The Effects and Mechanisms of Therapeutic Assessment and Its Development in the Chinese Cultural Context

Authors: Yan Wenhua, Zhiyu Shen, Yue Bingjie, Sun Qiwu, Wang Ming, Sun Qiwu, Wang Ming

Date: 2023-07-04T00:00:00+00:00

Abstract

Therapeutic Assessment is a semi-structured model of assessment and intervention that emphasizes collaboration between the client and the assessor, facilitating client change while simultaneously achieving assessment goals. Its primary effects include symptom reduction, increased self-esteem and hope, and enhanced motivation for treatment engagement. Compared with traditional counseling techniques, it offers advantages such as greater time efficiency, higher effectiveness, and compatibility with other therapeutic approaches. However, its main limitations include a lack of sufficient large-sample studies, and its cross-national and cross-cultural applicability and underlying mechanisms require further investigation. The application of Therapeutic Assessment in China faces challenges related to the sinicization and revision of assessment tools, as well as insufficient professional competence in psychological assessment.

Full Text

Preamble

Effects and Mechanisms of Therapeutic Assessment and Its Development in Chinese Cultural Contexts

YAN Wenhua[1],[2], SHEN Zhiyu[2], YUE Bingjie[2], SUN Qiwu[3], WANG Ming[4]

[1] Shanghai Key Laboratory of Mental Health and Psychological Crisis Intervention, Shanghai 200062, China
[2] School of Psychology and Cognitive Science, East China Normal University, Shanghai 200062, China
[3] School of Psychology, Central China Normal University, Wuhan 430079, China

[4] Center for Mental Health Education, Wuhan University of Technology, Wuhan 430070, China

Abstract: Therapeutic Assessment (TA) is a semi-structured model of assessment and intervention that emphasizes collaboration between the client and the assessor. While achieving assessment goals, it can also promote client change. Its main effects include symptom reduction, increased self-esteem and hope, and enhanced motivation to participate in treatment. Compared with traditional counseling techniques, it also offers advantages such as shorter duration, higher efficiency, and the ability to be combined with other therapeutic approaches. Its main limitations are the lack of sufficient large-sample studies, and its applicability and mechanisms of action in cross-national and cross-cultural contexts require further exploration. The development of Therapeutic Assessment in Chinese cultural contexts faces challenges such as the adaptation and revision of test instruments and insufficient professional competency in psychological assessment among practitioners.

Keywords: Therapeutic Assessment, psychological testing, collaboration, effects, mechanism, Chinese culture

The traditional clinical applications of psychological measurement and assessment include four aspects: diagnosis, evaluation, treatment planning, and outcome assessment. Its latest applications include process feedback (Sun et al., 2021) and Therapeutic Assessment (Finn, 2007). As the most recent development in the clinical application of psychological measurement and assessment, Therapeutic Assessment has attracted widespread attention from the outset. This is primarily because TA, as an emerging, brief therapeutic orientation, offers several advantages: it combines multiple standardized tests to form relatively accurate case conceptualization; the assessor does not appear in the traditional authoritative stance but instead embodies core values of collaboration, respect, humility, compassion, openness, and curiosity, emphasizing client motivation and collaboration (Finn, 2007). These humanistic concepts represent an innovation to the traditional application philosophy of testing; it is a brief psychological intervention method with effects comparable to longer-term treatments (Poston & Hanson, 2010; Durosini & Aschieri, 2021; Sun, 2022a). Psychological assessment competency is one of the core competencies for clinical and counseling professionals. Currently, psychological assessment competency among clinical and counseling professionals in China is generally insufficient. Some long-term psychotherapy methods cannot meet the enormous demand for professional psychological services among help-seekers in China. Therefore, introducing Therapeutic Assessment holds important value for improving professionals' psychological assessment competency, engaging in evidence-based practice, and more effectively serving more professional psychological service seekers (Sun, 2022b).

This article, based on the latest research progress in Therapeutic Assessment, elaborates on the concept and standardized operational procedures of TA, organizes empirical research on its therapeutic effects, and focuses on discussing the

effects of TA and its theoretical foundation, particularly its working mechanisms that differ from traditional counseling techniques, such as the use of psychological testing tools and collaborative client-assessor relationships. Finally, while discussing existing problems in current empirical research and future research directions, this article also offers reflections on the localized development of Therapeutic Assessment in China.

2.1 Historical Development of Therapeutic Assessment

Therapeutic Assessment emerged from researchers' thinking and practice regarding the collaborative and therapeutic use of psychological testing. Constance Fischer (1970) pioneered collaborative assessment, which directly influenced the theoretical and technical development of TA. Fischer advocated for a "human science" perspective as the foundation of psychological assessment (Fischer, 1970), emphasizing the establishment of a collaborative client-assessor relationship where clients assume corresponding responsibilities, and assessors and clients collaborate around assessment results, their meanings, and how to apply them to clients' lives (Fischer, 2000).

Influenced and inspired by Fischer, Stephen Finn further explored based on collaborative assessment and became the most important contributor to TA' s development. In 1992, Finn and Tonsager' s empirical study demonstrated that providing feedback on Minnesota Multiphasic Personality Inventory-2 (MMPI-2) test results to clients could have positive effects, such as reduced distress levels and increased self-esteem (Finn & Tonsager, 1992), revealing that psychological assessment could serve as a therapeutic and intervention tool. In 1993, Finn established the Therapeutic Assessment Institute (TAI) at the University of Texas at Austin, marking the beginning of Therapeutic Assessment. Since then, he has continued to integrate assessment and therapeutic work with clients, gradually identifying the various elements of the TA model, and completed the final design and development of the model in 2007, perfecting the TA system (Finn, 2007).

In the traditional Information Gathering (IG) model, the assessor is the center and authority, and clients often have poor experiences with assessment. In contrast, collaborative assessment centers on the client and the therapeutic relationship, where psychological assessment itself produces therapeutic effects. Finn' s development of Therapeutic Assessment has changed people' s understanding of traditional psychological assessment applications and represents an important innovation.

2.2 Concept of Therapeutic Assessment

Therapeutic Assessment is defined as a semi-structured model of assessment and intervention (Finn, 2007), typically comprising 3-8 structured sessions while maintaining certain flexibility. TA uses standardized psychological tests to understand clients' psychological functioning and achieve assessment goals, empha-

sizing collaboration between assessor and client. It is applicable to individuals, couples, or families. Although formally proposed as an independent counseling technique, it can also serve as an assessment component or technique within counseling and can be combined with any other theoretical orientation, with the distinguishing feature being its collaborative approach.

Since its proposal, TA has gradually attracted widespread attention from researchers. Using "Therapeutic Assessment" as a keyword in the APA PsycINFO database, with a cutoff date of April 2023, yielded 224 journal articles and 100 books. Using the Chinese term for Therapeutic Assessment as a keyword in the China National Knowledge Infrastructure (CNKI) database, with the same cutoff date, yielded only 1 review article (Li et al., 2021). This indicates that TA-related research has flourished abroad, but domestic research remains scarce, suggesting good potential for future development.

2.3 Standardized Implementation Procedures

Therapeutic Assessment has standardized and semi-structured implementation procedures to ensure its efficiency and effectiveness. It is important to note that TA implementation procedures differ across target populations.

Therapeutic Assessment for adults begins with initial contact via telephone, which aims to explain the TA process, provide informed consent, and confirm whether the client is suitable for TA. Subsequently, the standardized implementation of TA has five phases: Phase 1, Initial Session. The main objectives are to collect the client' s Assessment Questions (AQs) and discuss the timing and cost of TA, as well as sign an assessment contract. Phase 2, Administration of psychological testing and Extended Inquiry (EI). The assessor selects one or more standardized psychological tests for administration. After testing, Extended Inquiry is conducted—an exploratory discussion focusing on the client' s experience with the testing or specific test responses (Aschieri et al., 2016)—which helps personalize the understanding of the client' s test results. Phase 3, the assessor completes case conceptualization and conducts the Assessment Intervention Session (AIS). The assessor observes and explores problems in the client's life in the consulting room and addresses them through therapeutic intervention (Finn, 2007). This session is a critical phase in the TA model, preparing for the subsequent summary/discussion session. Phase 4, Summary/Discussion Session. The assessor and client jointly discuss test results and explore answers to assessment questions. Phase 5, Written Feedback. After completing the assessment, the assessor writes a feedback letter to the client. The purpose of the feedback letter is to answer assessment questions, include content from the summary/discussion session, and also incorporate the client' s reactions when discussing assessment results. In addition to these five important phases, TA may also include a Follow-up Session, typically scheduled 1 to 6 months after TA concludes, to discuss the client' s reactions to the feedback letter, changes in their life or new problems, and formally terminate the assessment relationship.

Therapeutic Assessment with Children (TA-C) is designed for pre-adolescent and latency-age children and their caregivers, typically applicable to children aged 4-12 (Tharinger et al., 2022). The implementation phases of TA for children and adults share similarities: both begin with initial telephone contact and an initial session, followed by the assessor conducting case conceptualization and administering psychological tests to the client, then an intervention session, followed by summary and discussion, and finally the assessor provides written feedback and possible follow-up sessions. The differences are mainly reflected in: First, regarding session flow, for child-focused TA, during the initial session and summary/discussion phases, the assessor first meets separately with parents, then conducts a joint session with parents and child; during the testing phase, similarly, there is first a session with only parents, then the assessor works individually with the child, and after the child completes testing, there is another session with parents. Therefore, the total number of sessions in child TA may be greater, and the duration may be relatively longer. Second, in the child TA model, two assessors typically work collaboratively, particularly during the testing phase—when one assessor administers tests to the child, another assessor works with parents observing the child' s testing process. In contrast, adult TA usually involves one assessor working with the client. Third, during the summary/discussion phase, in adult TA the assessor typically provides direct feedback on test results and discusses them with the client, whereas in child TA the assessor often presents a story or fable, requiring familiarity with children' s language systems and inner worlds.

Therapeutic Assessment can also be conducted with couples (Therapeutic Assessment with Couples) (Finn, 2015), following essentially the same procedures as adult TA but adding sessions where the assessor meets with partners separately and together, and in testing there are both individual and joint tests. Additionally, the summary/discussion session is typically divided into two phases: Phase 1, discussing each person' s test results and individual assessment questions while the other partner listens; Phase 2, discussing assessment questions related to the couple relationship. The above standard procedures describe TA as an independent treatment modality, but depending on the specific context, TA can also be flexibly implemented using only certain parts of the standard phases.

3 Effects of Therapeutic Assessment

Currently, empirical research on the effects of TA roughly includes four types: (1) comparative studies investigating the effects of TA as a whole or individual steps compared to control conditions, such as comparing TA' s effects with other counseling techniques or examining the impact of having or not having a feedback component; (2) repeated-measures quasi-experimental single-case studies using time-series analysis, collecting ratings during baseline before TA, during TA implementation, after TA completion, and/or at follow-up periods for pre-post comparisons; (3) qualitative studies exploring individuals' subjec-

tive experiences of TA; (4) meta-analyses examining TA' s effectiveness and moderating factors. These studies focus on different aspects, such as counseling effects, particularly comparisons with other counseling techniques; or counseling processes, or specific components of the counseling process. Below, the effects of TA are elaborated from two perspectives: different populations and different symptoms.

3.1 Therapeutic Effects on Different Populations

Therapeutic Assessment has a very broad range of applicable populations. For adult individuals, researchers have examined TA' s effects on numerous groups: healthy individuals such as college students seeking career counseling; individuals with general psychological problems such as maladaptive perfectionists, clients receiving counseling at university counseling centers or psychological clinics, and clients stuck in counseling impasses. For individuals with more severe problems such as personality disorder patients and hospitalized substance abuse patients, TA can also produce positive effects. Relevant important literature is shown in Table 1 and Table 2 .

For children, couples, partners, and families, TA is also applicable. TA is effective for children with academic and interpersonal difficulties, children with problem behaviors and their families in distress, and adolescent patients with Oppositional Defiant Disorder (ODD). Additionally, TA is beneficial for relationship issues among college student lovers and middle-aged couples. Relevant important literature is shown in Table 3 .

3.2 Effects on Different Symptoms

Empirical research on adult individuals demonstrates TA' s effects on different symptoms, mainly reflected in the following aspects:

First, clients' symptoms are reduced or alleviated, and daily functioning is enhanced. TA can reduce mild distress in normal populations: for maladaptive perfectionists, providing feedback can reduce psychological distress and emotional reactivity (Aldea et al., 2012); for college students seeking career counseling services, TA can increase career decision-making self-efficacy and reduce career choice anxiety, and is more effective than information-giving approaches in improving career identity (Essig & Kelly, 2013). For individuals currently receiving psychological counseling or treatment, TA also has positive effects: early research focused on the role of feedback, finding that providing feedback on MMPI-2 test results could reduce clients' distress levels (Finn & Tonsager, 1992; Newman & Greenway, 1997). In recent years, more complete TA models have been applied, with case studies showing it can effectively alleviate depression and anxiety related to life adaptation after cancer treatment (Smith & George, 2012). TA is also effective for more severe symptoms or psychological disorders: TA can reduce loneliness, sense of failure, withdrawal tendencies, and longing for the deceased in patients with Persistent Complex Bereavement

Disorder (PCBD) (Durosini et al., 2017), and reduce loneliness, anxiety, and hopelessness in patients with Complex Posttraumatic Stress Disorder (CPTSD) (Tarocchi et al., 2013); for personality disorder patients with suicidal ideation, TA can improve emotional instability and reduce suicidal ideation (Morey et al., 2010). In addition to independent use, TA can also help break through counseling impasses (Aschieri & Smith, 2012), and incorporating TA into mid-phase psychotherapy can also reduce distress symptoms (Smith et al., 2015) (see Table 1 for details).

Second, clients' self-esteem and sense of hope increase. Finn and Tonsager (1992) first discovered that compared to clients who did not receive assessment and feedback, clients who completed the MMPI-2 and received feedback showed increased self-esteem and greater hope for problem resolution. Newman and Greenway (1997) replicated and extended these results by having the control group also complete the MMPI-2, thus ruling out the effect of receiving assessment alone and demonstrating that increased self-esteem was indeed an effect of receiving feedback. Building on this, Allen et al. (2003) further explored the internal mechanisms through which assessment feedback enhances therapeutic effects, finding that personalized feedback on personality tests is related to self-enhancement, namely improving self-esteem, self-capacity, and self-understanding. In addition to personality tests, research has found that collaborative feedback on cross-cultural competence tests can also enhance college students' self-rated cross-cultural competence, self-understanding, and confidence (Schnabel et al., 2016). Furthermore, qualitative studies have shown that TA can help clients gain new self-understanding (Smith & Egan, 2017) and facilitate new understanding and empowerment in personality disorder patients regarding relational and personality dynamics (De Saeger et al., 2016) (see Table 2 for details).

Third, clients are satisfied with TA itself, hold cooperative attitudes toward subsequent counseling and treatment after TA, and the therapeutic alliance is strengthened. Research shows that compared to traditional information gathering, TA helps reduce the number of non-compliant patients (Ackerman et al., 2000) and is more helpful for the alliance between patients and therapists (Ackerman et al., 2000; Hilsenroth et al., 2002; Hilsenroth et al., 2004). De Saeger et al. (2014) compared TA with Goal-Focused Pretreatment Intervention (GFPTI) and found that TA better improved patients' expectations for subsequent treatment, with patients who received TA showing higher satisfaction and stronger working alliances with therapists. Another study focused on a single step of TA, examining the impact of Big Five personality test feedback on substance abuse patients, and found that patients showed higher satisfaction with this feedback intervention and could establish stronger therapeutic alliances than other patients (Blonigen et al., 2015) (see Table 2 for details).

Additionally, for children and their families, as well as couples and partners, empirical research also demonstrates the effects of TA. Specifically: multiple case studies have proven TA' s positive impact on different children' s difficulties,

such as understanding the reasons for children' s academic difficulties and emotional outbursts (Guerrero et al., 2011), reducing angry behaviors (Smith et al., 2009), alleviating anxiety symptoms and increasing sense of security (Hamilton et al., 2009), and improving self-esteem and promoting positive peer interactions (Smith et al., 2011). A study of three adolescent boys with Oppositional Defiant Disorder and their families also showed that TA could reduce their symptoms such as aggression, school problems, depression, and anxiety (Smith et al., 2010). In addition to improving children' s symptoms or problem behaviors, TA can also provide families with positive transformative experiences, change parts of parents' existing stories about their children (Smith & Handler, 2009), and enhance family functioning (Tharinger et al., 2009; Smith et al., 2009; Hamilton et al., 2009). Regarding the client-assessor relationship, some studies have found that parents and children have high satisfaction with TA (Hamilton et al., 2009), and parents can establish strong alliances with assessors (Smith & Handler, 2009). Furthermore, for couples or partners, TA' s assessment and feedback can have positive effects on the romantic relationships of college student lovers (Worthington et al., 1995), and TA can also improve relationship difficulties in middle-aged couples (Finn, 2015) (see Table 3 for details).

3.3 Advantages and Limitations of Therapeutic Assessment

Based on our review of the literature, we believe TA' s advantages can be summarized in four aspects: First, TA can achieve good therapeutic effects in a relatively short time. In addition to the empirical studies mentioned above, a meta-analysis of 17 empirical studies has demonstrated that when psychological assessment is combined with personalized, collaborative, and highly engaging test feedback, it has a moderately positive effect on therapeutic process and outcome, with an overall effect size of Cohen' s d = 0.423. Treatment process variables (d = 1.117), treatment outcome variables (d = 0.367), and combined process/outcome variables (d = 0.547) all showed significant treatment group effects (Poston & Hanson, 2010). The overall effect size and related total effect sizes (0.367-1.117) are comparable to those found in substance abuse/dependence treatment (0.450) (Dutra et al., 2008), and approach those found in cognitive-behavioral therapy for anxiety disorders (0.890-2.590) (Stewart & Chambless, 2009) and general psychotherapy (0.800) (Wampold, 2001). Subsequently, Durosini and Aschieri' s (2021) meta-analysis of 9 TA empirical studies also showed that TA has a medium to large positive effect on clients' experience of the therapeutic process, with an effect size of Hedge' s g = 0.46; it has medium-sized positive effects on clients' symptom improvement (g = 0.34) and self-enhancement (g = 0.37), and these effects are typically achieved after three or fewer sessions. In this sense, TA can be considered a brief psychotherapy technique. Since TA is a relatively new technique, there are not many studies comparing it with various other therapies, so more comparisons cannot be made. However, some scholars have compared it with Information Gathering (IG), a traditional assessment method, and results show that TA enables clients to have higher engagement, achieve higher levels of agreement on therapeutic

goals and tasks, better comply with treatment recommendations, and establish stronger working alliances with assessors and subsequent psychotherapists (Ackerman et al., 2000; Hilsenroth et al., 2002, 2004). Second, it is suitable for most populations. As mentioned above, TA is effective for individual clients including children (Smith et al., 2011), adolescents (Smith et al., 2010), and adults (Morey et al., 2010), as well as for marital and family clients including couples (Finn, 2015) and families (Hamilton et al., 2009). Third, it is open and flexible, can be combined with other counseling techniques, can serve as a diagnostic tool or preliminary counseling, and can become a driving force to break through counseling impasses. Fourth, it emphasizes evidence-based practice. In current mainstream diagnostic systems, the assessment of personality processes does not occupy a core position, while psychodynamic diagnosis, although emphasizing personality, still requires evidence support for most concepts. TA emphasizes the combined application of high-quality psychological assessment tools, providing cross-theoretical-orientation, cross-diagnostic, specific evidence-based practice methods.

Although empirical studies show that TA has broad applicability to various populations and can improve different symptoms and problems, TA also has situations where it is not applicable. First, TA is not recommended for clients who are not voluntarily seeking psychological counseling, because TA emphasizes collaboration and requires clients to propose their own assessment questions and be willing to engage in self-exploration. Second, TA is not suitable for clients in acute crisis or trauma. For such clients, taking corresponding intervention measures is more important. Third, when assessment goals can be achieved through traditional, non-collaborative testing methods, TA is typically not considered. In such cases, using traditional methods for psychological testing is the optimal choice, and TA may add unnecessary costs: human resources, time, and expenses. TA typically employs systematic testing, mostly accompanied by assessors, inquires about feelings, and includes extended inquiry, and the standard procedure also includes a formal written feedback report.

4 Mechanisms of Therapeutic Assessment

In summary, current research on TA mechanisms is still insufficient. Some scholars have proposed that what makes TA effective may not be specific procedures or steps, but its basic philosophy and values (Durosini & Aschieri, 2021), such as collaboration, respect, humility, compassion, openness, and curiosity. By reviewing existing literature, we believe that TA' s mechanisms of action can be understood from two aspects: collaborative assessment and understanding of the client.

4.1 Collaborative Use of Psychological Testing

Collaborative use is TA' s new application of psychological testing and represents the core mechanism of its effectiveness. TA relies heavily on the use of psychological testing. In TA, psychological tests are not merely data sources;

the testing tools themselves become "empathy magnifiers" (Finn, 2007) and have therapeutic effects. Using psychological tests can accurately outline clients' psychological functioning: enabling assessors to deeply understand clients, including their strengths, weaknesses, core stories, coping strategies, and dilemmas (Finn, 2007). TA emphasizes careful selection of testing tools to ensure they are interactive, applicable, and yield accurate and valid results. The psychological tests used in TA mainly fall into three types: self-report tests, cognitive tests, and performance-based and storytelling tests. TA advocates for combining different types of tests.

We believe that compared to traditional, non-collaborative assessment, collaborative use of psychological testing has four unique advantages. First, collaborative use of psychological testing can generate more valid information and more contextualized information (Fantini et al., 2022). Collaboration with the assessor promotes clients' openness and engagement during the testing process, which may make test results more valid. On the other hand, collaborative use of testing allows clients and assessors to explore together the specific contexts in which certain problems arise, connecting test scores with daily life, which gives testing "life validity" as described by Fischer and Finn (2014).

Second, because most clients have incoherent and inconsistent self-narratives, collaborative use of psychological testing can make their narratives more coherent and fluid (Fantini et al., 2022). The collaborative use of psychological testing provides clients with opportunities to update fragments of their narratives, especially those that are inaccurate, inconsistent, and self-blaming; collaborative discussion of test results helps discover new information to change these narratives (Fantini et al., 2022).

Third, collaborative use of psychological testing is also beneficial for establishing the alliance between assessor and client. According to TA' s assumptions about clients, clients may have impaired capacity for epistemic trust and difficulty trusting others (Kamphuis & Finn, 2019; Fonagy et al., 2017a, b). Collaborative use of psychological testing creates an environment where clients are seen and understood (Fantini et al., 2022). When assessors collaborate with clients and discuss their test responses, assessors can "stand in their shoes," allowing clients to feel mirrored (Finn, 2009). Both parties jointly experience psychological testing and share test results together, which also brings about epistemic trust between them.

Fourth, some clients may have dissociated emotional states and difficulties in feeling and expressing emotions (Fosha, 2000), and collaborative exploration of tests and test results creates opportunities for clients to understand and integrate their dissociated emotions and improve their emotional regulation capacity (Fantini et al., 2022). Among clients, "split-off" or "dissociated" emotional states are common (Fosha, 2000), manifested as inability to feel and express emotions. Some specific psychological tests are valuable for identifying dissociated emotional states and understanding clients.

Collaborative assessment is also reflected in the organization and presentation of information according to the Levels of Information Model (Finn, 1996). In this model, all information is divided into three categories: Level 1 information is that which clients are relatively familiar with and consistent with their existing self-image; Level 2 information is that which is partially inconsistent with clients' self-image; and Level 3 information is that which differs significantly from clients' current self-cognition, and if fed back directly, may cause anxiety, rejection, or even disintegrative experiences. In sessions and written feedback, assessors need to evaluate the level of information and clients' potential reactions. In written feedback, it is recommended to present information sequentially, starting from Level 1, gradually moving to Level 2, and possibly Level 3 (Finn, 2007). Having mostly Level 2 information is ideal, because Level 3 information may be difficult for clients to integrate or accept (Smith & Finn, 2014). We believe that based on this information organization approach, all information in interaction with clients is personalized and client-centered. It does not necessarily involve breaking through clients' defenses, but rather completely revolves around clients' assessment questions and unfolds according to clients' needs.

4.2 Therapeutic Assessment' s Understanding of Clients

TA' s unique understanding of clients is an important prerequisite for its effects. The TA model has three important theoretical assumptions about clients:

Assumption 1: Clients have their own unique narratives or stories, and TA aims to make these narratives or stories more continuous, consistent, and fluid. Narrative refers to "the internalized, evolving self-story that each person creates to provide a sense of purpose and unity in their life" (Adler, 2012). People understand themselves, their environment, and the world through such stories. However, clients' stories are mostly inconsistent and lack internal coherence. Many clients are stuck in their stories, forming life deadlocks or crises. TA can help clients find continuity in their stories or break free from deadlocked situations through testing and trust in the client-assessor relationship.

Assumption 2: Clients have needs for self-verification, while also having curiosity and reflectiveness about the self, which can be fully utilized to activate clients' agency, propose self-exploration issues, and provide possibilities for new self-verification. Each client forms a life story about the self, and once formed, such stories are difficult to change. Self-Verification Theory (Swann, 1997) can explain this phenomenon, namely that clients have a need for self-verification and want their ways of viewing themselves to be validated. In psychological counseling, clients' psychological resistance is also due to unwillingness to change their story scripts. TA recognizes the importance of clients' stories, respects clients' stories, but does not stop there. It triggers clients' curiosity and reflectiveness about exploring the self, allowing clients to initiate a self-exploration journey by proposing assessment questions themselves. Assessors carefully select appropriate psychological tests and accompany clients throughout the testing process. Since this is a client-led activity of rewriting their life story, resistance from

clients will be less.

Assumption 3: Regarding interpersonal relationships, understanding clients' attachment patterns and impaired capacity for epistemic trust to create a mutually trusting client-assessor alliance. TA places great emphasis on the relationship with clients. Clients' attachment systems are important for relationship establishment, and assessors need to regulate these attachment systems and create a sense of security, which is a prerequisite for clients' exploration and reflection. Additionally, concepts of epistemic trust, epistemic hypervigilance, and epistemic hypovigilance also help understand clients' interpersonal difficulties. Individuals' previous negative interpersonal experiences may damage their capacity for epistemic trust, leading to difficulty trusting others, i.e., epistemic hypervigilance (Fonagy et al., 2017b). Similar experiences may also cause individuals to trust others too easily, i.e., epistemic hypovigilance, or swing between the two (Kamphuis & Finn, 2019). Clients with trauma, especially interpersonal trauma, have characteristics of epistemic hypervigilance. They may refuse to believe what assessors say (Fonagy et al., 2017a, b), making it difficult for assessors to touch their psychological problems, let alone change their narratives or stories. For such clients, assessors need to fully utilize collaboration to establish preliminary trust relationships, then follow clients' pace in providing feedback.

TA theoretically aligns with understanding clients and deep empathy, focusing on assessment questions proposed by clients, understanding clients deeply and targeted through psychological testing, thereby facilitating clients' positive changes.

5 Summary and Outlook

Therapeutic Assessment is an emerging evidence-based psychological counseling and treatment technique. It is a semi-structured model of assessment and intervention that uses standardized psychological tests to understand clients' psychological functioning and personality characteristics. During the assessment process, it emphasizes collaboration between clients and assessors, and while achieving assessment goals, it can also promote client change. Existing empirical research shows that TA' s applicable scope includes not only adults such as healthy individuals, individuals with general psychological problems, personality disorder patients, complex posttraumatic stress disorder patients, and hospitalized substance abuse patients, but also children, couples, partners, and families. TA' s main effects are reflected in: clients' symptoms are reduced or alleviated and daily functioning is enhanced; clients' self-esteem and sense of hope increase; and the therapeutic alliance is strengthened. Compared with traditional counseling techniques, it also has advantages of shorter duration, higher efficiency, broad applicability, and ability to be combined with other techniques. Its effects and advantages are related to its working mechanisms: a new positioning of psychological testing—psychological tests are not merely data sources, but the testing tools themselves become "empathy magnifiers" with therapeutic effects; collaborative sessions and feedback can maximize the utility of psycho-

logical testing, make clients' narratives more coherent and fluid, and bring about stronger therapeutic alliances; it uses multiple concepts to deeply understand clients' inner worlds: unique narratives and stories, self-verification and curiosity, attachment patterns and epistemic trust.

5.1 Limitations of Current Research

Due to TA' s relatively late theoretical development and short application time, current research still has some deficiencies, and many issues require further exploration, specifically reflected in the following aspects: First, small sample sizes, lack of population diversity, and few randomized controlled studies. There are 10 comparative studies on adult individuals (see Tables 1 and 2), but only 5 of these have experimental group sample sizes greater than 30; among repeated-measures quasi-experimental single-case studies, 4 studies have a sample size of 1, and 1 study has a sample size of 10; 2 qualitative studies both have sample sizes of 10. In empirical studies with children, couples, and families as research subjects (see Table 3), there is 1 repeated-measures quasi-experimental single-case study with a sample of 3 boys and their families and 1 with a sample of 14 children and their families, 1 comparative study with a sample of 48 couples, and the remaining studies focus on only 1 child and their family. Among existing studies, there are more studies on adults and fewer on children and adolescents. Most adult studies focus on individuals, with only 2 studies examining TA' s application with couples or partners. Future research should expand sample sizes, increase sample diversity, and conduct more studies on couples, partners, children, and adolescents.

Second, research on TA' s applicability in cross-national and cross-cultural contexts remains insufficient. As shown in Tables 1, 2, and 3, empirical studies on adult individuals are mostly concentrated in the United States (12 studies), with a small number of studies in other countries: 3 in Italy, 2 in the Netherlands, and 1 each in Germany and Australia. All 9 empirical studies on children, couples, partners, and families were conducted in the United States. Studies from other countries account for only about 25% of all studies in the three tables. In short, most TA-related empirical research has been conducted in the United States, with some attempts in other cultures, but research in Asian cultural contexts is still lacking. Moreover, even within the same country, the cultural diversity of TA research subjects remains somewhat limited. Factors such as social class, religion, and sexual orientation appear infrequently. There are few studies on lower social class and lower-income groups, with only 1 study explicitly mentioning the need to incorporate class, privilege, and race issues into the TA process (Guerrero et al., 2011). Therefore, more research on TA is needed in more countries and more diverse cultural contexts.

Third, TA' s mechanisms of action are not yet clear. Although time-series case analyses have examined changes in clients' symptoms or psychological functioning during baseline before TA, during TA implementation, and after TA completion through repeated measures, TA' s mechanisms of action remain unclear.

When do clients experience the greatest or most important changes? What causes clients to make such changes? What effects or changes do each TA session and written feedback produce for clients? Compared with other counseling orientations, is it TA' s philosophical ideas or its standardized procedures that produce effects? Although the latest meta-analysis suggests that TA' s effective elements may be its basic philosophy rather than specific components of the model (Durosini & Aschieri, 2021), specific empirical studies are still needed to answer these questions. On this basis, the similarities and differences in efficacy between TA and other psychological counseling approaches also require more adequate research.

5.2 Future Research Directions

Overall, as a new therapeutic orientation, TA requires more research to explore its efficacy in multicultural environments/populations. For example, increasing randomized controlled large-sample studies, adopting innovative research designs and methods including qualitative research and mixed designs, to gain deeper understanding of its mechanisms of action. As a new concept and technique that has just entered China, TA' s effectiveness in Chinese culture needs verification through both practice and research. TA was born in individualistic cultural soil, and its applicability to collectivistic culture remains to be verified. Although TA requires assessors to have cultural openness, individualistic culture is obviously more compatible with TA' s operational procedures and underlying philosophy: TA requires clients to take responsibility for themselves, propose assessment questions at the beginning of counseling, and collaborate with assessors throughout all counseling processes to explore answers to assessment questions. In collectivistic culture, clients' attitudes toward taking responsibility, proposing assessment questions, and engaging in collaboration require further exploration. A recent study on Chinese counselors' therapeutic preferences showed that experienced counselors tend to provide guidance to clients in counseling (She et al., 2022). A qualitative study found that Chinese clients expect counselors to provide guidance and feel dissatisfied when they do not receive as much guidance as they want (Duan et al., 2020). Therefore, TA' s emphasis on dual-authority or non-authoritative assessment may be inconsistent with Chinese clients' expectation that "the counselor is the authority."

Applying TA in Chinese cultural contexts presents both challenges and opportunities. First is the Sinicization of test instruments and their norms, copyright, and research. Psychological testing tools are the core of TA. Among commonly used personality tests, only the MMPI-2 has established Chinese norms (Zhang et al., 1999); the Rorschach Inkblot Test has been attempted by the Psychology Department of Tsinghua University to organize national experts to establish Chinese norms, but they have not yet been completed (Li et al., 2020). Additionally, many tools have no Chinese version, no Chinese local norms, and no Chinese local research, such as the Crisi Wartegg System (CWS) (Crisi, 2018), Adult Attachment Projective Picture System (AAP) (George & West,

2012), Fantasy Animal Game (Handler, 2007), Thurston Cradock Test of Shame (TCTS) (Thurston & Cradock O' Leary, 2009), etc. The learning, localization, and research of these testing tools mean enormous workload and time costs, and necessarily rely on teams and national collaborative networks to complete. However, besides applying these tools in TA, this work itself will narrow the gap between Chinese and international psychological counseling fields and greatly enrich counselors' toolkits.

Second is training Chinese assessors to master TA. As a professional technique, TA requires practitioners to receive rigorous training, mastering both its counseling techniques and the use of corresponding psychological testing tools. Stephen Finn-led TA training sessions were launched in China in 2022, with 300 psychological assessors participating. This is a beginning, but there remains a long training process of conducting cases, receiving supervision, and continuing theoretical study until Chinese local TA assessors are developed. This process of Sinicizing these testing tools will inevitably bring new attention and positioning to psychological testing in the counseling field, and TA can enable counselors to establish new client-assessor relationships through testing tools.

Third is the need to combine TA practice in China with empirical research. It is not a matter of practicing first and researching later, but rather practicing and researching simultaneously: it is necessary to both promote the application of TA techniques in Chinese cultural contexts and understand its mechanisms of action through research, while also timely revising parts of TA that are incompatible with Chinese culture based on research findings, and supplementing and perfecting unique elements that work in Chinese culture.

Table 1 Adult Therapeutic Assessment Effects: Symptom Reduction and Enhanced Self-Functioning

Researcher (Year)	Participants	Main Results/Effects
Finn & Tonsager (1992)*	Clients seeking psychological counseling	Experimental group (with feedback): 32; Control group (no feedback): 28. Compared to control group, experimental group reported significantly decreased distress, significantly increased self-esteem, and more hope for problem resolution.

Researcher (Year)	Participants	Main Results/Effects
Newman & Greenway (1997)*	College students seeking counseling services	Experimental group (collaborative feedback): 30; Control group (delayed feedback): 30. After feedback session, experimental group showed significantly increased self-esteem, and significantly reduced distress at 2-week follow-up. d(distress level reduction in experimental group) =
Morey et al. (2010)	Borderline personality disorder patients with suicidal ideation	MACT1+TA group: 8; MACT group: 8. Adding TA could not reduce dropout rate, but TA+MACT group showed greater reduction in emotional instability and suicidal ideation. d(borderline personality features) = 0.23, d(suicidal ideation) =
Aldea et al. (2010)	Maladaptive perfectionists	Feedback intervention group: 30; Control group (no feedback): 30. Providing feedback to maladaptive perfectionists reduced self-reported overall symptom distress and emotional reactivity.
Aschieri & Smith (2012)	Clients referred due to counseling impasse	Using hierarchical linear modeling, 20% of time variance and 19% of between-person variance could be explained by treatment conditions and difference levels. r(level change) = r(slope change) =

Researcher (Year)	Participants	Main Results/Effects
Smith & George (2012)	Middle-aged individuals with symptoms after long-term cancer treatment	TA group: 11; IG2 group: 12. Both groups showed significant reduction in career choice anxiety and significant improvement in career decision-making self-efficacy, but TA group showed significantly better improvement in career identity than IG group. d(career identity) =
Essig & Kelly (2013)	Career counseling clients	Symptom improvement such as anxiety reduction and enhanced overall well-being was statistically significant. r(overall distress level) = 0.64
Tarocchi et al. (2013)	Middle-aged women with complex trauma history	TA significantly reduced client self-reported symptoms. d(distress level reduction) = -0.50
Smith et al. (2015)*	Clients currently in psychotherapy	Client rekindled love for others, and self-reported symptom trajectory improved. r(slope change) =
Durosini et al. (2017)	Patients with persistent complex bereavement disorder, depression, and PTSD	Patient self-reported symptom trajectory showed statistically significant improvement trend.

- indicates that study results include not only symptom reduction but also increased self-esteem or enhanced working alliance.

Note: IG: Information Giving (the original text uses "Information Giving," but "Information Gathering" is more commonly used)

Table 2 Adult Therapeutic Assessment Effects: Increased Self-Esteem and Hope, and Enhanced Therapeutic Alliance

Researcher (Year)	Population	Main Results/Effects
Increased Client Self-Esteem and Hope		
Allen et al. (2003)	American clients	Experimental group (with feedback): 42; Control group (no feedback): 42. The assessment feedback group had more positive evaluations of feedback providers and sessions, and scores related to self-enhancement such as cognition, self-esteem, and self-understanding were significantly higher than the no-feedback group. Multivariate analysis of variance showed feedback group scores were significantly higher.
Smith & Egan (2017)	American clients	Clients gained new self-understanding and established positive relationships with assessors. This study used coding analysis.
De Saeger et al. (2016)	Dutch personality disorder patients	Clients had new understanding in relational and personality dynamics, felt empowered, and gained self-validation experiences. This study was qualitative.
Schnabel et al. (2016)	German college students studying abroad	Collaborative feedback group: 73; No feedback group: 351; Written feedback only group: 396. Collaborative feedback can significantly enhance students' self-rated cross-cultural competence, self-understanding, and confidence. d(post-test cross-cultural competence) = -0.5
Enhanced Therapeutic Alliance		

Researcher (Year)	Population	Main Results/Effects
Ackerman et al. (2000)	American outpatients at university community clinic	TA group: 38; IG1 group: 90. TA reduced the number of non-compliant patients, and therapeutic alliance formed early. R(therapeutic alliance formation in early stage) = 0.63
Hilsenroth et al. (2002)	American psychotherapy patients	SCT2 group: 34; IG group: 34. The therapeutic alliance rated by patients and therapists in the SCT group was significantly stronger than in the IG group. d = 0.52
Hilsenroth et al. (2004)	American psychotherapy patients	The therapeutic alliance formed during psychological assessment was significantly positively correlated with the alliance throughout the entire treatment process. rp = 0.76; rt = 0.44~0.63
De Saeger et al. (2014)	Dutch personality disorder patients	TA group: 37; GFPTI2 group: 37. TA better improved patients' expectations for treatment, with patients who received TA showing higher treatment satisfaction and stronger working alliances with therapists. d(treatment outcome expectancy) = 0.65; d(treatment satisfaction) = 0.68; d(working alliance) =
Blonigen et al. (2015)	American substance abuse patients	Assessment feedback group: 17; Assessment only group: 13. Patients in the assessment feedback group were very satisfied with the feedback intervention, and those who received feedback intervention established stronger therapeutic alliances after 1 month. d(adaptation to intervention program) = 0.63

Note: Many studies have more than one conclusion. Due to space limitations, the tables have streamlined the research results, reporting only the most important or relevant parts. The d values in Tables 1, 2, and 3 were calculated by the authors using basic data from the original studies according to formulas.

Table 3 Main Empirical Studies on Therapeutic Assessment with Children, Couples, and Families

Researcher (Year)	Participants	Main Results/Effects
Hamilton et al. (2009)	Rachel and her parents (American child and family)	Both parents and child were very satisfied with TA, family functioning was enhanced, child' s anxiety symptoms decreased, and sense of security increased. This is a case study.
Smith & Handler (2009)	Danielle and her parents (American child and family)	TA provided positive transformative experiences for the family, and a strong working alliance was established between assessor and family. This is a case study.
Tharinger et al. (2009)	14 children, 14 female caregivers, 8 male caregivers (American)	Children' s overall symptoms significantly decreased, family functioning enhanced; mothers' positive emotions toward children significantly increased, negative emotions significantly decreased.
Smith et al. (2009)	Jeff and his mother and stepfather (American)	TA improved family functioning, reduced Jeff' s angry behaviors, and parents were very satisfied with TA process and outcomes.

Researcher (Year)	Participants	Main Results/Effects
Smith et al. (2010)	3 boys with Oppositional Defiant Disorder and their families (American)	From baseline to follow-up, children' s symptoms showed significant improvement. d(child maladjustment and depression) = ; d(mother positive emotion increase) = 0.58; d(mother negative emotion reduction) = 1.18; r(Jeff' s angry behavior, baseline vs intervention+follow-up) = 0.20; Case 1: r = 0.48~0.92, Case 2: r = 0.64~0.94, Case 3: r = 0.19~0.76
Guerrero et al. (2011)	11-year-old girl Lanice and her aunt Paula and mother Jakara (American)	TA can be effectively applied in community mental health settings. Crisis intervention through family sessions can effectively promote child change. This is a case study.
Smith et al. (2011)	A 12-year-old boy and his parents (American)	Child symptoms significantly improved two months after sessions, and implementation of family sessions was the turning point for symptom trajectory. r = 0.708

Researcher (Year)	Participants	Main Results/Effects
Worthington et al. (1995)	College student couples (American)	Assessment feedback group: 28 couples; Control group (written assessment only): 20 couples. The assessment feedback group showed more improvement in relationship satisfaction and commitment over time than the written assessment only group, and assessment and feedback produced small but positive changes in well-functioning romantic relationships. Univariate analysis of variance showed both partners' relationship satisfaction significantly improved across pre-test, post-test, and follow-up measurements.
Finn (2015)	A long-term distressed couple (American)	Long-term follow-up showed TA helped the couple enhance caring, break free from previously entrenched destructive roles, and resolve impasses in couple therapy. This is a case study.

References

Li, X., Shi, B., Wu, Z., Zhang, F., Shen, H., Zhang, C., ···& Song, L. (2021). Therapeutic Assessment in clinical psychological evaluation. Chinese Mental Health Journal, 35(02), 102–107.

Li, Z., Yao, F., & Yu, Q. (2020). Application, dilemmas, and countermeasures of Rorschach Inkblot Test in university psychological counseling. China Journal of Health Psychology, 28(05), 792–797.

Sun, Q. (2022a). Psychological assessment that promotes client change: Evidence from single-case quasi-experimental design. The 4th Chinese Applied Psychology Conference.

Sun, Q. (2022b). Progress feedback in psychological counseling and therapy: Effects, mechanisms, applications, and prospects. The 1st China Evidence-Based

Psychology Academic Forum & The 4th China Evidence-Based Social Science Alliance Annual Conference. Guangzhou.

Sun, Q., Wu, C., Yu, L., Wang, W., & Shen, G. (2021). Effects of reading progress feedback information on working alliance and counseling outcomes. Acta Psychologica Sinica, 53(4), 349-361.

Zhang, J., Song, W., & Zhang, M. (1999). Introduction to the new version of Minnesota Multiphasic Personality Inventory (MMPI-2) and its standardization process in mainland China and Hong Kong. Chinese Mental Health Journal, 13(01), 21-24.

Ackerman, S. J., Hilsenroth, M. J., Baity, M. R., & Blagys, M. D. (2000). Interaction of therapeutic process and alliance during psychological assessment. Journal of Personality Assessment, 75(1), 82-109.

Adler, J. M. (2012). Living into the story: Agency and coherence in a longitudinal study of narrative identity development and mental health over the course of psychotherapy. Journal of Personality and Social Psychology, 102(2), 367-389.

Aldea, M. A., Rice, K. G., Gormley, B., & Rojas, A. (2010). Telling perfectionists about their perfectionism:

Effects of providing feedback on emotional reactivity and psychological symptoms. Behaviour Research and Therapy, 48(12), 1194-1203.

Allen, A., Montgomery, M., Tubman, J., Frazier, L., & Escovar, L. (2003). The effects of assessment feedback on rapport-building and self-enhancement processes. Journal of Mental Health Counseling, 25(3), 165-182.

Aschieri, F., Fantini, F., & Smith, J. D. (2016). Collaborative/Therapeutic assessment: Procedures to enhance client outcomes. In S. Maltzmann (Ed.), Oxford handbook of treatment processes and outcomes in counseling psychology (pp. 241-269). Oxford University Press.

Aschieri, F., & Smith, J. D. (2012). The effectiveness of therapeutic assessment with an adult client: A single-case study using a time-series design. Journal of Personality Assessment, 94(1), 1-11.

Blonigen, D. M., Timko, C., Jacob, T., & Moos, R. H. (2015). Patient-centered feedback on the results of personality testing increases early engagement in residential substance use disorder treatment: A pilot randomized controlled trial. Addiction Science & Clinical Practice, 10(1), 9-9.

Crisi, A. (2018). The Crisi Wartegg System (CWS) manual. New York: Routledge.

De Saeger, H., Bartak, A., Eder, E., & Kamphuis, J. H. (2016). Memorable experiences in therapeutic assessment:

Inviting the patient' s perspective following a pretreatment randomized controlled trial. Journal of Personality Assessment, 98(5), 472–479.

De Saeger, H., Kamphuis, J. H., Finn, S. E., Smith, J. D., Verheul, R., van Busschbach, J. J., Feenstra, D. J., & Horn, E. K. (2014). Therapeutic assessment promotes treatment readiness but does not affect symptom change in patients with personality disorders: Findings from a randomized clinical trial. Psychological Assessment. Advance online publication. http://dx.doi.org/10.1037/a003566 Duan, C., Hill, C. E., Jiang, G., Li, S., Duan, X., Li, F., Hu, B., Yu, L., & Du, M. (2020). Client views of counselor directives: A qualitative study in China. Counselling Psychology Quarterly, 35(2), 303–323.

Durosini, I., & Aschieri, F. (2021). Therapeutic assessment efficacy: A mta-analysis. Psychological Assessment, 33(10), 962–972.

Durosini, I., Tarocchi, A., & Aschieri, F. (2017). Therapeutic assessment with a client with persistent complex bereavement disorder: A single-case time-series design. Clinical Case Studies, 16(4), 295–312.

Dutra, L., Stathopoulou, G., Basden, S. L., Leyro, T. M., Powers, M. B., & Otto, M. W. (2008). A meta-analytic review of psychosocial interventions for substance use disorders. American Journal of Psychiatry, 165, 179 Essig, G. N., & Kelly, K. R. (2013). Comparison of the effectiveness of two assessment feedback models in reducing career indecision. Journal of Career Assessment, 21(4), 519–536.

Fantini, F., Aschieri, F., David, R. M., Martin, H., & Finn, S. E. (2022). Therapeutic assessment with adults: Using psychological testing to help clients change. London: Taylor & Francis Group.

Finn, S. E. (1996). Assessment feedback integrating MMPI-2 and Rorschach findings. Journal of Personality Assessment, 67(3), 543–557.

Finn, S. E. (2007). In our clients' shoes: Theory and techniques of therapeutic assessment. Mahwah, NJ: Lawrence Erlbaum.

Finn, S. E. (2009). The many faces of empathy in experiential, person-centered, collaborative assessment. Journal of Personality Assessment, 91(1), 20–23.

Finn, S. E. (2015). Therapeutic assessment with couples. Pratiques psychologiques, 21(4), 345–373.

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. (1970). The testee as co-evaluator. Journal of Counseling Psychology, 17, 70–76.

Fischer, C. (2000). Collaborative, individualized assessment. Journal of Personality Assessment, 74, 2–14.

Fischer, C. T., & Finn, S. E. (2014). Developing the life meaning of psychological test data: Collaborative and therapeutic approaches. In Archer, R. P., & Smith. S. R. (Eds.), Personality assessment, 2nd edition (pp. 401–431). New York: Routledge.

Fonagy, P., Luyten, P., Allison, E., & Campbell, C. (2017a). What we have changed our minds about: Part 1.

Borderline personality as a limitation of resilience. Borderline Personality and Emotional Dysregulation, 4, Article 11.

Fonagy, P., Luyten, P., Allison, E., & Campbell, C. (2017b). What we have changed our minds about: Part 2.

Borderline personality, epistemic trust, and the developmental significance of social communication.

Borderline Personality and Emotional Dysregulation, 4, Article 9.

Fosha, D. (2000). The transforming power of affect: A model for accelerated change. New York: Basic Books.

George, C., & West, M. (2012). The Adult Attachment Projective Picture System: Attachment theory and assessment in adults. New York: Guilford.

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(1), 7–15.

Hamilton, A. M., Fowler, J. L., Hersh, B., Austin, C. A., Finn, S. E., Tharinger, D. J., Parton, V., Stahl, K., & Arora, P. (2009). "why won' t my parents help me?" : Therapeutic assessment of a child and her family. Journal of Personality Assessment, 91(2), 108–120.

Handler, L. (2007). The Use of Therapetutic Assessment with Children and Adolescents. In S. Smith & L. Handler (Eds.), The clinical assessment of children and adolescents: A practitioner's handbook (pp. 53–71). Mahwah, NJ: Lawrence Erlbaum Associates.

Hilsenroth, M. J., Ackerman, S. J., Clemence, A. J., Strassle, C. G., & 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. J., Peters, E. J., & Ackerman, S. J. (2004). The development of therapeutic alliance during psychology assessment: Patient and therapist perspectives across treatment. Journal of Personality Assessment, 83, 331–344.

Kamphuis, J. H., & Finn, S. E. (2019). Therapeutic assessment in personality disorders: Toward the restoration of epistemic trust. Journal of Personality Assessment, 101(6), 662–674.

Morey, L. C., Lowmaster, S. E., & Hopwood, C. J. (2010). A pilot study of manual-assisted cognitive therapy with a therapeutic assessment augmentation for borderline personality disorder. Psychiatry Research, 178(3), Newman, M. L., & Greenway, P. (1997). Therapeutic effects of providing MMPI-2 test feedback to clients at a university counseling service: A collaborative approach. Psychological Assessment, 9(2), 122–131.

Poston, J. M., & Hanson, W. E. (2010). Meta-Analysis of psychological assessment as a therapeutic intervention.

Psychological Assessment, 22(2), 203–212. Schnabel, D. B. L., Kelava, A., & van de Vijver, F. J. R. (2016). The effects of using collaborative assessment with students going abroad: Intercultural competence development, self-understanding, self-confidence, and stages of change. Journal of College Student Development, 57(1), 79–94.

She, Z., Řiháček, T., Xu, J., Yang, W., Xu, D., Zhou, N., Ji, W., & Xi, J. (2022). Psychometric Evaluation of the Cooper-Norcross Inventory of Preferences-Therapist Version. Assessment. Advance online publication. https://doi.org/10.1177/10731911221118317 Smith, J. D., & Finn, S. E. (2014). Therapeutic presentation of multimethod assessment results: Empirically supported guiding framework and case example. In C. J. Hopwood & R. F. Bornstein (Eds.), Multimethod clinical assessment of personality and psychopathology (pp. 403–425). New York: Guilford Press.

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(3), 197–210.

Smith, J. D., Nicholas, C. R. N., Handler, L., & Nash, M. R. (2011). Examining the potential impact of a family session in therapeutic assessment: A single-case experiment. Journal of Personality Assessment, 93(3), Smith, J. D., & Egan, K. N. (2017). Trainee and client experiences of therapeutic assessment in a required graduate course: A qualitative analysis. Journal of Personality Assessment, 99(2), 126–135.

Smith, J. D., Eichler, W. C., Norman, K. R., & Smith, S. R. (2015). The effectiveness of collaborative/therapeutic assessment for psychotherapy consultation: A pragmatic replicated single-case study. Journal of Personality Assessment, 97(3), 261–270.

Smith, J., & George, C. (2012). Therapeutic assessment case study: Treatment of a woman diagnosed with metastic cancer and attachment trauma. Journal of Personality Assessment, 94(4), 331–344.

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(3), 593–602.

Smith, J. D., Wolf, N. J., Handler, L., & Nash, M. R. (2009). Testing the

effectiveness of family therapeutic assessment: A case study using a time-series design. Journal of Personality Assessment, 91(6), 518–536.

Stewart, R. E., & Chambless, D. L. (2009). Cognitive-behavioral therapy for adult anxiety disorders in clinical practice: A meta-analysis of effectiveness studies. Journal of Consulting and Clinical Psychology, 77, 595–Swann, W. B. (1997). The trouble with change: Self-verification and allegiance to the self. Psychological Science, 8, 177–180.

Tarocchi, A., Aschieri, F., Fantini, F., & Smith, J. D. (2013). Therapeutic assessment of complex trauma: A single-case time-series study. Clinical Case Studies, 12(3), 228–245.

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, 91(3), 238–244.

Tharinger, D. J., Rudin, D. I., Frackowiak, M., & Finn, S. E. (2022). Therapeutic assessment with children:

Enhancing parental empathy through psychological assessment. London: Taylor & Francis Group.

Thurston, N. S., & Cradock O' Leary, J. (2009). Thurston Cradock Test of Shame (TCTS) manual. Western Psychological Services.

Wampold, B. E. (2001). The great psychotherapy debate: Models, methods, and findings. Mahwah, NJ: Lawrence Erlbaum.

Worthington, E. L., McCullough, M. E., Shortz, J. L., Mindes, E. J., Sandage, S. J., & Chartrand, J. M. (1995). Can couples assessment and feedback improve relationships? Assessment as a brief relationship enrichment procedure. Journal of Counseling Psychology, 42(4), 466–475.

Note: Figure translations are in progress. See original paper for figures.