THE **TA CONNECTION**

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Therapeutic
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Institute

IN THIS ISSUE:

IN THIS TOGETHER

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So many aspects of our lives have been upended and altered as the result of the unprecedented times we find ourselves living in today. A global pandemic has engulfed us all in ways that have changed the way we work, the way we interact with others, and the ways we simply navigate our everyday lives. The measures taken to keep us safe have created challenges of their own for us as mental health professionals and for those people with whom we work. It is more important now than ever to care for those around us and to care for ourselves as best we can. The Therapeutic Assessment (TA) community has always been close knit and a source of vitality for our work. Travel restrictions that led to the cancellations of both the Collaborative/Therapeutic Assessment Conference planned for Denver in June and the Society for Personality Assessment Conference in San Diego in March have left an undeniable void for me, and I am guessing for many of you as well. While I am hopeful that public health measures and pharmacologic advances will soon allow us to return to in-person gatherings, the journey to this point has been long and trying. As those of us in the Northern hemisphere prepare for the Fall and Winter months, the need for community and social and professional connection will be underscored. I wish you all physical and mental health and hope that the TA community can continue being a source of connection and support personally and professionally.

This issue of the TA Connection, as expected, is focused on TA in the time of coronavirus, which has forced most if not all of us to rely on technology and virtual delivery methods to continue providing TA to our clients. I want to send a special thank you to this issue's contributors, Steve Finn, Alison Wilkinson-Smith, Carol George, Melissa Lehmann, Julie Wargo Aikins, and Raja David; the Associate Editors, Deborah Tharinger, Hale Martin, and Pamela Schaber; and Steve Finn. I am grateful to each of you for your contributions to the newsletter, particularly given the many new demands you all face at this time.

A new section to this issue is a spotlight on assessors newly certified in TA. We want to congratulate three assessors in this issue: Donna Kelley, Caroline Lee, and Yasuko Nishida. Certification in TA is the culmination of years of TA practice and consultation with experts from the TAI. We are excited to add these talented assessors to the growing list of certified TA practitioners. Great work!

▶ This Issue

Headlining this issue of the *TA Connection* is an article on conducting TA during the pandemic by Steve Finn. Steve writes about the lessons he has learned in the six months since public health measures rendered most if not all of our services virtual. These lessons touch on the importance of the therapeutic relationship, ways of understanding clients in the virtual

space, ways to ensure high levels of collaboration, remaining humble, and a reminder that clients may be more vulnerable during the pandemic due to social distancing measures, fears of the virus, economic hardships, and the many others stressors that are happening in our world today (e.g., social justice, politics).

Alison Wilkinson-Smith writes about a child TA delivered via tele-health. Alison notes that while tele-health is not new to psychotherapy, the pandemic has ushered in a necessity to conduct assessments and by extension TAs via tele-health and other virtual modalities. She shares the case of a 10-year-old girl; healthcare professionals, but not her parents, were concerned about a number of symptoms that necessitated clarification. Alison describes how she was able to complete a child TA with the client and her parents virtually by adjusting her typical approach. The results show the feasibility of conducting TA virtually.

In a similar vein, Carol George, Melissa Lehmann, and Julie Wargo Aikins discuss the virtual use of the Adult Attachment Projective Picture System (AAP) in web-based assessment. Their focus is on ensuring the validity of a virtual administration. The authors also present empirical evidence supporting web-based delivery.

Finally, we have a review of a recently published book titled, *Essentials of Psychological Assessment Supervision.* This volume, Edited by A. Jordan Wright, contains a number of chapters that are either specific to TA (i.e., a chapter authored by

Steve Finn) or have relevance to the supervision of TA. Raja David nicely highlights the relevant chapters and provides a reasoned critique. This book is clearly a useful resource for those who supervise others in TA or for those in supervision and learning TA.

▶ *Upcoming TA Trainings*

With nearly all in-person gatherings on hold for the foreseeable future, the TAI has made a concerted effort to offer and coordinate a virtual training nearly every month. (That's the goal anyway!). We have a slate of excellent trainings already on the calendar for the remainder of 2020 and the first quarter of 2021. For up-to-date information on trainings offered by the TAI, visit our website and click on the Trainings tab at the top. Flyers appear at the end of the newsletter with more information.

First, Lionel Chudzik will be leading a webinar on TA with patients involved with the justice system. A recorded presentation will be made available to registrants in early November, which will be followed by a live virtual discussion with Lionel on November 20 from 10-11 CST. Next, December 3-5, 2020 is a live TA of a young adult led by Raja David, Pamela Schaber, and Steve Finn. If you haven't yet been part of a live TA training, they are an incredible learning experience. Attendees literally collaborate with the assessor-presenters in conducting TA sessions with real clients! Then Julie Craddock O'Leary will present a training January 22-23, 2021 on using the Thurston Cradock Test of Shame (TCTS) in TA. This is a great instrument to have in your TA repertoire, and if you missed it you can read about the TCTS in a past issue of this newsletter (volume 5, number 1, winter/spring 2017).

Next, February 5-6, and 12-13 is a webinar by Steve Finn titled, *Restoring Epistemic Trust Through Therapeutic Assessment: Building a Relationship with Difficult-to-Treat Clients,* that will be offered in both English and Spanish (a first for the TAI)! June brings a 3-day training (11, 18, and 25) on Pathological Mourning and Adult Attachment (featuring clinical case application using the AAP) by Carol George, Melissa Lehmann, and Julie Wargo Aikins. Remember, members of the TAI receive discounts on all of these trainings. The Society for Personality Assessment (SPA) is also scheduled for March 2021 and will be completely virtual. In addition to the many TA-related presentations that will surely be part of the scientific sessions, there will be at least two workshops related to TA. Pamela Schaber and Filippo Achieri will provide an Introduction to TA workshop. And Steve Finn, Jan Kamphuis, and Hilde de Saeger will do a workshop on TA and Epistemic Trust. SPA is offering workshops periodically throughout 2021 so check the SPA and TAI websites for details on when these and other workshops will be held. TAI members will also get notification on the member-only listserv.

▶ *Become a Member of the TAI*

The Therapeutic Assessment Institute (TAI) began offering memberships in 2017 and currently has 168 members. Membership in the TAI gets you two issues a year of this lovely newsletter, access to the members-only listserv, discounts on the trainings just mentioned and others that are sponsored by the TAI, and discounts on AAP trainings. The membership fee is very reasonable at $75 per year for professionals and $40 for students. Please consider joining to receive these benefits and to help support the TAI's mission, and please do also tell your friends and colleagues!

▶ *The Leonard Handler Fund*

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

▶ *Donate to TA*

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

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

Therapeutic Assessment During the COVID-19 Pandemic: Is It Even Possible?

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I must admit that this past March, when it became clear that I could not see clients face-to-face in my office without endangering both of us, I had a moment of panic and wondered, "Will I need to give up doing TA completely until there is an effective vaccine?" Fortunately, this anxiety passed as I remembered that I have being doing remote psychotherapy and consultations for years with considerable success. Also, my inveterate curiosity kicked in, and I found myself wondering, "What will it be like to adapt TA to an online format?" "What might we learn?" and "If TA can be done online, what new opportunities will this open up?"

Now six months later I can speak from my own and others' experience and say definitively, "In spite of certain challenges, online TA can be effective and successful." And as I predicted, we have learned important lessons that I wish to share with you.

▶ *Lesson 1 – It's All (Or A Lot) About the Relationship!*

In TA we have always emphasized the importance of the relationship between assessors and clients, and when doing remote assessments this is truer than ever. I had my doubts about whether it would even be possible to develop a safe, trusting relationship with clients over a web interface, but I can attest that it is. And the basic ingredients for establishing a strong alliance remain the same: 1) showing clients that we are uniquely interested in them as individuals and see ourselves as consultants who wish to help with their problems in living, 2) being attentive not to judge or shame clients no matter what they tell us, 3) working hard—even though we are physically distant—to "get in clients' shoes" and understand their experiences and their dilemmas of change, 4) inviting clients to collaborate in making sense of test results and their experiences in sessions, and 5) helping clients manage strong emotions that arise during our sessions. I've even found that remote sessions offer new opportunities for some of these elements. For example, online I often have an actual window into clients' homes and lives via the video feed, and they can show me the art on their walls, their pets, or the cake they baked that day. Sometimes the video camera provides opportunities to address shame. For example, one client was fearful I would judge him because of how messy his bedroom was.

He considered using a "canned" background on his video, but decided against it. I thanked him for letting me see the state of his room and helped him make the link to his Assessment Question, "Why do I have so much trouble being organized?" Also, after one client confessed, "You should see how fast my foot is tapping right now…" I asked him to continue describing his body movements that I could not see. This then led to my asking more clients about what was happening in their bodies as we talked, giving a wonderful opportunity for us to notice and discuss their experiences of their body. Such discussions might not have arisen if they had been present in my office.

Lesson 2 – Standardized Tests Are Important, AND We Have Other Ways of Understanding Clients

Standardized psychological tests are central to Therapeutic Assessment as powerful "empathy magnifiers" and opportunities for discussion with clients about topics, emotions, and memories that might not have arisen otherwise. Luckily, our national psychological and assessment organizations have done great work developing guidelines for the online use of standardized tests (SPA, 2020; Wright, J., Mihura, Pade, & McCord, 2020).). And many test authors and publishing companies have made important adaptations of their tests for remote administration. This does not mean that we are able to use all our favorite tests that we have used for years. But there are scientifically valid instruments that can be administered remotely to gather important nomothetic information, which we can then validate in our subsequent discussions with clients.

Besides using standardized tests that are adapted for remote use, the pandemic has helped me remember that we have other ways of getting in clients' shows that are less formal, but which are also powerful. For example, recently I wrote individualized Sentence Completion stems for a 20-year-old young man I was finding hard to engage and who had given me little useful information on self-report tests. In recent years I have used this technique with children and younger adolescents, but not with adults. The client and I discussed his responses over Zoom and this seemed to open a door; he told me more in 45 minutes than he had disclosed in three previous sessions. I have also asked several adult clients to do projective drawings and then hold them up to the video camera when they were finished; each time this exercise was very useful. One woman in her 50's drew herself first "as other people see me" and then "how I feel inside"--an idea we came up with together. Again, the joint discussion afterwards was very revealing.

Lesson 3 – Collaboration Is More Important Than Ever

These latter examples speak to the power of collaboration, a core value of TA, and I believe remote sessions underline the importance of involving clients as collaborators. Like the man who told me about his foot tapping, clients seem to realize that we need their assistance during an online session more than if we were in the office together. Many feel pulled to help us, and this can increase their engagement and sense of efficacy during the assessment. Another clear example of this arises when assessing young children remotely. As many readers know, in TA with young children we have long invited parents to observe and comment on standardized testing sessions, either from behind the child's back, via a one-way mirror, or over a video link (Tharinger, Finn, Arora, Judd-Glossy, Ihorn, & Wan, 2012). Now, with remote assessments parents are often called upon to be our "testing assistants"—helping to present test materials to the child, keeping the child on task, and telling us ways the child reacted that we couldn't see online. In my experience, this more involved stance helps parents trust the assessment process more, and provides opportunities for them and us to gradually and collaboratively reach new understandings of their child and family.

Lesson 4 –Many Clients Are More Vulnerable Than Usual Due to the Pandemic

Perhaps it goes without saying: the pandemic is a very special context, and it is important that we hold that milieu in mind as we conduct our assessments, interpret our tests, and help clients plan their next steps. Porges (2020) has asserted that many of us are in an increased state of psychological vulnerability at this time because of the clear danger of becoming ill or dying, widespread economic destabilization, and increased social isolation. I believe Porges is right, and I also suspect that over time, many of us have become desensitized to the level of stress we are experiencing, with the result that we lack self-compassion for our irritability, emotional lability, or increased level of tension-reducing behaviors (e.g., eating, drinking, watching endless hours of TV). I have found it useful when discussing test results with clients to hold the pandemic firmly in mind and frequently ask them questions such as, "How much of the anxiety we see on your MMPI-2-RF is related to the pandemic, and how much might have been there in any case?" "Are the

troubles you had concentrating when we did that test related to current stresses or do they seem familiar from before the pandemic?" By keeping the current context firmly in mind, we make sure that neither we nor our clients attribute situational struggles to individual psychopathology.

▶ Lesson 5 – As Always, Humility Is Essential

Another core value of TA is humility, and there are many opportunities for being humble when we conduct remote assessments. As I mentioned earlier, it is important that we involve clients as collaborators in each step of online assessments. And while evidence is accruing that many tests are equivalent when administered remotely to when they are administered in person (e.g., Wright, 2018, 2020), we are ethically bound not to overstate the conclusions we draw from remote testing. Again, assessors steeped in collaborative and Therapeutic Assessment should have less trouble being circumspect about the larger meaning of online test results, for we have long understood our tests' limitations. As Fischer (1978) wrote: "…in our earlier…understanding of science, we thought of [test] scores as more objective and even more real than actual experience and behavior. But now we…recognize that scores are derived data, secondary to behavior and experience" (p. 126).

Another place that humility seems paramount right now is in our remembering that remote TA will be difficult or impossible for clients without computers at home, childcare, or reliable internet service, or who live in situations so cramped as to preclude privacy. We will need creativity and commitment to use remote TA to help such clients before in-person sessions are viable again. I hope many of you will join me in thinking hard about how to serve such clients.

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Uncharted Waters:
A Case Study of Therapeutic Assessment with a Child Using Tele-Health

Alison Wilkinson-Smith, Ph.D., ABPP

In recent years, there has been a growing interest in practicing psychological assessment over tele-health platforms (e.g., Brearly et al., 2017, Chalmers et al., 2018, Jang-Jaccard et al., 2014). Most recently, the global COVID-19 pandemic created an urgency for psychologists to consider options for remote delivery of assessment services. Many of us found ourselves in over our heads trying to navigate this unprecedented situation. Several publications have discussed assessment of children within the context of the current crisis, including psychoeducational assessment (Farmer et al., 2020) and pediatric neuropsychology (Pritchard et al., 2020) and more appear as the pandemic holds on. Therapeutic Assessment of Children (TA-C) shares some common features with these assessment methods, but also includes unique aspects. I recently had the opportunity to conduct a TA-C using tele-health and I want to share the experience the clients and I had in the process. I am grateful to Rosie and her family, described below, for allowing me to share their story and discuss the application of tele-health to TA-C.

▶ Background

At the time of the assessment, Rosie was a 10-year-old White girl who was completing fifth grade. She was referred to me by the outpatient psychiatry clinic at my hospital, where she had recently established care. The psychiatrist was concerned about symptoms of psychosis, anxiety, and mood disorders and had prescribed an SSRI and atypical antipsychotic. She also worried that Rosie's parents, while willing to bring her to treatment, were not sufficiently concerned about her symptoms. While Rosie and her family were on a short waitlist for my services, the COVID-19 pandemic swept across the globe.

The neuropsychology clinic where I work quickly pivoted to tele-health. We had access to a secure audio/visual platform for patient visits, but we were not sure how to use it in the context of psychological and neuropsychological assessment. In reviewing the records from Rosie's psychiatry visits, I wondered if I might be able to explore family system factors with questionnaires and by interacting with the family. Complete diagnostic clarity might not be possible, but I thought I might be able to help, particularly if the psychiatrist was correct about the family's level of concern. If more thorough testing were needed, I could see Rosie again once in-person services were possible. I spoke with Rosie's mother and explained that I had never worked with a family this way (and as far as I was aware, no one had, though I knew others were considering or experimenting with it) but that we could see if it seemed helpful. After a complete discussion of risks and benefits, she consented, and we agreed to check in along the way about whether we thought things were going well.

▶ Assessment

For the initial session, I met with Rosie's mother for a virtual visit. She had been working full-time from home. Rosie's father, an essential worker, was not available, but was hoping to participate in future sessions. Rosie's mother said that Rosie had been sad and angry for many years. From a young age, Rosie claimed she could see ghosts, and she had been hearing "voices that say bad things." Her symptoms had been gradually getting worse over the past two years, and she had begun to experience passive suicidal ideation as well as panic attacks and somatic symptoms. She had become withdrawn, and since the pandemic had begun, she rarely left her room. Rosie had transitioned well to distance learning, however, and she had maintained her status as an A-B student without difficulty.

Rosie's mother contributed the following Assessment Questions:

- ´Why is Rosie hearing voices and seeing things?
- ´What can we do to help her feel better about herself?
- ´How can we understand her better?
- ´Is she going to struggle for her whole life?

Rosie's parents had been convinced for a long time that she was depressed. They had been turned away from a community psychiatrist, who reportedly told them that Rosie was too young to be treated, and they had struggled to find a therapist who would accept their insurance.

For the first testing session, I "met" Rosie in her parents' bedroom. She reclined on their bed and snuggled the family dog. I was frustrated at first, as I'd asked that she be set up at a table where she could write or draw if needed. However, I decided to err on the side of making her comfortable. We began with a discussion of the purpose of the evaluation, during which Rosie contributed her own question for the assessment:

- What are these voices?

I conducted two testing sessions with Rosie. Both were completed from her parents' bed, with the comforting presence of the dog. We completed self-report questionnaires: the Multidimensional Anxiety Scale for Children, 2nd Ed. (MASC-2), the Child Depression Inventory, 2nd Ed. (CDI-2), and the Million Pre-Adolescent Clinical Inventory (M-PACI). The use of self-report questionnaires has empirical support for equivalence when used over telehealth (e.g., Society for Personality Assessment, 2020). Collateral-report measures, such as the Behavior Assessment System for Children, 3rd. Ed (BASC-3) that I sent to Rosie's mother, also have been validated for remote administration. The use of performance-based measures in the context of telehealth is more challenging. I administered the House-Tree-Person, Kinetic Family Drawing, and select cards from the Roberts Apperception Test for Children, 2nd. Ed. Rosie's mother observed these sessions from the corner of the room. After Rosie and I had finished our tasks each day, Rosie left the room and I was able to talk with her mother using "Behind the Mirror" techniques (Tharinger et al., 2012).

On the CDI-2 and MASC-2, Rosie produced elevations on all of the scales. Rosie's mother felt validated by the extreme scores. She had rated Rosie in the clinically significant range on the BASC-3 for the Aggression, Conduct Problems, Anxiety, Depression, Somatization, and Atypicality Scale (including items measuring psychotic symptoms). She knew that Rosie was desperate for help, which was validated by Rosie's Response Negativity score on the M-PACI (96th percentile). I conducted an Extended Inquiry following the questionnaires, during which Rosie elaborated more about how she felt sad, angry, and out-of-control, but was not really sure why she felt that way. Rosie's stories on the Roberts-2 were all incredibly sad and hopeless, including one about a death from COVID-19. Rosie's mother was relieved to see that Rosie's distress was coming through loud and clear. This was initially a little surprising, given the referring psychiatrist's concern that Rosie's parents were not attuned to the seriousness of her symptoms. I wondered if the parents were more concerned about her distress than her psychotic-like symptoms, but the reverse was true for the psychiatrist.

We turned our attention to the question, "What can we do to help her feel better about herself?" I asked Rosie's mother to describe her usual ways of responding to Rosie's sadness or anger. She said that she would try to calm Rosie down or help her fix what was bothering her, but Rosie would often become more upset and yell, "You're not listening to me!" Then, Rosie's mother shared that her own parents did not spend much time listening to her or helping her. Rosie's mother was very close to her grandmother. She said that her grandmother was "my rock," and "always listened." I asked her to think about what her grandmother did that made her feel so good, and eventually she realized it was empathy. I asked Rosie's mother to consider whether Rosie's complaint about "not being listened to" might be her way of asking for empathy. She agreed but was doubtful that she could provide it in the same way her grandmother had.

For the Family Intervention Session, we selected a time that would allow Rosie's father to participate. I had become accustomed to working with Rosie from her parents' bed with the dog, and the family session was no different. Rosie laid between her parents, dog on her lap, as the family cuddled close together so that they could all be seen on the screen. I was immediately struck by the intimacy of the moment, which would not have been possible without tele-health.

I hoped that a consensus storytelling activity would bring Rosie's negative affect "into the room." I hypothesized that her mother would minimize or reject any sadness. I wondered how Rosie's father would react. My goal was to coach them into more empathic responses. I chose particularly dark Thematic Apperception Test (TAT) cards. Rosie's mother immediately jumped in to lead the activity. Rosie and her father contributed minimally, and only when directly asked. This led Rosie's mother to become resentful. She made statements like "Aren't y'all going to help?" and "I guess I'm just doing this myself." Rosie's father made side jokes, trying to get Rosie to laugh. Rosie responded by arguing with both parents or scowling and sliding lower on the bed.

Rosie's parents recognized their usual patterns within this activity. Rosie's mother described herself as a "fixer." I noted that a practical problem-solving approach was probably often useful, especially during a pandemic. Rosie's father acknowledged that he avoided emotionally difficult situations, which was easy since he was often away. When he was at home, he either allowed his wife to take charge or tried to lighten the mood. I acknowledged that it was unavoidable for him to be away, and that his sense of humor could be a source of strength at times. I wondered aloud if Rosie's mother ever seemed resentful when he was avoiding conflict or making jokes while she was trying to "fix" Rosie's distress. Both parents acknowledged that yes, they had argued about this.

I asked the family to continue the storytelling activity. I coached the parents to experiment with reflective listening; for Rosie's mother to "guide" rather than "fix," and for Rosie's father to allow negativity rather than trying to lighten the mood. With a bit of support, they were able to do this beautifully. As a result, Rosie was engaged in the task, her affect brightened, and she spontaneously added hopeful endings to the stories. Rosie's parents were surprised by her response. Rosie's mother was reminded of her grandmother, and remarked, "This is just how she used to talk to me." I praised the family and encouraged them to try their new skills during the coming week.

For the Summary/Discussion Session with the parents, we again chose a meeting time that allowed Rosie's father to participate. Rosie's parents shared that they had been able to experiment with reflective listening. Rosie's mother said that she had become much more aware of her "fixing" tendency, and she had worked hard to stop. While she had found it more

challenging than she had expected, she had experienced some success and noticed how receptive Rosie became. Rosie's father shared that he had been more engaged and supportive of his wife. Rosie's mother also said that she was spurred to increase her efforts to find a therapist for Rosie, and she was scheduled for her first meeting over tele-health the following week.

The findings mapped well onto the Assessment Questions, so I began discussing the major assessment results with Level 1 information: "How can we understand her better?" They already understood Rosie quite well. The testing confirmed her significant depression and anxiety. I speculated that Rosie had an inborn tendency to emotional difficulties given the young age at which her symptoms appeared and their relative severity. At this point, both parents disclosed their own histories of anxiety and depression. Rosie's mother had gotten treatment as a teenager, but Rosie's father had not. His family generally avoided difficult emotions despite a history of intergenerational trauma. I empathized with their struggles and praised them for seeking help for their daughter. I reminded Rosie's mother that her "fixing" tendencies were of great use in this regard. I acknowledged the level of courage required for Rosie's father to break the cycle of his upbringing, and he credited his wife for encouraging him to seek treatment as an adult. At this point, I silently wondered whether Rosie's father would have been this open had we not been conducting the session from his bedroom.

We moved on to Level 2 information to address two additional Assessment Questions: "What can we do to help her feel better about herself?" and "Is she going to struggle for her whole life?" I reminded them of how successful they had already been incorporating empathy into their parenting. I also praised them for their recent success in getting Rosie into treatment. I told them honestly that Rosie may have a long road ahead of her, given the severity and duration of her symptoms. However, I let them know that childhood depression and anxiety are treatable, and that they were setting her up for success by seeking interventions for her at a young age.

I considered their final Assessment Question, "Why is Rosie hearing voices and seeing things?" to be potential Level 3 information. The focus of the assessment had shifted away from psychosis. If I had been seeing Rosie in person, I almost certainly would have administered

the Rorschach Performance Assessment System (R-PAS). This would have opened the door to more discussion about psychosis with the parents. To answer their question, I started with some education: that hallucinations in childhood are much more common than most people realize, and that they are most often not predictive of schizophrenia. Rosie's parents appeared relieved, so I continued. I suggested that I did not see any of the typical signs of childhood-onset psychosis in Rosie: disorganized thinking, academic difficulties, or social problems. They agreed. I pointed out that Rosie was very aware that these experiences were not real. They agreed that Rosie had been consistent in that regard. Finally, I shared my suspicion that these experiences were related to the severity of her mood disorder. I paused to check in, and both parents agreed this explanation made sense to them. We all agreed that Rosie would continue to be seen by a psychiatrist, and if her symptoms did not improve along with her mood, I could evaluate her further once in-person services resumed.

Finally, I met with Rosie. She was again lying on her parents' bed, curled up next to her mother with her dog in her lap. After telling her how much I had enjoyed getting to know her, her family, and her dog, I told her how much I appreciated how open she had been to someone she only knew through a computer screen. I told her that I had learned she feels sad, angry, and stressed. She nodded and hugged her dog more tightly. I answered her Assessment Question, "What are these voices?" with the suggestion that she felt so bad that her mind was playing tricks on her. She knew these things were not real, but they bothered her greatly. She nodded again; eyes wide. I shared that I thought the voices would go away as she continued to get treatment, and that her parents were learning how to help her now.

Next, I shared Rosie's fable with her: Julie Squirrel and the Zombies. The fable was about a sad and scared squirrel who thought she was seeing zombies hiding in the trees. Julie Squirrel is initially dismissed by her family and she knows that zombies are not real. Her squirrel parents see how scared she is and take her to a wise owl who tells them that Julie Squirrel is so upset that her mind is playing tricks on her. Her parents become more understanding and patient with Julie, who starts to see zombies less often. Rosie smiled softly throughout the fable, and shyly said she liked it. She chose not to make any changes to the fable. I emailed it to her mother, who offered to print it on "fancy paper." I then said goodbye to Rosie and said that I hoped she could come visit me in person once it was safe to do so.

▶ Advantages and Challenges

I spoke with Rosie's mother briefly to reflect on the process. She was grateful for the opportunity to engage in services without the risk of exposure to COVID-19. She acknowledged the convenience of having services in her home. On the downside she regretted that Rosie's father had not been able to attend more sessions but admitted that he may not have been able to participate at all if we met in my office. She also acknowledged that Rosie's siblings had been distracting at times (they had interrupted on occasion and caused background noise). She discussed the pressure of receiving calls and texts from her job during the sessions, as she was expected to be working from home. But overall, Rosie's mother felt strongly that the benefits had outweighed the difficulties. We were both in agreement that the COVID-19 pandemic may have exacerbated Rosie's symptoms, but that the overall conceptualization of the findings reflected the struggles she had experienced for years.

Later, I reflected further on my work with the family. I could not deny the influence of conducting sessions at home, in Rosie's parents' bed, with the family dog. This was a familiar setting, and Rosie used her dog as a source of comfort. The family session was undeniably intimate. While the interruptions of the household and Rosie's mother's job were distracting, they allowed me a glimpse into the family's reality. I held a lot of empathy for Rosie's mother, as a parent myself trying to juggle working from home without childcare. Being invited into a family's home forced a level of contextual interpretation that might have been more difficult to achieve in my office.

On a practical note, we were fortunate not to experience technical issues. Rosie's family had a laptop and a strong internet connection. In my work with other families over telehealth, there have been frozen screens, broken microphones, dropped signals, and a myriad of other challenges. Some families do not have access to broadband internet and/or appropriate devices. Many families would only be able to use the telehealth platform through smartphones. A TA-C is likely not appropriate without a larger screen such as a computer or tablet.

TA-C over tele-health also is limited by access to tests. Many tests (e.g., the full Wechsler scales, R-PAS, autism spectrum measures) are not suitable for remote administration. Many children do not have the attention span or behavioral regulation skills to complete testing through a screen. Some children who are emotionally vulnerable may need in-person contact so that

they can be monitored for subtle signs of overwhelm. In Rosie's case, the fact that she had completed distance learning without difficulty gave me the confidence to attempt telehealth testing. Parents who are observing their children during testing also need to be monitored. Live observation can be challenging for some parents. It may be possible to record the telehealth sessions to view later with parents or take more frequent breaks to check in with parents.

▶ Summary

Rosie's case illustrates that much of TA-C is possible over telehealth. As with other kinds of psychological assessment with children, there are both benefits and limitations. During the COVID-19 pandemic, an obvious benefit is reducing the risk of disease exposure. My work with Rosie convinced me that there are other benefits. Once the pandemic is over, our profession will likely need to re-evaluate the use of tele-health. It is possible that Pandora's box has been opened and we will see the use of tele-health continue. It would be wise for all of us to consider how we may wish to integrate this technology into our practice. A combination of virtual and in-person visits may allow us to maintain the benefits while reducing the downsides. Tele-health could allow families to access services they might not be able to otherwise, such as families with transportation limitations or those in rural communities. Current circumstances may have thrown us into the deep end of telehealth, but I am excited about learning how to swim.

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Dr. Wilkinson-Smith, Ph.D., is a Pediatric Neuropsychologist at Children's Medical Center Dallas and an Associate Professor of Psychiatry at University of Texas Southwestern Medical Center. She is board certified in Clinical Neuropsychology (ABPP), has a sub-specialty certification in Pediatric Neuropsychology, and is certified in Therapeutic Assessment of Children. She is actively involved in Collaborative and Therapeutic Assessment of youth, as well as research and clinical training. Her interests also include pediatric functional neurological disorders, pediatric autoimmune encephalitis, and the assessment of children with complex mental health and psychosocial needs.

Using the Adult Attach-ment Projective Picture System (AAP) in Web-based Assessment: AAP Web-administration

Carol George, Ph.D.

Melissa Lehmann, Ph.D.

Julie Wargo Aikins, Ph.D.

Web-based administration in the current climate of health-practices punctuates the importance of developing a procedure for the remote administration of the Adult Attachment Projective Picture System (AAP). Health crises are attachment crises, and the information provided by assessing attachment patterns and processes may be especially useful in treatment. This brief paper provides an overview of web-based assessment relevant to the AAP and web-assessment AAP administration instructions.

Web-based psychological assessment, also known as teleassessment, has become increasingly attractive in the last decade (Luxton, Pruitt, & Osenbach, 2014). Proponents describe many advantages, including low cost, time-effectiveness, increased social disinhibition and self-disclosure, use of assessments that otherwise might be unavailable (e.g., due to geographical location), and mobile device convenience (e.g., smartphones, tablets) (Cariola, 2014; Luxton et al., 2014; McKay et al., 2013). Mental health professionals have also described concerns for best practices, such as absence of physical presence of the clinician (e.g., to visually evaluate clients), practitioner and client knowledge and comfort in using technology, technological issues (e.g., telecommunication access, bandwidth, network), procedures, and different response patterns based on administration context (e.g., clients in home-based vs. office-based assessments (Luxton et al., 2014). These discus-

sions combined with the necessity for increased flexibility in assessment and mental health practices provide the context to evaluate the appropriateness and procedures for remote AAP assessment.

One central question regarding web-based assessment is the validity of the test results. Research suggests that video conferencing is a valid venue for intelligence testing, psychiatric interview, and neuropsychological assessment (Mazhari, Nejad, Mofakhami, Raaii, & Bahaadinbeigy, 2019; Munro Cullum, Hynan, Grosch, Parikh, & Weiner, 2014; Temple, Drummond, Valiquette, & Jozsvai, 2010). Many studies emphasized the importance of using trained assessors to administer the test and designs that counter-balanced in-person and web-based assessments. A meta-analysis of these studies supported web-based assessment validity for both verbal and visual tasks (Amarendran, George, Gersappe, Krishnaswamy, & Warren, 2011; Brearly et al., 2017). A Rorschach study that used significantly different instructions in the in-person and remote administration reported significant differences in the response quality in the two settings (Cariola (2014). The two administrations led to different interpretive results. In sum, these collective studies evidence the importance of maintaining standard administration procedures across settings.

The AAP is a free-response image-based stimulus set. We examined research using image-based assessment for information regarding virtual administration of these types of assessments. Many functional neuroanatomy study methodologies present emotional and relationship-based images in the fMRI environment. These studies demonstrated face and predictive validity of the virtual presentation method for a range of stimuli(e.g., Bertsch et al., 2019; Chao, Lenoci, & Neylan, 2012; Donegan et al., 2003; Eddie & Bates, 2017; Herpertz et al., 2001; Likowski et al., 2012; Lischke, Herpertz, Berger, Domes, & Gamer, 2017). One functional neuroanatomy study specifically addressed the validity of virtual presentation of the AAP picture stimuli. Buchheim and colleagues (Buchheim, Erk, et al., 2006; Buchheim, George, Kaechele, Erk, & Walter, 2006) demonstrated the external validity of AAP administration in an fMRI

environment. AAP classifications judged from the fMRI administration were compared with Adult Attachment Interview (AAI, George, Kaplan, & Main, 1984/1985/1996) classifications judged from interviews administered outside of the scanner. The AAI is considered the gold standard of adult attachment assessment in the attachment literature, and the AAP was validated using the AAI. The fMRI study results showed a 100% match between the classifications derived from the two measures.

Taken together, these findings suggest that the presentation of the AAP stimuli in a digital format has demonstrated validity. Consistent with previous research, however, it will be important to present the stimuli in the same standard fashion that is consistent with in-person administration instructions for teleassessment procedures to produce comparable responses. Clinicians interested in obtaining the web-administration AAP picture stimulus set may request a copy from their AAP coding and classification trainer – Melissa Lehmann (drmelissalehmann@gmail.com), Julie Wargo Aikins (julie.aikins@gmail.com, or Carol George (cygeorge@comcast.net). Individuals who are using AAPs coded by reliable AAP master judges may obtain a set from Carol George.

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Melissa Lehmann, Ph.D., received her degree in 2008 from the Counseling Psychology program at the University of Texas at Austin. She completed her post-doctoral fellowship at the Center for Therapeutic Assessment where her primary focus was on Therapeutic Assessment (TA) with adults, adolescents, children, couples, and families. She is currently in private practice in Austin, Texas conducting TAs with adults, adolescents, and families. Melissa is also a founding member of the Therapeutic Assessment Institute, and part of the faculty who teach TA to other mental health professional. Melissa is also a master judge in the AAP, an AAP trainer, and consults on AAP use.

Carol George, Ph.D. is Professor Emerita of Psychology at Mills College in Oakland, CA. She is co-originator of the AAP, with Malcolm West, Ph.D. Dr. George in an internationally renowned attachment expert and teaches courses and trainings in attachment theory and assessment. She received her doctorate in developmental psychology from the University of California, Berkeley in 1984. Dr. George has authored numerous papers and book chapters on adult and child attachment and caregiving. In addition to the AAP, her books include (with Dr. Judith Solomon) *Attachment Disorganization* (1999), and *Disorganized Attachment and Caregiving* (2011). She is Assistant Editor and on the editorial board of *Attachment and Human Development.* She does extensive consultation for clinical application of attachment and developmental psychopathology, integrating attachment in treatment for professionals working with clients across the life span.

Julie Wargo Aikins, Ph.D. is Associate Professor at Wayne State University in Detroit, MI, where she holds appointments in the Merrill Palmer Skillman Institute, Department of Psychiatry and Behavioral Sciences, and the Division of Clinical and Translational Sciences. Dr. Wargo Aikins has been engaged in research for the last dozen years that examine the role of interpersonal relationships in contributing to trajectories of adjustment. Parent-child, parent, and romantic relationships have been the focus of these inquiries. As an extension of this work, Dr. Wargo Aikins' has studied the stability and role of attachment representations in influencing well-being during the adolescent and emerging adulthood years and attachment and PTSD in US military personnel. Dr. Wargo Aikins has used the AAP in across numerous studies and grant-funded research. Dr. Wargo Aikins is an AAP master judge, trainer, and clinical consultant.

Essentials of Psychological Assessment Supervision

Wright, A. J. (Ed.) (2020). John Wiley and Sons. Paperback, 264 pp., $52.00.

Review by Raja M. David, PsyD, ABPP, LP, Minnesota Center for Collaborative/Therapeutic Assessment, St. Paul, MN

Jordan Wright has edited and co-authored a long-needed addition to the supervision literature titled, *Essentials of Psychological Assessment Supervision* (2020). Over the last decade, supervision has garnered greater attention with guidelines and recognition that supervisors need not only theoretical constructs to guide their work, but also practical guidance. Those supervising trainees conducting psychological testing will appreciate the specificity provided in this book. The chapters are written by experts in the various subfields of psychological assessment, and they recognize that supervising assessment is quite different than supervising psychotherapy.

Jordan sets the stage well in his introduction and first chapter, which he co-authored with Virginia Brabender and Hadas Pade. The rationale for the book is explained, and he reminds us of the importance of considering the various supervisor and supervisee tasks relative to different parts of an assessment (e.g., test selection, test administration, report writing, feedback). Although it should go without saying, supervisors are encouraged to dedicate scheduled time for supervision and prioritize developing a strong relationship. A broad overview of the supervision guidelines developed by the American Psychological Association (APA), the Society for Personality Assessment (SPA), and the National Council of Schools and Programs of Professional Psychology (NCSSP) is provided. Those less familiar with these models will likely find their interest piqued. The NCSPP model specifically recognizes the various developmental stages for trainees, which can be a helpful framework for supervisors who oversee supervisees who span the range from first practicum to post-doc.

Three of the chapters focus on specific aspects of psychological assessment that are applicable to professionals working from the traditional or Therapeutic Assessment (TA) models of assessment. Steven R. Smith and Ana Romero-Morales discuss the integration of test data and provide strategies for dealing with inconsistencies. Supervisors will appreciate their approach to data integration, which leads to a more complex case conceptualization. Jordan and Hadas have an additional chapter on report writing. A highlight of this chapter is managing trainee problems with writing and tips for addressing procrastination. Jordan also authored a chapter on recommendations, which demonstrates the value he places on recommendations having specificity. Through practical steps and guidelines, he makes the task of identifying meaningful recommendations a manageable one for both supervisors and supervisees.

Five chapters are devoted to the supervision of different types of psychological tests and evaluations. There is a chapter each on cognitive and personality testing, and specific factors related to these different tests are identified. For example, guidelines for ensuring trainees are administering cognitive tests accurately, and methods for building their understanding and management of bias. Three separate chapters cover the supervision of neuropsychological, psychoeducational, and forensic assessments. One could see how some psychologists who do not practice these types of evaluations or tests might give these chapters a cursory review, but this would be a mistake. Within each chapter there is much to be learned about these types of evaluations, and some of the advice provided is applicable to other types of evaluation. For example, timely to the current Covid-19 situation, in the Supervising Cognitive Assessment chapter there is a section entitled Considerations Related to Supervising Digital Assessment (i.e., Teleassessment). Additionally, the chapter on neuropsychological evaluations contains excellent ideas about setting up a training plan for a site and trainees.

Readers of the *TA Connection* will be drawn to Steve Finn's chapter on supervising TA. As he points out, there has not been much published on the supervision of TA, but he identifies what has been written,

which is a useful list that TA supervisors will want to review. He also makes a helpful distinction between supervision and consultation and provides guidance on each as related to TAs. Steve's thoughts on scaffolding trainees and consultees though bottom up and top down experiences will feel familiar, and yet likely are a more nuanced way of approaching supervision and consultation. Professionals who have been in the field for some time can lose sight of the power difference in the supervisor-supervisee relationship. Steve's attention to managing that relationship and supervisee shame is an important aspect of this chapter. Additionally, he explains common challenges trainees or consultees may experience when learning TA. For example, the challenges of shifting from the information-gathering model to the TA model and letting go of the expertise than can be part of the former and growing the humility that is part of the latter. He provides solid advice on managing various dilemmas of change.

Jordan and his co-authors have written an exceptional book that has practical advice for supervisors. Throughout, there are many ideas related to preventing, identifying, and remediating trainee problems, and those sections alone are worth the price. The importance of the supervisor-supervisee relationship is well addressed, and diversity considerations are woven throughout each chapter. Ethical matters related to various tests and types of evaluations are considered and explained. Many of the applicable strategies are presented in the Rapid Reference call outs that are a familiar part of the Essentials series. Ideally, practitioners would be able to have electronic access to some of these documents, but they easily could be recreated.

In summary, psychologists providing assessment supervision and faculty members teaching graduate students about supervision are strongly encouraged to add Jordan's book to their library.

Jordan's book can be purchased through this link: https://www.wiley.com/en-us/-Essentials+of+Psychological+Assessment+Supervision-p-9781119433040

Spotlight on Recent TA Certifications

Newly Certified in TA

▶ *Donna Kelley*

Donna Kelley received her certification in TA with adults in January of 2020. She worked most closely with Dale Rudin on pre-certification TA consultation. She received her Psy.D. in Clinical Psychology from Loyola College in Maryland in 2007. Early in her career she worked as an individual therapist using both Psychodynamic and Cognitive Behavioral approaches. From 2008-2016 she worked as a Professor at Immaculata University in Pennsylvania. There, her responsibilities included teaching doctoral level Clinical Psychology classes, advising students and working at the Testing Center. Presently she is an Adjunct Professor at Immaculata. She teaches the Personality Assessment Courses in the Psy.D. program and always includes a segment on TA. In addition, Donna has her own private practice. She is a Sister of the Immaculate Heart of Mary. This provides her with a unique expertise in counseling women and men religious and Catholic clergy. She is a compassionate, caring, down to earth individual who describes herself as "loving TA." We love that she's certified!

▶ *Caroline Lee*

Caroline Lee completed her certification in TA with adult clients in July of 2020. She earned her Psy.D. at Rosemead School of Psychology and opened her private practice in Dallas, TX in 2015. Caroline became interested in TA while in graduate school and was mentored by a TAI faculty member during her postdoctoral year. She specializes in working with individuals who struggle with attachment related issues and early trauma. Caroline brings a passion and drive to her work like no other but her real gift lies in her heart and the ability she has to provide a safe and caring environment to her clients in which they can explore some of the most painful experiences and emotions they hold inside. Caroline's TA certification case exemplified just this as she helped a young woman understand why she felt so "stuck" after experiencing a significant loss in her life. Caroline currently lives in Dallas with her husband James and two daughters, Mabel (age 3) and Marigold (3 months). She continues to practice TA, as well as train other clinicians in The Adult Attachment Projective Picture System, a developmental measure of adult attachment. Caroline worked with Melissa Lehmann during her pre-certification consultation in TA.

▶ *Yasuko Nishida*

Yasuko Nishida completed her certification in TA with adult clients in April 2020. She received pre-certification consultation from Stephen Finn. Yasuko is one of the original members (from 2014) of the Asian-Pacific Center for Therapeutic Assessment (ACTA) in Japan, and is now a member of the ACTA Leadership Team. Yasuko completed her psychology degree at historic Nara Women's University, and began working as a psychologist in 1980. Before retiring in 2017, she was the director of Yoshiwara Rinkan Gakuen [Yoshiwara Woods School], a residential treatment center for abused and neglected children; there her focus was on helping parents and children heal their relationships, and on how staff dynamics and the relationships between staff and clients provided insights about helping the children in the school's care. Yasuko's TA certification case was with a psychologist client, who wanted to be more effective in doing psychotherapy. Yasuko is excited to keep using TA to help clients explore their own goals. She is married with two adult children. Outside of work, she enjoys golf, gardening, sewing, and knitting.

Upcoming Trainings in TA

Ambiel, R. A. M. (2020). Taking a test is telling stories: A narrative approach to interest inventories. *International Journal for Educational and Vocational Guidance,* DOI: 10.1007/s10775-020-09426-3

Cradock O'Leary, J., Nakamura, N., & Finn, S. E. (in press). The Thurston Cradock Test of Shame as a crucial "empathy magnifier:" A Therapeutic Assessment of a teenager and her parents. *Rorschachiana.*

Snider, L. A., Talapatra, D., Miller, G., & Zhang, D. (2020). Expanding best practices for students with intellectual and learning disabilities. *Contemporary School Psychology,* Doi.org/10.1007/s40688-020-00294-w

Villemor-Amaral, A. E., & Finn, S. E. (in press). The Rorschach as a window into past traumas during Therapeutic Assessment. *Rorschachiana.*

Yalch, M. M., Burkman, K. M., Holleran, L. J., Karpenko, S., & Borsari, B. (2020). Integrating Collaborative/Therapeutic Assessment of interpersonal functioning into group therapy for veterans with Posttraumatic Stress Disorder. *Journal of Psychotherapy Integration,* DOI: 10.1037/int0000197

Upcoming Trainings in TA

▶ November 20, 2020; Online Webinar

Title: Why the Hell Should I Talk to You?: TA with Justice-Involved Offenders
Presenters: Lionel Chudzik
Sponsors: Therapeutic Assessment Institute & Society for Personality Assessment
Language: English
Schedule: November 6, 2020: Video Available to View by Registrants
November 20, 2020, 10 -11 AM CST: Live Discussion with Dr. Chudzik
Information: www.therapeuticassessment.com

▶ December 3-5, 2020; Online Webinar

Title: Live TA with a Young Adult and Their Parents: Level 2 Training
Presenters: Raja David and Pamela Schaber with Stephen E. Finn
Sponsors: Therapeutic Assessment Institute & Society for Personality Assessment
Language: English
Schedule: December 3: 1-4:30 PM CST; December 4: 10 AM - 6 PM CST; December 5: 10 AM -5 PM CST
Information: www.therapeuticassessment.com

▶ January 22-23, 2021; Online Webinar

Title: Using the Thurston Cradock Test of Shame (TCTS) in Therapeutic Assessment: From Administration Through Assessment Intervention Session
Presenter: Julie Cradock O'Leary
Sponsors: Therapeutic Assessment Institute & Society for Personality Assessment
Language: English
Schedule: 10 AM – 1 PM CST both days
Information: www.therapeuticassessment.com

▶ February 5, 6, 12, and 13, 2021; Online Webinar

Title: Restoring Epistemic Trust Through Therapeutic **Assessment:** Building a Relationship with Difficult-to-Treat Clients
Presenter: Stephen E. Finn
Sponsors: Therapeutic Assessment Institute, Colorado Assessment Society, & Society for Personality Assessment
Languages: English and Spanish
Schedule: 10 AM – 1:30 PM CST each day
Information: coloradoassessmentsociety@gmail.com

▶ June 11, 18, & 25, 2021; Online Webinar

Title: Pathological Mourning and Adult Attachment (featuring clinical case application using the AAP)
Presenters: Carol George, Melissa Lehmann, & Julie Wargo Aikins
Sponsors: AAP Consortium, Therapeutic Assessment Institute, & Society for Personality Assessment
Language: English
Schedule: 4 hours, Exact Time TBA
CEUs: 12 APA CE credits
Information: www.attachmentprojective.com, www.therapeuticassessment.com

The Adult Attachment Projective Picture System©
Winter 2021 AAP Training Webinar
Co-sponsored by the Therapeutic Assessment Institute
attachmentprojective.com, therapeuticassessment.com

Instructor: Carol George, PhD, Mills College, Oakland, CA

Part 1: Attachment patterns: What does it all mean? Theory, coding, and classification

Friday, January 8th – 9 a.m. – 3 p.m. Pacific Time

Attachment theory foundation for coding, classification, and interpretation of the AAP.

Friday, January 15th – Monday, January 18th 9 a.m. – 1 p.m.daily Pacific Time

Part 2: Coding and Classification Webinar 9 a.m. – 1 p.m. daily Pacific Time

Friday, January 29th; Sunday, January 31st; Friday, February 12th; Sunday, February 14th

APA CE Credit, from the Society for Personality Assessment: 48 hours of APA Continuing Education credit.
CA Infant-Family and Early Childhood Mental Health Competencies: >48 hours Domain I: Knowledge; Parent, Family Functioning and Parent-Child Relationships; Observation; Screening, and Assessment; Interdisciplinary/ Multidisciplinary Collaboration.

Early bird registration ends December 18th, 2020
Discounts for graduate students, members of the Therapeutic Assessment Institute and the Society for Personality Assessment, and groups of three or more from the same lab or clinical group.

Psychologists, licensed mental health professionals, and graduate students in mental health fields are invited to attend. Attendance required for all sessions; those who have attended an Attachment Patterns webinar are not required to attend the first day. At the end of the seminar, trainees are prepared to use and interpret the AAP in clinical and research settings. Trainees who wish to code their own AAPs complete reliability certification. Trainees who do not complete reliability use a master judge for scoring (judges available in English, German, Italian, and French). Seminar goals: Increase knowledge of attachment and the meaning of attachment patterns, AAP administration using in-person and the new **web-based virtual stimul**i, understand how the AAP coding scheme elucidates attachment constructs, and discuss clinical and research applications. Registration includes a coding consultation group for six months following training and one year of reliability work. English language proficiency recommended.

Contact Carol George – aapinfo@comcast.net – for registration information

Live Therapeutic Assessment with a Young Adult and their Parents Level 2 Training

Presented by
Raja M. David, PsyD, ABPP, LP
Minnesota Center for Collaborative/Therapeutic Assessment
St. Paul, MN

&

Pamela Schaber, PhD
Therapeutic Assessment Institute & Center for Therapeutic Assessment
Austin, TX

with

Stephen Finn, PhD as consultant and discussant
Therapeutic Assessment Institute & Center for Therapeutic Assessment
Austin, TX

(16.5 CEs)

December 3-5, 2020
Central (Chicago) Time Zone

This training will occur virtually through Zoom.

Training Overview

This workshop is designed for Licensed Psychologists and psychology graduate students who are familiar with the Therapeutic Assessment (TA) model developed by Stephen Finn and his colleagues and are looking to build advanced skills. A young adult client and their parents have agreed to participate in this TA and workshop. There will be a focus on navigating TAs with young adults, while also working with the family system. It is often helpful to use an adolescent TA model when working with young adults who have not successfully "launched" into adulthood. By working with the adult and their parents, underlying systemic factors are addressed to help the young adult individuate and move toward independence. Additionally, given this TA will be conducted virtually, throughout we will be reviewing strategies for teleassessment.

In this training, there will be a brief review of core concepts related to the TA model. Participants will review background, test data and session videos of a young adult and their parents who have already begun participating in the assessment process. Participants will have the opportunity to work on client and family case conceptualization and assist in the planning of the Family Assessment Intervention Session, which will be conducted live, followed

by a discussion of what occurred. Next, participants will work in small and large groups to help plan the Discussion session including written responses to the clients' questions. They will observe the Discussion session conducted live, followed by a large group workshop discussion and summary.

Objectives

By the end of this training participants will be able to:

- List and describe the different steps in the Therapeutic Assessment model.
- Understand how to work effectively with a young adult who is moving towards independence, while also navigating family relationships
- Describe the steps taken to plan a Family Assessment Intervention Session.
- Explain the goals and purpose of an Assessment Intervention Session (AIS).
- Describe the steps taken to plan a Discussion session following TA principles and guidelines.
- Understand the basic steps required for writing a personalized letter to a client following TA tenets.
- Identify three strategies to implement when conducting a teleassessment.

Workshop Schedule

Day 1 Thursday December 3, 2020 Central (Chicago) Time Zone	
1:00-2:30 pm	Welcome and introductions-Steve Finn Workshop overview Basic values, concepts and skills when conducting Therapeutic Assessment
2:30-2:45 pm	Break
2:45-4:30 pm	Conducting TAs through teleassessment. Tips and logistical considerations. Case review • Background information • Videos
Day 2 Friday December 4, 2020	
10:00-11:15 am	Review test protocols from assessment (small groups)
11:15-11:30 am	Break
11:30-1:00 pm	Review test findings from live assessment and Assessment Intervention Session (AIS) planning (large group)
1:00-2:15 pm	Working lunch: Small groups plan AIS
2:15-3:00 pm	Report from small groups and finalize AIS plan
3:15-4:45 pm	Observe live Family AIS
4:45-5:00 pm	Break
5:00-6:00 pm	Discussion of Family AIS and questions
Day 3 Saturday December 5, 2020	
10:00-11:00 am	Case discussion and overview of planning for Discussion session
11:00-11:15 am	Break
11:15-11:00 pm	Small groups outline Discussion session

12:00-1:00 pm	Report from small group
1:00-2:00 pm	Working lunch: Draft written responses to client questions
2:00-4:00 pm	Observe live Discussion sessions
4:00-4:15 pm	Break
4:15-5:00	Steve Finn led discussion and final questions

Continuing Education

The Society for Personality Assessment is approved by the American Psychological Association to sponsor continuing education for psychologists. Society for Personality Assessment maintains responsibility for this program and its content. CE credits will be available for $15.00, payable at the time of registration. In addition, the Executive Committee of the Therapeutic Assessment Institute (TAI) has approved this workshop as counting as a Level 2 TA training, which may be beneficial to those seeking certification in TA.

Prerequisite Training

The training is open to licensed psychologists and graduate students training to be psychologists. Participants should have familiarity with the Therapeutic Assessment model and ideally have had graduate coursework and/or attended a Level 1 training on the model.

Workshop Leaders

Raja M. David received his Doctorate in Psychology (PsyD) at the Minnesota School of Professional Psychology in 2002. He was licensed as a psychologist in Minnesota in 2004, and his clinical work has focused on both psychotherapy and psychological evaluations. He is board certified in Child and Adolescent Clinical Psychology (ABPP) and specializes in working with adolescents and young adults. He is the founder and owner of the Minnesota Center for Collaborative/Therapeutic Assessment, which was established in 2019, but he has conducted over 100 Therapeutic Assessments at his private practice since 2012. He has participated in intensive trainings on Therapeutic Assessment with the model's creator Dr. Stephen Finn in Austin, Texas. In 2015, he earned certification in the adult model of Therapeutic Assessment by the Therapeutic Assessment Institute, of which he is now a member. Raja has also trained over 100 clinicians on TA, and routinely provides consultation to clinicians and mental health centers looking to implement the model. He has also trained on some of the unique tests often used during Therapeutic Assessments, including the Adult Attachment Projective (AAP) and the Thurston Craddock Test of Shame (TCTS). He has received certification in the Wartegg Drawing Completion Test (WDCT)-Crisi Wartegg System (CWS), by the Istituto Italiano Wartegg in Rome, Italy and serves on the United States CWS Scientific Committee.

Raja is the former Program Dean of the Minnesota School of Professional Psychology, and as a faculty member he taught doctoral courses related to providing psychological services, including a course on Therapeutic Assessment. In 2019, he recorded two podcasts on Therapeutic Assessment for the Testing Psychologist Podcast (ww.thetestingpsychologist.com). Raja has also presented at professional conferences on Therapeutic Assessment and was a plenary speaker at the 2015 Inaugural Collaborative/Therapeutic Assessment Conference and presented on the model with Stephen Finn at the 2019 Society for Personality Assessment (SPA) Annual Conference.

Pamela Schaber attended the University of Texas (UT) School Psychology Doctoral Program. While there, she worked on the Therapeutic Assessment Project researching Therapeutic Assessment (TA) with children and their families. For her pre-doctoral internship, she attended the Children's Assessment Center in Houston, TX where she worked with families, children, adolescents, and adults affected by sexual abuse. She graduated from UT in August of 2007.

Upon completion of her degree, Dr. Schaber completed a two-year post-doctoral fellowship at the Center for Therapeutic Assessment where she worked under the supervision of Dr. Stephen Finn and became certified in adult, child, adolescent, and couples models of TA.

In 2009, after completing her post-doc, she started a private practice affiliated with the Center for Therapeutic Assessment where she works today. She sees pre-adolescents through adults for individual, family, and couples therapy. She also practices TA with children, adolescents, adults, and couples.

Dr. Schaber is also a founding member of the Therapeutic Assessment Institute founded in 2009. Currently, she serves on the Executive Committee of the Board of Directors. In addition to her board member responsibilities, she frequently facilitates TA trainings around the world.

Registration and Payment
Registration for the training is available on the TAI website. The deadline for registration is November 27th, 2020. Click here to register. (www.therapeuticassessment.com)

Payment can be made through the registration link via PayPal.

Professionals who want CEs will be charged an additional $15 for SPA verification.

Payment Structure is as follows:
- Member Registration $400
- Non-Member Registration $450
- Member Reduced Fee Registration*/Student Registration $225
- Non-Member Reduced Fee Registration*/Student Registration $250

*reduced fee registration is available to psychologists impacted by Covid-19 who cannot pay the full registration due to financial strain.

Refund Policy
Participant cancellations occurring before November 26, 2020 will receive a 50% refund. Cancellations occurring November 27, 2020 or later will not receive any refund of registration fees.

Attendance
Given this is a virtual conference with a minimal number of attendees, attendance will be visually verified by the presenter. Participants need to be present for all sections to receive CEs.

Additional Information
For more information regarding the training, logistics or to request accommodations, please email Raja at raja@mnccta.com or Pamela at drpamelaschaber@gmail.com.

THE COLORADO ASSESSMENT SOCIETY

is pleased to present the following online workshop:

Restoring Epistemic Trust Through Therapeutic Assessment:

Building a Relationship "Superhighway"

with Difficult-to-Treat Clients

Co-sponsored by:
The Therapeutic Assessment Institute (TAI) &
The Society for Personality Assessment (SPA)

Presented by
Stephen E. Finn, Ph.D.

Location: Online via Zoom

Session 1: February 5, 2021: 9:00AM to 12:30PM (MST)
Session 2: February 6, 2021: 9:00AM to 12:30PM (MST)
Session 3: February 12, 2021: 9:00AM to 12:30PM (MST)
Session 4: February 13, 2021: 9:00AM to 12:30PM (MST)

Therapeutic
Assessment
Institute

The Presenter

Stephen E. Finn, Ph.D., founder of the Center for Therapeutic Assessment, is a licensed clinical psychologist in practice in Austin, Texas, USA, a Clinical Associate Professor of Psychology at the University of Texas at Austin, Senior Researcher and Director of Training at the European Center for Therapeutic Assessment at Catholic University of Milan, Italy, and Director of Training at the Asian-Pacific Center for Therapeutic Assessment in Tokyo, Japan. He has published 90+ articles and chapters on psychological assessment, psychotherapy, and other topics in clinical psychology, and is the author of *In Our Clients' Shoes: Theory and Techniques of Therapeutic Assessment* (Erlbaum, 2007) and *A Manual for Using the MMPI-2 as a Therapeutic Intervention* (1996, University of Minnesota Press). Dr. Finn also co-edited, with Constance Fischer and Leonard Handler, *Collaborative/Therapeutic Assessment: A Casebook and Guide* (Wiley, 2012). In 2011 Dr. Finn was awarded the Bruno Klopfer Award from the Society of Personality Assessment for distinguished lifetime contributions to the field of personality assessment. In August 2017 he received the award for Distinguished Contributions to Assessment Psychology from Section IX (Assessment) of the Society for Clinical Psychology (Division 12 of the American Psychological Association). In 2018 he received the Carl Rogers Award for an outstanding contribution to theory and practice of humanistic psychology from the Society for Humanistic Psychology (Division 32 of the American Psychological Association).

Training and Topic Overview

Why do some clients reject new ways of thinking and maintain a high level of distrust with mental health professionals? How can we reach such clients, who often seem unreachable? Two new concepts from evolutionary psychology, Epistemic Trust (ET) and Epistemic Hypervigilance (EH), provide an insightful way of understanding and intervening with difficult clients. In this workshop, Dr. Finn will explain the theory of ET and EH, which asserts that many clients screen out new information from others because in the past this was necessary for their survival. Using this empathic lens, Dr. Finn will then demonstrate how Therapeutic Assessment is uniquely designed to lower EH and build ET, allowing for clients to continue to grow and learn long after a TA is completed.

The workshop will be conducted online in four 3.5-hour sessions, and participants will need an excellent internet connection, as videotapes will be streamed. This training will be useful to psychological assessors and psychotherapists alike. Participants will receive 13 CE credits (pending SPA approval). **Translation of this webinar into Spanish will be available for those would need it.**

Goals and Objectives

At the end of the workshop, participants will be able to:
1. Define the concepts of Epistemic Trust (ET) and Epistemic Hypervigilance (EH) and explain their importance to working with difficult clients;
2. Explain the concepts of Mentalization and Secure Attachment and how they are related to ET and EH;
3. List specific behaviors of clinicians that help lower EH and promote ET;
4. Describe the experience of Ostensive Cueing and Scaffolding from both the client and clinician perspectives;
5. Explain how specific techniques and steps of TA lower EH and promote ET;
6. List personal and professional factors of clinicians that contribute to EH and impede ET

Continuing Education

This workshop qualifies for **13 hours of CE credits** for psychologists **pending SPA approval**. This program is co-sponsored by SPA. SPA is approved by the American Psychological Association to sponsor continuing education for psychologists. SPA maintains responsibility for the program and its content. CE credits will be available for an additional $15 (see registration and payment form below).

Tentative Workshop Schedule

Day 1

09:00	Introductions
09:30	The Theory of Natural Pedagogy: Epistemic Trust, Mistrust, and Hypervigilance *(lecture and videos)*
10:30	Break
10:45	Our Inborn Prosocial Engineering: Ostensive Cueing and Mentalization *(exercises in pairs, video, and lecture)*
12:00	Comments and Questions
12:30	Adjourn

Day 2

09:00	Small Group Exercise: Mentalization Scenarios
09:30	Large Group Discussion
10:00	Attachment and Epistemic Trust *(lecture and video)*
10:30	Break
10:45	Attending to Shame *(lecture and video)*
11:30	Attending to Shame: Small Group Exercise
12:00	Discussion
12:30	Adjourn

Day 3

09:00	Questions and Discussion
09:30	How the Core Values of TA Relate to Epistemic Trust *(lecture)*

09:45	Building Epistemic Trust in the Initial Sessions of TA *(Lecture and videos)*
10:45	Break
11:00	Building Epistemic Trust During Testing Sessions: Scaffolding, Bottom-up, and Top-down Learning *(Lecture and videos)*
12:00	Comments and Questions
12:30	Adjourn

Day 4

09:00	Open Discussion
10:00	Assessment Intervention Sessions: Passing Relational Tests *(Lecture and videos)*
10:45	Break
11:00	Building Epistemic Trust in the Summary/Discussion *(lecture)*
11:30	Building Epistemic Trust through Written Feedback *(lecture)*
12:00	Questions and Discussion
12:30	Adjourn

Special Accommodations

GSPP is compliant with the American with Disabilities Act. Please feel free to notify the committee if any additional accommodations are needed or if you have any dietary restrictions.

Colorado Assessment Society

The Colorado Assessment Society is an organization of psychologists and psychologists in training dedicated to the advancement of cognitive and personality assessment. The purpose of the society is to foster the training, practice, and development of cognitive and personality assessment as a discipline, science, and profession through meetings, workshops, research, and dissemination of findings. The society advocates high standards of care in the best interests of the client. It also promotes interdisciplinary and inter-professional cooperation. **For information about joining the Colorado Assessment Society, please email us at coloradoassessmentsociety@gmail.com**

Registration & Payment
Restoring Epistemic Trust Through Therapeutic Assessment

- To pay by PayPal (using credit card or bank transfer), please click on the link near the bottom of this page that reflects your status and fee.

To register, please fill out this registration form and email it as an attachment to coloradoassessmentsociety@gmail.com to reserve your spot in this training. Your registration will be complete when payment is received.

Name: _____

Degree _____ Institution/Position _____

Address _____

City _____ State_____ Zip Code _____

Telephone _____ Fax _____

E-mail _____

REGISTRATION FEES (*Click the ADDITIONAL selection of $15 fee if requesting 13 CE credits*)
Given the current economic situation affecting members of our community, we are offering a low-cost registration option for people who are financially struggling. It is the same price ($50) as the registration for student members of Colorado Assessment Society (CAS) or Therapeutic Assessment Institute (TAI).

Click here if you are requesting CEs ($15 fee)

$200 CAS/TAI Members

$240 Non-Members

$80 Non-Member Students

$50 CAS/TAI Student Members, or for those who are struggling financially

Total Amount of Payment: _____
Method of Payment: Paypal

Registration must be received in full by February 1st, 2021

Cancellation Policy

Cancellations before the February 1st registration deadline will lead to a full refund. Cancelations occurring after February 1st 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. You will be sent an email confirmation of your registration so please be sure we have correct email information for you!

Using the Thurston Cradock Test of Shame (TCTS) in Therapeutic Assessment: From Administration through Assessment Intervention Session

A 6-hour webinar on January 22 and 23, 2020, 9am-12noon MST

Presented by Julie Cradock O'Leary, Ph.D.

Training overview

Shame is a profound sense of inadequacy, a feeling that your core self is fundamentally flawed. It is a complex dynamic that underlies many symptoms and problems in living. Many of our clients struggle with shame, and we may not even know it. The Thurston Cradock Test of Shame (TCTS), a performance-based measure rooted in shame theory and designed to access the multidimensional internal and interpersonal aspects shame, has been increasingly used in Therapeutic Assessment to better understand and help clients.
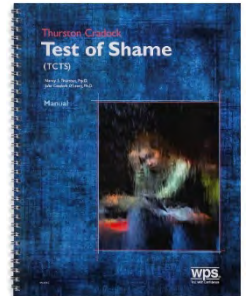
This webinar will use actual TCTS protocols to provide a brief primer on shame, and to illustrate subtle expressions of shame, shame dynamics, defenses used to protect oneself from shame, styles of coping with shame, and varying abilities to manage it. Attendees will learn how to administer, score and interpret TCTS protocols, and how to use the TCTS in clinical interventions.

Learning objectives
At the end of this webinar, participants will be able to:

- Assess when a formal evaluation of shame is clinically appropriate
- Explain how the TCTS fits within the model of Therapeutic Assessment
- Administer, score and interpret a client's TCTS protocol
- Identify at least 3 ways that the TCTS can be used in Assessment Intervention Sessions and in post-assessment therapy

Friday schedule

9:00-9:45	Shame theory and the TCTS
9:45-10:00	How the TCTS fits within TA
10:00-10:15	Break
10:15-10:30	TCTS administration
10:30-10:50	Small group practice
10:50-11:00	Q&A on administration
11:00-12:00	TCTS scoring

[homework – score at TCTS protocol]

Saturday schedule

9:00-9:15	Large group scoring review
9:15-9:45	TCTS interpretation
9:45-10:15	Small group interpretation exercise
10:15-10:30	Break
10:30-11:00	Large group interpretation review
11:00-11:30	Extended Inquiry and Assessment Interventions Sessions with the TCTS
11:30-11:45	Using the TCTS with children, adolescents, families, and couples
11:45-12:00	Q&A

About the presenter

Julie Cradock O'Leary, Ph.D. is a Licensed Clinical Psychologist in private practice in Anchorage, Alaska. She provides therapy and psychological assessments to children, adolescents and adults. Julie utilizes a psychodynamic approach, influenced by self psychology.
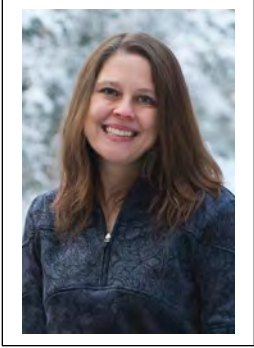
Julie is co-author of the Thurston Cradock Test of Shame (TCTS), which was published by Western Psychological Services in 2009. Julie has studied shame for over 25 years, and still enjoys discovering the intricacies of how shame is at work in individuals and systems in cultures around the world. She regularly presents on shame and the TCTS at professional conferences, as well as clinical and academic settings in the United States and abroad. She conducts research with the TCTS, and especially enjoys working with graduate students completing dissertations or simply seeking research experience. Julie has coauthored two TCTS case studies currently in press at *Rorschachiana*. She provides in-person and tele-consultation for professionals seeking to better understand shame dynamics in their clients. Additionally, Julie provides TCTS scoring and interpretation services.

Julie is a member of the American Psychological Association, International Society for the Rorschach and Projective Methods, Society for Personality Assessment, and Therapeutic Assessment Institute. She is a reviewer for several journals, including the *Journal of Personality Assessment* and *Rorschachiana*.

Registration

Please register online at https://tinyurl.com/y4ej56bd

Professionals	$180
TAI professional members	$160
Students	$ 80
TAI student members	$ 70
Continuing education certificate	$ 15

Continuing Education

This webinar qualifies for 6 hours of Type 1 CE credits for psychologists. The Society for Personality Assessment is approved by the American Psychological Association to sponsor continuing education for psychologists. SPA maintains responsibility for this program and its content. Attendance will be visually verified by the presenter.

BONUS!

After registering for this webinar, participants will receive a discount code for 10% off the TCTS & any other WPS products, plus free shipping within the United States.

The TCTS manual is not required for this webinar, but it would enhance the learning experience. Individuals without the manual will be placed in small groups with attendees who do have it.

Thank you to the sponsors of this webinar

Therapeutic Assessment Institute

SPA — Society for Personality Assessment since 1938