few difficulties. I asked him to complete the CWS, and while he was interested in the activity, his initial attempt included 4 SIG content responses (Box 3= "bar graph," Box 5= "letters T and J," Box 7= "12 dots," and Box 8= "a circle"). Simon's CWS drawings can be seen in Figure 2.





In the CWS, symbol content indicates defensiveness, especially in clients without cognitive deficits. When clients draw symbols in 4 or more of the boxes, they may be displaying defensiveness or limited engagement in the task. In Simon's case, this response style was in line with his responses to self-report questionnaires and his previous experiences in therapy. The administration guidelines for the CWS require the assessor to ask the client to complete it a second time, drawing people, things, or animals, while being careful not to suggest that their initial attempt was wrong in some way. These additional instructions are meant to scaffold the client into engaging more with the task. Because I had such good rapport with Simon, I hoped that this additional prompt would help him.

When I gave Simon the standard additional instructions, he quickly shut down. When I tried to gently reflect that he might be feeling overwhelmed or frustrated, he began shouting at me. He threw his hat and his pencil and ripped his paper. I was surprised at how quickly he lost control of his temper. I knew this was exactly what his mother and teachers were experiencing. We sat quietly for a few minutes. I took out a calming activity (origami paper) and started folding and tearing the paper. He soon re-engaged, and in a few minutes, he was smiling and talking to me again. Later, he softly apologized, and said that he was feeling frustrated but did not know how to put it into words. He felt out-of-control and ashamed.

Later, I met with Simon's mother alone, and we watched the video of the previous CWS attempt and subsequent fallout. She confirmed that she experienced the same dynamic with Simon. She also said that she had experienced some success in walking away from him when he became upset. She commented that he appeared as if he were in "fight or flight" mode. It was then that she shared details of some events that had been downplayed during our initial session. Several years ago, Simon had been sexually abused, in a coercive manner, by a teenaged babysitter. Simon's mother was harboring significant guilt that these events had happened in her home with someone she had trusted. Further, her grief over the sudden death of her husband (Simon's father died when Simon was six years old), was wrapped up with her guilt, because she had relied on the babysitter after unexpectedly becoming a single mother.

In planning the Family Intervention Session, I wondered how to best bring some negative emotionality into the room without overwhelming Simon or his mother. I considered the CWS, in hopes that since he had seen it before, it would be less overwhelming. I was very curious to see whether we could find a way to scaffold him to respond in a less restricted way, but I was also curious to see how he and his mother interacted around emotional arousal. I decided to ask them to work together to complete some of the boxes.

In the session, I asked Simon's permission to revisit the CWS. He said that he thought it would be fun to try it with his mother. I gave them an enlarged drawing of Box 3, hoping to capitalize on its "pull" for emotional energy and striving. They decided to draw their family, represented as three stick figures (Simon, his mother, and his father). I was pleased to see them cooperate with one another, and they seemed to enjoy the activity. This response was certainly less restricted that Simon's earlier drawing of a bar graph. Because of their positive interaction during the task, I hypothesized that Simon and his mother had a close relationship that could serve as a source of strength. In addition, while this was not a standardized administration and therefore could not be scored, if this response had been scored, the Box Code would have been positive.

In the CWS, Box Codes are a mathematical sum of affective tone and personality sensitivity in a particular area of functioning. They provide information about conflict, integration, and consciousness. This response hypothetically indicated appropriate sensitivity, positive affect, and clear thinking in the area of available energy towards tackling life's daily tasks (EC=0.5, AQ=1.0, FQ=1.0).

Simon surprised me by asking if they could "do the TJ one." I realized he was talking about Box 5. I hesitated, worried that the evocative character of Box 5 would be risky, as Box 5 represents overcoming obstacles and channeling aggressive energy. Simon clearly struggled in this area and his mother did not know how to help him yet. I did not want to overwhelm him. Since he'd asked about it, and since Box 3 had gone well, I decided to proceed. They quickly decided that it looked like an intersection. They eagerly collaborated on a drawing of an arial view of their neighborhood "like Google Maps." Again, their interaction was positive, and the hypothetical Box Code was positive indicating the potential for openness, appropriate affect, and logical thinking in response to frustration (EC=1.0, AQ=0.5, FQ=1.0). It soon became clear that something meaningful was occurring, as the drawing became more and more detailed. Each time there was a pause and they seemed to be finished, either Simon or his mother would exclaim that they'd forgotten something or wanted to add another detail. They did this several times, once even sliding the drawing across the table to me but then pulling it back to add more. At the next pause, I pulled the drawing all the way over to my side of the table, only to have Simon exclaim, "Wait!" and ask to draw more. Once they paused again, I picked the drawing up off of the table and removed both of their pencils.

Simon and his mother laughed when I reflected that they couldn't decide whether they were finished. I further reflected that they seemed to be "egging each other on." They agreed, and I asked if they had any idea why they kept adding to this drawing, but not the previous one. When they said no, I mentioned that this box sometimes tells us something about how people deal with anger, and I thought it was interesting that this box was so compelling when it was anger that we were trying to figure out. They both immediately grasped that they "egged each other on" when arguing as well. Simon was already well aware that he was out of control when he was angry, but neither of them had realized how his mother unintentionally made things worse by arguing back.

Next, I met with Simon's mother one-on-one for the Summary and Discussion session. She talked about how frustrated she became when Simon was angry. She acknowledged that she sometimes lacked patience and was often blindsided by Simon's rapid overreactions. As a result, she often found herself getting angry, especially when she felt that Simon wasn't responding to reason. She easily understood that Simon's abuse (in addition to the unexpected death of his father) had led him to be hypervigilant and guarded. When overwhelmed, he easily spilled over into a trauma response. We made a plan to help her manage her own affect so that she could calmly support Simon while he weathered the storm of his emotions. She wanted Simon to try individual therapy again, with a trauma-informed therapist.

The final step of my work with the family was the Summary and Discussion session with Simon, which his mother also attended. I thanked Simon for his openness with me, and after a brief review of his strengths, I shared with him the fable I had written. Simon's fable was about a young origami artist who began blowing fireballs that burned his origami creations. His mother had to learn to help him breathe calmly instead of telling him to hold his breath. He instantly saw himself reflected in the story, and he and his mother both left feeling hopeful about the future. When I last checked in with the family, Simon was on a waitlist for an individual therapist, and his mother had started parent training classes. She had been working hard to stay calm and keep him grounded during his outbursts and felt that his behavior had been more manageable.

Conclusions

In both of our cases, the CWS provided context for hypotheses we had already developed. The richness provided by the CWS would have been hard to achieve by other means. Both of our clients were highly sensitive to the environment, so the non-threatening nature of the drawing test proved to open up a dialogue that might not have been possible otherwise. Even Simon, who initially had a guarded and defensive response to the test, was able to be scaffolded into a comfortable interaction with it. In both of our cases, the child had some agency around which boxes to interact with. This is consistent with the core value of collaboration in TA, and in each case our curiosity (another core value of TA) allowed us to follow the client's and family's lead to unlock deeply personal information.

We are convinced that the CWS is a valuable tool in the TA-C toolbox. Its detailed output of scores puts it in a unique class of performance-based measures that allows for both ipsative and normative comparisons. It lends itself well to both EI and Family Intervention Session use, and we find that many children and families enjoy it. We encourage other clinicians to pursue training in it and to use it in TA-C. We also hope that as it becomes used more frequently, we will see more case studies and research attesting to its strength as a measure of personality, emotional development, and children's functioning in the complex systems around them.

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Falling Backwards into Swirls: Using the Crisi Wartegg System in Collaborative/Therapeutic Assessment



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"How could so much information come from a ten-minute drawing test!" This was my reaction in 2013, when I was first introduced to the Wartegg Drawing Completion Test (WDCT) (Wartegg, 1939). While I was initially amazed by this brief, easy to administer test, I quickly learned that the test itself was not magical, but the Crisi Wartegg System (CWS) (Crisi and Palm, 2018) was backed by robust science.

Over decades, Dr. Alessandro Crisi developed the CWS, which contains a standardized administration method, a large normative sample, a scoring system, and computerized scoring software (Crisi and Palm, 2018). In my clinical work, I have found the CWS to be especially compatible with Collaborative/Therapeutic Assessment (CTA) (Finn et al., 2012). I often use clients' drawings during Extended Inquiries (EI) and the language and metaphors that are co-created are then further explored in the summary/discussion session and CTA letter. In this piece, I will illustrate how the CWS enhanced my CTA with "Ellie" in many powerful ways. I will highlight the value of the CWS scoring and computations and demonstrate how my

interpretations were generated from normative scoring, and not just thematic interpretation of drawings. I will explain the discrepancy between Ellie's results on her Minnesota Multiphasic Personality Inventory – Adolescent (MMPI-A) (Butcher et al., 1992) and CWS and how Finn's (1996) Cell B helped in my conceptualization.

Brief Background

Ellie, a 16-year-old girl, asked her parents to be evaluated to assess her social and emotional functioning since she felt "different" from others. During the initial interview, Ellie identified the following questions for the assessment:

- 1.Am I functioning at a level that is normal in social situations?
- 2. What is interfering with my ability to focus?

When we discussed her first question, Ellie explained that she has certain rules she feels she needs to follow when interacting with others. For example, she makes eye contact with others because "it would be weird if you didn't." When asked, Ellie said that she does not believe she is socially anxious. She reported having a good group of friends, but there are days where she has no interest in socializing. She described her parents as supportive, but explained that it is hard for her to approach them since they have different interests and values from her. Ellie shared that she has mood swings, though she does not show her anger to others. As a talented artist, she would sometimes "angrily paint" meaning that she would paint alone in her room for hours as a release when irritated. Although Ellie was a reasonable historian, she was confused about her internal experience and she was seeking answers about why she felt so different.

Ellie's parents told me that Ellie cycled through friendships. They shared that she was somewhat guarded in her relationships with others, though she had deep connections with some of her friends. They wondered whether Ellie was depressed, as they noticed some signs of depression such as low energy.

Test Results

Cognitive testing revealed above-average overall intelligence (77th percentile) with superior verbal abilities (91st percentile). Her working memory (9th percentile) and processing speed (18th percentile) were below average. On behavior rating scales, Ellie and her mother reported problems with inattention and hyperactivity/ impulsivity, while her teacher did not endorse problems in these areas. She was impaired on a continuous performance test assessing attention and self-control.

Ellie's MMPI-A results surprised me, as her profile was not as elevated as I had expected. Her validity scores suggested that she was somewhat guarded and Ellie appeared to have difficulty disclosing distress (L=70). Her scores did suggest that she may be somewhat suspicious of others (Pa=62). She had no elevations on the Supplementary, Content, or PSY-5 Scales. She scored noticeably low on the Anger Content Scale, which may be indicative of some passivity or suppression of anger.

Ellie's defended MMPI-A left me questioning if I had done enough work to develop adequate trust and rapport before the administration. I thought we were developing a healthy relationship, but I was also aware that Ellie has difficulty trusting others. Before I administered the Wartegg, Ellie and I had a session where we discussed the cognitive testing results. We tried to use the data and Ellie's experience of herself to help answer her second question for the assessment about her difficulty focusing. We explored how her pattern of strengths and weaknesses was frustrating for her; Ellie was intelligent, but her below average processing speed made it difficult for her to take in information and communicate her ideas quickly. Ellie shared that she noticed this in her math classes, as she often felt behind and lost. I believe this session helped build trust and the data helped validate her struggles.

WDCT Protocol

The next session, Ellie completed the WDCT and her drawings were fascinating. Her performance time was 37 minutes and her order of sequence was 23765481. After administering the test, I consulted with Dr. Jacob Palm, the co-author of the CWS manual and the United States representative of the Istituto Italiano Wartegg, and he was incredibly helpful in offering his expertise and insights. Figure 1. Ellie's Completed WDCT



Note. Ellie's verbalizations of her drawings were:

Box 1 = I drew me smoking a cigarette and I drew it with one line where you don't pick up the pencil;

Box 2 = Weird theater faces, the exaggerated featured ones with the long mouth;

Box 3 = Half of it is a city scape and the other half is nature;

Box 4 = A boat on some water (Query-mark?) the moon and the moon's reflection;

Box 5 = A little dude getting shot out of a rocket at the circus and he's getting shot toward the moon and there's an audience and there's sides to it and you can tell that he or she is in the zone;

Box 6 = A window in a brick studio looking out and I have flowers going up and coming down;

Box 7 = If the Cheshire Cat from Alice in Wonderland was a person. A weird face and freckles and crazy eyes. (Query – Weird?) the teeth, and the size of the grin;

Box 8 = I did have a gender in mind for this one, I thought it was a woman. I drew it upside down but I like it either way. I don't know how to explain it, she's falling into something with swirls and she's falling backwards and the outside of it is left alone.

CWS Interpretation

Ellie's scores suggested that she was experiencing more anguish than what was presented on the surface to others. Ellie's Index of Inner Tension-1 (IIT-1 = 2.00), Impulsivity Index IM (1.00) and Anxiety Index (AI 1.00) were at their highest levels, demonstrating a significant level of internal distress, tension, and discomfort. Her elevated IM might be representative of insecurity, uncertainty and self-concept concerns. Ellie's artistic style may have accounted for the anxiety strokes in all eight boxes. However, there were still many other signs of internal tension in the protocol (MIx4 with both double and rotary movement, presence of CLD, FIR, MK & EXP contents, IST=7, RBx3, D=2, NC=1, AD=1).

Boxes 2 (theater faces) and 7 (Cheshire Cat) came forward in the order of sequence and were scored as Ambivalent Choices (AC) suggesting challenges with emotional sensitivity and relational attunement. The mask content in Box 2 may be considered an attempt to distance or hide from emotion and this interpretation is solidified by the Reversed Box (RB), Human Detail Simulacrum (HDS) and Fairytale (FT) content in Box 7. Box 3 (city scape/nature) was also scored as a RB and Negative Compensation (NC). An NC is thought to reflect deep unconscious conflict managed through adaptation at the behavioral level (Crisi and Palm, 2018), and her Box 3 scores suggest that she may be masking depression through some sort of behavior (e.g., staying busy). Ellie's Box 6 (window with flowers) was coded a Choice (C), paired with good form quality and a healthy Affective Stability (A/F) Ratio suggesting that she can think clearly and accurately. Box 5 (dude getting shot out of a rocket), coded as an Ambivalent Delay (AD), contained secondary movement and Weapon and Explosion content suggesting difficulties appropriately advocating for herself and handling frustration. These scores, coupled with other indicators in this protocol, suggest that she may be suppressing anger through intellectualization. Box 4 (a boat on some water...the moon and the moon's reflection) jumped forward to the first half of the order of sequence and contained an Inadequate Integration (II), Arbitrary Performance (AP), and double movement (reflection). These scores may indicate difficulty with authority and she may be somewhat rigid in managing expectations.

Boxes 8 and 1 were drawn last and both were scored as Delays (D). On Box 8, (woman falling backwards into something with swirls), Ellie produced passive human movement (Mp) and rotary movement (MIr) along with an AP and RB. The rotary movement in Box 8 and the double movement (MiD) in Box 4 suggests a strong tendency toward obsession, rumination, and brooding. Her Box 8 suggests that relationships are uncertain and confusing for her; when interacting with others she feels somewhat overwhelmed and her coping skills are stunned by affect. She tries to manage her internal tension by obsessing and overthinking. These findings help answer the first question she posed around her functioning in social situations, and her scores suggest that she might be unaware of this. Box 1 (me smoking a cigarette) was drawn last and suggests difficulty with her sense of self and identity. This box, a Personalized Answer (PA), contains Fire (FI) and Cloud (CLD) content suggesting poorly regulated emotionality, insecurity, and internal tension. Ellie's scores in Box 1 suggest that she may present herself as more confident and secure than what is underneath the surface, a hypothesis that is supported by her reflection in Box 4.

This protocol contained a high number of Human content (3), yet none of them were positive suggesting that she has difficulty mentalizing people in a positive light. Ellie had a number of contents (4 primary, 7 secondary), which speaks to her overly introspective style. Ellie is overthinking and overanalyzing, and she is not thinking in a productive manner (answer to assessment question #2 regarding trouble focusing). Her very low Evocative Character (EC = 44) suggests that she is working hard to not be impacted by the world around her. Her low Affective Quality (AQ = 50) is a depressive indicator and a sign of emotional constriction. Overall, her Wartegg showed social discomfort, uncertainty about self, difficulty expressing anger directly, tendencies toward overthinking, ruminating, obsessing, and escaping inward, which further distances Ellie from her relationships.

🕨 Cell B

Finn (1996), Smith & Finn (2014), and Fantini et. al. (2022) described different patterns of results that may emerge from self-report inventories, such as the MMPI, and performance-based assessments, such as the WDCT or the Rorschach. In Ellie's case, her low degree of distress/disturbance on the MMPI-A and high degree of distress/disturbance on the WDCT places her in Cell B, which is the most frequent kind of discrepancy in outpatient settings (Finn, 1996).

Figure 2.

Figure 2. Integration of Data from Self-report and Performance-based tests

	High Degree of Distress/	Low Degree of Distress/Distur-
	Disturbance on	bance on Self-
	Self-report Tests	report Tests
High Degree of Distress/		
Disturbance on Perfor-		
mance-based Tests	Cell A	Cell B
Low Degree of Distress/	Cell C-1	
Disturbance on Perfor-		Cell D
mance-based Tests		
	Cell C-2	

^aCell C-1: Performance-based test results suggest adequate client engagement

^bCell C-2: Performance-based test results are constricted. c: Adapted from Finn (1996)

This type of discrepancy may occur when clients function well in structured situations, where they can use intellectual resources to manage anxiety (Finn, 1996; Fantini et. al., 2022). However, underlying pathology may emerge in emotionally arousing, interpersonal, and unstructured situations. In Ellie's case, it appears that she was not completely aware of her difficulties and as a result, she was unable to fully report them on the MMPI-A. It was therefore important to be cautious about providing feedback, as much of this information is unconscious to her (i.e. Level 3 information). Palm et al. (2022) reported that NCs, Ds, and ADs are likely to be Level 3 information, ACs may be Level 2, and Cs and PCs are more likely to be Level 1. In Ellie's case, her AC in Box 2 (emotional openness) may be Level 2, whereas her AD in Box 5 (aggressive energies), D in Box 1 (sense of self), D in Box 8 (social skills), and NC in Box 3 (available energy) may be Level 3. Level 3 information that is delivered carelessly can lead to disintegration.



Extended Inquiries (EI) are a collaborative discussion about responses or behaviors that occur in a test. An EI using Ellie's drawings seemed to be a gentle way to discuss some of these unconscious dilemmas. During our next meet-



ing, I showed Ellie her drawings again and I asked her to tell me more about what she drew. After a few minutes, we started to discuss Box 8, a woman falling backwards into something with swirls. I shared that some people think Box 8 is related to our social skills. Ellie did not expand on this, and so I asked if she ever felt as if she were falling backwards into something scary when she is interacting with others. She smiled and shared how different she feels from others and how she does not like hugging others or telling people close to her that she loves them. Together, we were curious about what the "swirls" from her drawing might be and we discussed her tendency toward overthinking and being "in [her] head" while around others. I suggested to Ellie that in the box of social skills, she drew a woman who is turned upside down and falling into her own unhelpful thoughts. I was curious with Ellie about when she first started noticing this in her life, and we explored the origins of this behavior. Ellie explained how she has been mistreated by people in her past and she is now cautious around others to prevent harm. She said that others have been emotionally abusive to her and it is hard for her to trust that people will be kind to her. We talked about how her caution around others was adaptive, but it is interfering with her ability to connect and be fully present with others.

Naturally, Ellie started asking about the meaning of her other drawings. I explained that there is a complex scoring system, while also taking this opportunity to share that her scores suggested that she may be experiencing more tension than what others are seeing. We wondered if a "dude getting shot out of a rocket" suggested some difficulty handling frustration/anger. Other boxes were not as easy to explain. For example, when she asked about Box 3 (half city scale and half nature), I needed to handle this delicately, as the NC code suggests a moderate to high degree of distress in this area with no awareness (Crisi, 2018). I explained that the test scores suggest that she may have variable energy and she may not always be able to accomplish her tasks. This language felt easier for Ellie to incorporate into the narrative she has about herself, as I feared she may reject being told that she was depressed.

Summary / Discussion Session

The EI set up the Summary/Discussion session nicely, as we had explored many of the results in our previous session. I printed out Ellie's assessment questions and I placed the paper between us. I asked Ellie how she would answer these questions now that we had reached the end of the assessment. Ellie shared her thoughts, and I filled in some gaps, but we ultimately worked together to answer her questions. Below is some of the language that was used in her CTA letter.

1. Am I functioning at a level that is normal in social situations?

Ellie, you have the ability to form relationships with others, which is a great sign. You are friendly and relatable and you engage easily with others. However, you are experiencing a great deal of discomfort right now in social situations. Once you learn to manage that discomfort, your social interactions will improve tremendously. You see, you appear to be different socially in that you are overcontrolled and "in your head" when you are interacting with others. You are overthinking and overanalyzing your social situations and you are spending too much time thinking when you are around others. This is causing you to miss important information and it may also cause you to misperceive the intention of others. While interacting with others you may feel like you are falling backwards into a swirl of your own unhelpful thoughts. It will be important for you to be more open and in the present moment in social situations and this is certainly workable.

As we discussed, I believe some of this is the result of you being mistreated by others in your life. You may be somewhat hyper-aware in your social interactions because of a fear that others will mistreat you. Being in your head might be an attempt to protect yourself from others. However, this is causing you to miss information and it is interfering with your ability to fully connect with others. I do not believe that you were overthinking your interactions with me during this assessment. I believe you were in the present moment, and not in your head, and I believe that you trusted me. This worked well for you, as I believe we were able to connect and form a healthy relationship. My hope is that you continue to do this in your interactions with others. I know you are already doing this with a few of your friends and I do believe your discomfort in social situations will improve.

After the assessment was completed, Ellie and I continued to work together in therapy. Ellie identified the following goals for our time together: (1) Develop strategies for getting out of my head in social situations, and (2) have a place to express my emotions.

Final Thoughts

I wish I had a happier ending to share, but unfortunately our therapy was disrupted by the start of the COVID-19 pandemic. We did meet on five occasions before this happened, and I believe our time together helped Ellie feel connected and understood. We worked on helping her stay in the present moment in her social interactions, and I helped her experience and express her emotions in a different way. Still, when I reflect on this case, it was the assessment that was most therapeutic, rather than the actual therapy that followed. Ellie and I had worked collaboratively using assessment data as well as her experience of herself to answer her questions, which was validating and instilled hope for her future.

I hope this case example illustrates how the CWS compliments CTA. Grounded in the normative scoring, I have enjoyed using metaphors from the WDCT and have found clients' drawings to be particularly well suited for EIs, since the drawings were created from the clients themselves. Cell B clients may benefit from an EI using the WDCT, as this is a delicate and collaborative way to help them uncover some unconscious dilemmas.

Although I find the WDCT to be rather user friendly and easy to administer and score, there are certainly times that I am falling backwards into a swirl of my own thoughts, questions, and over-analysis. Thankfully, the CWS manual and my wonderful colleagues have been there to consult and help me better understand this magnificent test.

A special thank you to Dr. Alessandro Crisi and Dr. Jacob Palm for this incredible contribution to the field of psychological assessment.

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Does everyone draw a sun in that box? Using the Crisi Wartegg System in Therapeutic Assessment



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Personality and performance-based measures have a long history in psychological assessment. Creating norm-referenced ways of assessing personality has allowed assessors to better understand that which is face valid to the client and that which may be more hidden. In traditional models of assessment, an expert stance by the clinician was often maintained in interpreting the information that was revealed through such measures. With the creation of Therapeutic Assessment (TA), assessors were introduced to a new way of utilizing personality and performance-based measures as an opportunity to encourage insight, build empathy, and support shifts in a problem-centered narrative.

In Finn's (1996) *Manual for Using the MMPI-2 as a Therapeutic Intervention*, we are given a clear sense of how impactful it can be to have a thoughtful and collaborative discussion with our clients about the process and results of such measures. As TA has grown in popularity, so has the utilization of various measures. The Wartegg Drawing Completion Test (WDCT) Crisi Wartegg System (CWS; Crisi, 1998; Crisi & Palm, 2018) is one such performance-based measure with widespread value in TA. It not only lends itself to fruitful Extended Inquiries, but it also provides a lens through which interventions and discussion sessions can be informed. In this article, I will highlight ways in which some of the most integral concepts behind TA shine through the Crisi Wartegg System.

Among those concepts is Swann's (2012) self-verification theory. This theory posits that individuals seek out others whose view of the individual is consistent with the individual's self-view, even if it is negative. That self-view is more likely to change if the individual themself is actively involved in the process of changing the narrative. The WDCT is a relatively simple task that relies heavily on the client's own construction of an image. Unlike other performance-based measures like the Rorschach and storytelling tests, the minimalist nature of the WDCT stimuli means that there is less room to consider whether or not there is a "right or wrong" answer and leaves room for the response to come more fully from the client's own creation. It is not uncommon to have a client deny their response to a Rorschach blot during the inquiry phase or to question the illustration in a storytelling test. With the

WDCT, that is not possible because their creation is there in front of them. Rather than simply denying a response, an opportunity is made here to instead discuss the process around creating that response. This then becomes an avenue through which an assessor can support a client in developing their own insight (Palm & David, 2021).

In TA, that support is likely to come in the form of scaffolding (Bruner, 1978). Assessors can utilize our own knowledge of a measure to scaffold our clients in reaching new stages of self-understanding. My experience with the WDCT is that it lends itself to this process quite well. Knowing what aspect each box represents means that I can use that information combined with the process conversations around one's engagement in the task to scaffold a client's insight about their functioning in that area of their personality.

Furthermore, in the CWS administration, we ask clients which drawing and mark are their most and least favorite. This is often a helpful adjunct in supporting increased insight. Frequently, their response to this query can easily be extrapolated to their relationship to the area of functioning represented by the box. For example, a recent assessment of a 14-year-old client revealed the presence of Autism Spectrum Disorder, Level 1. In the WDCT administration, this client indicated that Box 7 was their least favorite mark. When asked why, the client said, "It's confusing. I don't know what it's meant to be or what to do with it, even though I did figure out what to do with it." Box 7 represents one's libidinal energy or intimacy, or put more broadly, the ability of a client to enter into relationships in a comfortable, genuine, and vulnerable manner. While not being the source of the ASD diagnosis, this response did illuminate the felt experience of the client when trying to navigate intimate relationships.

Epistemic trust is another concept whose role in TA has become of increasing consideration (Fonagy & Alison, 2014). It refers to a trust that is built in relationships through which an individual is able to learn from another and integrate that learning into their own self-view. It is through considering epistemic trust that we can begin to support shifting a negative selfview. One way that we can increase epistemic trust with our client is by bringing them 'behind the scenes' in explaining the task and how we use it. The WDCT has aspects that can be intuitively understood by many clients. This supports clients in feeling that they are being accurately mentalized, building epistemic trust. In discussion sessions, I highlight that each box represents different aspects of their personality or engagement in the world. Some of the boxes have "pulls" (known as Evocative Character in the CWS) that can easily be understood with some scaffolding. For example, the mark in Box 1 is a dot in the center of the box. I often ask clients what they notice about that box. For many clients, it is easy to name the central nature of the dot. When I affirm that, epistemic trust is being bolstered. At that point, I either ask them what they think that box represents, or I might say that it "may not be surprising to them that that box represents the view of oneself, as it is central." My experience has been that clients can make that bridge smoothly and the client is now on the viewing platform with me. From there, the opportunity has been opened to consider and discuss personality and engagement in the world through the lens of the WDCT.

In order to know how best to navigate this conversation, we must have a sense of how far a reach it may be for a client to discuss various aspects of test results. It is through Finn's (2007) organization of information into three levels that we can assess the accessibility of the results to our clients. Considering these levels is critical in ensuring that a client and their family can stay engaged and make use of the process to their greatest capacity. When Level 3 information comes in without such consideration, feelings of mistrust and a sense the TA is invalid or not useful are more likely to arise. Careful consideration of these levels throughout the TA increases the likelihood that we can support the client and family in integrating some Level 3 information in a way that may not otherwise have been possible. While our clinical judgment and experience can take us a long way in differentiating results into these levels, there are many times when it may not be so obvious. One of the values of the CWS is its ability to help clinicians gain a sense of what aspects of their personality and engagement in the world can more easily be discussed and what may take more careful consideration. Furthermore, it can also be a vehicle through which clients can begin to integrate Level 3 information.

In the CWS, each of the 8 boxes is given a Box Code. The Box Codes are based on how easily one engages with the box, or responds to the box pull (Evocative Character), and the affective tone of the box (Affective Quality). The box codes for the boxes in the first four positions include Choice (C), Ambivalent Choice (AC), and Negative Compensation (NC). The box codes for those in the latter half include Positive Compensation (PC), Ambivalent Delay (AD), and Delay (D). Given that each box represents an aspect of one's personality or engagement with the world, the box codes then have the role of telling us how integrated the area represented by that box is in our client's personality, whether there is conflict around that area, how conscious is the conflict, and whether that area is cut off for our client.

A Choice or Positive Compensation code suggests that one was able to engage with the box to some degree and had a neutral or positive affective tone around it. These are aspects of one's personality that one may rely on, or in which there may not be as much clear conflict. Discussion of such boxes is likely to be Level 1. An Ambivalent Choice or Ambivalent Delay code is indicative of either some difficulty engaging with the box and/or a neutral or negative affective tone. Boxes with Ambivalent Choice codes are likely to be areas of conscious conflict for the client. They are also likely Level 1 and information from the CWS may present some Level 2 insight into one's functioning in that area. For example, it is not uncommon to see a child who is struggling in school have an AC in Box 3 (the area of productivity and achievement). This is something the client is aware of and is likely top of mind. An Ambivalent Delay code is given when a box is in the latter half of the sequence of boxes. Similar to an AC code, there is conflict in this area, but it is less likely to be conscious to the client. It is not top of mind. This is information that may be Level 2 but is likely Level 3. Lastly, the Negative Compensation and Delay codes are given when a client has some difficulty engaging with the box and there is a neutral or negative tone to the box. These are areas avoided or cut off from the client's consciousness. This is most likely to be Level 3 information. To date, I have not come across another measure that contains scoring which so neatly lines up with this way of considering discussion of results.

The CWS scoring is not only valuable in informing discussion of the results, but it also has incredible utility in conceptualizing what is happening for the client, similar to the Rorschach or the MMPI-2. The Box Codes are just one example of how the scoring informs the work. In the example below, I will briefly highlight other components of the scoring that helped to inform this particular case.

Case Example:

In this child TA, I administered the Wartegg Drawing Completion Test to the youth, an 11-year-old boy, and both of his parents. The young man was a star pupil at school but at home he had angry outbursts that were increasing in frequency and severity. His parents were at a loss as to how to understand this and support him. They were also concerned about the trajectory of this behavior over the course of his lifetime. Additionally, they frequently mentioned comparison to other families/parents and were concerned they were falling short.

Figure 1



The client's drawings are presented in Figure 1, and this young man's WDCT protocol showed a significant split between the way he interacted with boxes related to moving about the world (boxes in the Adaptive area) and those boxes related to his internal drives (those in the Affective area). His scores reflected that he was highly susceptible to the pulls of his environment when moving about the world yet quite shut down internally. When I considered other assessment data (i.e., difficulty with sentence completion task; extremely high Conforming score on the M-PACI) and that he liked Box 5 (the box representing the aggressive drive) the most of his drawings, my case conceptualization and the direction of the TA was further solidified. He followed what was expected of him when he was at school, but when he was home, he was left with an unsettled sense of self. This created feelings of powerlessness that he countered with expressions of anger. My hypothesis was that he needed the support of his parents to understand and voice his internal experience. Doing so would encourage a greater sense of self that could be relied upon to cope with activities of daily living, reducing the need for anger. Furthermore, by finding his voice, his parents could better understand the ways in which he needed help, bolstering their own confidence as parents. Below is a snippet of mom's engagement with the WDCT and how it was used to further the TA.

In the administration of the task, clients are told they can complete the boxes in any order (Order of Sequence). Mom followed the Numerical order of the boxes at the start of the task but was thrown by Box 4 (the box related to one's engagement with authority and structure/ male object relations). She then began completing the remaining boxes in the order she preferred. When mom returned to this box, she drew a beach scene using the mark, a small black square, as a sun (See Figure 2). In discussing her preferences around marks and drawings, mom indicated that her least favorite mark was Box 5 (the box related to aggression and overcoming obstacles), the box she completed last. In this box, she drew Uno playing cards. When asked why this mark was her least favorite, mom said, "It stumped me. I didn't see anything in it at first." Oppositely, her son's favorite drawing was Box 5 to which he said, "I liked how it turned out." In this box, he drew a bird, adding that "birds are one of (his) favorite animals." From the outset of this task, I was already seeing ways that the dynamics relevant in this TA were coming through in the WDCT. Here, the conflicting ways of relating to aggression were highlighted.

Figure 2



Mom's scored protocol deepened my understanding. Although Box 5 was in last position, the box code for that box was a Positive Compensation. From this, I knew that it was likely possible to discuss mom's relationship to aggression. Box 4, on the other hand, had an Ambivalent Delay box code, so I knew discussions around her relationship to authority and structure might need to be done more thoughtfully, if at all. First, I bolstered mom's trust in the information provided by the test, as illustrated earlier. Not only did I bring mom behind the scenes of the test, but I also highlighted aspects of the findings that were consistent with mom's own self-view, a central tenet in self-verification theory. This process began with a collaborative discussion of her MMPI-2 results and expanded into discussion of the WDCT. By starting with information consistent with her self-view, I was showing my ability and the test's ability to mentalize mom accurately, building epistemic trust. If my (and the test's) view of her was consistent with how she viewed herself, then perhaps what we talk about was valid. This opened the door for active learning to occur with my support.

Mom and I then discussed her Order of Sequence. She indicated that it "killed (her) not to go in order" but that she felt stuck on Box 4 and was concerned about the amount of time it was taking her to come up with a response, so she moved to the other boxes. Suddenly, Box 4 was in the room. I had proposed in this discussion that perhaps mom might look to the outside expectations and structure to figure out how to move through the world, to which she disagreed. This suggested I may have broached some ideas that were either too far out of reach at that moment or that we did not yet develop a mutual understanding of the data that would contribute to an interpretation that felt accurate to mom. Despite this, mom and I were able to get to a point of discussing how it is "less messy" to follow the rules or do what's expected. Since I had done the work of building epistemic trust earlier on in the process, there was more tolerance for me to take some risks in broaching topics that may have edged on Level 3. Although mom did not agree with every statement I said, she stayed with me in the process because of the trust built. If epistemic mistrust is lowered enough, there is some room for 'error' or 'misses.' This is also where a humble approach in TA is critical. I do not push my points if they don't seem to be landing with my clients. This instance also highlights ways that the top-down approach (me proposing an interpretation of the results) that I utilized here was less effective in helping bridge a discussion of ideas and interpretations that may be new.

To my surprise, when I asked mom more openly about aspects of the test she was considering, she circled back to Box 4, with a curiosity about the fact that she and her husband both used the (square) mark to draw a sun. The open nature of this discussion was more bottom-up (client-driven) and encouraged a discussion of greater depth and meaning to mom. Similarly, the discussion below highlights ways that scaffolding supported mom in bridging her own ideas to new areas of insight.

Mom: I thought it was odd to see a sun but when I talked to (dad), he said he also drew a sun, and I was curious if everyone sees a sun.

Me: Yes, it was interesting that you both drew a sun. The reality is that a sun is not square so to make it a sun means you kind of have to ignore some of what you're seeing, what it is pulling for. This is the box that has to do with your relationship to authority and structure. We know that this is the initial box that tripped you up, so that suggests that there is some conflict in that relationship to authority.

Mom: I know there are no right or wrong answers, but it tripped me up because I thought what I was seeing was wrong. And that's why in the end when I went back to it, I thought that's so silly. If I see it's a sun, it's a sun. But I thought that was interesting too. It tripped me up because I didn't think that that would be right.

Me: Yes, and what is that box? It's the relationship to authority and structure and in that interaction, you said this is what I see but this isn't what I'm supposed to see so I'm just going to push it to the side. And I wonder if that may come up when you are faced with a difference between how you view something to be versus how you think it should be.

Mom: Yes, and this goes back to the whole thing about being judged. (A reference to our discussion of her MMPI-2 results.)

Me: Given what you are navigating with (your son), it is interesting that you both (mom and dad) are trying to figure out your way with your relationship to authority. Dad might have a tendency to say, 'these are the rules, but I'm going to do what I want to do' and you are more likely to say 'these are the rules, how do I shut myself down so I can follow them.' And (your son) falls somewhere in the middle of you two.

Mom: That's very true. At school, he does anything he can to follow the rules. And at home, it's like 'Screw it. I don't have to follow the rules.' He's (dad) at home and me at school.

The role of anger and assertiveness in this dynamic

came to the surface when mom then followed this discussion by asking about Box 5.

Mom: In my mind, I was thinking something that was meaningful to you, and I just didn't see anything in it. There was nothing about it that spoke to me. I couldn't make heads or tails of it, but then I was thinking about things we enjoy doing and I was thinking I could make cards out of it. But I was really stumped.

Me: Knowing that it's the box of anger, what are your thoughts about it tripping you up?

Mom: Well, it surprises me a little bit because I feel like my go-to is anger in a lot of cases, so it surprises me that I saw nothing.

Me: It interests me that you feel like your go-to is anger because it sounds like maybe your go-to is anger internally but it's not one that you really let out until these boiling points.

Mom: Correct.

Me: And in fact, what you did with the box, is you went to the opposite of anger, you went to a cooperative activity.

Mom: Yah, and like a happy place. We always have a good time when we all play *Uno*.

Me: Yah, and I think that's important because I think it highlights how it doesn't feel like there is a lot of space for your anger...and you have to kind of push to the side for the sake of the happiness of the family. But what we're talking about is that even if you are not expressing your anger visibly, you are constantly touching it.

Mom: I am well aware that I hide it. It's definitely an emotion I don't show. Recently, I've had friends who I've known for a very long time call me 'easy going'. And I'm just like, 'you don't know me at all do you?' Because inside it's not at all how I feel.

Me: Sometimes we present to the world exactly the opposite of how we feel inside because we have some sense that we can't really let it out.

Mom: Yah. It goes back to the shame, right? Same with (my son) not letting meltdowns show.

From here, I was able to further bolster this discussion with the scores, identifying that mom experienced a

lot of distress internally but did not show it to the outside world. This interaction highlights the way that the WDCT was integral in allowing discussions around information that bordered between Level 2 and Level 3. Without this tool, it is likely that mom may not have been able to recognize the way her relationship to authority and anger may impact her parenting and may parallel her son. By mom recognizing how she shuts herself down to follow the rules and her similarity to her son, she was able to then see how helping her son tune into himself more could help him to develop an internal compass for how to move about the world. And how finding venues for her own assertiveness to come through more consistently could further model that behavior for her son, reducing the split in his behavior between school and home.

In this brief snippet, we can see the widespread utility of the CWS and the Wartegg Drawing Completion Test in Therapeutic Assessment. With its simplicity and accessibility to clients, the Wartegg provides ample opportunities to maintain the core values of TA (compassion, humility, respect, collaboration, openness and curiosity). Meanwhile, the rich and nuanced information that comes from the CWS scoring is invaluable in conceptualizing our work and moving through a TA effectively.

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Sarah Bharier is a clinical psychologist working in Oakland, California. Her interest in Therapeutic Assessment stems back to a postdoctoral residency at Westcoast Children's Clinic. Recognizing the value of using TA and collaborative assessment in community settings, she established a small but growing assessment program at Alameda Family Services, where she provides clinical supervision. Additionally, she integrates TA and collaborative assessment into her teaching of doctoral students at The Wright Institute and in a small private practice. Her assessment work focuses primarily on child and adolescent assessment. She is on the Leadership Committee of the Collaborative Assessment Association of the Bay Area (CAABA), a non-profit organization seeking to connect and educate professionals interested in collaborative assessment and Therapeutic Assessment.

Application of CWS in Japan: Use of the Wartegg Index of Psychopathology (WIP) in the Summary/Discussion Session



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In Japan, drawing-based assessment has been widely used for a long time, and several drawing methods are regularly ranked in the top ten in surveys of tests frequently used by clinical psychologists (Piotrowski & Ogawa, 1992). However, the use of standardized methods like the Crisi Wartegg System (CWS; Crisi, 1998; Crisi & Palm, 2018) was reported less frequently. I have attended presentations related to the CWS at many conferences in Japan, and the system has received a positive response from those in attendance. The CWS, developed through the significant efforts of Dr. Alessandro Crisi, is useful in clinical practice in Japan, and is sensitive to cultural differences. Since I started learning the CWS, I have used this method in my private practice and at the Asian Pacific Center for Therapeutic Assessment (ACTA), and the test has helped a great deal in my understanding of clients. As many experts have pointed out, the CWS has the advantages of being quick to implement, often relatively non-intrusive, and easy to administer to children (Crisi & Palm, 2018). Another advantage is that the CWS can be used in many settings, not only with adults but also with children, adolescents, parents, and couples. As a practical example from Japan, this paper focuses on the use of the CWS with a mother-child dyad and a couple, with particular emphasis on the discussion of CWS results during Summary/Discussion Sessions.

Case 1 (Mother-Child Dyad)

Ken was a 6-year-old boy, and since the time he entered elementary school, his behavior of hitting and verbally abusing other children had been noticeable. His mother, Yumi (35 years old), a company owner, divorced her husband and raised Ken by herself. Ken had been evaluated at a medical hospital and diagnoses of ADHD and ASD were considered, but his actual diagnosis remained unclear. Following evaluation, medications were suggested due to lack of improvement in his behavior. Instead of a medication, Yumi wanted to seek an alternative intervention, so she came to see me for an assessment and subsequent therapy. Her Assessment Question (AQ) was about understanding Ken's aggressive behavior and how to solve it: "Why does Ken act violently? What can I do about it?"

I listened to her story and discussed with her that assisting Ken at home would be essential for therapy, but also emphasized the importance of her supportive role and the need to understand his psychological condition. As she was exhausted from her busy work and parenting schedule, I also conveyed the importance of self-care based on the understanding of Yumi herself, who is a key person to support her son. For better understanding of the parent-child dyad, I suggested she complete some assessment measures, so that we could compare her data to Ken's and gain a clearer understanding of their relationship. She readily agreed, and several tests were administered, including the Wartegg, according to the CWS. The main interpretive

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indices and computations from Ken and Yumi 's Wartegg protocols are provided in Table 1.

Table 1 Select Crisi Wartegg System (CWS) Indices and Com- putations for Yumi and Ken			
Index	Yumi	Ken	
Evocative Character (EC+%)	75	81	
Form Quality (FQ+%)	81	94	
Affective Stability Index (A/F)	3.5/3.0	2.5/3.5	
Popular Percentage (P+%)	13	38	
Popular Percentage with good Form Quality (P+%)	100	100	
Index of Inner Tension-1, ad- justed (dj IIT-1)	1.63	0.88	
Index of Inner Tension-2, ad- justed (adj IIT-2)	3.2:4.8	4:4	
Human Percentage (H%)	0	25	
Index of Suicidal Tendencies (IST)	9	1	
Wartegg Index of Psychopa- thology (WIP), Qr/Area	Dβ	Αα	

The results of the CWS revealed more challenges for Yumi than for Ken in terms of daily symptoms and adaptation challenges. For example, Ken's ability to accurately perceive the world and reality testing appeared adequate, as indicated by a normative EC+% and FQ+%, and a good box code (Choice) in Box 6; his Wartegg Index of Psychopathology (WIP*) fell in Quadrant A, suggesting flexible coping, low distress, and overall good adaptation to the environment. Ken appeared to try to fit in with others, even becoming hypervigilant (EC+%=100 in the Adaptive (ADP) area and higher than the Affective (AFF) area; Group affiliation=+-; presence of indices indicating conformity).

From this data, I understood that Ken was a child who was overly concerned about his surroundings rather than primarily neurodivergent (like ASD or ADHD), and that he was unable to take in the emotional stimuli he experienced in the environment, acting out in response to this over-stimulation. In order for Ken to be able to accept his feelings, it appeared necessary for his mother to be more attuned to his feelings, and to nurture him so he can hold his emotions. However, Yumi's Wartegg suggested she had variable capacity to do so, as she was easily overwhelmed and attempting to split-off painful emotions (High IIT-1, A>F, Box 5=NC, WIP=D β). This data seemed to indicate that Yumi was the one in need of more emotional support and nurturance in her relationships with others.

During the Summary/Discussion Session with Yumi, I explained the CWS data from both Wartegg protocols, and the WIP was extremely useful in communicating these results. I plotted and showed the data of both Ken and Yumi on the WIP graph (see Figure 1) and explained the meaning of each area. Yumi then shared about her own traumatic upbringing and the tremendous effort she spent to put aside her own emotions and focus on achievement to support herself independently. She described a history that required her to put her emotions aside and focus on the accomplishment at hand rather than on her feelings. Through Yumi's subsequent therapy, she began to contain her own emotions, which built her ability to attune to and support Ken's emotions. Parallel to this, Ken's problematic behaviors disappeared.

Figure 1: Ken and Yumi's WIPs plotted on the same figure. Red star-Ken's WIP (Aα). Blue star-Yumi's WIP (Dβ).



Case 2 (Couple)

Naomi and Ichiro came to my office seeking couple's therapy. Both were very busy with their jobs, and in the little time they spent together, they argued constantly. Both complained that they were under a lot of stress and that there was no time for relaxation. Naomi thought her husband had communication problems because of ASD, and Ichiro saw his wife as having an immature personality and a lack of emotional control. I suggested we began our process with some testing, as this would help them better understand the other, and would help us identify an appropriate therapy approach. Their AQs related to what each could do to deal with their partner's problems. For example, Naomi's AQ was "How can I communicate with my husband who lacks communication ability?" and Ichiro's AQ was "What can I do for my wife who easily loses control of her emotions and depends on others?"

Significant CWS indices and computations for Naomi and Ichiro are provided in Table 2.

Table 2 Select Crisi Wartegg System (CWS) Indices and Com- putations for Naomi and Ichiro			
Index	Naomi	Ichiro	
Evocative Character (EC+%)	88	50	
Affective Quality (AQ+%)	75	50	
Form Quality (FQ+%)	100	100	
Popular Percentage (P+%)	44	6	
Popular Percentage with good Form Quality (P+%)	100	100	
Index of Inner Tension-1, ad- justed (adj IIT-1)	1.00	2.00	
Index of Inner Tension-2, ad- justed (adj IIT-2)	6.0:2.0	4.0:4.0	
Human Percentage (H%)	13	0	
Wartegg Index of Psychopa- thology (WIP), Qr/Area	Αβ	Dγ	
Wartegg Index of Psychopa- thology- Adaptive Area (WIP- adp), Qr/Area	Cβ	Cβ	
Wartegg Index of Psychopa- thology- Affective Area (WIP- aff), Qr/Area	Αβ	Dγ	

Ichiro's results suggested that although he maintained good reality testing (FQ+%=100, P+%=100), his emotions were not vivid and he seemed to lack flex-ibility (Group affiliation= -, OBJ%=88, H%=0). On

the other hand, Naomi's results indicated she may be more dependent on others (Box 8 is first in the order of sequence with Food content, elevated P%, and high AQ+% in the ADP area). Like her husband, Naomi showed acute distress; however, overall, her WIP fell in the A β area, suggesting that she is generally capable of adaptive behavior.

In both cases, respectively, there was a significant difference between the Adaptive (ADP) and Affective (AFF) areas of the WIP (see Figure 2). The ADP area reflects an individual's conscious adaptation and practical skills, used to navigate everyday life—including autonomy, task accomplishment, thinking and planning, and practical social interactions. The AFF area relates more to unconscious drives, energies, coping reserves, and attachment templates that are activated in close relationships or under conditions of emotion. By comparing these two areas — similar to thinking about Cards 1-7 versus 8-10 on the Rorschach—an individual's behaviors, affect regulation, thinking, and social skills can be examined under different conditions.

Analyzing Naomi's WIP, she was the combination of $C\beta$ in the ADP area and $A\beta$ in the AFF area, suggesting that although she was under high stress at the moment (IIT-1 in the ADP > IIT-1 in the AFF, WIP ADP=C β), if this stress was ameliorated, she could lead a fairly adaptive social life (i.e., demonstrate her "autonomy" as indicated by the A quadrant). On the other hand, the WIP of her husband suggested he was also having adjustment difficulties (high IIT-1, WIP=C β in the ADP), with strong indication that there were many unintegrated areas of his personality, with implications of chronic issues resulting from potential early trauma (WIP=D γ in AFF area).

During the Summary/Discussion Session I discussed these findings and told them, as evidenced by their WIP, that both were under a great deal of stress, as they had already told me, but that there were significant differences in their experience of stress, given their diverse backgrounds. Based on the discussion of the CWS results, Naomi could understand the trauma that her husband had gone through and was better able to be empathetic about the pain he had experienced. Ichiro was also able to rely on his wife by recognizing the appropriate and autonomous capacities that she inherently possessed. Until then, he could not share with her his emotional turmoil (which stemmed from the trauma of his childhood), had avoided her (sometimes "dissociating" which resulted in him frequently "forgetting" her words). When he could not avoid her, he exploded in anger.

In subsequent treatment, I focused on empowering Naomi's adaptive capacities as much as possible and worked with her to help achieve the autonomous abilities evidenced in her CWS protocol and WIP placement. With Ichiro I told him that he had been protecting himself with his strong "defensive abilities," but that he needed to be able to get help from others, and to work on resolving the trauma that had prevented him from being able to reply on others (as evidenced by his WIP placement). Naomi became autonomous and helped Ichiro from time to time, and Ichiro began to rely on Naomi, which was a pattern that had not been present in their previous relationship. Together, they were able to learn and adopt this new pattern, which led to an improvement in their marital relationship.

Figure 2: WIP of Naomi (left) and Ichiro (right). Red star-WIP, Blue star is WIP in ADP, and Green star is WIP in AFF.



Summary

These two cases are presented to demonstrate how I used the unique aspects of the WIP in communicating case formulations to my clients. In both cases, the CWS was extremely helpful in systemically understanding their condition and graphically anchoring our Summary/Discussion Session. In the first case, the mother was shown both of their WIPs, which allowed her to build greater awareness about their relationship and symptoms. While the fact that she struggled to manage her emotions because of her traumatic history was Level 2 or Level 3 information, the WIP, which is easy to understand at a glance, was effective in "half stepping" her to that information. In the couples' case, the "autonomous" capacities of Naomi, who at first glance appeared to be dependent, and the trauma and "need for help" of Ichiro, who seemed to be able to do everything on his own, were also Level 2 and 3 information. Again, the WIP allowed them to learn about their contributions to their relational difficulties, paving the way for productive therapy.

In both cases, the WIP was useful to show and discuss the results, and I have experienced many cases where the WIP was helpful in this way. As I mentioned at the beginning, drawing techniques have long been used in Japan as a tool to facilitate communication in assessment and therapy. Therefore, the effective use of the visual properties of the WIP may be related to some characteristics of Japanese people. The author's experience is too limited to discuss cultural differences, and we will have to wait for more psychologists in Japan who have completed the CWS training and obtained certification, as well as for the collection of normative data from the Japanese population to complete more formal cross-cultural research. With the great help of Dr. Alessandro Crisi and Dr. Jacob Palm, we have begun CWS training in Japan (2022) and are increasing the number of clinicians and researchers who are familiar with CWS. This will provide more opportunity to present to the TA community about the application of the CWS in Japan, and I look forward to the opportunity to do so.

*Editor's Note:

Wartegg Index of Psychopathology (WIP)

The WIP is the graphically-depicted intersection of two important dimensions of personality—dynamics and structure. The vertical axis (the IIT-1, mathematically derived from indicators of tension, distress, impulsivity, and insecurity) measures an individual's state distress and personality dynamics—including resources, level of overwhelm, and conscious symptoms. The vertical access (the IIT-2, a ratio of flexible coping and adaptive strengths to inflexible environmental responses) measures an individual's integration, personality structure, maturity, flexibility, and ability to maintain both internal homeostasis and adaptive equilibrium to the world around them. By overlaying these state and trait variables, four quadrants result, labeled A, B, C, and D. Placement in each WIP quadrant has implications for adaptive strengths, defenses, experienced distress, attachment style, and diagnostic impressions. More specifically, Quadrant A (high integration, low distress) is the quadrant of adaptation, although at the extreme can indicate rigidity and hyperadaptation; Quadrant B (low integration, low distress) suggests detachment, dismissiveness, depressive tendencies, and at the extreme, psychotic experience; Quadrant C (high integration, high distress) suggests anxious-preoccupied tendencies, and trauma/ adjustment disorders; and Quadrant D (low integration, high distress) indicates chronic overwhelm, unresolved attachment style, poor self-concept, and variability in coping, relationships, emotional expression, and behavior. Locating clients on the WIP can provide a useful roadmap in case conceptualization, identifying strengths are challenges, and assisting in predicting how clients may respond to feedback. Moreover, as illustrated by Mitsugu in his article, the WIP can also provide a useful graphic tool in which to raise insight and awareness for clients during Summary/Discussion Sessions.

References

Crisi, A. (1998). *Manuale del Test di Wartegg [Manual for the Wartegg Test]*. Edizioni Magi.

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Author Bio

Mitsugu Murakami, MA, is a representative of the IIW in Japan since 2019, and he is a licensed clinical psychologist and psychotherapist in Tokyo, Japan. He is the founder of Murakami Counseling Office and provides psychological assessment and psychotherapy (especially trauma psychotherapy) for adults, children/adolescents, and families. He is also a member of the Asian-Pacific Center for Therapeutic Assessment (ACTA) and provides Therapeutic Assessment at that location. He is certified in adult Therapeutic Assessment.

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Extended Inquiry

EI can help build insight and answer assessment questions through exploration of drawn/ verbalized **content** and the **process** of test completion, by following up on:

El Based on Content



- Personally-relevant or selfreferential content
- Unusual or emotionally salient evocative content
- Metaphorical content, as expressed through client verbalizations
- Thematic interpretations (e.g., absence of humans, aggressive or weapon content, nurturing/food/ oral dependent content)

El Based on Process



- Order of Sequence (i.e., strengths/ weaknesses evident in sequence order)
- Difficulties with specific boxes (including delays, rejections, verbalized challenges, distortions, Special Scores)
- Verbalized/observed behavioral responses to the test (i.e., frustration, self-criticism, uncertainty, sadness, hostility, anxiety)
- Verbalized like or dislike for specific drawings/stimuli

For both Process and Content: Anchor discussions with EC (the "meaning" of each box; "Would it surprise you to learn that Box 1 means...")

Creative tasks to have your clients try during EI:

- Tell a story about the content they drew.
- Complete the statement: "If I was the [content] in Box 1..."
- Color a copy of their drawings to express/identify/access emotions
- Create a comic strip from the drawings (i.e., "What happens next?")
- "Modify" or "Improve" evident difficulties in drawings (e.g., "What would it be like to add another person to this drawing of a sad, lonely man?")

Jacob A .Palm, Ph.D., Southern California Center for Collaborative Assessment (SCCCA), TA Connection, December 2022



<u>Assessment</u>

Intervention Session

Using the Wartegg as an experimental interactive tool can assist clients and families in experiencing and reflection upon dilemmas of change.

Use the Wartegg to bring the client/family's challenges into the testing room... observe, reflect, and then try out solutions!

Client AIS

- Scaffold completion of Global or Partial Rejections
- Repeat administration with a finite amount of time (for obsessive or insecure clients; compare performance under two conditions)
- Color protocols to help access emotional process (child or adult)
- Correct" or improve negative drawings via storytelling and support (i.e., "How could we make this drawing more positive, pleasant, functional, adaptive, or comfortable?")

Family AIS

- Help parents see child's challenges through their drawings (i.e., have parents complete their own Wartegg, and then illustrate differences between parent and child protocols that highlight concerns or challenges)
- Collaborative/ Consensus Family Drawing (i.e., instruct families to choose a box, discuss and agree upon what to draw, and take turns drawing; Allows in vivo observation and discussion of family dynamics, conflict, and coping styles)

Carry your work through to Summary & Discussion Sessions, Feedback Letters, and Fables:

- Use clients' stories, metaphors, shared language to communicate concepts
- Reflect on process experiences and "experiments" that shifted self stories, self understanding, and answers to assessment questions
- Incorporate drawings when indicated (in letters, fables, or other creative results presentations)
- Make connections between drawings, CWS results, and clients' AQs
- Utilize concepts, drawings, and characters to create stories and fables
- Reference the normative scoring data to ground thematic results

Jacob A .Palm, Ph.D., Southern California Center for Collaborative Assessment (SCCCA), TA Connection, December 2022

Recent Publications

- Dubue, J. & Hanson, W. (2020). Psychologists' experiences conducting suicide risk assessments: A phenomenological study. *Canadian Journal of Counselling and Psychotherapy*, 54, 819-845.
- Finn, S. E. (2022). The development of Therapeutic Assessment: From shame and isolation to connection and love. In C. J. Hopwood (ed.), *The evolution of personality* assessment in the 21st century: Understanding the people who understand people. Routledge.



Upcoming Trainings



The manual is available for purchase at www.Routledge.com.

Upcoming Trainings: Continued

January 2023; Webinar

Adult Attachment Projective Picture System Training

Presenter: Carol George Language: English Schedule: January 13 (9 AM – 3 PM CST), 20, 27, & 29 (9 AM – 1 PM CST) Information: www.attachmentprojective.com/ training-consultation

January 13, 2023; Virtual

Patterns of Attachment: What Does it All Mean?

Presenter: Carol George Language: English Schedule: January 13, 9 AM – 3 PM CST Information: <u>www.attachmentprojective.com/</u> training-consultation

January 13 & 14, 2023; Virtual

Coding Solutions (R-PAS; 7 CE Credits)

Presenter: Donald J. Viglione Sponsors: R-PAS Language: English Schedule: January 13 & 14, 2023, 11:00 AM – 3:30 PM EST Information: <u>r-pas.org/#Trainings</u>

January 27, 2023-Virtual

Live Therapeutic Assessment Consultation: TA with a Highly Traumatized Client (2 CE Credits)

Presenters: Stephen E. Finn & Krista M. Brittain Sponsor: Therapeutic Assessment Institute Language: English Schedule: January 27, 10:00 AM – 12:00 PM CST Information: www.therapeuticassessment.com March 29, 2023-Austin, TX, In-Person (Society for Personality Assessment Annual Meeting)

TA in the Bedroom: Fostering Intimacy in Couples in an Era of Fear and Disconnection (7 CE Credits)

Presenters: Filippo Aschieri and Pamela Schaber Sponsor: Society for Personality Assessment Language: English Schedule: March 29, 8:30 AM – 5:30 PM CDT Information: www.personality.org/2023-spaconvention

March 29, 2023-Austin, TX, In-Person (Society for Personality Assessment Annual Meeting)

Therapeutic Assessment with Children: A Brief Intervention to Address the Current Mental health Crisis in Children and Families (7 CE Credits)

Presenters: Stephen E. Finn, Marita Frackowiak, and Dale Rudin Sponsor: Society for Personality Assessment Language: English Schedule: March 29, 8:30 AM – 5:30 PM CDT Information: www.personality.org/2023-spaconvention

March 30, 2023-Austin, TX, In-Person (Society for Personality Assessment Annual Meeting)

Using the AAP in an Adolescent Therapeutic Assessment: The Lingering Effects of a Mother's Attachment Trauma on her Daughter's Failed Mourning (3.5 CE Credits)

Presenters: Carol George and Melissa Lehmann Sponsor: Society for Personality Assessment Language: English Schedule: March 30, 8:30 AM – 12:15 PM CDT Information: www.personality.org/2023-spaconvention



Upcoming Trainings: Continued

April 2, 2023-Austin, TX, In-Person (Society for Personality Assessment Annual Meeting)

Therapeutic Assessment (TA) in Clients with Personality Disorder(s): Pitfalls and Adaptations (7 CE Credits)

Presenters: Hilde De Saeger and Jan Kamphuis Sponsor: Society for Personality Assessment Language: English Schedule: April 2, 8:30 AM – 5:30 PM CDT Information: www.personality.org/2023-spaconvention

May 3-5, 2023-Tokyo, Japan, In-Person

"It's All My Fault": Shame and How to Recognize It in Psychological Assessment

Presenters: Stephen E. Finn, Noriko Nakamura, Mitsugu Murakami, Alessandro Crisi, Francesca Fantini, Julie Cradock-O'Leary, and members of the Asian-Pacific Center for TA Sponsors: Therapeutic Assessment Institute and the Asian-Pacific Center for TA Languages: Japanese Schedule: May 3-5, 2023; 10 AM - 5 PM Information: www.asiancta.com

March & April 2023; Virtual

6-day R-PAS Training in Italian (50 ECMs)

Presenters: Luciano Giromini, Marzia Di Girolamo, Roberta Mor, & Sara Nuetzel Sponsors: R-PAS Languages: Italian Schedule: March 4 & 5, April 1 & 2, & May 6 & 7, 9:00 AM – 5:00 PM (Central European Time) Information: r-pas.org/#Trainings

May 2023; Virtual

Introduction to R-PAS: Rationale, Administration, Coding, and Interpretation (27 CEs)

Presenters: Gregory J. Meyer & Joni L. Mihura Sponsors: R-PAS Languages: English Schedule: May 4 & 5 (9:00 AM – 5:00 PM EDT), May 6, 7, 12, & 13 (11:00 AM – 3:00 PM EDT) Information: r-pas.org/#Trainings

Collaborating in the Past, Present, and Future: Pre-Conference Institute on Therapeutic Assessment

Tuesday, March 28, 2023 8:30 AM – 5:30 PM EDT (Dinner at 7:30 PM)

Presented by the Therapeutic Assessment Institute with the Society for Personality Assessment

This year the Therapeutic Assessment Institute (TAI) is celebrating the 30th anniversary of the founding of The Center for Therapeutic Assessment (CTA) in Austin, TX. Since that time Therapeutic Assessment (TA) has contributed to a paradigm shift in psychology and to increasing numbers of clients around the world being included as collaborators in their psychological assessments. In this Pre-Conference Institute, held in conjunction with SPA, TAI faculty and practitioners will reflect on the development of TA over the last 30 years, discuss TA's implementation in different settings around the world, and consider the future of training in Collaborative/Therapeutic Assessment. In keeping with the core values of TA, we aspire to involve attendees as active participants and collaborators in considering these topics. Finally, in the evening, we will host a dinner party celebrating this special anniversary of the CTA. (Registration for the dinner will be handled separately.)

8:30 AM	Introductions
9:00	What We Have Learned from 30 years of Being in Our Clients' Shoes Opening address by Stephen E. Finn, TAI President
10:00	Break
10:15	Symposium: TA Around the World Clinicians from various countries will discuss the implementation of TA around the world, and how TA has been adapted to different cultures. Open Discussion Session: Questions,
11:45	Quandaries, and Quagmires TAI faculty will respond to questions from participants about dilemmas they encounter in practicing TA. Attendees will also contribute their knowledge.
12:30	Lunch
2:00 PM	 Symposium: TA in Action in Different Settings C/TA practitioners will present cases showing how TA can be adapted to different practice set- tings, such as community mental health centers, inpatient treatment, student counseling centers, and neuropsychological assessment.
3:30	Break
3:45-5:15	Roundtable: TA and the Future Generation of Assessors TAI members who routinely provide C/TA training and/or supervision will give brief pre- sentations on their experiences in different set- tings. Then attendees and presenters will discuss training future TA practitioners and updating experienced practitioners on new developments.
5:15	Video Presentation: "What TA Means to Me" We will close with a series of brief videos from psychologists around the world speaking about how TA has affected them and their work.
5:30	Adjourn
7:30	CTA 30th Anniversary Party/Dinner

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Therapeutic
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Live Therapeutic Assessment Consultation: TA with a Highly Traumatized Client

FRIDAY, JANUARY 27, 2023 | 10 AM - 12 PM CST

Presented by: Stephen E. Finn, PhD with Krista M. Brittain, PsyD

In this webinar, Dr. Stephen Finn will conduct a live consultation with Dr. Krista Brittain, who will be presenting an in-process multi-method collaborative assessment with a severely traumatized client. Prior to the webinar, attendees will receive brief background information on the client, copies of the major test materials, and Dr. Brittain's questions for consultation. During the webinar Dr. Finn and Dr. Brittain will discuss the assessment, and attendees will have the chance to offer comments and ask questions. The goals of this webinar are two-fold: 1) to demonstrate the TA model of consultation, and 2) to demonstrate the use of TA with severely traumatized clients.

Tentative Schedule:

5 min: Introductions

- 10 min: The TA Model of Consultation/Supervision (Finn)
- 20 min: Review of Background Information and of the Questions for Consultation (Brittain)
- 10 min: Questions/Comments from Attendees (Finn, Brittain)
- 30 min: Discussion of Test Materials (Finn, Brittain)
- 15 min: Questions/Comments from Attendees (Finn, Brittain)
- 15 min: Review Answers to Consultation Questions (Finn, Brittain)
- 15 min: Discussion and Comments (Finn)

Objectives:

After the workshop, participants will be able to:

- 1. List 3 essential components of the TA model of supervision/consultation
- 2. Describe how TA distinguishes supervision from consultation
- 3. Describe how multi-method assessment is useful for planning client feedback and assessment intervention sessions
- 4. Identify at least 3 basic principles for assessing clients with severe trauma

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- \$25 Student Members of the TAI
- \$40 Student Non-Members of the TAI

<u>Click here to register.</u> You can register any time prior to January 26, 2023.

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Stephen E. Finn, Ph.D., is the founder of the Therapeutic Assessment Institute and has written extensively on the topics covered in this webinar: assessment supervision/consultation, multi-method assessment, and assessment of clients with severe trauma. Dr. Finn is in high demand as a consultant both for psychotherapy and psychological assessment.



Krista Brittain, Psy.D., is in private practice in West Des Moines, Iowa. She is currently working towards certification in Therapeutic Assessment with adults.

Continuing Education

This program includes 2 CE. The University of Denver Graduate School of Professional Psychology (GSPP) is approved by the American Psychological Association to sponsor continuing education for psychologists. GSPP maintains responsibility for this program and its content. CE credits are included in the price of the webinar.

Non-Discrimination Statement

The Therapeutic Assessment Institute (TAI) does not discriminate on the basis of race, color, national origin, religion, sex, disability, military status, sexual orientation, gender identity or age. TAI is committed to accessibility and non-discrimination in all aspects of its continuing education activities. Participants who have special needs are encouraged to contact program organizers so that all reasonable efforts to accommodate these needs can be made.

Conflict of Interest

In compliance with continuing education requirements, all presenters must disclose any financial or other associations with companies to which they have a direct link and/or financial relationship related to the topic/content of their presentation.

Special Accommodations

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Cancellations before January 20th will lead to a full refund. Cancellations after the date will receive a 50% refund. If the event is cancelled for any reason, we will refund your fee in full. We reserve the right to deny participation to any applicant or to cancel the workshop for any reason.

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Therapeutic Assessment with Adults

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