

## Adolescent Apperception Cards

by Leigh Silverton, Ph.D.; illustrated by Laurie Harden

Here is a projective technique designed specifically for adolescents--with particular reference to sensitive themes such as abuse and neglect. Appropriate for 12- to 19-year-olds, these 11 picture cards give clinicians a noninvasive way to obtain important information about teenagers' concerns and problems. They are available in two versions, one featuring white teenagers, the other, black teenagers. The two versions depict identical scenes.

Each card is shown to the adolescent, who is asked to create a story about the scene pictured--a story with a beginning, middle, and end. You can administer any or all of the cards, depending on your clinical objective. It usually takes from 45 minutes to an hour to administer the entire set of 11.

The cards focus on parent-, peer-, and sibling-adolescent interaction, pulling for themes of physical and sexual abuse, neglect, peer acceptance, loneliness, depression, drug use, and domestic violence. Because the pictures are relatively ambiguous, extreme stories created in response to them tend to be particularly meaningful and informative. The Adolescent Apperception Cards are an effective and nonthreatening way to help teenagers express their concerns and underlying problems.

## **Bender Visual-Motor Gestalt Test, Second Edition (Bender-Gestalt II)**

By Gary Brannigan and Scott Decker

### BENEFITS

Provides a quick measure of both visual-motor development and psychological functioning

### AGES

3 to 85+ years

### ADMIN TIME

5-10 minutes; 5 minutes each for the supplemental visual and motor tests

### FORMAT

Reproduction of simple line drawings

### NORMS

Based on a sample of 4,000 individuals, representative of the U.S. population

### PUBLISH DATE

2003

Originally published in 1938 by Laretta Bender, MD, the Bender Visual–Motor Gestalt Test is one of the most widely used psychological tests. The second edition (Bender Gestalt II) updates this classic assessment and continues its tradition as a brief test of visual–motor integration that can provide useful information about an individual’s development and psychological functioning. Appropriate for ages 3 to 85+ years, the Bender Gestalt II is a reliable way to assess visual–motor development. It is also a useful introduction to any battery of educational, psychological, or neuropsychological tests. The Bender Gestalt II provides helpful information in preschool screening as well as geriatric assessment. And it can offer insight into many conditions, including ADHD, intellectual disability, giftedness, learning disabilities, autism, and Alzheimer’s disease. The Bender Gestalt II consists of a series of stimulus cards, each displaying a unique figure. The individual is asked to draw each figure as he or she observes it. The stimulus card is not removed until the drawing is complete. This edition of the test adds items and extends the range of ability assessed. New recall procedures to measure visual–motor memory ensure a more comprehensive assessment of visual–motor skills. And supplemental tests of simple motor and perceptual ability help identify specific visual–motor deficits. An optional timing component allows the examiner to time each drawing, and scoring is now quicker and easier. Conormed with the Stanford-Binet Intelligence Scales, Fifth Edition, the Bender Gestalt II was standardized on more than 4,000 individuals ranging in age from 4 to 85+ years. The composition of the standardization sample corresponds to the 2000 U.S. population. The Bender Gestalt II is an ideal way to start an extended psychological test battery. With its simple design and administration, the test is a nonthreatening way to warm up to more challenging assessments.

### Children's Apperception Test (C.A.T.)

Leopold Bellak, MD, Sonia Bellak

Purpose: Useful for describing personality or aspects of emotional disturbance

Age range: 3 to 10 years

Admin: Individual

Admin time: 20-45 minutes

This projective technique presents situations of special concern to children. It consists of 10 animal pictures in a social context involving the child in conflict, identities, roles, family structures, and interpersonal interaction. The supplement (C.A.T.-S) presents children with common family situations (i.e., prolonged illness, physical disability, mother's pregnancy, separation of parents).

Children who do not produce stories readily can manipulate these forms as a play technique. The C.A.T.-H consists of human figures and situations that parallel the original C.A.T.

## DAP:IQ: Draw-A-Person Intellectual Ability Test

For Children, Adolescents, and Adults

Ages: 4-0 through 89-11

Testing Time: 10-12 minutes

Administration: Individual or Group

The Draw-A-Person Intellectual Ability Test for Children, Adolescents, and Adults(DAP:IQ) provides a common set of scoring criteria to estimate intellectual ability from a human figure drawing. Until now, measurement of cognitive ability by scoring drawings of human figures focused mainly on children and adolescents. The DAP:IQ applies this form of evaluation to adults as well, allowing for a more direct, continuous measurement of a common construct across the age range.

The DAP:IQ improves the practice of evaluating human figure drawings (HFDs) as a measurement of cognitive ability by scoring elements representative of universal features of the human figure. The collection of a HFD is easily standardized with a set of simple, easily understood instructions, and requires a very short period of time.

This flexible assessment is for use by psychologists, school counselors, and professionals working with special-needs populations. The DAP:IQ allows you to derive reliable, quantitative ability estimates by using the largest single collection of normative data on this task ever gathered. Psychometric data, including normative reference data, are provided for ages 4 years to 89 years and are based on a total sample of 3,090 individuals across the United States. The validity and utility of this test lie in the scoring system's emphasis of concepts over artistic skill and motor coordination.

Features of the DAP:IQ

Standardized instructions for the task are easy to derive

Standardized scoring systems emphasize conceptual aspects of drawings, not artistic quality

Drawings collected in a rapid, efficient manner

Few people are hesitant to do the drawing once they are assured that the artistic quality is not being evaluated

Drawings can be obtained in even the most challenging of clinical situations (such as the assessment of autistic or severely hyperactive children, non-reading or non-English speaking clients)

Scoring criteria have less cultural specificity than most intelligence tests, verbal or nonverbal (culture-reduced)

All you need to give and score of the DAP:IQ is the test manual, the Administration/Scoring Form, and a sharpened pencil.

## **Draw A Person: Screening Procedure for Emotional Disturbance (Draw A Person: SPED)**

**Author(s):** Jack A. Naglieri, Timothy J. McNeish, Achilles N. Bardos

- Administration: 15 minutes; individual or group administration
- Ages / Grades: 6 through 17 years

- Norms: Standard Scores by sex, Percentile Ranks, and Confidence Intervals for three age groups

Identify emotional or behavioral disorders in just 15 minutes with Draw A Person:SPED. With proven reliability, Draw A Person: SPED is a nonverbal, nonthreatening screening measure for identifying these disorders in children and adolescents.

#### Proven Reliability

The test is a highly reliable projective technique. Its scoring system shows excellent inter-rater and intrarater reliability, as well as test-retest reliability.

#### Representative Norms

The test was standardized on a sample of 2,260 students representative of the U.S. population in terms of age, sex, geographic region, race/ethnicity, and socioeconomic status.

#### Scoring

The Draw A Person: SPED scoring system is composed of two types of criteria, or items. With the first type, eight dimensions of each drawing are scored; a separate template for each age group is provided. With the second type of criteria, each drawing is rated according to 47 specific items.

Cutoff scores are divided into three categories: additional assessment is not indicated; additional assessment is indicated; and additional assessment is strongly indicated.

### **The Hand Test**

by Edwin E. Wagner, Ph.D

Purpose:	Identifies aggressive tendencies likely to be expressed in overt behavior
Ages / Grade:	5 years and up
Administration Time	10 minutes
Format:	Interview
Scores	Means, cutoff scores, and typical score ranges for normal and various diagnostic groups

The Hand Test is a simple projective technique widely used to measure action tendencies--particularly acting-out and aggressive behavior--in adults and children (at least 5 years of age). Nonthreatening and easily administered in just 10 minutes, it's an ideal starting point in any diagnostic personality evaluation.

Using pictures of hands as the projective medium, the Hand Test elicits responses that reflect behavioral tendencies. The client is shown 10 picture cards, one at a time. These contain simple line drawings of a hand in various positions. The client's task is to explain what each hand is doing.

Furthermore, the Hand Test can be a valuable addition to any neuropsychological assessment battery. An easy-to-calculate Brain Injury Score can inform the process of neuropsychological screening and is helpful in estimating the degree of functional impairment due to brain injury.

### Qualitative and Quantitative Scoring

To score the Hand Test, you simply classify responses according to clear-cut quantitative and qualitative scoring categories.

The quantitative scores (such as Aggression, Exhibition, Communication, Dependence, Acquisition, Tension, and Withdrawal) reflect the individual's overt behavior--how he or she interacts with others and the environment. The qualitative scores generally reflect feelings and motivations underlying the imparted action tendencies.

The test also provides six summary scores, including an index of overall pathology and an acting-out ratio, which is used to predict aggressive behavior.

Furthermore, the Hand Test can be a valuable addition to any neuropsychological assessment battery. An easy-to-calculate Brain Injury Score can inform the process of neuropsychological screening and is helpful in estimating the degree of functional impairment due to brain injury. The Manual provides correlations between the Hand Test and various neuropsychological measures.

### Norms for Children, Adolescents, and Adults

The Hand Test can be used with anyone old enough to verbalize a response. The Manual provides means, cutoff scores, and typical score ranges for normal adults and for adults in the following diagnostic groups: alcoholism, mental retardation, organic brain syndrome, schizophrenia, conduct disorder, anxiety disorders, affective disorders, somatoform disorders, histrionic personality disorder, schizoid personality disorder, and other personality disorders.

In addition, a Manual Supplement provides norms for 5- to 18-year-olds. It also offers guidelines for interpreting child and adolescent responses and for integrating the Hand Test into a standard psychoeducational evaluation.

## A Prediction of Overt Behavior

Based on more than 40 years of research and used with over a million people, the Hand Test effectively measures reactions that are close to the surface and likely to be expressed in overt behavior. It differentiates various clinical groups and helps predict acting-out, aggression, and other kinds of problem behavior. In addition, recent studies have shown that the Hand Test is highly useful in assessing personality in individuals with developmental problems, and behavioral response to victimization in sexually abused girls. These and other studies suggest a broad utility for the Hand Test—in educational, correctional, neuropsychological, and medical settings.

## **House-Tree-Person™ (H-T-P™) Projective Drawing Technique**

By John N. Buck

### BENEFITS

Provides useful clinical information through projective drawing—highly sensitive to psychopathology early in its development

### AGES

3 and up

### ADMIN TIME

Varies

### FORMAT

Examinee draws—and then describes—a house, a tree, and a person

### PUBLISH DATE

1977

One of the most distinguished and widely used projectives, the H-T-P yields abundant clinical information. It also saves time and is easy to use. The subject simply produces, and then discusses, three drawings—of a house, a tree, and a person. Because drawing can reduce tension, the H-T-P is often administered as the first in a battery of psychodiagnostic tests. It is an ideal way to assess personality in individuals who are culturally different, educationally deprived, developmentally disabled, or non–

English speaking. The books and forms presented here enhance and simplify administration, scoring, and interpretation.

### House-Tree-Person and Draw-A-Person as Measures of Abuse in Children: A Quantitative Scoring System (H-T-P/D-A-P)

Valerie Van Hutton, PhD

Purpose: Evaluates possible child sexual abuse

Age range: 7 to 11 years

Admin: Individual

Admin time: Untimed

This hardcover book provides background on projective drawing techniques and insight into the House-Tree-Person (H-T-P) and Draw-A-Person (D-A-P) techniques. The book describes the development and administration of an objective scoring system for use by clinicians, teachers, and other professionals.

The test administrator asks the child (ages 7-11 years) to complete the two drawings, which are then scored for the presence or absence of particular characteristics within four major constructs: Preoccupation with Sexually Relevant Concepts (SRC); Aggression and Hostility (AH); Withdrawal and Guarded Accessibility (WGA); and Alertness for Danger, Suspiciousness, and Lack of Trust (ADST).

Examples from the author's collection of actual children's drawings illustrate item scoring. This system has been empirically tested for use in screening for possible child sexual abuse. Case examples help the reader develop further clinical insight.

### **Kinetic Drawing System for Family and School**

by Howard M. Knoff, Ph.D. and H. Thompson Prout, Ph.D.

The *Kinetic Drawing System* for Family and School combines two projective techniques--Kinetic Family Drawing and Kinetic School Drawing--to create a single, comprehensive procedure for evaluating children and adolescents. It gives clinicians and school psychologists a simple, cost-effective way to assess children's perceptions of important relationships at home and at school.

#### More Diagnostic Information

Unlike other projective drawing techniques, which generally yield static portraits, the kinetic approach focuses specifically on the child's interaction with others. Kinetic Family Drawing asks the child to draw

his or her family doing something, while Kinetic School Drawing asks for a picture of the child interacting with relevant school figures. The introduction of action increases the diagnostic information available in the drawings, providing more insight into the child's feelings and functioning.

#### Easy Administration

To administer the *Kinetic Drawing System*, you need only a pencil, blank paper, a Scoring Booklet, and approximately 20 minutes with the child.

The family drawing is requested first, then the school drawing. In each case, the child draws the picture, and then the examiner asks questions in order to clarify its meaning. To guide this inquiry process, the Manual provides a series of suggested questions.

Scoring is simple and clear-cut. The examiner checks each drawing for the presence or absence of specific characteristics, all listed in the Scoring Booklet. Once scored, the drawings can be easily interpreted using interpretive hypotheses provided in the Manual, along with case studies.

#### A Picture of the Child's Problems Across Two Settings

Because the *Kinetic Drawing System* addresses both family and school settings, it is an effective way to determine the pervasiveness of the child's problems. It is particularly useful with younger children and with those who have difficulty with verbal expression. Kinetic Drawing provides a rich source of diagnostic information in a cost-effective and nonthreatening format.

KOPPITZ-2: Koppitz Developmental Scoring System for the Bender® Gestalt Test, 2nd Ed. (KOPPITZ-2)

Cecil R. Reynolds, PhD

Purpose: Measure visual-motor  
integration skills

Age range: 5 to 85 years

Admin: Individual administration

Admin time: 5-10 minutes

The KOPPITZ-2 is a highly reliable, valid measure of visual-motor integration skills that applies the developmental approach to scoring made so popular by its originator, Dr. Elizabeth Munsterberg Koppitz.

## **True to original conceptualization but updated to meet current psychometric standards**

- Requires the examinee to draw increasingly complex figures from a model (the Bender designs, derived from theories of Gestalt psychology) on a plain sheet of white paper and to organize the task independently, effectively assessing the ability to relate visual stimuli accurately to motor responses.
- Uses a less structured task than other tests of visual-motor integration, thereby providing a more ecologically sound approach to this type of assessment.
- Extended age range allows for the evaluation of special education students through age 21 years and the evaluation of the visual-motor integration deficits of the growing population of seniors.
- For older children and adults, both 2- and 3-dimensional drawings are now required that reveal subtle deficits in visual-motor integration processes.

## **Maintains a developmental view of visual-motor integration**

- Provides separate scoring systems for young children (ages 5-7 years) as well as older children and adults (ages 8-85 years and older).
- Normative sample of 3,600 persons is matched to U.S. Census statistics on socioeconomic factors, ethnicity, geographic region, community size, and other critical variables to ensure representativeness of the total population.
- Completely nonverbal and useful with individuals from widely varied cultural and ethnic backgrounds.
- A special chapter of the Examiner's Manual is devoted to the Koppitz Emotional Indicators (EIs) and their proper use; a specialized scoring form is also provided.

## **Highly reliable across age, gender, and ethnicity**

- Reliability coefficients are reported for multiple subgroups, including individuals with various disorders.
- Internal consistency (alpha) reliabilities for all but one age are greater than .80; the average of reliabilities across ages is .88. The test correlates highly with the WISC®-III Performance Scale and Perceptual Organization Index.
- Detailed scoring guides and a clear scoring template ensure high levels of interscorer reliability.

## **The Mooney Problem Check Lists**

**Author(s):** R. L. Mooney, L. V. Gordon

Help individuals express their personal problems with this simple-to-administer checklist. The Mooney Problem Check Lists are also useful for increasing teacher understanding of students and for preparing students for counseling interviews. Typical areas covered by the Check Lists are health and physical development; home and family; morals and religion; courtship, sex, and marriage

Roberts Apperception Test for Children: 2 (Roberts-2)  
by Glen E. Roberts, Ph.D.

Purpose:	Provides a measure of the child's social understanding as expressed in free narrative, reflecting both developmental and clinical concerns
Ages / Grade:	6 to 18 years
Administration Time	30 to 40 minutes to administer and score
Format:	Storytelling in response to stimulus pictures
Norms	Grouped by age and sex, based on a sample of 1,000 children and adolescents, representative in terms of geographic region, gender, ethnicity, and parental education

In evaluating children, it makes sense to look at more than academic ability and achievement. Social understanding, problem-solving skills, adaptability, sources of support, emotional adjustment, developmental issues--all of these things affect children's functioning at school, at home, and in the community. And all are measured by the Roberts-2.

#### Informing Intervention

This revision of the popular Roberts Apperception Test for Children helps you understand the whole child. The Roberts-2 provides useful descriptive information, telling you how well the child reads social cues, recognizes and solves interpersonal problems, copes with difficulties, makes use of social and emotional resources, and much more. This information is invaluable to any professional who is initiating an academic or behavioral intervention.

The test focuses on the child's social understanding as expressed in free narrative, reflecting both developmental and clinical concerns. It asks the child or adolescent to tell a story in response to each of 16 Test Pictures (available in three parallel sets--one showing White children, one featuring Black children, and one depicting Hispanic children).

The child's stories are recorded and then scored--according to objective criteria--for the presence or absence of specific characteristics. Norms, grouped by age, are based on a sample of more than 1,000 children and adolescents, aged 6 through 18, from all four U.S. Census regions. The sample is representative in terms of gender, ethnicity, and parental education.

The Roberts-2 Manual offers extensive examples of children's stories, along with scoring instructions. It provides evidence of the test's validity, based on comparisons between the standardization sample and a clinically referred sample of 467 children and adolescents. This evidence supports use of the Roberts-2 in clinical assessment of children experiencing adjustment problems and in research on the development of social understanding.

### Guiding Intervention

The Roberts-2 provides comprehensive and detailed insight into children's social perception. Stories generated in response to the Test Pictures indicate where the child is on a continuum of social understanding. Typically, as children become more socially experienced, their stories reflect greater awareness of social convention, more differentiated themes, and clearer resolution of themes and conflicts. And because the test includes clinical scales as well as content scales, it alerts you to social and emotional problems that are outside the norm.

### Measuring the Effects of Intervention

The Roberts-2 helps you put the pieces together. It not only provides a more complete picture of the child prior to intervention but also reflects change following intervention. And because it is standardized on nonreferred children, the test is an ideal way to assess developmental change and situational crises in nonclinical children.

The scales on the Roberts-2 have been refined for easier scoring and interpretation.

Theme Overview	Available Resources	Resolution
Popular Pull	Support from Self	Simple Closure or Easy Outcome
Complete Meaning	Feeling	Easy Realistically Positive Outcome
	Advocacy	Process described in constructive resolution
Problem Identification	Support from Other	Process described in constructive resolution of feeling and situation
Recognition	Feeling	Elaborated process with possible insight
Description	Help	
Clarification	Reliance on Other	Unusual or Atypical Responses
Definition	Limit Setting	Unusual-Refusal, No Score, Antisocial
Explanation		Atypical Categories
Explanation	Emotion	
	Anxiety	
Outcome	Aggression	
Unresolved Outcome	Depression	
Nonadaptive Outcome	Rejection	

Maladaptive Outcome

Unrealistic Outcome

### Rorschach® Psychodiagnostic Test Plates

Hermann Rorschach, MD

Purpose: Measure personality structure and dynamics

Age range: 5 to 70 years

Admin: Individual

Admin time: Varies

This complete set of 10 psychodiagnostic test plates, designed by Hermann Rorschach, composes the Rorschach Inkblot Test. Scores are based on the examinee's responses to each inkblot.

- Measures personality structure and dynamics, including cognitive, affective/emotional, ego functioning, defenses, conflicts, and coping mechanisms.
- Designed primarily for adults, though normative data also is available for adolescents and children.
- The association portion requires 10-15 minutes; the inquiry portion requires another 20-30 minutes; scoring and interpretation can take as long as 2 hours depending on the number and complexity of responses.

### Sentence Completion Series (SCS)

Larry H. Brown, PhD and Michael A. Unger, PhD

Purpose: Identify themes underlying concerns and specific areas of distress

Age range: 13 to 79 years

Admin: Individual

Admin 10-45 minutes per form  
time:

The SCS has long been regarded as a valuable part of the assessment process. Your client completes select sentence stems, helping you to identify underlying concerns and specific areas of distress.

- Features 50 content-valid sentence stems; eight forms allow multiple form usage to maximize the breadth of information.
- Assesses the following areas of concern: adult, adolescence, family, marriage, parenting, work, illness, and aging.
- This self-report measure may be read aloud to those with inadequate reading skills

## **Thematic Apperception Test (TAT)**

**Author(s):** H. A. Murray, Leopold Bellak

Elicit elaborate stories and descriptions of 31 pictures to reveal some of the dominant drives, emotions, conflicts, and complexities of your client's personality. Bellak has devised a practical form for recording and analyzing stories obtained by the Thematic Apperception Test (TAT). When completed, the TAT Blank, a six-page folder, and the appropriate number of single-page Analysis Sheets, provide a total case record.