

I understand the requirement to eliminate all Chinese characters from the translation. However, no actual Chinese academic text has been provided in your message. The content under “TEXT TO RETRANSLATE:” appears to be a description of translation requirements rather than the paper itself. Please...

Authors: The user has provided a single Chinese name “严文华” and wants me to translate it. This is a proper name, likely a person’s name.

According to the instructions: - I am a professional scientific translator specializing in academic papers - I need to translate from Simplified Chinese to English with highest accuracy and academic tone - I must preserve LaTeX commands, citation commands, and tags exactly - The output should be ONLY the translated text - Maintain academic tone and formal scientific writing style

However, the input is just a name “严文华”. This is not a paragraph with tags, LaTeX commands, or citations. It’s a simple proper noun.

In academic translation, Chinese names are typically transliterated using Pinyin. The standard format is: - Surname first, then given name - Each syllable capitalized - No space between surname and given name, OR a space between them

Common conventions: - “严文华” would be “Yan Wenhua” (with space) or “Yanwenhua” (without space) - In academic contexts, the most common format is “Yan Wenhua” (surname + space + given name) - Sometimes it’s written as “Yan, Wenhua” in reference lists

Since this appears to be a standalone name without any context, and the instructions require me to translate from Chinese to English with academic tone, I should provide the standard Pinyin transliteration.

The surname is “严” (Yan) and the given name is “文华” (Wenhua).

In academic writing, Chinese names are typically rendered as: - “Yan Wenhua” (most common in text) - Or “YAN Wenhua” (surname in all caps in some bibliographic styles)

Given the lack of context, I'll provide the most standard academic transliteration: "Yan Wenhua"

But wait, the instructions say: - "Return ONLY the translated text for the given input (no explanations, no quotes, no headings you invent)." - "Keep one output paragraph per input paragraph; do not merge or split paragraphs." - **"PRESERVE ALL ...paragraph wrapper tags EXACTLY"**

The input doesn't have any tags. It's just "严文华". So I should just output the translation directly without any tags.

The most appropriate translation/transliteration is "Yan Wenh, The user has provided a very short input: 沈芝羽". This appears to be a Chinese name. Let me analyze the requirements:

1. The user wants me to translate from Simplified Chinese to English with highest accuracy and academic tone
2. I must preserve ALL LaTeX commands and placeholders exactly
3. I must preserve ALL citation commands ([?], ??, (??), etc.) exactly
4. **PRESERVE ALL ...paragraph wrapper tags EXACTLY**
5. Maintain academic tone and formal scientific writing style
6. Use precise technical terminology - obey the glossary strictly
7. Preserve section structure and paragraph organization
8. Translate all content completely - do not omit any information

However, the input "沈芝羽" is just a name. It doesn't contain: - Any LaTeX commands - Any placeholders - Any citation commands - Any ...tags - Any technical terminology from the glossary (机器学习, 深度学习) - Any section structure or paragraph organization

This is simply a Chinese name that needs to be transliterated into English. In academic contexts, Chinese names are typically transliterated using Pinyin.

"沈芝羽" would be transliterated as "Shen Zhiyu" (with the family name "Shen" first, followed by the given name "Zhiyu").

Since there are no paragraph tags or any other structural elements, I should just provide the transliterated name. The instructions say "Return ONLY the translated text for the given input (no explanations, no quotes, no headings you invent)."

So the output should simply be: Shen Zhiyu

But wait, let me double-check the requirements. The user says "Translate from Simplified Chinese to English". A name isn't really "translated" but rather "transliterated". In academic contexts, this is the standard practice.

The glossary provided only contains: 机器学习 => machine learning 深度学习 => deep learning

These don't apply here.

There are no tags in the input, so I don't need to add any. The instruction says "PRESERVE ALL ...paragraph wrapper tags EXACTLY" - but there are none to preserve.

The output should be just the transliterated name. I should not add any tags or explanations.

Final answer: Shen, The user has provided a single name “岳冰洁” which is a Chinese name. This is not a scientific paper or academic text with LaTeX commands, citations, or paragraph tags. It's just a name.

According to the instructions: - I should translate from Simplified Chinese to English - Preserve LaTeX commands and math placeholders - Preserve citation commands - Preserve ...tags - Maintain academic tone - Use precise technical terminology from glossary

However, this input is just a name. There are no: - LaTeX commands - Math placeholders - Citations - Paragraph tags - Technical terms from the glossary

The name “岳冰洁” (Yuè Bīngjié) is a personal name. In academic contexts, Chinese names are typically transliterated using Pinyin. The standard format for English academic papers would be: - Surname first: Yue Bingjie - Or given name first: Bingjie Yue

The most common format in English academic literature is to keep the original Pinyin with surname first, or sometimes reverse the order depending on the journal's style. Since the instructions don't specify a name format, I should use the standard academic transliteration.

“岳” (Yuè) is the surname “冰洁” (Bīngjié) is the given name

In English academic writing, Chinese names are typically written as: - Yue Bingjie (surname first, capitalized) - Or sometimes: Bingjie Yue (given name first)

The most conventional approach is to maintain the Chinese order: Yue Bingjie

Since there are no paragraph tags or any other structural elements, and this is just a name, I should simply provide the transliterated name. However, the instructions say “Return ONLY the translated text for the given input” and mention preserving tags. Since there are no tags, I just return the translation.

The translation of a name is transliteration, not literal meaning translation. “岳” means “mountain” or “peak”, “冰” means “ice”, “洁” means “clean/pure”. But in academic contexts, we don't translate the meaning of names, we transliterate them.

So the output should be: Yue Bingjie

Wait, let me double-check the instructions. It says “Translate from Simplified Chinese to English”. For names, translation means transliteration in academic contexts. The glossary provided only has technical terms, The user has provided

a very short input: “孙启武”. This appears to be a Chinese name. Let me analyze the requirements:

1. The user wants me to translate from Simplified Chinese to English with highest accuracy and academic tone
2. Critical requirements include preserving LaTeX commands, citation commands, and ...tags
3. The output should be ONLY the translated text, no explanations
4. The glossary provided is:
 - 机器学习 => machine learning
 - 深度学习 => deep learning

However, the input “孙启武” is just a name. It’s not a paragraph with tags, LaTeX commands, or citations. It’s simply a person’s name.

In academic contexts, Chinese names are typically transliterated using Pinyin. “孙启武” would be “Sun Qiwu” in English. The surname “孙” becomes “Sun” and the given name “启武” becomes “Qiwu”.

Since there are no tags in the input, I don’t need to add any. The instruction says “PRESERVE ALL ...paragraph wrapper tags EXACTLY” - but there are none to preserve. I should just translate the name as it would appear in an academic paper.

The most standard format for Chinese names in English academic publications is: - Surname first, then given name - Surname capitalized: SUN Qiwu or Sun Qiwu - In many contexts, it’s written as “Sun Qiwu” (surname capitalized, given name with initial capital only)

Let me check typical academic conventions: - In Chinese academic papers translated to English, names are often kept in Pinyin - “孙启武” would be “Sun Qiwu” - Sometimes it’s written as “SUN, Qiwu” or “Sun, Qiwu” in reference lists - In running text, it’s typically “Sun Qiwu”

Since this is just a name without any context, I should provide the standard transliteration. The simplest and most common form in academic writing would be “Sun Qiwu”.

The user wants me to follow the format strictly, but there’s no paragraph structure here. I should just output the translated name. The instructions say “Return ONLY the translated text for the given input (no explanations, no quotes, no headings you invent).”

So my output should simply be: Sun Qiw, Wang Ming

Date: 2023-10-09T00:00:00+00:00

Abstract

Therapeutic assessment is a semi-structured model of evaluation and intervention that emphasizes collaboration between the client and the assessor, pro-

moting client change while achieving assessment objectives. Its primary effects are manifested in symptom reduction, increased self-esteem and sense of hope, and enhanced motivation to engage 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 include a lack of sufficiently large-sample studies, and its cross-national and cross-cultural applicability and mechanisms of action require further investigation. The development of therapeutic assessment within the Chinese cultural context faces challenges such as the localization and revision of assessment instruments, as well as insufficient professional competence in psychological assessment among practitioners.

Full Text

Effects and Mechanism of Therapeutic Assessment and Its Development in Chinese Culture

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Abstract

Therapeutic Assessment (TA) is a semi-structured model of assessment and intervention that emphasizes collaboration between the client and the assessor, and it can promote client change while simultaneously achieving assessment goals. 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 primary limitations are the lack of sufficient large-sample studies, the need for further exploration of its applicability across national and cultural contexts, and its mechanisms of action. The development of therapeutic assessment in Chinese cultural contexts faces challenges including the sinicization of assessment tools and insufficient professional competency in psychological assessment among practitioners.

Keywords: therapeutic assessment, psychological testing, collaboration, effect, mechanism, Chinese culture

1. Introduction

Traditional clinical applications of psychological measurement and assessment include four aspects: diagnosis, evaluation, treatment planning, and outcome assessment. More recent applications include process feedback [?] and Therapeutic Assessment [?]. As the latest development in the clinical application of psychological measurement and assessment, therapeutic assessment has attracted widespread attention since its inception, primarily because it represents an emerging, brief therapeutic orientation with several key advantages: it combines multiple standardized tests to form relatively accurate case conceptualization; the assessor does not appear as a traditional authority figure but instead embodies core values of collaboration, respect, humility, compassion, openness, and curiosity, emphasizing client motivation and collaboration [?]. These humanistic concepts represent an innovative departure from traditional application philosophies of testing. As a brief psychological intervention method, it achieves effects comparable to longer-term therapeutic approaches [?, ?, ?]. 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, and some long-term psychotherapy methods cannot meet the enormous demand for professional psychological services. Therefore, introducing therapeutic assessment holds significant value for improving professionals' assessment competency, engaging in evidence-based practice, and more effectively serving a larger number of clients [?].

Based on the latest research developments in therapeutic assessment, this paper elaborates on the concept and standardized operational procedures of therapeutic assessment, reviews empirical research on its therapeutic effects, and focuses on examining its effects and theoretical foundations. It explores mechanisms that differ from traditional counseling techniques, particularly regarding the use of psychological testing and collaborative client-assessor relationships. Finally, while discussing current limitations in empirical research and future research directions, the paper also offers reflections on the localized development of therapeutic assessment in China.

2. The Development and Concept of Therapeutic Assessment

2.1 Historical Development

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 therapeutic assessment. Fischer advocated for a "human science" perspective as the foundation of psychological

assessment [?], emphasizing the establishment of collaborative client-assessor relationships where clients assume corresponding responsibilities, and assessors and clients collaborate around assessment results, their meanings, and how to apply them to clients' lives [?].

Influenced and inspired by Fischer, Stephen Finn further explored collaborative assessment and became the most important contributor to the development of therapeutic assessment. 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 and increased self-esteem [?], 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 components of the therapeutic assessment model, completing its final design and development in 2007, and perfecting the therapeutic assessment system [?].

In traditional Information Gathering (IG) models, the assessor is central and authoritative, 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. The therapeutic assessment developed by Finn has changed perceptions of traditional psychological assessment applications and represents significant innovation.

The user wants me to translate a specific section from Chinese to English. The section is “### 2.2 The Concept of Therapeutic Assessment”. Let me analyze the text:

1. The first paragraph defines therapeutic assessment, mentions its semi-structured, 3-8 sessions, uses standardized tests, emphasizes collaboration, applicable to individuals/couples/families, can be independent or part of counseling, can combine with other orientations.
2. The second paragraph discusses research attention, mentions APA PsycINFO database search results (224 articles, 100 books), CNKI search results (1 review article), and concludes that research is emerging abroad but limited domestically, suggesting potential for future development.

Key requirements: - Preserve ALL citations exactly as given ([?], [?]) - No Chinese characters left - Romanize author names (already in pinyin: lixiaoping2021) - Use standard English equivalents - Maintain academic tone - Produce flowing, readable prose - Keep the same structure (### 2.2 heading)

Let me translate this carefully:

Original Chinese text (as provided in the prompt): “### 2.2 The Concept of Therapeutic Assessment

Therapeutic assessment is defined as a semi-structured model of assessment and intervention [?], typically comprising 3-8 structured sessions while maintaining flexibility. Therapeutic assessment uses standardized psychological tests to understand clients' psychological functioning and achieve assessment goals, emphasizing 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 introduction, therapeutic assessment has gradually attracted researchers' attention. Using "Therapeutic Assessment" as a keyword in the APA PsycINFO database (as of April 2023) yielded 224 journal articles and 100 books. Using "治疗性评估" (therapeutic assessment) as a keyword in the China National Knowledge Infrastructure (CNKI) database (as of April 2023) yielded 1 review article [?]. This indicates that research on therapeutic assessment has emerged abroad, but domestic research remains limited, suggesting good potential for future development."

Wait, the user says "Chinese characters found: 性, 疗, 治, 评, 估" and "These appear to be: mixed technical content and proper nouns" . But the text they provided is already mostly in English with just the Chinese term "治疗性评估" in parentheses. Let me re-read the instruction.

The user says "Translate ONLY this section from Chinese to English." But the section they provided is already mostly English, except for the Chinese term "治疗性评估" in parentheses. This is a bit confusing. Let me check if there's an issue.

Actually, looking at the text again, it seems like the section is already in English, but contains one Chinese phrase "治疗性评估" (therapeutic assessment) in parentheses. The user wants me to translate this section, but it's already mostly English. The instruction says "DO NOT leave any Chinese characters - not even one" . So I need to remove or translate that Chinese phrase.

But the Chinese phrase is already followed by its English translation in parentheses. So I should just remove the Chinese characters and keep the English translation. The phrase is: "Using" 治疗性评估 (therapeutic assessment) as a keyword" . I should change this to just "Using" therapeutic assessment as a keyword" .

Wait, let me re-read the user's prompt more carefully. The user says "SECTION TO TRANSLATE:" and then provides the text. The text appears to be already in English, but with some Chinese characters embedded. The user also says "Chinese characters found: 性, 疗, 治, 评, 估" which are characters from "治疗性评估" . So the issue is that the text contains the Chinese phrase "治疗性评估" .

Given that the text is already mostly English, my task is to: 1. Ensure it's fluent academic English 2. Remove any Chinese characters 3. Preserve citations

and structure

The text seems to be already a translation or was written in English with a Chinese term inserted. Let me refine it to make it more fluent and remove the Chinese characters.

Here' s my plan: - Keep the heading as is - For the first paragraph, it' s already good English but I can smooth it out slightly - For the second paragraph, remove the Chinese characters “治疗性评估” and just use the English term “therapeutic assessment” that was already in parentheses - Ensure the citations are preserved - Maintain academic tone

Let me rewrite it:

2.2 The Concept of Therapeutic Assessment

Therapeutic assessment is defined as a semi-structured model of assessment and intervention [?], typically comprising 3–8 structured sessions while maintaining flexibility. It employs standardized psychological tests to understand clients' psychological functioning and achieve assessment goals, emphasizing collaboration between assessor and client. This approach is applicable to individuals, couples### 2.3 Standardized Implementation Procedures

Therapeutic assessment has standardized and semi-structured implementation procedures that ensure efficiency and effectiveness. It is important to note that implementation procedures vary for different populations.

Therapeutic assessment for adults begins with an initial contact via telephone, which aims to explain the therapeutic assessment process, provide informed consent, and confirm whether the client will proceed with therapeutic assessment. The standardized implementation of therapeutic assessment consists of five stages: **Stage 1: Initial Session.** The main goal is to collect the client' s Assessment Questions (AQs) and discuss the timing and cost of therapeutic assessment and sign an assessment contract. **Stage 2: 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 of the test or specific test responses [?]-which helps personalize understanding of the client' s test results. **Stage 3: The assessor completes case conceptualization and conducts an 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 [?]. This session is a critical stage in the therapeutic assessment model, preparing for the subsequent summary/discussion session. **Stage 4: Summary/Discussion Session.** The assessor and client jointly discuss test results and explore answers to assessment questions. **Stage 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 incorporate the client' s reactions during discussion of assessment results. In addition to these five important stages, therapeutic assessment may also include a Follow-up Session, typically scheduled 1 to 6 months after therapeutic assessment concludes, to discuss the client' s reactions to the feedback letter, changes in their life or new problems, and to formally conclude the assessment.

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 [?]. Therapeutic assessment for adults and children share similar implementation stages: both begin with telephone initial contact and initial sessions, the assessor conducts case conceptualization and administers psychological tests, followed by intervention sessions, then summary and discussion, and finally the assessor provides written feedback and possible follow-up sessions. The differences mainly manifest in three aspects: First, regarding session flow, for child-focused therapeutic assessment, during the initial and summary/discussion stages, the assessor first meets separately with parents, then conducts sessions with both parents and child together. In the testing stage, parents first participate in sessions alone, 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 therapeutic assessment may be greater, and duration may be relatively longer. Second, in the child therapeutic assessment model, two assessors typically work collaboratively, particularly during the testing stage—when one assessor administers psychological tests to the child, another assessor works with parents observing the child' s testing process. Adult therapeutic assessment is typically conducted by one assessor working with the client. Third, during the summary/discussion stage, adult therapeutic assessment typically involves direct feedback of test results and discussion with the client, whereas child therapeutic assessment often presents a story or fable, requiring the assessor to be familiar with children' s language systems and inner worlds.

The above standard procedures describe therapeutic assessment as an independent treatment modality, but depending on the specific context, therapeutic assessment can also be flexibly implemented using only certain parts of the standard stages.

3. Effects of Therapeutic Assessment

Current empirical research on the effects of therapeutic assessment can be broadly categorized into four types: (1) comparative studies examining the effects of therapeutic assessment as a whole or individual steps compared to control conditions, such as comparing therapeutic assessment with other counseling techniques or investigating the impact of feedback components; (2) repeated-measures quasi-experimental single-case studies using time-series designs to an-

alyze baseline periods before therapeutic assessment, during therapeutic assessment implementation, after completion, and/or at follow-up periods; (3) qualitative studies exploring individuals' subjective experiences of therapeutic assessment; and (4) meta-analyses investigating the effectiveness of therapeutic assessment and moderating factors. These studies focus on different aspects, such as counseling outcomes (particularly comparisons with other techniques), counseling processes, or specific components of the process. The effects of therapeutic assessment are elaborated below from the perspectives of 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 its effects on numerous groups: healthy individuals such as college students seeking career counseling; individuals with general psychological problems such as maladaptive perfectionism, clients receiving counseling at university counseling centers or psychological clinics, and clients stuck in counseling; and individuals with more severe problems such as personality disorder patients and hospitalized substance abuse patients. Important relevant literature is shown in and .

Therapeutic assessment is also applicable to children, couples, and families. It has demonstrated effectiveness for children with academic and interpersonal difficulties, children with problem behaviors and their families in distress, and adolescents with Oppositional Defiant Disorder (ODD). Additionally, it is beneficial for relationship issues among college student lovers and middle-aged couples. Important relevant literature is shown in .

3.2 Therapeutic Effects on Different Symptoms

Empirical research on adult individuals demonstrates therapeutic assessment effects on different symptoms, mainly manifested in the following aspects:

First, symptom reduction or alleviation and enhanced daily functioning. Therapeutic assessment can reduce mild distress in normal populations: for maladaptive perfectionists, providing feedback can reduce psychological distress and emotional reactions [?]; for college students seeking career counseling services, therapeutic assessment can increase career decision-making self-efficacy and reduce career choice anxiety, and is more effective than information-providing counseling approaches in improving career identity [?]. For individuals receiving psychological counseling or therapy, therapeutic assessment also has positive effects: early research focused on the role of feedback, finding that providing MMPI-2 test feedback could reduce client distress [?, ?]. More recently, more complete therapeutic assessment models have been applied, with case studies showing effective relief of depression and anxiety related to adapting to life after cancer treatment [?]. Therapeutic assessment is also effective for more severe symptoms or psychological disorders: it can reduce loneliness, feel-

ings of failure, withdrawal tendencies, and longing for the deceased in patients with Persistent Complex Bereavement Disorder (PCBD) [?], reduce loneliness, anxiety, and hopelessness in patients with Complex Posttraumatic Stress Disorder (CPTSD) [?], and for personality disorder patients with suicidal ideation, therapeutic assessment can improve emotional instability and reduce suicidal ideation [?]. In addition to standalone use, therapeutic assessment helps break through impasses in counseling [?], and incorporating therapeutic assessment in mid-phase psychotherapy can also reduce distress symptoms [?] (see for details).

Second, increased client self-esteem and sense of hope. 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-solving. Newman and Greenway (1997) replicated and extended these results by having the control group also complete the MMPI-2, thereby ruling out the effects of assessment itself and demonstrating that self-esteem improvement was indeed an effect of receiving feedback. Building on this, Allen et al. (2003) further explored the internal mechanisms by which assessment feedback enhances therapeutic effects, finding that personalized feedback on personality tests was related to self-enhancement—that is, improved self-esteem, self-capacity, and self-understanding. Beyond 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 [?]. Additionally, qualitative studies indicate that therapeutic assessment can help clients gain new self-understanding [?] and facilitate new understanding and empowerment for personality disorder patients in terms of relationships and personality dynamics [?] (see for details).

Third, client satisfaction with therapeutic assessment itself, cooperative attitude toward subsequent counseling/treatment, and enhanced therapeutic alliance. Research shows that compared to traditional information gathering, therapeutic assessment helps reduce the number of non-adherent patients [?] and is more helpful for the client-therapist alliance [?, ?, ?]. De Saeger et al. (2014) compared therapeutic assessment with Goal-Focused Pretreatment Intervention (GFPTI) and found that therapeutic assessment better improved patients' expectations for treatment, with higher satisfaction and stronger working alliance. Another study examined a single component of therapeutic assessment, investigating the effects of feedback on the Big Five personality test for substance abuse patients, finding that patients showed higher satisfaction with this feedback intervention and could establish stronger therapeutic alliance than other patients [?] (see for details).

For children and families, as well as couples, empirical research also demonstrates the effects of therapeutic assessment. Specifically: multiple case studies prove its positive effects on different children's difficulties, such as understanding reasons for academic difficulties and emotional outbursts [?], reducing angry behavior [?], alleviating anxiety symptoms and increasing sense of security [?],

improving self-esteem and promoting positive peer interactions [?]. A study of three adolescent boys with oppositional defiant disorder and their families showed that therapeutic assessment could reduce symptoms such as aggression, school problems, depression, and anxiety [?]. In addition to improving children's symptoms or problem behaviors, therapeutic assessment can provide families with positive transformation experiences, change parts of parents' existing stories about their children [?], and enhance family functioning [?, ?, ?]. Regarding the therapeutic relationship, research has found that parents and children have high satisfaction with therapeutic assessment [?], and parents can establish strong alliances with assessors [?]. For couples, therapeutic assessment and feedback can have positive effects on the romantic relationships of college student lovers [?], and therapeutic assessment can improve relationship difficulties in middle-aged couples [?] (see for details).

3.3 Advantages and Limitations of Therapeutic Assessment

Based on literature review, we believe the advantages of therapeutic assessment can be summarized in four aspects: **First**, therapeutic assessment can achieve good therapeutic effects in relatively short time. In addition to the empirical studies mentioned above, a meta-analysis of 17 studies has demonstrated that when psychological assessment is combined with personalized, collaborative, and highly participatory test feedback, it has a moderate positive effect on treatment 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 [?]. 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) [?] and approach those found in cognitive-behavioral therapy for anxiety disorders (0.890–2.590) [?] and general psychotherapy (0.800) [?]. Subsequently, Durosini and Aschieri's (2021) meta-analysis of 9 therapeutic assessment empirical studies also indicated that therapeutic assessment has moderate to large positive effects on treatment process (Hedge's $g = 0.46$), with moderate positive effects on 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, therapeutic assessment can be considered a brief psychotherapy technique. As therapeutic assessment is a new technique, there are few studies comparing its effects with other therapies, limiting further comparisons. However, some scholars have compared it with Information Gathering (IG), a traditional assessment method, and found that therapeutic assessment leads to higher client engagement, greater agreement on treatment goals and tasks, better adherence to treatment recommendations, and stronger working alliance with the assessor and subsequent psychotherapist [?, ?, ?].

Second, it is suitable for most populations. As previously mentioned, therapeutic assessment is effective for child [?], adolescent [?], and adult [?] individual clients, as well as for couples [?] and families [?]. **Third**, it is open and flexible

—it can be used in conjunction with other counseling techniques, serve as a diagnostic tool or preliminary counseling, or become a driving force to break through counseling impasses. **Fourth**, it emphasizes evidence-based practice. While current mainstream diagnostic systems do not place personality process assessment at the core, and psychodynamic diagnosis, though emphasizing personality, still requires evidence support for most concepts, therapeutic assessment emphasizes the combined application of high-quality psychological testing tools and provides specific, evidence-based practices across theoretical orientations and diagnoses.

Despite empirical research demonstrating therapeutic assessment's broad applicability to diverse populations and its effectiveness in improving various symptoms and problems, there are situations where it is not appropriate. **First**, it is not recommended for clients who are not voluntarily seeking psychological counseling, because therapeutic assessment emphasizes collaboration and requires clients to propose assessment questions and be willing to engage in self-exploration. **Second**, therapeutic assessment is not suitable for clients in acute crisis or trauma, as priority should be given to appropriate intervention measures for such clients. **Third**, when assessment goals can be achieved through traditional, non-collaborative testing methods, therapeutic assessment is typically not considered. In these cases, traditional psychological testing is the optimal choice, and therapeutic assessment may add unnecessary costs in terms of personnel, time, and expenses. Therapeutic assessment typically employs systematic testing, with most testing processes accompanied by assessors who inquire about feelings and conduct extended inquiry, and the standard procedure also includes formal written feedback reports.

4. Mechanisms of Therapeutic Assessment

Research on the mechanisms of therapeutic assessment is currently insufficient. Some scholars have proposed that what makes therapeutic assessment effective may not be specific procedures or steps but rather its fundamental philosophy and values [?], such as collaboration, respect, humility, compassion, openness, and curiosity. By reviewing existing literature, we believe the mechanisms of therapeutic assessment's effects can be understood from two perspectives: collaborative assessment and understanding of the client.

4.1 Collaborative Use of Psychological Testing

The collaborative use of psychological testing represents a new application in therapeutic assessment and is the core mechanism of its effectiveness. Therapeutic assessment relies heavily on the use of psychological testing. In therapeutic assessment, psychological tests are not merely data sources; the testing tools themselves become "empathy magnifiers" [?] and have therapeutic effects. Using psychological tests can accurately outline clients' psychological functioning; enabling assessors to deeply understand clients, including their strengths, weak-

nesses, core stories, coping strategies, and dilemmas [?]. Therapeutic assessment emphasizes careful selection of testing tools to ensure they are interactive, applicable, and yield accurate and effective results. The psychological tests used in therapeutic assessment mainly fall into three categories: self-report tests, cognitive tests, and performance-based and storytelling tests. Therapeutic assessment 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 generates more valid information and more contextualized information [?]. Collaboration promotes clients' openness and engagement during the testing process, potentially making test results more valid. On the other hand, collaborative testing allows clients and assessors to explore together the specific contexts in which problems occur, connecting test scores with daily life, which gives tests what Fischer and Finn (2014) called "life validity."

Second, because most clients have incoherent and inconsistent self-narratives, collaborative use of psychological testing can make their narratives more coherent and fluent [?]. The collaborative use of psychological tests provides clients with opportunities to update fragments of information related to their narratives, particularly those that are inaccurate, inconsistent, and self-blaming. Collaborative discussion of test results helps discover new information to change these narratives [?].

Third, collaborative use of psychological testing is also beneficial for establishing the alliance between assessor and client. According to therapeutic assessment's assumptions about clients, clients may have impaired cognitive trust capacity and difficulty trusting others [?, ?, ?]. Collaborative use of psychological testing creates an environment where clients are seen and understood [?]. When assessors collaborate with clients and discuss their test responses, assessors can "stand in their shoes," allowing clients to experience mirroring [?]. Both parties jointly experience psychological testing and share test results, which also brings cognitive trust.

Fourth, some clients may have dissociated emotional states and difficulty feeling and expressing emotions [?], 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 [?]. Among clients, "split-off" or "dissociated" emotional states are common [?], manifested as inability to feel and express emotions. Certain psychological tests are valuable for identifying dissociated emotional states.

Collaborative assessment is also reflected in the assessment process being organized and presented according to the Levels of Information Model [?]. In this model, all information is divided into three levels: Level 1 information is familiar to clients and consistent with their existing self-image; Level 2 information is partially inconsistent with clients' self-image; and Level 3 information

differs significantly from clients' current self-cognition, and if fed back directly, may cause anxiety, rejection, or even disintegration experiences. In sessions and written feedback, assessors need to evaluate the level of information and clients' possible reactions. In written feedback, it is recommended to present information sequentially, starting from Level 1, gradually moving to Level 2, and possibly Level 3 [?]. Having more Level 2 information is ideal, as Level 3 information may be difficult for clients to integrate or accept [?]. We believe that based on this information organization method, all information in interaction with clients is personalized and client-centered, not necessarily requiring work to break through clients' defenses, but completely centered on clients' assessment questions and unfolding according to clients' needs.

4.2 Therapeutic Assessment's Understanding of Clients

Therapeutic assessment's unique understanding of clients is an important prerequisite for its effects. The therapeutic assessment model includes three important theoretical assumptions about clients:

Assumption 1: Clients have their own unique narratives or stories, and therapeutic assessment aims to make these narratives or stories more continuous, consistent, and fluent. Narrative refers to "the internalized, evolving self-story that each person creates to provide a sense of purpose and unity in their life" [?]. People understand themselves, their environment, and the world through such stories. However, clients' stories are mostly inconsistent and internally incoherent. Many clients are stuck in their stories, forming life deadlocks or crises. Therapeutic assessment can help clients find continuity in their stories or jump out of stuck deadlocks 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 utilized to mobilize clients' subjective agency, propose self-exploration topics, and provide possibilities for new self-verification. Each client forms a life story about the self, and once formed, stories are difficult to change. Self-Verification Theory can explain this phenomenon, suggesting that clients have a need for self-verification and want their ways of viewing themselves to be recognized [?]. In psychological counseling, clients' psychological resistance is also due to unwillingness to change their story scripts.

Therapeutic assessment recognizes the importance of clients' stories, respects them, but does not stop there. It triggers clients' curiosity and reflectiveness about exploring the self, allowing clients to embark on a self-exploration journey by proposing assessment questions. 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: In interpersonal relationships, understanding clients' attach-

ment patterns and impaired cognitive trust capacity helps create a mutually trusting client-assessor alliance. Therapeutic assessment places great importance on the relationship with clients. Clients' attachment systems are important for relationship establishment, and assessors need to regulate these systems and create a sense of safety, which is a prerequisite for clients' exploration and reflection. Additionally, concepts of epistemic trust, epistemic hypervigilance, and epistemic hypovigilance help understand clients' interpersonal difficulties. Individuals' past negative interpersonal experiences may damage their cognitive trust capacity, leading to difficulty trusting others (epistemic hypervigilance) [?]. Similar experiences may also cause individuals to trust others too easily (epistemic hypovigilance) or oscillate between the two [?]. Clients with trauma, especially interpersonal trauma, have characteristics of epistemic hypervigilance—they may refuse to believe what assessors say [?, ?], making it difficult for assessors to address their psychological problems, let alone change their narratives or stories. For such clients, assessors need to fully utilize collaboration to establish preliminary trust relationships and then follow clients' pace in feeding back information.

Therapeutic assessment theoretically aligns with deep understanding and empathy of clients, focusing on assessment questions raised 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. Throughout the assessment process, it emphasizes collaboration between client and assessor, achieving assessment goals while promoting client change. Existing empirical research shows that therapeutic assessment is applicable to healthy individuals, individuals with general psychological problems, personality disorder patients, CPTSD patients, hospitalized substance abuse patients, and other adults, as well as children, couples, and families. Its main effects include: symptom reduction or alleviation and enhanced daily functioning; increased client self-esteem and hope; and enhanced therapeutic alliance. 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 relate to its working mechanisms: a new positioning of psychological testing—tests are not merely data sources but become “empathy magnifiers” with therapeutic effects; collaborative sessions and feedback maximize testing utility, make clients' narratives more coherent and fluent, and create stronger therapeutic alliances; and it uses multiple concepts to deeply understand clients' inner worlds: unique narratives and stories, self-verification and curiosity, and attachment

patterns and cognitive trust.

5.1 Limitations of Current Research

Due to the relatively late development of therapeutic assessment' s theoretical foundation and its short application history, current research has some shortcomings and many issues require further exploration, specifically: **First**, small sample sizes and lack of population diversity, with few randomized controlled studies. For adult individuals, there are 10 comparative studies (see and), but only 5 studies have experimental group sample sizes greater than 30. Among repeated-measures quasi-experimental single-case studies, 4 studies have sample sizes of 1, and 1 study has a sample size of 10; 2 qualitative studies both have sample sizes of 10. Among empirical studies with children, couples, and families as research subjects (see), there is 1 repeated-measures quasi-experimental single-case study with 3 boys and their families and 1 with 14 children and their families, 1 comparative study with 48 couples, and the remaining studies focus on only 1 child and their family. Among existing studies, more focus on adults, with fewer on children and adolescents. Adult studies mostly focus on individuals, with only 2 studies examining therapeutic assessment in couples. Future research should expand sample sizes and increase sample diversity, with more studies on couples, as well as children and adolescents.

Second, research on therapeutic assessment' s applicability across national and cultural contexts remains insufficient. As shown in , , and , empirical studies on adult individuals are mostly concentrated in the United States (12 studies), with few 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, and families were conducted in the United States. Studies in other countries account for only about 25% of all studies in the three tables. In short, current empirical research on therapeutic assessment is mostly conducted in the United States, with some attempts in other cultures, but studies in Asian cultural contexts are particularly lacking. Moreover, even within the same country, cultural diversity in therapeutic assessment research subjects remains limited, with few appearances of factors such as social class, religion, and sexual orientation. Few studies focus on lower social classes and low-income groups, with only 1 study explicitly mentioning the need to incorporate class, privilege, and race issues into the therapeutic assessment process [?]. Therefore, more research is needed in more countries and more diverse cultural backgrounds.

Third, the mechanisms of therapeutic assessment are not yet clear. Although time-series case analyses examine clients' symptoms or psychological functioning during baseline periods before therapeutic assessment, during implementation, and after completion through repeated measures, the mechanisms of therapeutic assessment are unclear. When do clients experience maximum or most important changes? What causes clients to make such changes? What impacts or changes do each session and written feedback of therapeutic assessment produce for clients? Compared with other counseling schools, what makes therapeutic

assessment effective—its philosophical ideas or its standardized procedures? Although the latest meta-analysis suggests that therapeutic assessment's effectiveness may stem from its basic philosophy rather than specific components in the model [?], specific empirical research is still needed to answer these questions. On this basis, the similarities and differences in efficacy between therapeutic assessment and other psychological counseling methods also require more adequate research.

5.2 Future Research Directions

Overall, as a new therapeutic orientation, therapeutic assessment requires more research to explore its efficacy in multicultural environments/populations, such as increasing randomized controlled large-sample studies and employing innovative research designs and methods, including qualitative research and mixed designs, to more deeply understand its mechanisms. As a new concept and technique that has just entered China, therapeutic assessment's effectiveness in Chinese culture needs dual verification through practice and research. Therapeutic assessment was born in individualistic culture and soil, and its applicability to collectivist culture remains to be verified. Although therapeutic assessment requires assessors to have cultural openness, individualistic culture is obviously more compatible with therapeutic assessment's operational procedures and underlying philosophy: therapeutic assessment 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 collectivist 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 [?]. A qualitative study found that Chinese clients expect counselors to provide guidance and feel dissatisfied when they do not receive as much guidance as desired [?]. Therefore, therapeutic assessment's emphasis on dual authority or non-authority assessment may be inconsistent with Chinese clients' expectation that "the counselor is the authority."

Applying therapeutic assessment in Chinese cultural contexts presents both challenges and opportunities. **First** is the sinicization of testing tools and their norms, copyright, and research. Psychological testing tools are the core of therapeutic assessment. Among commonly used personality tests, only the MMPI-2 has established Chinese norms [?]. The Rorschach inkblot test has been attempted by Tsinghua University psychology experts to establish Chinese norms, but this has not yet been completed [?]. Additionally, many tools lack Chinese versions, Chinese local norms, and Chinese local research, such as the Crisi Wartegg System (CWS) [?], Adult Attachment Projective Picture System (AAP) [?], Fantasy Animal Game [?], and Thurston Cradock Test of Shame (TCTS) [?]. The learning, localization, and research of these testing tools mean

enormous workload and time costs, and necessarily rely on teams and national collaborative networks. However, besides applying these tools in therapeutic assessment, this process will narrow the gap between Chinese and international psychological counseling fields and greatly enrich counselors' toolboxes.

Second is training Chinese assessors who master therapeutic assessment. As a professional technique, therapeutic assessment requires practitioners to receive rigorous training, mastering both its counseling techniques and the use of corresponding psychological testing tools. Stephen Finn-led therapeutic assessment training was 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 learning until Chinese local therapeutic assessment assessors are developed. This process of sinicizing testing tools will inevitably bring new attention and positioning to psychological testing in the counseling field, and therapeutic assessment can help counselors establish new client-assessor alliances through testing tools.

Third, Chinese therapeutic assessment practice needs to be combined with empirical research. It should not be practice first and research later, but practice and research conducted simultaneously: both advancing the application of therapeutic assessment techniques in Chinese cultural contexts and understanding its mechanisms through research, while timely modifying parts of therapeutic assessment that are incompatible with Chinese culture and supplementing and improving unique and effective parts of Chinese culture.

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

Source: ChinaXiv –Machine translation. Verify with original.