

# THE TA CONNECTION

*resources for* THERAPEUTIC ASSESSMENT PROFESSIONALS

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# Special Issue: The Rorschach and TA

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In this edition, we focus on the Rorschach and its use as part of a TA. I was fortunate to have an entire course devoted to learning the Rorschach during my doctoral studies. I knew very little about the test and was quickly amazed by all that it could capture about someone's psychology. My interest in the Rorschach grew further during a practicum experience, when I evaluated a 7-year-old girl referred by her therapist because of concerns about ADHD. Her Rorschach responses included several trauma markers with Blood, Morbid and Sex codes. I was astonished at how my supervisor put this data together with the other test results, to form hypotheses that there was anger, conflict, and perhaps abuse, occurring in the home. The Rorschach revealed something the other tests could not about what looked like ADHD symptoms, and that information was highly beneficial to the treating provider.

I was using the Rorschach routinely in standard assessments and as I learned about TA, the Rorschach's place in the process was clear. The semi-ambiguous, emotionally evocative, interpersonal experience of taking the Rorschach often reveals so much about a client. Their test taking behaviors, experience of the test, responses, and scores, are all important elements to inform conceptualization and are opportunities to gather idiographic data about the client.

Throughout the collaborative assessment and TA literature, there are several articles and chapters that describe the use of the Rorschach. I hope the articles that are part of this edition will also ignite interest in the Rorschach's utility as part of a TA, while helping readers build their TA skills.

## *This Issue*

First up in this edition, Maartje Hermans has written an article that explains how Rorschach results help assessors mentalize clients and restore epistemic trust. The concept of epistemic trust is frequently

used in the TA world, but it is complex, and Maartje does a lovely job of explaining it and related concepts, before describing their application with a client. Next, I wrote an article pulling together the core of the presentation I made at the 2024 International R-PAS conference and describe methods for using Rorschach responses during an Extended Inquiry. The ideas shared will hopefully inspire assessors to expand their conversations to build both their conceptualization and client insight after a Rorschach administration. Last, doctoral students from Augsburg University, Anna Adams and Holly Blades, have written about Constance Fischer and Leonard Handler's work, and how they used the Rorschach during their collaborative assessments. This wonderful article reminds us of the unique contributions that Fischer and Handler made to the field of psychological assessment.

## *4th International Collaborative/Therapeutic Assessment Conference*

The TAI continues to plan the 4th International Collaborative/Therapeutic Assessment Conference (CTAC) and there is still time to submit a proposal for a presentation. The deadline for submissions is January 15th, and more information can be found on the last pages of this edition. CTAC will be held June 12-14th, in-person in Salt Lake City at the University of Utah. We are grateful to our co-sponsors: The University of Denver Graduate School of Psychology, the Society for Personality Assessment (SPA), and the Collaborative Assessment Association of the Bay Area (CAABA). There will be some virtual offerings, and some sessions will be translated for our international participants. On June 12th, there will be several half- and full-day workshops offered. On June 13th & 14th, there will be a plethora of presentations, symposiums, and posters. This will be a great opportunity to build your TA skills and connect with colleagues.

### ► *Become a Member of the TAI*

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The Therapeutic Assessment Institute (TAI) began offering memberships in 2017 and currently has close to 300 members. Membership in the TAI gets you two issues a year of *The TA Connection*, access to the members-only listserv, discounts on trainings sponsored by the TAI, and discounts on Adult Attachment Project (AAP), Wartegg Drawing Completion Test (WDCT) Crisi Wartegg System (CWS), Rorschach Performance Assessment System (R-PAS), and workshops offered through the Minnesota Center for Collaborative/Therapeutic Assessment (MNCCTA). 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.

### ► *The Leonard Handler Fund*

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The Leonard Handler fund assists economically disadvantaged clients who would benefit from a TA but cannot afford one. Leonard Handler (1936-2016) was a brilliant researcher, teacher, and clinician who developed groundbreaking methods used in TA, especially with children and families, such as the Fantasy Animal Drawing and Storytelling Game. Please consider donating to this fund through the TAI website to help make TA available to everyone, regardless of income level. The economic effects of the COVID-19 pandemic underscore the need for support. We are continuing to build this fund and hope to have information on the TA website on how TA-trained assessors can apply for these funds to support underserved clients that otherwise could not afford a TA-informed assessment.

### ► *Donate to TA*

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

hope to provide financial support to underserved clients through the Leonard Handler Fund. We are also 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. These activities take a great deal of time, and we count on your generosity to do all we do.

### ► *Future Issues of the TA Connection*

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I hope you find this edition to be informative and if it sparks an idea for a future article, reach out. I aim to provide a supportive process for contributing authors and whether you've written many manuscripts or none, know that your ideas are welcome and if you want to contribute, guidance will be provided.

*Please email questions, comments, and suggestions to Raja David at [raja@mnccta.com](mailto:raja@mnccta.com)*



# What the “blob” do you know? How the Rorschach Helps Restore Epistemic Trust



**Maartje Hermans, Health Care Psychologist**  
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*“It is only prudent never to place complete confidence in that by which we have even once been deceived.” - René Descartes, Meditations on First Philosophy*

Since the beginning of mankind, people have found ways to communicate with each other to share knowledge, first by drawings and non-verbal communication and later verbal communication using language. Transferring knowledge is essential for human survival. Humans are born largely helpless and depend on caregivers and other people to learn about the world (both inside and outside). Imagine if humans had to learn everything on their own. It would have taken them ages and there would not be all the developments we have nowadays. With the rise of digital communication, humans have found an even faster way to transfer knowledge. But transfer of knowledge comes with a downside as well. It leaves open the risk of being accidentally or intentionally misinformed. To ensure that, despite this risk, communication is still used to their advantage, humans have a natural mechanism called epistemic vigilance (Sperber et al., 2010). Epistemic vigilance is described as the self-protective suspicion towards information coming from others that may be potentially damaging, deceptive, or inaccurate. Especially when stakes are high, it is only prudent to have a vigilant stance. In order to use communication to their advantage, humans need to moderate this state of epistemic vigilance. The theory of natural pedagogy developed by Csibra and Gergely (2009) may offer a model to explain how humans can transfer to a different epistemic state, a state of epistemic trust. One important factor, according to the theory of natural pedagogy, is the use of so-called ostensive cues. An ostensive cue is a signal sent out by the communicator to make clear to the receiver the intention to communicate, to convey new relevant information. Examples of ostensive cues are eye contact, changing

your tone of voice, dependent on the audience and using someone's name. These ostensive cues generate an attentional state in the receiver such that epistemic vigilance is momentarily suspended, and the receiver feels that the subsequent communication will contain information specifically relevant to them. This results in a state of epistemic trust.

Fonagy and Alison (2014) argue that secure attachment also helps to create a condition for relaxation of epistemic vigilance. The predictors of secure attachment relationships can be found in ostensive communication cues as well. Parents of children who are securely attached probably used more ostensive cues than parents of children who are not securely attached. To support their argument, they refer to research by Coriveau et al. (2009). In this study, they asked a mother and a stranger to present conflicting information to the child about a picture that was shown. Their primary goal was to investigate which adult the child would believe and spontaneously turn to for information. And if this behavior was moderated by the child's attachment style. It turned out that a secure attachment style had a powerful impact on the child's trust in the information that was given. Children with a secure attachment style used a flexible approach. They preferred their mother's information when it was plausible, but if she made a claim that looked illogical, they turned to the stranger if what she had to say made more sense and was compliant with their own perception. Children with an insecure-avoidant attachment style preferred information from the stranger and children with an insecure-resistant attachment style withheld trust in claims of the stranger, even though they were more probable than their mother's claims. Children with an insecure/disorganized attachment style appeared to be suspicious of all information that was given to them; both by the stranger and by their mother. On top of that, they showed little confidence in their own perception. This is what Fonagy and Alison (2014) call a state of chronic epistemic vigilance or epistemic hypervigilance.

## ▶ *Epistemic trust and personality disorders*

In my work at the Viersprong Clinic, I see clients with personality disorders. Extensive research has been conducted on the relationship between attachment and personality disorders (Lorenzini & Fonagy, 2013). An insecure attachment style is a risk factor for developing a personality disorder. Many of my clients are insecurely attached, making it difficult to form a therapeutic alliance and often we encounter epistemic hypervigilance. This epistemic hypervigilance makes it difficult for a client to take in new information, leading to a degree of rigidity (Fonagy & Allison, 2014). This rigidity is experienced by the therapist, who expects that a client modifies their behavior based on the information they receive. But in the absence of trust, this will not happen.

To make change possible, it is important that therapists create an environment for relaxation of epistemic vigilance. Fonagy and Alison (2014) propose that mentalization is a key part of the therapeutic process. Mentalization is the ability to think about what might be in someone else's mind and place yourself in their shoes, in other words "holding the others' mind in mind" (Allen, Fonagy & Bateman, 2008). This is a different mechanism than empathy. Empathy is something one feels for a person, which is based on the capacity to feel what the other person is feeling. For example, if you see someone bump their head, you could feel empathy such as "If this happened to me, I would feel pain." Mentalization, on the other hand, is imagining the other person's experience that elicits your empathy. In this case, you mentalize the experience: they have bumped their head, it was not their intention to bump their head, it probably hurt physically, but also emotionally (e.g. frustration, embarrassment, shock). This ability to mentalize as a therapist helps to create a condition in which clients feel safe to open their minds to the therapist's communication. This serves as a base in which the therapist can collaborate and where the client feels it is safe to think about themselves, about their relationship with the world, and to learn something new about it. This will then shift the client to a state of epistemic trust.

## ▶ *Therapeutic Assessment and Epistemic Trust*

As Kamphuis and Finn (2019) propose, Therapeutic

Assessment (TA) provides an optimal framework to promote the restoration of epistemic trust. Several factors contribute to this, because they also promote mentalization.

- *Humanistic principles:* The core values of TA have a clearly humanistic stance; "collaboration, respect, humility, compassion, openness, and curiosity" (Finn, 2009). TA believes in the innate healing power of a client and important elements are transparency and authenticity. It promotes mentalization and epistemic trust may develop as a fruitful product.
- *Emphasis on collaboration:* During a TA the client is an important collaborator, which helps build the therapeutic alliance. Instead of a top-down psychological assessment, TA acknowledges the fact that the client is a powerful source of information, and they help the therapist understand how things work for them. This starts with co-constructing questions, writing them down in their own words. This signals the client that the therapist takes their personal agenda seriously. This process continues during the assessment when clients help the therapist to understand the test results. An important attitude for the therapist is the "not knowing" stance. When a client talks about a depression, the therapist does not assume what depression means for the client but asks the client what he or she means by feeling depressed. The therapist might ask, "When do you feel depressed and are there moments when you do not feel like that?" This approach recognizes that all knowledge is perspective.
- *Continuous attention to secure alliance:* To maintain a secure alliance, there are different elements that a therapist is aware of while doing a TA. First, the therapist should attend to self-verification, which is the tendency for humans to take in information that is consistent with their internal working models and reject information that confirms otherwise (Swann, 1997). Additionally, the therapist should attend to disintegration (Kohut, 1997), where conflicting information with the client's internal working model leads to an emotionally overwhelmed client. Clients with a personality disorder are specifically prone to this, because of their fragile senses of self. TA uses different levels to slowly change clients'

working models, whilst giving emotional support. Level 1 information matches client's working model, Level 2 information is an expansion on the client's working model and Level 3 information challenges clients' internal working models (Finn, 2007). In this process the therapist is also attentive to feelings of shame. According to Malatesta-Magai (1991) shame is one of the most painful feelings we humans can feel. As Kamphuis and Finn (2019) propose, shame vulnerability is a major factor that contributes to epistemic hypervigilance in clients with personality disorders and other clients as well. It only makes sense that a client does not want to hear information that is too painful. By helping clients to regulate their shame, therapists strengthen the therapeutic alliance and help them transfer from epistemic hypervigilance to a state of epistemic trust. Another important element in a secure alliance is the use of ostensive cues. Not only do the assessment questions serve as an ostensive cue, but also the use of their name, remembering how they like their coffee etc. signal the client that the therapist has them in mind.

- *Focus on the task/goals in TA:* The assessment questions also help to structure the TA and connect the test results to the problems relevant to the client. By doing so, the therapist signals the client that what they have to say has personal relevance to the client and their goals. This lowers epistemic hypervigilance. In a qualitative study of Mentalization-Based Therapy for Borderline Personality Disorder done by Folmo and colleagues (2019) they found that epistemic trust may develop as a product of a fruitful and persistent focus on tasks and goals in therapy. Even though no research is done on epistemic trust in TA and clients with personality disorders, I can imagine the focus on the goals in TA are fostering/restoring epistemic trust as well.

### Using the Rorschach in TA

The use of standardized psychological testing is a central part of TA. It provides rich information about the client's internal working models. To underline the cooperation, tests are selected first based on their closeness to the client's assessment questions, so called "face-valid" tests. For example, if a client has

a question about concentration, a concentration test is useful. If a client has a question about depression, a self-report measure like the Beck Depression Inventory (BDI) could provide information and give the client the (accurate) feeling of being taken seriously. This is very helpful in the beginning to form a therapeutic alliance and lowering epistemic hypervigilance. However, in my work at the Viersprong Clinic the use of self-report measures alone usually is not enough to answer the client's assessment questions. Self-report measures, like the Minnesota Multiphasic Personality Inventory Second Edition, Revised Form (MMPI-2-RF; Ben-Porath & Tellegen, 2008), will show how a client views him- or herself or wants to be viewed. It can be extremely helpful to use performance-based measures like the Rorschach (Meyer et al., 2011) to gain information on another level.

However, there are some disadvantages to using the Rorschach when it comes to epistemic trust. This is especially true when working with clients with personality disorders, because the therapeutic alliance can be fragile. First, it is unclear to the client at first how looking at inkblots could relate to their assessment questions. Second, and most importantly, the administration of the Rorschach asks the assessor to take a neutral stance. The assessor should interfere as little as possible and let the client take the lead (Meyer et al., 2011). This is a huge difference compared to the attitude whilst talking to the client. It is no longer playful, open and spontaneous. Instead, during the administration the assessor pretty much has a still face. From the experiments done by Tronick and colleagues (1978) in which mothers change their facial expression to non-responsive, it is well known how stressful this is.

I have learned that Rorschach administration procedures could have a huge impact on the therapeutic alliance. Clients told me they started doubting my authenticity. They wondered what they did that made me treat them so unkindly during the administration. One client said I looked very angry and immediately rejected the term neutral when I explained to her afterwards that this is what the tests asked me to do. This had an impact on the administration as well. I noticed a lot of clients in the clarification phase froze up. They were unable to answer a question like; "How do you see the..." and simply answered it by saying, "just like that" or pointing to the location again.



Afterwards I often felt like there was a lot of epistemic hypervigilance and in the Extended Inquiry, it was very hard to talk about what they experienced or learned from it. Clients might even reject information that was congruent with what we already learned. The most striking example is from a client who was a big Disney fan. She had a question about emotions and in the small talk I had with her, I learned that the movie *Inside Out* was one of her favorites because she found it relatable. I asked her for the next session to pick three scenes out of it that were relatable to learn something about her emotions. She was very excited about this, and the next session showed me some clips. The last clip she showed me was actually the moral of the movie: we need all our emotions. She said she was having a hard time with this, because she didn't want to feel sadness or anger, just joy. I was amazed with how she talked about this. When we did the Rorschach and she told me afterwards she had a hard time with the colored inkblots, I was not surprised at all. I thought it was very easy to connect this to what we talked about. I said to her, *"That's interesting. What we know from the colored inkblots is that they appeal to our emotions."* To my surprise, she immediately rejected that this was the case for her. She said she does not know why it was so hard for her, but it could not have something to do with her emotions. At that moment, I felt the epistemic highway was closed off.

### The Case

I will now use a case study to describe what, in my experience, are useful interventions when administering a Rorschach. I recommend not only following the standardized instructions, but also paying attention to epistemic hypervigilance and trying to foster epistemic trust, so clients are more likely to include the information from the Rorschach in their internal working models. Personal details have been de-identified.

I met Jackie, a woman in her early 60's a couple of months ago at the Viersprong Clinic, a residential treatment center for clients with severe personality disorders. She had lived a rough life. She was first hospitalized at age 11 and was in and out of hospitalization until her early twenties. When she was in her early twenties she lived on the street for a while, until she met her former husband. They got married and

she gave birth to a child, with whom she had problems getting attached. Emotions could overwhelm her easily and over the years she received some outpatient treatment for depression. Over the last 10 years she functioned pretty well. She had a stable relationship, a nice job as a teacher and what she thought were nice co-workers. After an incident a few years ago in which she received negative feedback from her colleagues, she had a mental breakdown. She thought it was safe enough to let her guard down and it backfired. She felt depressed all over again and sought outpatient treatment again. She found it hard to let the incident go, especially since her co-workers ignored her. Even worse, she had a marital conflict, and emotions overwhelmed her again. She was so afraid her husband would abandon her that she decided to harm herself. She threatened her husband that she would stab herself and eventually did. She survived but was admitted to the Intensive Care Unit. For the first time, she felt that she had some value to her family members, because they didn't want her to die. Meanwhile, her therapist was not aware of the suicide attempt, because the hospital forgot to inform her. A little while after that, Jackie wrote her therapist a letter in which she described the events up until the suicide attempt. I can imagine this came as a shock for her therapist, not only the suicide attempt, but also the way it was written. She described her self-harm in explicit detail. It was obvious to me that Jackie had no idea how this came across, but I was more shocked about the way the therapist responded. They told her that her problems were too severe, and they couldn't help her anymore. They referred her to our treatment center for a TA and stopped her treatment. In all the reports I got from her previous therapy, they describe her as a woman with severe personality pathology, a negative attitude towards other people and fixed beliefs about herself. They said she lacked insight. After reading all of this I knew that working with her would be very difficult for me as well. Although I felt some empathy for her about what her life had been, I also felt the pressure to do some sort of magic. She was told that the Viersprong would know what to do, but I was not so sure. Because I was not her first therapist, she had a pretty strong narrative and from what I read, had trouble forming a working alliance. Her epistemic hypervigilance was probably very high.

When I met Jackie for the first time in person, I was surprised by how well she cooperated with me. I guess



I expected more resistance, but she was more than willing to share the questions she wanted answers to. What I also noticed was the way she digressed and got off topic. I noticed that it was very hard for me to keep focused and listen to her. I decided to open up to her (*transparency*) and it led to the following conversation:

M: Jackie, is it okay if I stop you right there?

J: Oh, please do.

M: From what I know, you have a lot going on right now and you are so willing to share what you know. And I appreciate that. But right now you are giving me so much detail and information, my head is having a hard time processing this. And I notice that I sometimes don't even know what we are talking about anymore.

J: I'm so glad you said this. I don't know it either. This is exactly my problem. I use so many words that I sometimes don't even know what I'm talking about anymore, but I'm having a hard time stopping myself.

After this, she decided she wanted to formulate an assessment question about this problem (see Box 1).

#### Box 1: Jackie's AQs

- Why do I need so many words?
- Once I'm aware of a feeling, how can I keep on feeling it/stay in touch with it?
- How can I make a connection with someone without losing myself?
- How can I accept myself the way I am (Who am I?)

To answer her questions, I decided first to give her a questionnaire about relationships, the Relationship Questionnaire (RSQ; Bartholomew & Horowitz, 1991). It has a good face-value for her third question, and I thought it was important for her to see that we are really going to answer her questions. I also gave her an MMPI-2-RF.

Altogether, I thought we were off to a good start. But I also wanted to monitor our working alliance and how

she experienced the TA session. We both filled out the Helping Alliance Questionnaire 2nd Edition (HAQ-II; Luborsky et al., 1996) at the end of the session, and I was a bit surprised when I saw her results. Apparently, I thought we had a better working alliance than she did. Again I knew this TA was not going to be easy.

The RSQ showed me she was a person who likes to be independent. She was afraid of attachment and likely to dismiss it. So that was another clue it would be very hard for me to earn her trust.

The MMPI-2-RF showed me she was demoralized, she had a lack of positive emotional experiences and had some cognitive complaints. No surprises there. She also had elevations on the social avoidance and disaffiliativeness scales. She did not like having people around and for me it was another sign it would be difficult to really connect with her.

After seeing these results, I decided it would be too early to give her the Rorschach. In my experience, there would be a risk of a low complexity score, due to an insufficient assessment alliance. In my next appointment I would try to connect with her again to build a stronger relationship. When I saw her the second time, I knew I had made the right decision. It felt like I had to reconnect with her again when we looked back on our initial session. During the first 10 minutes, it felt like I had to walk on eggshells. Every word I used that was not her exact word was immediately rejected. I felt confused. What had happened? I decided to ask Jackie for help by using the HAQ we both filled in. I shared with her my experience of our initial session and then told her it was different from her experience. I asked her what I missed and how I could connect with her, because I was having trouble with it at that point. I emphasized that I really wanted to understand her and make this TA worthwhile for her.

This seemed to help her feel calmer. She told me that I was not completely wrong about our working alliance in the initial session. She felt it too but then got scared. She never thought she would open up the way she had in the initial session. And I could empathize with that; this must have been very stressful for her. I thanked her for sharing her feelings and let her know that if I could do anything to help her, she should let me know. She told me that it was already helpful for her that I opened up and was curious about her.

After this, she took The Early Memories Procedure

(EMP; Bruhn, 1992). She had a hard time and asked me if she could take it home. I told her we usually don't, because we know this test can be emotional and we don't want our clients to be alone at that point. This line immediately had an impact on our relationship. Fortunately she expressed it right away. She told me she felt like a failure and that she had let me down. She hadn't experienced any emotion and wondered if this test had any value. I assured her it did and emphasized that not everyone gets emotional. I also told her that I thought her feeling like a failure was important and that we could talk about it after the test.

Afterwards she told me she was still anxious about meeting my expectations with this test. She told me she desperately wanted someone to help her, but at the same time she pushed people away because she expected rejection. She thought she was not worth my time. As it turned out, this was a feeling she experiences all the time. I felt sorry for her, and I imagined it would be hard to accept yourself if you thought you were not worth it. At the same time, I noticed my own reaction. She kept repeating that she was not worth my time, regardless of my reaction. It got me thinking, about what would it say about me if I really thought about her like that. In my opinion I would be awful if I really thought this way. I decided not to share these thoughts with her yet.

The EMP helped me understand the feelings she spoke about. There were a lot of memories in which she experienced shame. She was shamed by her mother for experiencing sexual feelings and was also made fun of for the way she looked.

Keeping the events of the first sessions in mind, I decided that a Rorschach could be helpful in answering some of her questions. However, I knew I had to be careful. Even though our working alliance had improved, I knew the Rorschach would be a hard test for her. There's no face validity and little guidance. I knew my neutral facial expression could be disrupting for her. So, in introducing this test, I decided to tell her that I wanted to do a test with her that could answer some of her questions, but that this test would require me to change my stance. I told her I was sure she would notice it, because I would interact with her very differently. I told her we could talk about this more after the test, but knowing this, did she want to proceed? She told me she was willing to try. She did her very best, but I knew right away that there would be a lot of dis-

turbance in the perception and thinking domain. She made a lot of illogical combinations and there were times I wanted to stop her because she drifted away from the task. Afterwards she told me she couldn't think straight anymore. She was overwhelmed (which I can imagine) and was not capable of talking about it right then. I told her this was okay, and we could talk about it next time. The only thing she said to me was that she noticed a lot of fights between people. I said I noticed it too and invited her to talk some more about this next session. She and I filled out the HAQ and I was convinced that this session was not helpful for her. But apparently, she thought about it a different way and gave the item "I got a new insight today" the highest score. I was left confused again. Was I so convinced that the Rorschach interfered with the working alliance that I had some bias? Or was something else going on?

The results from the Rorschach showed me that Jackie had the skills to interact with people in a positive way (elevated COP). However, she seemed so focused on others (elevated V-Comp) that others might be threatening for her. She was very aware of power relations and aggressive intentions in the world (high AGM). I hypothesized that she protected herself by keeping a distance and living in her head (high M/MC). But with this strategy, she loses ideational control and gets lost inside her own head. There were severe disturbances in her thinking and perception because she was trying to integrate all the information available, making things too complex (high complexity, elevated W%). All of this made it difficult for others to understand her, which led to disruptions and her feeling rejected again.

The results from the Rorschach were very helpful in answering her questions, but I was still wondering if there was enough epistemic trust to integrate these findings into her internal working model. In preparation for the Assessment Intervention Session (AIS) I thought about how strong Jackie had to be to survive and that it was probably a good thing she kept some distance to protect herself. Under the surface she was very fragile and vulnerable. I thought it would be nice for her if she could see this as a good thing as well and gain some more empathy for herself. We could reinforce her use of boundaries, because these boundaries got lost when she connected with someone else.

First, I wanted to talk to her about her experience and what she learned from the Rorschach. As it turned out, she had thought about it but decided that the fights she saw meant nothing about her. She only recognized an internal struggle. At that moment I realized she was rejecting some of the test results, so I knew her epistemic highway was not open. I decided to talk about the working alliance after our last session and the difference between her experience and mine. She told me she had felt exhausted and hypothesized that maybe she had been trying to meet my expectations, since I had told her this test could help. She repeated again her assumption that I would think she didn't meet my expectations. I carefully asked her if she knew what it did to me when she said that, knowing I would be on thin ice. She was surprised by this question. She said it meant nothing about me, only about her. I told her how I felt about it, and that it felt like a battle between her and me in which I was the bad guy. She could not relate to this at all, and I decided to let it go. I thought I had overstepped.

After this talk, I explained to her I wanted to do a test that would help us with her question about making a connection without losing herself. I asked her to draw an island.

She visualized perfectly how things worked for her. She drew two houses on the island. One was a shed, which was completely closed off except for a tiny door. The other house was completely made of glass without any protection. I talked to her about it, and she told me she spent most of her time alone in the shed because it was safe. She longed for the glass house, but it was too scary. So she ran away to the shed. I asked her if she felt comfortable there being alone. She said: *"Most of the time I do. I want to be left alone, but sometimes I wish someone (my husband) was there with me. But he never shows up, so...."* At that moment I could feel her loneliness and pain. I asked her; *"How does your husband know if you want to be alone or if you want him with you in the shed?"* She looked surprised and she said, *"You know what, he does not. Maybe I should use a flag to let him know."* I said this was a wonderful solution and she drew a flag. We explored this further, and she realized this happened a lot of times. She was sitting in the shed, hoping someone would come to support her, but no one came. It made her feel worthless. I validated her and said that it must feel very lonely, hoping someone would come. I felt her epistemic highway opening up and I asked her if

there could be a more direct way of expressing her needs. What if her husband didn't see the flag? I knew from the Rorschach she had a tendency to be passive. Despite the solution of the flag, she often let others take the initiative, which made her more dependent. This led to the following conversation:

J: Well that's a big risk, because what if he says no. I don't know if I could bear that feeling.

M: You are absolutely right. It is a risk, because there's always a chance someone would say, I'm sorry, I can't do that or I can't do that right now.

J: You know what? It is not only a risk, it is also a change.

I was amazed at what she learned from this, and she surprised me even more when she later said. *"You know what Maartje, I'm going to think about what you said about the battle you experienced, because I think this could be right. I think I'll do that when I'm disappointed, I don't get what I hope for."*

I was so proud of her for saying that. She was able to consider what the Rorschach taught us, which was a sign for me her epistemic highway was still open. But I also knew that it could be closed off at any moment, since this had happened between our sessions. I decided to divide the summary discussion session into two sessions, so I would not overwhelm her, and we could take it step by step. To my surprise, her epistemic highway was still open, and she could answer a lot of questions herself. She was willing to integrate her test results and could connect them to her daily life.

Looking back at this assessment, I truly believe that openness, transparency and curiosity were key factors in restoring her epistemic trust within a treatment setting. By taking time to build a working alliance before administering a performance-based test, I let her know I took her seriously when I asked for permission to do the Rorschach. Without these elements I think the Rorschach wouldn't be as helpful and this opened up possibilities for her in future treatment. She does not have to wait her life out. When we said our goodbyes, she brought me a gift. She said it was "kind of joke", but with a message. She brought me a pen (because somehow all the pens I gave her didn't work the first time) with the text: *be curious*. I couldn't agree with her more.



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# Using Rorschach Responses During an Extended Inquiry to Facilitate Client Change



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Performance-based tests have consistently been an integral part of collaborative and therapeutic approaches to assessment, and given the Rorschach is the most widely used performance-based measure, it has received a good deal of attention in the TA literature. Rorschach results provide important information about a client's emotional functioning, thought processes, coping style, self-perception, and interpersonal relationships (Meyer et al., 2011). Further, the Rorschach's ambiguous and emotionally evocative qualities tap into "right-hemisphere and subcortical brain functioning and provide information that clients cannot directly report" (Finn, 2012 p. 440). Implicit schemas may be revealed through the Rorschach, helping assessors identify Level 2 and 3 Information. Rorschach results help with the identification of different types of clients (e.g., Cell A or B) and split-off affective states (Finn, 2007). All of this important Rorschach data helps assessors form a wholistic case conceptualization, which is crucial for enhancing the capacity to mentalize the client and scaffold them to new learnings.

Equally important, Rorschach responses can be the catalyst for important conversations during the Extended Inquiry (EI). The EI was influenced by Len Handler's work (1999, 2009) who encouraged assessors to *play* with tests and use them in creative ways to understand a client. He described how Rorschach responses can be metaphors that capture important aspects of the client's experiences and sense of self. While often the EI is an opportunity for clients to build insight, equally important is the insight the assessor builds to better mentalize the client. As Handler (2009) described, collaborative exploration of Rorschach responses ensured he was *person-centered* and not *test-centered*.

Below, I describe various ways of exploring clients' Rorschach responses. However, there are an endless number of potential approaches to exploring the Rorschach. More important than any strategy is adopting a stance of curiosity during the EI. Often what clients experience during the EI conversation brings down Level 3 information, as they begin to slowly understand themselves in new ways. For others, there is an "a-ha" moment, when an insight is suddenly gained. In either situation, both client and assessor have something to learn.

## ▶ *Using the Rorschach during Extended Inquiry (EI)*

We begin our exploration of the Rorschach asking the client to share both their experience of the test and any responses they found interesting. We follow their lead, using our knowledge of the test, the client's life, and psychology, to potentially scaffold the client to new learnings. However, some clients share little at this point in the conversation, even when we heard responses that reflect their concerns. In such cases, we may draw their attention to specific responses to see what we can figure out together.

When considering what to explore, we mentalize our client based on other test data and what we know about their life. Given this, often it is best to administer the Rorschach after other tests and conversations, so the assessor knows the client. It also helps to take a break after the standard administration. Many clients appreciate a pause, and assessors can review responses and note which may be worth exploring. Handler (2009) described how he would review Rorschach responses, and ask himself, "If that [client's response] could talk, what would it say?" Besides considering that question, assessors can consider the following questions.

- Are there any responses that seem metaphorical for the client?
- Are there themes across the responses that are worth exploring?
- Is there a series of responses that seem meaningful?

- Do any responses seem worth exploring because they are atypical, and may be scored with a minus Form Quality, Special Score, or Dd area?
- Were there any nonverbal behaviors during specific cards or responses, that, when paired with the response, seem interesting?

Handler (2009) contributed one of the simplest ways to explore Rorschach responses with a client. After the initial part of the EI during which the client takes the lead, we explain that responses can be metaphors for a person and their experiences. This prompt may lead some clients to recognize a response as metaphorical. A client may say, “That last one with the two bugs fighting over a tower really reminded me of my parents’ divorce.” When this occurs, we follow the client’s curiosity and interest.

For most clients, potential metaphors are not self-evident. To facilitate self-curiosity, the assessor hands the client Card I, reads back their first response and ask them to turn it into a sentence beginning with “I am.” For example, “I am...an angel with wings.” Inevitably, some responses will not resonate with the client, but when a response does, this is often immediately clear through their nonverbal communication. At times clients become excited as they realize what a response captures, while others experience difficult feelings. In either situation, we remain aligned with the client’s emotional experience and help them stay curious about what they are thinking and feeling. Sometimes it may seem there is not much to “mine” with the client, particularly when the responses are common, such as a bat for Card V. However, often clients will elaborate on simple responses, and the collaborative engagement with the client is an opportunity to further build the relationship, and assessors will inevitably learn something about their client.

### *EIs with Client Rorschach Responses – Having Clients Create a Story for a Response*

One way to explore a Rorschach response is to follow Handler’s (2009) guidance of having a client create a story about their response, “which often places the personal meaning of a response in a social and interpersonal context” (p. 16). As an example of this strategy, I had a rich discussion with 15-year-old Sophie, who experienced chronic anxiety, emotional dysregulation, and severe OCD symptoms.

For Card VIII, Sophie said, “It’s a saber-tooth tiger without a tail (D1) and it’s holding a white hand (D4) that is leading the tiger into darkness. One of the tiger’s feet is stuck in the colorful land (D7) like it can’t leave there. It’s being protected by the colorful land.”

During the EI, Sophie and I initially explored her experience of the Rorschach and her interest in various responses. She liked this test more than others and appreciated being able to use her creativity. The conversation turned to Card VIII, and I read her the saber-tooth tiger response. She beamed with pride as her response was read back. I followed Handler’s guidance to see what more could be learned about the tiger, and I held curiosity about the dark figure.

**Raja:** Can you make up a story about the saber-tooth tiger?

**Sophie:** The saber-tooth tiger is from a long time ago. It’s lost and roaming around and wanders off a path into rocks where there are less warm and soft things, and more cracks and bumps and cliffs. It steps on one thing and it breaks off, and a dark force tries to drag him down the mountain.

We shared a moment of mutual enjoyment about both her story and creativity, while also acknowledging to each other that the tiger was in a dangerous situation.

**Raja:** Can you tell the story from the point of view of the dark force? (I was curious to see what could be learned about the dark figure.)

**Sophie:** The dark figure is trying to get people to follow its bad dark energy. The saber tooth is lost in the world and doesn’t know which path to choose.

**Raja:** Does the dark energy have a name? (I was still curious about the dark figure.)

**Sophie:** I don’t know, but the tiger’s foot is fused onto the good side.

After further enjoying her creativity, I asked, “Do you think this story is connected to you and your life?”

Sophie smiled in recognition, and explained how the dark figure was her brain and how her dark thoughts (obsessions) took over, just like what happened in the story. I provided support, validating how difficult that must be for her, and she shared more about her anxiety and OCD symptoms.



This was already a good conversation, with Sophie feeling deeply seen and validated as my understanding of her grew. Sophie's test results indicated she felt hopeless, which informed my decision making for the next step.

One strategy could have been to have Sophie tell the story with an ending that was more positive, using a prompt such as, "Can you tell the story so there is an ending where the tiger feels ok and safe?" This may have revealed something about what Sophie finds helpful when experiencing difficult emotions. However, I thought this may have been too difficult for her, and I offered Sophie a story to see if that would instill some hope. Building on client's stories can be a powerful strategy in an EI or Assessment Intervention Session (AIS), and the assessor tells a story that captures a client's underlying wish or need (Fantini et al., 2022). Our conversation continued.

**Raja:** Can I tell you a story about the saber-tooth tiger?

**Sophie:** Please! (She was excited and curious to hear what I was going to say.)

**Raja:** Once upon a time, there was a tiger that was walking on a path when a dark figure tried to grab him. He tried to pull him into the darkness, but the tiger was still partially in the light. He felt stuck and trapped, so he called out for help. Next thing the tiger knew, his mom, dad, family, and friends all came out of the light and grabbed hold of him and pulled him back into the light. They hugged because they were happy to have the tiger back. The tiger was also happy and felt some hope that things might be ok.

Our appointment was almost complete as my story ended, and Sophie smiled throughout the telling and minutes later seemed to skip out of the office. Sophie's mental health issues were significant, and this intervention did not lead to a dramatic change in her level of hopefulness. However, for a moment, she felt more positive emotions while holding a bit of hope and feeling deeply connected to me. During TAs, we strive to become secure auxiliary attachment figures for our clients (Fantini et al. 2022). Being an attachment figure includes emotional validation and support, but also includes mutual enjoyment and delight, which is what occurred during this conversation.

Having clients create a story for one, or more, Rorschach responses can be a useful way of deepening a case conceptualization. As illustrated in Sophie's case, I really could see how perilous the world felt to her, and during the Summary/Discussion Session with her parents, sharing this language enhanced their understanding of her as well. The process is fairly simple, and assessors can follow typical story-telling test directions, and then explore both what it was like to make a story and what the client thinks of their story. At times, you can have clients play with their stories and make changes or modifications to see what more can be learned.

### ► *EIs with Client Rorschach Responses – Working with a Theme Across Responses*

It is often helpful to look across Rorschach responses for themes that are noteworthy. These may be related to location, such as the client who has mostly Whole (W) responses and works hard to make sense of all parts of the blot. We hypothesize that this client moves through the world obsessively, trying to make sure all is accounted for. Other times, it may be about the presence or absence of certain content. For example, some clients see many humans and other clients see none. Exploration of such themes can reveal something important about a client.

A third potential theme may come from the presence of multiple Special Scores, as was the case with 60-year-old Marcus, who was referred for a TA by his individual therapist. Marcus was an ambivalent participant, who was motivated to understand himself on an intellectual level, while he struggled to identify and express feelings. Dismissing defenses rose quickly for even relatively neutral questions, such as, "How did that make you feel?" His replies would typically dismiss his feelings and shifted the focus to other topics, such as, "Well I felt bad, but that's not as important as..."

Marcus was in frequent conflict with his wife of 20 years and was longing to connect with a coworker with whom he had developed a close connection. During the TA, discussions about his relationship with his wife and co-worker were difficult for Marcus, as he did not believe he was being overly affected by these relationship challenges.

Marcus had several Rorschach responses that seemed to capture the fighting occurring in these relationships, with many Aggressive Content (AgC) and Aggressive Movement (AGM) scores for responses such as Card II “Two people fighting” and Card IX “Two witches in battle.” Perhaps capturing his recent experiences, Marcus saw “two animals (D1) tugging on something in the middle” for Card VIII.

Not all EIs lead to “aha” moments or conversations that are deeply emotional, and this was the case with Marcus. When I observed with him that he had many responses that involved fighting and angry humans, he said, “I’m sure most people see that kind of thing.” He did not think the Rorschach was capturing his relationship experiences and dilemma. Based on his other test results, I knew he had hearty defenses and felt comfortable challenging him, and responded, “Actually, most people don’t see as many angry people as you did. I wonder if you’d be willing to explore what this might mean for you?” He accepted my comment and I validated that it might be difficult, and eventually asked, “Do you think it’s possible that what’s occurring for you, your wife, and coworker is leaving you felt caught in the middle?” Marcus briefly accepted this possibility and stated, “Maybe...but not really. I truly love my wife and would never leave her.” At this point in the TA, I did not seem helpful to push him further to explore his relationships and feelings. The session ended, and I better understood both the dilemma of his situation, as he did not want to hurt his wife, and the shame he felt about talking about his feelings and needs.

Sometimes an EI is about bringing down Level 3 information so that it can be discussed in future sessions. For Marcus, this took a few more conversations, but we eventually got to a place where he was willing to consider that these relationship experiences were part of what was troubling him. His therapist was present during the Summary/Discussion Session, heard about Marcus’ test results and my ideas, and held them in mind, to inform their work. Approximately six months after the TA ended, the therapist shared that the psychotherapy had been enhanced by the TA and Marcus ended his marriage, which was beneficial for him and his wife.

When considering themes across responses, the break between the standard administration and the EI is particularly useful. Marcus had many aggressive charac-

ters in his Rorschach responses, so the theme quickly revealed itself during the response phase. This is not typically the case and assessors are encouraged to review responses looking for commonalities, knowing that there may only be two to three responses that share something work exploring.

### ► *EIs with Client Rorschach Responses – Working with a Sequence of Responses*

One final idea to explore Rorschach responses is to consider the sequence of a client’s responses and what that reveals about them. This technique requires more advanced Rorschach skills, as the assessor needs to understand how a response will be coded and interpreted, and then how the sequence of codes captures something about the client. The following brief example using only codes may illustrate this idea. For card II, a client with a history of trauma had a first response with Blood (Bl) and Morbid (MOR) coding and their next response included a percept coded Vague (Vg). We might wonder if we are capturing how that the client’s trauma symptoms are managed through avoidance or a dissociative experience.

As a full example, Sonya was a 28-year-old female who lived with her parents because she struggled to maintain employment despite holding a graduate degree. Early in her TA, cognitive testing revealed a significant split between her verbal and non-verbal abilities, and she had characteristics associated with a Non-Verbal Learning Disorder (NVLD). Despite her accomplishments, school was never easy for Sonya, and she did best when information was provided in a verbal format, ideally one on one. Prior to the TA, she had been diagnosed with ADHD and assumed her job difficulties resulted from inattention. She did not understand, or have language for, how her neurodiversity made some tasks difficult. Further, she grew up in a home with parents who held high expectations for academic and occupational success. Sonya’s father “pushed” her to achieve, and while he could provide support, he also would get frustrated with her and when upset, often threatened to kick her out of the house.

Sonya entered the Rorschach EI ready for a more meaningful conversation. She had been transparent throughout the TA and made comments such as, “If I’m not honest, what’s the point?” During previous

sessions she felt safe crying and sharing her feelings about her struggles and what it was like growing up in a home with a dad who could be a tyrant.

For Card IV of the Rorschach, Sonya's first response was "A person doing a handstand. Like a gymnast" (D7). Next, using the whole blot, she saw "Death with a black cloak coming towards me." Her last response was "Water and these could be the forest and the reflection of the trees in the water. It's a peaceful scene." (< W).

I saw a connection between her three responses, her experiences with her father, and what I knew about how she psychologically managed her internal world. Doing a handstand is performing, like a gymnast or circus performer, capturing the pressure she felt in her family to "perform" and live the "correct type of life—good job, wife, and mother." The pressure can feel like "death," a crushing feeling of sadness. Her only reprieve from the pressure and overwhelming "death" was to retreat into isolation, in this case, being with nature so she can be alone. This understanding of Sonya, and thus my ability to mentalize her, was informed by our previous conversations. She had described the pressure she felt at home, and I also knew she enjoyed being outdoors, on her own.

During EIs our exploratory, collaborative stance can lead to bottom-up learning, where clients observe parts of themselves, and we co-author a more compassionate narrative, reducing shame, and opening epistemic trust. Sonya had already observed parts of herself in some of her Rorschach responses. She had responses involving humans who were back-to-back, moving away from each other or fighting, and this resonated with her, capturing the conflicts that occurred with her parents. We discussed these experiences, and she marveled that the Rorschach could capture these parts of her life.

Sonya and I turned our attention to Card IV and rather than scaffolding her towards how these responses were connected, a top-down approach was used, while inviting her input. I shared with Sonya that we think about card IV as potentially telling us something about a person's relationship with their father or authority figures. I then explained how the sequence of responses captured something important for her.

**Raja:** We've been talking a lot about how much pressure you have felt from your dad to do well.

**Sonya:** Yes. If you don't have the right job, marriage, and children, you aren't living life right.

**Raja:** (Handing her Card IV) This card can sometimes tell us something about a person's relationship with their father. You first said a person doing a handstand. That sounds like performing to me.

**Sonya:** Yes. Like a gymnast has to do.

**Raja:** Let's hold the idea that this response captures you, as you often feel you have to perform for your dad and live the correct type of life. (Sonya nodded in agreement). Next you said death coming towards you. That's a powerful image and would produce some strong feelings.

**Sonya:** I do often feel overwhelmed by the pressure I feel from my dad. It feels like the fear of death. Almost like a panic and I can't move.

Sonya and I spent some time talking about the power of this image, her experiences with her dad, and what it has been like for her to feel panicked. I provided support and then drew her attention to her last response for Card IV.

**Raja:** Let's consider the last response, which seems like a pleasant scene. It feels like the peace of being alone in nature. (Sonya nodded in affirmation). When I string these together, I hear you feel immense pressure to perform to the point where it feels like death and panic, and the feelings are so strong the only way to manage is to escape into a peaceful place by yourself. What do you think of this idea?

At this point Sonya was crying again, as this understanding through the Rorschach sequence of responses deeply resonated with her. Some shame arose about how she managed, through isolation and "moving away" from her parents. They had routinely scolded her for these behaviors, often encouraging her to use them for problem solving and then chastising her for her choices. I helped reduce some of that shame by validating her need to protect herself.

This strategy for reviewing Rorschach responses is more difficult and, at the moment, it is sometimes hard to see how responses may be connected. However, continued practice with both the Rorschach and conducting EIs can help assessors feel comfortable employing these ideas.



## Summary

All EIs require an interpersonal stance of relational curiosity, as client and assessor explore whatever the test evoked that is now in the room. Sometimes these conversations are quickly impactful, emotionally deep, and meaningful for the client. More often, they are not. The conversation unearths some new validating understanding for the client and the client's sense of security grows, even ever so slightly. TA assessors should expect both types of conversations, but more of the latter, knowing that through such small conversations and understandings, the client's narrative can shift, and shame can decrease.

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# Creative Rorschach Assessment: The Work of Constance Fischer and Leonard Handler



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Before the term Therapeutic Assessment (TA) was coined, pioneers in the assessment field were practicing many of its tenets. Constance Fischer and Leonard Handler conducted collaborative psychological assessments for years before they shared with colleagues how helpful their practices could be to clients. Both Handler and Fischer stepped out of the role of a "completely objective" assessor and brought clients into the assessment process (Finn, 2007). Through publications and presentations their ideas spread, which included creative ways to use the Rorschach to build a case conceptualization that included idiographic data, while also helping clients build insight.

Constance Fischer began using a therapeutic and collaborative approach to psychological testing in the 1970s. She wanted her assessments to be tailored to the client and fit their experiences, in a time when psychologists rarely provided feedback (Finn et al., 2012; Fischer, 1992). She made sure every aspect of a client's experience was therapeutic, down to her office furniture. She ensured her chairs were stable and comfortable by tightening screws once a month (Goicoechea, 2022). Her therapeutic approach extended beyond her office and permeated throughout her life. She wanted to instill these values in future generations of psychologists through her teaching and research (Fischer, 1992).

Leonard Handler was known as an empathic and creative psychologist (Finn & Smith, 2016). His creativity was demonstrated in his application of psychological assessments in ways that went against the status quo of the time (Mutchnick & Handler, 2002; Smith et al., 2010). His innovative use of projective drawings and storytelling helped form the practices of TA (Finn & Smith, 2016). Handler and Fischer paved the way for those to follow, leading to a greater understanding and appreciation for the Rorschach. We hope to offer a glimpse into some of their ideas and work with the Rorschach, to illuminate how their devotion to client-centered care set the stage for TA.

### Constance Fischer

Constance Fischer's valued improving her client's self-understanding by connecting clinical performance during an assessment with lived experiences, and she believed such moments to be primary assessment data (Fischer, 2000). She often accomplished this through her novel use of tests. This involved collaborative discussions with the client, such as exploring times a client struggled during testing, noticing unconventional approaches to a test, and being sensitive to the clients' reactions to the testing. Fischer would note the client's struggles as they arose within the assessment context, and frequently asked for feedback throughout the process (Fischer, 1994, 2017). Noteworthy insights were gained through instances where small details were observed — postures conveying discomfort, comments and behaviors that seemed repetitive, or areas of vagueness or avoidance, and these insights were respectfully addressed in the moment and considered within the context of the client's lived experience. She

then used these *discoveries* to help clients create meaning and integrate newfound insights into their unique life challenges (Fischer, 1994, 2017).

Fischer invited client input and collaboration during and immediately following a Rorschach administration. She emphasized the importance of the client's understanding and tailored insights gained through inquiries and by discussing her “early hunches,” (Fischer, 2012, p. 101). Her unique approach involved dedicated collaboration, which often led to refined initial interpretations; be it expanding on them or entirely disregarding them. Her overarching goal, and what she successfully accomplished with clients, was individualizing Rorschach results in a way that made them personally useful.

In session, Fischer might initially discuss and review self-report personality assessment results to highlight significant findings before administering the Rorschach (Fischer, 2012). Noting emergent elements in both the response and inquiry phases of the Rorschach, Fischer would explore that data with the client in subsequent sessions, incorporating it with existing information and client input from discoveries made in their earlier work. This approach was used with Jim, whose assessment questions focused on relationship difficulties, and feeling too guarded and insecure in certain interpersonal situations. During his collaborative assessment, Fischer and Jim examined the importance of defined gender roles, his underlying need for validation, and his desire for increased pleasantness through experiencing emotions, all of which were indicated in Jim's Rorschach responses and results. Integrating test results with Jim's input brought forth a new, enlightened understanding of himself. This understanding extended beyond a singular focus on test results to include the events and interactions in his life, allowing his questions to be answered using his contributions as an integral part of the collaborative process (Finn et al., 2012).

### Leonard Handler

Leonard Handler also used the Rorschach in creative ways during his collaborative assessment work, and particularly the use of the consensus Rorschach technique, which seeks compromise through shared perspective-taking (Blanchard, 1968). Handler used the consensus Rorschach to gain more insight into inter-

personal dynamics between couples, or within groups, placing less emphasis on personality (Handler, 1997). For example, he described the assessment of a couple, who first completed individually administered Rorschachs, followed by a joint administration during which the partners were instructed to come to a consensus on what they saw in the inkblot. By examining the individual and joint responses, problematic interpersonal dynamics in a relationship were revealed and further explored. Through this process, Handler noted whether one partner's responses consistently dominated the others, if the couple could create new themes in their joint responses, and if the couple combined or reinforced their previous answers. Both the couple's individual and joint sets of responses, together with relevant test-taking behaviors, were used to provide insights into their interpersonal dynamics.

In his work with Mr. and Mrs. Wilson, Handler began by providing a deep, card-by-card explanation of each partner's Rorschach, describing individual themes and challenges (Handler, 1997). One noteworthy example included the responses of both spouses to the red color on Card II. Mr. Wilson reacted with increased feelings of power, whereas his wife experienced shock and discomfort. These differences were discussed in connection with the couple's history of guardedness in sharing and expressing emotion with each other. During the exploration of the Wilson's collaborative responses, Handler uncovered issues of control and negative emotion, but also the couple's ability to compromise and enjoy moments of playfulness. He made suggestions for their future therapeutic work, based on their reactions to each other during the consensus Rorschach, and suggested they focus on noticing and increasing positive interactions in their relationship.

Handler also used the *testing of limits* procedure (Klopper et al., 1954) in his assessments. One use of this technique involved an initial and repeat administration of the Rorschach, with the second administration including a specific objective for the client based on findings from the first (Handler, 1999). Such objectives might involve encouraging a client to consider whole or specific parts of the inkblot, had they been unable, or unwilling, to do so during the first administration. Other times he might encourage a client to take a more light-hearted approach to the second administration, had the first one seemed overly rigid. Occasionally, the new directive resulted in not only playfulness, but increased length, detail, and more revealing responses.

Handler's creative approaches may have been born from his belief in the therapeutic value of storytelling (Finn et al., 2012). Children and adults alike can achieve dynamic change through the exploration of their stories during an assessment, often resulting in a greater understanding of their inner world. Handler combined storytelling with the testing of limits procedure to gain more detail and insight from client Rorschach responses. For instance, when a client identified a mushroom in one of the inkblots, Handler asked the client, "What might the mushroom say, were it able to speak?" (Handler, 2009). This technique allowed for a deeper exploration of responses and often the important subliminal messages behind them.

The contributions of Constance Fischer and Leonard Handler to TA have been celebrated by multiple generations of TA practitioners. Both Fischer and Handler's creative approaches with the Rorschach highlight a passion and dedication to connecting with clients, highlighting a unique way of performing assessments. They embodied the spirit of TA in their work and lives, providing their clients with a space for growth and healing. Understanding was accomplished by collaboration, a willingness to adapt the test to the clients' needs, and perhaps through the use of a few notable touchstone images in years' worth of "talking mushrooms."

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### Author Bio

Anna is a doctoral candidate at Augsburg University's clinical psychology program. She is currently a practicum student at Tangletown Psychotherapy and Assessment Center in Minneapolis. Anna's clinical research project focuses on therapeutic use of the Rorschach Inkblot Test, and she plans to practice in the field of therapeutic assessment after completing her studies.

Holly Blades is a doctoral student at Augsburg University working toward her Psy.D. in clinical psychology. Her training experiences have included psychological assessment in outpatient settings and therapy in a prison. She enjoys utilizing projective assessments and was introduced to TA during her first practicum experience. Holly hopes to have a fulfilling career as a clinical psychologist, focusing on both therapy and psychological assessment.

# Remembering Gay Deitrich-MacLean (1955-2024)

*Steve Finn and Peter Jackson*



It is with heavy hearts that we acknowledge the passing of our dear friend and colleague, Dr. Gay Deitrich-MacLean, from a hiking accident on July 10, 2024. Gay received her Ph.D. in 1990 from Vanderbilt University. She was an early adopter of Therapeutic Assessment, participating in the TA Immersion Course in 2011 and in many advanced TA trainings after that. Her warmth and empathy touched countless lives in her private practice and through her extensive work with organizations like the Cathedral Home for Children in Laramie, Wyoming, and the Wyoming Psychological Association. A tireless advocate for children and families, Gay's expertise spanned a wide range of issues, from learning difficulties and trauma to child abuse and parenting. Her legacy as a psychologist was further underscored by her recognition as Psychologist of the Year by the Wyoming Psychological Association in 2010, a testament to her unwavering commitment to her profession.

Gay's journey eventually led her to Madison, Wisconsin in 2015, where she quickly became an integral part of the community, sharing her vast expertise and boundless compassion. She co-founded Shorewood

Psychology with her colleagues Peter Jackson and Elizabeth Winston, a thriving practice that quickly became known for its welcoming atmosphere and transformative care. Gay's vibrant presence and wealth of knowledge made her a sought-after mentor and guide, offering invaluable support and wisdom to both her clients and colleagues.

In 2021, Gay retired from professional practice to spend more time traveling, gardening, hiking and reading, and be with her husband, Bill, and her two sons, her daughter-in-law and grandchildren. Still, she remained active on the TA list serve, sharing insights from her years of doing assessment with children and families. The TAI faculty particularly remember Gay's presence in trainings for her openness, curiosity, and good cheer. We will all miss her deeply.

# Spotlight on Recent TA Certifications



*Andrea Maddalena*

Andrea Maddalena recently completed his certification in TA with adults. He explains:

I was introduced to TA through a course by the European Center for Therapeutic Assessment at Catholica University for Milan for the Veneto Family Therapy Institute. From the beginning, I was drawn to TA's integrated and scientific approach. After completing the course, I quickly started the process to obtain certification, which turned out to be a long and challenging journey.

Throughout the certification process, I was fortunate to receive supervision from many experts: Camillo Caputo, Stephen Finn, Lionel Chudzik, and finally Filippo Aschieri. Each contributed to my training. This diversity of mentorship allowed me to absorb different perspectives and styles within Therapeutic Assessment (TA), which I was able to adapt to some challenging clients.

My primary goal in getting certified was to promote this highly effective method in my local area, where TA is not widely known. I aim to raise awareness and help others benefit from TA. I continue to study and learn other things also, like how to work with young adults with *hikikomori* (shut in syndrome). Also, I am now pursuing training in psychedelic-assisted therapy in Switzerland, and I hope to integrate aspects of what I learned through TA into this new field of work.

I believe strongly in the value of not limiting oneself to a single role or specialty. Besides my focus on therapeutic practices, I have explored a range of other interests, including blockchain technology, the world of fungi, electronic music, and research on swarm intelligence in both animals and computers. This multidisciplinary approach keeps my perspectives constantly evolving, professionally and personally. Also, I'm a member and volunteer at a local cultural center, helping to program events and speeches with the European voluntary service.



*Dr. Carlo Vetere*

Carlo Vetere completed his certification in Therapeutic Assessment with adults in 2024 under the mentorship of Stephen Finn. His journey with Therapeutic Assessment began in 2014 when he attended a course organized by the European Center for Therapeutic Assessment (ECTA) in Milan, led by Filippo Aschieri, Camillo Caputo, and Francesca Fantini. Carlo's interest in the field deepened after undergoing a personal Therapeutic Assessment with Cristina Augello, an experience that profoundly transformed both his personal and professional life. Over the past decade, Carlo has dedicated himself to integrating Therapeutic Assessment with his training and practice in family therapy, later introducing collaborative assessment techniques in his work with adolescents in long-term residential treatment centers.

On a personal note, Carlo has a partner and three daughters. His eldest, 19 years old, was adopted from Ethiopia, and his younger daughters are 8 and 5 years old. Until the age of 25, Carlo played soccer for various amateur teams at the regional level, which helped support him through his studies.

Carlo graduated in Psychology from the University of Padua in 1996. He later specialized in Family Therapy under the guidance of Dr. Rodolfo de Bernart and Aldo Mattucci, whom he considers his professional "father." Literature, especially poetry, has always been a passion for Carlo. In 2009, he published a novel combining narrative and poetry, written during his high school years with his pen pal Giuseppe Pantano, under the guidance of poet Paolo Ruffilli. In his free time, Carlo enjoys watching NBA games and other sports.





## Recent Publications

- ▶ Armstrong, K., Lanca, M., Sheer, J.B., & Kovacs, K. (2024). Neuropsychological feedback as a therapeutic intervention. *Neurologic Clinics*, 42(4), 919-930.
- ▶ Corcoran, S. (2024). Beyond the bell curve. *Journal of Psychologists and Counsellors in Schools*, 34(2) 212-222.
- ▶ Hovmand, O. R., Reinholt, N., Dichmann, K., Borisov, R., Hjorthøj, C., & Arnfred, S. (2024). Results of a randomized controlled superiority trial of the effect of modified collaborative assessment vs. standard assessment on patients' readiness for psychotherapy (CO-ASSM-RCT). *Trials*, 25(716). DOI: 10.1186/s13063-024-08517-8.
- ▶ Hovmand, O. R., Rejaye Gryesten, J., Storebø, O. J., Reinholt, N., & Arnfred, S. M. (2024). Collaborative assessment as an intervention in the treatment of mental illness: a systematic review. *Nordic Journal of Psychiatry*, 78(6), 457-464. DOI: 10.1080/08039488.2024.2357565
- ▶ Spada, M. S., Scotti, P., Arcaini, F., Grantalia-no, S., Marchetti, F., Panzeri, P., Saccogna, A., Aschieri, F. (2024). L'assessment collaborativo in tutela minori: un modello per favorire una valutazione partecipa e relazionale in pazienti con trauma complesso alle prese con i percorsi di giustizia [Collaborative assessment in child protection: A model to promote participation and relationship in patients with complex trauma facing judicial processes]. *Psicologia della Salute [Health Psychology]*, 3, DOI: 10.3280/PDS2024-003004
- ▶ Sun, Q., Wang, Z., Wang, M., & Finn, S. E. (2024). Ultra-brief Therapeutic Assessment with three Chinese adult clients: A case-based time series pilot study. *Journal of Personality Assessment*. DOI: 10.1080/00223891.2024.2422432



# Upcoming TA Trainings

## ▶ January 10-online

**Title:** A Brief and Practical Introduction to Therapeutic Assessment (3 CE Credits)

**Presenter:** Raja M. David

**Sponsor:** Minnesota Center for Collaborative/Therapeutic Assessment

**Language:** English

**Schedule:** January 10, 9:45 AM – 1:00 PM CST

**Information:** [www.mnccta.com/training-consultation](http://www.mnccta.com/training-consultation)

## ▶ January 16-online

**Title:** Using the Consensus Rorschach in Ultra-Brief Therapeutic Assessment with Couples (3 CE Credits)

**Presenters:** Stephen E. Finn, Filippo Aschieri, & Noriko Nakamura

**Sponsor:** Therapeutic Assessment Institute (TAI) & the University of Denver

**Language:** English

**Schedule:** January 15, 9:30 AM – 11:30 AM CST

**Information:** [www.therapeuticassessment.com](http://www.therapeuticassessment.com)

## ▶ February 20-22, 2025-Milan, Italy

**Title:** Il riconsolidamento della memoria in psicoterapia e nell'assessment psicologico [Memory Reconsolidation in Psychotherapy and Psychological Assessment] (17 ECM credits)

**Presenters:** Stephen E. Finn and Camillo Caputo

**Sponsor:** European Center for Therapeutic Assessment, Catholic University of the Sacred Heart, Milan, Italy and Therapeutic Assessment Institute

**Language:** Italian

**Schedule:** February 20 (14:00-18:00), February 21 (9:00-18:00), & February 22 (9:30-17:00) (Milan time)

**Information:** <https://inbreve.unicatt.it/sws-riconsolidamento-della-memoria>

## ▶ March 26, 2025-Denver, CO, In-Person (Society for Personality Assessment Annual Meeting)

**Title:** Greater than the Sum of the Parts: Thinking Systemically in TA Family Sessions (3.5 CEs)

**Presenter:** Krista Brittain

**Sponsor:** Society for Personality Assessment

**Language:** English

**Schedule:** March 26, 3:30 PM - 5:00 PM (MT)

**Information:** <https://www.personality.org/2025-spa-convention>



# Upcoming TA Trainings: Continued

▶ **March 26, 2025-Denver, CO, In-Person (Society for Personality Assessment Annual Meeting)**

**Title: The Early Memories Procedure (EMP) from an Attachment Perspective: How to Use the EMP to Work with Attachment Defenses, Promote Self-Compassion, and Spark Therapeutic Change (3.5 CEs)**

**Presenters:** Serena Messina, Diane Santas, & Filippo Aschieri

**Sponsor:** Society for Personality Assessment

**Language:** English

**Schedule:** March 27, 8:00 AM - 11:45 AM (MT)

**Information:** <https://www.personality.org/2025-spa-convention>

▶ **March 27, 2025-Denver, CO, In-Person (Society for Personality Assessment Annual Meeting)**

**Title: A Brief Introduction to Therapeutic Assessment as Illustrated through Case Examples (2 CEs)**

**Presenters:** Raja M. David & Pamela Schaber

**Sponsor:** Society for Personality Assessment

**Language:** English

**Schedule:** March 27, 9:30 AM - 11:45 AM (MT)

**Information:** <https://www.personality.org/2025-spa-convention>

▶ **March 27, 2025-Denver, CO, In-Person & Virtual (Society for Personality Assessment Annual Meeting)**

**Title: Using Self-Report Personality Measures in TA: Three Experts Share their Wisdom Roundtable Discussion (1.5 CEs)**

**Presenters:** Raja M. David, Stephen E. Finn, Seth Grossman, & Chris Hopwood

**Sponsor:** Society for Personality Assessment

**Language:** English

**Schedule:** March 27, 3:00PM – 4:30PM (MT)

**Information:** <https://www.personality.org/2025-spa-convention>

▶ **March 29, 2025-Denver, CO, In-Person (Society for Personality Assessment Annual Meeting)**

**Title: Everything Graduate Students and Postdocs Need to Know about Therapeutic Assessment Roundtable Discussion (1.5 CEs)**

**Presenters:** Raja M. David, Stephen E. Finn, Alea Holman, & Neece Lane-Fleurinord

**Sponsor:** Society for Personality Assessment

**Language:** English

**Schedule:** March 29, 1:30PM – 3:00PM (MT)

**Information:** <https://www.personality.org/2025-spa-convention>





# Upcoming TA Trainings: Continued

## ► March 30, 2025-Denver, CO, In-Person (Society for Personality Assessment Annual Meeting)

**Title:** Therapeutic Assessment with Children: A Brief Intervention to Address the Current Mental Health Crisis in Children and Families (7 CEs)

**Presenters:** Stephen E. Finn & Dale Rudin

**Sponsor:** Society for Personality Assessment

**Language:** English

**Schedule:** March 30, 8:00 AM - 4:45 PM (MT)

**Information:** <https://www.personality.org/2025-spa-convention>

## ► May 3-5, 2025-Tokyo, Japan

**Title:** Clinical Use of the MMPI-3: Basics, Interpretation, Therapeutic Use, and Integration with Rorschach

**Presenters:** Stephen E. Finn and Noriko Nakamura

**Sponsor:** Asian-Pacific Center for Therapeutic Assessment and Therapeutic Assessment Institute

**Language:** English and Japanese

**Schedule:** May 3 (9:30-17:30), May 4 (10:00-17:00), & May 5 (10:00-17:00) (Japanese time)

**Information:** [www.asiancta.com](http://www.asiancta.com)

## ► May 8, 2025-Portland, OR, In-Person (2nd Annual Rorschach Performance Assessment System [R-PAS] Multimethod Assessment Conference)

**Title:** Interpreting R-PAS in Collaborative Assessment of Children and Adolescents (3 CEs)

**Presenters:** Jessica Lipkind & Leighko Toyoshima Yap

**Sponsor:** R-PAS

**Language:** English

**Schedule:** May 8, 1:15PM – 4:30PM (PT)

**Information:** <https://sites.google.com/r-pas.org/conference-2025/home?authuser=0>

## ► June 12-14, 2025; Salt Lake City, Utah-In-Person & Virtual

**Title:** 4th International Collaborative/Therapeutic Assessment Conference

**Presenters:** tbd

**Sponsor:** Society for Personality Assessment, University of Denver, Collaborative Assessment Association of the Bay Area, Colorado Assessment Society, & Therapeutic Assessment Institute

**Language:** English with some offerings translated

**Schedule:** June 12-14

**Information:** [www.therapeuticassessment.com](http://www.therapeuticassessment.com)



# Upcoming Psychological Test Trainings

## ▶ Winter-Virtual

**Title: Level 1 Training on the Crisi Wartegg System (CWS): Introduction, Administration, and Scoring** (16 CE Credits)

**Presenter:** Alessandro Crisi

**Sponsors:** Southern California Center for Collaborative Assessment & Istituto Italiano Wartegg

**Language:** English

**Schedule:** January 10, 24, February 7, 21, & March 7 (9:00 AM – 12:30 PM Central Time Zone)

**Information:** <http://www.sc-cca.com/CWS-Trainings.html>

## ▶ Winter-Virtual

**Title: Level 2 Training on the Crisi Wartegg System (CWS): Diagnostic Meaning and Basic Interpretation** (16 CE Credits)

**Presenter:** Jacob A. Palm

**Sponsors:** Southern California Center for Collaborative Assessment & Istituto Italiano Wartegg

**Language:** English

**Schedule:** January 10, 24, February 7, 21, & March 7 (9:00 AM – 12:30 PM Central Time Zone)

**Information:** <http://www.sc-cca.com/CWS-Trainings.html>

## ▶ Winter-Virtual

**Title: Level 3 Training on the Crisi Wartegg System (CWS): Advanced Training** (16 CE Credits)

**Presenter:** Jacob A. Palm

**Sponsors:** Southern California Center for Collaborative Assessment & Istituto Italiano Wartegg

**Language:** English

**Schedule:** January 17, 31, February 14, 28, & March 14 (9:00 AM – 12:30 PM Central Time Zone)

**Information:** <http://www.sc-cca.com/CWS-Trainings.html>

## ▶ January-Virtual

**Title: Adult Attachment Projective (AAP) Coding and Classification Training** (30 CE)

**Presenter:** Julie Wargo Aikins

**Sponsor:** Alliant University

**Language:** English

**Schedule:** Various dates & times January 10-26.

**Information:** <https://www.attachmentprojective.com/training-consultation>

## ▶ May-In-person

**Title: 2nd Annual R-PAS in Multimethod Assessment Conference**

**Presenters:** TBD

**Sponsor:** R-PAS

**Language:** English

**Schedule:** May 8-10

**Information:** [r-pas.org/#Trainings](http://r-pas.org/#Trainings)