

spa exchange

Volume 15, Number 1

Spring 2003

2003 Presidential Address

SPA Board Calls for Research on Utility of Clinical Personality Assessment by Stephen E. Finn, Ph.D.

In several past communications I've mentioned the "Utility of Assessment" research project currently being initiated by the SPA Board. In this column I want to tell you more about this endeavor and how we are proceeding.

Background

In 1998, the Psychological Assessment Work Group (PAWG)—convened by APA's Board of Professional Affairs—published an important white paper entitled "Benefits and Costs of Psychological Assessment in Health Care Delivery." (Incidentally, four of the eight members of this group were SPA members—myself, Greg Meyer, Robert Dies, and Kevin Moreland—and SPA financially supported Greg Meyer in reviewing the literature underpinning the PAWG paper.) One of the major conclusions of the PAWG report was as follows:

"Almost exclusively, the existing literature [on psychological assessment] addresses...the psychometric reliability and validity of single scales divorced from contextual factors, rather than...the value of more complete psychological assessments conducted by psychologists who use tests as tools to help them provide professional consultation to patients, therapists, schools, and others" (p. 56).

To restate this point in plain language: We have a lot more evidence that our tests measure what they claim to besides that psychological assessment is practically useful to clients and those who refer to them for testing. At the end of the PAWG report, the group urged psychologists to begin addressing this gap in the literature and described several simple research designs that could be used to investigate the clinical utility of psychological assessment. This was not the first time such an imbalance in the literature had been noted, nor the first time that someone suggested a remedy. (For example, see Hayes, Nelson, & Jarrett, 1987; Korchin & Schulberg, 1981.) However, the PAWG report was published in a particular professional and political context that is now familiar to all of us—one where third-party payors increasingly challenge the usefulness of psychological assessment, and vocal critics from within psychology dispute the value of widely used instruments, or even of personality assessment in general.

The SPA Board's Involvement

For several years now, the SPA Board has discussed these issues, recognized their importance to our members and to the society in general, and explored various

ways to support research on the clinical utility of personality assessment. During this time we learned that several major national organizations with more resources than SPA appear either unable, uninterested, or unwilling to sponsor this type of research. On this basis, we concluded that SPA must do something itself as an organization—to "put our money where our mouths are."

Thus, the SPA Board decided to commission one or more preliminary studies examining the potential costs and benefits of psychological assessment. This is a major change of direction for SPA; for, although we have financially supported a limited amount of research in the past (e.g., Meyer & Handler, 1997), we have never before undertaken a project of this magnitude. For many years, SPA operated more as a learned society—providing opportunities for members to read, publish, meet, and discuss current issues in personality assessment. By trying to spur needed research, the Board continues its recent trend of being more active in influencing the field of clinical personality assessment.

Back to the utility of assessment research, as a first step the Board established an ad-hoc committee comprised of myself, Greg Meyer, and Radhika Krishnamurthy to discern the best way to proceed. Yossi Ben-Porath, another able SPA member, recently agreed to join us. Our first action as a committee was to spell out the type of research SPA wished to support. Greg Meyer, with help from the rest of us, led the way by writing a detailed description—which will eventually be turned into a Request for Proposals—of the research we propose to commission and fund. Much thought went into this document, as we aim to study clinical personality assessment of the highest quality, but as practiced in typical clinical settings. After some revisions, the SPA Board approved this research plan at our September 2002 Board Meeting. (Excerpts are included below. The full project proposal can be read on the SPA Web site at <www.personality.org>.)

Next Steps

Research studies of the type I am talking about are expensive. SPA proposes to give competitive grants of \$25-50,000, over a period of two years, to one or more sites chosen to conduct research on the value of clinical personality assessment. Although the Board recently raised dues to cover daily operating

expenses, we are unable to fund a project of this magnitude from the regular SPA budget. Thus, last spring, I announced a fundraising campaign initiated by SPA Board members, who donated more than \$9,000 themselves to this research. A number of other SPA members have also generously given, and I want to thank you all for doing so. But we still need to raise a great deal more money.

In pondering this matter recently, it became clear to me that our money gathering might be helped if donations to SPA for scientific research could be made tax deductible. (Because SPA is not incorporated as a non-profit charitable organization, donations are not tax-deductible, although they may be written off in some cases as professional expenses.) Thus, with the Board's approval I have contracted with a group of attorneys to file incorporation papers for a non-profit SPA "sister" organization—the SPA Foundation—whose main goal will be to support research and public education in personality assessment. If accepted as a 501-C-3 organization by the IRS, the SPA Foundation will be able guarantee that donations to support its work will be tax deductible. If all goes well, we will be able to accept such donations this spring of 2003. That might mean that we will begin accepting specific research proposals sometime in 2004, depending on how quickly we are able to raise the needed money. You can be sure that I will keep you apprised of future developments.

...continued on page 2

In this issue...

2003 Presidential Address.....	1
Dr. Theodore Millon Receives APA's ... "Distinguished Professional Contributors to Applied Research" Award	3
Arrivederci Roma.....	3
Midwinter Meeting 2003.....	4
San Francisco Dining Guide.....	4
SPA Board Meeting.....	6
2002 SPA Award Winners.....	7
Literature Revisited	7
The Teacher's Block	8
A Balkan Adventure	9
Interview With Dr. Mark Hilsenroth.....	10
Personal Column.....	12
Answer Key.....	13
Crossword Puzzle	14
Membership.....	15
From the Editor	Back Cover

2003 Presidential Address

...continued from page 1

Increasing Our Accountability as Assessment Psychologists

As some of you know, I often wonder if the current challenges to and cut-backs in personality assessment aren't the result—in part—of laziness, hubris, or lack of vision on the part of assessment psychologists. Have we been content until recently to “rest on our laurels” and our good reputations, without effectively documenting the clinical utility of our work? Have we shortchanged ourselves and our clients by failing to recognize the true impact of our assessments, and by treating our highly interpersonal assessment techniques as glorified “blood tests?” Have we let shoddy clinical assessment be practiced by our colleagues, without comment or condemnation on our part, forgetting that every poorly done assessment leaves someone with the impression that our instruments are faulty or we don't really know how to use them? I'm afraid that some of us must answer, “Yes” to these questions, and do some soul searching as a result.

I now believe that it is our professional responsibility as psychologists to undertake more research on the utility of psychological assessment. I have no doubt that by doing so, we will be better able to help our clients, and that we will grow as a profession and as individuals.

I hope you will join me and the SPA Board in supporting the Utility of Assessment research project.

References

American Psychological Association. (1998). *Benefits and costs of psychological assessment in healthcare delivery: Report of the Board of Professional Affairs Psychological Assessment Work Group, Part I*. Washington, DC: American Psychological Association.

Hayes, S. C., Nelson, R. O., & Jarrett, R. B. (1987). The treatment utility of assessment. *American Psychologist*, 42, 963–974.

Korchin, S. J., & Schulberg, D. (1981). The future of clinical assessment. *American Psychologist*, 36, 1147–1158.

Excerpts from SPA Project Proposal

Call for Research on the Utility of Personality Assessment

The Society for Personality Assessment (SPA) will soon be requesting grant applications for research that will address the applied value of clinical personality assessment for clients, therapists, and referral sources.

Purpose

SPA is committed to advancing the scientific foundation of personality assessment in

its various forms. In contrast to testing, which emphasizes the scores obtained from individual test scales, assessment is a client-centered activity that focuses on the process of integrating multiple [sources of information]...in order to understand the person being evaluated, answer referral questions, and communicate findings to the client, his or her significant others, and referral sources. Historically, most research in the field has addressed testing and has examined the reliability and validity of specific personality test scales....to date, there have been remarkably few studies that examine the assessment process more broadly. It is this research that SPA wishes to support. In essence, the question to be addressed is whether the applied clinical practice of personality assessment works. Does an assessment helpfully answer the questions that prompt a referral and does an assessment benefit the client who receives it?

Overarching Considerations

Many research approaches could provide useful information about the value of clinical personality assessment. However, several general features appear most promising.

Prior research suggests that [a model of collaborative assessment or therapeutic assessment] promotes positive effects. As such, a collaborative approach to assessment is likely to have more potency as an intervention than a non-collaborative approach, which would enhance statistical power to detect beneficial effects of assessment.

Second, while personality assessments are regularly conducted with children and/or families, these evaluations tend to be quite complex....Thus, when conducting initial research into the applied value of personality assessment, it is likely to be most fruitful to focus on individual adult clients.

Third,...it would be optimal to...[study] clients from the time of the assessment through a follow-up period of approximately six to eight months.

Finally, because applied clinical assessment research is largely untested and unexplored, it would be optimal for initial research on this topic to ensure the design maximizes external validity by paralleling what actually occurs in applied practice.

[Thus,...SPA is most interested in sponsoring research designs that seek to understand what benefits accrue to clients and referral sources when:

- (a) certain clients are deemed to be in need of a personality assessment by some reasonable criterion,
- (b) those clients are referred to an assessment clinician who is thought to possess the expertise required to address the referral questions,
- (c) the assessment clinician is free to use whatever standardized testing tools he or she believes are optimal for the circumstances, and

(d) outcome is assessed using variables that are experience-near in the sense that they mirror the kind of feedback that historically has led clinicians to believe their work has applied value. . . .

Types of Research Designs

Two types of designs appear likely to hold the greatest promise for empirically evaluating the value of clinical personality assessment.

1. Between groups comparison:

In this design, a group of clients deemed to be in need of psychological assessment would be randomly assigned to one of two conditions. In the experimental condition, clients would receive a flexible, multi-method assessment battery using tests typically employed in practice and selected on the basis of idiographic referral questions by a clinician competent in the relevant domain. Subsequently, clients would receive personal feedback from the assessment and, jointly or separately, feedback would be provided to their treating and referring clinicians. The control condition would consist of an appropriate comparison group, such as clients who received a comparable amount of therapy rather than any of the above. The key to this design is starting with a common pool of clients, all of whom were believed to be in need of a psychological assessment, and then randomly assigning clients to either receive the assessment or the control intervention....

2. Plotting individual change:

Although the traditional between groups comparison described above has many empirical strengths, in the end, the results will focus on average scores across groups rather than focus on individual clients. An alternative approach is to conduct rigorous single case research using a multiple baseline design. Essentially, the goal would be to document whether positive change for individual clients occurs as a function of the personality assessment....

Terms of the Grant

Proposals for one or two years in duration will be considered.

The grant is limited to an average of \$25,000 in direct costs per year. The amount for any single year may not exceed \$30,000 in direct costs and total direct costs for the entire project period may not exceed \$50,000. Grants are potentially renewable subject to continued availability of funds and progress achieved.

The full project proposal can be read on the SPA website at <www.personality.org>.

Dr. Theodore Millon Receives APA's "Distinguished Professional Contributors to Applied Research" Award



Theodore Millon, Ph.D., D.Sc., Emeritus Professor of Psychology at the University of Miami, FL, and Visiting Professor at Harvard University/McLean Hospital, was recently selected as the 2003 recipient of the American Psychological Association's "Distinguished Professional Contributions to Applied Research Award." The award, which will be given at the 2003 American Psychological Association convention in Toronto, Ontario, Canada, recognizes his more than 30 years of research and theoretical contributions to the science of personality and psychopathology. It is a singular recognition of the growing importance in the USA of personality disorder study. The citation for Professor Millon will read:

"For his illuminating and influential clinical and conceptual contributions. His strikingly clear and theoretically original writings have revitalized the moribund field of personality disorders, while setting a foundation for integrating

the four elements comprising a mature clinical science: theory, taxonomy, instrumentation, and intervention. He has sought to enrich and coordinate each element beyond its shortcomings. Sophisticated in adjacent scientific disciplines, he has constructed a theory anchored to evolutionary principles, where he derived an innovative taxonomy of maladaptive personality styles and their developmental pathogenesis. His theory and taxonomy have been creatively operationalized with empirically-grounded assessment instruments, producing data-guiding, synergistic therapeutic intervention."

Also in the works is a festschrift of essays in his honor titled, "Handbook of Personology and Psychopathology," edited by Stephen Strack, Ph.D., to be published in 2004 by Wiley-Interscience. A dinner celebration for Professor Millon is planned for August, 2003, at the University of Miami, FL, with invited speakers such as the Medical Director Emeritus of the American Psychiatric Association (Melvin Sabshin, M.D.), the Executive Director Emeritus of the American Psychological Association (Raymond Fowler, Ph.D.), President of the the American Philosophy of Science Association (Adolph Grunbaum, Ph.D.), and the former Secretary of Health and Human Services in the Clinton Administration (Donnas Shalala, Ph.D.)

Further information about the award, festschrift, and dinner celebration may be obtained from the Secretary, Institute for Advanced Studies in Personology and Psychopathology, 5400 Fairchild Way, Coral Gables, FL 33156. E-mail address is IASPP@aol.com

We are grateful to Dr. Stephen Strack for providing this information in detail.

Arrivederci Roma by Bruce L. Smith, Ph.D.

The XVII Congress on Rorschach and Projective Methods was held this past September in the Eternal City of Rome. Sponsored by the Scuola Romana Rorschach and the International Rorschach Society, this triennial event drew over 400 psychologists from around the globe. Once again, over 30 countries were represented. Among the attendees were first-ever representatives from Cuba, the Philippines, and South Africa. Also, for the time in memory, the United States did not have the largest delegation outside of the host country. Our 32 registrants were dwarfed by a contingent of over 55 Japanese. Other countries with very large delegations included France and Israel.

The Congress was held at the Pontificia Università Lanteranese, a university campus in the old section of Rome, near the Coliseum and Forum. Although there was considerable organizational chaos (this was, after all, Italy), it was dwarfed by the overwhelming Italian charm. Even a general strike on the next to last day of the Congress and a mass demonstration near the Congress site on the closing did nothing to dampen the spirit of the event. The highlight of the Congress was a reception held in the council chambers of the Commune di Roma in the Campadoglio, a square designed by Michelangelo on a bluff overlooking the Forum, Palatino, and Coliseum. At this reception, medals were presented to John Exner, as curator of the Rorschach Archives, Irv Weiner, as President of IRS, as well as the organizers of the Congress.

During the meetings, SPA's own Irv Weiner was re-elected President of the IRS. In addition, Bruce Smith was re-elected to the Executive Board as member-at-Large. Other IRS officers now include Odile Husain of Canada and Ageta Rosenquist of Sweden as Vice-Presidents, Anne Andronikof of France as Secretary, and Salvatore Parisi of Italy, Noriko Nakamura of Japan, and Latife Yazigi of Brazil as Members-at-Large to the Board.

The International Congress is one of the most exciting events in our field. It is a rare opportunity to meet and share views with colleagues from around the globe. (Not to mention write off a trip to an exciting locale!) This year there were excellent presentations from Israel on assessment of trauma, Japan on cross-cultural Rorschach norms, and France on the meaning of the Erlebnestypus, to mention but a few.

It is not too early to plan to attend the XVIII Congress which will be held in Barcelona, Spain the last week of July, 2005. See you there.

Midwinter Meeting 2003

PROGRAM HIGHLIGHTS

SPA's Midwinter Meeting promises to be an exciting and informative conference. The meeting will be held in San Francisco, March 19–23, at Hyatt's Fisherman's Wharf. The culture and excitement of San Francisco (along with its superb eateries, (cf. Bruce Smith's article below) provides a wonderful backdrop for the proceedings. Kudos to Len Handler, Bart Evans, and other members of the SPA Board for organizing the program, and to Paula Garber, Operations Manager, for putting together a beautiful program brochure.

As usual, the 2003 SPA Annual Conference will have an outstanding selection of workshops, featuring a breadth of topics and a slate of nationally recognized presenters, including Richard Rogers, Larry Beutler, David Nichols, Barry Ritzler and Tony Sciarra, Connie Fischer, Martin Leichtman, Richard Lewak, Philip Erdberg, Robert Erard, Nancy Kaser-Boyd and Judith Armstrong, and Yossef Ben-Porath.

WORKSHOP SCHEDULE

Wednesday, March 19, 2003

Workshop #1: 8:30 a.m.–4:30 p.m., Full Day, 7 CE Credits
When Is It Complex Psychological Trauma? Diagnostic Accuracy in Forensic Settings
Nancy Kasser-Boyd, Ph.D.
Judith Armstrong, Ph.D.

Workshop #2: 8:30 a.m.–4:30 p.m., Full Day, 7 CE Credits
New Developments in the MMPI-2
David Nichols, Ph.D.

Workshop #3: 8:30 a.m.–4:30 p.m., Full Day, 7 CE Credits
The Rorschach Comprehensive System: Advanced Coding, Administration, and New Variables
Barry Ritzler, Ph.D.
Tony Sciarra, Ph.D.

Workshop #4: 8:30 a.m.–12 p.m., Half-Day, 3.5 CE Credits
Collaborative Psychological Assessment
Constance T. Fischer, Ph.D.

Workshop #5: 1:30 p.m.–4:30 p.m., Half-Day, 3.5 CE Credits
The Nature of Projective Tests
Martin Leichtman, Ph.D.

Workshop #6: 6:00 p.m.–9:00 p.m., Half-Day, 3 CE Credits
Assessing Patients for Optimal Treatment Decisions
Larry E. Beutler, Ph.D.

Thursday, March 20, 2003

Workshop #7: 8:30 a.m.–12:30 p.m., Half-Day, 4 CE Credits
Beyond Risk Management: Resolving Ethical Dilemmas in Clinical and Forensic Personality Assessment Under the New APA Ethics Code
Robert E. Erard, Ph.D.

Workshop #8: 8:30 a.m.–12 p.m., Half-Day, 3.5 CE Credits
Rorschach Assessment of Conduct-Disordered and Aggressive Youth
James L. Loving, Psy.D.

Workshop #9: 8:30 a.m.–12:00 p.m., Half-Day, 3.5 CE Credits
Calculating and Reporting Rorschach Intercoder Agreement
Harald Janson, Ph.D.

Saturday, March 22, 2003

Workshop #10: 8:30 a.m.–12:00 p.m.
Violence Risk Assessment and Management in Adults and Adolescents
Michael G. Gelles, Psy.D.
Kelly A. Zinna, Psy.D.

Workshop #11: 8:30 a.m.–12:00 p.m., Half-Day, 3.5 CE Credits
Introducing the MMPI-2 Restructured Clinical (RC) Scales
Yossef S. Ben-Porath, Ph.D.

Sunday, March 23, 2003

Workshop #12: 8:30 a.m.–4:30 p.m., Full-Day, 7 CE Credits
Rorschach Assessment of Personality Disorders
Philip Erdberg, Ph.D.

Workshop #13: 8:30 a.m.–4:30 p.m., Full-Day, 7 CE Credits
Advanced Interpretation of the MCMI-III
Steven Strack, Ph.D.

Workshop #14: 8:30 a.m.–4:30 p.m. Full-Day, 7 CE Credits
New Variables-New Norms: An Update of the Comprehensive System
Thomas W. Shaffer, Ph.D.

Workshop #15: 8:30 a.m.–4:30 p.m., Half-Day, 3.5 CE Credits
Advances in Axis II Assessments: Clinical Applications of the SIDP-IV and Other Structured Interviews
Richard Rogers, Ph.D.

Workshop #16: 8:30 a.m.–12 p.m., Half-Day, 3.5 CE Credits
Personality Assessment With the MMPI-2
Richard W. Lewak, Ph.D.

OTHER HIGHLIGHTS

In addition to its workshops and paper sessions, the conference will have many other highlight events, including (tentative dates and times)

- ◆ Opening Plenary Session: Thursday, March 20, 1:00 p.m.–3:00 p.m.
- ◆ Marguerite Hertz Memorial Presentation: Thursday, March 21, 2:00 p.m.
- ◆ President's Welcome Reception: Thursday, March 20, 6:45 p.m.–7:45 p.m.
- ◆ Bruno Klopfer Award Address: Thursday, 5:45 p.m.–6:45 p.m.
- ◆ Open Consultation Sessions: Thursday, March 20, 12:00 a.m.–1:00 p.m.: Paul Lerner, Ed.D.; Nancy Kaser-Boyd, Ph.D. Friday, March 21, 12:30 a.m.–1:30 p.m.: Roger Greene, Ph.D.; Irving Weiner, Ph.D.
- ◆ Master Lecture: Friday, March 21, 11:00 a.m.–12:15 p.m.: J. Reid Meloy, Ph.D.
- ◆ Master Lecture: Friday, March 21, 1:45 p.m.–2:45 p.m.: Richard Rogers, Ph.D.
- ◆ Student Lunch: Friday March 21, 12:30 p.m.–1:30 p.m.: J. Reid Meloy, Ph.D.
- ◆ Awards Ceremony: Friday, March 21, 5:15 p.m.–6:15 p.m.
- ◆ Gala Evening at Hyatt Fisherman's Wharf: Friday, March 21, 7:00 p.m.

SAN FRANCISCO DINING GUIDE compiled by Bruce L. Smith

For the first time since 1992, SPA will be in San Francisco in 2003. Although there are many reasons to look forward to a trip to the city by the Bay, none is as important as its restaurants. What follows is an idiosyncratic, totally biased, but nonetheless 100% accurate view of some of the more interesting places to sample San Francisco's legendary cuisine. One cautionary note: folks from out of town often experience "sticker shock" at the restaurant prices in town; be forewarned.

\$-main dishes less than \$15
\$\$-main dishes \$15-20
\$\$\$-main dishes \$20-30
\$\$\$\$-main dishes more than \$30

Top of the Line

If you want to go all out, the best restaurant in SF is probably *Gary Danko*. This intimate dining room, located near Fisherman's Wharf on the corner of North Point and Hyde, is one of the finest in the country. The food is fresh, inventive, and presented impeccably. I should note that it is VERY expensive. With wine and drinks, you should plan on paying at least \$300 per couple. Reservations are accepted 2 months in advance and you need to make them around then, in case any of you have a lot of cash to burn. \$\$\$\$

Also in the very expensive range are the excellent dining rooms of *Fifth Floor* on the 5th floor of the Hotel Palomar on 4th Street just south of Market, and *Aqua*, on California Street in the financial district, which serves some of the most creative seafood in San Francisco. Their signature dish is rare tuna served on a potato pancake with spinach, topped with foie gras and a port wine sauce. \$\$\$\$

For an "only in SF" kind of experience, there is *Asia de Cuba*, an Asian-Latino fusion restaurant in the renovated Clift Hotel. The décor is all black, the lighting dark (the wait staff actually carry flashlights so you can read the menu), and the music blares, but the food is innovative and excellent with a mixture of Asian and Latin spices that manage to work together. \$\$\$\$

Seafood

For the best grilled fish in town, try *Hayes Street Grill*, in Civic Center (Hayes at Franklin). They do simple grilled fish (very fresh) with a variety of sauces and composed salads, but they are outstanding. They are very busy before performances (across the street from Davies Symphony Hall and down the block from the Opera House), but it gets a lot quieter after 7:30. \$\$

Farallon, near the theaters, is a trip. A wild décor and very creative seafood dishes (the peekytoe crab is outstanding) are found here. The bar is "happening." \$\$\$

Don't bother eating at Fisherman's Wharf (except for cracked crab on the sidewalk for lunch). The restaurants are uniformly over-priced, indifferent in quality (often serving frozen fish), and crowded to boot. If you absolutely must eat there, *Scoma's* is probably the best bet.

Beldon Place

Beldon Place is a one-block long alley that runs from Bush to Sutter Streets and is lined with wonderful restaurants. The street is pedestrian, and all of the places have outdoor seating. My two favorites are B44 (the address is 44 Beldon), which serves a wide variety of paellas with seafood, meats, vegetables, etc. and *Plouf*, a French Bistro specializing in mussels (twenty-some-odd different preparations and other seafood. Both are \$\$

Italian

North Beach is at the Italian section of town and is loaded with Italian restaurants. Probably the most interesting there is *Rose Pistola* on Columbus Street. Their pastas are excellent, as is their seafood, but their signature dish is "terrorized steak," a fabulous filet that is covered with garlic, herbs, and a ton of hot peppers before

being grilled. Amazingly, it isn't too hot once it is done. \$\$\$

Caffe Sport is a San Francisco trap. Loud, chaotic, and crowded, it is known for huge portions of good Italian food, and rude waiters ("Don't tell me what you want; I'll bring what I think you should eat and you'll like it, capeesh?"). If you to there, don't plan on carrying on a conversation. \$\$

Fior d'Italia claims to be the oldest Italian restaurant in the United States. The food is competent, but ordinary. Come here if all you want is antipasto, pastas, or the usual veal and chicken dishes. \$\$

The Stinking Rose is another touristy place in North beach that specializes in garlic dishes. Some are excellent; some decidedly not so.

Asian

By far the most interesting and inventive Asian cuisine you'll find is at *Slanted Door*, a "haute cuisine" Vietnamese restaurant on the Embarcadero at Brannan. Somewhat more expensive than most Asian places, the unusual cuisine is worth it. The "shaking beef" is a must, as are the shrimp in caramel sauce and the smoked eggplant in coconut milk. No simple pho here! \$\$\$

For outstanding Cantonese food, especially seafood, try the *R&G Lounge* in Chinatown. The place was once a bar and just kept the name. It looks kind of like a run of the mill dive; it is very crowded with everyone shouting at the top of their lungs in Cantonese, but the food is outstanding. \$

Another Chinatown dive that serves superb Cantonese style seafood in a puke green atmosphere is the venerable *Yuet Lee*, known to some locals as "the Coca-Cola sign," because of the large sign above the door. It is in the heart of Chinatown on Stockton and Broadway and usually crowded. \$

Yank Sing is still the best dim-sum restaurant in town, although getting in usually means having to wait. They are located in the Financial District. Their ha gow and sui mai are the best in town as are their noodles. \$\$

There are also excellent Cambodian, Burmese, Singaporean, Korean, Thai, Japanese, and Filipino restaurants, too numerous to mention.

Bistros

More recently bistros have become the hot thing in the city as an alternative to the more upscale French restaurants. Two of the best are next door to each other on Fourth Street—*Fringale* and *Bizou*—*Fringale* is a Basque-influenced restaurant (meaning somewhat heartier food) that has an extremely loyal clientele, while *Bizou* is more "country French" (be sure and try the beef cheeks, they are to die for). Both serve outstanding food. \$\$\$

One other bistro is worth mentioning—*Jeanty at Jack's*. Jack's is a very old San Francisco establishment that dates from the Gold Rush. Originally a warehouse, the upper floor of the restaurant still has the booths with curtains

where robber barons used to entertain (or more accurately be entertained by) their "ladies." It finally closed after a century and a half, but *Jeanty*, a restaurant in the Napa Valley opened a bistro on the site and kept the name, as well as the original décor. The food is classic French bistro—excellent salads, simple fish and grills, cassoulet, etc. \$\$\$

This and That

Kokkari is an upscale Greek restaurant in the Financial District (Jackson Square—Jackson at Front) that has a happening bar. The décor is fabulous—they spent over \$5 million on the interior alone. Their food is also excellent, not what you'd expect from your experience with neighborhood Greek cafés. Try the rabbit, the lamb shanks, or the grilled whole fish. \$\$\$

For views, nothing beats *Waterfront* on the Embarcadero, virtually underneath the Bay Bridge. Upstairs is an excellent California-French place with fabulous views. Downstairs is a more casual café with outside tables for good weather. \$\$\$ upstairs, \$\$ downstairs.

Out of Town

For those who are going to be around a while and want to venture away from the city, some of the best restaurants (generally expensive) are in the wine country. *The French Laundry* in Yountville is, according to some reviewers, the finest restaurant in North America. They serve 5 and 9 course prix fixe menus that are fantastic (with the amuse bouche and between course bits, it is actually closer to 13 courses, but who's counting?) and expensive. The selection of Napa Valley wines is superb as well. Reservations are next to impossible to get, although it is often possible to get in for lunch (same menu) on cancellations. \$\$\$\$

Other Napa Valley choices include: *Bistro Jenty*, *Tra Vigne*, *Bouchon*, and *Domain Chandon*, which is a beautiful restaurant located in the champagne winery of the same name.

Several places in Berkeley are worth a mention: *Via Centro* offers very interesting Tuscan food ½ block from the UC Campus on Center Street. \$\$ *Cambodiana*, also ½ block from campus on University is one of the finest Cambodian restaurants anywhere (try the lamb chops, they are heaven) \$\$ *Kirala*, on Shattuck Avenue is considered by some to be the best Japanese restaurant in the Bay Area, and *Uzen*, on College Avenue in Oakland offers the freshest and best sushi in the areas. Of course, no discussion is complete without mention of *Chez Panisse*, the Berkeley restaurant that started the whole "California cuisine" movement. Owned and run by a Bill Clinton friend, Alice Waters, the downstairs restaurant is one of the finest upscale places in town (a single prix fixe menu each day), while upstairs is an informal café that serves somewhat lighter food. \$\$\$\$ downstairs; \$\$ upstairs.

Special for John Exner

Yes, John, there is a *Morton's of Chicago* in San Francisco, but the best steak by far is to be found at *Harris's* on Van Ness Avenue. They also have a prime rib carvery that is primo. And most importantly, their other specialty is a martini. \$

SPA Board Meeting



2002 SPA Award Winners

Congratulations to the following individuals on their receipt of 2002 SPA awards.

20th Bruno Klopfer Award: Jerry Wiggins

10th Marguerite R. Hertz Award: Starke Hathaway
(presentations by Alex Caldwell and Grant and Leona Dahlstrom)

Samuel J. and Anne G. Beck Award: Joni Mihuri

Mary S. Cerney Memorial Award: John V. Petrocelli
for "Personality Characteristic of Depressed Adults: Evidence of Dour Distinct Subtypes of Affect"

Walter G. Klopfer Award: Steven R. Smith, Matthew R. Baity, Eric S. Knowles, and Mark J. Hilsenroth
for "Assessment of Disordered Thinking in Children and Adolescents: The Rorschach Perceptual Thinking Index."

Martin Mayman Award: Robert E. McGrath
for "Toward a More Clinically Relevant Assessment Research"

Literature Revisited

by Jed Yalof, Psy.D.

Walther Joel (1949), "The Interpersonal Equation in Projective Methods," *Rorschach Research Exchange*, 13, 479-482.

Written at a time when intersubjective language about the assessment process was almost nowhere to be found, Walther Joel provided a clinically rich, original, and insightful contribution to the literature on patient-examiner dynamics. He outlined several points that can be very helpful in assisting students in their understanding of the patient-examiner relationship. Joel noted that first and foremost, the examiner is a human being who reacts differently to different patients. He also described the importance of the testing room ambience in contributing to the interpersonal atmosphere between patient and examiner, and discussed the value of noting and studying subjective responses as part of the examiner's own self-supervision.

Joel focused primarily on describing the subjective nature of the testing relationship in which he challenged the presumption that variations across patient projective test responses were due only to patient characteristics. In challenging this view, Joel wrote: "This assumption, which is basic to the use of projective techniques for the study of personality, is faulty because it does not take into account the total testing situation, particularly the relationship between subject and examiner" (p.479). Joel discusses the

way in which patient and examiner "Both react not only to the other's *real* (italics in original) attitude, but also the attitude they erroneously attribute to him (p. 480). Joel discussed the human aspect of the examiner's work, including vulnerability to different emotional states with different patients, and how these changes can influence qualitative and quantitative aspects of the patient's projective test responses.

Joel's sensitivity to "the atmosphere of the room" (p. 480) as a contributor to the dynamic process between patient and examiner is also noteworthy. Joel stated: "We may speculate that if the subject's initial hostility is of a temporary nature and meets with warmth on the part of the examiner, it will change to warmth toward him, provided there is nothing in the atmosphere of the room, or in the nature of the test, or in the appearance of the examiner to interfere with this 'warming up' process" (p. 480). Relatively few studies have investigated the effect of modified testing environments on patient responses. Yet the noise level, degree of privacy, physical comfort, and décor of the assessment room, for example, can each influence the client's disposition, sense of security, attitude toward the examiner, and response process.

Joel concluded by offering a research (and, self-supervisory) model for studying the way in which changes in the patient-examiner relationship might affect test responses.

He suggested the study of the examiner's feelings during the session in relation to test responses and recommended that examiners record feeling toward the subject in one column. He recommended that the examiner start this process by noting anticipatory feelings, then identify his first reaction after meeting the subject, and continue to reveal changes in feeling all through the test situation. For example, the examiner might note exasperation in response to the patient's slowness and, in another column, the related feelings noted or surmised in the patient. Joel saw this approach as one way to identify the idiosyncratic thoughts and feelings that characterize examiners.

I first became acquainted with Joel's article as a doctoral student and was drawn to it because of its catchy title and my own emergent interest in interpersonal processes in assessment. His central points are still worthy of study because of their sensitivity to the examiner's role in the assessment process.

The Teacher's Block

How Do We Teach an Advanced Assessment Course in a Doctoral Program

by Pamela Abraham, Psy.D., NCSP

Seeing what there is to see...

Understanding what is seen...

Determining what you see may be something else...

Synthesizing the seen and the unseen.

These are the tasks students must learn to apply in an advanced assessment course. These tasks require cognitive flexibility, the ability to hold several points of view without premature foreclosure of opinions and preconceived notions, and the ability to see the forest, as well as the trees in the forest.

When surveying students regarding their ratings on Rorschach training, Hilsenroth and Handler (1995) noted students were not satisfied with their Rorschach training in the areas of clinical diagnosis and interpretation (interpreting data into a written report). Silverstein (1996), in response to Hilsenroth & Handler's findings, proposed that students needed more didactic training in personality theory and clinical diagnosis. Intrigued by previous research findings, Clemence & Handler (2001) surveyed training directors of internships and determined that academic settings emphasized objective assessment over projective assessment, whereas internship sites placed much importance on projective assessment. Interestingly, Clemence & Handler concluded projective assessment is widely utilized at internship sites and recommended that this type of assessment continue to be taught at the graduate level. Their work supported previous studies indicating academic settings place less emphasis on projectives than the practical treatment settings and internship placements. A more recent survey (Mihura and Weinle, 2002) of doctoral student's opinions and experiences about Rorschach training indicated a strong desire to obtain further training with the Rorschach. Training programs need not wrestle with the polar positions of either supporting projective personality testing or objective personality testing. Emphasis on the importance of a comprehensive view of individuals promotes respect for the value of all types of tests: projective, objective, history taking, observation and so forth (Clemence & Handler, 2001).

Course Design

In an advanced assessment course, the professor is faced with choosing ways to introduce and cover tests and case material, as well as integrating test findings into a

meaningful clinical report with appropriate recommendations for intervention. A few examples of how to design such a course are offered below.

Assessment Domain

The professor might cover such assessment domains as cognitive, personality, achievement, neuropsychological, forensic, nonverbal, and risk assessments; provide cases to illustrate specific test findings and interpretations; review report writing strategies; and develop recommendations, interventions, and feedback. This content can build on and integrate information presented in separate courses. The objective would be to develop diagnostic reasoning and interpretive skills with a variety of assessment instruments.

Diagnosis and Clinical Formulation Domain

The professor might focus a portion of the course to emphasize clinical diagnostic categories, interpretation, the integration of projective personality test data with objective test data, and diversity. This model offers opportunities to link assessment data with diagnosis and formulate a theoretical framework of understanding and interpret data from multiple sources. The curriculum in this model would be designed to cover the majority of clinical and diagnostic categories, as well as cultural influences and considerations and would include disorders, such as psychosis, cultural syndromes, anxiety, trauma, ADHD, conduct disorders, personality disorders, neurological disorders, substance abuse, and suicide assessment across the life span. Other areas to be included are observation and clinical interview techniques and outcome assessments. Projective and objective tests would be utilized for case conceptualization and report writing linking test data to interpretation, intervention, and test feedback.

Report Writing Domain

An emphasis on report writing is a necessary component of any advanced assessment course. According to the surveys on doctoral assessment training, students recognized their lack of understanding clinical diagnosis, theory, and interpretation. These difficulties often contribute to problems with report writing and the synthesis of similar, seemingly discrepant, and discrepant data. Some of the common barriers to case conceptualization and report writing are:

- ◆ Over or under attention to detail
- ◆ Limited ability to abstract
- ◆ Tendency to overgeneralize
- ◆ Linear thinking lacking interconnections
- ◆ Cause and effect statements
- ◆ Blame of parental figure/caregivers
- ◆ Neglect of history
- ◆ Overreliance on history to explain all issues
- ◆ Reliance on stereotypic ideas to explain clinical issues
- ◆ Failure to address reason for referral
- ◆ Difficulty synthesizing seemingly incongruent pieces of test information
- ◆ Finding the same pathology everywhere
- ◆ Foreclosure on an opinion prior to incorporating all the data

There are several advantages to teaching an advanced assessment course. The course could be offered as an elective, or as part of a program's special track in assessment, or integrated within the context of a teaching seminar. The advanced module would benefit students in the following ways:

- ◆ Meets students needs regarding a desire to have more training in the area of clinical diagnosis and interpretation
- ◆ Meets the expectations of internship training directors that interns demonstrate knowledge in projective assessment
- ◆ Provides opportunities for reviewing various theories about clinical domains and linking theory to interpretation and recommendations
- ◆ Allows practice for integrating the data obtained from several test instruments rather than limiting data to one type of test
- ◆ Substantiates the clinical picture through the use of multiple test data (projective personality testing & objective personality testing)
- ◆ Attempts to reduce conceptual fragmentation
- ◆ Emphasizes contextual variables and the influences of diversity in case formulations
- ◆ Enhances ability to draw conclusions from multiple data sources
- ◆ Utilizes cases reflecting co-morbid diagnosis or those with multiple clinical features
- ◆ Promotes knowledge, skill, and understanding in synthesizing results from many tests utilized for particular populations
- ◆ Familiarizes students with tests designed specifically for special client populations
- ◆ Emphasizes different diagnostic profiles
- ◆ Incorporates personality theory when interpreting results

- ◆ Provides opportunities to discuss ethical issues related to variables impacting assessment and case formulation

What are the learning opportunities for students taking this type of course?

- ◆ Promotes a more comprehensive understanding of clients
- ◆ Incorporates several theoretical orientations
- ◆ Examines clinical/diagnostic issues of diverse groups
- ◆ Familiarizes the student with various report writing styles and formats
- ◆ Integrates multiple assessment findings into a treatment plan
- ◆ Determines priorities with test data from several types of tests (projective & objective)
- ◆ Promotes the formulation of effective interventions and feedback
- ◆ Offers practice in developing conceptual maps
- ◆ Facilitates ways to consolidate ideas

Comprehensive assessment is multi-dimensional and requires a tolerance and appreciation of diverse theoretical perspectives and many types of tests. The “final assessment” of the success of an advanced assessment course includes determining if students are able to:

See what there is to see...

Understand what they see..

Determine that what they see may be something else...

Synthesize the seen and the unseen.

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A Balkan Adventure by Bruce L. Smith, Ph.D.



This past September, following the Rorschach Congress, I had the distinct pleasure of presenting a workshop on the Rorschach at the University of Belgrade in Yugoslavia. I was invited by our SPA members in Belgrade, Tamara Dzamonja-Igntovic and Dragana Djuric Jocic. I was the first psychologist not only since the NATO bombing of Belgrade, but perhaps since before the reign of Milosevic bean in the early 90s, to offer any kind of presentation in their country.

Despite the hardships they have had to operate under, the Yugoslavian psychologists are managing to keep their profession alive. The workshop, which was on the integration of psychodynamic interpretation and

the Comprehensive System, was attended by about 20 psychologists, some coming from as far away as Macedonia (which necessitated an overnight bus ride). I found them to be uniformly enthusiastic, thoughtful, and well-prepared. It is a tribute to Drs. Dzamonja-Ignatovic and Djuric Jocic—who are responsible for teaching the Rorschach and the Comprehensive System in Belgrade—that their students are so knowledgeable.

Although I was there to impart my knowledge, I learned much from these psychologists, the vast majority of whom are women, about psychology in Yugoslavia and the obstacles that they routinely face in their work. In addition, I was treated to tours of the city and many fascinating discussions deep into the night. I learned much about the issues facing the Balkans today and the nature of ethnic strife and ethnic identity. I was deeply touched when one of the young colleagues said, in thanking me for the workshop, “We are so isolated here, but for one day I felt like we lived in a normal country.” I look forward to a return trip and encourage any of you who are so inclined to consider a trip to Belgrade to offer a workshop to a very eager, interesting,



Dr. Bruce Smith with conference attendees

Interview With Dr. Mark Hilsenroth by Lauren Noll

Dr. Mark Hilsenroth, a distinguished member of the SPA community, is an Associate Professor of Psychology in the Derner Institute at Adelphi University. The following interview was originally done for the "Day Residue," the newsletter of the Derner Institute (Vol. 14, No. 2, pp. 8-10) with Lauren Noll as the author/interviewer.

My time at Derner did not coincide with the opportunity to work directly with Mark Hilsenroth, so it was a pleasure to be able to ...for Day Residue. I found him to be a man of energy, discipline and dedication, with a passion for life.

LN: In keeping with the theme of this issue, "Remembrance," is there anything that you would like to share?

MH: The word "Remembrance," triggers an immediate association to the Frank Sinatra song, "It Was a Very Good Year." This song is on the "Soprano's" soundtrack that I listened to this morning. Regarding this word in relation to clinical psychology it reminds me of the deep respect for all people who have been there in my training, which is one of the reasons why I decided to accept the job offer at Adelphi. It is rewarding to work with outstanding colleagues whose work I have admired for so many years, such as George Stricker, Morris Eagle, Wilma Bucci and Joel Weinberger. Throw in a nationally known psychometrician in Dean Primavera and finding out Jerry Gold was also hired at the same time, I couldn't ask for more inspiring colleagues. When I was looking at different positions, a very important criteria was good colleagues, and it is wonderful to be with those who are at the forefront of psycho-dynamic research. I love it!

LN: How did you become interested in psychology and who were your major influences?

MH: I became interested in psychology in high school. We had a guidance counselor who organized the Psychology Club. He arranged for us to go on all sorts of psychological and sociological field trips, such as to the psychiatric inpatient wards, a state chronic care facility, and to private practice psychotherapy groups. The most memorable of these trips was to an inpatient ward. I always felt that clinical psychology was very interesting, and that the work I saw these people engage in was very challenging. I grew up in New Haven, CT but then moved prior to beginning High School to a suburb of Cleveland, OH. In college, at the University of Akron, my honor's advisor was a prominent assessment psychologist, Edwin Wagner, who was very interested in research with the Rorschach and

other projective techniques. It really got me interested in assessment and the Rorschach as an undergraduate. It was at that time I first learned how to score the Rorschach and did research on projective techniques. It really got me excited, and the relationship with Ed was also quite important to me. I attended graduate school at the University of Tennessee that was a heavily psychodynamic training program. There I worked with another outstanding mentor, Len Handler. I did my Internship at The Cambridge Hospital/Harvard Medical School, when Drew Westen was the Director of Psychology. Working with Drew and being at HMS had a huge impact on my thinking and career.

LN: How would you describe that impact?

MH: Drew Westen is an excellent example of how you can integrate psychodynamic practice and research. His contemporary writing on psychodynamic theory is quite integrative, innovative and informed by research. I believe that splitting is not a good thing in any form. Too often in the psychoanalytic community I find people tend to split clinical work and research. I believe if someone is smart enough to understand the principles of psychodynamic theory, and smart enough to apply them in practice, they're also smart enough to try to find a way to define, operationalize, and investigate them. When I hear psychoanalytic clinicians say "You can't operationalize analytic principles or practice" I counter with "Don't sell yourself short." I believe the only thing limiting the psychoanalytic community in conducting dynamically informed research is a lack of creativity,...and maybe a fear of statistics. I also believe that the anti-empiricism often found in the analytic community is very counterproductive and puts the entire tradition of psychodynamic practice at risk to be lost in the future. Comments trying to explain away why people can't, or worse shouldn't, investigate dynamic principles and theory makes all of us look weak and ineffectual when we say we can't evaluate or describe what we do. If we don't assess the effectiveness of our work, interventions, and theoretical principles, other people will and you can bet they won't be as kind to psychodynamic theory as people trained in this tradition. In fact, this has already happened to a large degree, people better 'wake-up' soon. However, a number of prominent psychodynamic research labs have developed methods to assess principles, such as empathy, alliance, interpretation, core/cyclical relational patterns, transference, and countertransference. There must be a dozen groups that have, or are continuing to measure these aspects of psychotherapy. So again I wouldn't sell the psychodynamic

community short, if people put their minds to it, they could develop a lot of clinically applicable dynamically informed research projects. Integrating applied clinical work with research, bringing the two together in actual practice as much as possible is my *raison d'être*.

LN: Would you elaborate more on your research?

MH: One of the things I'm most excited about is integrating aspects of psychotherapy into the assessment process using a Therapeutic Model of Assessment which views assessment as a phase of the treatment and more than just information gathering. It can be a period to really develop the alliance and lay a strong foundation for psychotherapy. In fact, that's what the research has found, that people who have a Therapeutic Assessment process have significantly lower termination rates and establish high levels of alliance that are maintained across the course of treatment. If you start out with a high alliance it is generally maintained throughout the course of treatment, patients terminate less too, in comparison to the standard information gathering assessment model. A Therapeutic Model of Assessment is also different in that people continue on in psychotherapy with the person who does the assessment. Test administrators enter into the testing as the therapist which is a little different than the classic analytic approach. When you think about it, it makes a lot of sense. Establishment of the relationship and an arena for communication and interaction facilitates the connection for psychotherapy. I believe that it makes more sense to have a Therapeutic Model of Assessment that doesn't look at testing as the gathering of information, but as much more. The protocol we use is the Clinical Interview, the Early Memories Test, the Rorschach, and self-report measures of symptoms (BSI), Social Adjustment Scale (SAS), Inventory of Interpersonal Problems (IIP), and the Personality Assessment Inventory (PAI). We assess broad domains of functioning across multiple methods using the interview, patient relational narratives, self-report and projective assessment. Throughout this process the formation of the alliance is figural. In addition, a feedback session lasting approximately 2 hours is key to successfully identify and explore issues, as well as create treatment goals. Throughout the session, it is important to talk with people about the experience and explore the feedback information with them. It's very much like a therapy session, where you are looking genuinely for their input and including them in exploration of themes, issues, and problems. In supervision, I always tell supervisees, "You're a therapist, doing an assessment." It's always important to follow up on any affectively laden issues. The clinician must see the importance of collaboration, alliance and process, and taking time to be a good therapist throughout the testing setting. If something comes up that you feel is key to understanding or connecting

with your patient better, it is important to put the testing aside and follow-up clinically.

I am also very excited about the Psychodynamic Psychotherapy Process and Outcome study I have initiated at Adelphi. This treatment program is primarily an effectiveness model that has integrated the assessment and technique/training aspects of an efficacy model within a naturalistic setting. In this program, treatment manuals are utilized for intensive training in technique. However, these manuals are used to aid, inform, and guide the treatment rather than to prescribe it. In this manner therapists are encouraged to provide the interventions in an accurate, congruent, competent, and optimally responsive manner, instead of producing a high volume of certain techniques within a predetermined session framework. All patients, regardless of comorbidity (i.e. Axis II), are accepted into treatment. No arbitrary time limit is set on the provision of treatment. I provide intensive and extensive supervision and each therapist receives a minimum of 3.5 hours of supervision per week (i.e., 1.5 hours individually, and 2 hours in a group treatment team meeting). Individual and group supervision focus heavily on the review of videotaped case material and technical interventions. Regarding our outcome data we have already collected thus far: treatment credibility, fidelity, and satisfaction were examined, all of which were found to be high. All areas of functioning assessed exhibited significant and positive changes. These adaptive changes in functioning demonstrated large statistical effects. Likewise, changes in depressive symptoms evaluated at the individual patient level utilizing clinical significance methodology were found to be high. A significant direct process-outcome link between Psychodynamic therapist techniques and changes in depressive symptoms was observed. Further, it appears that specific therapist techniques directed toward achieving, as well as maintaining sessions focus on the exploration and expression of affect and were found to be most related to later positive changes in depressive symptomatology. These interventions provide important information concerning applied clinical practice and are quite consistent with a Psychodynamic model of change. Whereby a supportive environment/relationship is developed that may allow the patient to better tolerate the expression and exploration of painful affect. When this painful affect is engaged and/or avoided then interventions are focused "in the moment" (including issues related to the therapeutic relationship) for further expression and elaboration.

So, that defines what I do. My research is all about clinical practice and applied clinical issues. I'm basically interested in how we can become better at psychological assessment and treatment from a psychodynamic perspective. I would consider it both altruistic and not. The tradition that we are a part of is in jeopardy because too many people have ignored

research or evaluation of what they do. People in the Metro-NYC area don't seem to realize beyond little pockets on the east coast how much jeopardy psychodynamic theory and practice is currently in. I feel a part of this tradition and am very passionate about doing what I can to help reverse this trend. An extension of that is in supervision. One of the ways this tradition is passed down is through supervising students. It is very important to provide students with support and clearly defined structured feedback regarding technical skills.

Another reason that I pursue these avenues, which is a little self-serving, is that I really want to be the best clinician that I can possibly be, and I believe that clinical practice informs research and vice versa. It is unfortunate if people don't realize how much can be learned practically from good applied research.

LN: What are your thoughts on the issue of self-disclosure?

MH: In order to discuss self-disclosure, it needs to be defined as to what type of self-disclosure we are referring to. People are often confused by this issue, there are really two forms of self-disclosure. First, I think that disclosing how one is feeling in the moment of a session can be a very good thing. Working with the patient's and your content in the moment ("Bringing the issues and affects *into* the room") is a useful tool to learn more about the session process, affective expression, and relational patterns. Also, the research on interpretation of the relational-affective process in the moment shows it to be much more effective than transference interpretations that more often demonstrate a mixed or negative relationship with outcome. I also think it is important to acknowledge the 'real relationship' of what's going on in the room, rather than viewing this transaction as some kind of past residual or transference. In focusing on the 'here-and-now' process, there is a greater chance of expressing affect and keeping the focus of the session on that expression of affect.

The second form of self-disclosure, the therapist's personal history, I believe, is most often not a good thing. I believe it is important for therapists to ask themselves "Whose affect am I modulating, mine or the patient's?" before making an intervention that includes self-disclosure of personal history. This is something Drew first said to me in supervision once that I've found so incredibly useful both as a therapist and a supervisor. So if a personal question arises, I explore where the question originates from, what has motivated it to importance now, and explore with the patient their reactions to a range of possible answers that I might give. I would have to know that I wasn't modulating my own affect in the moment before I was going to self-disclose personal history, to see what was being acted upon, and if it was an issue in me or in my patient.

LN: What do you enjoy in your free time?

MH: My biggest hobby is now a house in Centerport. There's always some work to do on your house. My wife is a Labor and Delivery nurse, and we usually spend a lot of time together down at the beach and in the ocean. I used to play rugby in graduate school while at UT and with the Harvard graduate school team while I was on internship, but I haven't played in years. I also believe that you should always "Top shelf your oral needs," so I try to regularly enjoy single malt scotch, micro brews, good wine, good food and good cigars. I live by my motto! I also enjoy watching movies (e.g. The Godfather, Moonstruck, Raising Arizona to name a few of my favorites). Music?: I guess I'm a "child of my times" in that I like early '80s punk and alternative rock. I love seeing live music. I've seen the Ramones about a dozen times in concert, that's probably the band I've seen the most live. I'm glad I did since two members have recently passed away. One of my disappointments in music is that I've never seen one of my all-time favorite bands, The Clash, live. I really like a couple of new groups, The White Stripes and The Hives because they have that same early '80s stripped down, unpolished, raw garage band punk sound (i.e. 2, maybe 3 chords max). I like that, a heavy rhythm beat. I also like (and cry at) the opera, jazz, and of course "Ole Blue Eyes" himself, Sinatra. So I guess that brings us full circle to my first association.

LN: In what directions would you like to see Derner move?

MH: The direction I would like to see Derner move is to having smaller class sizes and to supporting all the students with either half or full-time scholarships. I would like there to be more of an integration of practice and research, and less of the split between them that currently exists. I have seen a positive change this past year in some of the faculty and organizational issues. I really believe that a full time Ph.D. course of study requires full tuition support.

Personal Column

Joan Weltzien, who handled the Personal Column, has resigned from the Editorial Committee of the *Exchange*. Joan's efforts in coordinating the volume of information that came her way have been most appreciated. This is Joan's last column. She wrote: "Most of all, I will miss sharing, in such a personal way, the achievements of so many in our outstanding Society."

Jules C. Abrams, Ph.D., ABPP received the degree of Doctor of Humane Letters with honors from Widener University in May of 2002.

Mark Abrams, Ph.D. was selected to serve for three years on the New York State Psychological Association Committee on Ethical Practice

Bill Berman is letting us know that there are other opportunities for assessment in psychology. He sold his Outcomes Company and is now their director of Outcome and Performance Division. The company is still based in Mamaroneck, New York. This group is a leading provider of electronic clinical record software for the behavioral health industry.

Robert F. Bornstein, Ph.D., SPA Fellow received a three year grant from the National Institute of Mental Health to support his research on the dynamics of interpersonal dependency

Anita L. Boss, Psy.D., ABPP has left her position as a forensic psychologist at St. Elizabeth Hospital in Washington, DC to open a private practice in Alexandria, Virginia. She will be focusing on both clinical and forensic evaluation in the DC Metropolitan area.

Virginia Brabender, Ph.D. authored the *Introduction to Group Therapy*, which has been published by John Wiley.

Anthony Bram, Ph.D. is a recipient of an American Psychoanalytic Association fellowship for 2001 to 2002. He has recently ended his position as Staff Psychologist at the Menninger Clinic to join the New Heritage Mental Health Clinic, also in Topeka, Kansas. This clinic was formed by a group of former Menninger psychologists, psychiatrists, and social workers and is committed to maintaining the tradition of comprehensive diagnostic assessment.

SPA member **Ronald Jay Cohen, Ph.D., ABAP** is the senior author of the fifth edition of *Psychological Testing and Assessment, 5th Edition* (2002, McGraw-Hill). In addition to providing a solid foundation in basic measurement principles, the newest edition

of this popular text will feature material on many timely topics such as the critical role of psychological assessment in existing and proposed death-with-dignity legislation. The chapter dealing with assessment in business settings will contain a measure of organizational culture that was designed and has been used by Cohen himself to study sundry aspects of corporate culture. One of the many planned pedagogical aids is a companion student workbook, *Exercises in Psychological Testing and Assessment, 5th Edition* (2002), McGraw-Hill) also authored by Cohen. Each chapter of the Exercises opens with an assessment-related crossword puzzle based on key terms and names presented in the corresponding chapter of the textbook.

Just for fun, you may wish to try your hand at a crossword puzzle reprinted from Chapter 12, one of two chapters that focus on the assessment of personality. (See page 14)

Phoebe Cramer, Ph.D. was a keynote speaker at the 11th European Conference on Personality in Jena, Germany in July, 2002. The title of her presentation was "The Development of Defense Mechanisms; With Implications for Personality Functioning." She also presented a workshop on the Assessment of Defense Mechanisms.

Robert Davis, Ph.D., ABPP, Fellow of SPA and ACI Psychology, formerly Associate Editor and Interim Editor of *JPA*, 1985, writes that he is continuing research on the absent father's affect on child development and practice of Jungian analysis and supervision. He has moved his office and home together to a new location. He continues to serve as a forensic expert on evaluations for the U.S. Attorney and federal Public Defender and as a medical expert for the Social Security Office of Hearings and Appeals.

Dennis Devine, Ph.D. is now practicing in a new location of 2360 East Bidwell Street, Suite 107 in Folsom, CA 95630.

Roxanne Dinkin, Ph.D. has opened a private practice in Bradenton, Florida. She anticipates that she will continue to specialize in assessment of children, adolescents, and adults for the purposes of education, and therapeutic and career planning. She looks forward to this year's meeting. She would enjoy hearing from SPA members in the Tampa/Sarasota area.

Dorothy M. Erler wrote to inform us that **Rita D'Angelo** of Scarborough, New York died on November 25, 2001.

Constance Fischer, Ph.D., ABPP edited a special double issue of *The Humanistic Psychologist*, 2002, Issues 1 and 3 on "Humanistic Approaches to Psychological Assessment." The following SPA members were among the contributors: **Steve Finn, Mary Tousager, Murray Mutchnick, Leonard Handler, Cynthia Neuman, Caroline Purvis** and **Paul Lerner**.

Emanuel F. Hammer, Ph.D. has been appointed to the faculty of the School of Visual Arts on East 23rd Street in New York City.

Leonard Handler, Ph.D. won the Chancellor's Senior Research and Creative Achievement Award at the University of Tennessee. He was also elected an APA Fellow through Division 12 and was appointed to the APA committee on Tests and Assessments.

Lee Jaffe, Ph.D. is the president of the International Psychoanalytic Studies Organization and is the editorial board of the *Journal of the American Psychoanalytic Association*.

Albert Jenkins, Ph.D. is elected President-Elect of Division 24 of the APA (Theoretical and Philosophical Psychology).

Steven Lally, Ph.D. was appointed Department Head of the Clinical Psychology Department, American School of Professional Psychology, Argosy University, Washington DC. Also, he was elected president of the District of Columbia Psychological Association.

Kenneth P. Lott, Ph.D. is now retired.

John Mellet, Ph.D. received a Mentor's Award from the Georgia Psychological Association to those who have made significant lifelong contributions to clinical teaching, training, and supervision; and to those who have greatly impacted the professional and personal development of those they have mentored.

Peter F. Merenda, Ph.D. is to appear in the future issue of *Contemporary Psychology; International Handbook of Psychology* by Kurt Pawlik and Mark Rosenzweig (Editors). He is also participating in October of 2002 in a special scientific session at the University of Lisbon, Spain to honor Professor Dr. Jose Ferreira-Marques upon his retirement from the psychology faculty. Dr. Ferreira-Marques' speciality has been in psychological assessment. He received his Ph.D. degree from Columbia University under the supervision of Don Super.

Bernard Murstein, life member, past president, and fellow of SPA has just published a book entitled, "Getting Psyched for Wall Street: A Rational Approach to an International Market." It was to be published in June of 2002. It is an integration of psychology and finance, which is necessary to succeed in the stock market.

Anne O'Roark, Ph.D. wrote a book entitled, "The Quest for Executive Effectiveness," which offers a comprehensive model of management and delineates a process by which executives can develop and hone their skills so as to become capable leaders. She has had an extensive career as a consulting psychologist providing training, assessment, and counseling services to businesses and executives comprising a career that has spanned four decades.

Piero Porcelli, Ph.D. (Italy) writes that he, **John Exner**, and **Paola Apoggetti** have edited a new book on the Rorschach comprehensive system published in Italy. The aim of this book is to introduce the system to Italian psychologists.

John Porcerelli, Ph.D., ABPP was promoted to Associate Professor at Wayne State University School of Medicine in Detroit, Michigan.

Irving Raifman, Ph.D. writes to tell us his comments regarding retirement. In general, retirement has been a learning experience on how to grow old gracefully based on his experience of having been retired for eight years.

Marcia Rasch, Ph.D. has returned to Ohio taking a position as a Director of Quality and Clinical Services at Talbert House, Cincinnati's largest social service agency. After becoming acclimated, she will be preparing to improve research efforts across the sites.

Corine De Ruiter, Ph.D. is starting a new job as head of research in "Assessment and Treatment" at the Trimbos Institute-Netherlands Institute of Mental Health and Addiction, as of July, 2002. She remains at the University of Amsterdam as Professor of Forensic Psychology.

James Siwy, Ph.D. has recently been elected to the executive board of the Atlanta Group Psychotherapy Society and is on the adjunct faculty of the Psychology Studies Institute.

Bruce Smith, Ph.D. was re-elected member-at-large of the executive board of the International Rorschach Society. He presented a Rorschach Workshop at the University of Belgrade in Yugoslavia, which was the first presentation by an outside psychologist in 12 years.

Steve Soldz was appointed Director of the Research and Evaluation Center of the Boston Graduate School of Psychoanalysis.

Steven Spitz, Ph.D. has been appointed to the faculty at the Westchester Center for the Study of Psychoanalysis and Psychotherapy. He will be teaching, as well as directing their treatment service.

George Stricker received the Florence Halpern Award for Distinguished Professional Contribution in Clinical Society, from the Society of Clinical Society (Division 12).

Tom Sutton was appointed the chair of the Australian Capital Territory Psychologists Registration Board. This is a government appointment. The board oversees the legal registration and training of requirements of all psychologists in the Australian Capital Territory.

Harrison Voight is entering his 29th year of faculty service at the California Institute of Integral Studies in San Francisco. Dr. Voight has been appointed as chair of the psychology doctoral program. He previously served as chair from 1981 to 1988 during the program's formative years.

Leighton Whitaker, Ph.D., ABPP is author of "Understanding and Preventing Violence: The Psychology of Human Destructiveness." Boca Raton, Florida and London, England, published in June of 2000.

Tom Williams, Ph.D. was appointed director of the Army Physical Fitness Research Institute, U.S. Army War College in Carlisle Barracks, Pennsylvania. Dr. Williams was recently recognized with the Knowlton Award in Military Intelligence, the only psychologist ever to be so recognized. Recognition was for his innovations on using personality assessments in assessment and selection programs.

Jane Woodrow, Ph.D. was appointed by Governor Robert Taft of Ohio to the State Board of Psychology for a 4-year term.

Jed Yalof, Psy.D., ABPP completed a 2-year post-graduate program in clinical neuropsychology and was awarded the Diplomate in School Neuropsychology by the American Board of School Neuropsychology.

Robert Yufit, Ph.D. writes to tell us that APA Division 12 Society of Clinical Psychology has a new section entitled "Clinical Emergencies and Crisis" (Section VII). As the current president, he invites all SPA members to join and learn about how to handle clinical emergencies when they occur. Membership forms are available from **Lillian Range, Ph.D.** at (601) 266-4588. He asks that if any SPA member has developed any clinical forms for screening/assessing suicidal potential, to let him know.

Bruce Zahn, Ed.D., ABPP became board certified in clinical psychology and a fellow of the Academy of Clinical Psychology in August, 2001. He was also promoted to the rank of Associate Professor in the Psy. D. Program in Clinical Psychology at the Philadelphia College of Osteopathic Medicine, where he is also Director of Clinical Training. He teaches a course in projective assessment with an emphasis on the interface between assessment and cognitive interventions.

Irla Zimmerman, Ph.D. writes to let us know of the 4th Edition of the *Preschool Language Scale*, which will be published by the Psychological Corporation in the fall with both an English and Spanish Language version.

Answer Key

Across

1. self-monitoring
2. analogue studies
7. press
8. functional
11. contrast
13. word
14. limits
15. TAT
18. plethysmograph
20. HIT
22. Exner
24. free
25. reactivity
26. objective
27. polygraph

Down

1. sentence
2. need
4. thema
5. unobtrusive
6. situational
9. unobtrusive
10. inquiry
12. protective
16. apperceive
17. behavioral
19. Machover
21. role
23. scoring

CROSSWORD PUZZLE

by Ronald J. Cohen, Ph.D., ABAP

Dr. Ronald J. Cohen is the senior author of *Psychological Testing and Assessment, 5th Edition* (2002, McGraw-Hill). One of the many planned pedagogical aids is a companion student workbook, *Exercises in Psychological Testing and Assessment, 5th Edition* (2002, McGraw-Hill), also authored by Dr. Cohen. Each chapter of the *Exercises* opens with an assessment-related crossword puzzle based on key terms and names presented in the corresponding chapter of the textbook. Dr. Cohen has graciously offered up a brain-teaser, reprinted from chapter 12, one of two chapters that focus on the assessment of personality.

Instructions

Identify what is being described, answer a question, or fill-in-the blank to complete this crossword puzzle based on material presented in Chapter 12, "Personality Assessment Methods" of Cohen & Swerdlik's *Psychological Testing and Assessment: An Introduction to Tests and Measurement* (5th edition).

Across

1. The act of systematically observing and recording aspects of one's own behavior and/or events related to that behavior. It's a hyphenated term.

2. We refer here to research or behavioral intervention wherein a variable or variables are replicated in ways that are similar or analogous to the real variables the experimenter wishes to study. Laboratory research designed to study phobias to snakes in the wild, and laboratory research designed to study real world violence are both examples of _____ (two words that are not usually hyphenated, but separated by a hyphen for the purpose of this puzzle)

7. According to personality theorist, Henry Murray, determinants of behavior arising from within the environment.

8. In behavioral assessment, the process of identifying the dependent and independent variables with respect to a presenting problem is called _____ analysis.

11. It is a potential source of error in behavioral ratings due to a situation where a dissimilarity in the observed behaviors or other things being rated leads to a more favorable or unfavorable rating than would have been made had the dissimilarity not existed. We speak here of the _____ effect.

13. What is the first thing that comes into your mind when you think of the acronym "wat"? Is it a _____ association test?

14. Sometimes when administering a Rorschach, an examiner may engage in an optional interview after the initial inquiry. This procedure is known as testing the _____.

15. The acronym for a well-known projective technique that entails having testtakers tell stories in response to ambiguous pictures.

18. An instrument that records changes in the volume of a part of the body arising from variations in blood supply.

20. The initials that correspond to Holtzman's alternative to the Rorschach.

22. He developed what he called "comprehensive system" for administering, scoring, and interpreting the Rorschach.

24. "Verbalize everything you are thinking as you are thinking it." These sort of instructions might be given to someone being asked to _____ associate.

25. A general reference to possible changes in an assessee's behavior, thinking, or performance that may arise in response to being observed, assessed, or evaluated.

26. A personality test consists of short-answer items where the assessee's task is to select one response from the two or more provided. All scoring of this test is done according to set procedures involving little, if any, judgment on the part of the scorer. This is an example of a(n) _____ method of personality assessment.

27. Another name for the instrument commonly known as the lie detector.

Down

1. A _____ completion test is a projective instrument that uses words as stimuli, and each item in it has a stem.

2. According to personality theorist Henry Murray, a(n) _____ is a determinant of behavior arising from within the individual.

4. According to personality theorist Henry Murray, it's a unit of interaction between what is described in 2-Down and 7-Across.

5. The projective hypothesis is based, at least in part, on the existence of this. Whether or not it really exists has been explored by many means, such as hypnosis and signal detection

studies.

6. It's a procedure that typically entails the performance of a task by the assessee under actual or simulated conditions while allowing for observation and evaluation by an assessor. It's called a(n) _____ performance measure.

10. A typical element of a Rorschach test administration. Following the initial presentation of all 10 cards, the assessor asks specific questions. These questions, referred to as the _____, are designed to determine, among things, what it was about each card that led to the assessee's perception.

12. A(n) _____ method is a personality assessment technique in which some judgment is needed where the assessee's performance on a task involves supplying structure to a relatively unstructured or incomplete stimuli.

16. The meaning of this seldom used verb is to perceive in terms of past perceptions.

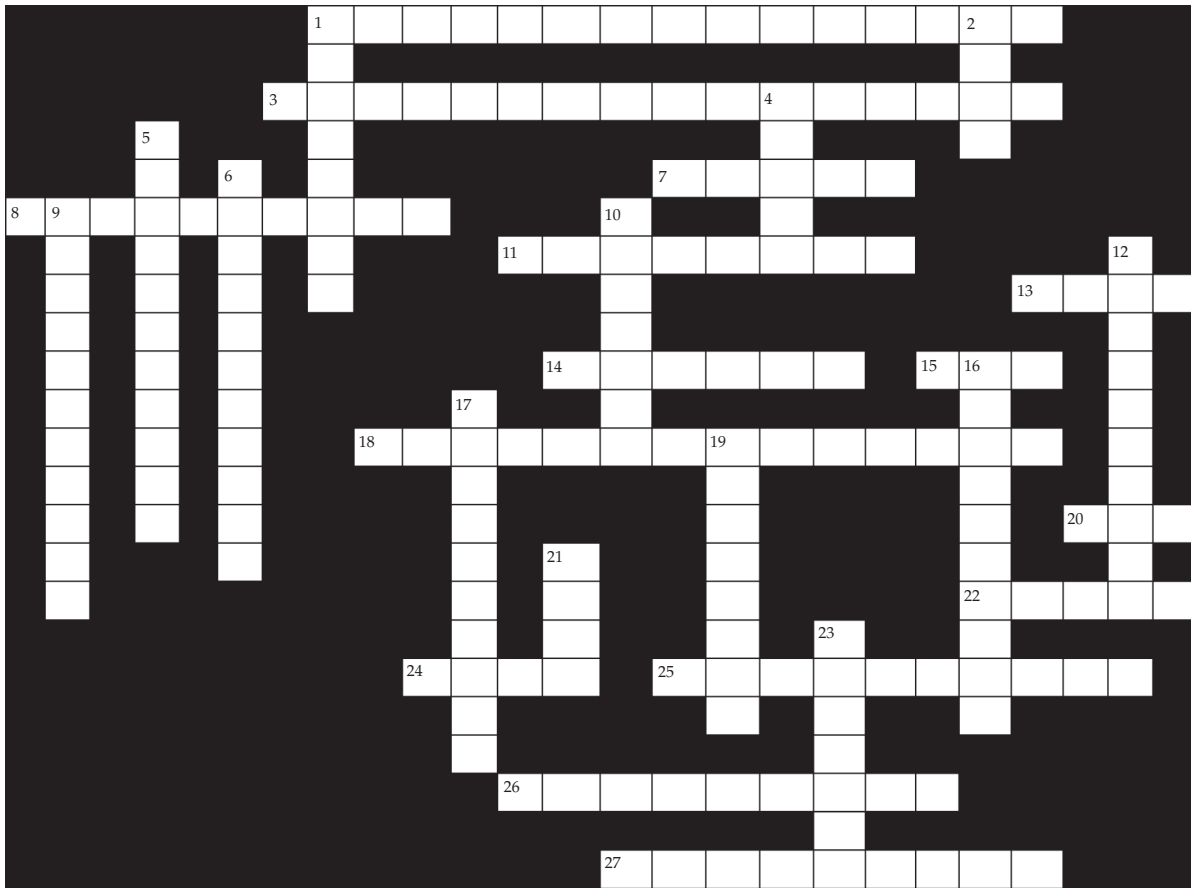
17. _____ assessment is an approach to evaluation based on the analysis of samples of behavior, including the antecedents and consequences of the behavior.

19. Karen was her name. Figure drawings were her game.

21. It's acting an improvised or partially improvised part in a simulated situation. It's not really play. It's _____ play.

23. Many different systems, including the

CROSSWORD PUZZLE



Membership

FELLOWS

Congratulations to new SPA Fellows

- 2001**
 Dr. Anna Maria Carlsson
 Dr. Jacqueline Singer
 Dr. Susana Urbina

- 2002**
 Dr. Anita L. Boss
 Dr. Barton Evans
 Dr. Mark Hilsenroth
 Dr. Stephen Lally
 Dr. Shira Tibon
 Dr. Bruce Zahn

NEW MEMBERS

Congratulations to the following new SPA members

- Members**
 Rosa Jesus Ferreira Novo, Ph.D.
 Theresa Miller, Ph.D.
 Clarence Morgan, Ph.D.
 Masamichi Noda, B.A.
 Serge Sultan, Ph.D.

- Sponsors**
 Danilo Rodriguez, Ph.D., Maria Fagulha, Ph.D.
 George I. Athey, Jr., Ph.D.
 Darwin Dorr, Ph.D.
 Rorschach Workshops
 Christine Mormont, Ph.D.

STUDENT AFFILIATES

Congratulations to the following new SPA student affiliates

- Student Affiliates**
 KerryAnn Kennelly, M.A.
 Nicole Levaillant, M.A.
 Pietro Lofu, M.A.
 Norma Martin, M.S.
 Michelle Stein, B.A.
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 Mark Hilsenroth, Ph.D.
 Hale Martin, Ph.D.
 Shira Tibon, Ph.D.

From the Editor...

I am delighted to take over the role of editing the *SPA Exchange* from Virginia Brabender. I was very glad when Virginia offered to co-edit the Fall issue because my texture, diffuse-shading, and responses occur early in my score sequence (not, however, in any blend combinations), after which I am fine. Together with Radhika Krishnamurthy, my predecessors, Bob Lovitt and Virginia, a new member of the Editorial Committee, Pam Abraham, and the support staff at LEA, I will work toward continuing to make the *Exchange* an enjoyable diversion from the rigor of journal reading. I invite your submission of material to the *Exchange*. Please direct submissions, including information intended for the Personal Column, to my attention at jjalof@immaculata.edu

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