

1999 Presidential Address

Bruce L. Smith

As we approach the end of the millennium, it is only fitting that we take a brief look back at the history of personality assessment. It is my intention to review briefly where we have come from with an eye toward the future.

Although it may seem hard to remember--especially given how besieged we are today--personality assessment was the beginning of clinical psychology. Lightner Witmer is usually credited with establishing the first psychology laboratory in New York shortly after the turn of the century. At that time, his main focus was the diagnosis of various impediments to learning on the part of school children. Prior to World War II, for all intents and purposes, clinical psychology was assessment. During that period, the MMPI, Rorschach, along with the Wechsler scales and the Bender Gestalt were all developed. Arguably, these are the most important contributions of clinical psychology of the first half of this century. These instruments were important not only for the assessment of individuals, but equally in the development of psychological theory. Just as Rapaport's approach to diagnostic testing was guided by psychoanalytic theory, his monumental contributions to ego psychology were informed by his work with diagnostic instruments, notably the Rorschach. The contributions to the development of clinical psychology of personality assessment are something of which our discipline can be justly proud.

The rise of psychologists as therapists after the war led to the devaluation of assessment. Today, the careful assessment of persons is a beleaguered enterprise, buffed on both sides. On the right are the HMOs and organic

psychiatry who champion the position that there is no need to know what's wrong with a patient, just prescribe a pill. If that doesn't work, prescribe two. If that doesn't work, change medications. If that still doesn't work, give up. While economic forces are obviously driving



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these views, they are also part of a *zeitgeist* that seems to value a reductionist view of humanity; a search for the gene or the neurotransmitter that will ultimately explain away all of our individuality and our subjective experience. If you doubt this, consider a recent book on technology that I saw reviewed in *The New York Review*. The author, a software engineer, opined that human consciousness was nothing more than a set of preferences and cognitive operations that could ultimately be mimicked by a computer. Once computing speed became fast enough and memory cheap enough (in about 20 years, by his calculations), it will be possible to download your entire personality onto a disk and, thus, become immortal.

Personality assessment is being devalued from the left, as well, by some post-

modernists who would have it that personality is a fiction, that all individuality can ultimately be deconstructed into meaninglessness, that behavior is entirely contextual. In the face of these cross-currents, it is difficult, indeed, to continue to defend what some see as a rapidly vanishing dinosaur.

Despite these gloomy observations, I not only think that it is essential that we continue to articulate the importance of careful comprehensive personality assessment in the practice arena and conduct careful research, I believe that it is entirely possible. Admittedly it is difficult in this environment, where "cost-efficiency" has become the buzz-word, and quality of care has dropped out of the list of the ten most important criteria for judging health care delivery. I don't know how many of you remember that old 60's TV show, "Name That Tune," but that is what I am reminded of: "I can name that diagnosis in 2 visits." "Well, I can name it in 1/2 visit." "Name that diagnosis!" In this pell-mell rush for quick fixes, however, the patient gets lost. I believe that a strong case for careful assessment can be made--even to managed care types--by stressing the following:

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1. The identification of personality factors that affect treatment (either positively or negatively) --such as Axis II disorders or hidden ego strengths.
2. The differentiation between different disorders with similar presentations, for example bipolar disorders and some schizophrenic psychoses.
3. Help identify potential problems, such as a vulnerability to suicide, that are essential for proper risk management.
4. Assessment can be a cost effective intervention in its own right, as the work of Steve Finn, Connie Fischer, and their colleagues has amply demonstrated.

In addition, assessment is not only crucial for effective psychological treatment, it remains a fundamental aspect of psychology. It is worthwhile situating the current situation in its historical context. The history of psychology has always been characterized by a tension between the search for universal psychological principles on the one hand, and the psychology of individual differences on the other. At various times in history one or the other of these poles has been in ascendance. At the present time, as psychology itself seems to be fading in the face of neurosciences, where the psychology of thinking is renamed "cognitive science," the concept of the person in his or her unique complexity, is threatened as well. Those of us who are committed to personality assessment as a science and a practice serve to remind our colleagues of the value of studying the whole person with all of his or her strengths, weaknesses, desires, fears, conflicts, loves, and hates.

Not only is the study of personality assessment of value to the science and

profession of psychology, but it is of special value to the assessor as well. I believe quite strongly that the best assessors are also therapists, because they know what kinds of information are important and how best to communicate to one who will need to make use of the information in the treatment situation.

They are also most attuned to the value of the relationship and less likely to see a patient as a collection of scores or traits. At the same time, however, I am of the firm belief that the best therapists are those who also do assessment. Those of us who practice assessment are better able to recognize the complex admix of strengths and weaknesses, conflicts and coping that constitute our patients. We are much less likely to be swayed by a single kind of transference experience because of our recognition of the range of functioning that the typical individual manifests on our diagnostic instruments.

Although these are difficult times for the practice of personality assessment, ironically they are the best of times for our organization. SPA's membership continues to grow and stands at an all-time high. JPA continues as the premier journal in the field, and the quality of its articles continues to be outstanding. When I assumed the Presidency, I articulated the following goals for the Society: increasing our membership, increasing our support of research deemed essential to the practice of personality assessment, improve our visibility within the profession of psychology and with political decision makers, and increase the efficiency and stability of our operations. During the year and a half that I have been President, the following accomplishments have been achieved: We now own our office in Falls Church. Not only does this give us the stability necessary to plan for the future, but we hope to realize substantial cost savings over the long-term, monies that can be directed to further our other various goals. We are now online, and www.personality.org is a working website. In the coming years it will serve as a major source of communication both to the members and the general public

about personality assessment. We have increased our efforts to attract students by establishing student travel grants, dissertation grants, and other inducements. We have begun to establish local chapters. Thanks to the hard work of Sharon Rae Jenkins, there is already a vibrant chapter in North Texas, and others are in various stages of development in Chicago, Boston, and North Carolina. We are continuing our funding of research essential to the future of assessment, notably the Meyer-Handler project which has already yielded impressive results. We have greatly increased our role with APA; Greg Meyer, Steve Finn, and I have been meeting with the ad hoc committee charged with implementing the recommendations of the Psychological Assessment Work Group. We are also involving ourselves with the joint APA-American Bar Association Liaison Committee, bringing to bear our expertise in the issues surrounding assessment in the forensic arena. For the fourth straight year, we have continued to lobby on Capitol Hill during the annual Board of Trustees Retreat in September. By now, some of us are becoming known in the offices of our Senators and Congressmen. We hope that this familiarity will eventually turn into at least some influence around those issues that concern us the most.

None of these things could have been accomplished without the incredibly hard work of the Board of Trustees. I want to take a moment to thank personally each and every Board member for his or her tireless devotion to the Society. Our Past President, Barry Ritzler, started the Capitol Hill lobbying program, and has offered constant support and counsel to me in my job; Sandra Russ, our President-Elect, is also the Program Chair and was responsible for the fantastic meeting in Boston last year as well as this year's extravaganza in New Orleans; Connie Fischer, our Treasurer, has served as the fiscal conscience of the Society including managing the purchase of the office condominium and the development of an

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investment strategy; Virginia Brabender, our Secretary and Membership Chair, has somehow had the time to co-edit the Exchange; Len Handler has been an active lobbyist and has chaired the Awards Committee; Judith Armstrong has served as representative to the International Rorschach Society and has chaired the Website Committee; Greg Meyer has been in charge of Continuing Education Workshops, has served on the Website Committee, and as a representative to PAWG; Steve Finn has been responsible for so many of the more innovative ideas and projects including student travel grants, dissertation grants, this year's silent auction, our SPA t-shirts, as well as Chairing the PAWG of APA. I would be remiss if I didn't mention several others who, although not on the Board, are vital to the success of our Society: Bill Kinder, the editor of JPA, who has kept up the rigorous standards that have made it the prestigious journal that it is; Larry Erlbaum who not only publishes JPA and the books of many of our members, but who has been a kind of unpaid business counselor to us for many years; Gene Nebel, who every year manages to tape record every session of the Midwinter Meeting and make the tapes available to the members. Most of all, however, my gratitude goes out to Manuela Schulze Holp, our Operations Manager, who has managed to transform SPA from a mom -and-pop operation to a smooth running organization without losing any of the personal touch that has characterized the Society since its inception. Finally, I want to express my profound thanks to you, the members, for the honor you gave me when you elected me President. I can say with total sincerity that these past 18 months have been the high point of my professional life, and for that I shall always be profoundly grateful. ■



Local Assessment Groups

Introduction:

In the SPA Exchange (Spring, 1998), Dr. Stephen Finn gave us some excellent suggestions for organizing local assessment training groups. Based on my experience in the Cleveland area, what he suggests is "do-able." Let me elaborate.

History:

Since the middle sixties, I have taught the MMPI to my colleagues out of my private practice office. Formats have varied. Currently I have two sections of the MMPI conferences, five each, for 2 ½ hours and at \$90 each member. As I fade into retirement, the groups are reorganizing and have produced two workshops for MMPI-2 Intro.

Format:

Each colleague gets one half (plus or minus) for brief consultation to full case presentation with feedback from the members. Each member gets a picture of his colleagues sample of patients and gets advice on his cases as well as referrals.

Benefits:

The basic work of the group is enhancement of assessment skills. However, there are other benefits: (1) getting introduced to new instruments e.g., MCMI, CPT, 16PF and others; (2) Personal support during stressful situations, e.g., patient's suicide/or personal crises. My people form very tight groups with high trust levels. Some of them have been with me for fifteen years!

Further Benefits:

My state, Ohio, has only recently come down with standards for CME. Under the urging of my "students," I applied for CME credits which were granted. They were delighted to learn that the MMPI teaching met their CME of fifty hours in full for the two year period. Also, this gave me, as provider, the same credit!

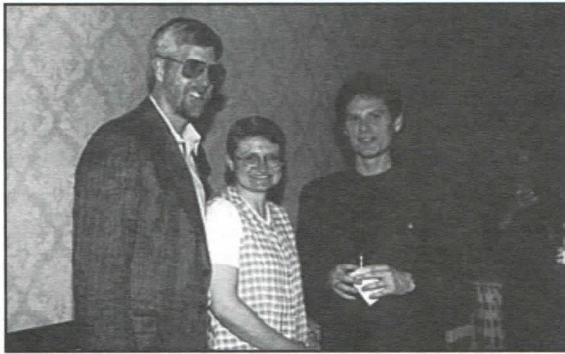
So?:

Given the junk mail that comes across my desk offering to teach me whatever, it's a pleasure to point out that you can organize your own quality education for CME.

Now:

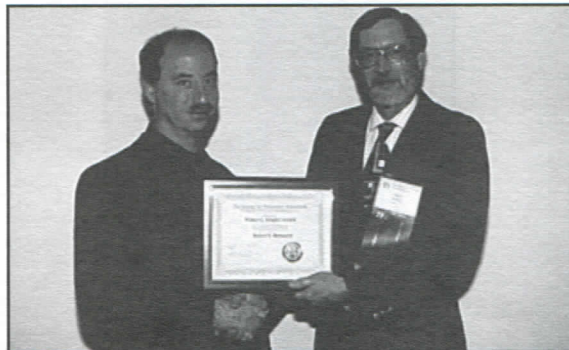
Given the serious deficits in assessment skills that I see in the people that come to me to learn, together with the recent emphasis on assessment skills coming down from APA, now is a good time to start your own group. ■

1999 Mid-Winter Meeting New Orleans, LA March 24-28, 1999



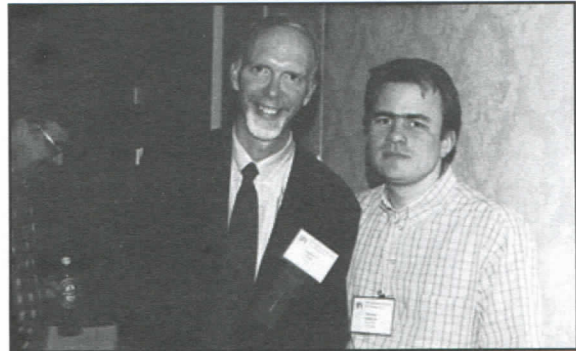
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New Fellows

TOSHIKI OGAWA is Associate Professor of Psychology at the University of Tsukuba in Japan, and also serves as Director of Psychological Clinical, where he is involved in the teaching of psychodynamic psychotherapy and psychodiagnostics. Dr. Ogawa is now on editorial boards of the international journal *Rorschachiana*, and the domestic journal *Rorschachiana Japonica*. His researches concerning the Rorschach range from methodological issues to clinical problems, as the following titles illustrate: On the subcategorization of vista response in the Rorschach test, Rorschach test study of the Parkinson's disease, On Rorschach responses of a methamphetamine psychotic, and on the inner relationship between the determinant of the Rorschach and the part of speech. Dr. Ogawa's recent interest is on the parallel between the psychotherapeutic process and in the inquiry, which will be presented at the XVI Congress in Amsterdam.



JOAN WELTZIEN received her Ed.D. from the University of Texas in Educational Psychology. Her primary work setting is private practice in Houston, where she does psychological assessments of children, adolescents and adults. She leads an ongoing seminar on diagnostic testing with emphasis on the Rorschach. She has been an active member of SPA since 1985 and is perhaps best known by our membership for creating and nurturing the Personal Column of the SPA Exchange. She is a model for how an assessment psychologist can and should function in private practice.

SUSAN COLLIGAN received her Ph.D. in Clinical Psychology at Long Beach Island University where, for two years, she worked with John Exner's teaching and research assistant. Subsequently, as Head of the Mental Health Clinic at the Oakland Naval Hospital, she was responsible for clinical and neuropsychological assessment. Dr. Colligan now is Director of Neuropsychology at John Muir Medical Center where she has initiated an assessment research project on the sequelae of mild Traumatic Brain Injury. Dr. Colligan has been adjunct faculty at Rorschach Workshops since 1978. She is active in SPA where she has been part of the Neuropsychology and Personality series, and has published research in this area as well.

STUART WILSON Stuart Wilson is a California-licensed psychologist, recently retired from clinical practice (children, adolescent, adult, assessment and psychotherapy) in Newport Beach, CA, living in the nearby town of Laguna Beach with his partner, Korey Jorgensen, MD. Dr. Wilson received his doctorate from George Peabody College of Vanderbilt University in Nashville, was a clinical intern at Duke University Medical Center in Durham, and a U.S. Public Health Service Postdoctoral Fellow in Clinical Psychology at the Menninger Foundation (1962-1964). He was appointed chief psychologist in a clinic for children in Newport Beach (1964). He entered private practice several years later and became a Diplomate in Clinical Psychology, American Board of Professional Psychology in 1967. He is listed in the National Register of Health Service Providers since 1975. He was the founding president of California Association of Psychological Providers (1983-1984) which prevailed in *Capp v. Rank*. He is a member of CPA, and APA (Divisions 12, 29, 31, 39, 42, 44). In addition to teaching the Rorschach Comprehensive System and continually revising his text (*Interpretive Guide to the Comprehensive Rorschach System*), he enjoys gardening, cooking and spending time with his granddaughter Ivey. Ivey's mother Tara, has recently graduated from California Western Law School in San Diego.



SPA on the Web

by Marvin W. Acklin, Ph.D.

If you are one of those people reading this who haven't "hooked up" to the Internet yet, you may be suffering from a mild, but innocuous phobic neurosis when it comes to technological doodads (namely, computers, but also programming anything digital: VCRs, cellular phones, microwave stoves, alarm clocks, marital aids, etc.). Diagnostic Impression: Technophobia. In this case, Prozac won't help much, despite claims to the contrary.

Technophobia is more common than you might think. You may encounter it in all social classes, occupations, and genders. For example, I have been patiently waiting several years for the editor of JPA to get his e-mail hooked up to simplify the process of submitting and reviewing manuscripts. So, if you have been anxiously avoiding getting hooked up, read on. We have just the thing for you.

For technophobics, getting "hooked up" to the Internet is easier than ever. You don't have to be a techno-nerd. Everything you need basically comes out of a box and you can buy it at your local one-stop computer superstore. Computers are getting cheaper all the time. The stuff hooks up with no more complexity than a TV and VCR, and can add a whole dimension in your life. (I admit that the only reason I can write this article -- technophobic that I also am -- is due to well-constructed counter-phobic defenses and the easy availability of technologically competent offspring. I can do OK getting around the Internet, but if anything screws up, I have to consult with my 21-year-old son.)

In the method section attached to this article, SPA's Webmaster, Greg Turnbull, describes in an easily replicated, step-by-step fashion how to go about getting the right hardware and software, hooking it all up, and programming it so that you too can surf cyberspace, send and receive e-mail, and spend endless hours lurking around newsgroups when you should be doing something more important. Most newsletter articles on the Internet are too wordy and complex so this is going to be simple. By the time you finish reading this article, you'll be good to go.

What have you to gain by going to the trouble and expense to set up an Internet connection? The Internet offers the practicing and academic assessment psychologist numerous opportunities to develop her or his knowledge base and professional practice skills and to have a lot of fun to boot. Four specific areas can add a great deal to your psychology work: e-mail, Web searches and database access, list servers, and, last but not least, SPA's home page: www.personality.org.

The web is a virtual world that is huge beyond imagining. Every possible item, topic, and issue -- from the gaudy to the sublime -- can be found. For psychologists, the range is virtually limitless. For example, the American Psychological Association's member services (www.apa.org), including PsychInfo, permits access to huge amounts of information that may readily supplement a research proposal or assessment report. I routinely do literature searches and put reference lists on complex forensic psychological evaluations. In the last year I have done literature searches on learning disabilities, attention deficit disorders, central processing disorders, the insanity defense and many other legal issues, Americans with Disabilities Act, and, of course, the Starr Report. If the salacious details of the Starr Report aren't enough for you, you can check out Mike Tyson's recent psychological evaluation.

Living in a somewhat isolated location (in the middle of the Pacific Ocean on the piece of rock the farthest from any continental land mass) my original thoughts about a SPA web page were for information sharing with Mainland colleagues and having a convenient place to communicate without the hassle of phone tag and snail mail. A home page -- aside from describing the organization -- can offer members a directory service with electronic addresses and hyperlinks. The website can publish the newsletter and periodic correspondence from the president. We could also get announcements concerning assessment-related activities, conferences, and products. I thought that a SPA Web page would also be a great place where people could get together to share clinical, research, and practice-related information, bulletin board style. I would like to see an active conference area where members could log into ongoing discussion groups. For example, a Rorschach research forum posting what people are currently doing, and how resources may be shared, would be a great start. Lawrence Erlbaum has promised an arrangement with the Journal of Personality Assessment in the form of electronic journal articles. Selected vendors of assessment-products could provide links or carefully chosen on-site advertising. We could have electronic reviews of new tests. I think an open question and answer column would be great: if something comes up and you don't have time to look at the library, log on and post a message. Finally a web page would offer hyperlinks to other assessment-related sites, data bases, and practitioners. SPA would no longer be a once a year phenomena, but an ongoing entity in cyberspace!

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Jed Yalof

Rorschach-Related Disorders: Diagnostic Criteria and Case Illustration

Jed Yalof, Ph.D.

I would like to propose a new diagnostic category that identifies a group of psychologists who suffer from what have termed "Rorschach-Related Disorders." This diagnosis is reserved for psychologists who have social and/or occupational impairment associated with various forms of Rorschach obsession. Age of onset is usually late 20s in response either to dissertation pressure and/or growing competency as a Rorschach scorer, interpreter, teacher, supervisor, or researcher. Initially, the disorder operates sub-clinically, is adaptive and may actually serve to enhance professional reputation. The disorder progresses insidiously and assumes a chronic course by mid-30s. Prevalence among female and male psychologists is unknown.

Essential diagnostic features of the disorder include a tendency to code life experience in Rorschach language, relate to people as if they were embodiments of a Structural Summary, excessive quibbling with others around the nuances of analytic theory in relation to Rorschach psychology, and a knack for irritating others with Rorschach nonsense, including students and supervisees, not to mention spouse and children. Later life participants for the disorder may include a negative courtroom experience, a bad showing at a SPA symposium or paper session, failure to secure Rorschach dissertation students, and negative evaluations at a CEU workshop in which participants endlessly challenge your scoring on every response, leading you to regress into such defensive statements as "I can see your point," or "Well, I'm not sure that Exner would score it this way," or "Let's move on to the next one."

Case Example: The following vignette illustrates clinical manifestations of the disorder. The psychologist shall remain anonymous.

I received a phone call from a psychologist. He introduced himself, claimed to have actually enjoyed one of my CE workshops from a few years ago, and asked me if I could help him with a Rorschach-related problem. I thought that he was going to ask for a consultation around scoring and interpretation and actually felt that I had a chance to charge my top fee. Naturally, I was taken aback when he explained what he termed his "Rorschach disorder." He told me that he was having a hard time thinking and feeling without relating experience back to some formal aspect of either scoring or interpretation. My good M responses were aroused, I felt empathic for the moment, and agreed to see him as a psychotherapy consultation.

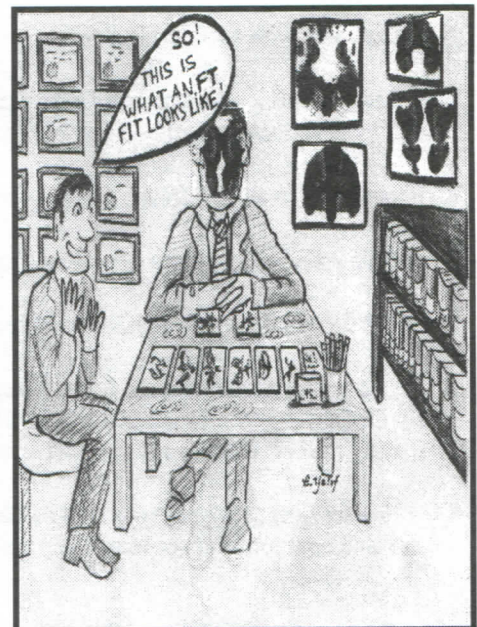
When he entered the room, I immediately empathized with his plight. He told me that he had chosen a "shading-shading" type of wardrobe today because he'd been feeling very distressed. He stated that his D score was D=-1. He then offered to give me a computer printout right on the spot of my own Rorschach profile based upon his assessment of me during the CE workshop, the phone contact, and my greeting. I thanked him for his thoughtfulness, but declined the printout for the time being. (I did feel a surge of countertransference because he could have at least given me an outright FT response with COP as a special score for agreeing to see him.) Instead, I bit my lower lip and he told me that he knew of his tendency to project achromatic (FC') and white space (S) type of experiences into people; he observed correctly that I had checked my gut reaction to him, and then told me that he was a high ZD guy.

At this point, my own (H) content was skyrocketing, so I decided to get away from a caricature and try to get real. I said that I suspected that he was having

a hard time curtailing his Rorschach enthusiasm (a nice conservative and friendly, if not saccharine answer that reflects my own massing of Popular responses). He said that in fact he was living in a world of FV, guessing that he knew that he had 3 FV, rather than 1, and that he was in a great deal of pain over what was happening.

I then asked if he could tell me more about what he was experiencing. He relayed the following story.

"I recently attended a professional conference. I gave myself at least one Pure H for being at the conference; it must mean that I have an interest in people. Maybe it even meant that I had a Texture response somewhere, even if FtU; after all, there must be something motivating me to attend conferences. Anyway, when it came time to eat (Fd responses, maybe with a little Na splashed in, are common among psychologists at conferences), I turned to another conference attendee with



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SPA on the Web

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The Society for Personality Assessment has undergone many changes since its inception. SPA on the Web can provoke an entirely new transformation, SPA can become a virtual community. This is, of course, not a new idea for organizations such as ours but, surely, one with a number of interesting possibilities.

So, if you aren't hooked up yet, follow Mr. Turnbull's detailed prescription (an exposure-based treatment model that is empirically validated, I think) and take advantage of what the Internet and world-wide web has to offer you. (In our next column we will cover some of the web sites that may pique your interest [all perfectly legitimate, of course].) If you are already hooked up, logon to www.personality.org, and let us know that you've been there and how we can make it better.

[Marvin W. Acklin lives in Kailua, Hawaii]

* * * *

Ready, Set, Internet!

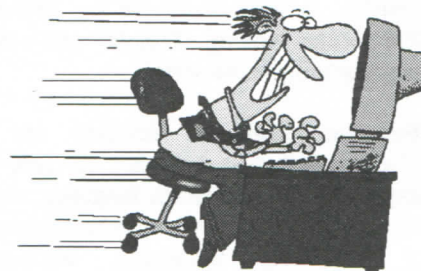
by Greg Turnbull

Acquiring the tools you need for access to the Internet can seem a formidable task to the beginner. As with many other new endeavors, the Internet learning curve can be smoothed with a few step-by-step instructions. You don't need to commit this information to long-term memory. Rather, let this guide be one of the first items in a new 3-ring binder kept near your computer for reference as and when needed.

Things You Need:

1. A personal computer with:

- At least 16 megabytes of memory (the more the better)
- Operating system: Windows™ 95, 98 or NT4.0
- A fairly large hard drive (it's hard to buy small ones these days)
- A modem (speed 28.8 or better)



2. A phone line (or a second line if you need to use the computer and the phone at the same time).

3. An account with an Internet Service Provider (ISP) or an on-line service.*

- Many pricing plans are available. Look for something equivalent to \$20/month for unlimited Internet connection via a local (no toll) telephone number

4. Browser software (Netscape Communicator or Microsoft Internet Explorer).

- This software is free to download from the Internet: www.home.netscape.com or www.microsoft.com

But what do you do if you're not connected yet?

- a) Have an Internet-literate friend bring over his or her CD-ROM.
- b) Order your own CD-ROM (about \$10) from Netscape or Microsoft.
- c) Big hurry? Buy a copy for \$40 or so from your neighborhood software store.

* On-line services, such as America On-Line (AOL), are ISPs who provide Internet access along with their own customized features and content. Expect to pay approximately \$25/month for *limited* access.

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SPA on the Web

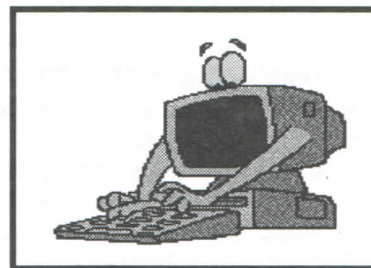
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Setting up your PC

Regardless of the ISP and browser software you select, you must create a dial-up networking connection, which is a script used by your modem to connect with the Internet by calling the access number of your ISP and confirming your account information (name and password) to the ISP's computer system. These instructions are for PCs running Windows™ 95 or 98. Contact the author through the SPA office if you need MacIntosh support. **Before you begin**, make sure you have your Windows 95/98 CD-ROM or Diskettes available.

I. Install Dial-up Networking (skip this step if "Dial-up Networking" already exists in the folder "My Computer")

1. Double-click My Computer on your desktop.
2. Double-click the Control Panel icon.
3. Double-click the Add/Remove Programs icon.
4. Click the Windows Setup tab.
5. Click the Communications component.
6. Click the Details... button.
7. Put a check in the box next to Dial-Up Networking.
8. Click the OK button.
9. Click the OK button again.
10. Windows 95 will prompt you for your installation diskettes or CD.
11. Wait for Dial-Up Networking to install.
12. When you are told to restart click the OK button.
13. Click the Start button and choose Shut Down.
14. Select restart the computer?
15. Click the Yes button.
16. Wait for Windows™ 95 to restart.



II. Add (or confirm) a Dial-up Adapter

1. Click the Start button, point to Settings and choose Control Panel.
2. Click the Network icon.
3. Select the Configuration tab.
4. Click the Add button.
5. Select Adapter.
6. Click the Add button.
7. From the Manufactures: list, choose Microsoft.
8. From the Network Adapters: list, choose Dial-up Adapter.
9. Click the OK button.

III. Add (or confirm) TCP/IP

1. Click the Start button point to Settings and choose Control Panel.
2. Click the Network icon.
3. Select the Configuration tab.
4. Click the Add button.
5. Select Protocol.
6. Click the Add button.
7. From the Manufactures: list, choose Microsoft.
8. From the Network Protocol: list, choose TCP/IP.
9. Click the OK button.

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IV. Add (or confirm) Client for Microsoft Networks

1. Click the Add button.
2. Select Client.
3. Click the Add button.
4. From the Manufacturers' list, select Microsoft.
5. From the Network Clients' list, select Client for Microsoft Networks.
6. Click the OK button.



V. Create a New Dial-Up Networking Connection

1. Double-click the "My Computer" icon.
2. Double-click the Dial-Up Networking folder.
3. Double-click the Make New Connection icon.
4. Under iType a name for the computer you are dialing,î type the name of your provider.
5. Click the Configure button.
6. Check that the appropriate speed for your modem (for 14.4 modems use for 28.8 modems use 38400 and for 33.6 and 56K modems, use 57600.)
7. Make sure that iOnly connect at this speedî is NOT checked.
8. Click the OK button.
9. Click the Next button.
10. In the Area code and Telephone number text boxes, type your ISPís access number.
11. Click the Next button.
12. Click the Finish button.
13. Click the new icon.
14. From the menu bar, click File and select Properties.
15. Click the Server Type Tab.
16. For Type of Dial-Up Server, select PPP: Windows 95 . . . Internet.
17. Uncheck Log on to network.
18. Check Enable software compression.
19. Uncheck iRequire encrypted password.î
20. Uncheck NetBEUI.
21. Uncheck IPX/SPX Compatible.
22. Check TCP/IP.
23. Click the TCP/IP Settings button.
24. Select the Server assigned IP address button.
25. Select the Server assigned name server addresses.
26. Check both Use IP header compression and Use default gateway on remote network.
27. Click the OK button.
28. Click the OK button.
29. Click the OK button.
30. Click the OK button to close the window.

Connecting to the Internet

Basic information you need from your ISP to set up your programs:

Domain name:	mindit.com (a fictitious example we will use throughout)
Access Number	_____
DNS (Primary):	0.0.0.0 (ISP may specify otherwise)
DNS (Secondary):	0.0.0.0 (ISP may specify otherwise)
Username:	Your username

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The Teacher's Block

Teaching to the Limits and Beyond:
Bridging Learning Disabilities and Psychodynamics



Immaculate College

Learning how to identify the limitations of one's professional competence is one of the most valuable lessons that a student can be taught in the context of an academic program. Identification of the limits of one's skill and knowledge base speaks not only to the ethical principles of boundaries of competence (1.04), maintaining expertise (1.05), and consultation and referrals (1.20), but also a larger issue related to the welfare of the consumer and the perception of psychology in the public eye.

Such "learning of the limits," so to speak, is not taught easily to assessment students in a didactic format. Rather than learning about skill limitations in a classroom setting, such learning is grounded experientially and occurs usually when the student is confronted unexpectedly with clinical cases on field placements that press the periphery of an evolving skill and knowledge base, but border the precipice of uncharted territory. The student's assessment work may, for example, approach the cusp of forensic psychology, neuropsychology, or school psychology, but with a skill and knowledge base that is unfamiliar with the literature, culture, and assessment strategies that distinguish assessment specialty areas. The presence of teachers and supervisors to guide the student during periods of such "knowledge crises" can serve to buffer the disillusionment that comes with non-knowing and support constructive efforts to sharpen vague understandings.

Among the most challenging areas of synthesis in the teaching and supervising of psychological testing is helping students bridge the relationship between child and adolescent assessment, the culture of public education, the diagnosis of learning disabilities, and psychodynamic and implications of school psychology evaluations. The

relationship between learning disorders and psychological disturbance can be obvious or subtle, and it is the responsibility of the psychologist both to evaluate and formulate in a manner that not only identifies each in isolation, but respects their confluence. In this article, I would like to talk about the challenge of helping students bridge knowledge across the specialty areas of clinical and school psychology assessment, and offer some recommendations that will hopefully facilitate this process for non-school psychology teachers and supervisors.

As someone who is trained formally as a clinical psychologist and a school psychologist, and who has had graduate and post-graduate training, respectively, in clinical neuropsychology and traumatic head injury, I can tell you outright that I (and other "no-pain, no-gain" gluttonous types like me) deserve a DQv/+ just for effort! Yet, deep-down inside, even the most psychoanalytic among us know that limitations in cognitive skill and personality functioning can be borne from sources other than psychological conflict. Indeed, deficits in neurological processes that influence the quality language and spatial skill affect school performance and impact interpersonal sensitivity and problem-solving, self-imagery, affect regulation, preference for particular defensive strategies, and character vulnerability. Implications for the integrity of internalized object relations, self-cohesion, ego functioning, and drive sublimation (take your pick!) should be apparent to all. As such, it becomes very hard to conceptualize the psychology of individuals with learning and/or neuropsychological disorders without appreciating their efforts to adapt over time to inefficiencies in overall functioning that are influenced, but not caused by, psychological conflict or deficit.

It is this type of interdisciplinary gray area, however, that provides the teacher with an opportunity to provide students with new information that adds insight to case formulations while also gently addressing professional issues related to limits of competence, expertise, and consultation. The weekly assessment seminar that I lead for clinical psychology doctoral students brings this point home. Included in this seminar are students who are working in various settings in which psychological evaluations of children are performed. These assessment experiences bring our group into frequent contact with the child's school record, the implications of testing for school-based recommendations, fantasies about how the public school will feel about a test report that includes a Rorschach (even though there is very informative literature on the Rorschach and learning disabilities), and the complexities of a psychoanalytically-informed understanding of a child with a learning disability. The learning disability may include multiple cognitive limitations and be comorbid with behavioral difficulties, systemic conflicts at home, and problems with affect management, self-image, interpersonal relations.

These students are trained intensively in standard IQ testing, TAT, Rorschach, MMPI, Bender, Sentence-Completion, Projective Drawings, and a few other tests and measures. But, except for those few students who have had prior formal training in school psychology, they are not school psychologists. School psychologists typically receive less training in psychodynamics and personality testing than their clinical psychology brethren, and more training in psychoeducational processes. By psychoeducational process, I am referring to academic achievement testing, the assessment of memory and other dimensions of information processing, the selection

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Connecting to the Internet (Continued):

Password: Your password.
Incoming mail server (POP3) mail.mindit.com
Outgoing mail server (SMTP) smtp.mindit.com

To place a handy icon on your Windows™ desktop, double click “My Computer” then “Dial-Up Networking.” Using the right mouse button click and hold on the icon you created (above) for your ISP. Drag the icon to any open area on the desktop and let go. From the pop-up menu, select “Make short-cut here.” Close the “My Computer” then “Dial-Up Networking” folders. Use the new desktop icon to launch the dial-up session.

When a phone connection has been established, start your browser (e.g. Netscape Communicator or Microsoft Internet Explorer). The following section explains how to configure these programs for sending and receiving email.

Configuring Netscape Messenger for Email

1. Click the Start button.
2. From the Start menu, point to Netscape Communicator and choose Netscape Navigator.
3. From the menu bar, click Edit and choose Preferences.
4. From Mail & Groups click the Identity link.
5. In the Full Name text box, type your name.
6. In the Email Address text box, type your username, followed by @[isp domain]. For example: user name@mindit.com (this is case-sensitive).
7. From Mail & Groups click the Mail Server link.
8. In the Mail server username text box, type your username.
9. In the Outgoing mail [SMTP] server text box, type the name of your ISP's outgoing mail server.
10. In the Incoming Mail Server text box, type the name of your ISP's incoming mail server.
11. Select POP3 (messages and folders are kept locally, on the hard disk).
12. Click the OK button to close the window.

Configuring MS Outlook 97 for Email

1. From the Outlook Tools menu, choose Services...
2. Select the Services tab.
3. If Internet Mail appears in the list of services:
 - a. Highlight Internet Mail.
 - b. Click the Properties button.
 - c. Go to step 7.

If Internet Mail does not appear, continue with step 4.

4. Click the Add... button.
5. In the Add Service to Profile window, highlight Internet Mail.
6. Click OK.
7. In the Internet Mail window, select the General tab.
8. Enter your full name and e-mail address under Personal Information.
9. For Internet Mail server, type the name of your ISP's incoming mail server.
10. For Account name, enter your username (case-sensitive).
11. For Password, enter your e-mail password (case-sensitive).
12. Select the Connection tab.



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13. Under Connecting to Internet Mail, choose connect using the modem.
14. For Dial using the following connection, select your ISP dial-up connection.
15. Click OK.
16. If you have added the Internet Mail service, you will be prompted to restart Outlook. Click OK.
17. Click OK again to dismiss the Services window.
18. Quit and restart Outlook if necessary.

Configuring MS Outlook 98 for Email

1. Open Outlook 98.
2. From the Tools menu, choose Accounts.
3. Click the Add button, and choose Mail.
4. In the Display name box, type your name.
5. Click the Next button.
6. In the E-mail address box, type your e-mail address (e.g., username@flex.com).
7. Click the Next button.
8. From the drop-down list, choose POP3.
9. In the Incoming mail (POP or IMAP) server box, type the name of your ISP's incoming server.
10. In the Outgoing mail (SMTP) server box, type name of outgoing mail server.
11. Click the Next button.
12. Select Log on using POP account name, Password.
13. In the POP account name box, type your username.
14. In the Password box, type your password.
15. Click the Next button.
16. In the Internet mail account name box, type FlexNet Mail (Note: this can be anything you want).
17. Click the Next button.
18. Select Connect using my phone line.
19. Click the Next button.
20. Click the Finish button to save settings.



Configuring MS Outlook Express for Email

1. From the Tools menu, choose Account.
2. Select the Mail tab.
3. Click the Add button.
4. From the Add menu, choose Mail.
5. In the Display name text box, type your name.
6. Click the Next button to continue.
7. In the E-mail address text box, type your email address.
8. In the Incoming mail (POP3 or IMAP) server text box, type name of incoming mail server.
9. In the Outgoing mail (SMTP) server text box, type name of outgoing mail server.
10. Click the Next button to continue.
11. In the Password text box, type your password.
12. Click the Next button to continue.
13. Click the Next button.
14. Select Connect using my phone line.
15. Click the Next button to continue.
16. Select Use an existing dial-up connection.

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17. Select your ISP dial-up connection.
18. Click the Next button to continue.
19. Click the Finish button.
20. Click the Close button.

Glossary of Terms:

- Browser:** Software that reads Internet documents (usually in HTML format).
- Client:** A computer, such as your own, that connects with a *Server*.
- Download:** Transfer electronic files from a server to your computer.
- Hypertext:** Also called "links". You can click on a hypertext link to go to another page or website.
- ISP:** Internet service provider gives you the telephone access you need to connect to the Internet, usually along with an electronic-mail account and *server* space for your webpage.
- Modem:** Allows your computer to connect to phone lines, in order to send and receive faxes or go online.
- Online:** You are online when your computer is linked, via a modem and phone lines, to a server.
- Server:** A computer to which you connect (by phone or by cable, as in an office network) processes your requests for files or web pages. In this case, the ISP's system and all other Internet locations are run on servers.
- Surfing:** Slang for browsing the Internet.
- Upload:** Transfer electronic files from your computer to a server.

Still not connected? Use the "employ the ultimate solution". Buy that 9-year-old computer whiz kid you know some pizza and let her do it.

[Greg Turnbull is a lawyer and psychology graduate student in Honolulu.]

ERRATA

SPA Exchange, Volume 8, Number 2, Winter 1999, Article: Stories Are Telling by Phebe Cramer, Ph.D., Page 6, Middle Column, Last Paragraph.

Use of Formal Coding Systems

Two formal systems I find especially valuable are Westen's coding system for assessing the level of object relations that characterizes the respondent, and Cramer's measure of defense mechanism use.

References: Cramer, P. (1996). Story-telling, narrative and the Thematic Apperception Test. New York: Guilford Press.

Rorschach-Related Disorders:

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whom I have a friendship (there's that COP response) and, in a Dd moment, we both decided to forego the large group lunch and opt for something to eat in the hotel cafeteria. As we walked in, I noticed what looked like a self-serve line and a service grill, but there were no signs to direct people. This, I said to my friend, must be an Ambivalent restaurant. We sat down and looked at the menu. The offerings were few. High Lambda, I said aloud. This restaurant must be run by someone with a $\Lambda = 1.5$, $R = 14$, $Dd = 4$, $DQv = 3$ record. We then sat, waiting to be served. After what seemed like an eternity, I pronounced that the manager had a ZD score of -3.5; he saw us sitting in a booth, but did not react to us. Either he wasn't processing our presence, or had 4 inanimate movements in his record that were preoccupying him at the moment, or was a contact shunning person with an elevated HVI index, or was just a chronically D and ADJ D = -1 guy. Eventually, I took it upon myself to approach him,

displaying my one good Space response, finally showing some assertiveness after a lifetime in therapy. He apologized, but seemed detached, as if he had a few FD- in his record; you know, lots of perspective, but no insight. Fortunately for me, my friend was validating my FQx%, so I felt in my element, prideful of assessment skill—a real Fr moment...

He then paused and asked me if I got the gist of his problem. I sat quietly and then told him that because I taught, supervised, and practiced the Rorschach test, I thought I understood his experience. He perked up, broke a smile, and said "Can you teach it to me?" Feeling the swell of Aggressive Movement, I caught myself and said, "Yes, let's begin with the Ag special score."

Until next time, good teaching. ■

Announcement

Dr. Carl B. Gacono continues to expand the Gacono and Meloy forensic Rorschach computer data base (in part, with the aid of Forensics Inc. and a grant for the Susan Stein Shiva Foundation). These forensic protocols now contain over 800 different protocols classified by age (ie CD children), gender (ie. ASPD male and female), diagnosis (ie. psychopaths, schizophrenic ASPDs), offense type (ie. sexual homicide), or any combination of these variables (non-violent pedophiles). Please contact Dr. Gacono at DRCARL14@aol.com or 512-278-0198 if you desire more information about the project, wish to contribute data, or would like to collaborate utilizing data from the Gacono and Meloy protocols in one of your ongoing projects.

Introduction to Therapeutic Assessment: Using Psychological Testing to Help Clients Change

September 24-25, 1999

Sponsored by the Center for Therapeutic Assessment
and Texas University Affiliated Program

Presenter: Stephen E. Finn, Ph.D.

Rorschach Assessment of Aggressive and Psycho- pathic Personalities

Saturday, October 9, 1999

A workshop co-sponsored by the Texas University Affiliated Program

Presenter: Carl B. Gacono, Ph.D.

Both workshops will be held at the University of Texas at Austin. For more information and registration, please call:

Mary McCarthy, Ph.D.

Director of Interdisciplinary Training

Texas University Affiliated Program

University of Texas at Austin

(512) 471-7621 or

(800) 828-7839

The Personal Column



Joan Weltzien

STEPHEN A. APPLEBUAM'S new book is The Mystery of Healing. I am sorry I mistakenly reported it differently.

RAYMOND COSTELLO reports that **RONALD MIYATAKE** of the University of Maine has accepted a psychology post-doctoral fellowship at the University of Texas Health Science Center at San Antonio for the 1998/99 year.

ANDREW W. KANE has published the 3rd Edition of two books he co-authored with **MARK ACKERMAN** entitled Psychological Experts in Personal Injury Actions and Psychological Experts in Divorce Actions, published by Aspen Law and Business. The books are designed to help psychologists and other mental health professionals understand the interplay of law and the psychological sciences, and to help attorneys understand the nature of psychological evaluations.

JED YALOF published an article entitled "Good Enough" Psychoanalytic Teaching: Keeping the Unmanageable Manageable. International Journal of Communicative Analysis and Psychotherapy, 12, 15-22.

RADHIKA KRISHNAMURTY was promoted to Associate Professor in the School of Psychology at the Florida Institute of Technology.

VIRGINIA BRABENDER was promoted to Full Professor in the Institute for Graduate Clinical Psychology of Widener University.

Call for Workshop Presentations

At their fall meeting (September 17-19, 1999), the Board of Trustees will be selecting workshops to be presented at the 2000 midwinter meeting of the Society for Personality Assessment. If you are interested in having a workshop considered for presentation at the meeting, please provide the following information:

- a) Workshop title;
- b) Workshop presenters and affiliations;
- c) Brief (250 word) description of the workshop content;
- d) Any prerequisite skills or training required to attend the workshop and/or level of experience expected of attendees;
- e) Half-day or full-day workshop; and
- f) Documentation of presentation skills (e.g. prior workshop or teaching evaluations, recommendations).

The workshop presenter receives one-third of the fee for the workshop to cover expenses and honorarium. The Board will rank the submitted workshop presentations on the following criteria:

- a) Suitability of workshop content for SPA members;
- b) Diversity of content among the workshops;
- c) Redundancy with workshops from previous mid-winter meetings;
- d) Membership in SPA is preferred;
- e) Innovative/creative approaches to assessment; and
- f) Previous experience in presenting workshops.

This information should be submitted to:

The Society for Personality Assessment
Attn: Greg Meyer
6109 H Arlington Blvd.
Falls Church, VA 22044 by September 15, 1999. ■

The Teacher's Block

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of behavior rating scales, the testing of handicapping conditions, and the evaluation of specific verbal and non-verbal disorders, auditory processing deficits, pervasive developmental disorders, and ADHD. Moreover, unlike most clinical psychologists, school psychologists are quite familiar with the peculiar acronyms of the public school (e. g., IDEA, MDT, CER, IST) and are comfortable thinking in school psychology language.

The frequent overlap of school and clinical issues in child and adolescent evaluations, especially when the child is referred for school problems and/or has a prior learning disorder as one diagnosis, can place the teacher and clinical supervisor in an awkward spot when it comes to directing the student. Here are some ideas for bridging the knowledge and skill gap. First, it helps to have available readings on such topics as ADHD and learning disabilities. This material can help students get a handle on terms that they may have heard previously, but do not fully understand. Second, a thorough review of DSM IV criteria for ADHD, Pervasive Developmental Disorders, and Learning Disorders can familiarize students with the generic diagnostic categories that may become part of their language when evaluating children and adolescents. Third, it may help to invite as a guest speaker a public school psychologist to discuss school psychology training and practice. Fourth, students will benefit from supervised opportunities to review and try new tests and measures that will orient them to the basics of academic achievement testing, including, but not limited to, a WRAT III. Fifth, the teacher or supervisor can help students develop integrative report narratives in which one paragraph is devoted to an integration of academic and personality issues.

I have attempted to provide an example of how training students in one specialty area necessarily sharpens their appreciation for skill and knowledge

deficits when their work brings them into contact with another specialty area within the general realm of professional psychology. One particular illustration of this tension occurs when students conduct psychological evaluations of children and adolescents who either have or are suspected of having a learning disability. By learning to identify the limits of competence and referral, they also put themselves in position to learn new information under the direction and with the support of their teachers and supervisors.

**Mark your calendar...
to attend the next
Midwinter Meeting
in Albuquerque, New Mexico at the
Hyatt Regency,
March 22-26, 2000.**

Details to come.

From the Editor:

If you are a member of Division 12, you probably were as intrigued as I was to see the title of the lead article of the Division's most recent newsletter, "Empirically Supported Assessment For Clinical Practice: Is It Possible? Is It Desirable?" The President of the Division, Thomas H. Ollendick, impugned the enterprise of assessment (including personality assessment) as it is, in his view, currently practiced. He begins his column by noting the tremendous advancements in empirically validated treatments. He goes on to decry the lack of a similar development in the assessment realm. He describes his own experiences with personality assessment during his internship training in which lengthy assessments were written which seemed to have no value for the planning of treatment. He writes, "Although assessment is important in its own right, assessment practices have lagged behind our attention to, and focus upon, treatment. Yet, we can hardly advance the empirical status of our treatments if we do not have empirically supported (validated?) assessment practices through which to elevate those treatments. In short, the *science* of assessment has not proposed or flourished" (p. 2). Naturally, I was interested to see what support Ollendick would marshal to buttress this indicting statement. He makes two points. The first is that he finds advertised in the *APA Monitor* "assessment tools and strategies that are solely lacking in psychometric rigor and do not cut the muster" (p. 2). His suspicion, offered without a chard of evidence, is that the use of these instruments advertised in the *APA Monitor* is widespread. The second is that instruments that take as accurate an individual's self-description (self-report inventories and interviews) have serious limitations. Ollendick believes that the reason managed-care has treated personality assessment so poorly is precisely because of the low



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From the Editor:

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quality of assessment practices. To remedy this situation, Dr. Ollendick is appointing a task force that will explore the psychometric status and potential usefulness of performance-based measures. Unfortunately, there are no SPA members on this task force.

Through vexing, Dr. Ollendick's article is a gift to the Society for Personality Assessment. He is sharing with us the perception of personality assessment of many persons within our own profession. His remarks make evident the enormous task we have ahead in communicating the scientific base of personality assessment. Increasingly, personality assessment, once the province of all psychologists, is becoming a specialized practice. Just as I may not be familiar with developments in certain specialized areas, so too are others who practice outside of this domain likely to be unknowing about the empirical status of our tools. They are also likely to fail to distinguish between the validity

of information contained in assessment reports and how the reports are used.

These individuals are not likely to form their impressions only after reading the current literatures or attending a mid-winter meeting. Rather, chance experiences in an internship setting, advertisements in the *APA Monitor*, are likely to be key sources of information.

The *SPA Exchange* is an ideal venue to communicate with one another precisely about the issue of how we communicate with the outside world that assessment for clinical practice is currently empirically supported. Please share with us your ideas.

Virginia Brabender

References

Ollendick, T. H. (1999). "Empirically Supported Assessment For Clinical Practice: Is It Possible? Is It Desirable?" *The Clinical Psychologist*, 52 (2), 1-2.

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