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## 2002 Presidential Address

### Appreciating the Power and Potential of Psychological Assessment

by Stephen E. Finn, Ph.D.

*(Presented at the midwinter Meeting of the Society for Personality Assessment, March 21, 2002, San Antonio, TX)*

Thank you for the honor of letting me speak to you today. There really is no other group in the world right now that I would rather be heading, and that's because I'm in love with psychological assessment and I know that many of you are too.

Which brings me to the title of my talk: "Appreciating the Power and Potential of Psychological Assessment." When I told a non-psychologist friend what I would be speaking about today, she asked, "Won't you be preaching to the choir?" And though of course I am—and that's part of what makes this fun—in another sense I think that most of us in the room really don't fully appreciate the power and potential of psychological assessment. I know this personally, because I keep being surprised—even after all this time—by the mystery and transformative impact of our assessments. For example, I'm kind of reeling this week from a couples assessment I've been working on intensely for several months. The couple and I haven't even completed our discussion of the assessment findings, and I'm already amazed at the difficult, moving shifts all three of us have made. I also know that we don't fully understand psychological assessment when I read our journals, see assessment reports from other psychologists, and attend presentations at meetings such as these. Yes, even here in the SPA, I sometimes get the sense that we're groping in a darkened room for a treasure we only see a glint of now and then. And friends, if *we* don't fully appreciate the nature of our work, how can we expect those who are critical of personality assessment to do so?!

By the way, if you didn't know that you were attending an old fashioned revival meeting this afternoon with the purpose of helping you get born again to the value of psychological assessment, let me warn you that that is indeed what is intended here! And if any of you want to slip out quietly now that you know, we won't think any less of you.

I feel moved to tell you all about the first time I got a peek at the treasure that is psychological assessment and please bear with me—those of you who've heard pieces of this story before. It was at the end of my first year of clinical psychology training at the University of Minnesota, when I did my very first practicum on the adult inpatient unit of Hennipen County Medical Center in Minneapolis. To set the stage, I had just completed a year of assessment training with some incredibly good instructors. We learned the MMPI from Jim Butcher and Auke Tellegen, intellectual testing from a prominent neuropsychologist, and the Comprehensive System for the Rorschach and the TAT from some excellent adjunct faculty. I had found these courses extremely interesting and arrived at this first practicum with a lot of intellectual curiosity about how psychological tests would be useful in an applied clinical setting.

My primary supervisor, Dr. Glenna Schroeder, took one look at the green and rather intellectualizing graduate student I was, and decided that I should have my first assessment experience with a rather harmless and patient schizophrenic man named Joe, who was in residence at that time on the unit. Joe was a middle-aged, semi-homeless man who was well known to the entire staff at the hospital. I learned later that he was somewhat legendary for appearing twice a year, exactly six months apart in the hospital emergency room in the middle of an acute psychotic episode. Each time, Joe would be admitted to inpatient psychiatry where he would be stabilized on anti-psychotic medication. Then after about three weeks he would discharge himself and refuse to be involved in aftercare, only to appear again when half a year had passed.

I saw Joe rather late in his stay, about one week before he planned to leave the hospital. He may have even hung around a bit longer than he had planned to help me get some assessment experience. I know I gave Joe the WAIS and the MMPI, but it was the Rorschach that stands out for me now. I think this was the first client Rorschach I ever gave outside the course I

had, and I remember Joe rejected Cards II, III, VII, IX, and X. I came prepared with my memorized Exner instructions and assured Joe that if he just kept looking, he would see something. He didn't. I think I even stopped at one point to ask if he had some reservations about doing the testing, and he assured me that he did not, he just couldn't see anything on any of those "ugly" cards—only the ones he had already given responses to. I returned to my supervisor feeling that I had failed my first real Rorschach administration.

Luckily, Dr. Schroeder was a very skilled clinician. She assured me that I had done just fine and told me to go ahead and score what I could of the Rorschach and to come see her in the morning. Joe actually had given a fair number of responses to the cards he hadn't rejected, although the majority of them used pure Form. As Dr. Schroeder and I sat with the Rorschach the next morning, she asked me to consider what cards II, III, VII, IX, and X had in common. "Chromatic color," I offered. "Good," she said. "And what did Rorschach theory tell us about color cards?"

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## 2002 Presidential Address

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"They stir up emotions."

"And what might it mean that Joe had called the cards ugly?"

"He didn't like the emotions they stirred up?"

"Exactly! And how did Joe deal with emotions he didn't like facing?"

Here, I was stuck. "He denies them," Dr. Schroeder explained. "Joe is ready to leave the hospital again, but he achieves this each time by pushing aside a bunch of unpleasant feelings that he can only ignore for so long. Eventually they burst through again, and he ends up back in the hospital."

I remember being amazed at how Dr. Schroeder's interpretation made sense, but the real clincher was when I went to talk about the testing with Joe. Tears rolled down his weather-beaten face as we talked about the Rorschach, and he told me not to worry, it was just that nobody had ever understood him so well before. We talked about what he might do to face the "ugly" feelings that were so hard, and he agreed to check out a few of the aftercare programs that were available. We shook hands briefly, looking deep into each others eyes (a first for me and perhaps for Joe) and parted.

I left that session *deeply* moved (and a convinced Rorschacher), but there's more to the story. Thirteen months later I began my psychology internship in that same inpatient psychiatry ward at Hennepin County Medical Center. It wasn't too long before I heard that Joe had come into the emergency room again, but this time the staff seemed relieved. For as it turned out, Joe hadn't been admitted since that last time I had seen him, and a lot of the nurses were afraid something bad had happened to him on the streets. Eventually, Joe made it up to the unit and when he saw me, he ran across the room, shook my hand, and asked, "Can we do those inkblots again? That was one of the most important things that ever happened to me in my life!" I was a bit surprised, but assured him that we could, and I asked him how he'd been doing since I last saw him. It turned out that he had indeed followed up on the aftercare we had talked about, had been attending a group, had an apartment, and had been taking his medication. He told me he had been working hard to face the feelings he'd been avoiding, and it had helped—he'd just had a set-back recently after a friend died. He hoped we could "check out his psyche" while he was there to see if he'd been

making progress. And the next week he gave me a Rorschach with responses to all 10 cards.

This experience was so impacting on me, in part, because *nothing* I had learned in my assessment courses had prepared me for it. I remember quizzing my professors and supervisors afterward. Yes, our tests were valid, and reliable, and interesting, but why had nobody told me that psychological assessment can change peoples lives?! Was there anything written about this? Had it ever been studied? And why was this being kept such a big secret?!

That was over 20 years ago, friends, and I've built a career since on learning everything I can about how to make assessment therapeutic, documenting those effects in research (though not nearly enough), and teaching other people how to do impacting, life-changing assessments. I've had so many incredible experiences with clients around assessment, with the Rorschach and other tests, that when I read these recent critiques of assessment that have gotten such wide press, my first and foremost reaction is always puzzlement and a question, "How can these people not see what I see?!"

So let's consider that question for a minute: If psychological assessment has the potential to be a truly powerful and life changing event for clients and assessors both, why don't more people know about that fact? And let's start, as is always good, by turning our focus toward home—on the profession of psychology.

I would submit to you that most of psychology bought into a paradigm long ago where psychological assessment is seen as something like a glorified blood test. We have these tools, called psychological tests, that can be used to "extract" information from a semi-cooperative "patient." Once that is done, we can put our data into a computer, which will analyze it and spit out an interpretation, that then can be used to make decisions or direct treatment. And oh, by the way, someone along the way might want to tell the patient what we found, but that isn't really necessary.

Friends, this is a harsh characterization, especially here at the SPA where I take joy at meeting so many gifted, artful clinicians who practice such a humanized, non-mechanical form of psychological assessment. But we are largely exceptions!! How many assessors do you know who *never* give assessment feedback to clients, or who mail them a long, boiler-plate report full of technical jargon and other meaningless phrases? How much effort are we putting into developing better and better validity

scales—important to be sure—but instead of researching what things one can do at the beginning of an assessment so that clients *want* to reveal all they can to a psychologist?! And how can we as a profession sit by quietly and continue to let shoddy psychological assessment practices take place that are dehumanizing and even damaging to clients? As best I can tell—this is possible only if we ourselves don't fully appreciate the true power and potential of psychological assessment. And if I'm right here, we needn't wonder when so few students want to learn about psychological assessment or when critical articles get published about us in *The New York Times*, or when managed care gate-keepers balk at paying for psychological assessment.

I believe we're at a *crucial* time in the history of psychological assessment and that it's important that we take active steps to get out the secret of what psychological assessment can be. Some of you read my article in the last issue of the *SPA Exchange* of how I think the SPA can help with this, but let me recap a few points here.

First we have to rid ourselves and our profession of this view of psychological assessment as a semi-skilled technical enterprise conducted by slightly schizoid people who would have been therapists if only they liked humans as much as numbers. And to do this we have to stop fooling ourselves—and to realize that every time we give someone an MMPI, a Rorschach, or a Beck Depression Inventory, it is an interpersonal event that has the potential to impact that person—for better or worse. Sometimes we want to ignore this, to simplify our jobs, and so we can administer more tests, get more money, and make our bosses happy. But we give both ourselves and others a false message about psychological assessment each time we fail to recognize the import of our work and treat it like drawing blood.

Second, every chance we get, we have to tell people what psychological assessment really can be and encourage our satisfied clients to spread the word. Do you know that at our group practice in Austin, where we specialize in therapeutic assessment, almost half of our referrals now come through word of mouth—from people who have heard through other clients how helpful an assessment can be? And at least in my case, lots of people—middle class people—pay a lot of money for those assessments. Spreading the word is also why, at least once a year, I do a workshop where I do an assessment live—while other psychologists and mental health professionals watch and give me advice. For after they've seen what an assessment can do they *never* forget. In fact, after one of these

assessments I usually get 4 or 5 workshop participants calling me to ask if they can do an assessment! Along these lines I've been pleased to hear that our incoming editor Greg Meyer is planning to publish more case studies in the *Journal of Personality Assessment*. I hope we can read some examples of how assessment transformed peoples' lives, and perhaps some other examples—where it did *not*—so we can continue to learn how to improve our methods. For I really don't feel we're anywhere near realizing the true potential of psychological assessment.

To achieve this, I think it's crucial that we shift our focus from researching exclusively test construction and validity, to learning more about what factors make psychological assessment useful and therapeutic for those involved. Several years ago some of us in SPA were involved in an APA task force [the Psychological Assessment Work Group] whose charge was to review the existing literature on the validity and utility of psychological assessment. You may have read some of our reports about test validity—which were very encouraging. But regarding test utility we had disappointing news. Almost no studies existed that had investigated the utility or therapeutic value of psychological assessment. As others had done before us, we issued an urgent call for such studies to immediately be initiated. But friends, such research is not easy to do, and it's not cheap if you do it right. And—no surprise—NIMH and other grant

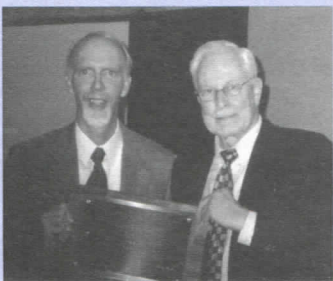
funding research agencies have little or no interest in backing such research.

So here's what the SPA Board has decided to do. Greg Meyer, with help from several of us, has written a Request for Proposals outlining the type of research we would like to see happen. We're still tinkering a bit with this RFP, but I hope we'll be distributing it soon and accepting proposals for research on the utility of assessment. What we need now is money to fund this research and here's where I'm turning to you. SPA does not have enough money in our regular budget to cover the costs of research, so we are soliciting donations explicitly for this purpose. The SPA Board members have generously led the charge by this morning pledging over \$9,000 out of their own pockets for this project. We're hoping some of you may also contribute and we'll also be approaching other individuals and organizations with our hat in our hands. I really can't think of a project more important than beginning to investigate and document the life-changing power of psychological assessment—right now—right here—and in ways even our harshest critics won't be able to refute. If you feel inspired to help us out, you can give a check to me or to the people at our registration desk. If you would like you can also arrange a deferred monthly payment by credit card by contacting our central office. If half of our members of the SPA gave \$100 each, we would have over \$100,000 to fund this research, which would make a good start.

And there's one more thing I'd like you to help us with. Do you know another best kept secret—beyond that of the power and potential of assessment? The SPA itself! Len Handler, our President-Elect, told us that when he first attended a meeting of the APA's Committee on Psychological Tests and Assessment [CPTA—the major APA committee dealing with assessment issues], he found to his chagrin that only one other person there had ever heard of the SPA. As our former president Bruce Smith said last night to me, currently we're more like a secret society than a professional organization! Friends, if we're going to spread the word about assessment, this has to stop! We have 2,600 members now, let's see if we can double that in the next few years. And here's what you can do: Talk about the SPA to everyone you can. Urge students to join. Hand out membership applications. Our central office will be happy to send you membership applications so you can pass them around.

In closing, let me go back to where I stand. I *love* personality assessment. I personally can't think of work that is more interesting, moving, and challenging. It is such a privilege to stand up here today in front of so many of you whose work I greatly admire. Now, please join me in letting the world know about the power and potential of psychological assessment.

## 2002 Midwinter Meeting



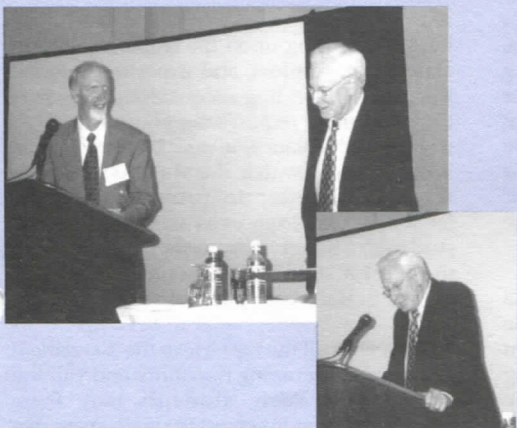
Jerry Wiggins accepted the Bruno Klopfer Award from Stephen Finn, President, SPA.



Stephen Finn with new SPA Fellows Barton Evans and Jacquelyn Singer.



Alex Caldwell accepted the Hertz Memorial Lecture Award from Stephen Finn, President, SPA.



Bill Kinder accepted an award from Stephen Finn, President, SPA.

## Why Instructors and Supervisors Must Advocate for the Rorschach

by Dr. Steve Huprich

Over the past several years, support for the use and validity of the Rorschach Inkblot Method has been challenged in the scientific community. Along with the challenges of Wood and colleagues (e.g., Wood, Nezworski, & Stejskal, 1996a, 1996b), Garb (1999), and Hunsley and Bailey (1999), the popular press has provided an outlet for this criticism to be voiced (Goode, E., *The New York Times*, February 21, 2001). Not surprisingly, with such an increasing distaste for the Rorschach, many graduate programs have minimized the utility of the instrument or discontinued training students in the Rorschach altogether (Stedman, Hatch, & Schoenfeld, 2001).

These changes are alarming for two major reasons. First, there is a growing discrepancy between the assessment expectations of internship directors and those of clinical psychology training programs. In a survey of internship directors, Clemence and Handler (2001) found that 69% reported that potential interns need a good working knowledge and coursework on the Rorschach. Interestingly, these expectations have not changed much over recent years (Garfield & Kurtz, 1973; Durand, Blanchard, & Mindell, 1988; Watkins, 1991). Yet, directors of clinical training have de-emphasized training in the Rorschach and projective techniques. Piotrowski and Zalewski (1993) reported that 80% of the directors of clinical training in APA-approved clinical and counseling psychology programs believe that objective and behavioral testing should be emphasized over projective testing. Furthermore, Blanchard (1998) reported that only 35% of the members of the Society for the Science of Clinical Psychology who were affiliated with APA-approved programs rated projective testing as an important aspect of clinical training. As a result, it is not surprising that many students have questioned the adequacy of their training (Hershey, Kopplin, & Cornell, 1991; Hilsenroth & Handler, 1995), and internships are finding that they must offer substantial training in assessment (Clemence & Handler, 2001; Stedman, Hatch, & Schoenfeld, 2000).

Second, practicing psychologists readily acknowledge the need for knowledge and use of the Rorschach in clinical practice. Watkins, Campbell, Nieberding, and Hallmark (1995) found that 82% of practicing psychologists surveyed reported that they use the Rorschach at least in moderate frequency in their practice. More recently, Piotrowski, Belter, and Keller (1998) reported that psychologists ranked the Rorschach as the third most important test in their clinical practice. Surveying psychologists who treat adolescents, Archer, Maruish, Imhof, and Piotrowski (1991) found that the second most commonly used test with the adolescent population was the Rorschach, which was superseded only by the Wechsler

intelligence scales. Likewise, in the forensic setting, recent surveys of psychologists who conduct assessment indicated that the Rorschach is regularly used as part of their evaluations (Borum & Grisso, 1995; Lees-Haley, 1992).

Thus, given the discrepancies in students' training and internship expectations, and the likelihood the students will use the Rorschach in their clinical training, it is particularly troubling that training in the Rorschach is decreasing. As an instructor and supervisor of students who learn to administer, score, and interpret the Rorschach, I am keenly aware of the uphill battle that presently exists in the professional practice of psychology about the use of the Rorschach. However, it has also become apparent to me that there are many other factors that make teaching the Rorschach an intimidating task, regardless of the current climate. In the sections that follow, I will identify several areas in which teaching and supervising the Rorschach is challenging. Then, I will offer suggestions for how to address many of these concerns. The conclusion I draw is this: Instructors and supervisors of the Rorschach must be advocates for its usage. Such activity is now necessary to promote the welfare of the instrument and that of the graduate students who will be expected to be familiar with it.

### Difficulties in teaching and supervising the Rorschach

Teaching the Rorschach is a daunting task, as is supervising a student who is just beginning to be familiar with the instrument. There are several factors that make Rorschach instruction difficult. First, most students tend to have a fair degree of skepticism about the test. Some of this skepticism is rather explicit, while others approach the instrument with unspoken doubts or, at the very least, many questions. It is not uncommon for a student to say or think: What can inkblots tell me about one's personality? Second, learning the Rorschach is costly. There are several books and resources available for students today: (Exner, 1993, 2000, 2001; Ganellen, 1996a; Meloy, Acklin, Gacono, Murray, & Peterson, 1997; Weiner, 1998; Wilson, 1994). Depending upon the instructor, the time allotted for instruction, and the goals of a course in personality assessment, students will likely be asked to spend a large amount of money for learning this one instrument. As an instructor, I occasionally hear the complaints about the cost involved in taking just this one course.

The Rorschach is also costly in terms of the time and effort required for mastering the technique. For instance, it is not easy to learn how to discriminate among the shading scores, especially if the Inquiry is not done well. Also, it is not uncommon in my

experience to hear students report spending between 20 and 30 hours in their first administration, scoring, and interpretation of a Rorschach protocol. Compared to the significantly shorter time involved in one's first MMPI-2 interpretation, the primacy effect of one's experience with the Rorschach consists of a dysphoric and negative affect that likely colors the way in which the student views subsequent administrations, scoring, and interpretations. Not surprisingly, even after all their coursework and exposure to the Rorschach, many students report lacking confidence in their ability to interpret a Rorschach and write up a report that integrates Rorschach data (Hilsenroth & Handler, 1995).

A third difficulty in teaching the Rorschach is that other faculty members may hold negative views of the instrument and actually discourage students from using the test. Such a message can and does leave some students feeling confused and demoralized about what exactly is the standard of practice in assessment psychology.

A fourth, but related problem is the potential disdain or disuse of the instrument by clinical supervisors. One student informed me that her supervisor did not want her to administer the Rorschach to a sex-offender patient because she did not believe the test was appropriate or valid for this purpose. While I provided the student with some appropriate readings and empirical support of the instrument for this purpose (e.g., Gacono, Meloy, & Bridges, 2000), the student reported that the supervisor remained unchanged in her opinions. Likewise, supervisors may be unwilling to supervise students' administrations of the Rorschach because they have limited experience and familiarity with the instrument. While this type of refusal actually reflects ethical responsibility, it nevertheless fails to provide students the opportunity to obtain valuable Rorschach experience with patients for whom the Rorschach may be well-suited.

Fifth, depending upon the student's level of experience, comfort, and expertise with the Rorschach, providing adequate supervision of the instrument requires significant time and energy. For instance, it may be necessary in some cases to watch the student's administration in order to provide adequate feedback. However, even with well-trained students, a supervisor needs to be prepared to invest a significant amount of time and energy in Rorschach supervision.

Finally, with all the rhetoric in the assessment literature disparaging the utility and validity of the Rorschach, students may form premature opinions about the instrument that

are contrary to the goals of a course in personality assessment. Such opinions are dangerous because they are formed with little, if any, clinical experience with the instrument. In actuality, they are errors in reasoning and judgment that is based on inexperience and (perhaps) disdain. In Rorschach terms, such behavior may be considered a *MP.Fr.CFu* type of response (perhaps including a *PER* or *ALOG*).

### How to manage the difficulties in teaching the Rorschach

Given the inherent challenges in teaching the Rorschach that are listed above, one may question if it is possible to effectively teach the Rorschach so that students can have a true appreciation for the instrument. Below, I will list several strategies that I believe are necessary for any instructor or supervisor of students who administer Rorschachs.

First, it is critically important in the zeitgeist of these times that instructors and supervisors are eager and enthusiastic in teaching the Rorschach. It is easy to underestimate the impact that this can have on students' learning. In my own experience, it was not until I worked with knowledgeable clinical supervisors who were spirited advocates of the instrument's brilliance that I came to fully accept the Rorschach's merits and power. Such supervisors were good role models in critical and analytical thinking, sound clinical judgment, and effective personality assessment of personality (which was not just limited to projective or non-projective psychological testing).

Second, having good case examples provides excellent teaching tools. Weiner (1998), Meloy et al. (1997), and Ganellen (1996a) all provide clear, well-written examples of test data in their texts. Likewise, in my own clinical practice and training, I have brought in masked protocols of patients and discussed the data and what it adds to my understanding of the patient in my clinical work with him or her. These examples provide students with "real life" scenarios that make the instrument come alive in ways that it does not in the abstract.

Third, and related to the above, it is absolutely essential that students begin using the Rorschach early in their training (Childs & Eyde, 2002). As an example, in one assessment course, students were asked to assess patients at a local drug and alcohol rehabilitation center after receiving referral questions from patients' counselors. On more than one occasion, a review of the patient's Rorschach and other assessment data suggested that the patient met criteria for schizophrenia or schizoaffective disorder. Such findings had obvious implications for the patients' treatment that might never have been identified earlier. Likewise, in the assessment feedback process, students incorporated therapeutic suggestions provided by Finn (1996). This approach proved to be very meaningful, as some patients were signifi-

cantly moved by such insight and able to identify parts of themselves that needed attention in treatment that they could not identify earlier. Needless to say, these students quickly learned the power of the Rorschach.

Fourth, instructors and supervisors should ask students to be familiar with the criticisms of Wood, Garb, Hunsley, and Bailey. Likewise, students should become familiar with the replies of Weiner (2001), Viglione and Hilsenroth (2001), and Meyer and Archer (2001). Good education provides students with two sides of any issue. Direct confrontation, instead of avoidance, allows future psychologists to be adequately informed about the Rorschach controversy. This, coupled with clinical experience with the Rorschach, fosters competence and professionalism. Verbal degradation in the absence of clinical experience and knowledge of the rebuttals fosters bitterness and impedes full knowledge of the field. This, in turn, leads to or reflects deficits in one's professionalism and integrity.

Fifth, those who teach and supervise the Rorschach need to enlighten those professionals who dismiss, disregard, and overtly attack the Rorschach. As mentioned above, I attempted to educate one supervisor by providing her with some empirical information about the use of the Rorschach with sex offenders. She still hesitated in allowing the student to conduct a Rorschach. Although Rorschach advocates cannot make critics and skeptics change their minds, they can maintain their integrity by engaging in such proactive behavior. They also can speculate (privately or publicly) about the continued concern some individuals have about the Rorschach in light of the positive support that exists for the measure and evaluate how to best manage such situations.

Finally, instructors and supervisors could engage in research with the instrument and encourage students to do likewise. In the spirit of advancing clinical science, students, scholars, and critics of the measure can make a meaningful contribution to the field by investigating the Rorschach's merits directly. Not only is science advanced, but more directly, one's teaching is advanced. In fact, it is likely that one's enthusiasm for the Rorschach (as discussed above) will develop further in the course of research with the instrument.

### Conclusions

After reviewing the issues of the present atmosphere surrounding the Rorschach and the inherent challenges involved in teaching the measure, it appears that there are constructive efforts that an instructor or supervisor can undertake that would further support the utility and validity of the Rorschach. While many of these efforts are important components of good teaching and supervision, these actions both implicitly and explicitly suggest that advocacy is a core activity that is necessary when teaching and

supervising the Rorschach. In an era when psychological assessment is being challenged more than ever, it is important to keep in mind the conclusions of Meyer, Finn, Eyde, Kay, Moreland, Dies, et al. (2001): "(a) Psychological test validity is strong and compelling; (b) Psychological test validity is comparable to medical test validity; (c) Distinct assessment methods provide unique sources of information; and (d) Clinicians who rely exclusively on interviews are prone to incomplete understandings" (p. 128). Including the Rorschach within the scope of these conclusions is a necessary activity for instructors and supervisors, especially when many factors work against it.

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## The Teacher's Block A Rorschach Typology of Blocked Teachers by Jed Yalof

When we think of therapist-, supervisor-, or assessor-centered obstacles to effective clinical work, the term "countertransference" can be used to capture a mixed bag of intrapsychic and interpersonal conflicts that have the potential, if not identified and managed, to compromise the quality of the therapeutic or diagnostic service. In contrast, we typically do not group classroom teaching with other clinical activities because the nature of the relationship between student and teacher is not the same as a client-therapist, client-assessor, or supervisor-trainee relationships. A positive teaching introject will be of benefit to the student's clinical work in many different ways, but the teacher does not have direct control over the student's cases in relation to classroom instruction.

On the other hand, it might be short-sighted to negate classroom teaching as a clinical activity. Teachers are influenced by the reality and fantasy dynamics of the classroom. If a teacher and/or student feels affirmed and valued, the class experience will be positive and vice-versa. The classroom learning climate is often shaped by the teacher's fairness, enthusiasm for subject matter, respect for students and openness to feedback. Yet, teachers can also become "stuck" in ways that create obstacles to good teaching. These obstacles might not always be easy to identify, process and change; or, if change occurs, it is not always easy to modify emergent or longstanding patterns that have interfered with the climate of instruction.

What are some signs that a teacher can look for to help identify potential problems in his or her teaching? Here are some markers, each of which has been tagged with a Rorschach label, to help us along in the process of developing a coding system for a model of teacher symptom identification.

**The Low ZD Teacher:** Seems to lack the drive to update syllabi, or to use updated texts or workbooks, or who haphazardly assigns articles that do not fit with lectures in a way that resembles a sorting task gone awry.

**The High Egocentricity Teacher (especially if accompanied by a DdSo Ma-AG quality):** Seems inattentive to the needs of the class, comes across as being a bit too smug and sees teaching as a pedestrian task. Consequently, there is a poor resonance with the needs of the group that is laced with grandiosity and tinged with aggression, thereby creating discomfort via projective identification of underlying vulnerability into students who are too scared to raise questions or comment in class.

**The v/+ Teacher with too many Diffuse-Shading and Passive Movement Responses:** Remember the old Crosby, Stills and Nash song, "Helplessly Hoping?" Well, this teacher seems to fit that description. Teachers of this sort might lack clarity or precision in presentation, have vague grading criteria, have difficulty grasping complex questions, or come across as perplexed by concepts that he/she is trying to teach. This perplexity creates a palpable level of anxiety and a tense visual search for eye contact with that one smart with a few good COP responses who will come to the rescue.

**The High AFR Teacher:** Seems to have difficulty containing class discussion, or gets overstimulated by the least amount of affect, or becomes tongue-twisted when trying to distinguish FC from CF responses.

**The High W:M Ratio Teacher (especially if accompanied by a FVu or FV-quality and a few Morbid responses):** Seems to expect way too much from students or from himself/herself, is quick to invoke harsh self-blame for poor student performances on a Rorschach coding test, is an easy grader to avoid self-punitive crises, and is always on the lookout for students who will give a bad course evaluation.

**The High Texture Teacher (especially if accompanied by the absence of FD and FV):** Equates assignments with interpersonal contact because grading papers creates a strong sense of connection to students. This teacher seems to spend too much time pumping students up and not empathizing with their plight; offers extensive extra support in order to help students in need; has no insight into how the excessive interpersonal tensions actually create anxiety in students.

**The High CDI Teacher (especially if accompanied by an elevated Xu% and an elevated PER):** Seems to be on his or her own, so look out. This teacher might interpret outside of the box and disregard conventional inferences by offering unique (but not insightful) perspectives, including personalized views on routine matters. Students are left confused, isolated from the mainstream and have doubts about the teacher's judgment. This teacher will often wonder why no one approaches them at departmental socials.

### POSITION OPENING ANNOUNCEMENT

Duquesne University's Psychology Department will be hiring an assistant professor, either in developmental or clinical psychology for the 2003-04 academic year. Tenure track. We are particularly looking for clinical applicants who have experience and interests in psychological assessment, although others will be considered. All applicants should be interested in the Department's human-science, hermeneutic approach to psychology. Applications will be reviewed in the second half of October. Potential applicants may contact the following faculty members for further information about the Department and the positions: Developmental: Eva Simms (Director of the Developmental track; also Chair of the Search Committee; simms@duq.edu); Russell Walsh (Department Chair; walshr@duq.edu); Roger Brooke (Director of Clinical Training; Brooke@duq.edu). I have been teaching much of the assessment curriculum (Connie Fischer: fischer@duq.edu). Send application to Search Committee, Psychology Department, Duquesne University, Pittsburgh, PA 15282. Please pass the word on to interested persons!

## Editorial

### Dear Dr. Finn,

Although lately, I am writing in acceptance of the invitation you made in your editorial on the latest issue of the *SPA Exchange* bulletin. You talked about the ways in which we can promote personality assessment by reaching out to the general public. FWIW, here are my two cents.

On the basis of my experience and after discussions with colleagues throughout a mailing list on the Internet devoted to the Rorschach, I may see three pathways for promoting personality assessment: 1) to organize symposia on personality assessment during psychiatric or medical meetings; 2) to publish papers on personality assessment on psychiatric and medical peer-reviewed journals; and 3) to establish joint research projects with well acknowledged institutions and drug companies on personality predictors of response to drug and/or psychotherapeutic treatments.

I have always been amazed by noting how far are psychologists involved in personality assessment from the rest of the world of clinical professionals. Let me give you one example. I am very involved in psychosomatic field in clinical practice as well as research work. In any international psychosomatic congress I attended during the last 10 years, I have never found a symposium on personality assessment. I found a lot of colleagues (physicians, psychiatrists), also acknowledged experts in the field, who did not know literally anything on personality assessment or who were completely unaware of recent developments in our field (for example, they believed the Rorschach is a very subjective, projective method and had never heard of Exner's CS).

How can we reach out to these leading persons in keyfields of clinical and scientific knowledge? I suppose we can do something if 1) we can talk to them during scientific events they organize around the world, 2) we can show them how well grounded in scientific roots our methods of investigations are through papers published on their journals, 3) we can demonstrate that our results are valuable for treatment outcomes by means of collaborations with leading groups of psychotherapy research (one for all, coming to my mind now while I am writing: to explore Rorschach predictors of the working alliance in the Control-Master

Theory framework of the S. Francisco Psychotherapy Research Group) or by participating in randomized controlled trials of drug treatments.

Can a gastroenterologist work without endoscopy? No. Endoscopists have their own journals, associations, meetings. But they do participate in meetings of gastroenterologists, publish on GE journals, and are members of GE associations. Why should it be different for us?

I have also found that we personality assessors are very reluctant to go out from our "golden ghetto." In your *SPA Exchange* editorial, you mentioned the paper you, Greg Meyer and others published in the *American Psychologist*, 2001. I have read your paper. Excellent job! However, don't you think that it is important that psychiatrists and physicians should also be aware of your arguments written on that paper, and not only psychologists who perhaps are already convinced of that? Psychiatrists and physicians do not know what we do and we do not want to let them know, I suspect.

Within the limits of my possibilities, I have tried to make some efforts. In the European congress of psychosomatic medicine that was held in Lisbon, Portugal last week, I, as a member of the International Committee, have succeeded to have the Rorschach included as one of the main topics of the meetings. We had a symposium chaired by myself where Rorschach papers were presented, a workshop on the Rorschach by Irv Weiner and Danilo Silva, and a plenary lecture on the CS by Irv Weiner. Also, a paper on the Rorschach and alexithymia by Greg Meyer and myself has been accepted for publication on one of the top journals of psychosomatic medicine (*Psychosomatics*, *Journal of the American Academy of Psychosomatic Medicine*; a journal mainly read by psychiatrists involved in consultation-liaison psychiatry).

I apologize for this long letter and for my poor English, and I hope I have not been too boring to you. Surely we will meet in Rome at the IRS congress (I subscribed to your pre-congress workshop).

Best regards,

**Piero Porcelli, Ph.D.**

Clinical Psychologist, Psychosomatic Unit  
IRCCS "S. de Bellis"

Gastrointestinal Hospital, Italy

### Response to Dr. Piero Porcelli

Many thanks for your provocative and well timed letter. Your creative approach to furthering personality assessment is most inspiring and your ecumenical approach fits well with current concerns and interests of the SPA Board. Your ideas, if expanded into a well coordinated and directed effort, could bear fruit, to the advantage of all those interested in personality assessment.

Your letter struck an especially resonant chord for me. As someone who teaches personality assessment to psychiatry residents and medical students in a university medical school, I agree that the cross pollination is well worth the effort. As part of my personality assessment class given to all medical students, I focus on how personality assessment can be of practical value in medical practice. For example, I introduce them to the epidemiological fact that, in primary care and family practice, they will see and treat many more individuals with depression and anxiety disorder than will ever grace the doors of mental health practitioners. We discuss how depression and anxiety can be a significant care issue in oncology and cardiology and relate how screening tests such as the Beck Depression Inventory, the Beck Anxiety Inventory, etc. could be useful in identifying these issues. Naturally, I also stress that the use of such instruments should be done with a consulting psychologist, although I also believe that, with training, physicians can learn to responsibly use selected instruments on their own. A part of the forensic psychiatry rotation, I teach the psychiatry residents a four session course of the value of psychological testing in forensic assessment.

Also, a quick read of our membership criteria reveals that M.D.s can be SPA members.

Again, thanks for your suggestions.

**Barton Evans, Ph.D.**

Clinical and Forensic Psychologist;  
Board Member and Fellow, Society  
for Personality Assessment;

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and Behavioral Science  
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## From the Editor...

Having edited the *SPA Exchange* for five years, I have decided to step down. Talent in SPA is so plentiful that it seems unnecessary to have one person occupy a position for very long. I am pleased to announce that the Board of Trustees has approved Jed Yalof as the new editor of the *Exchange*. Jed has been a regular contributor to the *Exchange* and has developed a column of his own titled, *The Teacher's Block*. He has served as our creator of assessment crossword puzzles, which I hear a number of members are using in assessment courses they teach (they're a great icebreaker for advanced assessment classes). Jed is an extremely talented teacher and assessor and will bring passion, ingenuity, efficiency, and perhaps even a bit of zaniness to his editorial tasks. Like my wonderful predecessor (and re-activator of the *Exchange*), Bob Lovitt, I plan to remain a member of the Editorial Committee.

One of the great pleasures of being Editor was interacting with the members of my Editorial Committee. Joan Weltzien has done a terrific job with the Personal Column, which makes a large contribution to fostering a sense of community among us. Radhika Krishnamurthy has been very hardworking and her recent efforts have resulted in an important addition to the *Exchange*, a column on ethics and assessment. Bob Lovitt has done some magnificent interviews these past few years including a beautiful portrait of Steve Finn. I have already mentioned Jed's contributions. To these friends, I say, "Thank you!" The staff at LEA has been responsive and responsible. I especially appreciate the efforts of Kristin Schatmeyer. I also want to express my gratitude to Amy Gulino and Carol Bricklin who also provided administrative support for the newsletter here at Widener University. Jed and I will be collaborating on the Fall issue. Please continue to send e-mail about the *Exchange* to me at:

[Virginia.m.brabender@widener.edu](mailto:Virginia.m.brabender@widener.edu)

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