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# Attitudes, Beliefs, and Behaviors of Practicing Psychologists Regarding Psychological Assessment

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ATTITUDES, BELIEFS AND BEHAVIORS OF PRACTICING PSYCHOLOGISTS REGARDING  
PSYCHOLOGICAL ASSESSMENT

A DOCTORAL PAPER

PRESENTED TO THE FACULTY OF THE  
GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY  
OFFICE OF GRADUATE STUDIES  
UNIVERSITY OF DENVER

IN PARTIAL FULFILLMENT  
OF THE REQUIREMENTS FOR THE DEGREE  
DOCTOR OF PSYCHOLOGY

BY

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**Abstract**

Recent research has documented the effectiveness, benefits, and value of psychological assessment, yet the use of psychological assessment is declining. To better understand why an effective treatment intervention is being underutilized, this project sought to understand the attitudes, beliefs, and behaviors of practicing psychologists regarding psychological assessment. The investigators of this study surveyed 26 psychologists who are members of a statewide association of psychologists in the western United States. Results revealed that 96% of participants enjoyed their graduate training in psychological assessment and 93% of participants view psychological assessment as valuable, yet 78% believed that psychological assessment was underutilized. Participants were most likely to refer for neuropsychological testing followed by cognitive testing, personality testing, Therapeutic Assessment, and vocational testing. The price of psychological testing was by far the strongest deterrent to a professional from making a referral. Other deterrents with some influence included the time involved and not knowing good assessors to refer to for an assessment. Most participants surveyed had little or no knowledge of Therapeutic Assessment. Recommendations for increasing the use of this valuable resource for health care providers are provided.

## Introduction

Unlike psychotherapy, psychological assessment is a unique aspect of psychological care provided by doctoral level clinical psychologists, and assessment can provide a wide range of information. According to Meyer et. al., 2001, psychological assessment can be utilized to describe current functioning, including cognitive abilities, severity of disturbance, and capacity for independent living; to confirm, refute, or modify the impressions formed by clinicians through their less structured interactions with patients; to identify therapeutic needs, highlight issues likely to emerge in treatment, recommend forms of intervention, and offer guidance about likely outcomes; to aid in the differential diagnosis of emotional, behavioral, and cognitive disorders; to monitor treatment over time and evaluate the success of interventions or identify new issues that may require attention as original concerns are resolved; to manage risk, including minimizing legal liabilities and identifying untoward treatment reactions; and to provide skilled, empathic assessment feedback as a therapeutic intervention in itself.

However, the use of psychological assessment is declining (Piotrowski et. al., 1998; Eisman et al., 2000). The most common reasons cited for the decline include the increase of managed care, use of psychotropic medications to determine diagnosis, and a lack of studies measuring the value and cost-effectiveness of psychological assessment (Eisman et al., 2000). Inter-professional tension between psychologists and other groups has also been noted as a factor, and the reasons for this include misunderstandings about the contribution of psychological assessment to treatment planning and patient care, poor quality of reports, lack of constructive dialogue regarding assessment findings, and competition for limited mental health benefits (Eisman et al., 2000).

In addition to the traditional value of assessment, research conducted over the past 25 years has demonstrated that psychological assessment procedures when combined with personalized, collaborative, and highly involved test feedback, have positive, clinically meaningful effects on treatment (Poston & Hanson, 2010). When psychological assessment has

been conducted from a collaborative therapeutic model of assessment, there is a strong therapeutic effect in itself (Finn & Tonsager, 1992; Newman & Greenway, Aschieri & Smith, 2012, Smith, Handler & Nash, 2010). Additionally, the positive working alliance developed during psychological assessment has been shown to carry over into formal psychotherapy (Hilsenroth, et al., 2004). Little and Smith (2009) also documented better alliance, cooperation, and satisfaction with treatment in psychiatric inpatients who completed a Therapeutic Assessment.

To better understand why an effective treatment intervention is being underutilized, this project will sought to understand the attitudes, beliefs, and behaviors of practicing psychologists regarding psychological assessment. This understanding will inform new ideas to increase the use of a valuable resource for health care providers. The project also explored beliefs and knowledge about Therapeutic Assessment, which is the leading collaborative technique. Therapeutic Assessment is a semi-structured collaborative assessment approach developed by Steven Finn and his colleagues at the Center for Therapeutic Assessment (Finn, 2007; Finn & Tonsager, 1997). Therapeutic Assessment works to maximize the therapeutic benefit of assessment (Finn, 2007).

The specific aim of the study was to determine the barriers that cause psychologists to underuse psychological assessment. Several predictions for the results were made based on the pervious literature as well as the anecdotal experience of the investigators. The predictions for the study included that psychologists will report that they are less likely to refer for psychological assessment because:

- They lack knowledge about psychological assessment

- They believe it is not cost effective and time efficient

- They feel vulnerable referring their own clients to another mental health provider who might expose deficiencies in their knowledge or work

- They are concerned about losing their clients to other professionals.

## **Method**

### **Participants**

The study sample included 27 psychologists who are members of a statewide association of psychologists in the western United States; 16 graduated from a Ph.D. program (59%) and 11 graduated from a Psy.D. program (41%).

### **Procedures**

After contacting the association and explaining the purpose of the study, an association administrator sent an email to all members of the association through their list serve on behalf of the investigator. In this institutional review board (IRB)-approved introductory email, individuals were asked to complete a brief survey about their attitudes and perspectives toward psychological assessment. The email described the purpose of the survey and included a link to the online survey. There was no time limit for completing the survey. Twenty-eight surveys were returned, but one survey was discarded because the psychologist noted that the respondent did not understand how to rank order the items at the beginning of the survey. The association that was surveyed was unaware of how many of its members subscribe to its list serve, but they estimated that there were approximately 500 members of the organization at the time the survey was distributed. This reflects a low return rate of between 5 to 10 percent.

### **Measures**

As there were no available measures previously used to examine this topic, the author developed the survey based on clinical experience, relevant literature, and input from practicing clinicians. The survey included a consent form, a question about the participant's highest earned degree, and several questions about their personal beliefs and knowledge about psychological assessment. The survey included 18 quantitative questions, though an optional comment area was provided at the end of the survey to allow the participants additional space for qualitative comments.

Participants were asked to rank order the types of psychological assessment to which they would be most likely to refer, the methods for finding a referral source for psychological assessment, and the factors that would deter them from referring for psychological assessment. Some questions were framed in yes/no format (e.g., “I am trained on the following psychological assessment measures”) while others were presented in a 5-point Likert scale (1= strongly disagree, 5=strongly agree) (e.g., “When I have referred clients for psychological assessment it has felt like a collaborative process with the evaluator”). Refer to Appendix A and B to see all the items included on the survey. Although the number of comments at the end of the survey was insufficient to conduct a formal qualitative analysis, relevant comments will be highlighted below.

### **Data Analysis**

As this paper was exploratory in nature, descriptive statistics were used to analyze the results. Means, standard deviations, frequencies, and ranges were calculated for each survey item. Also, responses to open ended questions were studied to explore additional information, including other factors that may influence the referral process.

### **Results**

Appendix A and B display the survey findings; Appendix A presents attitudes, beliefs, and behaviors about psychological assessment while Appendix B presents knowledge of psychological assessment. The overall results of the survey are summarized below.

#### **Types of Assessment Most Likely to Refer to**

All 27 participants ranked in order the types of psychological assessment to which they would be most likely to refer. Means and standard deviations were calculated for each type of assessment. The responses are listed below in order from most likely to refer to least likely to refer:



Table 1: Assessments Most Likely to Refer to

	Mean Ranking	Standard Deviation
Neuropsychological Testing	2.07	1.07
Cognitive Testing (Learning Disability, ADHD, Giftedness, etc.)	2.15	1.13
Personality Testing	3.22	1.42
Therapeutic Assessment	3.41	1.28
Vocational Testing	4.15	1.03

Participants were most likely to refer for neuropsychological testing, and least likely to refer for vocational testing.

**Methods for Finding a Referral Source**

A total of 26 participants ranked in order the likelihood that they would use certain methods for finding a referral source for psychological assessment. Means and standard deviations were calculated for each item. The responses are listed below in order from most likely to use to least likely to use:

Table 2: Finding a Referral Source

	Mean Ranking	Standard Deviation
Recommendation from a Colleague	1.38	0.85
Professional Organization	2.50	1.10
Listserv	2.92	1.09
Training program	4.04	0.87
Internet search	4.15	1.01

Participants were most likely to find a referral source through a recommendation from a colleague or through a professional organization. They were least likely to find a referral source through a training program or an internet search.

**Reasons that May Deter a Referral**

A total of 27 participants ranked a list of reasons that may deter them from making a referral for psychological assessment. The responses are listed below in order from most likely to deter them from making a referral to least likely:

Table 3: Deterrents From Making a Referral

	Mean Ranking	Standard Deviation
It is too expensive	1.84	1.75
The time involved is prohibitive	4.08	2.66
I don't know of any good assessors to refer to	4.08	2.48
It could hurt my client	4.80	1.87
It is not helpful	4.96	2.17
Assessment may be distracting from therapy	5.60	2.10
I might lose my client	5.60	2.12
I don't know enough about psychological assessment	6.44	2.16
I would feel vulnerable	7.60	1.50

The price of psychological testing was by far the strongest deterrent to a professional from making a referral. Other deterrents with some influence included the time involved and not knowing good assessors to refer to. Other deterrents with less influence but notable were concerns it could hurt the client and that it is not helpful. The least powerful concern was feeling vulnerable.

Nine participants chose to comment on an item at the end of the survey, which asked respondents to share any other comments they may have about the utility of psychological assessment. The number of qualitative responses was too limited to establish solid themes, but the most common comments involved the price of psychological testing. One participant stated, "One cannot overstate how far the economic barriers inhibit the practice beyond all other barriers." Another commented, "I think it's helpful but it's a luxury that most clients can't afford and most insurance companies won't pay for, so other than for a neuropsych battery, I tend to do small pieces of assessment myself, when needed."

**Past Experience Making a Referral**

Participants were asked to rate statements regarding their experiences when making a referral for psychological testing. The responses are outlined below.

Table 4: Past Experience Making a Referral

	Never	Rarely	Sometimes	Frequently	Always
I refer my clients for psychological assessment	7%	37%	41%	15%	0%
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
When I have referred clients for psychological assessment it has been helpful to me as the therapist	4%	8%	12%	56%	20%
When I have referred clients for psychological assessment it has felt like a collaborative process with the evaluator	0%	8%	32%	44%	16%

The 25 (93%) participants who have made a referral for psychological assessment were asked to rate the statement, "When I have referred clients for psychological assessment, it has been helpful to me as the therapist." As outlined above, of these participants, 19 (76%) agreed or strongly agreed, while only 8% disagreed and 4% strongly disagreed. These participants were also asked to rate the statement, "When I have referred clients for psychological assessment, it has felt like a collaborative process." Of these participants, 15 (60%) agreed or strongly agreed, while 2 (8%) disagreed, with no participants strongly disagreeing.

**Beliefs about Psychological Assessment**

Participants were asked to rate several statements regarding their beliefs about psychological assessment. Their responses to these items are below.

Table 5: Beliefs about Psychological Assessment

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
During my graduate training, I enjoyed psychological assessment	4%	0%	0%	37%	59%
I do not value psychological assessment	74%	19%	7%	0%	0%
Psychological assessment is under-utilized	0%	4%	19%	52%	26%
The value of psychological assessment is highly dependent on the particular assessor completing the assessment	0%	0%	11%	48%	41%
Psychological assessment can be therapeutic for my client	0%	0%	11%	41%	48%
I would be more inclined to refer for psychological assessment if I had more control over the process	11%	48%	26%	11%	4%

Most participants (96%) enjoyed their graduate school training in psychological assessment to some extent, while only four percent absolutely did not, demonstrating a skewed distribution. However, 7% were neutral about the value of psychological assessment, while the vast majority (93%) thought it was valuable. Furthermore, 78% believed that assessment was underutilized to at least some extent, 19% were neutral on this issue, and 4% do not believe it to be underutilized. The large majority of respondents agreed (48%) or strongly agreed (41%) that the value of assessment was dependent on the particular assessor who does the assessment. Interestingly, a strong majority (89%) believed that assessment can be therapeutic for the client. Most participants (59%) did not believe that they would be more inclined to make a referral if they had more control over the process, but several respondents were neutral on this item (26%).

### **Participants Use of Psychological Assessment**

Participants were asked about their formal use of psychological assessment measures (e.g., the MMPI-2) in their practice. Interestingly, most participants (63%) use some sort of assessment techniques in their practice, while 15% do not use any. This may shed light on an additional deterrent, as professionals may be less likely to make a referral if they use some sort of assessment measures in their practice.

### **Knowledge of Psychological Assessment**

Appendix B shows ratings of familiarity with some of the more recently developed measures in the personality assessment field. Most participants knew at least a little bit about the Personality Assessment Inventory (89%). In terms of the less commonly used assessment measures, the majority did not know at least a little bit about the Adult Attachment Projective Picture System (73%), Early Memories Procedure (73%), or the Wartegg Drawing Completion Test (88%).

Participants were also asked about their training on specific assessment measures. Most participants reported being trained in some of the most commonly used psychological

assessment measures; these included the Minnesota Multiphasic Personality Inventory 2 (96%), the Personality Assessment Inventory (81%), Picture Story Cards (TAT or Roberts or similar techniques) (81%), and the Rorschach Inkblot Method (85%). Some participants reported being trained in less commonly used measures, such as the Adult Attachment Projective Picture System (15%) and the Early Memories Procedure (15%), but no participants have been trained in the Wartegg Drawing Completion Test.

### **Knowledge of Therapeutic Assessment**

Participants were asked to rate how familiar they are with Therapeutic Assessment. Notably, 41% have never heard of Therapeutic Assessment, while 15% have only heard about it and 22% have only read about Therapeutic Assessment. Although most participants had little or no knowledge of Therapeutic Assessment, 11% attended a training/conference on Therapeutic Assessment and 11% were taught Therapeutic Assessment during their graduate training.

## **Discussion**

### **Types of Assessment Most Likely to Refer To**

Participants were most likely to refer for neuropsychological testing. These results were at odds with one study, which documented that evaluations of personality-psychopathology and intellectual-achievement account for over two-thirds of assessments conducted by clinical psychologists, and neuropsychological assessments and adaptive-functional behavior assessments were the next most popular use of psychological testing (Camara, Nathan, & Puente, 2000). This finding may reflect the fact that many neuropsychological evaluations come from agencies, physicians, or those not included in this survey. The results of the present study were not surprising to the current authors, as neuropsychological testing is out of the scope of expertise for many psychologists. Some participants that were surveyed commented that they use some form of psychological assessments in their practice, but will refer for neuropsychological testing for more complex neurocognitive cases. In effect, these are two substantially different types of testing that require different expertise.

Interestingly, most participants reported valuing psychological assessment and believing that psychological assessment is underutilized, suggesting that a decline in referrals may not be attributed to psychologists' belief that it is not useful. Clinicians seem to recognize the value of assessment, but they may not be referring due to the costs and the fact that it is exceedingly difficult to have assessment covered by managed healthcare.

As mentioned earlier, participants were least likely to make a referral for vocational testing. Vocational testing is less related to the medical model and clinical issues than personality, cognitive, and neuropsychological testing. Additionally, a good portion of respondents graduated from Psy.D. programs, which provide less training in this area. Clinical psychologists receive less training in vocational testing, compared to counseling psychology programs.

Aside from vocational testing, participants were least likely to make a referral for a Therapeutic Assessment. This is a central finding since a recent meta-analysis confirmed the therapeutic benefit of Therapeutic Assessment (Poston & Hanson, 2010), yet the majority of participants in the survey had little or no knowledge of Therapeutic Assessment. These results are surprising since this survey was conducted in Colorado, where Stephen Finn, who developed Therapeutic Assessment, has presented multiple times over the last several years. Additionally, the University of Denver is one of just a few training programs that offer a Therapeutic Assessment course to graduate students. Thus, it is likely that psychologists in Colorado are more familiar with Therapeutic Assessment compared to other areas of the country; yet in this current sample, most psychologists had little or no knowledge of it. These findings suggest the importance of educating mental health professionals about Therapeutic Assessment, as an important and effective service is being underutilized.

Kuhn (1970) pointed out the long time frames that are required for paradigm shifts in the field and posited that it takes time for those trained in earlier techniques to leave the field and those trained in new advances to gradually change the field. This suggests the need to integrate

Therapeutic Assessment into training programs immediately in order to effectively incorporate a valuable clinical technique. The lack of knowledge may also highlight the value of continuing education training to update practitioners of important advances in the field; continuing education for psychologists in Colorado have not been a requirement over the past several years.

It would be beneficial to teach Therapeutic Assessment in all graduate school training programs in psychology. Part of the paradigm shift issue may be one of supply and demand; in order to receive good training in Therapeutic Assessment there needs to be a supply of competent supervisors, but there are a limited number of assessors that are sufficiently competent to teach and supervise Therapeutic Assessment. An effort to encourage psychologists with some experience with Therapeutic Assessment to seek out further training and certification could increase the pool of competent supervisors. Additionally, in order to increase the number of psychology training programs that teach Therapeutic Assessment, the American Psychological Association (APA) and/or the National Council of School and Programs of Professional Psychology could encourage this type of training. It also seems essential for competent assessors in Therapeutic Assessment to continue to publish research and present their work at professional conferences.

### **Deterrents From Making a Referral**

In this study, the investigators correctly predicted that professionals would report being less likely to refer for psychological assessment because they believe it is not cost effective and time efficient; these were the top two biggest deterrents from making a referral. This finding was consistent with previous research reporting that a lack of studies measuring the value and cost-effectiveness of psychological assessment was a main reason for the decline in psychological assessment (Eisman, 2000).

However, David (2013) outlined how to bill insurance companies for Therapeutic Assessment in order to be cost effective for both evaluators and clients. Further publications

regarding billing insurance companies for psychological assessment may help educate referring professionals and practicing assessors about the possibilities of reimbursement for psychological testing. Additionally, Eisman (1998) proposed a number of different strategies to reduce obstacles for reimbursement for assessments services, including enhanced legislation and advocacy, public education to make customers and patients aware of the benefits of psychological assessment, and expanded criteria to help decision makers recognize under what circumstances assessment is most helpful and appropriate.

Another strong deterrent from making a referral for psychological assessment was not knowing a good assessor to whom to make referrals. This was not surprising given that 89% of participants felt that the value of psychological assessment is highly dependent on the particular assessor completing the assessment. These findings suggest that having a trusted referral source for psychological assessment would increase the number of referrals being made. Participants were most likely to find a referral source through a recommendation from a colleague, through a professional organization or through a list serv. These findings have important implications for assessors looking to increase the number of referrals they receive. The survey suggests that maintaining relationships with professional colleagues and professional organizations is important, as these seem to be valuable referral sources. Additionally, changing the culture in the field to seek out more consultation would be beneficial and could help practicing psychologists expand their network of trusted referral sources. The Therapeutic Assessment website ([www.therapeuticassessment.com](http://www.therapeuticassessment.com)) provides a list of psychologists who have invested the time and effort to become certified in Therapeutic Assessment. Perhaps more quality control and guidance such as this could be initiated.

Other less powerful deterrents from making a referral for psychological assessment were beliefs that it could hurt their client and beliefs that assessment is not helpful. Fortunately, these were not strong factors, suggesting that individuals may not be misinformed about the benefits of psychological assessment. It is well documented that clients benefit from Therapeutic



Assessment, as evidenced by decreased symptomatology and increased self-esteem (Aldea, Rice, Gormley & Rojas, 2010; Allen, Montgomery, Tubmari, Frazier & Escovar, 2003; Aschieri & Smith, 2012; Finn & Tosager, 1992; Newman & Greenway, 1997). Additionally, the benefit of Therapeutic Assessment to clients has been well documented in the research as evidenced by increased hope (Finn & Tonsager, 1992; Holm-Denoma, et al., 2008), decrease in depression, hopelessness, suicidality, psychological pain and self-hate in suicidal inpatients (Ellis, Green, Allen, Jobes, & Nadorff, 2012), decreased number of suicide attempts and days of hospitalization in suicidal veterans (Jobes, Wong, Conrad, Drozd & Neal-Walden, 2005), better outcome in clients with Borderline Personality Disorder receiving Manual Assisted Cognitive Therapy (Morey, Lowmaster, & Hopwood, 2010) and better compliance with treatment recommendations (Ackerman, Hilsenroth, Baity, & Blagys, 2000). Continuing to educate mental health providers on the benefits of Therapeutic Assessment seems important in order to bring assessment into accurate perspective, as several of the providers surveyed in the study feared that assessment may be unhelpful or may hurt their client. Additionally, educating referring professionals about the benefits of Therapeutic Assessment would likely reduce the misunderstandings and biases against assessment.

The investigators predicted that concern over losing one's client would be a strong deterrent, but these predictions was not supported, as this was not a significant factor. It seems that most psychologists are confident in their abilities and are not concerned about losing a client through this process. Interestingly, research on Therapeutic Assessment has demonstrated a better therapeutic alliance with the subsequent psychotherapist following an assessment (Hilsenroth, Peters, & Ackerman, 2004), and more hope about treatment, better alliance, and greater compliance with treatment recommendations in severely personality disordered patients entering long term residential treatment (De Saeger et al., 2014).

### **Knowledge of Psychological Assessment**

Most practicing psychologists have received training in psychological assessment, but psychology programs are increasingly de-emphasizing assessment as part of their training. This could have negative long-term consequences, as this study suggests that psychologists who were trained in assessment seem to value it more. Additionally, professionals who have not been trained in assessment may not recognize the value and what it has to offer.

The investigators incorrectly predicted that some of the biggest deterrents from making an assessment referral would be a lack of knowledge about psychological assessment, concern about perceived competition, and feeling vulnerable about referring clients. These three factors were the least likely to deter a professional from making a referral. Although participants felt that their knowledge of assessment was not a deterrent from making a referral for assessment, the results of the survey suggested that some may actually lack knowledge. Four percent of participants felt that they would be more inclined to refer for psychological assessment if they knew more about it. This finding was interesting since most participants reported not knowing about several valuable personality measures, including the Early Memories Procedure (73%) and the Adult Attachment Projective Picture System (73%). Perhaps referring professionals may benefit from gaining more knowledge of personality measures. As mentioned earlier, requiring continuing education credits for practicing psychologists in Colorado may be beneficial in keeping clinicians more current with important advances in the field. Developing workshops on psychological assessment designed for mental health professionals who are not practicing assessment would also help increase the knowledge and possibly referrals.

### **Limitations of this Study**

Participants were not randomly selected, which may lead to selection bias (Winship & Mare, 1992). In this study, psychologists who were particularly interested in psychological assessment may have been more likely to complete the questionnaire, leading to an overrepresentation of clinicians with more experience or interest than the general population. At

the same time, clinicians with strong negative feelings toward psychological assessment may have also been more likely to complete the survey, resulting in skewed results that included the two ends of the spectrum with less representation in the middle. Additionally, the study included only psychologists who are members of an organization in the Western United States, limiting the generalizability of the findings. The relatively small sample size and low return rate may have also had a negative impact on the results; the study would have benefited from a larger sample size.

### **Future Directions**

Surveying a larger and more comprehensive sample would be beneficial, as this survey only included one state organization, thus limiting the results to only psychologists. Surveying other mental health professionals would be useful because this survey only included doctoral level clinicians. It would be valuable to explore how psychological assessment might be used by other mental health providers, such as Licensed Professional Counselors, Marriage and Family Therapists, Certified Addiction Counselors, Licensed Social Workers, and Registered Psychotherapists. Understanding the attitudes and beliefs of these professionals would be beneficial, as they may have received less training in psychological assessment and therefore have less knowledge of assessment. Additionally, these professionals are an enormous referral source and they would likely benefit even more from evidenced-based assessment techniques than the other referring doctoral level practitioners. Surveying them could help provide useful insight into other barriers that decrease the amount of referrals being made.

### **Concluding Remarks**

It is unfortunate that the use of psychological assessment is declining despite extensive research demonstrating its benefits. This current project helped shed light on some of the reasons that are deterring referring professionals from utilizing assessment. Hopefully the study provided suggestions and recommendations for increasing the use of assessment. The investigators particularly surprised at how few respondents were knowledgeable in Therapeutic

Assessment, given the exposure in this community through trainings. Increasing mental health professionals' awareness and understanding of Therapeutic Assessment seems vital, as this may increase referrals and improve the quality of treatment that mental health consumers are receiving.

References

- 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*, 82-109.
- Aldea, M. A., Rice, K. G., Gormley, B., & Rojas, A. (2010). Testing perfectionists about their perfectionism: Effects of providing feedback on emotional reactivity and psychological symptoms. *Behavior Research and Therapy, 48*, 1194-1203.
- Allen, A., Montgomery, M., Tubman, J., Frazier, L., & Escovar, L. (2003). The affects of assessment feedback on rapport-building and self-enhancement processes. *Journal of Mental Health Counseling, 25*, 165-181.
- Aschieri, F., & Smith, J. (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.
- Ball, J. D., Archer, R. P., & Imhoff, E. A. (1994). Time requirements of psychological testing: A survey of practitioners. *Journal of Personality Assessment, 63*, 239-249.
- Bruhn, A. (1985). Using early memories as a projective technique: The cognitive perceptual method. *Journal of Personality Assessment, 49*(6), 587-597.
- Butcher, J. N., Dahlstrom, W. G., Graham, J.R., Tellegen, A., & Kaemmer, B. (1989). MMPI-2: Minnesota Multiphasic Personality Inventory-2: Manual for administration and scoring. Minneapolis: University of Minnesota Press.
- Camara, W. J., Nathan, J. S., & Puente, A. E. (2000). Psychological test usage: Implications in professional psychology. *Professional Psychology: Research and Practice, 31*(2), 141-154.
- David, R. (2013). Billing health insurance for therapeutic assessments. *The TA Connection, 1*(2), 13-17.

- 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, 26*(2), 474-483.
- Eisman, E. (2000). Empirical support for psychological assessment in clinical health care settings. *Professional Psychology: Research and Practice, 31*, 119-130.
- Eisman, E. J., Dies, R. R., Finn, S. E., Eyde, L. D., Kay, G. G., Kubiszyn, T. W., Meyer, G. J., & Moreland, K. (1998). Problems and limitations in the use of psychological assessment in contemporary health care delivery: Report of board of professional affairs psychological assessment working group, part II. Washington, DC: American Psychological Association. .
- Eisman, E. J., Dies, R. R., Finn, S. E., Eyde, L. D., Kay, G. G., Kubiszyn, T. W., Meyer, G. J., & Moreland, K. (2000). Problems and limitations in the use of psychological assessment in the contemporary health care delivery system. *Professional Psychology: Research and Practice, 31*, 131-140.
- Ellis, T. E., Green, K. L., Allen, J. G., Jobes, D. A. & Nadorf, M. R. (2012). Collaborative assessment and management of suicidality in an inpatient setting: results of a pilot study. *Psychotherapy (Chic), 49*(1), 72-80.
- Exner, J. E., Jr. (2003). *The Rorschach: A comprehensive system* (4th ed.). New York, NY: Wiley.
- Finn, S. E. (1996). Manual for using the MMPI-2 as a therapeutic intervention. Minneapolis, MN: University of Minnesota Press.
- Finn, S. E. (2007). *In our client's shoes: Theory and techniques of Therapeutic Assessment*. Mahwah, NJ: Erlbaum.

- Finn, S. E., & Tonsager, M. E. (1992). The therapeutic effects of providing MMPI-2 test feedback to college students awaiting psychotherapy. *Psychological Assessment, 4*, 278-287.
- George, C. & West, M. (2011). The adult attachment projective system: Integrating attachment into clinical assessment. *Journal of Personality Assessment, 93*(5), 407-416.
- Hilsenroth, M. J., Peters, E. J., & Ackerman, S. J. (2004). The development of therapeutic alliance during psychological assessment: Patient and therapist perspectives across treatment. *Journal of Personality Assessment, 83*, 331-344.
- Holm-Denoma, J. M, Gordon, K. H., Donohue, K. F., Waesche, M. C., Castro, Y., Brown, J. S., Jakobsons, L. J., Merrill, K. A., Buckner, J. D., & Joiner, T. E. (2008). Patients' affective reactions to receiving diagnostic feedback. *Journal of Social and Clinical Psychology, 27*, 555-575.
- Jobes, D. A., Wong, S. A., Conrad, A. K., Drozd, J. F., Neal-Walden, T. (2005). The collaborative assessment and management of suicidality versus treatment as usual: A retrospective study with suicidal outpatients. *Suicide and Life-Threatening Behavior, 35*, 483-497.
- Kubiszyn, T. W., Meyer, G. J., Finn, S. E., Eyde, L. D., Kay, G. G., Moreland, K. L., Dies, R. R., & Eisman, E. J. (2000). Empirical support for psychological assessment in clinical health care settings. *Professional Psychology: Research and Practice, 31*(2) 119-130.
- Kuhn, T. S. (1970). *The structure of scientific revolutions* (2<sup>nd</sup> ed.). Chicago: University of Chicago Press.
- Piotrowski, C., Belter, R. W., & Keller, W. (1998). The impact of "managed care" on the practice of psychological testing: Preliminary findings. *Journal of Personality Assessment, 70*, 441—447.
- Poston, J. M., & Hanson, W. E. (2010). Meta-analysis of psychological assessment as a therapeutic intervention. *Psychological Assessment, 22*(2), 203-212.

- McArthur, D. S., & Roberts, G. E. (1982). *Roberts Apperception Test for Children: Manual*.  
Western Psychological Services.
- Meyer, G. J., Finn, S. E., Eyde, L. D., Kay, G. C., Moreland, K. L., Dies, R. R., Eisman,  
E. J., Kubiszyn, T. W., & Reed, G. M. (2001). Psychological testing and  
psychological assessment: A review of evidence and issues, *American Psychologist*,  
56, 128-165.
- Morey, L. C. (2007). *The Personality Assessment Inventory professional manual*. Lutz, FL:  
Psychological Assessment Resources.
- 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, 531-535.
- Murray, H. A. (1943). *Thematic Apperception Test manual*. Cambridge, MA: Harvard University  
Press.
- Newman, M. L., & Greenway, P. (1997). Therapeutic effects of providing MMPI-2 test feedback  
to clients at a university counseling service. *Psychological Assessment*, 9, 122-131.
- 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.
- Wartegg, E. (1939): Gestaltung und Charakter [Formation of gestalts and personality].  
*Zeitschrift für Angewandte Psychologie und Charakterkunde* 84, Beiheft 2.
- Winship, C., & Mare, R. D. (1992) Models for Sample Selection Bias. *Annual Review of  
Sociology*, 18, 327-250.



Appendix A

<i>Attitudes, beliefs, and behaviors of Psychological Assessment</i>					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
When I have referred clients for psychological assessment it has been helpful to me as the therapist	4%	8%	12%	56%	20%
When I have referred clients for psychological assessment it has felt like a collaborative process with the evaluator	0%	8%	32%	44%	16%
I would be more inclined to refer for psychological assessment if I knew more about it	26%	44%	26%	4%	0%
I do not value psychological assessment	74%	19%	7%	0%	0%
During my graduate training, I enjoyed psychological assessment	4%	0%	0%	37%	59%
The value of psychological assessment is highly dependent on the particular assessor completing the assessment	0%	0%	11%	48%	41%
I would be more inclined to refer for psychological assessment if I had more control over the process	11%	48%	26%	11%	4%
Psychological assessment can be therapeutic for my client	0%	0%	11%	41%	48%
Psychological assessment is under-utilized	0%	4%	19%	52%	26%
I use some formal assessment techniques (e.g. MMPI-2) in my practice	15%	15%	7%	19%	44%
What percent of your work is devoted to psychological assessment?	Min value	Max value	Mean	Standard Deviation	
	6%	100%	42.89%	32.89	
	Never	Rarely	Sometimes	Frequently	Always
I refer my clients for psychological assessment	7%	37%	41%	15%	0%
	Frequency	%			
How familiar are you with Therapeutic Assessment?					
I have never heard of Therapeutic Assessment	11	41%			
I have only heard about Therapeutic Assessment	4	15%			
I have only read about Therapeutic Assessment	6	22%			
I have attended a training/conference on Therapeutic Assessment	3	11%			
I was taught Therapeutic Assessment during my graduate training	3	11%			
Other	0	0%			

Appendix B

<i>Knowledge of Psychological Assessment</i>		
I am trained on the following psychological assessment measures		
	Yes	No
Adult Attachment Projective Picture System	4	22
Early Memories Procedures	4	22
Minnesota Multiphasic Personality Inventory 2	26	1
Personality Assessment Inventory	21	5
Picture Story Cards (TAT or Roberts or similar techniques)	22	5
Rorschach Inkblot Method	23	4
Wartegg Drawing Completion Test	0	25
I know at least a little bit about the following psychological assessment measures		
	Yes	No
Adult Attachment Projective Picture System	7	19
Early Memories Procedures	7	19
Personality Assessment Inventory	24	3
Wartegg Drawing Completion Test	3	23