

Ron D. Cambias, Jr., Psy.D.

Psychology Staff, Children's Hospital, New Orleans, Louisiana.

Grant Aram Killian, Ph.D.

Associate Professor of Psychology, Nova University, Ft. Lauderdale, Florida.

Jan Faust, Ph.D.

Assistant Professor of Psychology, Nova University, Ft. Lauderdale, Florida.

ROBERTS APPERCEPTION TEST FOR CHILDREN: SUPPLEMENTARY TEST PICTURES FOR BLACK CHILDREN

Glen E. Roberts. Los Angeles, California: Western Psychological Services.

Introduction

The Roberts Apperception Test for Children (RATC; McArthur & Roberts, 1982) is a thematic apperceptive technique designed to elicit hidden drives, conflicts, and feelings from children ages 6 to 15 (for an excellent review, see Friedrich, 1984). The RATC follows in a long line of apperception tests, most notably the Thematic Apperception Test (TAT; Murray, 1971) and the Children's Apperception Test (CAT; Bellak & Bellak, 1980). In response to the lack of stimulus pictures for black children, Roberts (1986) published the Supplementary Test Pictures for Black Children as an addition to the original RATC.

Central to apperception tests, as well as projective tests in general, is the concept of apperceptive distortion, which refers to the individual's subjective interpretation of a stimulus. Beginning in the latter part of the 19th century and the early part of 20th, professionals began to recognize that clients' unconscious drives and conflicts could be manifested through verbalizations made in response to an otherwise ambiguous stimulus. Through the ambiguity of the stimulus, the client "projects" his or her personality traits, drives, defenses, and unconscious conflicts. Thus, the subject's unique history of accumulated past experiences results in a distortion of current perceptions. In other words, an individual subjectively perceives more than what is objectively extant in the stimulus (Bellak, 1975). The individual's personality colors how he or she perceives the world. As a result, projective techniques like the Roberts Supplementary Test Pictures for Black Children allow access to an individual's internal world.

A review of the apperception test literature reveals a paucity of tests for use with minority groups. Perhaps the first thematic apperception test devoted to use with a minority population was the Thompson Modification of the TAT (T-TAT;

Thompson, 1949). The T-TAT was developed for use with blacks to provide a culturally relevant alternative to existing thematic apperceptive techniques, particularly the TAT. However, interest in the Thompson TAT dwindled, due in part to a lack of receptivity to minority issues in psychological testing during the 1950s (Costantino, Malgady, & Rogler, 1988). The only other reference to a thematic apperception test for black populations is the Themes Concerning Blacks test (TCB; Williams, 1972), which apparently never attained any degree of popular use, perhaps due to a lack of adequate research on its psychometric properties and applications (Daum, 1985).

The Roberts test manual states that "preliminary findings suggest that the RATC may be a valid and appropriate instrument for assessing children from diverse ethnic and socioeconomic backgrounds, not just middle-class white children" (McArthur & Roberts, 1982, p. 6). Unfortunately, no reference to specific studies supports this claim. Recent studies have presented conflicting findings regarding the RATC's use with different ethnic populations. One study indicates that the RATC is culturally sensitive to groups of children from diverse cultural backgrounds (Cadavid-Hannon, 1988). However, another suggests that the RATC may measure different constructs in Anglos and Hispanics (Burns, 1986). Despite questions regarding the validity of the RATC in cross-cultural testing, it behooves test developers to construct tests in general, and apperception tests in particular, that contain stimulus pictures that are culturally relevant. Lubin and Wilson's (1956) study demonstrating the relationship between increased identification and similarity of test subject to picture hero figures is germane to this point.

The supplementary stimulus pictures consist of black-and-white charcoal drawings paralleling the original RATC stimulus situations. There are 27 stimulus pictures (all 8½" × 11"), 11 for use with boys, 11 for use with girls, and 5 for both sexes (for a total of 16 cards to use with each subject). The pictures all represent common interpersonal situations of childhood and pull for such themes as aggression, sibling rivalry, parental support, and relationship to maternal figures. For example, Card 11, depicting a girl with hands raised in front of her while shrinking back, pulls for a reaction to a fearful situation. This particular picture seeks to evoke the subject's ability to cope with a fear-provoking situation; that is, to see whether the subject tells a story in which the main figure handles the situation alone or seeks the help of others.

The original RATC scoring system comprises several areas. Profile Scales include the Adaptive Scales, which are designed to measure the types of solutions to problems; the Clinical Scales, which are designed to measure the types of clinical reactions to a problem; and the Critical Indicators, which are designed to signify the presence of significant deviations from typical responses to cards. In addition, there are three Supplementary Measures, which provide further clinical information but were intended primarily as research measures in the continuing validation of the RATC. Also, the Interpersonal Matrix is designed to elucidate the relationship between the interaction of story characters with the various scales and indicators.

The eight Adaptive Scales are described as follows:

1. *Reliance on Others*: use of others' help in the resolution of a problem (e.g., a character asks mother for a drink of water).

2. *Support-Other*: offer of support to other people (e.g., a young boy helps an old lady walk across the street).

3. *Support-Child*: self-sufficiency, assertiveness, or experience of positive feelings (e.g., a character creates a picture for his parents; a character feels good about himself).

4. *Limit Setting*: appropriate restriction of behavior by any authority figure (e.g., a girl is punished for breaking a dish).

5. *Problem Identification*: ability to identify and articulate a problem (e.g., a character wants to please her parents but also wants to do what her friends want her to do).

6. *Resolution 1*: easy, unrealistic resolution of a problem (e.g., a boy wishes for a bike and then magically receives one).

7. *Resolution 2*: constructive resolution of a problem without accompanying explanation or insight (e.g., a character finds out who stole his bike but does not explain how he found out who it was).

8. *Resolution 3*: constructive resolution of a problem with explanation and/or insight (e.g., a girl finds her doll and fully explains the steps in retrieving it).

The five Clinical Scales are described as follows:

1. *Anxiety*: anxiety, guilt, remorse, apprehension, or stressful situations (e.g., a character feels anxious over a test, guilty for hurting a friend, apprehensive about going home, or relates a story about the death of a parent).

2. *Aggression*: expression of anger or aggression (e.g., a boy gets into a fight at school).

3. *Depression*: sadness, despair, or physical symptoms of depression (e.g., a character feels tired and sad over losing her dog).

4. *Rejection*: any type of separation from others or jealousy (e.g., a girl's classmates make fun of her and she feels left out of the group; a girl is jealous of another girl's clothes).

5. *Unresolved*: a problem in the story is not resolved (e.g., a character fights with his sister, but no solution is attempted).

Finally, the three Critical Indicators are described as follows:

1. *Atypical Response*: extreme deviation from the normal themes or primary process thinking (e.g., a boy sees a witch on one of the stimulus cards).

2. *Maladaptive Outcome*: action makes solutions to problems more difficult, inappropriate behavior occurs in the resolution of a problem, or a main character dies at the end of a story (e.g., a character runs away from school; a character threatens another person to get her way; a character is killed for not doing what her mother wanted her to do).

3. *Refusal*: subject refuses to give a response to the stimulus card.

In addition, there are three Supplementary Measures:

1. *Ego Functioning Index*: measures the type of perception present within the projective material along a continuum from psychotic to stereotyped to creative.

2. *Aggression Index*: measures the quality of aggression present within aggressive responses along a continuum from physically destructive aggression (e.g., death of a character) to creative, constructive resolution of aggression (e.g., a boy is angry, but talks to a friend who helps calm him down).

3. *Levels of Projection Scale*: measures the degree of story complexity along a

continuum from simple description of people and objects to a complete story with discussion of feelings, thoughts, or motivations.

Finally, the Interpersonal Matrix allows the examiner to visualize the relationship between the various scales and indicators and the story figures. This system is based on the assumption that children will project conflicts regarding specific figures from their lives in the stories told to stimulus cards. The Interpersonal Matrix is used as an aid to clinical interpretation by offering a way of visualizing potentially significant interactions between scales and indicators and story characters. For example, it may become evident that there is a clustering of Depression scores in the row for Mother story figures. This information may prove useful in gaining further insight into the nature of individual scale/indicator scores.

Practical Applications/Uses

At the time of this writing, no information had been published regarding these supplementary test pictures. When and if the psychometric properties are adequately established, this set of cards presumably will be appropriate for use with any child or adolescent black population. The RATC manual states the following purpose for the original instrument: "Its primary purpose is to assess children's perceptions of common interpersonal situations as an aid to general personality description and clinical decision making" (McArthur & Roberts, 1982, p. 1). Undoubtedly the supplementary test pictures will be used for the same purpose. In addition, on the condition that the supplementary pictures eventually demonstrate adequate psychometric integrity, this reviewer would recommend these pictures for use in research regarding racial attitudes.

No normative, reliability, or validity data currently exist for the RATC Supplementary Test Pictures for Black Children. However, it is assumed that once these studies are completed, the test user will administer, score, and interpret the supplementary pictures in the same manner as the original RATC stimuli. In the meantime, only a subjective analysis of the responses can be conducted at present. Such use, though, leaves the examiner open to the criticism that he or she may be projecting as much as the subject.

Each of the 16 stimulus cards is administered in order to the test subject. The directions are similar to those given with the TAT, asking the subject to tell a story: what is happening now, what led up to the present, and how the story ends. In addition, the subject is asked to tell what the people in the story are saying and feeling. Responses are recorded verbatim. Additional inquiry, restricted to the use of five basic questions (i.e., What is happening? What happened before? What is he or she feeling? What is he or she talking about? How does the story end?), may be used during the first two cards if aspects of the story are omitted. However, further inquiry after this point, other than clarifying the identity of a character or the meaning of a word or phrase, is not permitted. Administration requires approximately 20 to 30 minutes.

Scoring involves the profile scales, indicators, and completion of the Interpersonal Matrix. The three supplementary measures, although primarily used for research purposes, may also be utilized during the interpretive process. Following the administration, all responses are examined, with the appropriate scales

and indicators marked on the Summary Score Sheet. For example, a story in which the main character is punished for killing his brother would result in checking the following items: Limit Setting (an Adaptive Scale), Aggression (a Clinical Scale), and Atypical Response (one of the Critical Indicators).

Raw scores for the scales and indicators are determined by summing the checkmarks for each. Scores for the Adaptive and Clinical Scales are then transformed into T-scores, with a mean of 50 and a standard deviation of 10, by plotting raw scores on the RATC Profile Form appropriate for the subject's age (profiles are provided for ages 6-7, 8-9, 10-12, and 13-15). The conversion of raw scores into T-scores allows the examiner to compare the subject to others of his or her age. The totals for each of the three indicators are checked against critical cutoff scores. Anything equal to or above the cutoff scores is considered clinically significant.

Next the Interpersonal Matrix is completed. The matrix is composed of rows/columns of boxes corresponding to the various possible characters represented (located by row) and the various scales and indicators (located by column). The examiner looks at each story and marks the stimulus card number in the box associated with a particular figure (by row) and profile scale and/or indicator (by column). The marking of each story by character and scale/indicator allows the examiner to visualize the relationship between the various scales and indicators and the story figures. Finally, each of the stories may be rated on a number of categories specific to each of the three Supplementary Measures. For example, for the Ego Functioning Index, each story is scored along an 8-point continuum from distorted to creative. The frequency of scores for each of the various categories can then be tallied to provide a visual display of clusters of scores. Scoring an average RATC protocol takes approximately 20 to 30 minutes.

Interpretation consists of both quantitative and qualitative analysis. Quantitative analysis, referring to the examination of the RATC profile scores, involves the following steps: "(1) sequential analysis of the individual profile scales and indicators; (2) comparison of mean scale scores for the adaptive and clinical scales; (3) examination of interscale variability (i.e., 'scatter'); and (4) use of the Interpersonal Matrix" (McArthur & Roberts, 1982, p. 23). Qualitative analysis refers to a more subjective approach to interpretation and entails consideration of behavioral data, structural components (e.g., ability to comply with tests instructions), and thematic content (e.g., areas of conflict). The examiner then integrates information gleaned from both quantitative and qualitative analyses in order to construct an accurate psychological "picture" of the subject. The manual reports an average time of 10 to 15 minutes for interpretation.

Technical Aspects

As noted in the previous section, when this review was written there was no published information regarding the reliability, validity, or standardization of the Roberts supplemental test pictures. However, the developer does state that this information is forthcoming (G.E. Roberts, personal communication, July 1989). When and if such data are published, there will be a need either for a manual to accompany these pictures or else for a revision of the current RATC manual (McArthur & Roberts, 1982), per the *Standards for Educational and Psychological*

Testing (American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 1985).

Critique

The original Roberts Apperception Test for Children was one of the first apperception tests to provide an objective scoring system based on normative data. The addition of a set of stimulus pictures targeting black populations is part of a growing movement to develop apperception tests that show sensitivity to ethnic differences while addressing the need for psychometric rigor (e.g., the Children's Apperceptive Story-Telling Test [CAST; Schneider, 1989] and the Tell-Me-A-Story test [TEMAS; Costantino et al., 1988]). However, with the current lack of normative, reliability and validity data, test users would be unwise to use this additional set for anything other than research purposes.

When and if psychometric rigor is attained, the Supplementary Test Pictures for Black Children will take its place among the more sound apperception tests developed in recent years, of which the original RATC was a significant forerunner.

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