

Copyright

by

Jamie Thomas Kuhlman

2011

The Dissertation Committee for Jamie Thomas Kuhlman  
certifies that this is the approved version of the following dissertation:  
Children's Experience of Therapeutic Assessment Techniques within School  
Assessments

Committee:

---

Deborah Tharinger, Co-Supervisor

---

Alissa Sherry, Co-Supervisor

---

Ricardo Ainslie

---

Stephanie Cawthorn

---

Stephen Finn

**Children's Experience of Therapeutic Assessment Techniques  
within School Assessment**

by

**Jamie Thomas Kuhlman, B.A.; B.A.; M.A.**

**Dissertation**

Presented to the Faculty of the Graduate School of

The University of Texas at Austin

in Partial Fulfillment

of the Requirements

for the Degree of

Doctor of Philosophy

The University of Texas at Austin

August 2012

## **Dedication**

This dissertation is dedicated to my husband, Rick Kuhlman, and my parents, Connie and Jim Thomas. Rick, you have been so patient and kind throughout my graduate career and especially the dissertation process. I cannot imagine completing my degree without your daily love and support. You have kept me grounded and helped me enjoy life even when I'm overwhelmed. I could not have done this without you. Mother and Daddy, thank you for the years of encouragement and support you have given me not just in academics but in all areas of my life. You instilled in me a love for learning and a desire to go after my goals. From helping me with math and science projects to listening to me talk about my dissertation, you have always been there for me. I love all of you very much and would not be the person I am today without the three of you. Thank you!

## **Acknowledgements**

I want to take this time to thank those who have helped me throughout this process and my graduate career. First, I would like to thank my committee. Dr. Sherry, I appreciate your guidance and support not just professionally but personally especially when I was transitioning to graduate school. Dr. Tharinger, I appreciate you working with me even though I was not in the School Psychology Program. You have given me the opportunity to participate in research that I enjoy and believe in and have guided me through the process. Dr. Finn, I appreciate the opportunity to be trained by you and learn about the amazing model that is Therapeutic Assessment. It has shaped how I conceptualize my work as a researcher and clinician. Dr. Ainslie, I have appreciated learning from you inside and outside of the classroom. Your classes helped me to develop and understand my theoretical orientation and greatly impacted my clinical work. Dr. Cawthon, thank you for your support and involvement throughout this entire process.

I would also like to thank Johnathan Fowler, Austin Beasley-Rogers, and all of the assessors who participated in this study. Johnathan, thank you for introducing me to this study and allowing me to work with you on this project. Your help collecting data and encouragement during the process was invaluable. Austin, thank you for helping with training and data collection, even after your part in the project was complete. To the assessors, thank you for continuing with the project beyond the original semester. I appreciate the extra time you took to complete the treatment protocol and the cases you worked with me on.

Finally, I would like to thank my friends and family for their emotional support. Vanessa Scaringi, I appreciate you being my “internship buddy” and having someone to navigate graduate school with. Thank you for listening and frozen yogurt. To Sarah Marquez, I could not have survived the last few years without you as a friend. You and your family are now like family to me. To my sister, Cassie Luna, I am appreciative of our growing relationship and enjoy our conversations so much. To my sister, Shellie Thomas, talking and being with you makes me so happy! I love our g-chats and singing with you! I love both of you so much! Finally, thank you to my extended family and in-laws. I appreciate your love and support throughout my entire life!

**Children's Experience of Therapeutic Assessment Techniques  
within School Assessments**

Jamie Thomas Kuhlman, Ph.D.

The University of Texas at Austin, 2012

Supervisors: Deborah Tharinger and Alissa Sherry

This dissertation examined students' experience with school assessment infused with Therapeutic Assessment (TA) techniques. Nine assessors from the school district were assigned to one of two groups, TA-infused group and the assessment-as-usual group. Those in the TA-infused group were trained in collaborative assessment practices based on Finn's model of TA with children (TA-C), specifically collaborative interviews, extended inquiries, and collaborative oral and written feedback (Finn, 2007). Thirty-three students from a medium sized public school district in central Texas completed the study in its entirety. It was hypothesized that those in the TA-infused group, compared with the assessment-as-usual group, would report learning more about themselves, experiencing a more positive relationship with the assessor, feeling more positive about the assessment process, feeling more collaborated with, and having greater perceptions of parental understanding. It was also hypothesized that those in the TA-infused group would report an increase in positive feelings and a decrease negative in feelings about themselves and their challenge when compared with the assessment-as-usual group. Additionally, it was

hypothesized that those in the TA-infused group would report an increase in positive attitudes toward school after the intervention when compared with the assessment-as-usual group.

Outcomes were measured by the Child's Experience of Assessment Survey (CEAS), the Children's Positive and Negative Affect Scale (CPNE-S), and the Attitude to School (ATS) subtest of the BASC-2-SRP. A descriptive discriminant analysis was conducted using the five subscales of the CEAS to measure the first hypotheses. RM ANOVAs were run on the CPNE-S and the ATS to analyze the second and third hypotheses. Additionally, a qualitative interview was conducted with participants.

Analyses yielded no statistically significant results between the groups. Qualitative interviews indicated that both groups were satisfied with the assessment process. Additionally, those in the TA-infused group all reported positive reactions to the collaborative written feedback. Specifically, those that received a fable reported liking the fable and feeling that it related to their lives. Those that received a letter reported learning more about themselves, appreciating a written record of the feedback, and feeling positively about their relationship with the assessor. Further research is needed to understand the effects of collaborative techniques within school assessments, particularly the effects of the different forms of written feedback.

## Table of Contents

List of Tables.....	xiii
Chapter I: Introduction .....	1
Chapter II: Literature Review .....	7
History of Psychological Assessment .....	7
Current School-Based Assessment .....	9
Psychoeducational Assessment Process.....	9
Limitations of Traditional Psycho-educational Assessments .....	11
Therapeutic Assessment.....	12
Collaborative Assessment .....	12
Fischer’s Collaborative Assessment .....	13
Therapeutic Assessment .....	16
Core Values of TA.....	17
Founding Principles .....	18
Developing a Therapeutic Mindset.....	21
Steps of TA .....	23
Research on TA .....	27
Therapeutic Assessment with Children.....	30
Steps of TA-C.....	31
Feedback in the Form of Fables.....	37
Therapeutic Assessment with Adolescents .....	38
Research on TA-C and TA-A .....	39
Statement of Purpose .....	43
Hypotheses and Rationale.....	44
Hypothesis 1.....	44
Rationale.....	45
Hypothesis 2.....	46
Rationale .....	46

Hypothesis 3 .....	46
Rationale .....	47
Chapter III: Methods .....	48
Participants .....	48
Procedures .....	50
Approval by the Human Subjects Committee.....	50
Recruitment of Participants.....	50
Recruitment and Training of Assessors.....	51
Assessment Procedures.....	53
TA-infused Group.....	54
Assessment-as-usual Group .....	57
Measures .....	58
Child Experience of Assessment Survey.....	58
Children’s Positive and Negative Emotions About Themselves.....	60
Attitude to School Subscale of the BASC-2-SRP .....	60
Qualitative Interviews .....	61
Chapter IV: Results .....	62
Introduction .....	62
Descriptive Statistics .....	62
Analysis of the Hypotheses .....	64
Hypothesis 1 .....	64
Hypothesis 2 .....	65
Hypothesis 3 .....	67

Additional Analysis .....	69
Analysis of the Qualitative Interview .....	70
TA-infused Group .....	70
Assessment-as-usual Group .....	73
Comparison of Groups .....	75
Responses Concerning Written Feedback .....	76
Chapter V: Discussion .....	78
Introduction.....	78
Discussion of Hypothesis 1.....	78
Discussion of Hypothesis 2 .....	83
Discussion of Hypothesis 3 .....	84
Discussion of Additional Analysis.....	85
Discussion of Written Feedback.....	85
Limitations of the Study .....	86
Lessons Learned .....	94
Implications for Future Research .....	95
Conclusion .....	98
Appendix A: Children’s Experience of Assessment Survey.....	99
Appendix B: Children’s Positive and Negative Emotions Survey .....	101
Appendix C: Attitude to School Subscale .....	102
Appendix D: Demographic Questionnaire .....	103

Appendix E: Qualitative Interview .....	104
Appendix F: Training Outline.....	105
Appendix G: Fable Example .....	106
Appendix H: Letter Example .....	113
Appendix I: Response to Qualitative Interview .....	115
References.....	127
Vita .....	135

## List of Tables

2.1 Steps of TA.....	23
2.2 Steps of TA-C.....	31
3.1 Outline of the Study Procedures.....	54
4.1 Descriptive Statistics of Measures Across Group.....	63
4.2 Wilks' Lambda for CEAS .....	65
4.3 Within Subjects Effects of Positive Affect .....	66
4.4 Within Subject Effects of Negative Affect.....	66
4.5 Between Group Effects for Positive Affect.....	67
4.6 Between Group Effects for Negative Affect.....	67
4.7 Within Subject Effects of ATS.....	68
4.8 Between Group Effects of ATS.....	68
4.9 Correlation of Age and Positive Feelings about the Assessment.....	69
4.10 Correlation of Age and Relationship with Assessor.....	70

## CHAPTER I: INTRODUCTION

Traditionally, psychological assessments have focused on collecting data to describe clients, make diagnoses, and provide recommendations for treatment (Finn & Tonsager, 1997). This approach creates a primary focal point around *test results*, while interviews, behavioral observations, and information from other sources are seen as secondary (Finn, 2007). Traditional assessment also views the assessor as the expert, with the client compliantly providing responses to questions asked. While this form of assessment serves many useful purposes, it limits the effectiveness of the assessment process. Fischer discovered that when administered in a collaborative manner, assessment could serve as a psychological intervention in and of itself (Fischer, 1973). Built on principles drawn from humanistic and phenomenological theories, Fischer developed a collaborative framework from which to approach assessment (Fischer, 1973, 1979, 2006). Collaborative assessment allows the clinician to work with the client as a co-collaborator to gain a better understanding of the client and their environment (Fischer, 2000). The assessment can serve as a catalyst for self-exploration and growth rather than solely a diagnostic tool.

Concurrently, Finn noticed the therapeutic potential of assessment and created a semi-structured model of collaborative assessment, which he named Therapeutic Assessment (TA) (Finn, 1996). TA is based on intersubjectivity, systemic, humanistic, and phenomenological theories (Finn, 1999, 2002, 2007). It consists of a series of five or six steps designed to engage the client as a co-collaborator in the assessment process,

with the goal of facilitating positive growth. TA has been applied, with variation, to work with adults, couples, adolescents, and children (Finn, 2007).

TA has shown, through case studies and an increasing body of empirical evidence, to be a powerful intervention. Empirical studies typically have used abbreviated or brief models of TA, primarily focused on the impact of providing collaborative feedback. This has likely been due to the challenges inherent in studying the complete TA model, as well as the importance ascribed to the collaborative and feedback aspect of TA. These studies have shown that TA can result in symptom reduction, high consumer satisfaction, increased self-knowledge, and the development of more positive therapeutic relationships both with the assessor and future therapists (Allen, Montgomery, Tubman, Frazier, & Escovar, 2003; El-Shaieb, 2005; Finn & Tonsager, 1992; Hanson, Clairborn, & Kerr, 1977; Lance & Krishnamurthy 2003; Newman & Greenway, 1997; Rogers, 1954).

TA has also been modified and implemented as a child assessment and family systems intervention called Therapeutic Assessment with Children (TA-C) (Finn, 2007). Case studies (Fischer, 1985/1994; Hamilton et al., 2009; Handler, 2007; Mutchnick & Handler, 2002; Purves, 2002; Smith, Nicholas, Handler & Nash, 2009; Smith, Wolf, Handler & Nash, 2009; Smith, Handler, & Nash, 2010; Smith, Finn, Swain, & Handler, 2009; Tharinger et al., 2009; Tharinger et al., 2007) have demonstrated an increase in parental understanding of their child, motivation to follow recommendations, and positive feelings of their parenting effectiveness. Also, these results show that parents have

reported a decrease in their children's behavioral problems and increases in the child's mood and social functioning.

The Therapeutic Assessment Project (TAP), directed by Deborah Tharinger with consultation provided by Stephen Finn, has been systematically evaluating the effectiveness of TA-C. Results to date have found that both children and parents experience high assessment satisfaction and an improved view of their family's functioning (Tharinger, Krumholz, Austin, & Matson; Tharinger, et al., 2009). In addition, parents report significant improvements in their perceptions of their child's symptomatology, as well as an increase in positive emotions and a decrease in negative emotions related to their child's future. A recent study by Pilgrim (2009) examined the effects of child feedback through an individualized fable presented to the child with parents present. The results provided evidence that the children who received the fable feedback gained more self-understanding, alliance with the assessor, sense of collaboration, and perception that their parents understood them than the children who did not receive the fable feedback (Pilgrim, 2009).

It is important to note that the vast majority of all studies on TA, be they with adults, adolescents or children, have been conducted in university-based research clinics or independent practices of assessment. While these efforts have set the stage for demonstrating the promise of TA, it is important that TA be studied for its fit in other setting. The vast majority of psychological and psycho-educational assessments of children are provided in the public schools. The focus of these assessments typically is to

determine eligibility for special education services provided by the schools through state and federally supported interventions. Suspected learning disabilities, emotional disturbance, and autism spectrum are the most common reason for referral for a school-based assessment. Although these assessments are heavily influenced by federal and state guidelines (Jacob & Harthore, 2007), there is every reason to believe that techniques from collaborative models of assessment and TA-C would render these evaluations more effective, especially for the consuming children and parents. In fact, as schools are by nature complex systems that must work together to effectively meet the educational needs of all children, building collaborative methods into the assessment process from the beginning stands to offer great promise and payoff, as many of these children require services and re-evaluations for years. The students' experience of an assessment, as well as that of their parents, stands to set the stage for their response to interventions over time.

Thus, the purpose of this study was to examine the use of techniques of TA-C in actual school-based assessments provided by school district professionals under the auspices of special education. School assessments strive to provide diagnosis, recommendations, and guides for effective intervention implementation (Merrell, Ervin, Gimpel, 2006). However, Cohen (1997) notes that most current school assessments fail to reach their full potential. Therefore, more research is needed to explore ways to increase the efficacy of school-based assessments. While a full implementation of the TA-C model would be impractical, adding elements of TA such as increased collaboration with

parents and students, assessment questions generated from all consumers involved, aspects of extended inquiry on testing with the child, and collaborative feedback is feasible. The current study implemented these elements of TA-C into school-based psychological and psycho-educational assessments for one group of children and compared the efficacy with a second group of children who experienced assessment practice as usual.

This study was part of a larger project that examined the comparison of these two groups as experienced by children being assessed, as well as their parents. Specifically, *this* study examined the children's comparative experience. The parents' data were not used in this study, as they were examined by another researcher. For this study, it was hypothesized that the children in the group that received the TA infused assessment would report higher satisfaction with the assessment process than the children in the assessment-as-usual group. Specifically, the children in the TA-infused assessment group, in comparison with the children in the assessment-as-usual group, would report 1) learning more about themselves, 2) feeling more positively about the assessment experience, 3) feeling more positively about their alliance with the assessor, 4) perceiving that their parents understand them more fully, and 5) feeling that they have been more active collaborators in the process. In addition, this study examined the effects of the treatment on the child's perception of their problems. Specifically, it is hypothesized that children in the TA infused assessment group, in comparison with the children in the assessment-as-usual group, would report 1) more positive feelings about their challenges

and future, and 2) less negative feelings about their challenges and future. In addition, it was hypothesized that the children in the TA-infused group would report an increase in positive attitudes toward school when compared with the assessment-as-usual group.

## **CHAPTER II: LITERATURE REVIEW**

### **History of Psychological Assessment**

The mindset towards psychological assessment has fundamentally shifted throughout time. It began as a tool for learning about the whole individual but quickly shifted into an increasingly clinical role with little focus on the client as an individual. When psychological tests were first introduced, psychologists were intrigued at learning about “the whole, dynamic individual- the perceiving/thinking/feeling/defending/acting person” (Fischer, 1992 p. 319). Many professionals viewed testing as a means to gain insight about the person and their lived world (Harrower, 1956; Kelly, 1955; Klopfer, 1954). However, as the development of norms, procedures, and standardizations increased in importance, the focus on the individual client became less valued than the “information model” of assessment (Fischer, 1992). Finn (1997) compared the similarity of this type of testing to blood tests, in that they were used to “extract information” without regard to whether the client fully understood the results. It even became unnecessary to tell the “patient” the results. Rather, the results were used to communicate with other professionals to describe the patient. In this tradition, professionals conducted assessments in a manner that did not prioritize the client as an individual and did not give clients access to process or, in many cases, findings.

In 1972, Vane conducted a survey of psychologists using assessments and found that 88% rarely or never gave clients access to the reports. Half of those surveyed reported they would not give clients verbal feedback even if directly requested. The

rationale was that clients were not able to understand or handle the type of information that a psychological assessment would produce (Fischer, 1992, 2000). With that mindset, it was considered borderline unethical to allow clients access to their findings. In addition, psychologists were concerned about the integrity of clinical psychology wherein writing reports for clients would lessen the scientific and professional status of the psychologist, who cannot, and perhaps should not, try to describe psychopathology and dynamics in a nontechnical manner (Fischer, 1992, 2000).

As humanistic principles gained prominence in the field of psychology, they also affected the traditions of assessment (Fischer, 1992). The field began to recognize that clients were able to receive feedback and that the results could actually be powerful and positive (Finn, 2007; Fischer, 1973, 2000). Assessors were urged to view testing as a means for learning about the client and even to invite clients to discuss their own views and opinions (Leventhal et al., 1962; Rosenwald, 1968). Currently, it is common practice to at least discuss findings with clients and even expected in many cases by the client (Fischer, 1992). However, the manner in which the client receives feedback and/or becomes a part of the process varies by assessor. In some settings, assessors still conduct assessments in a manner close to the traditional model, while in other settings they use more therapeutic and collaborative models. Many clinicians can anecdotally see benefits in more collaborative and individualized assessments, but studies are needed to measure the utility or therapeutic value of varying styles of psychological assessment (Finn, 2007).

## **Current School-Based Assessment**

In school-based assessments, it is important to differentiate between assessment and testing. Testing refers to the use of a specific test to gather information, which is one part of the larger assessment process. Assessment encompasses a whole process for, “the planning, collection, and evaluation of information pertinent to a psycho-educational concern” (Mowder, 1982, pg. 145). Information is gathered from a variety of sources in addition to the test results such as school records, parent interviews, health records, and teacher interviews. This form of assessment is often termed psycho-educational assessments but can also be referred to as a psychological assessment. *The Standards for Educational and Psychological Testing*, also known as *Standards*, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), and Section 504 of the Rehabilitation Act of 1973 outline the ethical and legal requirements for the process of evaluating children to identify disabilities. Based on these standards and the nature of the process itself, the assessment process within the school system can be broken up into three segments: assessment planning, information gathering, and interpreting findings. However, there are some limitations of psycho-educational assessments that need to be addressed.

### **Psychoeducational Assessment Process**

In order to begin planning for a psycho-educational assessment, consent, either written or oral, must be obtained from the parent or legal guardian. The *Standards* and IDEA require that consent includes an explanation of the purpose of the assessment, the

types of tests that will be used, what the assessment results will be used for, and who will have access to the results (Mowder, 1982). While cooperation of the child is ideal, it is not required that the child assent to the process; however, it is ethical to explain the process to child in a manner that is clear to the child (Jacob & Hartshorne, 2007).

When planning for the assessment, the school psychologist should evaluate which tests are appropriate given the referral and use appropriate valid tests (Mowder, 1982). In addition, no single test should be solely relied upon, both of which are universal guidelines. Therefore, a battery of tests should be chosen to answer the referral question(s).

During this stage of the process, information is gathered from test results and can include a variety of other sources such as records review, course work evaluation, and interview with parents and/or teachers. In particular, interviews and observations are an informative method of data collection. However, assessors are not required to consult with teachers or parents, although many do.

The interpretation of assessment results includes a review and synthesis of all sources of information in order to present the most comprehensive and valid picture of the child. These sources help inform hypotheses and aid in the development of the recommendations. Interpretations are required to “provide relevant information that directly assists persons in determining the educational needs of the child” (Mowder, 1982, pg 102). In addition to guiding relevant intervention strategies, psychological assessments often produce a formal diagnosis.

These results must be documented in a final written psychological report, which may be used for a variety of purposes. Therefore, the school psychologist must be mindful of the potential multiple audiences both professional and non-professional (Harvey, 1997). In addition, IDEA requires that the parents have access and be given a copy of their child's final reports. The National Association for School Psychologist (NASP) necessitates that the report be "readily understood by the intended recipient" (NASP-PPE, IV, D, #2).

Oral feedback is also required for the parents in a language that is understandable by the individual parents and is sensitive to cultural and ethnic values of the family (NASP-PPE, III, C, #1 & #5). At the feedback session, test results are explained and recommendations are given. Ethical codes and professional standards indicate that schools psychologists should also discuss results and recommendations with the students as well (NASP-PPE, III, B, #4).

### **Limitations of Traditional Psychoeducational Assessments**

Merrell, Ervin, and Gimpel (2006, p. 162) state that the goal of a school-based evaluation "should be to develop recommendations that will guide the implementation of effective interventions for the child's problems and, subsequently, to determine whether or not these interventions resulted in positive outcomes for the child." With this definition, assessments have the potential of being a diagnostic tool, a means of initiating communication between teachers and parents, and even an intervention. However, Cohen (1997) found that psycho-educational assessments with children often do not reach their

full potential. In reality, the vast number of children needing assessments and the limited resources available to school psychologists limit the amount of time that can be spent with each child. Thus, the full effectiveness of a psycho-educational assessment is often not reached.

### **Therapeutic Assessment**

Influenced by collaborative assessment principles, Therapeutic Assessment was developed by Stephen Finn as a semi-structured assessment approach that hopes to use the assessment process as an intervention in addition to diagnostic tool (Finn, 2007). TA attempts to engage the client – and in the case of children, also the parents, - as collaborators in the assessment process. Research on TA, TA-C, and TA-A has evidenced many benefits of this form of assessment including, but not limited to, the client and parents gaining a better understanding of themselves and/or their child, symptom reduction, an increase in self-esteem and hopefulness, and greater satisfaction of the process. This section describes the historical roots of TA in collaborative assessment, the process of TA, TA-C, and TA-A, and the research on these models.

### **Collaborative Assessment**

Collaborative assessment involves working with the client in order to gain a better understanding of the client as a whole person and to provide clients with the opportunity to understand him or herself (Craddick, 1972; Leventhal et al., 1962; Rosenwald, 1968). This entails explaining procedures to the client, seeking the client's opinions, and providing thorough and individualized feedback. By discussing procedures and results

with the client leads to genuine responses, rapport building, and examining how the client wants to portray him or herself (Craddick, 1972). Conducted this way, assessments should be viewed as not merely diagnostic tools but as therapeutic interventions (Young, Anderson, & Steinbrecher, 1995). As reforms were being called concerning the way traditional assessments were conducted (Craddick, 1972; Leventhal et al., 1962; Rosenwald, 1968), Fischer initiated the development of collaborative assessment.

#### *Fischer's Collaborative Assessment Model*

Fischer found that allowing clients to work with her to develop a better understanding of themselves, with or without a diagnosis, provided an extremely powerful catalyst for personal growth and exploration (Fischer, 1973, 1979, 1980). From this mindset, the whole assessment process can be viewed as a collaboration between the assessor and the client (Fischer, 1973, 1979, 2000). Collaboration, in this context, is working with the client to set goals for the assessment, understand test data, recognize patterns within the client's life, and agree upon recommendations based on multiple sources of information (Fischer, 2000). By working together, elements of social-constructivist learning theory are implemented (Fischer, 1973), which theorize that the interactions between people create knowledge (Resnick, 1991). From this viewpoint, the assessment process, recommendations, and written feedback become individualized for each client.

Through this process, the client is no longer seen only through the lens of test results but in the context of his or her life. Collaborative assessment, based on

phenomenological psychology, maintains that all facets of clients' lives, not just test data, give an indication of the whole person (Fischer, 1979). Behaviors occur in a context; therefore, to understand clients' behaviors, it is vital to understand the context in which they occur. The assessor wants to understand under which situations do certain behaviors occur, and under which situations they do not, the "when/when nots" of the client (Fischer, 1973, 1979, 1980, 2000). This allows the assessor to see a better picture of clients' lives and how the test data uniquely fits with their experiences. Collaborative assessment acknowledges that concepts of traditional assessment, such as diagnostic categories and normative data, are human constructions used to better understand people (Fischer, 1980) but as secondary sources of information. Test activities can, subsequently, be viewed as key metaphors for how clients act or think in the outside world (Fischer, 1973, 1979, 1980, 2000). Giving someone a diagnosis based solely on test data without exploring how it fits into their self-conceptualization, could potentially limit the effectiveness of the assessment process as a learning experience.

Since the goal of collaborative assessment is not simply behavior explanation but helping clients better understand themselves, the client is given a chance to discuss, and even disagree, with any and all findings, especially where legitimate ambiguities exist (Fischer, 1973, 1980, 2000). In addition, it is important to discuss findings with the client using their words since diagnostic, clinical language can intimidate and distance clients (Fischer, 2000). One way of alleviating this problem is to provide concrete immediate examples of behaviors and patterns in a manner in which the client can understand. For

example, adopting the word 'sad' as opposed to 'depressed' and pointing out that many of their Rorschach responses consisted of 'sad' images. This helps the client to better understand their outlook on life in their own language and gives them a chance to see this pattern demonstrated. The hope is that by discussing findings throughout the testing, they should not be as surprising during the final feedback session.

In Fischer's model, active collaboration with the client begins with the first session to demonstrate to the client that he or she is an active, informed participant who is the expert of his or her own life (Fischer, 1973, 1979, 1980, 2000). The pair begin to develop the "when/when nots" of the client's behaviors (Fischer, 1973, 1979). Not only does this give the client an opportunity to feel included in the process, it allows the assessor to begin to contextualize the problem behaviors and gain a glimpse into client's lived world. The collaboration continues throughout the assessment as the assessor asks the client for input and suggestions when developing themes and hypotheses concerning behaviors.

In addition, the clinician can take some liberty in the conduction of the tests in order to better examine the individual client's needs and behaviors (Fischer, 1973, 2000). According to Fischer, standardized procedures can be interrupted in order to discuss the process and find viable alternatives to unproductive patterns (Fischer, 1980). For example, it might be important to stop the after the administration of the WICV-IV Block Design subtest to discuss an adolescent's performance if they were able to complete the tasks but not in the time allotted. This could provide valuable information in

understanding the client's academic struggles. The score on the test, while important, becomes secondary to the reason behind the score. It would be important to explore this with the client before the moment passes and an opportunity, to gain timely useful insight, is missed.

According to Fischer (1980), writing a psychological report is a creative process that should invoke both the reader's and assessor's individuality and reflect that a client is multidimensional (Fischer 1980). A good collaborative report includes a contextualized description of the referral questions including the "when/when-nots", actual test performance, and the relationship between test performance and the client's real life. The assessor should effectively show how the client in the process of shaping his world while also being shaped by it (Fischer, 1980). With a collaborative assessment, recommendations become more than a list of behavioral suggestions, but rather a detailed description of the rationale behind the recommendations rooted in observable behaviors (Fischer, 1973). This allows for both the client and the reader to better understand the recommendations, increasing the likelihood that they will be followed.

### **Therapeutic Assessment**

During Finn's work with assessment, he began to see the transformative power of test feedback when done in a collaborative manner (Finn, 2007). However, few studies existed on the utility or therapeutic value of psychological assessment (Finn, 2007). This prompted further inquiry into the assessment process and elements that could be used to make assessment more therapeutic for the client. Over time, Finn and his colleagues

developed a semi-structured approach to collaborative assessment that he named Therapeutic Assessment, capital “T” and capital “A” (Finn, 1996, 1997, 2003; Finn & Kamphuis, 2006; Finn & Tonsager, 1997, 2002). This section describes the core values of TA, the basic founding principles of TA, the semi-structured steps of TA, and the research on TA.

### *Core Values of Therapeutic Assessment*

The assessor is guided by five core values that TA holds. These include collaboration, respect, humility, compassion, and openness/curiosity (Finn, 2009). As TA has strong roots in collaborative assessment, collaboration is a most important core value. By inviting the client to be an active participant in the assessment, through activities such as creating assessment questions, providing detailed histories, and providing input in the results and recommendations, assessors believe that the assessment process can be the most useful and results are the most accurate (Finn, 2009). Similarly, assessors strive to respect the clients’ dignity and value the clients’ input throughout the process even when the client disagrees with the assessor. While respect occurs on an individual level, TA also values respect on a cultural level meaning that it strives to adapt procedures to the cultural needs of the client (Finn, 2009).

Since TA draws from humanistic and interpersonal theories, the assessor is acutely aware of the impact they have on the assessment process (Finn, 2009). As such, the assessor enters the relationship with a sense of humility and awareness of the limitations of both his/her perspective and of the tests themselves. Additionally, the

assessor is humbled by the universality of human suffering and ways in which the client is similar to him/herself (Finn, 2007, 2009). As such, the assessor strives to find compassion toward the client and to increase the clients' self-compassion (Finn, 2009), which should allow the client to move forward with less shame and more strength to make necessary changes.

Finally, assessors strive to develop an openness and curiosity about, not only their clients, but also themselves, the world, and human nature as a whole (Finn, 2009). It is this openness and curiosity that propels the assessor beyond the test data to the living world of the client, which hopefully will motivate the client to see him/herself in a new light (Finn, 2009).

### *Founding Principles*

As in collaborative assessment, TA is based primarily on principles of phenomenological, intersubjectivity, and interpersonal psychological theories (Finn, 2002). These theories help describe the different motivations that bring clients in for assessments and redefine the aspects of psychological assessment. However, the goals and methods of TA can be applied in numerous theoretical models.

Intersubjectivity theory stresses the importance of examining behaviors in a context (Finn, 2007). The self is not a separate stable characteristic but one that changes and reacts to different situations. Therefore, it is important to understand the situations, perceptions, and contexts that affect the client's behaviors. In addition, the client's behavior within sessions is influenced by the unique relationship between the client and

the clinician. This influence is important to remember when developing working hypotheses; the clinician needs to base hypotheses on numerous points of information such as client reports and observations. TA uses the ideas of contextualization throughout the intervention. From the very beginning, the clinician works with the client to reframe referral concerns into contextualize questions. The testing is used as different points of view to answer the assessment questions and as glimpses into the client's lived world (Finn, 2007). In addition to the clinician's observations and test data, the client is an integral part in answering the assessment questions. While the clinician possesses unique knowledge about theory, the client remains an expert on their own lives and provides information to help contextualize behavior and inform hypotheses.

TA discusses three motivations that bring clients to seek psychological assessments. Self-psychology and intersubjectivity theory introduced the first, self-verification; people will strive to maintain their self-schemas and will discount any conflicting information (Finn & Tonsager, 1997). In psychological testing, this means that people prefer finding information that confirms their self-concept and aids them in maintaining a coherent view of themselves (Swann 1997). They usually come for assessment when they are experiencing "disintegration anxiety", which is the uncomfortable and possibly disorienting feeling associated with receiving information contrary to an existing self-concept. The second motivation, self-enhancement, discussed by object-relations psychology, is the need to feel loved and accepted by others and by oneself (Fairbairn, 1952; Winnicott, 1957, 1975). Clients come in for a psychological

assessment in order to increase praise and love from others and themselves. This motivation has become a more recent focus for Finn who states, “there is a basic human longing to be known, understood, and accepted for who we are” (Finn, 2008 p3). The third and final motivation of self-efficacy/discovery, posited by self-efficacy theory and ego psychology, describes the need for humans to increase their knowledge and control of themselves and their world (Freud, 1936; Hartmann, 1958; Hartmann, Kris, & Lowenstein, 1946). In terms of psychological assessment, clients want to grow, gain self-knowledge, and obtain more control over their world through the assessment process.

Interpersonal theory suggests that problems be addressed in the context of interpersonal relationships, which includes the therapeutic relationship. Like interpersonal theory, TA believes that the clinician is a participant-observer who works collaboratively with the client (Chapman, 1978). The clinician is not the expert who remains distant during session but realizes and uses their influence in the therapeutic process. In addition, the clinician enlists the client to engage in the process as well. This type of therapeutic relationship is exactly what TA strives to create. TA, in congruence with interpersonal theory, strives to achieve consensual validation concerning hypotheses based on the client’s actual life experiences (Chapman, 1978). That is the client and therapist agree on aspects of the client’s life, and they are validated by concrete examples and experiences in the client’s life. By discovering how ideas and patterns play out in their world, the client will begin to realize underlying beliefs and distortions. Consensual validation is a gradual process through which the client begins to integrate new insights

into their outside world. TA accomplishes this through gaining a better understanding of the client's world through observations and interactions with the client. In addition, TA provides opportunities, through testing, for the client to have immediate concrete examples of the working hypotheses. By working collaboratively with the client, the therapist and client are able to discuss new insights together to develop consensual validation. The hope is that through this change, the client will experience events and relationships in a new way (Chapman, 1978).

### *Developing a Therapeutic Mindset*

The theoretical underpinnings of TA help the assessor view various aspects of psychological assessment, such as the goal of the assessment, test data, and the influence of the assessor, in a collaborative and therapeutic manner. Traditional models of assessment view the process as a means to gather information about the client in order to better describe the client in diagnostic terms, help make decisions about the client, and to communicate this information with other professionals (Finn & Tonsager, 1997). Review of these goals show that the client's involvement and personal growth, to a large extent, are not considered, and descriptions, decisions, and discussions are formulated without input. In contrast, the goals of TA are primarily concerned with how clients grow from this experience in their understanding of themselves, others, and their world (Finn & Tonsager). When clients receive new information, both the dialogue between them and the clinician and their internal dialogue help to shape the new story of themselves. The client begins to see the discrepancies within the story and the varied sources of his/her

story, which allows the client to begin to open to the possibility of changing the story (Aschieri, Finn, Bevillacqua, 2010). These new understandings should, therefore, help enact change in the client and provide a new way to approach their problems. In reality, these goals more closely parallel those for psychotherapy rather than traditional assessment (Finn & Tonsager). These goals subsequently frame the entire process and mindset involved in TA.

In traditional assessments, test data consists of results from various tests with some observations from the session. However, standardized tests results in TA are viewed in a similar manner as in collaborative assessment (with the exception, that unless noted, standardized test administration is followed and only when a test is completed do interventions occur). Results are starting points for discussions and a means of communication between the assessor and client (Finn & Tonsager, 2002; Tharinger, Finn, Wilkinson, & Schaber, 2007). In addition, data and observations are “empathy magnifiers” allowing the assessor to better understand what it means to be the client and in their world (Finn, 2007, 2002, 1997, 1992; Tharinger, et al., 2007). For example, a client on the Thematic Apperceptions Test (TAT) might tell a very depressing story but tie it up quickly with a positive ending. While this might provide information to back up a depression diagnosis, it is more important to note that this client may not be comfortable with their negative emotions.

In TA, the assessor’s influence and reactions are acknowledged and often used to further understand clients and aid in their growth. Drawing from Sullivan’s “one-genus

hypothesis”, it is believed that there are more universal similarities between people despite individual differences (Crowley, 1984). This means that there are more similarities between the assessor and the client than there are differences, allowing for better connection and understanding of where the client is. In addition, the assessor’s countertransference reactions can provide important information about case dynamics and about how others may perceive the client (Tharinger, et al., 2007). Hypotheses generated could then be discussed and provide both the client and the assessor with greater insight into the client’s life.

*Steps of TA*

Finn and colleagues created a series of semi-structured steps in order to apply the principles of both collaborative assessment and TA (Finn, 1996, 1997, 2003; Finn & Kamphuis, 2006; Finn & Tonsager, 1997, 2002). At first, TA was developed primarily for adults. Subsequent work created TA models for children and adolescents from the adult version but with differences based on developmental considerations (Finn, 2007). Table 2.1 shows the sequence of TA with adults and will be illuminated in this section

(Finn, 2007). Table 2.1 Steps of TA

Step 1	Initial Phone Contact; Written Information Sent
Step 2	Initial Session(s)
Step 3	Standardized Testing Session(s)
Step 4	Assessment Intervention Session(s)
Step 5	Summary/Discussion Session(s)
Step 6	Written Feedback Sent
Step 7	Follow-Up Session (if needed)

*Initial Session.* There are several goals of the initial sessions: inform the client of the assessment purpose and procedures, create assessment questions, and gather background information relevant to the questions developed (Finn, 2007). This sets the stage for the rest of the assessment to be collaborative and begins to strengthen the therapeutic relationship (Fischer, 1973, 2000). Most importantly is the process of working with the client to develop assessment questions. These questions will serve as goals for the assessment and guide the choice of tests and interventions. Allowing the clients to set their own individual goals for the assessment by means of assessment questions is an important aspect of TA that differs from an information-gathering model. This process parallels elements of interpersonal and humanistic psychology, which stress the importance of helping clients meet their own goals (Finn, 2007) and encourages honesty, since they are now collaborators in determining the course of the assessment. Clients are given a sense of power and control at this early stage, which should continue throughout the process. The collaborative approach to goal setting will also increase their curiosity and engagement in the assessment process (Finn & Tonsager, 2002).

*Testing Sessions,* The testing sessions are geared around the individual assessment questions developed in Step 1. In essence, there is no “standard battery” of tests for TA. Instead tests are chosen based on the individual needs of each client. Extended inquiry procedures are then used to increase the utility of the tests (Finn, 2007). For example, after the Rorschach is given, a discussion about themes presented might open up doors

that would have remained shut. Thus, the Rorschach provides not only object test data but also a chance to further explore the client's life.

*Assessment Intervention Sessions.* Assessment Intervention Sessions are pivotal in creating situations for the client to discover some of the assessment findings on their own (Finn, 2007). The assessor can facilitate discovery by examining his or her working conceptualization of the client and determining which results to focus on during the assessment intervention session (Finn). These sessions should be planned in order to anticipate problems in the session to help the client solve them in that context (Finn). It also provides an excellent opportunity to work with the client to imagine solutions, test them, and revise them until the client feels success and confidence (Finn). Also, the successes and failures of the session can be explored immediately to discover their context. This session is designed to reveal greater insight to the client so that subsequent feedback becomes easier for the client to integrate. It also gives the assessor an idea of what feedback the client is willing to hear at this point, which helps in organizing it.

*Summary/Discussion Session:* One of the first aspects of psychological assessment examined for its therapeutic properties was the feedback session, which Finn has named the summary/discussion session in TA. Other researchers, in addition to Finn, found that altering the feedback session to be more collaborative could create greater change and satisfaction for clients (Finn, 2007). According to Swann's self-verification theory, people will cling to ideas about themselves even if they are negative (Ackerman, Hilsenroth, Baity, & Blagys, 2000; Finn, 2007; Finn & Tonsager, 1992; Swann 1997).

When test results contradict a self-concept, clients often do not integrate the information discovered or even dismiss it altogether. However, if presented collaboratively and therapeutically, feedback can often be the most transformative aspect of an assessment and enhances the likelihood that the information will be understood and adopted (Finn, 2007). In addition, the client is given a chance to review, discuss, and even disagree with the assessor's findings, similar to the ideas posited by collaborative assessment (Fischer, 1979, 2006; Finn, 2007; Finn & Tonsager, 2002). This form of interactive feedback has been shown to have a larger impact than simply presenting results.

To better conceptualize the amount of feedback a client could integrate, Finn developed a model of three levels of feedback information (Finn, 2007). Each of the levels increases in dissonance from the client's self-awareness and self concept. Level 1 feedback contains information that the client already believes. By hearing this information, the client begins to open up to the assessment process and believe in its utility and validity. Level 2 feedback is information that reframes or amplifies the client's typical thoughts of themselves. While this information is more informative and requires more insight, it should not really challenge self-esteem or self-perception. Level 3 feedback actively conflicts with the client's thoughts about him or herself and while likely rejected at first, will hopefully be assimilated at a later point.

One of the values of TA is that it tries to incorporate feedback through the entire testing process, creating a better environment for more difficult feedback later. This gives the client working examples of behaviors rather than discussing them later only in the

summary/discussion session. For example, during the TAT with a client suffering from depression, it might be beneficial to recognize that their stories involving relationships often have sad qualities to them. This could demonstrate that the test results are showing how they experience the world and possible factors, such as interpersonal relationships, that are contributing to depressive feelings.

*Written Feedback and Follow-Up Sessions.* Reports in TA are similar to those reports described by Fischer (1973, 1980) in previous sections. Fischer and Finn (2008) found that a combination of both written and oral feedback provided the most impactful feedback experience than either alone. Reports are written in a letter format directly to the client in language that the client will understand (Finn, 2007). The report is formatted according to the assessment questions and provides the answers discussed during the Discussion/Summary Session. This allows the client to have a written account of their assessment to continue to review and glean insight from after the assessment is concluded. Follow-up sessions are then given if more explanation is needed.

#### *Research on TA*

Due to the complex and lengthy nature of TA, only a small, but growing, number quantitative studies have been conducted on the comprehensive model, although case studies have provided poignant examples of its effects. Finn (2003) presented a case of a man, David, referred by his therapist after the pair had become stuck in therapy. Finn completed a full TA with the man, and, at the Summary/Discussion session, David actually guided the time by explaining the insights he had gained throughout the process.

David was then able to listen and agree with additional information from Finn. David completed the AQ-2, which reported that he was significantly satisfied with the experience, and later both David and the original therapist reported that their relationship had improved.

Other case studies have shown similar results in that clients leave the assessment satisfied and with new self-awareness. Finn and Martin (1997) describe a case in which a middle age woman came in to learn more about her anger. She left the assessment feeling more understood by the assessor and, more importantly, herself. She decided to continue psychotherapy and began communicating her feelings more smoothly. Finn and Kamphuis (2006) found TA to be beneficial for a client with more severe pathology, borderline personality disorder. The client in this case reported feeling understood and supported, which is something she rarely felt. In an example from Finn and Fischer (2008), Fischer described a case in which the man continued to report benefits of the assessment, in terms of satisfaction and subsequent psychotherapy success, over four years after it was conducted. Similarly, Peters, Handler, White, & Winkel (2008) stated that the referring therapist reported that his client demonstrated an increased commitment to treatment, increased hopefulness, and a stronger therapeutic alliance.

Most quantitative studies have examined only particular aspects of TA. The complexity of comprehensive TA hinders the ability to conduct studies with large sample sizes while still maintaining adequate control for confounding variables, such as varying lengths of time. In addition, there are some processes in the steps of TA that might create

change for a client, making it important to study the impact of specific components of TA.

However, even abbreviated forms of TA have been shown to increase overall client satisfaction with psychological assessment (Allen, Montgomery, Tubman, Frazier, & Escovar, 2003; El-Shaieb, 2005; Finn & Tonsager, 1992; Lance & Krishnamurthy in Fischer & Finn, 2008; Newman & Greenway, 1997). Finn and Tonsager (1992) conducted a study examining the effects of MMPI feedback using a brief TA model for college students compared with a group receiving the test with traditional feedback. Results found that those in the brief TA group showed higher self-esteem and satisfaction with the assessment. Newman and Greenway (1997) replicated the Finn and Tonsager study and found similar results. Other studies have found that a collaborative approach to feedback produces greater satisfaction than a unilateral approach (El-Shaieb, 2005; Hanson, Clairborn, & Kerr, 1977; Rogers, 1954). Lance and Krishnamurthy (in Fischer & Finn, 2008) found that those given written and oral feedback following the TA model rated the experience as more satisfying than those getting either the written or oral feedback alone. They also discovered that combined collaborative feedback left clients feeling more positive about the therapeutic relationship and as if they learned more about themselves during the process. Finn and Brunner (in Finn & Martin, 1997) found that inpatient clients who received collaborative verbal feedback, contrasted with, those who did not receive feedback, rated themselves more satisfied with the assessment process, having gained more self-knowledge, feeling more understood by the assessor, and being

more positive about the assessment. Recently, research is being conducted to see the effects of TA on underprivileged and minority populations (Finn, 2011).

TA has also been found to positively impact future psychotherapy progress in adults. In particular, it has been found to reduce the rate of premature termination, enhance clients' positive alliance to the therapist and increase the likelihood that this positive alliance will have a lasting impact on the therapeutic relationship (Cromer & Hilsenroth, 2006; Hilsenroth, Akerman, Clemence, Strassle, & Handler, 2002; Hilsenroth, Peters, & Ackerman, 2004). Overall, studies on TA have shown it to be an effective therapeutic intervention. Empirical research has found that brief models of TA increases assessment satisfaction, enhances self-esteem, alleviates clinical symptoms, increases self-knowledge, and improves the therapeutic relationship both with the assessor and future therapists.

### **Therapeutic Assessment with Children**

While TA began with working with adults, Finn and colleagues also adapted the model to conduct Therapeutic Assessment with Children (TA-C). TA-C maintains the same goals as TA with adults; however, TA-C is used not only as an individual intervention but also as a family systems intervention. The main difference between TA and TA-C is the involvement of the parents. In TA-C, parents are heavily involved in the assessment process and are even asked to watch their child's assessment. This observation can occur with the parents behind a one-way mirror, in another room

watching a live video feed, or in the same room as the testing. TA-C usually encompasses 8-10 weekly sessions conducted with one to two assessors.

*Steps of TA-C*

As with TA with adults, Finn developed a series of semi-structured steps for TA-C as seen in Table 2.2 (Finn, 2007).

Table 2.2: Steps of TA-C

Step 1	Initial Contact with Parents
Step 2	Collaborative Interview with Parents (Assessment Questions Gathered)
Step 3	Meet with Parents and Child
Step 4	Testing Sessions (Parents Observing)
Step 5	Parents' Testing and Personal Feedback
Step 6	Family Sessions
Step 7	Feedback with Parents
Step 8	Feedback with Parent and Child and Fable Given to Child
Step 9	Written Feedback Sent to Parents

*Initial Contact with Parents:* From the very beginning of the assessment process, the parents are treated as co-collaborators. The initial contact usually occurs over the phone and is to set-up the first appointment. Parents are also asked to start thinking of questions they would like answered during the assessment. Often materials such as a description of the process and consent forms will be sent through the mail for parents to fill out and bring to the first meeting.

*Collaborative Interview with Parents:* The first meeting is between the assessors and the parents without the child present. By meeting with just the parents, the assessor models appropriate parent/child boundaries and acknowledges the importance of the

parents' role in the assessment (Finn, 2007). The overarching goals of this session are to establish a safe and collaborative environment and to engage the parents as collaborators in the assessment process (Finn, 2007; Smith & Handler, 2007). Practical goals of this session are to obtain an accurate history of both the child and the perceived problem or problems and to generate assessment questions. Assessment questions are similar to the assessment questions gathered in TA with adults but with a focus more on the family and child. While parents often focus their assessment questions on the child's problems, the assessors strive for the parents to develop at least one question that is systemic in nature. An example of this is changing an assessment question from "Why is my child so angry?" to "Why is my child so angry *and* how can I help?" in order to add a systemic piece.

Assessment questions serve a variety of purposes. They set up expectations of what the assessment can provide, give information about the family's "story", guide the trajectory of the assessment, and inform early case conceptualizations (Finn, 2007; Smith & Handler, 2009; Tharinger, Krumholz, Austin, & Matson, In Press). Parents and assessors then work together to choose a couple of assessment questions to share with the child. In addition, parents are instructed how to introduce the assessment process to the child. Finally, the assessors answer any questions or concerns the parents may have about the assessment process.

*Meeting with Parents and Child:* During this session, the parents, with the help of the assessors, introduce the assessment process to the child and share a couple of

assessment questions. The assessors then invite the child to develop their own questions; however, it is not required that the child have their own questions. The assessor then answers any questions or concerns the child may have about the assessment process.

*Testing Sessions:* At this point, the actual testing begins. As with TA with adults, standardized testing procedures are adhered to in order to ensure the validity of the test results. Tests typically include, but are not limited to, cognitive tests such as the WISC-IV, academic tests such as the WCJ-III, objective personality measures such as the BASC-C, and projective personality measures such as the Roberts Apperception Test and the Rorschach. However, extended inquiries are conducted in addition to the standardized testing.

A unique, and sometimes controversial, aspect of TA-C is the parental observation. From the beginning, the children are made aware that their parents are watching. Ideally, an assessor is able to sit with the parents while they are watching. It is believed that this feature significantly, positively affects the effectiveness of the whole assessment process (Tharinger, et al., 2007). From the perspective of the child, it provides an opportunity to communicate thoughts and feelings with parents that otherwise would have felt too overwhelming to share (Tharinger, Krumholz, Austin, & Matson; Tharinger, Christopher, & Matson, 2011). From the perspective of the parents, there are multiple benefits. The assessor can help the parents understand what is happening during the testing and answer any questions the parents may have. The assessor can also begin to interject feedback and gauge the parents' ability to accept feedback. Hopefully, through

observation, the parents will have more curiosity about their child, better understand the testing process, engage as active participants, and begin to change their story about their child and family (Finn, 2007; Tharinger, Krumholz, Austin, & Matson).

*Parents' Testing and Feedback:* Although optional, in TA-C, the parents are invited to participate by taking their own set of standardized tests, usually personality measures such as the MMPI-2 (Finn, 2007). As the assessor works with the family system, it is important to understand the psychological functioning of the main members of that system. This is presented to the parents as a means to better answer the original assessment questions. After these sessions, the assessor has a session with the parents to introduce pieces of feedback. This session gives the opportunity to begin introducing possibly difficult feedback and allows observation of the parents' responses to this feedback. From this, the assessor starts to plan the family session and the final summary/discussion session.

*Family Intervention Session:* The family sessions are designed to give the family a chance to recognize assessment findings on their own (Tharinger, et al, 2007). These findings might be difficult for the parents and/or the child to absorb, so the session creates a living example of the results for the family to experience and relate to. It is an important opportunity for the assessor to observe the family system as well as to provide the family with support when problems arise. The family session also gives the parents an opportunity to see the systemic nature of the perceived child's problems (Tharinger et al., 2007). For example, a parent may notice how a different way of interacting may change

the child's behavior. Through this could come a realization of their part in the child's behaviors. In addition, the family intervention session gives the parents an opportunity to test out new ways of interacting with their child (Tharinger et al., 2007). The assessor wants to ensure that the parents experience a successful way of working with their child. Positive interactions may be a rarity within the family system and can provide both the parent and the child with hope. The success and ease of these interventions provide the assessors with valuable information concerning case conceptualization and recommendations (Tharinger et al., 2007). For the child, the family system gives them a positive interaction with the parents, allows them to communicate with their parents, and reduces shame (Tharinger et al., 2007).

An example of a specific family session might include a mom and son that are extremely close but a father who appears distant and uncaring. Through previous session and test results, the assessor might have the hypothesis that the father actually desires a relationship with his son but does not know how to relate to him. In turn, the son, feeling rejected by the father, acts out and becomes very disrespectful towards the dad. The family session might include an activity where the father and son must work together to fill out a sentence completion exercise. The goal of this would be for the father and son to start interacting in a positive and cooperative manner. Presumably, this would demonstrate that they are able to appreciate each other's company and actually can relate to one another. This realization can be a powerful changing point in their relationship;

whereas simply telling them the findings might make the results more easily dismissible. It also allows them to experience success working together in a safe environment.

*Summary/Discussion Session with Parents:* The meeting with the parent is also conducted in a similar fashion as that of adult TA. Parents are given answers to their questions according to the levels of difficulty. The goal is to illuminate and modify the parents' story about their child. They are also invited to discuss, question, and even disagree with the results given. During this session, the assessors also show the parents the fables, discussed later, to be given to the children. Parents are given the opportunity to edit the story as appropriate.

*Summary/ Discussion Session with the Parents and Child:* Oral feedback to the child follows the feedback given to the parent but on a developmentally appropriate level using developmentally appropriate language. Even adults often have anxiety when receiving assessment feedback (Finn, 1996a). This is heightened with children who often are unable to process highly emotional material. As a result, there is an increased risk when presenting assessment results to children that they may shut down or act out (Tharinger, et al., 2008). However, if done in a meaningful and developmentally appropriate manner, giving children access to their assessment results can be both beneficial and therapeutic. Written feedback is given to children in the form of fables that mirror the child's lived world.

### *Feedback in the Form of Fables*

Fables and stories have been used for years as a way to communicate and/or intervene with children during therapy (Gardner, 1993; Mutchnick & Handler, 2002). Fischer (1985/1994) created the first published fable as a means of communicating assessment results to a young child. This method has since been used by many clinicians in the field, including Finn. Finn implemented fables as a routine part of TA-C in the early 1990s. Since then, other assessors have begun using fables around the world (Purves 2005; Saunders & Tharinger, 2000).

Fables are formed by the reasons for assessment, test results, developmental level of the child, and the ability of the parents to be supportive (Tharinger, et al., 2008). Each fable is unique to the child and uses the child and the main people in his or her life as the main characters. Typically, the main character, the child, is presented with a challenge that mirrors the challenge the child is currently facing. The fable focuses on how to handle the challenge and introduces the assessors as “wise” characters who help the main character. It is important that the fable is realistic and reflects the accurate support the parents are willing to give. For example, if parents are unwilling to change, the fable might show the main character finding new ways to handle challenges or different sources of support. An example of a fable used in this study can be found in Appendix G.

When presenting the fable, it is important to stress how special the story is. Then the child is allowed to pick who they want to read the story. Typically, the child is excited and engaged. However, the child may become overwhelmed. If this happens it is

best to stop reading the fable and enlist the parents' help in processing these emotions with the child. The child also has an opportunity to change the fable.

### *TA with Adolescents*

When children develop into adolescents, the TA process changes to account for the developmental needs of the child. The process is somewhat of a hybrid of the adult and child versions of TA. The adolescent is given an individual initial session in which they provide background information and have the opportunity to develop assessment questions. They are also allowed to keep these questions private from their parents; however, the parents' assessment questions are shown to the adolescent. This increases the adolescents' engagement and cooperation in the process as well as their perceived importance and fits with their developmental need for individuation and autonomy (Finn). The testing is conducted similarly to that of TA with adults in that the parents are not viewing the adolescent from "behind the mirror" to encourage cooperation on openness on the part of the adolescent. However, the family does participate in a family session based on TA-C with activities that are developmentally appropriate for the adolescent.

In terms of feedback, the parents and adolescents receive individual discussion and summary session similar to TA with adults. Written feedback is later sent separately to the adolescent and the parents, and it is the adolescent's decision whether or not to share the letter with the parents. However, like every step in the assessment process, the adolescent is privy to the information conveyed to the parents through a copy of the letter

the parents receive. These letters are formatted in a similar fashion as the adult TA written feedback although modified to fit the developmental level of the adolescent (Finn, 2007). The report is formatted according to the assessment questions and provides the answers discussed during the summary/discussion session. This allows the client to have a written account of their assessment to continue to review and glean insight from after the assessment is concluded. An example of a feedback letter used in this study can be found in Appendix H.

#### *Research on TA-C and TA-A*

TA-C and TA-A are still developing areas of research. However, numerous case studies (Fischer, 1985/1994; Hamilton et al., 2009; Handler, 2007; Mutchnick & Handler, 2002; Purves, 2002; Smith, Nicholas, Handler & Nash, 2009; Smith, Wolf, Handler & Nash, 2009; Smith, Handler, & Nash, 2010; Smith, Finn, Swain, & Handler, 2009; Tharinger et al., 2009; Tharinger et al., 2007) have demonstrated the efficacy of both. Results of these case studies have shown that parents reported understanding their children better, feeling more effective in terms of parenting, being more motivated to pursue appropriate services. In addition, parents' view of the child also changes in that they noticed a decrease in behavioral problems with their children and an increase in their children's mood and social functioning.

Recently, researchers have attempted to empirically study TA-C and TA-A. The TAP has conducted the first research study to systematically evaluate the effectiveness of TA-C and recently began researching TA-A. Through their systematic research with TA-

C, TAP found that both children and parents reported an improved view of their family's functioning. In addition, parents reported significant improvements in their perceptions of the child symptomatology as well as an increase in positive emotions and a decrease in negative emotions related to their child's problem.

In a case conducted by Finn (Tharinger, et al., 2008a), a child came in for a TA due to her parents' concern about her severe depression. Through testing and a consensus TAT during the family sessions, the parents were able to recognize her depression and discovered that their current method of trying to "cheer her up" was actually ineffective. The assessors were able to help them join their daughter in her depression and alleviate her depression. The TAP project (Tharinger, et al, 2008b) reported a case study with a young boy struggling with anger and depression. After completing the assessment process, the young boy reported a decrease in his symptomatology and an increase in adaptive functioning; additionally, his father reported an increase in positive family interactions. In another case example, Tharinger, et al, (2007) described a case in which two grandparents brought in their 11-year old granddaughter for a TA to address her defiance and anger outbursts. At the end of the TA-C process, the grandparents were able to understand the tailored feedback focusing on the systematic nature of their problem. Subsequently, they reported a decrease in their granddaughter's externalization behaviors on the BASC-2 after the assessment process. They also reported feeling satisfied with the assessment and an increase in family communication and peace. These findings were upheld during the four-month follow-up. Overall, the initial research on TA-C suggests

that it not only an effective assessment method but also can serve as an individual and family systems intervention.

In addition to TAP, other researchers have examined the children's experience of TA-C. Pilgrim (2009), after her involvement with TAP, conducted an abbreviated form of TA-C, which included giving feedback fables to children. Pilgrim examined 32 children between the ages of 6 to 13 who underwent neuropsychological assessments. These assessments consisted of a variety of psycho-educational, psychological, and neurological tests. Both groups of children received individualized fables based on TA-C practices. However, the control group filled out post-test measures before receiving the feedback, whereas the experimental group filled out post-test measures after receiving the feedback. Results indicated that the children in the experimental group reported learning new things about themselves and perceiving that their parents understood them more than the children in the control group. In addition, they reported a strong relationship with the assessor and felt collaborated with than the children in the control condition. Smith, Handler, and Nash (2010) conducted a case study using time series analysis to determine the effectiveness of TA-C with three preadolescent boys with Oppositional Defiant Disorder. Results indicated an improvement in symptoms such as aggression, anxiety, depression, and school problems, which lasted after the active intervention. The families also reported experiencing benefits beyond the intervention. Ougrin, Ng, & Low (2008) incorporated elements of TA-A including working collaboratively with the client and a feedback letter consistent with TA principles. They conducted a comparison study with

adolescents referred for self-harm behaviors who were divided into the treatment group and the control group, which received assessment practices as usual. Results found that those in the TA-infused group were more likely to continue with follow-up services and more likely to engage during these services.

Current research on TA-C indicates that both children and parents experience positive results after completing the assessment process. Children report learning more about themselves, improving their adaptive and family functioning, and seeing a decrease in their symptomology. They also perceive that their parents understood them better as a result of the assessment process. In addition, children report having a strong alliance with the assessor and feel they are part of a collaboration. Parents report understanding their children better, feeling more effective in terms of parenting, and being more motivated to pursue appropriate services. They also notice decreases in symptomatology and negative feelings towards their child's problems and increases in family functioning, the child's mood, positive feelings towards the child's problems, and the child's social functioning. In addition, they feel like they better understand their child and can communicate more effectively with the child. These are encouraging initial findings. However, more research needs to be conducted on the effectiveness of TA-C. As mentioned earlier, most of the research conducted on TA-C has been in university clinics or independent practices. As the public school system provides a large majority of the psychological and psycho-education assessments of children, it seems fruitful to explore the use of aspects of TA in these assessments. Despite the strict federal and state guidelines regulating school

assessments, it is worth the effort, given the initial supportive findings in efficacy studies, to study the effectiveness of TA-C techniques in school-based assessment practice.

### **Statement of Purpose**

Traditionally, psychological assessments primarily have focused on collecting information to describe clients, make diagnoses, and provide recommendations for treatment (Finn & Tonsager, 1997). Although this model of assessment serves an important purpose, it has been recognized that it severely limits the effectiveness of the assessment process for the client. Fischer discovered that when administered in a collaborative manner, assessment could serve as a psychological intervention in and of itself (Fischer, 1973). Additionally, Finn noticed the therapeutic potential of assessment and created a semi-structured model of collaborative assessment that he named Therapeutic Assessment (TA) (Finn, 1996). Although TA continues to develop into a comprehensive model with an array of direct intervention features, obtaining assessment questions and delivering collaborative feedback are thought to be core features. When assessing children from a collaborative model, providing them with feedback through an individualized story or fable has been suggested (Finn, 2007; Fischer, 1985; Tharinger, et. al, 2008). Feedback stories have been found to have positive therapeutic results for the children and their parents (Pilgrim, 2009; Tharinger et. al, 2008a; Tharinger et. al, 2008b; Tharinger et. al, 2009).

Most of the practice and research concerning collaborative assessment and TA with children have involved university clinic-based research assessments or private

practice assessments. However, a large portion of children are assessed in the public school system, typically in the context of a referral for special education services due to a suspected handicapping condition or disability that adversely affects their educational performance. Thus, this study aimed to examine the impact of assessment infused with TA-C techniques on school-based assessments used for special education purposes. As discussed earlier, this study was a part of a larger study examining the impact of these TA-C techniques on parents and children. The impact on children was the focus of this research.

This study aimed to examine the effects of school-based assessment practices on children's satisfaction about their assessment experience, beliefs about their future challenges, and attitudes toward school.

## **Hypotheses and Rationale**

### **Hypothesis 1**

- A. Those in the TA-infused group would report learning more about themselves than those in the assessment-as-usual group.
- B. Those in the TA-infused group would report more positive feelings about the assessment than those in the assessment-as-usual group.
- C. Those in the TA-infused group would report a more positive relationship with the assessor than those in the assessment-as-usual group.

- D. Those in the TA-infused group would report feeling that their parents better understand them as a result of the assessment than those in the assessment-as-usual group.
- E. Those in the TA-infused group would report feeling more collaborated with than those in the assessment-as-usual group.

*Rationale*

Qualitative studies have shown that children feel more understood, learn new things about themselves, have lower negative feelings about the assessment, and have an increased alliance with the assessor as a result of the comprehensive TA-C model, specifically the use of fables (Pilgrim, 2009; Tharinger et. al, 2008a; Tharinger et. al, 2008b; Tharinger et. al, 2009). Parents also report developing a new understanding of their children (Tharinger et al., 2007; Tharinger et. al, 2008a; Tharinger et. al, 2008b; Tharinger et. al, 2009); however it is unclear whether the children perceive this new understanding. Studies with adults have shown that TA can result in high assessment satisfaction, increased self-knowledge, and the development of more positive therapeutic relationships both with the assessor and future therapists (El-Shaieb, 2005; Finn & Tonsager, 1992; Hanson, Clairborn, & Kerr, 1977; Lance & Krishnamurthy 2003; Newman & Greenway, 1997; Rogers, 1954). This study aimed to determine if these effects could be seen with a child population in a school setting.

## **Hypothesis 2**

- A. Those in the TA-infused group would report more positive feelings and less negative feelings about their challenges and future on post-test measures when compared with pre-test measures.
- B. Those in the TA-infused group would have a greater increase of positive feelings and a decrease of negative feelings about their challenges and future from pre-test to post-test than those in the assessment-as-usual group.

### *Rationale*

Often children feel shame about their challenges and develop a negative self-image. A goal of TA-C is to reduce shame and increase understanding and positive feelings surrounding challenges and the future. Empirical studies have found that TA-C can reduce negative feelings and increase positive feelings surrounding challenges and the future (Tharinger, Krumholz, Austin, & Matson, In Press; Tharinger, Finn, Gentry, et al., 2009; Tharinger, Christopher, & Matson, In Press; Tharinger et al., 2007).

## **Hypothesis 3**

- A. When compared with those in the assessment-as-usual group, those in the TA-infused group would reports a higher increase in positive attitudes towards school from before the intervention to after the intervention.

### *Rationale*

School assessments are primarily concerned for special education purposes for determining qualification of services and placement recommendations. As such, their focus is academic in nature even when assessing emotional functioning. Since TA-C has shown to decrease symptomatology and increase positive feelings about children's challenges (Tharinger, Krumholz, Austin, & Matson, In Press; Tharinger, Finn, Gentry, et al., 2009; Tharinger, Christopher, & Matson, In Press; Tharinger et al., 2007), it is hypothesized that these would translate into the school setting. As such, students in the TA-infused will have more positive feelings towards school as a result of a collaborative assessment than those in the assessment-as-usual group.

## **CHAPTER III: METHODS**

### **Participants**

The participants who began and completed the study included 33 elementary, middle, and high school students, ages 8-18. Participants were gathered in the time period of January 2010 to January 2011 from a larger pool of students requiring psycho-educational evaluations within a medium sized low-income school district in central Texas. The evaluations were conducted for special education purposes to determine if students qualified for a handicapping condition (typically a learning disability) and if so, what services and placement would be recommended. Students who were undergoing an evaluation for possible Autism were excluded from the study, as the nature of that evaluation process is distinctly different from that of a learning disability and deemed to be very collaborative as practiced in the school district.

Of the 41 participants who began, 33 students completed all measures and were included in the analyses. Thus, the final sample consisted of 16 males and 17 females whose mean ages were 13.8 (SD = 2.81) and 12.76 (SD = 2.46), respectively. Five of the participants attended elementary school, 16 attended middle school, and 11 attended high school. The majority of the students were Hispanic (66.7%) followed by African American (15.2%), Multiracial (9.1%), Caucasian (3.0%), Other (3.0%), and Unspecified (3%). Participants were divided into two groups: the TA-infused group and the assessment-as-usual group. The TA-infused group consisted of 10 males and 7 females

with a mean age of 14.13 (SD = 2.75). Three attended elementary school, 5 attended middle school, and 9 attended high school. The assessment-as-usual group consisted of 6 males and 10 females with a mean age of 12.38 (SD = 2.28). The groups did not significantly differ in relation to age, grade, or gender composition.

Thirteen assessors, all Licensed Specialists in School Psychology employed by the school district who routinely perform evaluations, were recruited to be part of the study. They were invited to participate by Lisa Lasater, Ph.D., LP, LSSP, Director of Psychological Services in the school district. Of the 13 assessors asked to participate in the study, 9 agreed. The other 4 stated that they did not have the time required to be involved in the study.

While the focus of the current study was the students' responses to the assessment process, the parents or guardians of the children also participated as a part of the larger study. In the larger study, Johnathan Fowler, a doctoral student in the School Psychology Program, investigated the response of parents. Sixteen assessment cases were a part of the larger study, and data was collected on both parents and children. The study examining parental response ended June 2010, and the remaining 17 assessment cases only examined the students' responses to the collaborative techniques. While parents no longer participated in the research, the assessors in the TA-infused group continued to work collaboratively with them. Therefore, all participants in this study received the same intervention regardless of their parents' participation in the larger study.

## **Procedures**

### **Approval by the Human Subjects Committee**

This study was conducted in compliance with the ethical standards designated by the American Psychological Association and those of the Institutional Review Board (IRB) at the University of Texas at Austin (IRB Protocol #2009-12-0095). The parent/guardian of each child was asked to sign an IRB-approved consent form, and the child was asked to sign an assent form. At this point, identifying personal information was separated from the research data in order to protect the confidentiality of the participants. In its place, a numerical coding system was implemented in order to organize data. Approval was also obtained by the school district represented by Lisa Lasater, Ph.D., LP, LSSP, Director of Psychological Services in the school district.

### **Recruitment of Participants**

Participants were recruited through from January, 2010 through January, 2011. These participants were students requiring psycho-educational assessment. These assessments were almost exclusively in the context of a referral for special education services due to a suspected handicapping condition or disability, intellectually, academically, or emotionally, that adversely affected educational performance. The students were assigned by the district to assessors based on assessor availability and the grade of the child, as assessors worked primarily within a certain age group. The students who were assigned to assessors participating in the study were invited to be participants in the study. Prior to the assessment, the researcher discussed participation in the research

study with the parents and asked them to sign the IRB consent form, which further described participation in the research study. The researcher also met with the children individually to explain the research study, answer any questions, and obtain written assent. If parents did not wish for the child to participate in the research study or if the child did not agree to participate, the child still received the assessment as regulated by the school district but did not participate in the research study.

### **Recruitment and Training of Assessors**

The assessors consisted of 9 Licensed Specialists in School Psychology. For the purpose of this study, assessors working with elementary, middle, and high school students were included. The assessors were divided into two groups: the TA-infused group (5 assessors) and the assessment-as-usual control group (4 assessors). The assessors were divided based on the recommendation from Lisa Lasater as well as the assessor's previous experience with a collaborative model of assessment. Those who had experience with TA or collaborative assessment were placed in the TA-infused group. Those who had not were placed in the assessment-as-usual group. In January 2010, each group received training conducted by the principle investigator and two school psychology doctoral students, Johnathan Fowler and Austin Beasley-Rodgers. An outline of the training can be found in Appendix F. The majority of the TA-infused group, also referred to as the treatment group, received a two hour training session as a group on TA principles and examples of implementing TA techniques into their practice. First, an informal assessment was conducted to determine the level of knowledge each assessor

had concerning TA. Then, the assessors were given an opportunity to discuss how they currently use collaborative techniques in their practices. Next, the research and information on the TA techniques used for this study were discussed with the assessors, and an overview of study requirements was presented. Assessors in this group were taught TA techniques, specifically how to gather assessment questions from the children, utilize extended inquiry techniques, construct feedback according the three levels, and give the child feedback in an accessible manner. Finally, a case example was given, and any questions from the assessors were addressed. Three assessors from the TA-infused group were unable to attend the meeting due to time constraints and met with the investigator individually to receive the above training. In August 2010, the investigator met with each assessor individually to review the training presented in January, 2010. The review training consisted of discussing the TA techniques used in the study and the study requirements. Time was also given to discuss the assessor's view of the process and address any concerns. Of the assessors in the TA-infused group, 2 assessors completed 6 cases each, 2 assessors completed 1 case each, and 1 assessor completed 3 cases.

The assessment-as-usual group, also referred to as the control group, received training concerning the requirements of the study. The control group was instructed to conduct their assessments as usual in order to provide a comparison between the treatment and the standard assessment procedures. These assessors were asked to provide feedback sessions with the parents prior to the child's ARD meeting (although this is practice-as-usual, it is sometimes hard to accomplish—so a special emphasis was

placed on this step). They were asked to conduct feedback sessions with students only if this was their standard practice. Of the assessment-as-usual group, only 4 students (25%) did not receive some form of oral feedback. Of the assessors in the assessment-as-usual group, 1 assessor completed 7 cases, 1 assessor completed 4 cases, 1 assessor completed three cases, and 1 assessor completed 2 cases.

The feedback sessions were recorded as integrity checks to determine that each group was following study protocols. Specifically, to ensure that the TA-infused group was providing oral and written feedback collaboratively and that the assessment-as-usual group did not provide oral feedback in an overly collaborative manner. While this was a requirement, 14 feedback sessions, 5 in the TA-infused group and 8 in the assessment-as-usual group, were not recorded due to assessor neglect or meetings being conducted without the primary investigator's knowledge.

### **Assessment Procedures**

As described previously, consent was obtained from parents through the IRB approved consent form and assent from the children through the IRB approved assent form. In developmentally appropriate language, the researcher explained the purpose of the research, assessment procedures, and how results would be used. This section describes the procedures for each group, and Table 3.1 provides a comparison of the assessment process for the two groups.

Table 3.1 Outline of the Study Procedures

<b>TA-infused Group</b>	<b>Assessment-as-Usual</b>
Initial Contact with Parents (researcher) Consent Obtained	Initial Contact with Parents (researcher) Consent Obtained
Collaborative Interview with Parents (assessor) Parent Assessment Questions Gathered	Clinical Interview with Parents (assessor)
Collaborative Interview with Child (assessor) Child Assessment Questions Gathered	Interview with Child (assessor)
Testing with Extended Inquiry (assessor)	Testing (assessor)
Feedback Session with Parents (assessor)	Feedback Session with Parents (assessor)
Feedback Session with Child (assessor) Written Feedback Given	Optional Feedback Session with Child (assessor)
Written Feedback Sent to Parent	Written Feedback Sent to Parent

*TA-infused Group*

Upon consent, the assessor met with the parents to conduct a collaborative interview and helped them create at least one assessment question about their child. Parents also participated in formulating a developmental history. The assessor then addressed any questions or concerns about the assessment process.

Once the student signed the assent form, the child completed pre-test measures with the researcher. The assessor then conducted a collaborative interview with the child in which the assessor asked the child about the problems, if any, they are experiencing. With the assessor’s help, the child also had an opportunity to include assessment

questions of their own. However, only three constructed their own questions, which pertained to academic performance.

At this point, the assessor began testing following standardized test administration policies. A typical battery included tests of IQ and academic performance. Personality measures such as the TAT and Rorschach were administered if the assessment was to determine special education eligibility due to emotional disturbances. Additionally, extended inquiries were conducted in which the assessor asked individualized questions about the child's experience with particular tests covering the child's perception of the test and their performance. For example, the assessor might ask if a child had difficulty with a particular subtest and if that subtest related to problems the child is having in the classroom.

During the testing process, the assessors phoned the child's parent to update the parent of the child's progress, address additional questions about the assessment that arose since the initial meeting, and schedule the feedback meeting for a time prior to the child's Admission, Review and Dismissal (ARD) meeting.

Once testing was complete, the assessor met, either in-person or by phone, with the researcher to review test results and behavioral observations. Together, they developed a feedback outline for both the parents and the student according to the three levels (Finn, 2007). Level 1 feedback contained information that confirmed what the parent already believed about their child. Level 2 contained information that reframed or amplified information the parent believed about their child. Level 3 contained

information that challenged the parent's perception of their child. Typically, summary/discussion session focused primarily on Level 1 and 2 information in order to prevent high levels of disintegration anxiety. After the consultation, the researcher developed written feedback for the child with collaboration from the assessor. From January 2010 through July 2010, the written feedback was a fable. However, in August, 2010, two assessors expressed a desire for feedback in a letter format for adolescent students. Given that letters are recommended for adolescents (Finn, 2007), feedback letters were used from August 2010 through February 2011 for students in middle school and high school. Nine students received fables, and eight students received letters. The fable consisted of characters that represent the child, their parents, their teachers, and other important people in the child's life. The main character was presented a challenge similar to the child and learned realistic ways of handling their challenge. An example of a feedback story can be found in Appendix G. The letter consisted of answers to the child's assessment questions and the results of the assessment written in a developmentally appropriate manner. The construction of the letter also followed the three levels used in oral feedback. An example of a letter can be found in Appendix H.

Finally, the assessor conducted a summary/discussion (feedback) session with the student. At this meeting, the assessor read the fable or letter to the student and gave the student a copy to keep. The assessor also discussed the assessment findings with the child and explained how the results would be shared with the parents.

Following this session, the child met with the researcher to fill out written measures and participated in a brief qualitative interview about their experience (Appendix E). This meeting typically occurred immediately after the feedback session or within a day of the feedback session if the researcher was not present during the time of the feedback session. The post-measures were obtained by the primary investigator, Johnathan Fowler, or Austin Beasley-Rogers.

#### *Assessment-as-usual group*

Upon consent, the assessor met with the parents to obtain a developmental history based on practice as usual. Prior to testing, the students met with the researcher to obtain assent and fill out pre-test measures. Unlike the TA-infused group, the student did not participate in any interviews beyond what the assessor usually conducts. Standardized administration of tests was then conducted. The battery of tests was similar to the TA-infused group; however, the assessment-as-usual group did not receive extended inquiry.

As with the TA-infused group, feedback sessions occurred before the child's ARD meeting. However, the assessors in this group were not required to develop a feedback outline or collaborate with the researcher. Written feedback was provided to parents according to practice as usual, directed by district requirements. The child did not have a fable but did receive oral feedback only if it was part of the assessor's practice as usual. 12 students received oral feedback, and 4 students received no form of feedback. The feedback for the assessment-as-usual group typically focused on the student's strengths and weaknesses based on the test results.

The child met with the researcher in order to complete post-test measures and participate in a brief qualitative interview about their experience. As with the TA-infused group, this meeting occurred immediately after the feedback session or within a day of the feedback session.

## **Measures**

### **Child Experience of Assessment Survey (CEAS)**

The child's experience of the assessment process was measured using the Child Experience of Assessment Survey (CEAS), which was developed by the Therapeutic Assessment Project. The 30-item questionnaire follows a 5-point Likert scale format with modifications in the response choices in order to be more child-friendly: "Really, Really Not True," "Not True," "Kind of True," "True," and "Really, Really True." The CEAS is comprised of 5 independent subscales that measure aspects of the child's experience with the assessment process: Learned New Things, Feelings about the Assessment, Child-Assessor Relationship, Perception of the Parent Understanding, and Collaboration. In order to personalize the measure, the assessor's name is written in for questions regarding the assessor. Prior research using the CEAS examined the internal consistency of the measure and found a cronbach's alpha coefficient of  $\alpha = .88$ . The complete measure can be found in Appendix A.

*Learned New Things.* The Learned New Things subscales measures whether the child felt his or her self-understanding increased as a result of the assessment process. The subscale includes items such as "I will think about myself differently now," "I

learned that with help, I can handle many of my problems,” and “I learned that I am good at some things I didn't know about.”

*Feelings about the Assessment.* The Feelings about the Assessment subscale measures the child's emotional response towards the assessment process and him or herself as a result of the assessment. This subscale includes items such as “I am proud of myself for doing the assessment,” “I'm glad I did the assessment,” and “I felt the assessment was helpful.”

*Child-Assessor Relationship.* The Child-Assessor Relationship subscale measures the quality of the relationship and alliance between the child and the assessor from the child's perspective. This subscale is comprised of such items as “(the assessor) seemed to care about me”, “I looked forward to coming to see (the assessor)”, and “(the assessor) liked me.”

*Perception of Parent Understanding.* The Perception of Parent Understanding subscale measures whether the child feels that their parents, or guardians, gained a better understanding of him or her and have more empathy for his or her difficulties as a result of the assessment process. Items in this subscale include “I think my parents learned a lot about me because of the assessment”, “Maybe, after this assessment, my parents will realize it's not all my fault”, and “Maybe my parents will go easier on me now.”

*Collaboration.* The Collaboration subscale measures whether the child felt involved and included during the different stages of the assessment process. These items include “(the assessor) helped me understand why we were doing the tests”, “(the

assessor) helped me understand the results of the testing”, and “(The assessor) explained why each test was important.”

### **Children’s Positive and Negative Emotions Scale (CPNE-S)**

The Children’s Positive and Negative Emotions Scale (CPNE-S) is a measure of children’s feelings about their challenges and future. The CPNE-S was developed by Deborah Tharinger. Children are given a list of 18 emotions in response to the prompt “Today as I think about my challenges and my future, I feel . . . .” Each of the 18 items is on a 5-point Likert scale with response choices modified to be more child friendly in their language: “Really, Really Not True,” “Not True,” “Kind of True,” “True,” and “Really, Really, True.” Items include “Hopeful,” “Bad,” “Proud,” and “Lonely.” This measure is still in the preliminary stages and does not have internal consistency values. The complete measure can be found in Appendix B.

### **Attitude to School subscale of the BASC2-SRP**

The BASC-2-SRP is a self report measure examining children’s behaviors and emotions. It consists of 14 subscales and yielded alpha coefficients in the mid-to-high .80s (Reynolds & Kamphaus, 2004). The Attitude to School subscale was used for this study and can be found in Appendix C. It consists of 7 questions on a 5-point Likert scale with modifications in response terms to incorporate more child-friendly language: “Really, Really Not True,” “Not True,” “Kind of True,” “True,” and “Really, Really, True.”

## **Qualitative Interviews with the Children**

Qualitative interviews were conducted with participants during post-test data collection. Twenty interviews were conducted by the primary investigator; 9 were conducted by Johnathan Fowler; and 4 were conducted by Austin Beasley-Rodgers. The interviewers were aware of the group membership of the students. Implications of this is explored in the Discussion section. The goal was to learn about the child's subjective experience of the assessment process in their own words. The interview covered the positive and negative aspects of the assessment process according to the child, a comparison to previous testing if applicable, information learned in the process, response to the feedback, perceived parental and teacher responses to the feedback, and overall impression of the assessment process. The interviews were used to provide additional information and were analyzed for themes. A copy of the interview outline is provided in Appendix E.

## **CHAPTER IV: RESULTS**

### **Introduction**

Data were collected from 33 participants and consisted of the Child's Experience of Assessment Survey (CEAS), the Children's Positive and Negative Emotions (CPNE-S), and the Attitude to School (ATS) subscale of the BASC-2-SRP. The CEAS was used as a post-test measure containing five subscales: Learned New Things, Child-Assessor Relationship, Feelings about the Assessment, Perceptions of Parent Understanding, and Collaboration, examining the students' perception of the assessment process. The CPNE-S was used as a pre/post-test measure of students' positive and negative affect concerning their challenges and future. The ATS was used as a pre/post-test measure of students' feelings about school in general. A qualitative interview was also conducted with participants following the collection of post measures. The following sections describe the analysis of results.

### **Descriptive Statistics**

Table 4.1 presents the descriptive statistics across each group and the total sample for each dependent variable. Each measure used a 5-point Likert scale ( $M = 3$ ). The 33 total participants include only those who completed the study in its entirety.

**Table 4.1 Descriptive Statistics of Measures Across Group**

Measure	Control		Experimental		Total	
	(N=16)		(N=17)		(N=33)	
	M	SD	M	SD	M	SD
<b>CEAS</b>						
Learned New Things	3.78	.61	3.30	1.00	3.54	.86
Feelings About Assessment	3.55	.60	3.19	.59	3.36	.61
Child-Assessor Relationship	4.29	.57	4.07	.64	4.18	.69
Collaboration	3.91	.66	3.91	.74	3.90	.76
Parental Understanding	3.42	.76	3.08	.59	3.24	.77
<b>CPNE-S</b>						
Positive Pre	3.69	.49	3.46	.94	3.58	.76
Positive Post	3.78	.84	3.67	.88	3.72	.85
Negative Pre	3.91	.68	3.81	.63	3.86	.64
Negative Post	3.99	.87	3.75	.911	3.87	.89
<b>ATS</b>						
ATS Pre	3.61	.61	3.61	.70	3.61	.65
ATS Post	3.67	.96	3.61	.70	3.64	.82

Feedback sessions were recorded to monitor the integrity of the intervention. This integrity check was conducted to ensure the assessors, in both groups, were appropriately following procedures. Those that were not recorded were due to assessor neglect or meetings being conducted without the primary investigator's knowledge. Fifteen

feedback sessions, 11 in the TA-infused group and 4 in the assessment-as-usual group were recorded.

Overall, in the TA-infused group, the assessors followed the treatment protocol as they gave feedback according to the three levels of feedback. In this group, the assessors invited the students to ask questions about the feedback and/or the entire assessment process. In the assessment-as-usual group, the majority explained the material in developmentally appropriate language rather than technical language. Overall, the assessors in the TA-infused group followed the study protocol, and the integrity checks in the assessment-as-usual group provided an examination of standard assessment practices. Implications of this are discussed in the Limitations section.

### **Analyses of the Hypotheses**

This section describes the statistical analyses conducted for the hypotheses of the study. Findings are reported.

#### **Hypothesis 1**

Hypothesis 1 concerns the child's perspective of the assessment process measured by the CEAS and was broken into five sub-hypotheses corresponding to the five subscales of the CEAS. The hypothesis stated that the TA-infused group would report learning more about themselves, experiencing more positive feelings about the assessment, having a more positive relationship with the assessor, feeling that their

parents better understand them as a result of the assessment, and feeling more collaborated with than those in the assessment-as-usual group.

A descriptive discriminate analysis, DDA, (Sherry, 2006) was conducted using the five subscales of the CEAS. These five subscales were used as independent variables, and group membership, TA-infused or assessment as usual, was the grouping variable. DDA requires seven assumptions to be met (Sherry), and statistical analysis showed that these assumptions were met with this data set. The Wilks' Lambda examines if there is any significance overall, which is needed to continue the analysis. Similar to the sum of squares, the lower the Wilks' Lambda the greater its contribution to the discriminate function (Sherry). The Wilks' Lambda (.839;  $p = .415$ ) did not yield significance, as shown in Table 4.2. Since no overall statistical significance was found, no further analysis was conducted on individual subscales.

**Table 4.2 Wilks' Lambda for CEAS**

Test of Function(s)	Wilks' Lambda	Chi-square	Df	Sig.
1	.839	5.011	5	.415

## **Hypothesis 2**

Hypothesis 2 concerned the child's positive and negative feelings about their challenges and future as measured by the CPNE-S. The CPNE-S is a pre/post-test measure comprised of two subscales: positive affect and negative affect. The hypothesis first examined within-group differences, predicting that the TA-infused group would show an increase in positive feelings and a decrease in negative feelings between the pre

and post measures. A RM ANOVA was conducted on each scale, and the results can be seen in Table 4.3. Within-group analysis for the positive affect subscale yielded no significant results for the main effect of time ( $F = 1.07$ ;  $p = .323$ ) or interaction between group and time ( $F = 1.64$ ;  $.688$ ). Therefore, there were no significant time-based differences within the TA-infused or the assessment-as-usual groups. Within-group analysis for the negative affect subscale also yielded no significant results for the main effect of time ( $F = .005$ ;  $p = 9.45$ ) or interaction between group and time ( $F = .234$ ;  $p = 6.26$ ). These results can be seen in Table 4.4.

**Table 4.3**

Source	Type III Sum of Squares	Df	Mean Squares	F	Sig.
Time	.355	1.000	.355	1.007	.323
Time * Group	.058	1.000	.058	.164	.688
Error (Time)	10.923	31.000	.352		

**Table 4.4 Within-Group Effects of Negative Affect**

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Time	.002	1.000	.002	.005	9.45
Group	.077	1.000	.007	.234	6.26
Error (Time)	9.875	31.000	3.19		

The second part of this hypothesis posited between-group effects on the positive and negative affect scales such that the TA-infused group would demonstrate an overall greater increase in positive feelings and decrease in negative feelings compared to the assessment-as-usual group. The results, shown in Table 4.5 and Table 4.6, demonstrate no statistically-significant differences between the two groups in terms of positive ( $F = .489$ ;  $p = .490$ ) or negative affect ( $F = .551$ ;  $p = .464$ ).

**Table 4.5 Between Group Effects for Positive Affect**

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Intercept	879.717	1	879.717	904.086	.000
Group	.476	1	.476	.4889	.490
Error	30.164	31	.973		

**Table 4.6 Between Group Effects for Negative Affect**

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Intercept	985.664	1	985.664	1090.895	.000
Group	.497	1	.497	.551	.464
Error	28.010	31	.904		

### Hypothesis 3

Hypothesis 3 dealt with the children's attitude toward school as measured by the Attitude to School (ATS) subscale of the BASC-2-SRP. The ATS is a pre/post-test

measure and does not have any subscales. Hypothesis 3 had two parts. The first stated that the TA-infused group would demonstrate an increase in positive feelings toward school. The test for the within-group effects for the ATS yielded no significant results for the main effect of time ( $F = .028$ ;  $p = .868$ ) and no interaction between group and time ( $F = .053$ ;  $p = .820$ ). These results can be seen in Table 4.7.

**Table 4.7 Within Group Effects of ATS**

Source	Type III Sum of Squares	Df	Mean Square	F	Sig
Time	.008	1	.008	.028	.868
Time * Group	.016	1	.016	.053	.820
Error (Time)	9.334	31	.301		

The second part of the hypothesis dealt with between-group effects for the ATS and stated that the TA-infused group would demonstrate a greater increase in positive attitudes toward school than the assessment-as-usual group. The results, shown in Table 4.8, yielded no statistically significant results ( $F = .022$ ;  $p = .882$ ).

**Table 4.8 Between Group Effects of ATS**

Source	Type III Sum of Squares	Df	Mean Square	F	Sig
Intercept	866.987	1	866.987	1041.797	.000
Group	.019	1	.019	.022	.882
Error	25.789	31	.832		

### Additional Analyses

Additional analyses were run examining the affects of age and race. No within or between group differences for race were found for any variables. A correlation was run for age on each variable. A negative correlation was found for age and positive feelings about the assessment (Fig. 4.9) indicating that the younger the student the more positively they felt about the assessment process.

**Fig. 4.9 Correlation of Age and Positive Feelings about the Assessment**

		Age	Feelings about the Assessment
Age	Pearson	1	-.422
	Sig. (2-tailed)		.016
	N	32	32
Feelings about the Assessment	Pearson	-.422	1
	Sig. (2-tailed)	.016	
	N	32	33

A negative correlation was also found for age and positive feelings about the relationship with the assessor (Fig. 4.10) indicating that the younger the student the closer they felt with the assessor.

**Fig. 4.10 Correlation of Age and Relationship with the Assessor**

		Age	Relationship with Assessor
Age	Pearson	1	-.402
	Sig. (2-tailed)		.022
	N	32	32
Relationship with Assessor	Pearson	-.402	1
	Sig. (2-tailed)	.022	
	N	32	33

### **Analysis of the Qualitative Interview**

Qualitative interviews were conducted with participants following the completion of post measures. Of the 33 participants that completed post measures, 28 completed the qualitative interview. Four in the assessment-as-usual and one in the TA-infused group were unable to complete the interview due to time constraints. The interview consisted of 12 questions, and the interviewer was allowed to expand as necessary. A copy of the interview can be found in Appendix E. The interviews were not formally coded and analyzed. However, they were examined and analyzed according to theme. A compilation of quotes according to themes can be found in Appendix I.

### **TA-Infused Group**

When asked about positive aspects of the assessment process, students primarily discussed specific testing activities such as “the puzzle parts” or “remembering the numbers.” However, 4 students reported aspects related to their relationship with the assessor, “she understands me” or “just getting to sit and talk with her.” Similarly, when

asked about the negative aspects of the assessment process, the majority of responses pertained to specific testing activities. One student reported that he did not like all of the personal questions the assessor asked, and another student reported not liking the entire process.

The students were asked whether they learned anything new about themselves through the assessment process. Students reported learning about themselves through the assessment process. Eight responses were about school related knowledge or general intellectual abilities such as, “I need help with reading”, “I need to try harder in reading and in math”, and “the way I learn differently.” Two students specifically mentioned learning about their disabilities for the first time or learning more about their disabilities such as “I didn’t know I was emotionally disturbed” and “probably how I got my dyslexia.” Two responses expressed learning something about their emotions such as “how my emotions can get me to do something” and “to take a deep breath (to calm down).” Of the participants, only 3 reported that they did not learn anything.

When asked if the students felt that their parents learned anything new about them, 6 students responded yes. Of the students who responded yes, four in the TA-infused group reported that they felt their parents would learn about their school related strengths and weaknesses. Three students’ reported that the assessment helped their parents understand them better: “It wasn’t my fault (that I couldn’t do certain things) cause it was my disability” and “That it is not all your fault that I do the stuff I do.” When asked about whether their teachers learned anything about them, 7 students responded

that they felt that their teachers would understand them better as a result of the assessment process. The responses dealt with teachers learning the students' strengths and weaknesses and learning how to help the student.

The TA-infused group was asked about the fable/letter they received. All of the responses to the written feedback were positive, and different themes emerged. The predominate theme concerned learning new information about themselves. One student commented that "It helped me understand what was really going on. It helped me learn a little bit about myself that I didn't know." Many students reported that the written feedback accurately described them, "It was exactly how I am. It was weird cause I didn't know I was like that." Students also reported valuing receiving oral feedback in a written format they could take with them to remember the results. One student stated that he could show it to his college professors, and another student liked that, "I could show it to my mom and dad and stuff." Additionally, many responses dealt with the relationship with the assessor. Students reported the letter demonstrated that the assessor "liked" them, "It was nice cause she said she liked working with me."

When asked about their perceptions of the parents' responses to the written feedback, most students commented that their parents would learn new information about their strengths and weaknesses. Two students' responses concerned their relationship with their parents such as "they're not going to be as hard on me." Similarly, responses concerning teachers' perceptions of the written feedback predominately pertained to learning more about the students' strengths and weaknesses.

When asked whether their friends would enjoy the assessment, 8 in the TA-infused group reported that their friends would enjoy the process. Responses centered around learning new information about themselves and getting out of class. Those that did not think their friends would enjoy the assessment reported the assessment to be boring or containing activities people would not like.

Finally, students were asked about what they will remember from the assessment process. Nine reported that they would remember information from the feedback, 7 reported they would remember specific testing activities, and only 1 said he would not remember anything.

### **Assessment-As-Usual Group**

When asked about the positive aspects of the testing process, the majority focused on specific testing activities. Two responses were about the student's relationship with the assessor. Two students reported aspects related to collaboration as the most positive part of the process, "And she was always really honest with me about stuff and like what we were going to do and what I should work on and things," and "explaining stuff so I could understand it better." When asked about the negative aspects of the assessment process, the majority of responses pertained to specific testing activities.

When asked if they learned anything about themselves through the testing process, the majority of students responded yes. Seven responses were about school-related information, "That I am good at reading," and "I never knew I was smart." One

student specifically mentioned his disabilities, “That I got disabilities.” Three students reported that they did not learn anything through the process and 1 student was unsure.

Four students reported that their parents would learn about them through this process, and responses centered around academic knowledge, “That I’m smart in ways they hadn’t seen before,” and “That I’m good at math.” Six students responded that their parents would not learn anything about them through this process, and 1 student was unsure. In terms of their teachers, 5 students reported that their teachers would learn about them, and results again centered around academic information, “that I need help,” and “that I’m intelligent.” Three students reported that their teachers would not learn about them through the process, and one was unsure.

When asked if their friends would enjoy the assessment process, only 4 responded that they would. Reason why their friends would enjoy the testing included learning about themselves and getting out of class. Two responded that they were unsure, and the rest reported that their friends would not like the testing because of specific testing activities or because the process was boring. When asked about what they would remember most, 9 students reported that they would remember some aspect of the testing process. All of these responses were about specific testing activities, “I think I’ll remember a lot of math,” and “that she asked questions about my life.” Only 1 response pertained to information from the feedback session, “That like just because like you have problems reading or writing you can do it. There’s no never can’t do you just need

someone to help you or a push to get you the effort so you can do it.” One student responded that they would “probably not” remember anything about the process.

### **Comparison of Groups**

The majority of both groups reported that the most positive aspects of the process were specific testing activities. However, more in the TA-infused group (4 students) than assessment-as-usual group (2 students) reported aspects of their relationship with the assessors as being the most positive aspect of the assessment. Unlike the TA-infused group, 2 in the assessment-as-usual group reported feeling collaborated with by the assessor. Similarly, the majority of both groups reported that specific testing activities were the most negative part of the assessment. Students in both groups reported learning more about themselves through the assessment process. All of the students in the assessment-as-usual group and the majority of students in the TA-group reported they learned academic information about themselves. However, only students (2) in the TA-infused group reported learning about their family system or emotions.

More students in the TA-infused group (6) than in the assessment-as-usual group (4) reported that their parents would learn about them as a result of the assessment process. Most responded that their parents would learn academic information about them. Only students in the TA-infused group (3) explicitly mentioned that their parents would understand them better as a result of the assessment process. Across both groups, students who reported that their teachers would learn about them as a result of this process listed academic information as what their teachers learned about them.

More students in the TA-infused group (8) than the assessment-as-usual group (4) reported that their friends would like this process. Reasons for both groups included learning new information about themselves and getting out of class. Those, in both groups, that did not feel like their friends would like the assessment reported that aspects of the testing were “boring” or “not fun.” When asked about what they would remember about the testing, only 1 assessment-as-usual group reported information beyond specific testing activities. In comparison, 9 students in the TA-infused group reported that they would remember information they learned about themselves from the feedback session.

Overall, students in both groups reported learning about themselves through the process, feeling that their parents and teachers learned about them, and expecting to remember specific aspects of the testing phase. However, more students in the TA-infused group, when compared with the assessment-as-usual group, reported experiencing a strong relationship with the assessor as a positive aspect of the process, learning about their emotions, feeling that their parents now understand them better, wanting to recommend the assessment process, and expecting to remember feedback information. While these results are not seen in the quantitative results, they indicate that more research is needed to examine these findings.

### **Responses Concerning Written Feedback**

The qualitative interviews demonstrated that all students responded positively to both forms of written feedback. Nine students, 3 children and 6 adolescents, received fables, and 7 students, all adolescents, received letters. However, those who received

letters and those who received fables differed in terms of what aspects of the feedback they appreciated the most. Those who received fables all reported liking the stories, and 4 students specifically mentioned that the stories accurately portrayed their life, “It was interesting how she wrote about me. Got the description of me really good about how my life is.”

The responses of those who received letters predominately concerned the students learning new information about themselves. One student commented that “she (the assessor) like is basically the only person that’s ever sat down and explained things to me.” Students who received letters also reported valuing receiving oral feedback in a written format they could take with them to help them remember the results. One student stated that he would take the letter to college with him to show his professors so they could better understand how he learns. Additionally, many responses dealt with the how the students perceived their relationship with the assessor. Students reported feeling “liked” by the assessor and honored that she took the time to write them a letter, “it made me feel really good that she told me what she really thinks about me.”

## **CHAPTER V: DISCUSSION**

### **Introduction**

This study aimed to examine the comparative benefit of using aspects of Therapeutic Assessment within school assessments, particularly assessments conducted to determine eligibility for Special Education services. Given the time intensive nature of completing the TA-C model in its entirety, implementing a full TA-C was implausible. As such, this study implemented specific TA techniques: collaborative interviews, extended inquiries, summary/discussion sessions, and written feedback. This study examined children's experience of the assessment process by comparing a group that received assessment practices as usual and a group that experienced TA-infused techniques. The sample consisted of 33 students with 16 in the assessment-as-usual group and 17 in the TA-infused group. Nine assessors participated; 5 assessors were trained in the collaborative and therapeutic techniques of the study while 4 were instructed to complete the assessments per their standard practices.

### **Discussion of Hypothesis One**

Hypothesis one dealt with the children's experience with the assessment process and consisted of five sub-hypotheses based on the five subscales of the CEAS. Specifically, hypothesis one predicted that compared to the assessment-as-usual group, the TA-infused group would demonstrate increased self-knowledge, a stronger child-assessor relationship, more positive feelings about the assessment process, increased feelings of collaboration, and an increased sense of parental understanding. A descriptive

discriminate analysis was run on the CEAS, which yielded no significant results indicating that there was no difference between the groups in terms of the five subscales of the CEAS. The remainder of this section discusses each of these sub-hypotheses separately.

The first sub-hypothesis predicted that those in the TA-infused group would report that they learned more about themselves than those in the assessment as usual; however, the results yielded no significant findings. Out of the 16 participants in the assessment-as-usual group, only 4 received no form of feedback. Both groups had relatively high scores for learning new things indicating that receiving feedback itself helps children learn more about themselves. The qualitative interviews also indicated that both groups learned about themselves as a result of the assessment process. Specifically, most students from both groups reported learning school-related information about themselves such as their academic strengths and weaknesses or that their general intellectual functioning was higher than they thought. These responses demonstrate that students in both groups felt that they learned more about themselves, which is a positive sign about current assessment and TA-infused practices. However, only those in the TA-infused group reported learning about their emotions rather than specifically academic issues, although it was only two students who did so. This could indicate that those in the TA-infused group learned information beyond academic knowledge. Additionally, when asked about what they would remember most from the assessment process, 9 students from the TA-infused group, as compared to 4 in the assessment-as-usual group, reported

that they would remember information they learned about themselves rather than specific activities of the process. This could indicate that those in the TA-infused group had a stronger connection with the information they learned and will likely remember this in the future.

In a typical classroom environment, students rarely receive in-depth, one-on-one feedback of their performance. As such, the individualized feedback session was likely a rarity for both groups. The similar results across both groups could be indicative of the power of individualized, one-on-one feedback.

One of the main differences between the two groups in terms of feedback is the presence or absence of written feedback. Since the post-measures were taken within a day of receiving feedback, it might have been too premature to detect the impact of the written feedback. Further research should examine effects a few months after the feedback session to better determine the effectiveness of the written feedback in this domain.

The second sub-hypothesis posited that those in the TA-infused group would feel more positively about the assessment process than those in the assessment-as-usual group. There were no statistically different results between the groups. In the qualitative interviews the majority of students in both groups reported disliking specific activities of the testing. Possibly children have negative associations with testing. As such, the testing aspect of the assessment process would already be subject to negative connotations. Since

they had to do extensive testing activities, students might not rate the assessment process as positive.

The third sub-hypothesis concerned the child-assessor relationship and proposed that those in the TA-infused group would report a more positive relationship with the assessor than those in the assessment-as-usual group. However, no statistically significant results were found. This could indicate that both groups felt a positive connection with their assessors. In the qualitative interviews, four students in the TA-infused group and two in the assessment-as-usual group reported aspects of their relationship with the assessor to be the most positive part of the process for them.

Fourthly, it was hypothesized that the children in the TA-infused group, when compared with the assessment-as-usual group, would feel that their parents better understood them as a result of the assessment process. This hypothesis was not supported by the statistical analysis. The qualitative interviews indicated that less than half of the assessment-as-usual group and about half of the TA-infused group reported that their parents learned about them. Given the nature of school assessments, students are taken out of class during school to participate and then return to class prior to the end of the school day. While parents were treated collaboratively, there was very little parental presence during the assessment process. Although the students were told of the participation of the parents, most meetings with parents occurred without students' involvement. As such, the children probably did not readily sense their parents' involvement or change in understanding unless these conversations occurred at home. It could be that this is not an

appropriate construct to examine within school assessments given the lack of parental involvement. Additionally, measures were given immediately following feedback, which may not have allowed enough time for effects in their relationship with their parents to be seen.

However, 13 of the 20 students asked about their teacher's response to the assessment results reported that they felt their teachers would learn about them through the assessment results. As the assessment is conducted in the school system and primarily concerning academic issues, perceived teacher understanding might be a more appropriate construct to measure.

The final part of this hypothesis stated that students in the TA-infused group would feel more collaborated with than those in the assessment-as-usual group. There were no statistically significant differences between the groups. In the qualitative interview, two students in the assessment-as-usual group specifically mentioned feeling collaborated with as their favorite part of the process. A potential reason for this could be the individualized nature of the school assessment process in which the students may feel more involved because the process solely concerns them. Additionally, receiving feedback in some form might be a new experience for the students, and thus, they felt more involved with the process. There were not enough students, only four, who did not receive feedback to compare whether feedback versus no feedback would demonstrate a difference.

## **Discussion of Hypothesis 2**

Hypothesis 2 concerned the children's positive and negative affects surrounding their challenges and future as measured by the CPNE-S. The CPNE-S was given as a pre/post-test measure to study both between and within group differences. When examining the positive affect subscales, no statistically significant results were found between or within groups. The sample contained 85% adolescents. According to Erikson, the main goal of adolescence is to gain a sense of personal identity (Beauchaine & Hinshaw, 2008; Muuss, 1998). This requires evaluating the self and creating a self-concept based on the past, present, and future (Beauchaine & Hinshaw; Muuss). During this period of identity development, the sense of self is very fragile. Viewing this in light of self-verification theory, adolescents are likely to rigidly hold on to attributes that they feel they have. Often these attributes are informed by what is socially desired by their peer groups. As a result, adolescents are preoccupied with how others view them. Given that approximately 85% of this sample is in middle school or high school, the students are likely going to very attuned to the image they project. While being told that their answers were anonymous, the students were filling out forms at the same table as the researcher, which may have created some social desirability bias. As a result of their developmental period and desire to display themselves positively, students may have been more apt to rate themselves highly on positive emotion and lower on negative emotions.

### **Discussion of Hypothesis 3**

The final hypothesis concerned children's attitude towards school as measured by the Attitude to School subtest of the BASC. This study posited that those in the TA-infused group would report a larger increase in positive attitudes towards school than those in the assessment-as-usual group. However, no statistically significant differences were found between the groups nor differences within group indicating that positive attitudes towards school did not increase over time in either group and the groups did not differ significantly in their attitudes towards school. This is a higher level construct given that the intervention does not directly target school attitudes. The hope was that by having a more positive experience with the assessment process and given feedback specifically concerning school performance that students would experience an increase in positive feelings towards school. While conducted at school, the assessments occurred outside of the classroom setting, which could have differentiated it enough from typical school activities that students did not view them as closely related. Similarly, post measures were gathered within a day of feedback, typically immediately following, which did not allow for the effects of the assessment to be felt in the classroom setting. Perhaps if given a chance for recommendations to be implemented, both by the student and teacher, more positive attitudes towards school could be felt. Additionally, the term 'school' is a broad concept that could encompass all aspects of school including social interactions, teacher/student relationship, academic performance, etc. Perhaps a measure

specifically addressing the academic portions of school would focus the child onto that aspect of school that would most likely be affected by the intervention.

### **Discussion of Additional Analysis**

The additional analyses found a negative correlation between age and the positive feelings about the assessment and between age and the positive feelings about the relationship with the assessor. As children progress through school, they have more opportunities to develop negative experiences with testing, especially academic testing. Additionally, the majority of these students have had previous school assessments, which may have contributed to them feeling more negatively about the assessment process as a whole.

As children develop into adolescents, they begin the developmental task of individuation, which can create an identification with peers rather than with authority figures. As a result, younger children may desire and feel a closer relationship with the assessor as they are not yet in the process of individuation. The older the adolescent, the more they would identify with peers rather than adults and less likely to actively try to develop a close relationship with the assessor who represents an authority figure.

### **Discussion of Written Feedback**

All who received written feedback reported it to be a positive experience during the qualitative interviews. Of the TA-infused group, 9 students received fables and 7 students received letters. Those who received fable reported liking the stories, and four students specifically mentioned feeling that the story related to their lives. Those who

received letters reported learning more specific things about themselves and reported more positive aspects of their relationship with the assessor. Additionally, they reported that they enjoyed having a written record of the results to take with them. One student even reported wanting to take the letter with him to college to show his professors. The shift in responses could indicate that while students liked both forms of written feedback, letters may be more affective at helping adolescents learn information about themselves. This thought is affirmed by the literature, which reports that letters are a developmentally appropriate form of feedback for adolescents (Finn, 2007).

### **Limitations of the Study**

This study was the first study to examine students' perceptions of TA techniques within the school system. As such, challenges arose that differed from previous TA literature that yielded positive results. A closer examination of these differences could help to explain reasons why this study demonstrated no statistically significant results and to develop further research questions.

One of the major differences between this study and the majority of the literature is the involuntary nature of the participants and their parents. In most studies with TA-C and TA-A, parents actively seek to participate in the process to answer questions they have about their children. The children are also asked to participate and given the chance to refuse to participate. However, in this study, the school system sought the assessment rather than the parents. Parents were required to sign permission for the assessment but did not actively seek the assessment as a means to answer questions about their children.

As such, both the parents and the children were involuntary participants in the assessment process. Finn and Kamphuis (2006) discussed limitations of conducting TA with involuntary clients. Clients may be more guarded during the process because they know that their information will be given to the referring party. Finn and Kamphuis also discuss that when using the assessment process as a means of diagnosing, that TA techniques may not be any more beneficial than standard assessment procedures especially if follow-up treatment is not provided. However, they do state that TA techniques may increase interest and commitment to the process thereby producing more accurate test results. Peters (2000) completed a study of TA techniques used with inpatient women with eating disorders. While results indicated no significant differences between the TA and standard assessment process, clients who received a TA had greater increases in their treatment motivation at the follow-up period.

Since parents were not active participants, a difficulty of the study was ensuring parental involvement, specifically face-to-face interactions with parents. As the intervention as a whole included working collaboratively with parents, parental involvement was a necessity. In addition, this study was a part of a larger study examining both parents' and children's experience of assessment, which meant that parents had to be physically present for interviews and for the parents participating in the larger study to fill out measures. This proved to be extremely difficult given that meetings occurred during the school day when most parents were at work. Therefore, the aspects of the study involving parents had to be conducted whenever the parents were

available. As such, some cases could not be conducted because of lack of parental involvement. Other cases were difficult to conduct because little to no notice was given of when parents would be present. For example, there were multiple times parents came to the school without notice, and it was difficult for a researcher to travel to the school in time. Consent forms were sometimes sent home followed by phone conversations to explain the study; however, most were not returned in a timely manner, and the assessment had to move forward without participation in the research study. The lack of consistent and adequate parental involvement made it difficult to obtain and complete cases. As a part of the larger study, assessors commented that parental involvement is very difficult in that school district and that infusing aspects of the study protocol, such as obtaining consent and completing measures, into the school's procedures would have made it easier to gain parental involvement (Fowler, 2010).

In addition to the involuntary nature of the parents' and students' involvement, the assessors were asked to participate by their superior. Typically, the assessors conducting TA have actively sought out training in TA and have expressed a desire to implement TA techniques into their practices. While participation was voluntary, assessors reported being hesitant to take on additional responsibilities (however, those assessors who did contribute multiple cases reported that the extra steps were not as time consuming as they had originally thought). As a result, eliciting and maintaining assessor participation proved difficult. Over the course of the three semesters the study was conducted, 13 assessors were asked to participate, subsequently agreed, and were trained.

However, only 9 assessors actually participated. Two assessors were assigned different positions within the district, 1 assessor left the district, 2 assessors went on maternity leave, and 2 assessors worked part-time. Given the concern assessors had about adding multiple steps, it is possible that their hesitation could have inadvertently created a negative attitude towards the study that the students may have felt.

Approximately two-thirds of the sample were Latino/a with the next largest racial group being African American with approximately 15% of the sample. However, the majority of the assessors were white, and all were women. This lack of match in terms of ethnicity, and at times gender, might have impacted the therapeutic relationship and assessment process. The TA literature has not examined a sample that is primarily Latino/a. Hall, Guterman, Lee, and Little (2002) found that children who were matched with their counselor in terms of ethnicity, language, and gender were more likely to have improved psychological functioning scores and decreased drop-out rates than those were not matched on those variables. Harris and Durodoyle (2006) found that White school counselors viewed multiracial students had a more difficult time adjusting to society and a poorer attitude towards adult than African American school counselors. As these studies indicate, both student and assessor may have been impacted on some level by the mismatched dyads. Students especially, as the minority group, may have been affected by being assessed and evaluated by a person of the majority group and could have felt misunderstood and misrepresented during the process.

The nature of the testing also differed from the majority of TA literature. The testing for this study was primarily cognitive whereas most TA studies are cognitive and emotional. Pilgrim (2010) used fables as a means of communicating the results of neurological testing and demonstrated positive results. However, this study used a voluntary sample and assessors also volunteered their participation.

Another difference between this study and many studies with TA was time allotted for the testing of each child. Often assessors had a quick turnaround date and multiple cases that overlapped each other. While the aspects of TA used in this study theoretically would be able to be implemented in quick assessments, it proved difficult given the small time frame. Cases used in the study often needed to be started and completed within a week, while the assessor also conducted other assessment cases. According to study protocol, the assessors in the TA-infused group were to conduct the assessments, score the reports, and then discuss the feedback sessions and written feedback with the researcher. The researcher was to then construct the written feedback and give to the assessor to review. However, at times, there were only a few hours between when the assessor finished scoring and when the feedback session had to occur. Therefore, the assessor and researcher often had little time to prepare and revise oral and written feedback. While this appears to be the nature of school assessments in general, more time allotted for preparing for feedback, especially written feedback, would have been beneficial. Typical studies using fables or letters as written feedback have more time to prepare and revise feedback (Tharinger et al, 2008a; Tharinger, et al, 2008b; Pilgrim,

2010). Additionally, written feedback, in most research cases, are constructed by the assessor who has developed a personal relationship with the child. However, the primary investigator constructed the written feedback in this study albeit with the assessor's final approval. While the assessor provided the primary investigator with information from the test results, interviews, and observations, the written feedback may have been more individualized if written by the assessor.

Two additional limitations of the study were the unequal distribution of cases across assessors and maintaining assessor involvement. Three assessors, 2 in the TA-infused group and 1 in the assessment-as-usual group completed over 5 cases, 1 assessor in the TA-infused group and 2 assessors in the assessment-as-usual group completed 3-4 cases, and 2 TA-infused group and 1 in the assessment-as-usual group assessors completed 1-2 cases. As the assessment process cannot be completely standardized for either group, the assessors' individual styles likely impacted the students' experience of the assessment process. With the unequal distribution of cases, the effects of assessors' styles could have been an influencing factor.

One unexpected limitation was the age of the sample. The anticipated population for this study was primarily elementary students with few middle and high school students. As such, the study was designed with children in mind. Specifically, written feedback was given in the form of a fable. According to the research, fables are the appropriate manner of written feedback for children in that age group (Finn, 2007; Tharinger, et al., 2008b). However, 85% of the population ended up being adolescents.

From January, 2010 to August, 2010, written feedback was given solely in the form of a fable. As the project developed, it became clear that the majority of participants were middle school or high school students. Two of the assessors reported that they were uncomfortable giving feedback to adolescents in a fable format, which they felt was not developmentally appropriate. As the research suggests that a letter is appropriate for adolescents (Finn, 2007), it was decided to use letters for adolescents from August, 2010 on. As a result, 7 adolescents received letters and one child received a fable during this period. Over the entire course of the study, 9 students received fables and 7 students received letters. Given the small sample size for groups based on the format of written feedback, statistical analysis could not be run. Therefore, future research should focus on the effects of each type of feedback with the appropriate age group.

Much of the TA literature are case studies implementing the full version of TA, TA-C, or TA-A. However, the body of empirical literature is a growing field of research. Part of the process of conducting TA research with larger samples is determining the size of the intervention and which techniques to incorporate. In this study, the TA-infused group received collaborative interviews with parents and children - although children were not required to develop assessment questions -, some extended inquiry, collaborative summary/discussion sessions, and written feedback. While the qualitative interviews demonstrated that children felt very positively about fables/letters, no statistical significance was found between the TA-infused group and the assessment-as-usual group. Perhaps the intervention implemented was too small to create significant

results with children and adolescents. If so, this presents a difficult dilemma because a full TA-C would be nearly impossible to complete within the school setting. Therefore, the question exists as to what aspects of TA would be effective and beneficial. Some time-series studies are being conducted to examine the effectiveness of the individual aspect of TA-C and TA-A (Smith, Handler, & Nash, 2010). This research could inform what elements would be most appropriate to add to school assessments. While it does appear that students appreciate the fables/letter more research is needed to determine, from the child's perspective, what other aspects of TA are most beneficial.

Another difference of this study was that the primary investigator was working within an established school district rather than an environment controlled by the investigator. Therefore, study depended on the resources allocated by the district. Space was often limited and data collection took place in a variety of locations such as small offices, hallways, and cafeterias. Additionally, there was a lack of translators, which was more of a district wide difficulty not just seen in the research study. While it was a requirement that the children in the study spoke English, many spoke English as a second language. As a result, the fluency and comprehension varied from student to student with some students even having testing done in Spanish. However, translators were not readily available for assessors during testing or feedback with students because the students spoke English. Some of these students may have better understood the process and feedback had there been translators available.

The qualitative interviews proved particularly interesting; however, these qualitative interviews used direct interviewing techniques. While the questions were developed with the developmental levels of the participants in mind, the direct interviewing techniques may have encouraged the power dynamic in the researcher/student relationship and may not have been the most comfortable manner of communication for the students. As a result, the interviews may not have best captured the clients' lived experiences of the assessments.

While there are different limitations of the study, it should be noted that perhaps the school district used in this study already conducts quality assessments comparable with assessments using TA-infused techniques. However, the results of this study cannot be generalized to other districts given the differences between school districts.

### **Lessons Learned**

Conducting intervention research in the “real world” presents unique challenges. A main limitation was that conducting research outside of a laboratory setting diminished the control of the primary investigator. As the study was conducted in the school system, the primary investigator had little control over certain aspects of the study. Since the assessors, not the primary investigator, were implementing the intervention, the primary investigator had to rely on the assessors for contributing cases, communicating the progress of the assessments, and the implementation of the intervention. As discussed in the Limitations section, some assessors were unable to fulfill all of the study

requirements. In order to ensure the study proceeds according to the outline, further research should be conducted by the primary investigator.

Unlike studies conducted in a lab setting, the primary investigator had little control over the scheduling of meetings with parents and students. As such, many meetings were scheduled when the primary investigator was unavailable or meetings were conducted without the primary investigator's knowledge. This presented a challenge to obtain parental consent, record feedback sessions, and meet with the child to collect post-test measures. While enlisting the aid of the other researchers associated with the larger study helped, it did not eliminate the problem of availability. Therefore, cases were unable to participate, sessions were not recorded, and some cases were not able to complete the entire study.

Overall, real world intervention studies provide useful information about implementing theory into practice. However, these study also present difficulties that are not seen in survey data or intervention studies in a private setting. Through this process, the primary investigator learned of these challenges and how to overcome them to collect meaningful data.

### **Implications for Future Research**

As this is one of the first studies examining TA-infused techniques within the school system, more research is needed to better understand the effects of adding collaborative practices to school assessments. When examining this study with the body of literature surrounding TA, many research questions arise.

This study involved a primarily involuntary population who was mandated to complete an assessment by the school district. As many school assessments are involuntary for both the parent and the student, more research is needed to better understand how to work therapeutically with students and parents who are participating in mandated testing. Additionally, the assessors did not actively seek participation in the study, which may have impacted the results. Future research is needed to better understand the effect of assessor commitment and buy-in to the TA model. Also beneficial would be researching how to market TA-techniques to assessors who are doing time-limited assessments.

The sample for this study was a primarily Latino population in contrast with the populations for much of the TA research. The client-focused nature of TA lends itself well to working with multicultural clients. More research is warranted to better understand how to adapt TA-techniques to different cultural populations, specifically the Latino population. In addition, more research is needed to understand the complexity of the therapeutic relationship when cultural differences exist in a TA.

This study primarily consisted of cognitive assessments with some assessments containing both cognitive and emotional testing. No assessments were only emotional testing. More research should be done to examine the affect the type of testing has on the effects of TA.

Research examining different constructs more closely related to the school environment might be beneficial. Specifically, addressing students' perceptions of

teachers' understanding would be important to add since teachers play a large role in the school environment. Also, measuring feelings specific to school performance rather than emotions in general and measuring attitudes towards academic rather than school as a whole might more accurately reflect aspects that school assessments relate to.

Additionally, different types of research would be beneficial. For example, case studies within the school system might help hone what aspects of TA are most useful in school assessments. Larger studies examining aspects of TA across different school districts would help control for the differences between school districts. Longitudinal studies could examine the long-term effectiveness of collaborative techniques when compared with standard assessments. The anecdotal interviews in this study were especially interesting. Qualitative research should continue, especially with younger populations, to better understand the clients' lived experiences. In addition, qualitative research with children should be constructed to match the developmental level of the children.

The age range of this study consisted of students 7-18. More research should be conducted within each age range (elementary, middle, and high school students) to determine if TA-infused techniques are more appropriate for certain age ranges. For example, this study employed both letters and fables as written feedback. Future research could give a better picture of how to use written feedback most effectively.

While this study specifically examined students' experiences of assessments, there are multiple parties involved in the assessment process. Further research should

explore these consumers such as teachers, parents, assessors, school administrators, etc. Researching the experiences of all involved will improve understanding implementing collaborative techniques into the assessment process as a whole.

### **Conclusion**

Much of research on TA, TA-C, and TA-A has been conducted in private practices and university clinics. More research is needed to examine the effects of TA in a variety of settings. This study was a preliminary study of TA techniques within the school system. Specifically, this study examined student's experiences of assessments infused with TA techniques when compared with standard assessment practices. No statistically significant differences were found between the TA-infused group and the assessment-as-usual group. However, qualitative interviews provided interesting insight to guide future research. Specifically, qualitative interviews indicated that students appreciated receiving written feedback in both the fable and letter format. It is important to note that school districts can be drastically different, which limits the generalizability of these findings to school assessments as a whole. More research, in a variety of school districts with a variety of assessment consumers, would be beneficial to understand the effectiveness of collaborative assessments in the school setting. This study used the TA-techniques of collaborative interviews, extended inquiry, and collaborative feedback including written feedback. Additional research would help discover which TA techniques are the most beneficial to add to the school system.

## Appendix A

### Child Experience of Assessment Survey (CEAS)

<b>Research ID #</b>					
<b>Date</b>					
<p>This questionnaire deals with your thoughts and feelings about your assessment. Please read each statement carefully. Once you decide how much you agree or disagree with a statement, circle the number that best matches how the statement applies to you. Be as honest and as accurate as possible. Please do not skip any item and check only one box for each statement.</p>					
<b>Use the following scale to rate each statement:</b>	<b>Really, really NOT true</b>	<b>NOT true</b>	<b>Kind of TRUE</b>	<b>TRUE</b>	<b>Really, really TRUE</b>
_____ helped me understand why we were doing the tests.	1	2	3	4	5
_____ liked me.	1	2	3	4	5
I think my parents learned a lot about me because of the assessment.	1	2	3	4	5
I learned that with help, I can handle many of my problems.	1	2	3	4	5
I felt the assessment was boring.	1	2	3	4	5
I will think about myself differently now.	1	2	3	4	5
_____ and I had fun together.	1	2	3	4	5
I think my parents will understand me better now.	1	2	3	4	5
Now I know more about why some things are harder for me.	1	2	3	4	5
_____ asked me what it was like to take the tests.	1	2	3	4	5
I am proud of myself for doing the assessment.	1	2	3	4	5
_____ helped me understand things about myself from the tests.	1	2	3	4	5
My parents will never understand me.	1	2	3	4	5

Use the following scale to rate each statement:	Really, really NOT true	NOT true	Kind of TRUE	TRUE	Really, really TRUE
_____ was mean to me.	1	2	3	4	5
I know more now about where my problems came from.	1	2	3	4	5
I felt the assessment was a waste of time.	1	2	3	4	5
_____ wanted to know what I thought about my life.	1	2	3	4	5
Maybe, after this assessment, my parents will realize its not all my fault.	1	2	3	4	5
I liked _____.	1	2	3	4	5
I felt the assessment was fun.	1	2	3	4	5
I still don't think my parents get it.	1	2	3	4	5
I looked forward to coming to see _____.	1	2	3	4	5
Now I better understand my problems.	1	2	3	4	5
_____ explained why each test was important.	1	2	3	4	5
I felt the assessment was helpful.	1	2	3	4	5
Maybe my parents will go easier on me now.	1	2	3	4	5
I learned that I am good at some things I didn't know about.	1	2	3	4	5
_____ helped me understand the results of the testing.	1	2	3	4	5
I'm glad I did the assessment.	1	2	3	4	5
_____ seemed to care about me.	1	2	3	4	5

## Appendix B Children's Positive and Negative Emotions About Themselves Scale

Research ID #: \_\_\_\_\_

CPNE-S

Date: \_\_\_\_\_

Please answer the following questions, using the 5-point scale provided.

Think about how you're feeling **RIGHT NOW**.

*Today as I think about my challenges and my future I feel .....*

	Really, Really NOT True	NOT True	Kind of True	TRUE	Really, Really TRUE
1. Afraid	1	2	3	4	5
2. Good	1	2	3	4	5
3. Sad	1	2	3	4	5
4. Bad	1	2	3	4	5
5. Happy	1	2	3	4	5
6. Hopeful	1	2	3	4	5
7. Strong	1	2	3	4	5
8. Frightened	1	2	3	4	5
9. Angry	1	2	3	4	5
10. Lonely	1	2	3	4	5
11. Cheerful	1	2	3	4	5
12. Excited	1	2	3	4	5
13. Proud	1	2	3	4	5
14. Alone	1	2	3	4	5
15. Like I can handle it	1	2	3	4	5
16. Like I want to give up	1	2	3	4	5
17. Like I will try my hardest	1	2	3	4	5
18. Like everything will be OK	1	2	3	4	5

Appendix C

**Attitude Towards School subscale from the  
Behavior Assessment Survey for Children**

Research ID #:

Date:

This questionnaire deals with your thoughts and feelings about school. Please read each statement carefully and decide how much you agree with it. Then, please answer the rate the following statements on the 5-point scale provided. Mark an answer for each question and only circle one answer for each statement.

	Really, Really NOT True	NOT True	Kind of True	True	Really, Really True
I can't wait for school to be over.	1	2	3	4	5
I don't like thinking about school.	1	2	3	4	5
I don't care about school.	1	2	3	4	5
I feel like I want to quit school	1	2	3	4	5
I hate school.	1	2	3	4	5
My school feels good to me.	1	2	3	4	5
School is boring.	1	2	3	4	5

Appendix D: Demographic Information

<b>ID Number:</b>	<b>Date:</b>
-------------------	--------------

**1. Sex:**

Male          Female

**2. Age:**

**3. Grade:**

**4. Ethnicity/Race (Select One):**

Caucasian	African American	Asian American/Pacific Islander
Indian American	Native American	Latino/Latina
Multiracial	Other: _____	Prefer not to answer

**5. School:**

Del Valle Elementary School	Smith Elementary School
Pompham Elementary School	Hillcrest Elementary School
Hornsby-Dunlap Elementary School	Creedmore Elementary School
Baty Elementary School	Del Valle Middle School
Ojeda Middle School	Dailey Middle School
Del Valle Opportunity Center	DAEP
Del Valle High School	

**6. Have you participated in a psychoeducational or psychological assessment or evaluation?**

Yes          No

**If yes, was this done within the school system?**

Yes          No

Appendix E: Qualitative Interview

**Qualitative Post-assessment Interview with the Child**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Tell me about the testing and talking you did with \_\_\_\_\_ (probe to encourage spontaneous responses).
2. What did you like about the testing and talking?
3. What didn't you like about the testing and talking?
4. Do you remember a time when you were tested before? If so, what do you remember about that time?
5. How was this the same? Different?
6. Other kids tell me they learn a lot about themselves from the testing and talking. Is that true for you? What did you learn? What else?
7. Other kids tell me that their parents learn about them too. Is that true for you? What did your parents learn about you? What else?
8. Other kids tell me that their teachers learn about them too. Is that true for you? What did your teachers learn about you? What else?
9. If they received a fable: Tell me about the fable that \_\_\_\_\_ wrote for you. What did you think about it? Was it helpful? How?
10. Do you think your parent found the fable useful? What makes you think so (or not)?
11. Do you think your teacher found the fable useful? What makes you think so (or not)?
11. If another kid asked you if doing the testing and talking would be useful to them, what would you tell them?
12. What do you think you will remember the most from this testing/talking experience with \_\_\_\_\_?

## Appendix F: Training Outline

### **Training Overview of Collaborative Assessment Group**

- Principles of Collaborative Assessment
- Purpose of Assessment Questions from Parents
- Gathering Assessment Questions from Children
- Gathering Assessment Questions from Teachers
- Purpose of Parent Check-in
- Purpose of Teacher Check-in
- Extended Inquiry Purpose and Techniques
- Principles of Collaborative Feedback
- Collaborative Behaviors during Feedback
- Collaborative Feedback with Children
- Overview of Responsibilities and Logistics

### **Training Overview for Assessment as Usual Group**

- Overview of Current Assessment Practices
- Purpose of Enhancing Current Practices
- Purpose of Parent Check-in
- Purpose of Teacher Check-in
- Assessment Feedback Practices

# *Rosaline the Beautiful Butterfly*





Rosaline was a beautiful butterfly who lived in the land full of flowers, trees, and animals. She loved to float above the flowers and drink all of their beautiful nectar. Rosaline was a very smart butterfly and excelled at flying. She could soar very high and did well in flying school.

While Rosaline enjoyed her land of flowers at times, she longed for the comfort of her cocoon. You see, Rosaline had a comfy cocoon when she was younger. She loved her cocoon, and that cocoon made her feel so safe and special.



However, Rosaline was forced out of her cocoon too early! She wasn't ready to come out of her cocoon and grow up into a butterfly yet. All the other caterpillars got to stay in their safe, comfy cocoons until they were ready to grow up into butterflies... but not Rosaline. She was forced out by a couple of mean butterfly eating birds. Unfortunately, because she was forced out so early,

her eyes didn't quite have enough time to develop and since the cocoon, had been causing her a lot of problems.



Rosaline's eyes were very good at seeing all of the beautiful flowers and other butterflies, but her eyes also saw things that the other butterflies did not see... Sometimes she would see, talk, and even play with other butterflies that weren't real! It was very hard for Rosaline to tell the difference between real butterflies and the butterflies in her head! They just seemed so real to her eyes! It made Rosaline feel very scared and unsafe that she could not tell the difference!

### Birds



But that's not the only thing that was scary to Rosaline... there was the birds! You see, some birds in Rosaline's world were mean birds that loved to eat beautiful butterflies! These birds were scary and would hurt all the beautiful butterflies! Rosaline had seen these birds attack other butterflies in her family and sometimes, she was attacked herself! It was these birds that had attacked Rosaline in her cocoon and forced her to come out. There were some birds in

Rosaline's world that were nice, but Rosaline did not trust ANY birds! She didn't want any risk being attacked again. Therefore, it was safer to not trust any birds; then, no bird could ever hurt her!

But what Rosaline didn't know is that the nice birds actually wanted to help protect beautiful butterflies just like Rosaline. A lot of these nice birds taught and lived at Rosaline's flying school. These birds really cared about Rosaline and wanted to help her and protect her from mean birds. However, to Rosaline, a bird is a bird is a bird... and birds meant danger! It was hard for her to tell which birds were nice and which were dangerous! So she didn't trust or listen to any birds... even the nice ones!



So you might be thinking, "what about Rosaline's family? Are they birds or butterflies?" Well, it was hard for Rosaline to tell sometimes! Rosaline lived with her mother, brother, and sometimes her older sister. Rosaline's mother was a hummingbird. Now, hummingbirds are small birds that also eat flowers just like butterflies. This made it difficult for Rosaline to tell if her mother were a butterfly, and could be trusted, or a bird, who couldn't be trusted! Therefore, she would sometimes be nice to her mother and sometimes she would be not so nice to her mother. Her sister was really mean to Rosaline. This made Rosaline scared and angry. Why would her sister be so mean? Why would she hurt her? These confusing questions made it very difficult to be around her sister. Rosaline didn't know what to do with all of that anger and fear... So sometimes she took it out on her little brother. It was easier to be mean to him than to her sister, but being mean to her brother sometimes made her sad...



Do you know what else made Rosaline sad, scared, and mad? The fact that she lost her cocoon! There was no place in the world like her cocoon. Rosaline often wished she had a place of her own that felt as safe as her cocoon. She found a place that was pretty and made her happy. It was a patch of flowers where Rosaline lived. Rosaline kept all of her things there and did NOT like it when other people came into her flower patch or touched her things! It made her get so angry that she would yell! Sometimes her sister would come over, and Rosaline's mom would make Rosaline leave her flower patch so that her sister could stay there. This made Rosaline double angry! It even made her angry when people at the flying school would touch her things! She would yell at them too!



Rosaline loved to go watch the scary birds fight! Even though she knew those birds were mean and dangerous, she sometimes liked them. This made Rosaline nervous that it meant she wanted to hurt other butterflies. Even though it made her worry, Rosaline still liked to watch all of the scary bird fights.

Do you know what happened when all of these negative emotions would build up within Rosaline? Her vision got WORSE!! It became harder for Rosaline to know what was real and what was in her head. She began to see more things that weren't real... and this made her scared!

Rosaline's teachers and mom noticed that Rosaline was having a hard time with her eyes and her emotions so they sent her to see the wise owl Ms. Elaina. At first it was hard for Rosaline because Ms. Elaina was a bird. But over time, she realized that owls were birds that did not eat butterflies... they helped butterflies! Ms. Elaina asked Rosaline a lot of questions about school, home, and her emotions. Rosaline told Ms. Elaina about her vision problems too! Ms. Elaina seemed to really care about Rosaline and wanted to help her. They did a bunch of activities that Ms. Elaina explained to Rosaline would help her learn more about Rosaline. Some of the activities were fun, others were boring, and others were hard! But Rosaline did such a great job at finishing them.



Ms. Elaina met with Rosaline's mother and also met with Rosaline. She told them that Rosaline was very smart and good at flying school things! She was so proud of how well Rosaline could do and did on the tasks. Rosaline was such a good butterfly. Ms. Elaina also talked about Rosaline's eyesight. She said that there were other butterflies who were forced out of their cocoon too early and had vision problems just like Rosaline! She said that other butterflies who were attacked by birds had trouble telling what was real and what wasn't. She said that this was probably true of Rosaline as well. She said that when Rosaline gets scared or angry that it makes the vision problems even worse. Ms. Elaina also said that Rosaline was so protective of her things because it made her feel safe and under control when everything seemed do chaotic! Ms. Elaine also explained that Rosaline loved to watch birds fight because she wished she could be strong and powerful like those birds. Those birds seemed to be so powerful that they never got hurt and Rosaline wished that were true of her. This made a lot of sense to Rosaline. Ms. Elaina

said that there were a lot of birds out there that were good and wanted to help Rosaline. She wanted Rosaline to learn to trust those birds so that they could help her. She recommended that Rosaline go see a healer bird who maybe could give her some glasses to help with the vision problems. She said that by talking with the healer bird about her negative feelings, Rosaline would be able to start using these glasses. Now, these glasses couldn't get rid of her vision problems, but it would make her vision clearer. Talking with the healer bird would help Rosaline tell the difference between things that were real and things that were in her head.

Rosaline knew that her vision problems would still be there and that she would still have a hard time with some of those scary emotions, but she began to have hope! She now knew that she was really good at flying school and that made Rosaline very happy! She also was beginning to believe that there may actually be some nice birds in the world that wanted to help her. She decided that she would start to trust these birds, especially the healer birds, because she knew that they would help her with her vision problems and difficult emotions.



## Appendix H: Letter Example

Hi Student,

I wanted to begin by saying how much I enjoyed working with you. I really liked all the effort you put into the assessment! Even though we just talked about the results of all the testing you did, I wanted to write this letter to give you all of the feedback in a written format. That way you can take it with you to remember everything we did and talked about.

Just like everyone, there are things you do really well on and things that are a bit harder for you. It's really cool how athletic you are and how much you like basketball and football! I think it's great to have something fun that you love to do and hope you continue with them. I'd like to start out by talking about the cognitive testing you did, which tells us how your brain works. You were right in the average range. The tests also showed that your brain responds to verbal information and visual-spatial information the same way. This means that you can understand information when it is in word form (like when you had to tell me the meaning of words) or when it is more in the form of pictures (like when you had to pick which two shapes made up the big pictures). We did a couple of memory tasks, some with stories and words and some with pictures. You did better when remembering verbal information (like when you had to remember the stories I told you) than the picture information (where you had to remember the meaning of the symbols in order to tell a story). Symbols are a bit harder because you not only have to remember the symbols but also the meaning of the symbols. The memory tests also showed that you do a lot better on memory tasks when you are given information one piece at a time. You did particularly well on activities where you had to make decisions quickly. Overall, your cognitive tests results were right where they needed to be!

We also did a lot of activities that were like school, and your test results were right on the mark! In terms of reading, you were able to read both words and stories. The more words you learn and the more you practice, the more words you will learn and the easier it will be for you to read them. However, you did the best on tests that measured how much you understood what you were reading. This means that even when it is hard for you to read a certain word you can use context clues to figure out the meaning. In math, you were able to solve simple math problems but did the best on word problems. Just like reading, once you learn the basics of math, you can do harder word problems well. Finally, your spelling is right on average. Overall, you are right where you need to be in terms of school skills!

When we talked, you mentioned that you were unsure with whether you still needed to be in Special Education. As far as the tests go, you are about average in most areas, which means you don't qualify for services. What this means is...you're right! However, the decision about whether you stay in Special Education isn't based just on the tests. It is

made by the ARD committee, which is made up of your teachers, parents, and me. They will look at your test results, your grades, and the recommendations from you teachers about how you're doing in school with and without services. This decision will be made at you're upcoming ARD meeting, and we will let you know what happens.

I've come up with a couple of general recommendations for you to help you out with school. Make sure to go to the extra tutoring sessions that teachers have and keep up the good work in your science enrichment class. Also, the Wolf Lab would be a good place for you to go and study since it is usually quieter.

Overall, you did really well on all of the tests! Hopefully, by using these recommendations, school will be a little easier for you. Thanks so much for working with me! It was really nice to work with you, and I am very proud of how hard you worked!

Thanks,

Assessor

## Appendix I: Responses to Qualitative Interview

### 1. Positive Aspects

<b>TA –Infused Group</b>	<b>Assessment as Usual Group</b>
Just getting to sit and talk with her; Listened to my problems at home	Explaining stuff so I could understand it better;
We got along well and had a lot of laughs. She understands me. We made jokes while testing.	We talked; where we were going for Thanksgiving and Christmas
How she treated me. She treated me nice.	The way she talked with me. She told me a lot of questions about football and stuff I liked
Talking with her. She’s not country like me but she yeah she knows about stuff; related to her. ( <i>So you related to her</i> ) Yeah.	And she was always really honest with me about stuff and like what we were going to do and what I should work on and things.
I liked the story (feedback) and it pertained to my life. It was like me.	Well I’d say meeting a new teacher. ( <i>How so</i> ) Well I like getting to know them
I liked playing checkers	She was kind; she was patient
Where I had to create my own sentences	Playing games
I liked telling the stories on the cards (TAT).	We never took a break.
Some of the tests. ( <i>which ones?</i> ) not sure which.	Math because it was easy
The tests	Got to draw pictures
The part with the pictures ( <i>anything else</i> ) the whole tests	The puzzles that we had to do with figuring out where the shapes go. That was really fun.
The work ( <i>anything else</i> ) math and language	The puzzles ( <i>why</i> ) it was new stuff.
Look at how the shapes were different; You had to figure out which parts go	We did the one with the pictures. Well I was supposed to do it in two languages.

where. The puzzle parts.	Yeah. She said I did better in English than in Spanish ( <i>anything else</i> ) the math
The test that you looked at the symbol and say what they told you they mean.	There was a drawing then it was a word. ( <i>anything else</i> ) memory putting word for picture.
The matching because it was fun.	I liked doing the puzzles.
The fishes were fun. Trying to memorize them and the shape. It reminded me of a game	All the activities and math
Getting out of Class	Writing because it was short; figuring out the puzzles and what shape it makes
Doing the pictures.	The pattern reading
Remembering the numbers	I did a test and it had dogs in it and others with sports.
Reading	You gotta choose what the pictures are doing; the shapes, you had to put them in order.

## 2. Negative Aspects

<b>TA- Infused Group</b>	<b>Assessment as Usual Group</b>
She asked a lot of questions ( <i>about the tests or about you?</i> ) Both	The reading because the letters were hard to pronounce
Had to remember math skills from years ago	The writing because it hurt my hand to write so much.
I didn't like that there were so many people outside; people were walking outside	Saying stuff backwards; the background got louder and louder
You had to do things really fast, The word test and the computer test you had to do fast. I didn't understand them.	When I had to figure out what he said; Because there was a noise on the computer and I had to listen what he said.

All of it	The reading and then the math
The math. I'm not good at math	The math; the reading
The math	The division – not good at it
The picture ones (Rorschach)	The tests
The testing wasn't. It was too boring; the writing	The writing
The reading part and some of the reading parts cause I really don't like reading unless I have to read.	
Listening and repeating things on the computer because it was too fast and too loud	
The math. It has always been difficult for me	
The writing	
Questions that I didn't like or didn't understand; reading problems	

### 3. Previous Testing

<b>TA-Infused Group</b>	<b>Assessment as Usual Group</b>
<i>Same as Before</i>	<i>Same as Before</i>
The way the books were set up	Pointing out the pictures
Talking about things	Reading words
The reading and writing	They had books and stuff
The math was hard	Asked me the same questions
Same questions	
Pictures and did the pictures that tell a	

story.	
<b><i>Different than Before</i></b>	<b><i>Different than Before</i></b>
This time was better	I improved since last time
This time took longer	Learned more
The math	Different people
The questions	The questions got more harder
Reading used to be hard but now it isn't.	
I like meeting new people.	

#### 4. Learned New Things

<b>TA- Infused Group</b>	<b>Assessment as Usual</b>
The way, cause I knew I was different, the way I learn different. But I didn't know the way I learned.	That I have an average IQ – Ok with that; My math skills were the highest I got
To take a deep breath	That I'm good at writing
Try harder in reading and in math	Good at the memory and math
What I can achieve and what I cannot do ( <i>Like what?</i> ) math, some reading and some memory	That I got disabilities. ( <i>what was that like</i> ) I could do better.
I need to practice my English more	That I don't participate. I get distracted and stuff
Probably how I got my dyslexia and all my other stuff too	I learned I know many things. mostly know friend's names, dates, and mostly locations.
I need help with reading	I never knew that I was smart
Where my strengths and weaknesses are. Did good understanding things faster. I had to remember what that tape said and then I	I learned that my over the years before. I used to think why am I so like I am. Why can't I catch up with the other kids and

had to repeat it back to her.	stuff. Now that I see why that I can't and Kim gave me like... She described why and what's really happening and why I am struggling, I can kinda think that if I keep going and trying, I can get it.
How my emotions can get me to do something. Really weird. I didn't know I was emotionally disturbed	Nothing
One of my problems like I couldn't solve my problems by myself. And I feel like when I took the test, it helped me learn how to do that.	No cause I already knew everything
Well, just one thing. I think I noticed it but it didn't really register. Like in reading, she brought it to my attention that I like when I read a word, I read it really fast but I say a different word.	No
That I could learn better	I don't know
Not that much. Never get close with your sister – might act ugly	
Nothing because I already knew	
No	
Nothing	

#### 5. Perceived Parental Understanding

<b>TA-Infused Group</b>	<b>Assessment as Usual Group</b>
That it is not all your fault that I do the stuff I do.	That I'm good at math
My strengths and weaknesses. Stuff they never knew before.	That I'm smart
Learn what is harder and why	About my weaknesses

That if I could get good grades she would buy me stuff	That I'm smart in ways they hadn't seen before
That the stuff I used to mess up on when he had me doing something that it wasn't my fault cause it was my disability like dyslexia.	No. She doesn't know what I like. <i>(Yeah. Sounds like she doesn't get you. You are a little bit different.)</i> Mmmhmm
Like what's difficult for me cause I tell him. But it would make him understand more like why. It would help him understand.	No
They always do. <i>(what will they learn?)</i> All of my weaknesses.	No
No. They already know everything.	No
No. They already know it.	No
No. She sucks.	No
Nothing	My mom, I don't know. I don't think that she did or didn't.
Not really. He pretty much got everything about me down.	
No	
No	
I don't know	
I don't know	

#### 6. Perceived Teacher Understanding

<b>TA- Infused Group</b>	<b>Assessment as Usual Group</b>
Yeah I don't really have, like I understand what we're doing in class and stuff. I don't think that they notice that I have a	How smart I am

disability and everything	
That some stuff (math) is harder	That I'm good at math
A few of my teachers know my situation and they change stuff up for me so I'll get it. If you put it in different... Like reading something to me I really don't catch it but if you put it in terms of like a truck or something then I get it.	Help them with things
Learn what I need help on	That I need more help
Maybe that I need help	That I'm intelligent
That I could learn better by listen or visual stuff	No
Things I can do	No
No. Just (assessor's name).	No
No. I share everything with my teachers anyways.	Maybe
No	
No	

### 7. Response to the Fable/Letter

<b>TA-Infused Group (only)</b>
Pretty cool. It was interesting how she wrote about me. Got the description of me really good about how my life is.
Well like you don't really hear that much that you're doing well. Not even from teachers, they don't even tell you good job. Like when she told me that I did well on the tests it made me feel like I really did something like for a good cause.
Its nice cause I'm going to take it to my college and show them too; That I'll be able to use it and you know it wasn't just stuff thrown together. It was really thought about so.
It was really sweet. I feel like warmth in my heart cause she like is basically the only

person that's ever sat down and explained things to me. She explained that I do really good so. It made me feel really good that she told me what she really things about me.
So I can remember my strengths and weaknesses
So when I saw the letter she said I could do stuff fast it liked changed my idea on things; She thought she did poorly on the tests and was surprised to know that she did well.
I could show it to my mom and dad and stuff
How much she liked being with me and stuff.
It helped me understand what was really going on. It helped me learn a little bit about myself that I didn't know.
It was nice. Cause she said she liked working with me.
It was really fun; it talked about me.
It was nice for writing all of it. It told about a I don't know; I don't understand much so I don't know.
Story was kinda cool and Luis was trying to beat Larry the Lobster (laughs).
It was exactly how I am. It was weird cause I didn't know I was like that. <i>Anything else?</i> Yes, I learned things that I didn't know.
It was really good. Not true about the brother part with the butterfly. <i>What was helpful?</i> She got better.
It was good; It talked about all of this (feedback).
I don't know. ( <i>Well, what did you think? Did you like it? Not like it?</i> ) I guess I liked it.
Alright. Just ok.

#### 8. Perceived Parental Response to Fable/Letter

<b>TA-Infused Group (only)</b>
They're not going to be as hard on me. They're going to know that I need help on things and try to help me
It would help them understand. They would help me understand it.

Maybe learned how I feel about moving a bunch of places.
They would think it is good; nothing specific.
They would like it.
They'll be not really mad but puzzled with things that I don't understand and probably help me with all that.
I don't know. Just that the story is just like me
Proud of the things that I am strong in.
He would probably just appreciate it but I can't think of anything otherwise.
My mom she would love it because it is somebody that is actually trying or helping me. My dad, I don't think he would even read it cause he don't like reading either. My dad is more the person, you gotta tell him what it is cause he don't like reading.
They'd like it.
She won't care.

9. Perceived Teacher Response to Fable/Letter

She will think that I'm good.
Stuff I do well on and stuff I need help on.
Learn about how hard my life is with new people and a new school.
I don't know. Just that the story is just like me.

10. Perceived Friend's Response to Assessment Process (Would they like the process)

<b>TA-Infused Group</b>	<b>Assessment as Usual Group</b>
My friends would understand because they, like 6 out of my friends. A couple of us has disabilities. I know one of my friends he's like I don't know. We think he is a bit Autistic because he's a bit crazy. But all of	And like you get to learn more about yourself and why, and why there's stuff you can do and stuff you never knew you could do. And so like plus you get to meet people and get to know more about yourself you never knew before and why

us. Something's wrong with our heads. <i>(So you think they would like doing this to kinda figure it out.)</i> Yeah.	your turned out like you did.
Just the tests	Because she's a nice teacher. She doesn't judge you. She just...
It they want to. If they want to get to get out of class.	You get to get out of class.
Get to get out of class.	Probably would. Cause if they have the same problems as I do and stuff it would probably help them with it.
Yes	I don't know.
Yes	I don't know.
Yes	No. Cause they don't like to sit and do tests.
I don't know. I only have one.	No. Maybe them think they're in Special Ed.
I guess	Probably yeah and probably not. Some of my friends don't like testing.
No They'd think it was boring	No. Its kinda boring.
No They would think that all of this is boring and just move on. <i>(What do you think? What would you tell them?)</i> That at some points it may be boring, but at the end you learn different stuff about yourself.	No. They don't like to do math or reading.
No. Cause it's boring.	
Probably not. It was boring.	
No	
Probably Not	
No	

11. What They Will Remember Most

TA-Infused Group	Assessment as Usual Group
That it actually helped me instead of something to just take up time. It actually helped me. Now, I know what I'm strong at like what subjects I'm strong and what I'm weak.	That like just because like you have problems reading or writing you can do it. There's no never can't do you just need someone to help you or a push to get you the effort so you can do it.
It kinda helped me see what I really need to do in my classes. She told me that when I go to college, like in the letter, have time one-on-one with the professor. And really take advantage of tutoring time. Like can't really slack.	I think the vocabulary. ( <i>Sounds like you learned that you're smart in ways you didn't know about.</i> ) Yeah.
The things that I am strong at.	That she asked questions about my life
Meeting cool people and being able to talk to them about what I am going through.	The memory and pictures and patterns
That (assessor) talked to my mom and helped answer her questions and had good things to say to her.	That I did better than before
That I hear stuff better. I just gotta listen.	I think I'll remember a lot of math
Kinda great. You learn from your brain and lots of stuff like that.	That it was hard; that and the games.
The story part with the mean sister that beat up the little sister. It pertained to my life.	The things we did were fun
Trying my best.	That I improved.
Things I did well on; And the things I did bad on. Well not bad, the things I didn't do well on.	Probably not. The testing and stuff.
That it was fun.	

How boring it was.	
How long it took.	

## REFERENCES

- Ackerman, S., Hilsenroth, M., Baity, M., & Blagys, M. (2000, August). Interaction of therapeutic process and alliance during psychological assessment. *Journal of Personality Assessment*, 75(1), 82-109.
- Beauchaine, T., & Hinshaw, S. (2008). *Child and adolescent psychopathology*. Hoboken, NJ US: John Wiley & Sons Inc.
- Chapman, H.D. (1978). *The therapy techniques of Harry Stack Sullivan*. NY: Brunner/Mazel Publishing.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Earlbaum Associates.
- Craddick, R. (1972, June). Humanistic assessment: A reply to Brown. *Psychotherapy: Theory, Research & Practice*, 9(2), 107-110.
- Crowley, R. (1984). 'Unique individuality redeemed': Discussion. *Contemporary Psychoanalysis*, 20(1), 33-36.
- El-Shaieb, M. (2005). The MMPI-2 and client feedback: A quantitative investigation and exploratory analysis of feedback models (Doctoral dissertation, Colorado State University, 2005). *Dissertation Abstracts International*, 66, 2303.
- Fairbairn, W. R. (1952). *Psychoanalytic studies of the personality*. London: Routledge & Kegan Paul.
- Finn, S. E. (2011). Therapeutic Assessment "on the front lines": Comment on articles from WestCoast Children's Clinic. *Journal of Personality Assessment*, 93, 1, 23-25.
- Finn, S. E. (2008). The many faces of empathy in experiential, person-centered, collaborative assessment. *Journal of Personality Assessment*, 91, 20-23.
- Finn, S. E. (2008, April). *Empathy, intersubjectivity, and the longing to be known: Why personality assessment works*. Paper presented at the annual meeting of the Society for Personality Assessment, New Orleans, as part of a symposium, "Conceptual Innovations in Personality Assessment," C. G. Overton (Chair).

- Finn, S. E. (2007). *In Our Client's Shoes: Theory and Techniques of Therapeutic Assessment*. Mahwah, NJ: Erlbaum.
- Finn, S. (2005). Introduction. *Journal of Personality Assessment*, 84(1), 16-16.
- Finn, S. (2003). Therapeutic assessment of a man with 'ADD'. *Journal of Personality Assessment*, 80(2), 115-129.
- Finn, S.E. & Kamphuis, J.H. (2006). Therapeutic Assessment with the MMPI-2. In J.N. Butcher (Ed.), *MMPI-2: A practitioners guide* (pp. 165-191). Washington, DC: APA books.
- Finn, S.E. & Martin, H. (1997). Therapeutic Assessment with the MMPI-2 in managed health care. In J.N. Butcher (Ed.), *Objective psychological assessment in managed health care: A practitioner's guide*. (pp. 131-152). New York: Oxford University Press.
- Fischer, C. T., & Finn, S. E. (2008). Developing the life meaning of psychological test data: Collaborative and therapeutic approaches. In Archer, R. P., & Smith, S. R. (Eds.), *Personality assessment* (pp. 379-404). New York: Routledge.
- Finn, S., & Tonsager, M. (2002, March). How Therapeutic Assessment became humanistic. *The Humanistic Psychologist*, 30(1), 10-22.
- Finn, S., & Tonsager, M. (1997, December). Information-gathering and therapeutic models of assessment: Complementary paradigms. *Psychological Assessment*, 9(4), 374-385.
- Finn, S. E., & Tonsager, M. E. (1992). Therapeutic effects of providing MMPI-2 test feedback to college students awaiting therapy. *Psychological Assessment*, 4(3), 278-287.
- Fischer, C. (2006). Phenomenology, Bruno Klopfer, and Individualized/Collaborative Assessment. *Journal of Personality Assessment*, 87(3), 229-233.
- Fischer, C. (2006). Qualitative Psychological Research and Individualized/Collaborative Psychological Assessment: Implications of Their Similarities for Promoting a Life-World Orientation. *The Humanistic Psychologist*, 34(4), 347-356.

- Fischer, C. (2004, February). Individualized assessment moderates the impact of HIPAA privacy rules. *Journal of Personality Assessment*, 82(1), 35-38.
- Fischer, C. (2002, March). Introduction: Special issue on humanistic approaches to psychological assessment. *The Humanistic Psychologist*, 30(1), 3-9.
- Fischer, C. (2000, February). Collaborative, individualized assessment. *Journal of Personality Assessment*, 74(1), 2-14.
- Fischer, C. (1992, June). Humanizing psychological assessment. *The Humanistic Psychologist*, 20(2), 318-331.
- Fischer, C. (1980, September). Phenomenology and psychological assessment: Re-presentational description. *Journal of Phenomenological Psychology*, 11(2), 79-105.
- Fischer, C. (1979, April). Individualized assessment and phenomenological psychology. *Journal of Personality Assessment*, 43(2), 115-122.
- Fischer, C. (1973, March). Contextual approach to assessment. *Community Mental Health Journal*, 9(1), 38-45.
- Fischer, C. (1970, June). Consent to Release of What?. *Professional Psychology*, 1(4), 424-424.
- Fischer, C. T., & Finn, S. E. (2008). Developing the life meaning of psychological test data: Collaborative and therapeutic approaches. In Archer, R. P., & Smith, S. R. (Eds.), *Personality assessment* (pp. 379-404). New York: Routledge.
- Freud, A. (1936). *The ego and the mechanisms of defense*. New York: International Universities Press.
- Glasser, J. M. (2007). Comprehensive Therapeutic Assessment. *The Maryland Psychologist*, 52, 24-25.
- Guerrero, B., Lipkind, J., & Rosenberg, A. (2011). Why did she put nail polish in my drink? Applying the Therapeutic Assessment model with an African American foster child in a community mental health setting. *Journal of Personality Assessment*, 93, 7-15.

- Hagborg, W. J. (1991). Adolescent clients and perceived counselor characteristics: A study of background characteristics, therapeutic progress, psychological distress, and social desirability. *Journal of Clinical Psychology, 47*(1), 107-113.
- Hamilton, A. M., Fowler, J. L., Hersh, B., Austin, C. A., Finn, S. E., Tharinger, D. J., Parton, V. T., Stahl, K., & Arora, P. (2009). Why won't my parents help me? Therapeutic Assessment of a child and her family. *Journal of Personality Assessment, 90*, 108-120.
- Handler, L. (2007). The use of therapeutic assessment with children and adolescents. In: S. R. Smith & L. Handler (Eds.), *The Clinical Assessment of Children and Adolescents* (pp. 53-72). Mahwah, NJ: Lawrence Erlbaum Associates.
- Hanson, W., Claiborn, C., & Kerr, B. (1997, October). Differential effects of two test-interpretation styles in counseling: A field study. *Journal of Counseling Psychology, 44*(4), 400-405.
- Harrower, M. (1956). Projective counseling: A psychotherapeutic technique. *American Journal of Psychotherapy, 20*, 74-86.
- Hartmann, H. (1958). *Ego psychology and the problem of adaption* (D. Rapaport, Trans.). New York: International Universities Press.
- Hartmann, H., Kris, E., & Lowenstein, R. M. (1946). Comments on the formation of psychic structure. In *Psychological issues monographs: No. 14. Papers on psychoanalytic psychology* (pp. 27-55). New York: International Universities Press.
- Harvey, V.S. (1997). Improving readability of psychological reports. *Professional Psychology: Research and Practice, 28*, 271-274.
- Hilsenroth, M., Peters, E., & Ackerman, S. (2004). The Development of Therapeutic Alliance During Psychological Assessment: Patient and Therapist Perspectives Across Treatment. *Journal of Personality Assessment, 83*(3), 332-344.
- Hilsenroth, M., Ackerman, S., Clemence, A., Strassle, C., & Handler, L. (2002). Effects of structured clinician training on patient and therapist perspectives of alliance early in psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 39*(4), 309-323.

- Hilsenroth, M., & Cromer, T. (2007). Clinician interventions related to alliance during the initial interview and psychological assessment. *Psychotherapy: Theory, Research, Practice, Training*, 44(2), 205-218.
- Kelly, G. (1955). *The psychology of personality*. (Vol 1 &2). New York: Newton
- Klopfer, B., Ainsworth, M.D., Klopfer, W.G., & Holt, R.R. (1954). *Developments in the Rorschach technique. 1: Theory and technique*. Yonkers-on-Hudson, NY: World Book Co.
- Jacob, S. & Hartshorne, T.S. (2007). *Ethics and law for school psychologists*. Hoboken, NJ: John Wiley & Sons, Inc.
- Lance, B. R., & Krishnamurthy, R. (2003, March). A comparison of three modes of MMPI-2 test feedback. Paper presented at the Midwinter Meeting of the Society for Personality Assessment, San Francisco, CA.
- Leventhal, T., Slepian, H.J., Gluck, M.R., Rosenblatt, B.P. (1962). The utilization of the psychologist-patient relationship in diagnostic testing. *Journal of Projective Techniques*, 26 (1), 66-70.
- Mercer, B. L. (2011). Psychological assessment of children in a community mental health clinic. *Journal of Personality Assessment*, 93, 1-6.
- Merrell, K., Ervin, R., & Gimpel, G. (2006). *School psychology for the 21st century: Foundations and practices*. New York, NY US: Guilford Pres
- Michel, D. (2002, October). Psychological assessment as a therapeutic intervention in patients hospitalized with eating disorders. *Professional Psychology: Research and Practice*, 33(5), 470-477.
- Mowder B. (1983). Assessment and intervention in school psychological services. In G.W. Hynd (Ed.), *The school psychologist* (145-167). Syracuse, NY: Syracuse University Press.
- Muuss, R.E. (1988). *Theories of Adolescence*. New York: Random House, Inc.
- Mutchnick, M. G. & Handler, L. (2002). Once upon a time...: Therapeutic interactive stories. *The Humanistic Psychologist*, 30, 75-84.

- National Association of School Psychologists (2006). *Professional conduct manual: Principles fo professional ethics and guidelines for the provision of school psychological services*. Bethesda, MD: Author.
- Newman, M., & Greenway, P. (1997, June). Therapeutic effects of providing MMPI-2 test feedback to clients at a university counseling service: A collaborative approach. *Psychological Assessment, 9*(2), 122-131.
- Peters, E. J., Handler, L., White, K. G., & Winkel, J. D. (2008). Am I going crazy?: A self psychology approach to Therapeutic Assessment. *Journal of Personality Assessment, 90*, 421-434.
- Purves, C. (2002). Collaborative assessment with involuntary populations: Foster children and their mothers. *The Humanistic Psychologist, 30*, 164-174.
- Resnick, L. (1991) Shared Cognition: Thinking as Social Practice in L.B. Resnick, J.M. Levine and S.D. Teasley (Eds.) *Perspectives on Socially Shared Cognition*. Washington, DC: APA.
- Rigby, K. (1986). Acceptance of authority, self, and others. *The Journal of Social Psychology, 126*(4), 493-501.
- Rogers, L.B. (1954). A comparison of two kinds of test interpretation interview. *Journal Counseling Psychology, 1*, 224-231.
- Rosenwald, R.G. (1968). Personality description from the viewpoint of adaption, *Psychiatry, 31*, 16-31.
- Sherry, A. (2006). Discriminate Analysis in Counseling Psychology Research. *The Counseling Psychologist, 35*, 661-683.
- Smith, J. D., & Handler, L. (2009). “Why do I get in trouble so much?”: A family Therapeutic Assessment case study. *Journal of Personality Assessment, 91*, 197-210.
- Smith, J. D. (2010). Therapeutic Assessment with children and families: Current evidence and future directions. *Emtional and Behavioral Disorders in Youth, spring, 39-43*.
- Smith, J. D., Finn, S. E., Swain, N. F. & Handler, L. (2010). Therapeutic Assessment of families in healthcare settings: A case presentation of the model's application. *Families, Systems, & Health, 28*, 369-386.

- Smith, J. D., Handler, L., & Nash, M. R. (2010). Therapeutic Assessment for preadolescent boys with Oppositional Defiant Disorder: A replicated single-case time-series design. *Psychological Assessment, 22*, 593-602.
- Smith, J. D., Wolf, N. J., Handler, L., & Nash, M. (2009). Testing the effectiveness of family Therapeutic Assessment: A case study using a time-series design. *Journal of Personality Assessment, 91*, 518-536.
- Swann, W.B., Jr. (1997). The trouble with change: Self-verification and allegiance to the self. *Psychological Science, 8*, 177-180.
- Tharinger, D. J., Finn, S. E., Wilkinson, A. D., & Schaber, P. M. (2007). Therapeutic Assessment with a child as a family intervention: Clinical protocol and a research case study. *Psychology in the Schools, 44*, 293-309.
- Tharinger, D.J., Finn, S.E., Hersh, B., Wilkinson, A., Chistopher, G., & Tran, A. (2008). Assessment feedback with parents and children: A collaborative approach. *Professional Psychology: Research and Practice, 39*, 600-609.
- Tharinger, D. J., Finn, S. E., Wilkinson, A. D., DeHay, T., Parton, V., Bailey, E., & Tran, A. (2008). Providing psychological assessment feedback with children through individualized fables. *Professional Psychology: Research and Practice, 39*, 610-618.
- Tharinger, D.J., Finn, S.E., Austin, C., Gentry, L, Bailey, E., Parton, V., & Fisher, M. (2008). Family sessions in psychological assessment with children: Goals, techniques, and clinical utility. *Journal of Personality Assessment, 90*, 547-558.
- Tharinger, D.J., Finn, S.E., Gentry, L., Hamilton, A., Fowler, J., Matson, M., Krumholz, L., & Walkowiak, J. (2009). Therapeutic Assessment with children: A pilot study of treatment acceptability and outcome. *Journal of Personality Assessment*.
- Tharinger, D. J., Krumholz, L. S., Austin, C. A., & Matson, M. (2011). The development and model of Therapeutic Assessment with children: Application to school-based assessment. In Bray, M. A. & Kehle, T. J. (Eds), *Oxford Press Handbook of School Psychology* (pp. 224-259). Oxford University Press.

- Vane, J.R. (1972). Getting information from school and clinical psychologists. *Professional Psychology, 3*, 205-208.
- Winnicott, D. W. (1957). *The child and the outside world*. London: Tavistock.
- Winnicott, D. W. (1975). *Through paediatrics to psychoanalysis*. New York: Basic Books.
- Young, I., Anderson, C., & Steinbrecher, A. (1995, March). Unmasking the phantom: Creative assessment of the adolescent. *Psychotherapy: Theory, Research, Practice, Training, 32*(1), 34-38.

## VITA

Jamie Thomas Kuhlman attended Evangelical Christian School in Memphis, Tennessee. In 2002, she entered the University of Tennessee in Knoxville, Tennessee. During the fall of 2004, she attended the University College of Worcester in Worcester, England. She graduated *magnum cum laude* in 2006 from the University of Tennessee with a Bachelor's of Arts in Psychology and a Bachelor's of Arts in English. In 2006, she entered the doctoral training program in the Counseling Psychology Program at the University of Texas in Austin, Texas. In the 2010, she obtained her Master's in Counseling Psychology. In 2012, she completed her APA-accredited internship program at Texas A&M University's Student Counseling Service. She graduated *magnum cum laude* in 2012 from the University of Texas at Austin with a Doctorate of Philosophy in Counseling Psychology.

Permanent email: [jamiekuhlman@gmail.com](mailto:jamiekuhlman@gmail.com)

This manuscript was typed by the author.