Unconscious Factors Influencing Career Misalignment

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Today’s Talk

- Career theory background
- Narrative essentials
- Personality development and pathology
- Interaction of mental health distress and career decisions; or vice-versa
- Helping in career?

General Assessment

- My background with assessment

Four ways of understanding a person:

- **Maximal Performance** (IQ testing; Neuropsychology)
- **Self-Report** (Narration; MMPI inventories)
- **Observation** (Observer reports; what you observe in session)
- **Typical Performance** (Common perceptions and behaviors in day-to-day life)

Career Assessment

Environmental Influences

- Structure versus Ambiguity
- Interpersonal Factors
- Emotional Triggers

Career Assessment

Career Theory/Intervention History

- Career assessment has typically been conducted in the realm of **self-report** (e.g., Strong Interest Inventory)

- Environmental influences have typically been based off of whether others liked their jobs or felt fulfilled in them; has been some focus on structure versus ambiguity and interpersonal factors (i.e., working alone versus with a team)

- Environmental factors have honestly been done better in career assessment

Career Theory/Intervention History

- Missing element has been a **rich understanding of the person;** vocation versus work (which is where we are best suited as practitioners)

- Difference between clinical and counseling psychology

- The truth is, they both need to work together and often do not

Main Career Theories

- **Holland's Theory of Vocational Personalities** - How individuals and work environments interact; basic of Strong Interest Inventory

Main Career Theories

- **Super's Developmental Theory -** Growing and changing ways that individual deals with career issues over their entire life span (developmental stage theory)

Vocational Developmental Stages

- Growth (birth to 14-15)
- Exploratory (ages 15-24)
- Establishment (ages 25-44)
- Maintenance (ages 45-64)
- Decline (ages 65+)

Main Career Theories

- **Krumboltz's Learning Theory -** learning takes place through observation (social learning theory)

- **Trait and Factor Theory (Parsons)** - career choice involved knowledge of self and occupations and looking for a fit between the two

- **Work Adjustment Theory (Dawis & Lofquist)** - work personality and environment need to be compatible; your needs and the reinforcement system of the work environment need to be compatible (behavioral)

Career Assessment

Two main areas:

- **Interests –** measures interests, values, needs, skills, abilities, and personality (although this is a broad term and not exactly accurate).

- **Career development process –** decision making, self-efficacy, career maturity

Career Assessment

Interest Measures:

- **Strong Interest Inventory** – probably the go to measure for standard career interest measurement; based on Holland's six vocational personality types

- **Myers-Briggs –** because this focuses on "normal" personality instead of psychopathology, it's particularly valuable as a career assessment tool; again though, this is not so much a personality assessment

Career Assessment

Personality Measures:

- **NEO-PI-3:** Measures 5 broad domains; describes strengths and weaknesses; provides a comprehensive/detailed assessment of “normal” adult personality

Career Assessment

What's Missing?

- Assessment of the person's story and the interaction of their personality characteristics, particularly those under the surface

- **Meaning** - I'm an existential-oriented therapist, and thus there is a richness that does not fully exist in the above theories, much similar to psychological theory

- Match-making, adjustment, stage oriented

Narrative Career Assessment

Narrative Career Assessment

- Developed by Mark Savickas, Ph.D.

- **Main goal –** “Draw a life portrait that transforms little stories into a grand narrative that expresses identity and provides a superordinate view that comprehends the current transition and envisions future possibilities.”

Narrative Career Assessment

- Deploying past experiences to consider future choices
- We do this by reconstructing the client's micro narratives into a first draft of a macro narrative and then eventually co-construct with them a final version authorized by the client
- The questions prompt responses that are not isolated stories; rather, the responses relate to each other in a way that systematically positions them in a framework

Narrative Career Assessment

- Once practitioners apprehend a possible pattern and career theme in a client's occupational plot, they search to confirm or disconfirm the pattern by identifying related episodes in the stories narrated by the client

- **Emphasize meaning making over match making**

Narrative Career Assessment

Format

- Five elements of inquiry, each chosen as a gateway to stories on a particular topic

- The topics flow smoothly and keep clients actively engaged in self-reflection as they describe themselves to the practitioner

- The stimulus questions ask about: (1) role models, (2) magazines, (3) favorite books, (4) mottos, (5) early recollections

Narrative Career Assessment

Question #1: Role Models

- Ask the clients whom they admired when they were young

- This helps the client **articulate their self-concept** through embodying them in characters whom they have admired

- Whom did you admire when you were about 6 years old? (e.g., whom did you respect, model yourself after; we're thinking famous person or fictional character)

Narrative Career Assessment

Question #1: Role Models

- We want three models and for them to describe the person to us, what were they like

- Listen to hear specifically **what a client admires about the model**

- It is these characteristics that the client has incorporated into his or her **blueprint for self-construction**

- It is not whom the client admires but **what the client admires**

Narrative Career Assessment

Question #1: Role Models

- If the client identifies a parent as a role model, we do not count the parent as one of the three; we want them to talk about someone other than their parents to ensure that the **role model was a choice**

Narrative Career Assessment

Question #2: Magazines, TV Shows, Podcasts

- This addresses vocational interests

- In career construction theory, interest denotes a psychosocial **tensional state between an individuals needs and social opportunities to attain goals that satisfy those needs**

- We are concentrating on those occupational settings in which the client believes they may pursue their purpose and fulfill their values

Narrative Career Assessment

Question #2: Magazines, TV Shows, Podcasts

- We are looking for an assessment of expressed interests; what they want to do in the future

- Best way to do this; assess inclinations made evident by a **person's behaviors**

- Performance versus self-report idea

Narrative Career Assessment

Question #2: Magazines, TV Shows, Podcasts

- Name favorite magazines, TV shows, podcasts

- People read a magazine or listen to a podcast to inhabit the world between its covers; what attracts the client to the magazine, or podcast

Narrative Career Assessment

Question #3: Favorite Story

- This question deals with enacting the self in the preferred work environment by performing a script
- This topic addresses life scripts
- This is the connection between the self and setting; it involves the **public working out of personal possibilities**
- Name your favorite story or stories

Narrative Career Assessment

Question #3: Favorite Story

- Which story or stories shape the client's life; after hearing the story, we ask them to tell the story

- We want the client to hear the story in their own words; we are **listening for how the script unites the self and their preferred setting**

- The client's favorite story typically portrays clearly a central life problem and how they think they might be able to deal with it

Narrative Career Assessment

Question #4: Motto

- Addresses the client's advice to themselves

- State your favorite saying; Repeat something they remember hearing or create something new if they can't recall one

- What they compose in the moment **(free association)** will draw out their own intuitive understanding of how to move forward

- Their motto will succinctly state their intuitive strategy for beginning to move to the next episode in their occupational plot

Narrative Career Assessment

Question #5: Earliest Recollections

- This is the most personal question and we ask it last
- Here, we are seeking to learn about the client's convictions about life by considering scenes which encapsulate their life stories
- These scenes are in the form of their earliest recollections
- This presents to the practitioner a client's perspective on life

Narrative Career Assessment

Question #5: Earliest Recollections

- We can view these early recollections as metaphors and parables that hold a person's central occupation

- Typically ask for three early recollections because clients often explore their preoccupations and problems in several stories

- For each recollection, we ask the clients to describe the setting, action, and results

- May also ask them to name the feelings they experienced when the action occurred

Narrative Career Assessment

Question #5: Earliest Recollections

- Often results in the clients reporting a feeling that they experience frequently or even the emotion that dominates their lives

- Having heard the three early recollections narrated by the client, we then ask them to review each story and give it a headline that captures its essence

Narrative Career Assessment

Summary

- Practitioners should give the best possible account of a client's life at that particular time
- We help them raise the dignity and significance of the life
- Compose the narrative in ways that **opens possibilities**
- Animate themes that extend the occupational plot; highlight thematic patterning by emphasizing the **unifying argument or salient idea** reflected in seemingly disparate events

Narrative Career Assessment

Summary

- Emphasize artistic and empirical inferences over interpretations; we are not interpreting symbols or making psychodynamic formulations (e.g., finding beauty in a painting)

- It is better to **emphasize the context for choices, not an explanation of a choice**

- **“We listen for a story, not to a story”**

Narrative Career Assessment

Topic #1: Preoccupation - Search for the main idea by identifying the preoccupation or problem repeatedly faced

Topic #2: Self - Follow the preoccupation by describing how the client has built a self to manage the preoccupation

Topic #3: Setting - This section explains the social niche and preferred environment in which the client wishes to situate the self

Topic #4: Script - This unites the self and setting by recounting the script

Narrative Career Assessment

Topic #5: Advice - Explains to the client that they sought counseling at the end of an act; This is the deeper meaning of the favorite saying; it is the direction that the self-as-author gives to the self-as-actor

Topic #6: Future Scenario - restates the client's reason for seeking consultation and then relates the reason to the other sections of the life portrait; aim is to demystify the client's presenting problem by offering a plausible understanding of it

Narrative Career Assessment

- **Problems I have encountered -** this is a very “hopeful” theory and practice; but there are elements of “pathology” in every story.

- As such, I have begun to incorporate my “regular” assessment battery into a career assessment process.

- The following will be out of the realm of day-to-day therapy practice, but I want to deep dive for you and pull out what to pay attention to for you all

Mental Health

Psychological Theories

Where does pathology come from?

- **Psychoanalysis** - pathology comes from lack of insight into unconscious drive states and inability to regulate drives (too driven by superego or too driven by the Id)

- **Behaviorism** - you learned problematic behaviors either through classical conditioning or reinforcement/punishment (operant)

- **Cognitive** - You've developed maladaptive schemas that reflect problematic belief systems and distort incoming information

Psychological Theories

Where does pathology come from?

- **Systems/Attachment** - Pathology comes from your earliest relationship; insecure attachment styles and maladaptive systems that reinforce problematic coping skills

- **Existential** - Pathology comes from failure to acknowledge our freedom (i.e., dysfunctional identification with destiny or limits; e.g., depression, OCD, anxiety) or failure to acknowledge our limits (i.e., dysfunctional identification with our possibilities; e.g., narcissism, impulsivity, psychopathy)

Personality

- It is my personal bias that many of our client's struggles, and our struggles as well, are due to personality characteristics.
- These characteristics are often adaptive, but turn maladaptive given the right/wrong environments
- So, we are going to look at personality "pathology," particularly from a psychodynamic perspective

Freudian Etiology

Where does personality pathology come from?

- **Freud** - emotional experiences become problematic because the unconscious state does not possess the capacity—due to it not being a conscious process—to deal with emotions of a triggering traumatic experience (Mitchell & Black, 1995).

- Symptoms of pathology begin to manifest as they “seep” into one’s normal, daily operations (Freud, 1910).

Freudian Etiology

Where does personality pathology come from?

- **Problem is?** It's unconscious so the patient behaves in ways being influenced by this unseen process and have no access to that part of their brain

- Freud proposed that pathology stemmed from conflict between opposing forces, termed the id and ego (Mitchell & Black, 1995).

Freudian Etiology

Where does personality pathology come from?

- Problems manifest because of unconscious wishes that are in conflict with one's personal ethics, principles, or claims about the world, termed the ego.

- Freud stated that these irreconcilable wishes, which at times can be quite revolting to the person in question, are therefore repressed by the ego.

Etiology

Where does personality pathology come from?

- **Id** (or free energy principle) is essential and critical part of life, but needs to be free and directed toward positive goals (e.g., career)

- Attachment helps the above process; when attachment goes wrong, the energy goes awry (why we need to understand better those earliest recollections)

Freudian Cure

- Unconscious wishes unprocessed = Pervasive Suffering = Symptoms of P.D.

- **Cure** = trace symptoms to repressed idea and either...
    1. accept unconscious wish and accept it in whole or part,
    2. redirect the wish to something more adaptable,
    3. actually reject the wish and master it

Freudian Cure

- Freud argued that it is only through remembering these “revolting” wishes, reproducing the same emotions or revolt and intrigue that occurred with the original thought, that one could be free of the resulting conflict.

- **Goal** - talk therapy leads to unveiling the unconscious and ultimately integration

Psychoanalytic Etiology

Where does personality pathology come from?

- Janet proposed that pathology stemmed from a person's inability or **lack of capacity to synthesize experience** (Masek, 1989)

- These are important notes that I have found central in my testing process

Psychological Health

- **Psychological health** = integrative working together of frontal lobe and limbic system to be able to actualize interpersonal effectiveness and identity development (self-direction).

Neurobiological Etiology

Where does personality pathology come from?

- **Neurobiology** - fight or flight response to anxiety/trauma

- **Limbic system functioning** - central location for emotional processing in the brain and is considered to be the “center of advanced emotionality” (Lewis, Amini, & Lannon, 2000, p. 51).

- The attachment relationship regulates the brain, particularly frontal lobe which is critical in regulating personality and monitoring and managing the limbic system

PDM-II

PDM-II

- Two general types of problems:
  - **Neurosis** - Minor or major psychopathology in which the capacity to perceive reality is intact

  - **Psychosis** - There is significant impairment in reality testing

PDM-II

PDM-II

- Many people suffer not from isolated symptoms but from issues that pervade their lives

- Thus, clinicians began to differentiate between neurotic symptoms and neurotic character, developing what we know now as personality disorders

PDM-II

PDM-II

- Over time, clinicians started to notice people who were too disturbed to be considered neurotic but too anchored in reality to be psychotic

- This created a borderline group

- This is the border between psychosis and neurosis

PDM-II

PDM-II

- People on this border often did not do well in therapies designed for healthier patients
- Often having intense, problematic, and often rapidly shifting transference reactions to their therapist
- Called psychotic transferences

Personality Syndrome Continuum

Levels of Severity

Healthy

Flexible Coping Skills

Helped by Psychodynamic/analytic therapies that emphasize insight and understanding

Neurotic

Depressive, Phobic, Hysterical, Obsessive-Compulsive Personality Types

Helped by Psychodynamic/analytic therapies that emphasize insight and understanding

Borderline

Paranoid, Schizoid, Psychopathic Personality Styles

Helped by clear limits and structure; need relatively actively engaged clinicians so they can develop a sense of the clinician as a real person

Ative and structured therapy and include affective expressiveness from both patient and client

Psychotic

Brief psychotic disorder, Delusional disorder, Schizotypal, Schizophrenia and Schizoaffective

Clinicians need to be respectful, conversational, down-to-earth, patient; Answer questions, give advice, normalize their experiences, education is helpful; make them feel understood and less “crazy”; Authoritative to convey safety

Levels of Organization

Levels of Organization

- Some patients in the borderline range have a genetic component
- Twin studies - genes account for 40% of variance in severity of borderline traits
- Traits include hypersensitivity, intolerance for aloneness, attachment fears

Healthy Organization

- Have certain favored ways of coping, but enough flexibility to accommodate adequately to challenging realities (though not necessarily to severe trauma, which can damage even people who may seem quite resilient).

Neurotic Organization

- Relatively rigid
- Tend to respond to certain stresses with a relatively restricted range of defenses and coping strategies
- Suffering is often restricted to a specific area:
  - Depression - loss, rejection, self-punishment
  - Histrionic - gender, sexuality, power
  - Obsessive-Compulsive - control

Neurotic Organization

- Frequently experience problems as involving inner discord or conflict (self on the LPFS)
- Maladaptive defenses
- Concerns or problems are usually in one area (e.g., problems with authority) rather than in all relationships
- Work history is generally satisfactory, good relations with others, not very impulsive, collaborative in therapy, ability for some perspective

Borderline Organization

- Difficulties with affect regulation; vulnerable to extremes of overwhelming affect (e.g., intense depression, anxiety, and rage)
- Recurrent relational difficulties (so add relational problems into LPFS)
- Severe problems with emotional intimacy, work, impulsive regulation, vulnerable to addictions
- When distressed, vulnerable to self-harm

Borderline Organization

Toward Psychoses

- Patients with more severe deficits
- Supportive therapy
- Capacity-building treatments

Toward Neuroses

- Personality organization closer to neurotic
- Exploratory therapy can be helpful (i.e., interpretive, insight-oriented)

Borderline Organization

- If someone has severe enough pathology to warrant a DSM personality disorder diagnosis they are functioning at a borderline level of organization, regardless of the diagnosis itself

- Emotions are raw; rely on defenses that are primitive, immature, and costly

- Differences between borderline organization and neurotic? Borderline organized folks do not have mature defenses; both can have immature, but neurotics can have some adaptive ones; borderline doesn’t

Borderline Organization

- The most costly and primitive defenses?
  - **Splitting** - compartmentalizing positive and negative perceptions and feelings; view self and others in black-or-white and all-good or all-bad categories

  - **Consequence of splitting?** - failure to integrate disparate aspects of identity into a coherent whole

  - Have identity diffusion; ideas of self are unstable and changing, oscillating between polarized extremes

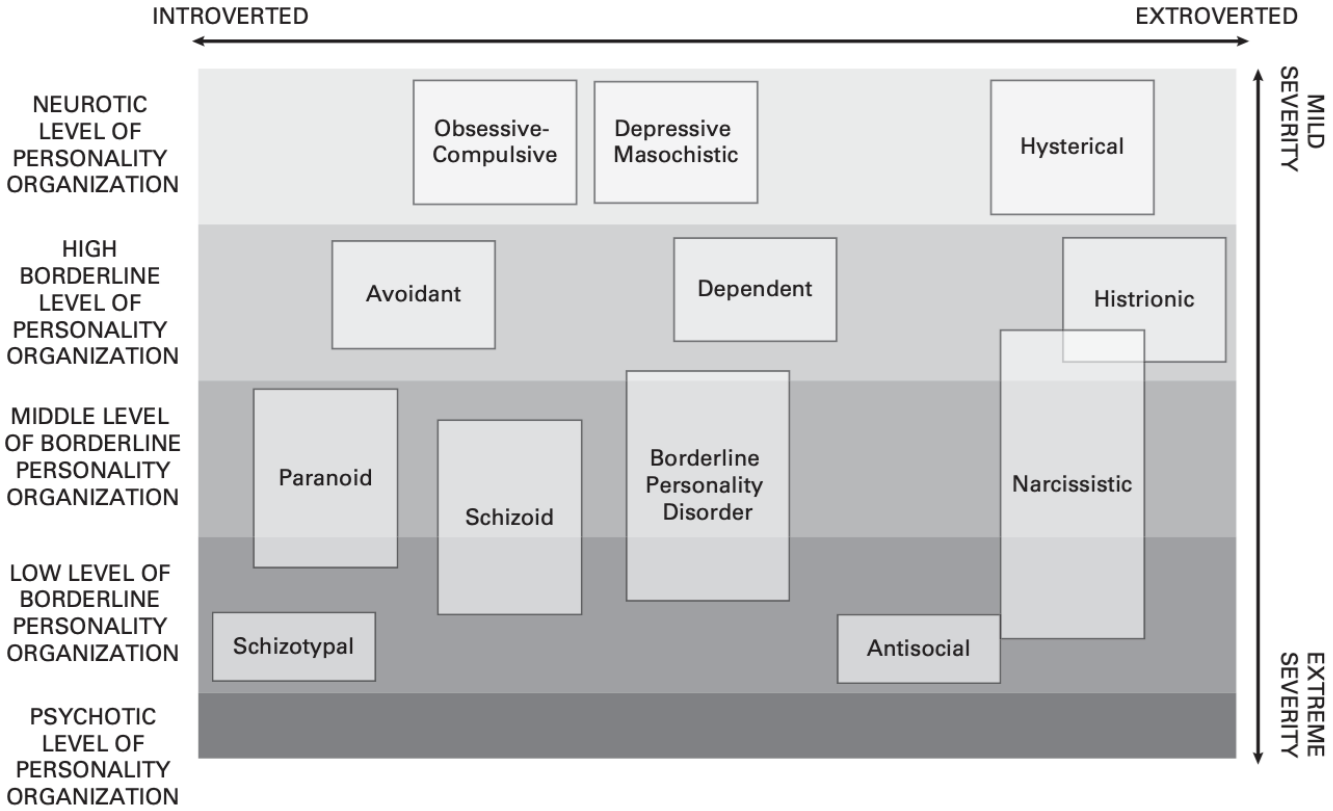

Figure 2.1. Relationship between Level of Personality Organization and DSM-5 Personality Disorder Diagnoses

Object Relations

- Object relations theory provides a theoretically based, dimensional approach to understanding personality pathology that is useful to the clinician and is conceptually compatible with the DSM-5 Alternative Model of Personality Disorder (AMPD).

- The concept of **structure**, central to object relations theory, refers to an organization of psychological functions or processes that is relatively stable over time and organizes an individual's behavior and subjective experience (Caligor, Clarkin, & Sowislo in Feinstein, 2022).

Object Relations

- The structural diagnosis of the patient with personality pathology is made by the dimensional assessment of six domains of functioning
  - Identity
  - Object Relations
  - Defenses
  - Aggression
  - Moral Functioning
  - Reality Testing

- Which leads to determination of level of personality organization.

Object Relations

- Personality can be defined as the dynamic integration of **repetitive patterns** of behavior, emotion, and cognition characteristic of the individual.

- These patterns are born of a combination of constitutional endowments and developmental factors, reflecting in particular: the individual's temperament; constitutionally determined cognitive capacities; character and its subjective correlate, identity; and internalized value systems.

Object Relations

- Internal object relations are considered the most basic psychological structures.

- An internal object relation is a mental representation of the self in relation to another person linked to a particular affect state.

- **For example**, a well-cared for self in relation to an attentive caretaker may be linked to feelings of gratification, or, conversely, a neglected self in relation to an unavailable caretaker could be linked to feelings of frustration.

Object Relations

- The object relations model classifies personality pathology dimensionally, on the basis of severity of personality pathology and reflecting the nature and degree of integration of central psychological structures, or level of personality organization.

Object Relations

- On the basis of assessment of these domains, personality functioning and pathology are characterized along a spectrum from healthiest through increasingly severe, as follows:
  - (1) normal personality functioning;
  - (2) subsyndromal personality disorder, described in terms of a neurotic level of personality organization;
  - and (3) personality disorder, described in terms of a borderline level of personality organization (BPO)

Object Relations

- The BPO classification is divided into
  - mild (high BPO),
  - severe (middle BPO),
  - and extreme personality disorder (low BPO).

- In addition, some individuals with psychotic illness who present with the structural features of BPO in the setting of frank loss of reality testing may be described as having psychotic level of personality organization.

	Normal Personality Organization	**Neurotic Personality Organization**	**High-Level Borderline Personality Organization**	**Middle Borderline Personality Organization**	**Low-Level Borderline Personality Organization**
Identity	Consolidated, with stable and integrated sense of self and others	Consolidated, with stable and integrated sense of self and others	Mild–moderate identity pathology with some instability and distortion in sense of self and others	Severe identity pathology with polarized and affectively charged, distorted, and unstable experience of self and others	Severe identity pathology with polarized and highly affectively charged, distorted, and unstable experience of self and others

	Normal Personality Organization	**Neurotic Personality Organization**	**High-Level Borderline Personality Organization**	**Middle Borderline Personality Organization**	**Low-Level Borderline Personality Organization**
Object Relations	Deep, mutual relations; capacity for concern	Deep, mutual relations; capacity for concern; some conflict	Some capacity for dependent relations; highly conflictual or distant	Relations are based on need fulfillment with limited interest in the needs of the other independent of the needs of the self; limited to no capacity for dependent relations	Relations based on frank exploitation; others are used as a means to an end; no capacity for dependency

	Normal Personality Organization	**Neurotic Personality Organization**	**High-Level Borderline Personality Organization**	**Middle Borderline Personality Organization**	**Low-Level Borderline Personality Organization**
Predominant Defensive Style	Mature and repression-based	Repression-based	Repression- and splitting-based	Splitting-based	Splitting-based

	Normal Personality Organization	Neurotic Personality Organization	High-Level Borderline Personality Organization	Middle Borderline Personality Organization	Low-Level Borderline Personality Organization
Aggression	Modulated; appropriate	Modulated; inhibited	Verbal aggression; temper outbursts; self-directed aggression in the form of self-neglect	Poorly integrated and poorly modulated; potential for aggression against self and others; outbursts, threats, and self-injurious behavior	Severe aggression against self and others; assault, intimidation, and self-mutilation

	Normal Personality Organization	**Neurotic Personality Organization**	**High-Level Borderline Personality Organization**	**Middle Borderline Personality Organization**	**Low-Level Borderline Personality Organization**
Reality Testing	Intact and stable	Intact and stable	Intact	Vulnerable to extreme stress with transient loss of reality testing; altered mental states without loss of reality testing such as dissociation, depersonalization	Vulnerable to extreme stress with transient loss of reality testing; altered mental states without loss of reality testing such as dissociation, depersonalization

Level of Personality Functioning

- Personality functioning is distributed across a continuum

Central to our adaptability and functioning are:

- Our ways of thinking about and understanding ourselves (Self-Functioning)

- Our interactions with others (Interpersonal Functioning)

Level of Personality Functioning

Criterion A

- Level of Personality Functioning Scale (LPFS)

Self-Functioning

- **Identity** - experience of oneself as unique, with clear boundaries between self and others; stability of self-esteem and accuracy of self-appraisal; capacity for, and ability to regulate, a range of emotional experience

- **Self-direction** - Pursuit of coherent and meaningful short-term and life goals; utilization of constructive and prosocial internal standards of behavior; ability to self-reflect productively

Level of Personality Functioning

Criterion A

- Level of Personality Functioning Scale (LPFS)

Interpersonal Functioning

- **Empathy -** Comprehension and appreciation of others' experiences and motivations; tolerance of differing perspectives; understanding of the effects of one's own behavior on others

- **Intimacy -** Depth and duration of connection with others; desire and capacity for closeness; mutuality of regard reflected in interpersonal behavior

Level of Personality Functioning

- Level of Personality Functioning Scale (LPFS) - Self Report (Morey, 2017)

- The Level of Personality Functioning Scale is a clinician rating guide provided in the AMPD that describes characteristic impairments in identity, self-direction, empathy, and intimacy at five different levels of personality functioning.

Level of Personality Functioning

- The Level of Personality Functioning Scale-Self Report (LPFS-SR) is an 80 item self-rated personality functioning assessment scale for adults age 18 and older

- Assesses these four interrelated core functions of personality with each of these subcomponent scales consisting of 16 to 23 items.

Level of Personality Functioning

- The four subcomponent scores are summed to yield an index of the level of severity of impairment in general personality functioning.

- As scores exceed **+1.0 standard deviation (SD)** above the mean, subclinical problems may be expressed;

- Scores exceeding **1.5 to 2.0 standard deviations** above the mean may indicate clinically significant personality dysfunction that merits further assessment, treatment, and follow-up.

Level of Personality Functioning

- Criterion B - Pathological Personality Traits

- Five broad domains
  - Negative Affectivity
  - Detachment
  - Antagonism
  - Disinhibition
  - Psychoticism

Psychological Assessment

Psychological Assessment

Evaluating Structural Vulnerabilities and Strengths (Bram & Peebles, 2014)

- Learning Style
- Reality Testing
- Reasoning
- Emotional Regulation
- Sense of Self
- Relational Capacities
- Behaviors

Psychological Assessment

Mapping Conditions

- What conditions does the patient feel safe to open up or compelled to close down?
- The conditions under which he can puzzle about himself and work with the clinician?
- The flavor and coherence of his reasoning and perception, when either breaks down?
- What helps him recover?

Psychological Testing

Mapping Conditions

- The way his mind takes in new information and what helps him access his fullest comprehension?

- “We aren’t interested in what the patient can tell us; we are interested in what he can’t and doesn’t know how to tell us (W.H. Smith, 1980).

- **Purpose of psychological testing?** To provide deeper understanding in less time.

Psychological Testing

Mapping Conditions

- An example: someone with average verbal skills versus high picture arrangement; ability to express themselves verbally does not keep pace with what they pick up and understand interpersonally

- What do we recommend regarding treatment interventions?

Psychological Testing

Mapping Conditions

- Therapist might encourage visual metaphor;
- listen for the patient's references to movies or plays that emotionally affected him and consider viewing them so that together in therapy, therapist and patient could partner to translate such cinematically conveyed impact into words;
- invite the patient to bring in photographs;
- augment explanations with hand and facial movements

Psychological Testing

Psychological Structure: Learning Style

- **Cognition** – the array of mental abilities used to register, organize, and manipulate data in order to problem solve

- Understanding a patient's learning style is critical to treatment planning because all psychotherapy and all change involve problem solving and learning (we all vary in the ways we learn, i.e., visually, auditorily, or hands-on kinetically.

Psychological Testing

Psychological Structure: Reality Testing

- **Reality Testing** – the match between a person's perceptions and the formal characteristics of objects, people, and actions before him

- We are assessing people's perceptions (we'll look at psychosis next and personality pathology to talk about when this goes wrong).

Psychological Testing

Psychological Structure: Reasoning

- **Reasoning** – the way a person reaches conclusions. How does his mind move from perception to sense and meaning?

- Can be linear or circular, logical or illogical, expansive or cryptic

- Severe problems in reasoning are called thought disorder

Psychological Testing

Psychological Structure: Emotional Regulation

- **Emotional regulation** – The way a person integrates emotions into his experiencing of life.

- The baby's primary attachment person has everything to do with shaping the neurodevelopment of innate temperament.

- Difficulty integrating one's visceral and emotional responses with thought, language, and concepts results in a range of malaises from flooding to constriction to dissociation and depersonalization to negative impact on one's bodily health.

Psychological Testing

Psychological Structure: Relational Capacities

- **Relational capacities** - the array of abilities that support social interaction and interpersonal intimacy

Psychological Testing

Inference Making (Bram & Peebles, 2014)

- A psychological symptom is analogous to a medical symptom. Both are signals of distress in the system, not identifiers of the cause of distress.

- We need to know what is causing the distress before we can intelligently assign treatment.

- One does not assign treatment on the basis of the symptom

Psychological Testing

Inference Making (Bram & Peebles, 2014)

- One is able to focus treatment effectively and ethically only when underlying causes of the symptom have been determined accurately.

- This is the process of drawing treatment-relevant conclusions based on scores, summary indices, thematic content, and behavior.

- Theories are not truths inscribed on handed-down tablets. They are explanations, from a particular era, a particular person, a particular culture, with the particular instruments and knowledge from that time.

Psychological Testing

Inference Making (Bram & Peebles, 2014)

- We want to develop a theory for that particular person, which uniquely explains how he or she works by sticking closely to the data

- We neither eliminate the subjective nor deify the objective, but rather we subject both to critical inference-making and hypothesis testing and then integrate the two.