The use of projective assessment with children and young people

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ONE IN TEN children and young people (CYP) aged 5 to 16 has a diagnosed mental health disorder and around one in seven has less severe problems (DfE, 2016). Practitioners working in human services have a critical need for ethical, systemically relevant and psychologically informed assessments. Applied psychologists must be able to integrate data from the CYP, parents/carers and others – across home, school, and community systems and formulate assessment data in a way that provides insights into each individual's subjective interpretation of themselves, their internal world, social contexts, and experiences. Of potential benefit are techniques that aid investigation of emotional and relational factors internalised by the CYP, which are often poorly accessed at a conscious cognitive level. Projective assessment is a set of tools associated with the exploration of such factors.

What is meant by projective assessment?
The terms 'projective assessment' (PA) or 'projective technique' are used interchangeably to refer to a variety of procedures that allow free-flowing responses to the presentation of a stimulus (e.g. pictures of animals in the Children's Apperception Test, sentence starters in the Sentence Completion Test). PA also includes certain approaches to drawing (e.g. the Draw a Person). A specific scoring system may be applied to the response generated (e.g. using Cramer's Defence Mechanism Manual following administration of the Thematic Apperception Test (TAT)), and some PA include such systems in their manuals (e.g. the Tell-Me-A-Story or TEMAS). Indeed, there is a view that projective techniques should not be called 'tests' unless a scoring system is used. An alternative perspective is that PA should be referred to as either a projective interviewing tool or as 'an observational method within a storytelling narrative framework' (Crespi & Politikos, 2008, p.598). The issue of 'methods within frameworks' is key: PA should never be used

in isolation from the range of information gathering tools that form a comprehensive approach to assessment of Social, Emotional & Mental Health (SEMH) needs.

Misconceptions and challenges

PA has had a chequered history, with debate surrounding its use specifically with children and adolescents for decades. It encompasses a broad range of techniques and tools, and critique of one tool and its application (e.g. the misuse of human figure drawings in child abuse investigations) have sometimes been unfairly generalised to all PA. Furthermore, some of the limitations of PA identified apply equally to many other forms of assessment (e.g. cultural bias in stimuli). Undoubtedly, there are PA that reflect virtually no diversity in the racial, ethnic or cultural background of the human figures within them; and at the same time, there are techniques within the broad PA banner that have effectively attempted to be more inclusive and representative. For example, the TEMAS includes full colour images of people from Black, Hispanic and White backgrounds in urban settings.

Many of those who express concerns about PA highlight discomfort or outright rejection of the 'projective hypothesis', disputing the possibility of exploring unconscious processes or the unconscious itself. There are a number of issues with this. First and foremost, the projective hypothesis is a hypothesis – a tentative explanation of possible relationships between variables – not a statement of fact. As such, it can only ever be a starting point for further investigation, not an end. Secondly, one of its earliest proponents stated that 'the projective hypothesis may be formulated as follows: all behaviour manifestations of the human being, including the least and most significant, are revealing and expressive of his [sic] personality' (Rapaport, 1942, p.213). Over time, this original definition seems to have become more confused, with potentially mistaken apprehensions that those who use PA believe (a) hypotheses are objective 'truths' or (b) the approach pertains to the exploration of unconscious conflicts and impulses (e.g. Lilienfield et al., 2000).

Whilst there is now a substantial body of evidence demonstrating that unconscious dynamics influence our conscious thoughts and feelings, there perhaps remains an outdated belief that this equates to uncritical acceptance of primitive drive theory. In fact, some PA tools draw on dynamic-cognitive models and aim to integrate cognitive, ego and interpersonal psychology with social-cognitive learning and narrative approaches (e.g. Costantino et al., 2007). A related misconception is that PA *must* include the presentation of an ambiguous stimulus (an extreme being the blank plate presented as part of the TAT). Sentence completion tests obviously provide structured stimuli (although there is a different debate as to whether these can be considered 'true' projective techniques, given the less free form nature of responding), as does the TEMAS (Costantino, Malgady & Rogler, 1988). Indeed, the TEMAS was explicitly developed to *reduce* ambiguity and increase structure, including both (i) stimuli that 'pull' for certain dilemmas and (ii) a series of structured questions if the respondent does not spontaneously reference specific people, the relationships between them and their motivations, thoughts and feelings.

Some critics of PA have focused on its psychometric properties in terms of test-retest reliability, construct validity and insufficient norms, where these are available. In response, advocates of PA have challenged this application of psychometric standards to PA where different stimuli 'pull' for different themes and where data from one stimulus for one person will, therefore, be quite different for another stimulus with another person with a different set of conflicts (Crespi & Politikos, 2008).

An alternative perspective?

PA techniques may enhance psychological assessment of SEMH needs in two ways: in facilitating hypothesis generation and in collecting information that is potentially difficult to access using other methods alone. Even those most associated with criticisms of PA note that it can be helpful, especially as an aid to exploring the client's experience or when barriers to intervention are encountered (Garb et al., 2002). PA, if used appropriately and tentatively, can support the development of hypotheses about a specific presentation and a 'gathering in' of the CYP's experience. Their considered use can support practitioners in 'creating links and locating continuities, making sense out of the inarticulate and incomplete and… identifying [the] personal and interpersonal elements' (Sapountzis, 2012, p.182) that underpin SEMH needs.

Recent legislation and policy (DfE, 2015) recognises that behaviour should be seen as a symptom or sign of an underlying difficulty, and not a difficulty in and of itself. To illustrate, two children who are engaged in dysfunctional interpersonal patterns of relating with their teachers may display two wholly different sets of behaviours. Assessment of these behaviours that focus on observable function alone may lead to the design of interventions that do not address their underlying cause. In contrast, PA can facilitate a deeper and more exploratory understanding of each individual CYP's experience, guiding more effective intervention.

Vaillant (2012) highlights the importance of unconscious involuntary coping mechanisms, sometimes referred to as defences, arguing that any comprehensive mental health assessment should include an assessment of such mechanisms. PA can contribute to such assessment; indeed, McGrath and Carroll (2012) have proposed renaming PA to 'broadband implicit techniques', arguing that such a change would emphasise how PA supports accessing 'multiple information channels [and]…automatic or poorly self-observed mental activities that contribute to social identity' (p.333).

Conclusion

Any assessment of SEMH requires an aspiration on the practitioner's part to make contact with the 'other', and to tolerate the effortful and uncomfortable bearing of 'not knowing', while acknowledging and processing the CYP's thoughts and feelings, and others thoughts and feelings about them. PA can enhance multi-modal, multi-informant systemic and dynamic assessments of SEMH needs, but should be conducted by practitioners who are engaged in appropriate continuing professional development and adopt a critically analytic approach to both historical and contemporary research evidence. Used judiciously, by well trained and well supervised assessors, PA may offer potential in exploring the, often complex, mental health needs of children and young people.

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