Therapeutic assessment: psychological assessment as an intervention

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Key points

- To learn what Therapeutic Assessment is and how it works.
- To explain the steps and process of Therapeutic Assessment.
- To highlight research on the effectiveness of Therapeutic Assessment.
- To inform people about how they can get a Therapeutic Assessment.
- To provide resources for learning more about Therapeutic Assessment.

Abstract

In this article we describe Therapeutic Assessment (TA), a model supported by research for using psychological assessment as a therapeutic intervention. After discussing the goals, history, and applications of TA, we discuss the six steps of a TA: (1) initial sessions, (2) testing sessions, (3), Assessment Intervention Sessions, (4) summary/discussion sessions, (5) written feedback, and (6) follow-up sessions. We highlight the process of each of these steps using a case example of an adult TA. We conclude by discussing how TA works and indicating how people can seek out a TA and learn more about TA.

What is Therapeutic Assessment (TA)?

Therapeutic Assessment (TA) is a semi-structured model for using psychological assessment as a therapeutic intervention. TA falls under the umbrella of a broader set of practices called *collaborative assessment*. The core belief of TA is that psychological assessment can be used to directly help people understand themselves better and find new ways of dealing with persistent life problems. As we will detail in this article, TA practitioners believe psychological assessment can be especially effective when clients are enlisted as co-investigators in the process and when assessment results are shared in ways that are comprehensible, helpful, and respectful of clients' current beliefs and life situations. TA clinicians bring their expertize in psychology and psychological testing, clients bring their expertize on themselves, and together they stand on an "observation deck," viewing all the test results from the assessment and putting them together to best understand: (1) how clients developed their problems in living, (2) what gets in the way of solving those problems, and (3) what would be needed for clients to move forward.

Brief history of TA

The term "Therapeutic Assessment" was coined by Stephen Finn in 1993 to describe a semi-structured model of collaborative psychological assessment he began to develop as a faculty member at the University of Texas at Austin. One year prior, Finn and

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his graduate student, Mary Tonsager, published a study showing that students on the waiting list of a university counseling center benefitted from a 2-session intervention in which they posed individualized Assessment Questions about their current struggles and then received individualized, collaborative feedback about their MMPI-2 profiles (Finn and Tonsager, 1992) (The MMPI is a widely used psychological test measuring personality and problems). Students receiving the MMPI-2 intervention showed decreased symptoms and higher self-esteem compared to students in the control group, who received two sessions of supportive psychotherapy. Several years later, Finn and Tonsager published a comprehensive description of the goals, underlying theory, and process of TA as compared to traditional "Information-gathering" assessment (Finn and Tonsager, 1997). Finn credited Constance Fischer (1985/1994) as having laid down the philosophy underlying TA and for having developed such TA practices as asking clients to reflect on their own test performance and writing feedback letters to clients. Finn (1996) published the treatment manual for the Finn and Tonsager study, and later described a complete model of TA that could be used with adults, couples, adolescents, and children (Finn, 2007). Recently, Finn and his colleagues have published comprehensive texts that lay out the steps in TA with adults (Fantini et al., 2022) and TA with children and families (Tharinger et al., 2022). Finn (2009) has also articulated the core values underlying all the TA models: collaboration, respect, humility, compassion, openness, and curiosity.

Who might want to do a TA?

TA is not "one size fits all." It is tailored to each client and can be applied to a variety of situations—from people who are puzzled about family or relationship patterns, to people who want to know more about their abilities or personalities, to people who are struggling with psychological problems such as depression, anxiety, or addiction—among many potential applications. TA has been successfully used with individual adults, children and parents, adolescents, and couples. In addition, TA is conducted with people all over the world with diverse backgrounds and ways of thinking about themselves.

We have found that people who feel "stuck" in life, and who have been unsuccessful with other ways (such as psychotherapy) of addressing life challenges, are often good candidates for TA. The collaborative use of psychological tests in TA allows assessors and clients to reach new understandings of long-term difficulties in a relatively rapid manner. Also, assessors support clients emotionally as they reach new insights, practice new ways of thinking and being, and envision viable steps forward. If clients are already receiving help from other professionals (therapists, physicians, teachers, etc.), TA assessors collaborate with these individuals to coordinate how they can support clients during and after an assessment. Also, a TA can be extremely useful just before or after major life transitions (e.g., marriage, divorce, career change, becoming a parent) or before beginning psychotherapy—to help clarify goals and establish a plan for treatment. Many people report they have never felt as "understood" as they have through the TA process.

Research on TA

Research after the study by Finn and Tonsager has demonstrated that TA can be an effective intervention for many different types of clients with varied problems in living, for example adult clients with severe personality disorders (De Saeger et al., 2014), drug and alcohol addiction (Blonigen et al., 2015), Borderline Personality Disorder (Morey et al., 2010), and chronic pain (Miller et al., 2013), as well as latency-aged boys with severe acting out behavior (Smith et al., 2010) and multi-problem children and families (Tharinger et al., 2009). A recent meta-analysis (statistical analysis of multiple studies) of well-defined TA showed that when compared with controls, clients receiving even a brief TA showed decreases in symptoms, increases in self-esteem, and increased satisfaction with and motivation for treatment (Durosini and Aschieri, 2021). These effects approach those found when clients engage in psychotherapies that are much longer, suggesting that TA may produce change more quickly.

What is the process of a TA?

No two TAs look exactly the same. As a *semi*-structured model, each TA is personalized to the client(s). The specific type and number of sessions depends on several factors, like clients' questions for the assessment, whether other people (e.g., parents, partners, siblings) are involved in the sessions or testing process, and how deeply and how many issues clients wish to explore. The *structured* aspect of the TA model consists of the six primary steps: (1) Initial Sessions, (2) Testing Sessions, (3) Assessment Intervention Sessions, (4) Summary/Discussion Sessions, (5) Written Feedback, and (6) Follow-up Sessions. Below we describe each of these steps and then discuss how we applied each step to a young adult client we saw together at the Center for Therapeutic Assessment in Austin, TX.

Step 1: initial sessions

In the first session(s) of a TA, assessors work with clients to help them develop specific and personal questions for the assessment. Clients' questions serve as the guideposts for the types of tests that will be most helpful to use during the assessment. Personal questions also ensure that the TA is client-centered, that is, that it focuses on the issues where clients want the most help. Sample

questions from recent clients include: "Why can't I just do the things that I know are good for me?" "What am I doing that I don't even know I'm doing that puts people off?" "Why is anger so hard for me?" "Do I have ADHD?"

In some cases, clients arrive at the first session with questions already prepared (e.g., if they are familiar with the TA process and had time to consider their questions before the first meeting with the assessor). In most cases, though, assessors work with clients in the first session(s) to develop their questions for the assessment. This involves simply asking clients what they want to understand about themselves and where they feel stuck—and it also often involves assessors listening carefully as clients share their stories and current struggles to pinpoint questions that might be useful but which clients haven't yet put into words. Assessors also ask clients what they already know about the answers to their questions, to make sure to focus on things that give added value.

Case example. Dr. Finn was contacted in the summer of 2020 by "David," a bi-racial man in his mid 20s. Dr. Finn invited Dr. Thomas to work together with him on a TA with David, which we conducted virtually due to the COVID-19 pandemic. We learned that David had been depressed for a long time, and clearly carried a lot of shame – especially around his work and his lack of romantic relationships. In our first session, David developed several questions for our TA. In this article we focus on three of his questions:

(1) Am I worthy of dating?
(2) Is my brain damaged?
(3) How can I develop resilience to disappointment?

Step 2: testing sessions

This is typically the longest phase of a TA, involving the greatest number of direct hours meeting with the client. The tests administered in this phase are explicitly linked to clients' questions, so as mentioned earlier, the number and type of tests used vary between clients. TA testing sessions look largely similar to traditional psychological assessment methods in which tests are administered according to standardized procedures. The primary differences in TA are: (1) how tests are introduced (with tests most obviously related to clients' questions administered first, and clients being told how each test is related to their assessment questions), and (2) that after the standardized test administration, clients and assessors collaboratively discuss clients' experiences and responses, working together to understand how these are related to clients' lives and assessment questions.

Case example: We completed several psychological tests with David to help answer his questions for the assessment. Overall, we administered six different psychological tests with David on six different dates (for a total of 12 h of testing sessions). These tests included self-report questionnaires where David responded to items about his personality and problem areas, performance-based tests where he responded to stimuli, and developmental tests where he provided information related to his early childhood experiences.

Although our TA with David was virtual, and because of the pandemic we could not safely meet indoors, we did have one in-person session. Dr. Thomas met with him at a local park where they could sit at a secluded table for a standardized administration of the Rorschach Inkblot Test (Rorschach—Performance Assessment System [RPAS]; Meyer et al., 2011). The Rorschach Test measures personality and psychological problems and helps us understand how people approach and solve ambiguous problems. Compared to tests where people answer questions about themselves, the Rorschach engages a different part of the brain and allows assessors to tap into information besides what people know how to answer or articulate about themselves. David was highly engaged with the Rorschach Test. After administering the test, Dr. Thomas talked with him about several of his responses. It was especially helpful to talk with him about a response he gave to the second card—where most people see two animals or humans in relationship with each other. This was David's response: "Maybe it symbolizes like connection or something I feel like they're both supposed to be connected to each other. So maybe it's just symbolic of their emotions being connected to each other … Maybe this part is like the emotion they can see and this part is the emotion they don't share with each other. So, this is like their connection with each other, and this is like what they don't like about each other, that they're hiding."

Throughout our TA, David had emphasized how much he wanted to be in a relationship with a woman. As mentioned earlier, his first question for the assessment was: *Am I worthy of dating?* He was very aware that he desired closeness and intimacy. He shared several examples of how he was "all in," but women he dated were repulsed by him. We knew from David's scores on other tests he took with us, and from our conversations with him, that he had some ambivalence about intimacy. His response on the Rorschach test gave us a metaphor for talking about what might happen for him in relationships, and how he might have a part of himself that "is hiding" or noticing things he doesn't like about a woman when he was on a date. David's response gave us a way to talk about how he both desired and rejected closeness, and how he had two conflicting parts inside himself. On a date, there was a part of him that feared he was not worthy of dating AND a part of him that feared the woman was not worthy of dating.

Step 3: assessment intervention sessions

Assessment Intervention Sessions (AIS) are often the most challenging, rewarding, and unique sessions in a TA. In these sessions, assessors try to elicit versions of clients' problem behaviors or experiences (as reflected in their assessment questions) *in vivo* and then work with clients to understand the necessary and sufficient factors that make those problems appear and how to make them go away. Often, the previously gathered test results help clients and assessors find new understandings that were not evident before. For example, Finn has written about the AIS he did with an executive referred by his company for an assessment (Fischer and

Finn, 2014). The man was being considered for a promotion, but the company had heard reports that the man had been verbally abusive to supervisees in the past, which he denied; they wanted to know if he had an anger problem, and if so, whether he was willing to address it. Standardized testing in the first part of the TA suggested that the man was very vulnerable to feeling shame, and that if he felt humiliated, he could become aggressive as a way to manage his shame. In the AIS, Finn gave the man an unsolvable puzzle to work on, while suggesting that it was easy and that most people could do it quickly. The client felt ashamed and eventually exploded in anger in a demeaning way. He and Finn were able to observe what happened, connect it to what had happened at work, and make a plan for how the client could become more resilient to shame. This was successful, and the company promoted the man. A core principle of these sessions is that clients are most likely to benefit from information that they experience emotionally, not just information they learn intellectually (Finn, 2012).

Example Client: One of the most prominent themes from David's testing was how full he was of painful emotions, like depression and shame. He had high scores on scales related to shame and depression on every applicable test he took with us. We believed that painful emotions might be making it hard for him to concentrate and remember things. Dr. Thomas told David she wanted to do a task to help answer his second question: *Is my brain damaged?*

For the Assessment Intervention, she began by asking David how distressed he was feeling at that moment on a scale of 1–10, with 1 being "no distress" and 10 being "terrible distress." He said 2. Then, Dr. Thomas introduced a test where David had to repeat back increasingly long series of numbers, such as 2-7-6-3-1, or 5-1-9-5-6-3. This is a verbal memory task called "Digit Span," and it is known to require a great deal of concentration and working memory. David did very well on this task—he consistently remembered strings of numbers up to 9 digits long.

Next, Dr. Thomas asked David to talk about a recent memory that was painful and made him feel ashamed. He discussed a recent incident when his boss chastised him at work for being late on a task and also making several mistakes. After discussing this memory, Dr. Thomas asked David how badly he felt on that 1–10 scale, and this time he said 8, indicating he was feeling quite badly. She then readministered the Digit Span test (using different numbers) and this time David could only remember number strings up to 6 digits long. His attention and working memory were much worse when he was feeling badly about himself.

Last, Dr. Thomas said she wanted to talk to David a little more about his memory of his boss chastising him. This time, she used the shame intervention of helping David create a new and more self-compassionate narrative about what had happened. It turned out, David was helping a different supervisor resolve an urgent and important issue, and Dr. Thomas suggested that David had made a very wise decision in the moment to focus on the more important issue. She also reminded him that the boss who yelled at him often gave negative feedback, and that his complaining said a lot about him, not just about David being late and making some mistakes. After talking and working to tell a more accurate and compassion account of what happened with his boss, Dr. Thomas asked David how he was feeling on that 1–10 scale, and this time he said 5, indicating that he was still a bit distressed, but feeling better. She said she wanted to repeat the Digit Span test one more time, and this time David consistently remembered number strings up to 9 digits long—the same as his initial performance.

After completing these tasks with David, Dr. Thomas talked with him about how much harder it was for him to remember the numbers when he was feeling distressed. When he was calm (at the start) and when he felt less ashamed (at the end), he did better than most people do on the Digit Span test. He only had a hard time on the test when he was feeling really badly about himself. Doing this task with David and talking about it with him afterward helped him see how hard it was for him to think clearly when he felt shame. This gave an opportunity to help David have a more accurate and useful understanding of himself. There was no evidence that his brain was damaged! There was evidence that he couldn't think clearly when he felt shame, and he often felt shame. When he had someone help him feel less shame, he could think well and clearly again. This process proved important for David understanding how his mind works, and it convinced him that he needed to work on shame in his therapy.

Step 4: summary/discussion sessions

The last of the consecutive meetings in most TAs is what we call a "Summary/Discussion Session." The purpose of these sessions is exactly what the name implies—for assessors and clients to discuss the test results and experiences of the assessment and relate them to the clients' lives and initial questions for the assessment. These days, most traditional assessments include test feedback sessions where clients are told about test results. What is different about TA is that assessors take responsibility for summarizing the test results and their implications, then clients are invited to give their opinions about whether the results "fit" and are helpful. Research has shown that this interactive and collaborate way of discussing test results is the best way to help and impact clients (Hanson et al., 1997).

Example Client: In our Summary/Discussion session with David, we began by checking in to see if he had any important updates since we had seen him last and to see how he was feeling about the session and talking about all of our results. We then reminded him that psychological tests are not perfect and that we wanted to spend the session putting our heads together to best understand David and answer his questions. Before getting to the results, we shared our appreciations of David and told him how much we respected his engagement and his trusting us (especially because we know it's hard for him to trust people) and we told him how much we had come to like and admire him through the TA. We then shared several themes with him that we saw across all of his testing with us. We concluded by telling David that we saw a lot of psychological strengths in his testing. In discussing this with him, we showed him his RPAS scores related to "self and others" that were more than three standard deviations above the mean. David began the TA process consciously aware that he was in far more pain than most people; he had no insight into his incredible interpersonal skills. He lit up when Dr. Finn told him he was "a diamond in the rough" and his test scores proved it.

After discussing each of our themes in depth with David, and summarizing assessment results related to each theme, we turned to answering his questions for the assessment. We concluded by asking if he had any remaining questions or comments for us and thanking him again for going through this process with us.

Step 5: written feedback sent to clients (usually in the form of a letter or report)

In most TA cases, adult clients are sent a letter outlining the assessment process, results, and answers to clients' questions for the assessment. The goal of this letter is to provide a written document summarizing what we learned and discussed through the TA, and research has shown that the combination of both oral and written feedback has the most beneficial impact on clients (Lance and Krishnamurthy, 2003). These letters are intended to serve a similar function as reports that are written at the completion of a traditional psychological assessment. The primary differences are that letters are written directly to clients, incorporating their language when possible, and assessors avoid using jargon. Letters written for clients with exceptional vocabularies will be different than letters written for clients with more limited vocabularies. Letters written for clients who love to read will look different than letters written for clients who would prefer bullet points to narratives. The key point is that each letter is written not just *to* the client, but also *for* the client. Assessors typically encourage clients to share their letters with other mental health professionals they work with, and potentially with other important people in their life, like their spouse. Like traditional psychological assessment, we also provide clients with score summary tables so that psychologists who work with clients can have access to these data. In some cases, clients may request formal reports for other agencies (e.g., a report for the school requesting accommodations for a diagnosis we gave). We provide these reports in addition to a letter to the clients, not instead of a letter for the client.

Example Client: Our letter to David intentionally mirrored our summary/discussion session with him. After detailing the process and procedures of our assessment, we discussed the themes noted above and then answered his questions for the assessment. Below is a brief portion of our letter to David, with an answer to his third question: *How can I develop resilience to disappointment?*

> First of all, we encourage you to find compassion for how much depression and shame you've been dealing with, and for so very long. To use the metaphor we mentioned earlier, essentially you are asking why you can't just swim a mile, not recognizing the 150-pound lead weights on your ankles because you've gotten so used to wearing them that they just seem like a part of you. Sometimes you're able to rise above all this stuff and feel a bit better, and that's a sign of your resilience and strengths. Other times, even small things can sink you. With all the added weight around your ankles, even when you're able to keep your head above water for a while, if something or someone adds a few rocks to your hands (you get a bad grade or a woman ghosts you) it can be enough to sink you. It's simply too hard to take on more weight. And you can fall into the trap of self-criticism when this happens, because although it's true that other people can swim with a few added rocks to their hands, those people aren't carrying around the other ankle weights like you are. You don't know or remember this, which feeds the narrative that your problems are all your fault. It's so important that you appreciate all you are recovering from, David. Knowing this is a first step toward developing more resilience.

> Therapy is one way you can work to get the weights off your ankles. As you and your therapist keep reminding you why you sometimes sink, and as you talk about what happened to you in the past, you'll have enough bandwidth to manage disappointment and other hard emotions without them sinking you. When confronting painful feelings, go slowly. Dip your toe into them, then get back out. Next time you can dip your ankle in, then get back out, and on and on until you can fully immerse yourself and swim in painful feelings without drowning. For a long time, you'll only want to do this when a lifeguard (like your therapist) is present; but eventually, as you lessen the weights around your ankles, you'll be better able to dive into intensely painful emotions all alone and swim around in them.

Step 6: follow-up session(s)

After completing a TA and sending clients a written summary, assessors offer clients a follow-up session. Clients typically chose when they would like to have the follow-up session, and the timeline ranges for each client. Often clients will choose a time following a particular milestone (e.g., when the semester ends), or will reach out to schedule the follow-up session after hitting another roadblock. Many assessors choose not to charge for the follow-up session, as the goals of this session are to help clients with any new or remaining questions they have and also for the assessor to learn more about what did or did not go well with the TA, stay with the client, etc. Thus, the goal is to help not only the client but also to help the assessor, and for assessors the "earnings" of this session are informational rather than financial.

Example Client: Drs. Finn and Thomas conducted their follow-up session with David approximately 5 months after their summary/discussion session. He had been working with a therapist we recommended, had successfully completed his spring semester at his university, and was working a summer job. He was heeding advice we had given him to focus more on developing friendships than on dating as he healed his depression and shame. The session was overwhelming positive and ended on an optimistic note; however, several months later David's parents contacted us when he was hospitalized. At that time, we offered to help him transition back to working with his therapist and revisited our testing to understand what may have triggered the episode for him. Knowing that we can help clients solve their dilemmas and that they trust us to do so, even after the process ends, is a highly rewarding part of conducting TA.

How does TA work?

Research is still ongoing on how and why TA helps people, and there is evidence that different clients may experience different aspects of the process as useful (Smith et al., 2010). At this point there are several therapeutic mechanisms that seem most plausible. First, the collaborative use of psychological tests in TA allows assessors to "get in clients' shoes" (Finn, 2007) quickly and then help them understand themselves and their difficulties better. Many people find that just being able to name and understand their problems provides a huge sense of relief, especially if it becomes clear that their difficulties are not their fault and there are steps they can take to help themselves. Second, many TAs allow clients to "try out"—with the support of the assessor—new ways of solving persistent problems, which leaves them with viable options they were not aware of before the assessment (Fischer, 1985/1994). Last, it appears that the experience of being treated with respect and compassion in TA can greatly impact clients who have been used and judged by important others in the past, and that this allows clients to better assess in the future who is trustworthy or not (Kamphuis and Finn, 2019). Whatever factors make TA helpful, they appear to address many different kinds of problems in living (e.g., anxiety, depression, psychosis, personality functioning) and apply to clients from different backgrounds and cultures (Fantini et al., 2022).

How to seek a TA

The Therapeutic Assessment Institute publishes a list on its Website (www.therapeuticassessment.com/certified_professionals_in_ta.php) of psychologists around the world who are fully certified in one or more models of TA—children, adolescents, adults, and couples. All of these practitioners have undergone a rigorous program of training and certification where their work with clients has been carefully reviewed. For clients without a certified practitioner in their geographical area, they may seek a remote TA, as evidence suggests that TAs done online are effective also (David et al., 2021). The TAI Website also lists psychologists with a basic understand of TA principles and techniques but who are not fully certified: www.therapeuticassessment.com/professionals_with_level_1_cer.php. The latest research on TA suggests that psychologists who collaborate with clients during psychological assessment and who adhere to the core values of TA can be highly effective, even if they are not certified in TA (Durosini and Aschieri, 2021).

How to Learn TA

We encourage psychologists and psychology graduate students wishing to learn TA to begin by learning and developing expertize in a variety of psychological tests. After this, they should seek supervision and training in how to use tests therapeutically with clients. The Therapeutic Assessment Institute conducts in-person and online trainings in Therapeutic Assessment and also has certified faculty available for training and consultation (see www.therapeuticassessment.com). As mentioned earlier, there are now two definitive texts on TA with adults (Fantini et al., 2022) and TA with children (Tharinger et al., 2022) that fully explain and illustrate both models. Both books also contain detailed suggestions on how to learn and practice TA. For a detailed description of TA with adolescents, see Tharinger et al. (2013), and to read about TA with couples, see Finn (2015).

Conclusion

TA is a short-term psychological intervention that helps people (and their families) understand themselves in ways that are more accurate, compassionate, and helpful. TA is rooted in years of clinical experience and research indicating ways that psychological assessment can be a powerful form of intervention, especially when clients and assessors work together to help clients understand how they tick and find ways to resolve their problems. TA clinicians need a lot of expertize in a variety of psychological tests as well as curiosity, humility, and the ability to translate their expertize to "lay terms" to make testing as useful as possible for clients. We all tell stories about ourselves and the world, and a primary goal of TA is to help people tell stories about themselves that are truer, kinder, and more nuanced. We encourage anyone who is interested in seeking a TA or who wants to learn more about the process to visit our Website, www.therapeuticassessment.com.

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