WHAT IS THE HISTORY OF COLLABORATIVE/ THERAPEUTIC ASSESSMENT?

Until relatively recently, psychological testing has been thought of exclusively by most mental health professionals as a way to diagnose psychological disorders and plan treatment interventions. Finn and Tonsager (1997) described the goals of this traditional “information gathering model” of assessment as

a way to facilitate communication between professionals and to help make decisions about clients. By describing clients in terms of already existing categories and dimensions (e.g., schizophrenic, IQ of 100, 2–7 code type on the MMPI-2), assessors hope to convey a great deal of information about clients in an efficient manner. Also, such descriptions are the basis for important decisions, such as whether clients are mentally competent or dangerous, whether they should receive one treatment or another, be granted custody of a child, hired for
a certain job, or be given publicly funded special education services. Given the inherent uncertainty involved in such weighty decisions, clinicians and researchers have long emphasized the statistical reliability and validity of their assessment instruments; these characteristics allow one to make nomothetic comparisons (i.e., generalizable across persons and situations and used by a number of clinicians) between a particular client and similar clients who have been treated in the past or studied in research. (p. 378)

However, as early as the middle of the 20th century, some American psychologists were experimenting with ways of using psychological assessment to promote therapeutic change, by engaging clients in discussing their responses to psychological tests. For example, Harrower (1956) devised a method she called “projective counseling,” in which clients discussed their own Rorschach percepts and projective drawings with their assessor/therapists to help them “come to grips, sometimes surprisingly quickly, with some of [their] problems” (p. 86). Similarly, Jacques (1945), Bettelheim (1947), Bellak, Pasquarelli, and Braverman (1949), and Luborsky (1953) all advocated having clients self-interpret their stories to the Thematic Apperception Test (TAT; Murray, 1943) as a way to bypass “resistance” and promote insight.

In recent years, these early efforts have been superseded by various highly developed models of psychological assessment, which we are broadly calling Collaborative/Therapeutic Assessment. Let us trace some of the major models encompassed by this term.

**Fischer's Collaborative, Individualized Assessment**

Constance Fischer began in the 1970s (e.g., 1970, 1971, 1972, 1979) articulating a coherent model of psychological assessment grounded in phenomenological psychology, which she at times called collaborative psychological assessment (1978), individualized psychological assessment (1979, 1985/1994), or collaborative, individualized psychological assessment (2000). At that time, Fischer regarded collaborating with clients as a major means of individualizing the assessment process, so the descriptions and suggestions were about this person in his or her life context. She regarded collaboration
What Is the History of Collaborative/Therapeutic Assessment?

as therapeutic in process; she also regarded much of standardized testing practice as objectifying the test taker.

Fischer (2000) defined the major principles of her approach as:

1. **Collaborate**: The assessor and client “co-labor to reach useful understandings” (p. 3) throughout the assessment, which are constantly revised in a hermeneutic, interpersonal process. “The client is engaged as an active agent” (p. 3) in discussing the purposes of the assessment, the meanings of her or his own test responses, useful next steps, and the written feedback that results at the end of the assessment.

2. **Contextualize**: Clients are not seen as “an assemblage of traits or even as set patterns of dynamics” (p. 4), but rather as persons “in lively flux” (p. 4). Their problems are explored in the context of their lived worlds, “from which they extend, grow, and change” (p. 4).

3. **Intervene**: The goal is “not just to describe or classify the person’s present state but to identify personally viable options to problematic comportment” (p. 5). Although Fischer clearly differentiated between assessment and psychotherapy in her early writings, she always was clear that a goal of assessment was to assist clients in discovering new ways of thinking and being.

4. **Describe**: From the beginning, Fischer eschewed the use of “constructs” such as traits or defenses to explain clients’ behavior and advocated the use of thick descriptions in written reports, using clients’ own words whenever possible, to help assessors and the readers find their way “into clients’ worlds” (p. 6).

5. **Respect complexity, holism, and ambiguity**: Assessors should “respect the complex interrelations of our lives; they do not reduce lives to a variable or to any system of explanation. The goal is understanding rather than explanation” (p. 6).

Fischer hoped that readers of her assessment reports would recognize the clients as described, but would come to see them in new ways. She hoped to capture the many contradictions that each one of us embodies, rather than oversimplifying our complex ways of being.
Collaborative/Therapeutic Assessment

Fischer's work was important in providing an eloquent and coherent exposition of a new paradigm of psychological assessment. In addition, she also pioneered many innovative practices that are now widely used within the Collaborative/Therapeutic Assessment (C/TA) community. Finn (2007) and others mined Fischer's writings and adopted such techniques as (1) writing psychological assessment reports in first person, in language that is easily understood, and then sharing them with clients; (2) asking clients for comments at the end of an assessment, which are then routinely shared with readers of the assessment report; (3) writing fables for children at the end of an assessment, which capture in metaphor the results and suggestions resulting from the assessment; and (4) engaging clients in “mini-experiments” during psychological assessment sessions (e.g., retelling stories to picture story cards to help clients discover new ways of approaching typical problem situations).

Fischer continues to teach, advise, and write about her approach to assessment, as well as the overlap between C/TA and qualitative research. Fischer published an early, now classic, empirical phenomenological study (Fischer & Wertz, 1979). She published qualitative studies she undertook because of their relation to C/TA, for example, Toward the Structure of Privacy (1971) and Intimacy in Psychological Assessment (1982).

Fischer's method and philosophy are illustrated in this volume in her case example (Chapter 5) and also in the case written by McElfresh (Chapter 9), who is one of Fischer's former students.

Finn’s Therapeutic Assessment

Finn (2007) defined Therapeutic Assessment (TA; capital “T” and “A”) as a semistructured form of collaborative assessment originally developed by him and his colleagues at the Center for Therapeutic Assessment in Austin, Texas, and later refined on the basis of ongoing research and practice. From the outset, Finn wanted to explore psychological assessment as a brief therapeutic intervention. He initially focused on how to make feedback from psychological assessments therapeutic, and based his techniques and theory on results from a series of studies (e.g., Schroeder, Hahn, Finn, & Swann, 1993) with his colleague at the University of Texas, William Swann, Jr., the developer
of self-verification theory (Cf. Swann, 1997). This research led to the distinction made in TA between what is called “Level 1, 2, and 3” information resulting from an assessment. That is, Finn and colleagues discovered that clients found assessment feedback most impactful and therapeutic when they were first presented with information that was close to their current self-schemas, then with information that was mildly discrepant from these schemas, and finally with information that was highly discrepant from the ways they already thought about themselves (Cf. Finn, 1996, 2007, for further exposition of this principle).

As explained in a later book (Finn, 2007), Finn then began to focus on the role of other steps in the assessment process in helping clients change, and he deliberately incorporated many of Fischer’s techniques and underlying principles after he encountered her work and the two of them began collaborating. Basically, Finn discovered that if you wanted to make psychological assessment therapeutic, it helped greatly to engage clients as collaborators. This fit with Swann’s self-verification theory, which posited that clients’ self-schemas would be more amenable to change if clients were actively involved in revising the ways in which they viewed themselves.

Finn was also interested in teaching collaborative assessment to his graduate students at the University of Texas and in doing controlled research on this topic. Thus, he began to standardize many of the techniques developed by Fischer (and later, Handler) into series of steps that could be taught in an orderly fashion. These steps included (1) gathering “assessment questions” from clients at the beginning of an assessment about what they hoped to learn about themselves; (2) involving clients in “extended inquiries” of standardized tests, after a standard administration had been completed; (3) “assessment intervention sessions,” in which assessors planned assessment “encounters” near the end of an assessment during which clients would discover information that was emerging from the standardized sessions; (4) closing “summary/discussion sessions,” in which clients’ assessment questions were addressed according to the Level 1, 2, 3 schema mentioned earlier; (5) sending clients letters instead of reports at the end of an assessment; and (6) holding follow-up sessions several months after the close of a psychological
assessment, during which clients and assessors continued to discuss and process the experience of the psychological assessment. This structure is not seen as fixed or absolute, however. Finn has repeatedly emphasized that it can and should be altered to fit each client and setting, and that the well-being of the client always takes priority. The study by Finn and Tonsager (1992) was the first to test this method as a therapeutic intervention, with positive results (more below).

After he left the University of Texas to found the Center for Therapeutic Assessment, Finn was largely free to travel and present his semistructured model of collaborative assessment around the world. Many psychologists first heard about collaborative assessment and about Fischer's seminal work through Finn's presentations. This happened about the time that managed care providers started greatly restricting psychological services and particularly, psychological assessment services, to clients in the United States. All of these factors led to a surge in interest in the therapeutic potential of psychological assessment, and many new applications and much new research ensued. We will review this research shortly.

In recent years, Finn's work and thinking has centered on connecting TA to other important therapeutic models, such as attachment theory (Finn, 2011d), Control Mastery Theory (Finn, 2007), and intersubjectivity theory (Finn, 2007). He also is attempting to integrate theories of Therapeutic Assessment with recent research on infant development and neurobiology (Finn, 2011a, 2011b). Finn's theory and model are illustrated in his own case example (Chapter 18) on Therapeutic Assessment with couples, and in the chapters by Kamphuis and de Saeger (Chapter 7) and Martin and Jacklin (Chapter 8); Kamphuis and Martin are former students of Finn.

**Therapeutic Assessment With Children (TA-C)**

**and Therapeutic Assessment With Adolescents (TA-A)**

Finn and his colleagues at the Center for Therapeutic Assessment conducted TA with children, adolescents, and their families from the start. TA with children and adolescents was viewed as a family systems intervention, and involving parents/caregivers as collaborators in the assessment was always seen as essential (Finn, 1997). It was not until 2003, however, that
these methods were formally studied. Around this time, Finn paired with Deborah Tharinger to form the Therapeutic Assessment Project (TAP) at the University of Texas at Austin. This collaboration has resulted in a series of articles describing steps in the semistructured model of TA-C, including engaging parents in their children’s assessment (Tharinger, Finn, Wilkinson, & Schaber, 2007), having parents observe their children’s assessment sessions (Tharinger, Finn, et al., in press), using family sessions as part of child psychological assessment (Tharinger, Finn, Austin, et al., 2008), giving feedback to parents at the end of a child assessment (Tharinger, Finn, Hersh, et al., 2008), and writing fables for children at the end of an assessment (Tharinger, Finn, Wilkinson, et al., 2008). TAP also published a pilot study of TA-C (Tharinger, Finn, et al., 2009). Recently, Tharinger has begun to publish articles from their study of Therapeutic Assessment of adolescents and families (Tharinger, Finn, Gentry, & Matson, 2007).

The cases by Frackowiak (Chapter 11) and by Tharinger, Fisher, and Gerber (Chapter 15) utilize Finn’s and Tharinger’s model of Therapeutic Assessment with children and adolescents. Frackowiak trained with Finn after receiving her PhD and was one of the early supervisors on the TAP project.

**therapeutic assessment**

Finn (2007) has suggested that the term “therapeutic assessment” (lowercase) be used for the work of those psychologists who aim to positively impact clients and important others around them via psychological assessment, but who do not use the semistructured model developed by Finn and colleagues, and may or may not use collaborative methods beyond that of giving feedback to clients. In a much-cited article, Finn and Tonsager (1997) contrasted therapeutic assessment with the traditional “information-gathering” assessment model on multiple dimensions, including their (1) goals, (2) process, (3) view of tests, (4) focus of attention, (5) view of the assessor’s role, and (6) what they considered to be an assessment failure. This article is still relevant today.

The work of Armstrong (Chapter 2), Fowler (Chapter 6), and Overton (Chapter 10) are good examples of therapeutic assessment. Fowler is a former student of Leonard Handler.
Handler’s Therapeutic Assessment With Children

Another person who uses the term “therapeutic assessment” to describe his work is Leonard Handler. Although Handler has written and presented about his collaborative assessments of adults (1996, 1997, 1999), he is best known for his innovative work using collaborative assessment methods with children. For example, Handler developed a set of creative probes to be used with children (and some adults) during extended inquiries of the Rorschach, such as “If this mushroom could talk, what would it say?” Handler also refined collaborative storytelling methods with children (e.g., Mutchnik & Handler, 2002), and invented a now widely used method called the Fantasy Animal Drawing Game. In this method, the assessor first asks the child to draw a “make-believe animal that no one has ever seen” and then to tell a story about the animal. The assessor listens for the message the child gives in his or her story, and then sends a message back by telling a subsequent portion of the story. Handler summarized this and other child collaborative assessment methods in an influential chapter in 2006. He and his students have also published many important case studies and research studies on Therapeutic Assessment (Peters, Handler, White, & Winkel, 2008) and Therapeutic Assessment With Children (Smith & Handler, 2009; Smith, Handler, & Nash, 2010; Smith, Nicholas, Handler, & Nash, 2011; Smith, Wolf, Handler, & Nash, 2009). Handler has also traveled the world in recent years, presenting workshops on his innovative methods.

Handler’s therapeutic assessment with children is illustrated in Chapter 12, including an extended example of the Fantasy Animal Drawing Game. Toivakka (Chapter 16) also writes about using this method with a hospitalized psychotic adolescent.

Hilsenroth’s Therapeutic Model of Assessment

A former student of Handler’s, Mark J. Hilsenroth, has made substantial contributions to the development of Collaborative/Therapeutic Assessment through a series of studies and articles concerning what he calls the Therapeutic Model of Assessment (TMA; Ackerman, Hilsenroth, Baity, & Blagys, 2000; Hilsenroth, Ackerman, Clemence, Strassle, & Handler, 2002; Hilsenroth & Cromer, 2007; Hilsenroth, Peters, &
What Is the History of Collaborative/Therapeutic Assessment?  

Ackerman, 2004). Basically, Hilsenroth’s research demonstrated that collaborative psychological assessment leads to better therapeutic alliance between assessors/therapists and clients than does traditional information-gathering assessment, and that this advantage in alliance influences compliance with recommendations for treatment, and persists into psychotherapy long after an assessment. Although initially, Hilsenroth referenced the work of Finn and Fischer as the origin of his model, the article by Hilsenroth and Cromer (2007) clarifies that the TMA approach is somewhat different. As they explain, “in a TMA the assessors are committed to: (a) developing and maintaining empathic connections with clients, (b) working collaboratively with clients to define individualized assessment goals, . . . and (c) sharing and exploring assessment results with clients” (p. 206). Great emphasis is placed on relationship building, on feedback at the end of the assessment, and on clinicians using clear, emotionally arousing language with clients and using their counter-transference to help clients become aware of problematic cycles of relating with others.

The case by Diener, Hilsenroth, Cromer, Pesale, and Slavin-Mulford (Chapter 3) represents an excellent example of the Therapeutic Model of Assessment and summarizes major features of this method.

Collaborative Therapeutic Neuropsychological Assessment

In 2008, Tad Gorske and Steven Smith published their book, Collaborative Therapeutic Neuropsychological Assessment, in which they applied principles of therapeutic assessment to adult and child neuropsychological assessment. Again, although the authors were inspired by Fischer and by Finn, they also credit other influences, such as Motivational Interviewing (MI; Miller & Rollnick, 2002). Collaborative Therapeutic Neuropsychological Assessment (CTNA) differs from other forms of therapeutic assessment in that testing assistants are often used in collecting standardized test data, which makes procedures like extended inquiries more difficult. A great deal of effort is placed on rapport building at the beginning of the assessment and on presenting feedback via techniques of MI so as to overcome “resistance” on the part of clients. Chapter 19 by Gorske and Smith provides two case examples
of CTNA, one with an adult brain-injured client and one with a child with learning difficulties. Diane Engelman and J. B. Allyn also write about integrating neuropsychological assessment into C/TA in Chapter 4.

Collaborative Assessment

Of the various terms encompassed by C/TA, collaborative assessment is perhaps the most general. As mentioned earlier, Fischer (1978) sometimes referred to her work as collaborative assessment, and many individuals who were inspired primarily by her now use this term to describe their assessment practices. There are also several other writers who independently developed practices similar to those of Fischer and Finn, and who now call their work collaborative assessment (Cf. Purves, 2002; Engelman & Frankel, 2002; Nakamura & Nakamura, 1999). Finn (2007) suggested that the term collaborative assessment be used when assessors strive to reduce the power imbalance typically found between assessor and client in traditional assessment, and to involve clients in multiple phases of an assessment, including “(a) framing the reasons for the assessment, (b) observing test responses and behaviors, (c) discovering the significance of those responses and behaviors, (d) coming up with useful recommendations, and (e) drafting summary documents at the end” (p. 5). It might be useful to say that collaborative assessors place more emphasis on understanding than on transformation, whereas those calling their approaches Therapeutic Assessment or therapeutic assessment appear to prioritize client change. As discussed earlier, however, therapeutic assessment almost always uses collaborative assessment techniques, and collaborative assessment may be inherently therapeutic.

One group of assessors who tend to call their approach collaborative assessment and who have done much to extend C/TA to traumatized, underprivileged populations are the psychologists at WestCoast Children's Clinic (WCC) in Oakland, CA. Caroline Purves (Cf. Chapter 14) has long had an association with WCC, and Barbara Mercer, the assessment director, is an active member of the Society for Personality Assessment. Finn has served as a consultant to WCC for many years and has done a great deal of training with staff. Recently, WCC psychologists have started publishing about their work, and this
has greatly highlighted the complexities of using C/TA with clients from other cultures, races, and socioeconomic backgrounds (Finn, 2011c; Guerrero, Lipkind, & Rosenberg, 2011; Haydel, Mercer, & Rosenblatt, 2011; Mercer, 2011; Rosenberg, Almeida, & Macdonald, in press).

The cases by Engelman and Allyn (Chapter 4), Fischer (Chapter 5), McElfresh (Chapter 9), Nakamura (Chapter 13), Purves (Chapter 14), and Toivakka (Chapter 16) are all examples of collaborative psychological assessment.

**WHAT ARE THE COMMON FEATURES OF COLLABORATIVE/ThERAPEUTIC ASSESSMENT?**

In all this variety, are there common elements that define the core of C/TA? We believe there are. The following features are not mutually exclusive.

**Respect for Clients**

Finn (2009) has said that respect is a core value of Therapeutic Assessment, and Fischer mentions the word often in her writings. The collaborative practices and principles of C/TA are—in many ways—operational definitions of respect for clients. C/TA practitioners treat clients as they would like to be treated in a similar situation, generally (1) providing informed consent at the beginning of the assessment and asking clients what they wish to learn, (2) recognizing that clients are “experts on themselves” and involving them in making sense of their test productions, (3) working with clients to find personally viable ways of handling typical problem situations in new ways, (4) always providing clients with comprehensible feedback at least by the end of an assessment, and (5) acknowledging clients’ active participation in all written documents resulting from the assessment.

**A Relational View of Psychological Assessment**

Similarly, all C/TA practitioners recognize that clients’ coming for a psychological assessment is very different than their coming for a blood test or x-ray. Psychological assessment is seen as an interpersonal
event, and the relationship that develops between clients and assessors is recognized as paramount in making sense of what occurs during the assessment. In general, C/TA practitioners acknowledge the vulnerability of clients in the assessment situation, and they try to minimize any unnecessary discomfort for clients. Some anxiety will inevitably be present for most clients, but even this is acknowledged as normal given the import of many assessment situations.

A Stance of Compassion and Curiosity Rather Than Judgment and Classification

In general, C/TA practitioners seek to understand rather than to judge or classify. They bring curiosity about the ways that human beings adapt to difficult situations, and they try to make sense of puzzling, offputting, and even obnoxious behaviors. Their goal at the end of an assessment is to more fully understand clients in all their complexity, rather than to summarize them in several terms. C/TA can be used to diagnose clients if this will be helpful, but it rarely is the major goal of C/TA. Even assessments with a diagnostic focus can incorporate collaborative/therapeutic interaction.

A Desire to Help Clients Directly

All clinicians practicing C/TA seem to share a common desire to use psychological assessments to help clients directly—not just by providing helpful information to other decision makers. For this reason, C/TA of any name always involves sharing and checking impressions directly with clients. Furthermore, there is an emphasis on making this feedback useful, relevant, memorable, and enriching for clients, even if the client is a child (hence the frequent practice of writing feedback fables for children).

A Special View of Tests

C/TA practitioners love and are fascinated by their tests; they view tests as powerful tools to help them understand clients’ inner worlds and dilemmas of change, and as opportunities for discussion with clients about their ways of being in the world. Finn (2007) coined the term
“empathy magnifiers” to reflect his view of psychological tests as helpful tools that help assessors get “in our clients’ shoes.” Fischer (1985/1994) often writes about tests giving access into clients’ lived worlds, and says that life always has priority over test scores. She speaks of test scores as being our tools and results as being our revised ways of understanding and being of help to clients.

**Flexibility**

C/TA practitioners follow traditional professional boundaries in conducting psychological assessments, but they are more willing to stretch their practices when it will serve the purposes of the assessment, such as by conducting a home visit as part of an assessment (Fischer, 1985/1994). Also, clinicians practicing C/TA use psychological tests in standardized ways, but they are willing to modify test administration practices at times to help understand clients’ test responses, or when doing so helps clients identify alternative ways of approaching typical problem situations. Many C/TA practitioners show amazing creativity in their use of psychological tests with clients.

**WHAT DOES RESEARCH SHOW ABOUT COLLABORATIVE/ATHERAPEUTIC ASSESSMENT?**

**Outcome Research**

Table 1.1 shows a summary of existing outcome research related to Collaborative/Therapeutic Assessment. Two types of studies are listed: group comparisons (e.g., Finn & Tonsager, 1992) and time-series analyses (e.g., Aschieri & Smith, in press). Both types of research are useful in showing that a clinical intervention is effective (Borckardt et al., 2008). As you can see in the table, at this point C/TA has been shown to have positive effects with outpatient and inpatient clients facing a variety of difficulties, and with adults, children, adolescents, and couples. To be sure, many of the samples in these studies are small, long-term follow-ups are generally lacking, and all findings would benefit from replication. Still, the evidence is accruing that C/TA can be very helpful to clients and their loved ones.
# Collaborative/Therapeutic Assessment

## Table 1.1 Benefits to Clients Documented in Controlled Research on Collaborative/Therapeutic Assessment

<table>
<thead>
<tr>
<th>Type of Benefit Shown (Type of Client)</th>
<th>Research Studies Where Documented</th>
</tr>
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<tbody>
<tr>
<td>Decreased symptomatology and increased self-esteem (adult outpatients)</td>
<td>Finn &amp; Tonsager, 1992; Newman &amp; Greenway, 1997; Allen, Montgomery, Tubman, Frazier, &amp; Escovar, 2003</td>
</tr>
<tr>
<td>Increased hope (adult outpatients)</td>
<td>Finn &amp; Tonsager, 1992; Holm-Denoma et al., 2008</td>
</tr>
<tr>
<td>Better compliance with treatment recommendations (adult outpatients)</td>
<td>Ackerman, Hilsenroth, Baity, &amp; Blagys, 2000</td>
</tr>
<tr>
<td>Better therapeutic alliance with subsequent psychotherapist (adult outpatients)</td>
<td>Hilsenroth, Peters, &amp; Ackerman, 2004</td>
</tr>
<tr>
<td>Decrease in distress, increase in self-esteem, and decrease in emotional reactivity (college students identified via prescreening as maladaptive perfectionists)</td>
<td>Aldea, Rice, Gormley, &amp; Rojas, 2010</td>
</tr>
<tr>
<td>Decreased self-criticism, anxiety, and improved relational functioning as demonstrated in a time-series design (outpatient 21-year-old traumatized woman)</td>
<td>Aschieri &amp; Smith, in press</td>
</tr>
<tr>
<td>Increased emotional control, self-efficacy, and energy, and less fear and anxiety as demonstrated in a time-series analysis (outpatient 52-year-old traumatized woman with metastatic cancer)</td>
<td>Smith &amp; George, in press</td>
</tr>
<tr>
<td>Better alliance, cooperation, and satisfaction with treatment, lower distress, and increased sense of well-being (psychiatric inpatients)</td>
<td>Little &amp; Smith, 2009</td>
</tr>
<tr>
<td>Decreased number of suicide attempts and days of hospitalization (suicidal VA outpatients)</td>
<td>Jobes, Wong, Conrad, Drozd, &amp; Neal-Walden, 2005</td>
</tr>
<tr>
<td>Decreased symptomatology in children and their mothers; increased communication and cohesion and decreased conflict in families; mothers have more positive and fewer negative feelings about their children (latency-aged outpatient children and their mothers)</td>
<td>Tharinger, Finn, Gentry, Hamilton et al., 2009</td>
</tr>
</tbody>
</table>
A recent important publication adds to this assertion. Poston and Hanson (2010) conducted a meta-analysis on 17 published studies of psychological assessment as a therapeutic intervention. The overall effect size for therapy outcome variables was $d = .423$, considered a medium effect size (i.e., of moderate clinical significance). Furthermore, not all of the studies examined used a collaborative or therapeutic assessment approach, and there was evidence that adopting this approach greatly increased efficacy. Poston and Hanson concluded:

Clinicians should . . . seek out continuing-education training related to these models [of therapeutic and collaborative assessment]. Those who engage in assessment and testing as usual may miss out, it seems, on a golden opportunity to effect client change and enhance clinically important treatment processes. Similarly, applied training programs in clinical, counseling, and school psychology should incorporate therapeutic models of assessment into their curricula, foundational didactic classes, and practica. (p. 210)
Poston and Hanson went on to assert that their findings had implications for mental health policy:

. . . the results indicate that competency benchmarks and guidelines for psychological assessment practice should be revisited to make sure they include key aspects of therapeutic models of assessment. Furthermore, managed care policy makers should take these results into account, especially as they make future policy and reimbursement decisions regarding assessment and testing practices. (p. 210)

In our minds, the research by Poston and Hanson goes a long way in demonstrating the contributions that C/TA can offer to clients and to psychological assessors. This research strengthened our resolve to publish this case book, so that psychological assessors and graduate students can view C/TA in action.

Process Research
Besides Poston and Hanson, other researchers have examined process variables in psychological assessment to answer the question, “What aspects of psychological assessment promote therapeutic change?” Let us review a few of these.

Collaborative Versus Noncollaborative Feedback
Multiple studies have compared the relative effectiveness of “interactive” versus “delivered” test feedback—that is, whether clients are actively involved in discussing and processing feedback presented to them from psychological tests (Goodyear, 1990, provided a review). In general, clients rated collaborative feedback as more satisfying and more influential than feedback that is unilaterally “delivered” by an assessor with minimal client involvement (e.g., Hanson, Claiborn, & Kerr, 1977; Rogers, 1954).

Ordering of Information in a Feedback Session
Schroeder, Hahn, Finn, and Swann (1993) examined Finn's assertion that feedback to clients is most therapeutic if it is presented in accordance with
clients’ current self-schemas. They found that college students receiving feedback on normal-range personality traits rated the feedback as most positive and influential if they were first given feedback that was congruent with their self-views and then presented with information that was slightly discrepant from their self-views. These effects persisted over a 2-week follow-up. This study provided partial support for Finn’s (1996, 2007) “Level 1, 2, 3” schema in giving feedback to clients.

**Written Versus Oral Feedback**

Lance and Krishnamurthy (2003) compared three groups, each with 21 clients, receiving collaborative feedback on their Minnesota Multiphasic Personality Inventory–2 (MMPI-2) profiles according to Finn’s (1996) method. One group received only oral feedback, one only written feedback, and one group received both oral and written feedback. Clients in the combined feedback condition reported that they learned more about themselves, felt more positive about the assessor, and were more satisfied with the assessment than did clients in the other two groups.

**Family Sessions in Therapeutic Assessment With Children**

One advantage of time-series designs is that they allow researchers to look at the process of change in regard to an individual client. Smith, Nicholas, Handler, and Nash (2011) tested the assertion by Tharinger, Finn, Austin et al. (2008) that family sessions in Therapeutic Assessment With Children (TA-C) are often crucial turning points in psychological improvement of children. A 12-year-old boy with social difficulties and low self-esteem was tracked as he and his father progressed through a 12-week Therapeutic Assessment. Consistent with theory, the family session appeared to be the tipping point in psychological improvement.

**Providing Individualized Feedback via Fables to Parents and Children**

Tharinger and Pilgrim (in press) studied the effects of incorporating one element of Therapeutic Assessment With Children—giving feedback through individualized fables—into traditional neuropsychological
assessments. The research involved 32 children and their parents being assessed in a traditional neuropsychology practice because of the children’s academic difficulties, inattention, and socio-emotional difficulties. Half of the children (the experimental group) were given individualized feedback fables following the standard verbal parental feedback. Half (the comparison group) were given their fables later, after they and their parents completed the research outcome measures. Children in the experimental group reported a greater sense of learning about themselves, a more positive relationship with the assessor, a greater sense of collaboration with the assessment process, and that their parents learned more about them through the assessment than did children in the comparison group. Parents in the experimental group reported a more positive relationship between their child and the assessor, a greater sense of collaboration with the assessment process, and higher satisfaction with clinic services than did parents in the comparison group.

CONCLUSION

Collaborative/Therapeutic Assessment refers to a family of psychological assessment approaches, all of which aspire to help clients and their important others achieve new understandings and find new ways of dealing with typical problem situations. C/TA developed out of the recognition by practicing psychologists that assessments conducted in a collaborative and respectful manner can be immensely valuable to clients, their families, and mental health professionals. Interest in C/TA is growing, and evidence is mounting for its efficacy and utility with a variety of clients in different contexts dealing with varied psychological problems. Still, noncollaborative assessment remains the predominant paradigm in the United States and in the rest of the world.

Just as clients have difficulties envisioning new ways of thinking and being, so do psychological assessors who are trained in traditional assessment often have problems imagining what C/TA looks like in action. Hence, we now turn to 18 case accounts of C/TA. We hope these will serve as invitations to readers to incorporate more aspects of C/TA into their own practices.
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