

DOCUMENT SUMMARY This foundational 1992 study proves that psychological assessment can be a powerful therapeutic intervention in its own right. Researchers found that collaboratively sharing MMPI-2 test results with college students on a therapy waitlist significantly decreased their symptomatic distress, increased their self-esteem, and boosted their hopefulness. This paper provides direct, empirical evidence supporting the core tenets of Enliten's model: that a collaborative, client-centered assessment process is not just diagnostic but is profoundly healing and validating.

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Finn1992_RESEARCH_research_article_TherapeuticAssessment_MMPIFeedback

METADATA Primary Category: RESEARCH Document Type: research_article Relevance: Core Update Frequency: Static Tags: #TherapeuticAssessment, #CollaborativeAssessment, #AssessmentFeedback, #ClinicalInterview, #SelfVerification, #ParadigmShift, #MMPI, #ClientOutcomes, #SelfEsteem, #SymptomReduction Related Docs:

Why This Matters to Enliten

This is a cornerstone document that provides the original empirical validation for our entire approach. It is one of the first controlled studies to prove that *how* you conduct an assessment can be more important than the assessment itself. It demonstrates that a collaborative feedback session, far from being harmful, is actively therapeutic—reducing symptoms and building self-worth *before therapy even begins*. We can use this study in our whitepaper, marketing, and client education to show that our methods are not just a "nice" alternative but a research-backed, powerful intervention that refutes decades of traditional, paternalistic assessment practices. It frames assessment as a "paradigm shift" away from diagnosis and toward therapeutic understanding, which is precisely the revolution Enliten is leading.

Critical Statistics & Findings for Our Work

- **Assessment as Intervention:** Giving clients collaborative feedback on their MMPI-2 results led to a significant decline in symptomatic distress and a significant increase in self-esteem compared to a control group that only received examiner attention.
- **Symptom Reduction:** The feedback group's symptomatic distress (GSI score) dropped significantly, with an effect size approaching 1.0, especially at the 2-week follow-up. The attention-only group showed no significant decrease.
- **Self-Esteem Boost:** The feedback group's self-esteem increased significantly immediately after feedback and continued to increase at the 2-week follow-up, reaching the normal range for non-client college students. The control group's self-esteem actually declined slightly over the same period.
- **Increased Hope:** Clients who received feedback reported significantly more hope about their problems than the control group, both immediately after the session and at the 2-week follow-up.

- **Overwhelmingly Positive Experience:** Clients' subjective impressions of the feedback session were "overwhelmingly positive," strongly refuting the traditional belief that sharing test results is frightening or upsetting.
- **Severity Doesn't Matter:** Improvement was unrelated to the clients' initial level of distress or the type of psychopathology revealed by the MMPI-2. This supports using this approach with a wide range of clients.

Methodology We Can Learn From

The collaborative feedback method used in this study is a direct blueprint for the Enliten Interview process. Key steps include:

1. **Initial Interview:** A 30-minute interview focusing on the client's presenting problems.
2. **Soliciting Client Questions:** The examiner explicitly asked clients what they wanted to get out of the assessment, making their goals central to the process.
3. **Collaborative Feedback Session:**
 - The examiner showed the client their actual MMPI-2 profile.
 - The examiner explained significant scale elevations and configurations.
 - Crucially, clients were "encouraged to actively participate throughout the feedback session by giving their reactions or feelings to each test finding and helping the examiner to determine which results were valid".
 - The session ended by summarizing the results and addressing any remaining client questions.
4. **Creating a Positive Environment:** The process was not just about information transfer but about creating a compassionate, self-enhancing environment while discussing difficult topics.

Quotes We Might Use

- On the paradigm shift: "Considering psychological assessment to be a therapeutic intervention is a major paradigm shift in how assessment is typically viewed."
- On client validation (Self-Verification): "It is relieving to know that most of the criticism and positive aspects of myself were reflected on the test. It tells me that most of how I view myself is legitimate and not fabrications."
- On the power of being understood: "[The MMPI-2 results] put words to my feelings. It confirmed my feelings about the aspects of my personality that we discussed... I am feeling relieved."
- On compassion over judgment: "I expected such judgment, and I received such compassion. It makes me think that I am worthy of such compassion from myself also."
- On gaining clarity: "It is making me more aware of who I am confirming things I know, mostly, but I also have a few new things to keep in mind and consider... It seems clearer who I am."
- On why it works: "Why does telling people bad things about themselves (e.g., that they are depressed, angry, thought disordered, or obsessional) make them feel better?" The paper answers this with theories of self-verification and creating a safe, organizing narrative.

Therapeutic Effects of Providing MMPI-2 Test Feedback to College Students Awaiting Therapy

This study investigated the benefits of sharing Minnesota Multiphasic Personality Inventory-2 (MMPI-2) test results verbally with clients. Ss were randomly selected from a college counseling center's waiting list: 32 received test feedback according to a collaborative model developed by Finn (1990) and 29 received only examiner attention. Groups did not differ on age, sex, days between examiner contact, and initial levels of distress and self-esteem. Compared with the controls, clients who completed the MMPI-2 and heard their test results reported a significant decline in symptomatic distress and a significant increase in self-esteem, and felt more hopeful about their problems, both immediately following the feedback session and at a 2-week follow-up. Also, clients' subjective impressions of the feedback session were overwhelmingly positive. Although the study failed to identify specific client variables or elements of the feedback session that were related to these changes, the findings indicate that psychological assessment can be used as a therapeutic intervention.

Providing test feedback to clients was once generally discouraged as a potentially harmful practice. Recently, however, many respected clinicians have urged assessors to discuss test results with clients or give them a written report of test findings. This change in attitude is partly due to the recognition of clients' legal rights to access professional records and to the inclusion of test feedback in lists of ethical behaviors of psychologists. In addition, it is believed that sharing psychological test results with clients builds rapport between client and therapist, increases client cooperation throughout the assessment process, and leaves clients with positive feelings about psychological testing and mental health professionals in general.

A separate but related claim is that assessment feedback is itself therapeutic for clients. Lewak and his colleagues (1990) believed that the sharing of the test results can improve clients' mental health when clients are encouraged to actively participate in their MMPI or MMPI-2 feedback sessions. Many clinicians have also reported that following a feedback session clients describe a sense of relief that someone has finally understood their problems. Drawing on clinical experience, Finn and Butcher (1991) have summarized client benefits following a feedback session as including (a) an increase in self-esteem, (b) reduced feelings of isolation, (c) increased feelings of hope, (d) decreased symptomatology, (e) greater self-awareness and understanding, and (f) increased motivation to seek mental health services or more actively participate in on-going therapy.

Unfortunately, there has been no direct evidence supporting the claims of benefits from personality test feedback. Almost all research studies on test feedback have examined the effects of providing false personality feedback or Barnum statements to research subjects. In contrast, only a handful of studies have investigated the effects of honest personality feedback, which is more typically the practice in the clinical situation.

In summary, the therapeutic impact of sharing information with clients about their psychological test results is largely impressionistic and anecdotal, and there are no controlled studies demonstrating that clients benefit from test feedback. Four basic questions guided the research: Does telling clients their test results benefit them? If so, what are the benefits of test feedback and how long do they persist? If benefits occur, which aspect of the feedback session was responsible for these changes? And last, if test feedback is beneficial, which clients benefit most?

This study investigated the therapeutic impact of providing feedback from the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) to college students currently waiting for mental health services.

Method

Subjects

Participants were 61 outpatient clients from the University of Texas Counseling and Mental Health Center who were recruited over a 16-month period during those times when the Counseling Center was unable to offer immediate services to all clients. Of the remaining 60 clients, 32 were randomly assigned to the experimental group and received MMPI-2 test feedback, and 28 were assigned to the attention-only control group. The final subject count was 24 women and 8 men in the MMPI-2 assessment group and 18 women and 10 men in the attention-only control group. The groups were not significantly different in age ($M = 23.3$, $SD = 5.5$) or sex composition.

Intake workers randomly selected participants for the study from clients who did not require immediate services at the time of their initial screening and approached them about participating in the study. This excluded clients who were assessed at intake as suicidal, psychotic, or in danger of causing harm to themselves or others.

Clients in the experimental condition received the following verbal and written information from the intake workers. While they were on the Center's waiting list, free psychological testing would be available through their participation in an assessment research project. If they chose to participate, they would complete several standardized tests, including the MMPI-2, after which they would receive verbal test feedback about their MMPI-2 results from an advanced clinical psychology graduate student (Tonsager). At the end of their participation, their future therapists would receive a written MMPI-2 test report.

Clients in the control group received the following information. While they were waiting for psychotherapy, they were invited to participate in an assessment research project being conducted by an advanced clinical psychology graduate student. They would have the opportunity to meet on two separate occasions with the examiner and would be asked to complete several standard questionnaires.

Both groups of clients were assured that their decision of whether or not to participate in the study would in no way influence their receiving services at the Counseling Center.

Design and Procedure

To test whether clients benefited from hearing their MMPI-2 test results, a 2 (Group) × 3 (Time) repeated-measures design was used. As noted in Figure 1, the major distinction between these two conditions is that experimental clients completed the MMPI-2 and received verbal MMPI-2 test feedback, whereas control clients completed only the outcome measures and received examiner attention.

- **Experimental condition: Clients receiving MMPI-2 feedback.** At Time 1, the examiner conducted a 30-min interview, focusing on the clients' presenting problems, and explained the use and purposes of psychological testing and the MMPI-2. The examiner solicited questions for the assessment from each client (e.g., what did he or she want to get out of the assessment?). Following the interview, each client completed the MMPI-2 and the other independent and dependent measures used in the study.
- **At Time 2, two weeks later, the examiner met individually with the clients to discuss their MMPI-2 test findings.** Feedback sessions were conducted according to an approach developed by Finn (1990) that stresses a collaborative model of assessment such as described by Fischer (1986). The feedback process used is also similar to the method discussed by Butcher (1990). First, the examiner gave each client a brief description of the history of the MMPI-2 (e.g., how it was developed and is used in a variety of settings). The client's questions for the assessment were reviewed, and if he or she had new questions, they were added to the list to be addressed by the examiner. Then, each client was shown his or her MMPI-2 profile, and the examiner explained the meaning of significant scale elevations and configurations of the basic scales and content scales. The clients were encouraged to actively participate throughout the feedback session by giving their reactions or feelings to each test finding and helping the examiner to determine which results were valid. Last, the results were summarized, and any remaining questions were addressed. After the feedback session, clients completed the dependent measures.
- **At Time 3, approximately 2 weeks following the feedback session, each client was mailed the dependent measures used in the study, a letter thanking them for their participation, and a stamped return envelope.**
- **Control condition: Clients not receiving test feedback.** At Time 1, clients in the control group met individually with the examiner for a 30-min interview to discuss their current concerns. Two weeks later, at Time 2, the control group met with the examiner for 30 min to discuss their current concerns or reactions to the study. Afterward, they completed the dependent measures. At Time 3, two weeks later, these clients were mailed the dependent measures, a stamped return envelope, and a letter thanking them for their participation.

There were no statistically significant differences between the assessment and control groups in the number of days between referral and the initial interview ($M=6.2$) between interview and feedback/attention sessions ($M=15.7$), or between feedback/attention and completion of the follow-up ($M=12.2$).

Measures

- **Minnesota Multiphasic Personality Inventory-2 (MMPI-2):** Clients in the experimental condition completed the MMPI-2, a 567-item restandardized version of the MMPI. The MMPI-2 profiles of the 32 clients in the feedback group indicated that they were experiencing significant psychopathology. 91% of the sample had

MMPI-2 profiles with one or more clinical scales above 65T (the generally accepted point of clinical significance).

- Self-Esteem Questionnaire: At Times 1, 2, and 3, clients' current levels of self-esteem were assessed by the Cheek and Buss (1981) Self-Esteem Questionnaire.
- Symptom Check List-90-Revised: At all three measurement points, clients' current levels of symptomatic psychological distress were measured by the Symptom Check List-90-Revised (SCL-90-R).
- Private and public self-consciousness: To evaluate if receiving test feedback increases clients' self-awareness, the Self-Consciousness Inventory was used at Time 1.
- Assessment Questionnaire (AQ): A 30-item self-report Assessment Questionnaire (AQ) was developed for this study to measure clients' subjective impressions of a test feedback session.

Results

Effects of MMPI-2 Assessment on Symptomatology and Self-Esteem

The two major hypotheses were that clients receiving MMPI-2 feedback, as compared with the attention-only controls, would report (a) significant decrease in symptomatic distress and (b) significant increase in self-esteem.

- Symptomatology: For GSI scores from the SCL-90-R, the ANOVA revealed a significant Group x Time interaction, $F(2,54)=6.44$, $p<.01$. Clients who completed an MMPI-2 and heard their MMPI-2 test results showed a significant drop in their self-reported levels of symptomatic distress compared with clients receiving attention only. This drop was sizable, approaching an effect size of 1. The feedback group reported significantly less symptomatic distress than did the attention group at the 2-week follow-up, Time 3: $t(57)=2.98$, $p<.01$. There was no significant decrease in the attention-only group's GSI scores across time.
- Self-esteem: A similar result was obtained for self-esteem. The repeated-measures ANOVA revealed a significant effect for Group x Time, $F(2,56)=9.02$, $p<.001$. Clients who completed the MMPI-2 and received their test results reported significantly higher levels of self-esteem immediately following the feedback, as compared with clients who received only attention from the examiner, Time 2: $t(58)=-3.16$, $p<.01$, and at the 2-week follow-up, Time 3: $t(57)=-3.93$, $p<.001$. At follow-up, the MMPI-2 feedback group was within the normal range of self-esteem for nonclient college students. In contrast, the attention-only group reported a progressive, although not significant, decline in self-esteem across time.
- Hope: Directly after their MMPI-2 feedback session, clients in the experimental condition showed more hope about their problems than did clients in the attention-only group, and this persisted over the 2-week follow-up.
- Feelings about the examiner: A test of a competing hypothesis was run: that clients in the experimental group improved because they felt more attended to or liked by the examiner. There was no significant difference in clients responses between the two conditions. Both groups of clients felt very well liked and attended to by the examiner. Thus, the benefits experienced by clients in the MMPI-2 feedback condition do not appear to be simply a function of feeling liked, accepted, or cared for by the examiner.

Predictors of Change in the Experimental Group

- **Feelings about the assessment:** We predicted that clients who experienced the MMPI-2 assessment as more positive... would show a greater reduction in symptomatology and a greater increase in self-esteem. A client's AQ sum score following the feedback session was positively correlated with the self-esteem change scores from testing to feedback, $r(25) = .46$, $p < .01$.
- **Self-consciousness:** We had predicted that clients high in private self-consciousness were more likely to benefit from an assessment. Private self-consciousness was found to be strongly related to a change in symptomatic distress from Time 2 to 3, feedback to follow-up; $r(29) = .54$, $p < .001$, whereas public self-consciousness showed no significant relationship to change.
- **Severity and type of psychopathology:** There was no significant relationship between Mt scores (a measure of severe psychopathology) and change scores in self-esteem or symptomatology. There were no significant findings for analyses based on Lachar's classification system for MMPI profiles.
- **Attitudes toward mental health professionals:** Contrary to our predictions, no significant relationships were observed between clients' TRT scores (Negative Treatment Indicators) and subsequent change in either symptomatic distress or self-esteem.

Discussion

This study provides support for the therapeutic impact of sharing MMPI-2 test results verbally with college-age clients. Clients who completed an MMPI-2 and later heard their MMPI-2 test results reported a significant increase in their self-esteem immediately following the feedback session, an increase that continued to grow over the 2-week follow-up period. In addition, after hearing their MMPI-2 test results, clients showed a significant decrease in their symptomatic distress, and distress continued to decline during the subsequent 2-week period. Last, compared with clients receiving attention only from the examiner, clients who completed the MMPI-2 and received a feedback session showed more hopefulness about their problems immediately following the feedback session, and this persisted at the final follow-up.

Experimental clients' subjective impressions of the assessment and the MMPI-2 feedback session were overwhelmingly positive as measured by the Assessment Questionnaire (AQ). This and the aforementioned outcome results strongly refute the assertion of many traditional assessors that hearing about test results will necessarily be a frightening and upsetting experience for clients. The particular method of feedback used in the current study, with its emphasis on soliciting clients' participation in the assessment and collaboratively discussing test results, appears to have been well received by clients.

In the absence of this research, we are left with theory to help explain the question one of our colleagues put to us: Why does telling people bad things about themselves (e.g., that they are depressed, angry, thought disordered, or obsessional) make them feel better? Two quite different areas of psychology speak directly to this.

In social psychology, Swann's self-verification theory asserts that individuals seek feedback from others that fits their own conceptions of themselves, even if such feedback is negative. We believe that our feedback procedure combines aspects of both self-verification and self-enhancement. In giving MMPI-2 results to clients, we often confirmed aspects of clients' self-schemata that had not been previously verified by others. The power of this seemed reflected in clients' written and verbal comments after

the feedback session. One client wrote, "It is relieving to know that most of the criticism and positive aspects of myself were reflected on the test. It tells me that most of how I view myself is legitimate and not fabrications". This same theme is echoed in another client's comments: "[The MMPI-2 results] put words to my feelings. It confirmed my feelings about the aspects of my personality that we discussed... I am feeling relieved".

In addition to verifying clients' self-conceptions, however, we offered them self-enhancing feedback. At times during feedback sessions, we offered positive interpretations by "reframing" clients' existing self-concepts in light of test results (e.g., a client who had seen herself as "lazy" because she was having trouble getting up in the morning was told that this was actually a manifestation of her "depression"). Last, and we think most important, a self-enhancing environment was maintained with clients while discussing their problems. As one client commented, "I expected such judgment, and I received such compassion. It makes me think that I am worthy of such compassion from myself also".

We further believe that this "naming" and "explaining" of clients' experiences is one of the major therapeutic elements in giving test feedback, in that it helps to organize a personal identity. Again, a client comment seems illustrative: "I feel this testing experience is positive. It is making me more aware of who I am confirming things I know, mostly, but I also have a few new things to keep in mind and consider... It seems clearer who I am".

This aspect of our observations seems to fit best with several psychoanalytic theories, for example, that of Self Psychology, as put forth by Heinz Kohut and his followers. Self Psychology would probably see our test feedback sessions as an intense experience of "positive, accurate mirroring"—a normal developmental experience of which self psychologists would assert most people seeking mental health services have had little.

In conclusion, the present study provides support for the assertion that test feedback itself is therapeutic to clients. Considering psychological assessment to be a therapeutic intervention is a major paradigm shift in how assessment is typically viewed. Historically, psychological assessment, particularly the MMPI, has been used primarily for diagnosis and treatment planning by clinicians or for evaluating the success of an intervention after it has occurred. The current study would suggest that these uses of assessment can still be valuable but that the impact of assessment does not stop there. As the inscription over the oracle at Delphi instructed, it is important to "know thyself". This study suggests just how valuable and beneficial such knowledge can be.