

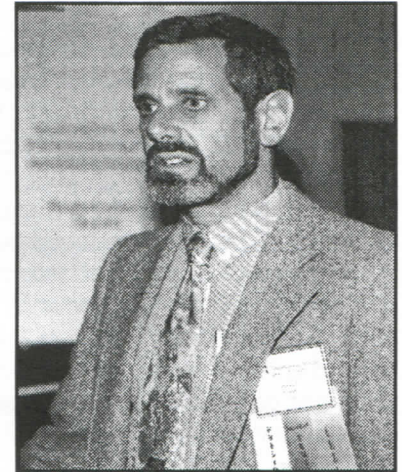
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Volume 8, Number 2

Winter 1999

Message from President Bruce Smith

It is difficult to believe that my term as your President is already half over. It has, indeed been an eventful year, one in which the Society has made significant strides on many fronts. Firstly, I am pleased to report that we continue to grow. Membership now stands over at 2700, and new applications arrive every day. Nevertheless, the Board decided to step up our recruitment efforts. As the only organization devoted to the advancement of psychological assessment, it is vital that we represent as many psychologists practicing in our field as possible. So, we have decided to offer an inducement to members who recruit new applicants. Any member who recruits 5 applicants who subsequently join will receive a dues exemption for the following year! In this way, we hope to increase the prosletizing efforts on behalf of SPA.



Bruce L. Smith

The purchase of our current Central Office, a condominium in the Seven Corners area of Falls Church, Virginia, about 10 minutes from downtown Washington, was finalized on August 28th. In addition to providing a secure home for the Society, this step will ultimately prove financially beneficial as well. Although the current savings on monthly expenses is modest, we anticipate greater savings in the future, thus allowing us to free up more money for the kinds of efforts on behalf of assessment that we have wanted to expand for some time.

Despite our relative health as an organization, this is not necessarily the best of times for assessment. Many of our members have reported increasing difficulty in getting reimbursed for their services, or authorized to conduct assessments in the first place (see my draft letter elsewhere in this issue). This despite data which demonstrate the cost-effectiveness of assessment. In addition, increasingly we are being challenged within our own profession. Division 12's Task Force on assessment training "For the 21st Century," a group that included no practitioners, recently published "guide-lines" that include little training in what we consider the essential materials of assessment. In response, the SPA Board authorized a replication of the Division 12 "study" that led to their report and a wider dissemination of the Recommendations of the SPA Task Force on Training and Credentialing (a copy of which is in the 1997 SPA Directory as well as on our Web site). Division

12 has also put together a task force on empirically-validated assessment practice, which they appear to interpret as empirically-validated outcome measures. Fortunately, Greg Meyer is a member of that task force, and I will serve as a liaison to SPA.

In order to counter the political and scientific trends that are buffeting our field, the Board has undertaken several key initiatives. Firstly, we are continuing our lobbying efforts with Congress (see the article elsewhere in this issue). This serves two functions. In the first place, it helps us keep psychological assessment in the minds of legislators even as we are lobbying for more general health care issues. Secondly, it strengthens our ties with the APA Practice Directorate and helps ensure that assessment remain a significant priority in their agenda.

Secondly, we are continuing to fund practice-oriented research. The Meyer-Handler Project on the utility of personality assessment in treatment planning and outcome prediction is nearing fruition.

The Research Fund which was established last year will be used to fund other research efforts that will be

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Message from President Bruce Smith

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identified by the Board as important for the future of assessment practice. The Psychological Assessment Work Group (PAWG) of APA, chaired by Steve Finn and including Greg Meyer in its membership, recently completed its work. This group included several recommended research strategies for demonstrating the importance and efficacy of assessment. We are looking toward contracting for one or more of these projects, either independently or in collaboration with APA.

Thirdly, we are increasing our ties with the Practice Directorate of APA. I, along with Greg Meyer, will be meeting with the APA committee charged with implementing the PAWG recommendations. In addition, we are forging relationships with the Joint APA-ABA Liaison Group (American Bar Association) in order to have input into forensic issues that involve assessment. This is an extremely important group, because from time to time they produce position papers on issues at the interface of law and psychology that are designed for the use of judges. Among the issues that are under consideration are the rules for the dissemination of raw test data in litigation, the appropriateness of "blind" testing, and the application of the Daubert standard to psychological assessment. In addition, this group is sponsoring a joint law-psychology conference on crime and violence for next October in Washington. It is my hope that SPA members will participate actively in this conference, including presenting papers and/or workshops. More information can be obtained by contacting Donna Beavers at the General Counsel's Office of APA.

Lastly, we recognize that the future of our field, like any other, rests with the next generation. As such, we continue to increase our outreach to students. In addition to the Cerney Award, we now have travel grants for students to attend the Midwinter Meetings and present their work, and dissertation grants to help defray the costs of assessment dissertations. I encourage all of you to make known to your students the benefits of SPA membership as well as these specific opportunities.

On the other hand, assessment as a scientific discipline continues to thrive. As you all can attest, the articles in the Journal continue to be second to none, and I am confident that next year's Midwinter Meeting in New Orleans will once again be stimulating and rewarding. Those of you who were with us in Boston know that despite the chill of a New England winter (a mild one, thank goodness) there was much heat and light at the meetings. New Orleans promises much of the same. The popular Round Table will be continued and more Master Lectures are planned. There will be the usual selection of excellent Workshops for you to fulfill your Continuing Education obligations. Of course, there will also be ample opportunity to present your own work in symposia, paper sessions and poster sessions. Once again, we are also planning a rich and varied social program that will take advantage of New Orleans' legendary ambience. For those of you who haven't been to a Midwinter Meeting, let me urge you not to pass up this year's. Let's really end the millennium with a blast! ▲



VOTE

For all voting members, watch out for ballots in our spring mailing. Please insure that the quality of our leadership continues and make your vote count!!

FREE Dues

or

FREE Meeting
Registration

Interested?

Easy. Take part in our 1999
MEMBERSHIP DRIVE.

Just sponsor five (5) new members to the Society in the calendar year 1999, and you can receive free dues for the year 2000 or free registration for the Mid-Winter Meeting in 2000.

Contact the Central Office for a form. Keep Personality Assessment alive and growing for the new millennium.

And as always, thank you for your continued interest and support for the Society.



**1999
Midwinter Meeting
New Orleans, LA
March 24-28, 1999**

New Orleans awaits us! We have an exciting program planned for this enticing city. In addition to a wide variety of papers, symposia, and poster sessions, we will have a number of special events.

We have scheduled two Master Lectures:

- Constance Fischer will discuss collaborative assessment.
- Irving Weiner will discuss Rorschach interpretation.

The Round Table Discussion this year will be on the topic of "Systematic Explorations of Clinical Judgment: Results from Two Meta-Analyses" and will be chaired by Greg Meyer.

The student discussion section at last year's meeting was such a success that we are having one again.

We will have a series of consultation hours that provide an opportunity to discuss a case with experts in the field.

And, we will have receptions that provide opportunities for much informal interaction!

Our Gala Event this year will be a dinner jazz cruise on the Mississippi. See you in New Orleans!

March 24-28, 1999

For registration information contact:
SPA Central Office:
(703) 534-4772 or Fax (703) 534-6905



Lobbying Congress

Bruce Smith, Ph.D.

As you probably know, for the past 4 years, the SPA Board of Trustees has taken the opportunity to lobby our representatives in Congress during the annual Fall Board of Trustees retreat in Washington, DC. Begun under the presidency of Barry Ritzler, this effort has several aims. We are joining the efforts of the Government Relations Office of the Practice Directorate of APA in lobbying for health care legislation that is of interest to psychologists. By so doing, we are adding our voices to those of APA in strengthening the lobbying efforts. We are also helping to ensure that personality assessment remain on the APA Practice Directorate "radar screen," making certain that our unique interests not be lost in the efforts to insure parity with psychiatry, or obtain prescription privileges. Finally, we take the opportunity to inform members of Congress about the importance of assessment in the spectrum of health care services.

Some of us have been involved in this effort for several years now, and have begun to forge relationships with staff members in certain Congressional or Senatorial offices. In particular, I have been meeting with the same staff members in Barbara Boxer's and Congressman George Miller's offices (the latter a psychologist!) every year. It is our hope that these relationships will lead to a reliance on our expertise by the legislative assistants charged with drafting legislation in the area of health care.

This year the lobbying effort was downright surreal. Barry Ritzler, Len Handler, Sandy Russ, Virginia Brabender, and I all met our appointments on Capitol Hill the same day that the Ken Starr report was made public. To describe the scene

on the Hill as psychotic would be to seriously under-pathologize. Staff members were running around screaming at each other; people were cursing because they couldn't log onto the Internet (even the Intra-net--the government's LAN as it turns out), walking in and out of the office buildings meant running a gamut of newsmen, cameramen, photographers, etc. Barry Ritzler found himself interviewed for Japanese radio by a reporter who was desperate for someone to buttonhole. Surprisingly, the staff members were actually pleased to see us and relieved to be able to talk about something more substantive than cigars, neckties, and dresses stained with "genetic material." Our main purpose was to lobby in favor of the Democratic version of the PARCA (Patient's Access to Responsible Care Act) bill, one which would permit malpractice suits against managed care companies that deny treatment (currently, those operating under ERISA are exempt from liability) and mandate other minimum standards for care. Sadly, however, all agreed that the likelihood of any legislation--Democratic or Republican--coming out of this session was slim at best. We had a first-hand look at the destructiveness of the current contretemps over the President's personal life on the political process.

Interestingly enough, an issue which was a great interest to many of those we spoke to was that of confidentiality. Everyone we spoke to seemed to share our concern with the dangers posed by the current system in which large sets of data are requested from practitioners by case managers and make their way into data bases that are often easily

accessible to employers or prospective employers. While most legislators seemed to be concerned with erecting a "firewall" between MCO and the accessible data base, our suggestion that the better remedy might be limiting the amount of clinical information that MCOs could request was met very favorably. I am following up with several congressional staff members by providing detailed information about confidentiality issues that can hopefully be incorporated into draft legislation next session.

The more visible we can be on Capitol Hill and with our own state legislatures, the more we can insure the health of personality assessment as part of the health care system. I urge all members to lobby on behalf of these issues with your own state legislatures and to plan to meet with your congressional representatives whenever your travels take you to Washington. Contact Peter Newbould or Sandra Beyer of the Government Relations Office at APA, and they can set you up with all of the materials you need to lobby effectively on behalf of psychology and personality assessment. (Besides, it's fun.)

T-Shirts Travel!

Remember those splendid t-shirts from our San Diego Mid-Winter Meeting? Our ever-alert Operations Manager, Manuela Schulze-Holp, recently opened a closet only to have a hundred or so fall out. She realized that the shirts might be put to good use by the victims of Hurricane Mitch in Central America and made arrangement through a local charity to have them sent there.

Thank you, Manuela, for your concern for others in need!

Stories Are Telling

Phebe Cramer, Ph.D.

At the February annual meeting of the Society for Personality Assessment, there was clear evidence of a renewed interest in the Thematic Apperception Test (TAT). This included a master lecture devoted entirely to new developments with the TAT, a workshop focusing on using the TAT to assess defense mechanisms, and fifteen additional papers and presentations in which the TAT was the primary assessment method.

Yet, as noted by SPA President Bruce Smith, there is evidence in recent years that "the TAT had fallen in to some degree of disfavor." In thinking about this, it seems to me that the "disfavor" may be attributed to two factors. First, as a recent survey by Piotrowski, Beiter and Keller (1998) revealed, clinicians report that managed care directives have altered their use of assessment procedures. Not only the TAT, but also the Rorschach and the Wechsler Intelligence scales are used less frequently today, being replaced by shorter, self-report measures that are focused on specific symptoms or problem areas.

The second factor, I think, has a different origin. The use of the TAT by practitioners depends on what is known, or not known about the TAT, and on what we teach, or don't teach our students. Based on a survey of APA approved graduate programs in clinical psychology, Rossini and Moretti (1997) found that clinical students today have little or no formal instruction and/or supervision in the use of the TAT, and that little or no reading about this assessment approach is required as part of their formal coursework. Yet, they also note that the TAT continues to be one of the two most frequently used projective techniques. This is troublesome.

If we are training clinicians who have little knowledge of the TAT, then we are producing assessors who administer the TAT, but don't know what to do with the stories obtained, nor how to interpret them. In contrast to the Rorschach, there is no "comprehensive system" for the TAT.

What is needed?

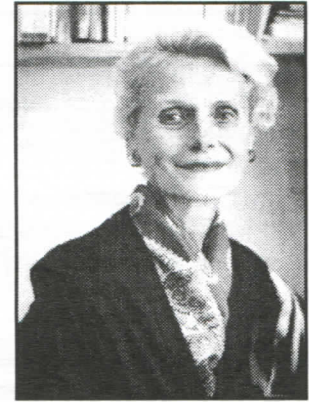
Here are three suggestions:

- 1) Educate ourselves and our students.

Create an awareness of the now extensive research literature demonstrating reliability and validity for different TAT measures. Disseminate information about how systematic coding schemes have been validated by experimental investigations and how these coding schemes predict 'real world' behavior. This material should be required reading for graduate students. Reference sources are available in my book, Story-telling, Narrative and the Thematic Apperception Test. Suggestions for teaching the TAT to students are provided in Handler and Hilsenroth's book, Teaching and Learning Personality Assessment.

- 2) Get a complete recording/transcript of the stories told.

It is important to include not just the general story line, but also the hesitations, pauses, misstatements, changes, and sound that the story-teller makes. There may be a pattern of these, when observed across several stories. Just as in psychotherapy, we are aware of disjunction's, shifts in topic, mood



Phebe Cramer, Ph.D.

change, slips of the tongue - that is, disruptions of the narrative - so we should be alert to these occurrences in TAT stories. In therapy, we understand these disruptions to be indicative of anxiety, or conflict, or defensiveness - and so it is with TAT stories.

- 3) Administer the TAT appropriately.

People sometimes send me TAT protocols they have collected, in which I see several problems:

Problem #1: The "stories" are not stories. Instead, the protocol consists of one to two sentences, or phrases, often consisting of only picture description. The patient is not following the instructions (assuming that the examiner has given these correctly) to tell a story about what is going on in the picture, who the people are, what they are thinking and feeling, and how the story ends.

Solution: As an examiner, don't be willing to accept a non-story. The expectation of the examiner will influence the response of the story-teller. If you indicate you are willing to accept brief,

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abbreviated descriptions of the picture, that is the kind of response the patient will give.

Problem #2: Perhaps in response to the first problem, the examiner is too intrusive and asks too many leading questions.

Solution: If an inquiry is needed, it should be restricted to repeating the relevant part of the instructions - e.g., "And how is Dick feeling?" - not "Is Dick happy?"

Problem #3: Too few cards are presented.

Solution: For clinical use, eight to ten well selected cards are desirable. For research purposes, six cards are desirable, although it is possible to obtain reliable results with only four cards, if there are time constraints.

Problem #4: Which cards should be used?

Solution: That depends on the purpose of the investigation. I think that a mix of what I consider the "core" set of cards, with others that have particular relevance to the clinical patient or to the research question, is desirable. As the "core" set, I include Cards 1, 6BM, 7GF, 8BM, 12M, 13MF, 14, and 17BM. By always using the same core group, one builds up a mental storehouse of normative data, against which every new protocol may be compared. This is the way that one knows that a patient's response is "unusual."

Personally, I do not find the fantasy cards (11, 15, 18BM, 19) to be very useful.

However, since I tend not to use them, I don't have the same set of mental normative data, which in turn

makes them less useful. Likewise, I don't find that using the CAT with children is preferable to using the TAT.

What to Do With What You Get.

Informal Approach:

- 1) Look for themes that are repeated across cards.
- 2) Note affective tone, and changes in affect as related to situation.
- 3) Characterize the motivation and goals of the main characters. What do they want?
- 4) Describe the factors that block characters from reaching their goals. Are these animate, inanimate?
- 5) Are the characters active/passive? Effective/ineffective? Satisfied/dissatisfied? How do these persons move through the world?
- 6) Observe the more frequent outcomes.
- 7) Note unusual perceptions, themes and outcomes, and evidence of pathological thinking, as well as idiosyncratic use of language.

Use of Formal Coding Systems

Two formal systems I find especially valuable are Westen's coding system for measure of defense mechanisms use. Briefly, Westen's coding system involves rating each story for the developmental level of object relations portrayed, along several dimensions. These include the Complexity of Representations of People, the Affect Tone of Relationships, the Capacity for Emotional Investment in Relationships and Moral Standards, an Understanding of Social Causality, and Dominant Interpersonal Concerns. Quantitative scores based on these ratings have been demonstrated to differentiate patients with Borderline Personality Disorder

from both non-patients and other diagnostic groups.

Cramer's coding systems is designed to assess the use of three defense mechanisms - Denial, Projection and Identification. Both theory and independent research studies indicate that Denial is expected to be the most frequently used defense by young children (age 6 and under). Then, Projection becomes relatively more prominent and continues to increase in importance through adolescence. At the same time, by later adolescence, the use of Identification should occur with increasing frequency, approaching the frequency of Projection. If the coding system is used to arrive at scores for these three defenses, any radical departure from this normative plan - e.g., strong use of Denial by a late adolescent - would be indicative of some developmental imbalance, some interference with normal development. Unless this can be accounted for by low IQ, in which case the presence of Denial as a primary defense is developmentally appropriate, an imbalance in the developmental defense pattern is an indication of psychological difficulties in a respondent. Such a discrepancy has been demonstrated to differentiate between Psychotic and other psychiatric patients, and change in defense use has been shown to relate to rated clinical improvement. Knowledge regarding the patient's typical defense use is also an indication to the therapist of the type of resistance that may be encountered in therapeutic work.

Benefits of Using Coding Systems

- 1) A systematic coding system helps the interpreter to organize

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thoughts and impressions about the case. It provides a structure, or framework into which fleeting ideas, hypotheses, or observations may be placed and organized. This is true regardless of whether the interpreter decides to actually score the protocol, or simply to use the coding categories as a method for guided observation.

- 2) If the coding system is used to obtain scores, it is possible to formulate statements about the developmental level of the respondent. This may be of benefit to those who will work with this individual. It also provides a way, when preparing descriptions of the respondent, to indicate to what degree, and in what areas of functioning, the individual's psychological difficulties are interfering with, or impairing

psychological functioning. Similarly, a comparison of these measures on retest after some period of treatment will provide evidence for improvement in psychological functioning (see Blatt & Ford, 1994).

- 3) The use of coding systems for narrative material, such as TAT stories, may also enhance our clinical listening skills when presented with other narrative material, such as that from a therapy session. Awareness of these categories may alert us, or sensitize us, to meanings that might otherwise go unnoticed.

The survival of an assessment method, such as the TAT, will depend on its demonstrated usefulness. It is up to us to decide, useful for what? If we let that decision be made by insurance companies, the TAT will likely fall into increasing disuse. If, however, we believe that our interests lie in understanding the complexities of

human personality - the interwoven motives, goals, aspirations, and modes of self-deception, along with the internal representations of significant others and self - we may turn increasingly to the TAT as a source of valuable information. Clearly, I opt for this latter alternative. Stories have much to tell us.

References:

Blatt, S.J., & Ford, R.Q. (1994). Therapeutic Change: An-Object Relations Perspective. New York: Plenum Press.

Crainer, P. (1996). Story-Telling, Narrative and the Thematic Apperception Test. New York: Guilford Press.

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New Fellow

Major (Dr.) Raymond E. King is an Illinois-licensed psychologist and Chief of Operational Psychology Research at the Headquarters of the US Air Force Safety Center Kirtland Air Force Base (Albuquerque) New Mexico. Dr. King received his doctorate from the Illinois School of Professional Psychology. After being commissioned in the US Air Force, he was assigned to USAF Regional Hospital, Sheppard ABB, TX and served as a flight psychologist for the fighter-oriented Euro-NATO programs to aid fledgling pilots to cope with airsickness and other adaptational and stress responses to the demands of flight. Dr. King has served as a psychiatric evaluator to numerous astronaut selection cycles at NASA Johnson Space Center and contributed to their recent personality-based select-in efforts for long-duration missions. After successfully establishing the psychological screen and research portion of the USAF Enhanced Flight Screening program, he was appointed Chief of Neuropsychiatry Research and served as the principle investigator for two Defense Women's Health Research Program-funded grants, investigating the stressors, career goals, and personality/cognitive characteristics of male and female aviators. Dr. King's elementary-school aged child, Elliot, is currently undecided whether to be an astronaut or a "mad scientist" (just like daddy).



Major (Dr.) Raymond E. King

The International Rorschach Society Bruce Smith

Some of you may wonder about the line on your dues statement regarding the International Section. For \$10.00/year, you are entitled to be a member of the International Rorschach Society, of which SPA is the official United States chapter. The International Society is the major world-wide organization devoted to furthering research and practice on the Rorschach and other projective techniques. Headquartered in Switzerland (where else?), the IRS publishes a semi-annual newsletter entitled the Bulletin of the IRS as well as *Rorschachiana*, the official journal of the Society. *Rorschachiana* is published annually in a handsome hardcover edition and contains articles (in English) by leading scholars throughout the world. Membership in the IRS includes a subscription to both the Bulletin and *Rorschachiana*.

In addition, the IRS sponsors the triennial Congress of Rorschach and Projective Methods, at which scholars

from all over the world participate. The most recent Congress was hosted by SPA and held in Boston in July of 1996. This coming year will see the XV Congress in Amsterdam, Netherlands, July 19-24th. Members of the International Section should receive the 2nd Call for Papers. If you are not yet a member of the International Section, consider joining and presenting your work in Amsterdam. The opportunity for feedback from colleagues from different cultural and scientific traditions is an incredibly exciting one. Many of the sessions are simultaneously translated, so the exchange is facilitated. In addition, Amsterdam is one of the most exciting cities in Europe. What a perfect excuse for a summer trip to Europe! Regardless of your plans for the Congress, however, every SPA member who is interested in the Rorschach should be a member of the International Section. ▲

EMPLOYMENT

Assistant Professor

The Department of Psychology of Duquesne University, Pittsburgh, has an opening for the above tenure track position starting Fall 1999. Both undergraduate and graduate teaching; Ph.D. or Psy.D. required. Because our program is committed to psychology as a human science, drawing from existential psychology, phenomenology, hermeneutics, and qualitative research, we expect applicants to have an interest in and some familiarity with this approach. We are especially interested in applicants with expertise in clinical assessment and/or development psychology. Interested persons should send a resume, references, and inquiries to Professor Roger Brooke, Search Committee, Dept. Psychology, Duquesne University, Pittsburgh, PA 15282. Equal Opportunity Employer with an Affirmative Action Policy: women and minorities encourage to apply.

ADVANCING OUR CAUSES Virginia Brabender

The Society for Personality Assessment has several important funds, all of which advance the goals of our organization. Please consider a contribution to one or more of the following:

RESEARCH FUND: The purpose of this fund is to provide money to support research that the Society deems critical to the health of personality assessment. Currently, we are funding the Meyer-Handler Project on the utility of assessment in treatment planning and outcome prediction.

STUDENT GRANTS: One of the best ways to maintain the health of personality assessment is to assist students in their research in personality assessment. This Fund will support travel grants that enable students to attend the Midwinter Meeting to present their work and Dissertation Grants that are awarded to defray the costs of conducting dissertation research in personality assessment.

CERNEY FUND: This award is given annually to the best student paper on the topic of personality assessment and social issues. The award honors the late Mary Cerney, Past President of SPA.

Although donations to these funds cannot be deducted as charitable contributions, you may be able to categorize them as business expenses (see your accountant for direction on this issue). ▲

Going... Going ...Going ... GONE! ...

ONE-OF-A-KIND ARTICLES AT THE SPA MIDWINTER SILENT AUCTION!

The SPA Board is sponsoring a silent auction fundraiser at the Midwinter Meeting in New Orleans. Proceeds will benefit the SPA student travel fund, dissertation fund, and personality research fund.

We urge all conference attendees to participate! Here's how:

- 1) Bring mementos, objets d'art, psychological curiosities, services you will donate, etc. to the conference registration desk at Midwinter Meeting.*

So far, the following articles have been promised:

- a card-sort kit for administering the original MMPI
- a needlepoint done by SPA past-President, Barry Ritzler
- rare, out-of-print Rorschach books
- an hour of consultation with a prominent psychologist
- books of your choice from LEA publishers
- and more fabulous items

- 2) Give the articles to the staff at the registration desk and fill out a form with your name, a description of the item, and a suggested minimum bid.
- 3) View the donations during the Thursday evening cocktail hour/ reception, and write down your bids on the nearby silent auction sheet.
- 4) Take home your dream article if you are the top bidder (and after you write SPA a check for your donation*).

You can donate an item even you are not attending the Meeting.

To discuss donations or any other matter about the auction, contact Representative-at-Large, Steve Finn, 512-329-5090, sefinn@mail.utexas.edu

* Although your donations are not deductible as charitable contributions, you may be able to claim them as a business expense. Consult your accountant.

LETTER TO A MANAGED CARE REVIEWER

The following letter was sent to two reviewers for a Managed Care Organization who were refusing all assessment services involving the Rorschach. It is imperative that members who run into problems such as these inform the Board so that we can begin to amass a data base as well as provide an official organizational response.

_____, Ph.D.

Behavioral Health

Dear Dr. _____:

It has been brought to my attention that you are refusing to authorize psychological assessment utilizing the Rorschach because "this projective test does not provide objective results." This conclusion is at odds with the scientific literature on the Rorschach, especially that published in the last 15 years. Currently, the Rorschach is the 2nd most widely used personality assessment instrument according to surveys, and has an immense body of scientific literature behind it. Weiner and Acklin recently published data indicating that the Rorschach has practically never been rejected as unscientific by courts of law, even when challenged as such. For you to assert that the results of a Rorschach evaluation are not "objective" is without any foundation whatsoever.

While it can be argued that assessment involving the Rorschach may not be cost-effective in all cases, there are many instances in which it represents the single most useful instrument. This is especially true in cases in which patients are refractory to treatment for reasons that aren't readily apparent to the treating clinician. Recent research by Meyer and Handler have demonstrated that when used to predict treatment outcome, the Rorschach has a robust effect size of .56, considerably higher than that of most medical tests. If you wish, I can provide you relevant citations to bolster the statements I am making here.

Be aware that the Ethical Principles for Psychologists provide in part that "Psychologists' assessments, recommendations, reports, and psychological diagnostic or evaluative statements are based on information and techniques...sufficient to provide appropriate substantiation for their findings" (2.01). Prohibiting psychologists from utilizing instruments they feel necessary to complete an evaluation is tantamount to requiring them to practice unethically. Furthermore, Principle 1.05 provides that psychologists "...maintain a reasonable level of awareness of current scientific and professional information in their fields of activity..." It appears to me that you are ethically bound to remain reasonably current on the state of assessment if you are going to discharge your duties as a reviewer in an ethical manner. In addition, blanket denial of service solely as a cost-saving measure without regard to the needs of the client would be equally unethical.

I would be happy to provide you any information I can in order to better enable you to make evaluations of the appropriateness of assessment instruments on a more scientific basis. I trust that your current policy is the result of a lack of knowledge and not a flouting of your ethical responsibility as a psychologist.

I would appreciate hearing from you at your earliest convenience.

Yours sincerely,

Bruce L. Smith, Ph.D.
President
Society for Personality Assessment

The Teacher's Block

Psychological Assessment Supervision of
Predoctoral Interns and Postdoctoral Fellows:
An Interview with James H. Kleiger, Psy.D., ABPP



Jed A. Yalof, Psy.D.
Immaculate College

The literature on psychological assessment supervision is daunted by the voluminous literature on psychotherapy supervision. Reasons for this disparity include the reality that many more (many, many more!) psychologists engage in psychotherapy supervision than psychological testing supervision, the high level of skill that is required to supervise the multiple domains of psychological assessment, the publish-or-perish motivation among tenure track academic psychologists who are interested in supervision to continue to build upon the psychotherapy supervision literature, and the heightened desirability of psychotherapy services, rather than psychological testing, within the context of short-term outpatient and inpatient treatment paradigms. Yet, despite the relative dearth of literature specific to its discipline, psychological assessment skill still remains a very desirable predoctoral requisite among clinical internship training directors, many of whom expect that interns will begin internship with good foundation skill in assessment. Moreover, psychological assessment still helps to guide diagnostic and treatment decisions in hospital settings, still serves as an incredibly rich instructional context for teaching students about psychopathology, and still serves as a solid income base for psychologists who specialize in psychological assessment in various private practice settings (e.g., forensic, special education, custody).

One question that arises when considering assessment supervision relates to the different needs of supervisors at different stages of development. There are, for example, stage models of psychotherapy supervision which attempt to delineate different learning needs and

interpersonal processes for psychotherapy supervisees (and supervisors) at different levels of development. How might this type of stage model be applied to psychological assessment supervision at the higher levels of training? By "higher levels," I am referring to predoctoral internship and postdoctoral fellowship, rather than practicum training.

There are few psychologists better equipped to respond to this question than Jim Kleiger. Jim is a graduate of Harvard who earned his Psy.D. from the University of Denver. He served as a naval psychologist for 13 years, culminating in service during the Gulf War. Jim completed a postdoctoral fellowship at the Menninger Foundation and has been Director of the Postdoctoral Training Program since 1996. He has published a number of papers and chapters on the Rorschach. His forthcoming book, *Thought Disorder on the Rorschach*, will be published by the Analytic Press. His supervision of higher-level trainees has been extensive.

I invited Jim to respond to a question related to the distinguishing characteristics between predoctoral and postdoctoral supervisees. His response is noted below:

Interns: Interns have more limited professional testing experience, sometimes having had little in the way of practicum experience before beginning internship. As a result, more time is spent honing test administration and scoring technique and reinforcing basic interpretative and inference making skills. Since internship training is broad-based and geared at the level of a generalist, assessment training usually competes with a number of other professional

and educational demands. As a result, assessment training may be time-limited, taking place during a single 3-4 month rotation. Interns usually have little choice about their assessment training, since it is a requirement during internship. Some may not be particularly fond of testing but have to do it anyway. If seminars are offered, they may be shorter in length and cover basic test interpretation strategies. The intern's identity as a psychodiagnostician is usually quite tenuous. Interns, especially those who find themselves working in medical centers, are uncertain how to manage referrals and how to collaborate with referral sources around testing questions and how best to integrate their findings into the interdisciplinary team.

Postdoc: Trainees who choose formal postdoctoral training in general clinical psychology are usually self-selected for their interest in testing. At the postdoctoral level, one would expect greater proficiency in test administration and basic scoring (although this is not always true). Testing may no longer be circumscribed to a 3-4 month rotation but typically is integrated into the day-to-day functioning of the postdoctoral fellow or resident. More intensive course work and an apprenticeship model of supervision is geared toward consolidating the postdoc's identity as a diagnostic consultant who has moved beyond simply administering and interpreting tests to developing skills as a consultant who can translate testing results into meaningful treatment issues. Postdoctoral training in general clinical should emphasize traditional psychodiagnostic work not only as a professional service but also as a way for teaching postdocs to sharpen their inference-making

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Three Years in the Life of an Assessment Committee

Rochelle S. Albin, Ph.D.

In the last issue of *SPA Exchange*, Stephen Finn, Ph.D., outlined some steps toward development of local psychological assessment interest groups. In Massachusetts, this type of group has been meeting monthly for over three years, first as an interest group and now, as a standing committee of the Massachusetts Psychological Association. We started small and modestly with just four or five core members and have grown in both size and purpose. We've accomplished a little and even have some bruises (courtesy of managed care) to prove it. We would love to have some company from other state associations and hope that Dr. Finn's article, along with this one, will encourage colleagues in other states to join us. While this article reflects my personal view, and not that of MPA, I have come to believe that advocacy within each state is essential for the survival of psychological assessment in our health care system.

Getting started was the easiest part. Elena Eisman, Ed.D., MPA's Director of Professional Affairs (and now its Executive Director), was routinely receiving phone calls from MPA members about problems with insurers around assessment issues. We set up our first meeting by inviting psychologists who had raised these issues. Although Dr. Eisman does not do assessment herself, she has become a strong advocate for this work and her connections to both APA and CAPP opened lines of communication that we would not have had without her.

Organizational support has been essential for the committee to accomplish anything. It worked well for us, and might for other state associations, to have a key person,

such as Dr. Eisman, involved. A supportive state association, as MPA has been for us, is also crucial for success. In addition, we have been strengthened by our subsequent collaboration with the Massachusetts Neuropsychological Society since assessment psychologists in every subspecialty share common concerns and problems.

Our interest group started by searching for research on the impact of psychological assessment, its effect on treatment outcome, and its cost-effectiveness. We believed that the results of this research were crucial to convincing managed care about the value and usefulness of assessment. We quickly learned, however, that this kind of research hasn't been done and it remains a serious gap in our knowledge about assessment.

Initially, we also had concerns about local changes in the development and adjudication of cases for social security disability. Because of federal budgetary pressures, psychological assessment had fallen into disfavor and diagnostic interviews, by themselves, had become our regional agency's primary way of gathering information about psychological impairment. We still haven't solved this problem. In fact, it very quickly took a back burner to other, more pressing issues such as managed care's assault on assessment. Since our start, we have put out many fires but have frequently lost ground in the process, as our battles with managed care usually require compromise so that we end up with less than we had to begin with.

Another early concern was APA, where the 1988 reorganization allocated assessment to the Science

Directorate without any clear vehicle for implementing, or coordinating, strong advocacy across the Science and Practice Directorates. Soon after we started, APA's Board of Professional Affairs appointed a Psychological Assessment Work Group (PAWG), chaired by Steve Finn. PAWG, whose membership included MPA's Elena Eisman, completed its work last year and produced two papers, one reviewing current research, and its gaps, on the clinical practice of assessment and another on advocacy issues, both available from the Practice Directorate. At this point, another APA group has been formed to work on possible implementation of PAWG recommendations.

From these scientific and national issues, we moved to a local emphasis, including participation in meetings with both public and private insurers concerning assessment issues. Our collaboration with the Massachusetts Neuropsychological Society (MNS) began when we joined forces for an emergency meeting with local representatives of the outpatient component of a federal insurance program. This was sparked by our learning of the insurer's move to capp - at an unrealistically low level - the number of units allowable for assessment without review. This was one of those times when we accomplished something (after meeting with us, this insurer raised the cap from the 7 hours it had initially proposed to 8 hours) but also lost, as there had never been a cap in place before.

The federal Medicare program has been the subject of much discussion within both MPA and APA. Medicare has been a particular problem for psychologists because the Federal Health Care Financing Administration (HCFA) considers dentists, optometrists and podiatrists as "physicians" for regulatory

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Three Years in the Life of an Assessment Committee

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purposes, but not psychologists. As a result, psychologists have not been allowed to participate in the regional advisory committees that interpret federal Medicare policy. We thus have had no input into local regulations, nor into their effect on psychological practice. A few months ago, MPA's advocacy finally paid off and we were allowed to send a non-voting representative to the regional Medicare B advisory committee.

Psychologists' omission from Medicare "carrier advisory committees" has been especially troubling when it comes to psychological assessment, since, unlike psychotherapy, we are the only mental health profession that has been trained in it and practices it. The lack of education about assessment was apparent at one meeting with a public sector third-party payer, when an administrator told us that we should view the psychological assessment report as an "x-ray report," and make it equally brief (one paragraph!)

It seems that fires start anew as soon as old ones are put out. Early this summer, psychologists who do psychological assessment for Massachusetts public sector subscribers got hit with audits of 1996-1997 reports. Thus far, we have heard of several who, based on sample audits of 25 reports, have been asked to return reimbursements for the entire year. Reasons cited for denial include failure to cite in the report, the city or town where the client lives; failure to give examples of the client's Rorschach and TAT responses; and failure to use the Bender Gestalt as evidence of organicity! In order to respond appropriately to this, MPA has issued an "assessment alert," to obtain information from other psychologists who have been audited.

Around the same time, we also found out (when psychologists' claims were denied) that one public insurer had re-programmed its computers,

shifting the burden for reimbursement of special education evaluations to managed care, if the child has private health insurance in addition to public. Massachusetts law requires the state insurance to pay for special education evaluations, an obligation that the private HMOs, which deny these claims, do not have. Now that psychologists cannot get paid for this work, they are refusing to accept referrals, and children, and schools, are losing out on necessary services.

For the past four years, the State of Massachusetts has contracted with a private company to manage its mental health carve-out for public sector subscribers who have no other health insurance. We have met frequently with the company that currently holds this contract with which there have been multiple problems for psychologists. These include a discrepancy between the number of units the insurer will approve for assessment and the actual time required to carry out the work properly. There are also network problems in that a small group of psychologists has been granted providership limited to psychological testing only, which is narrowly defined as the number of units required for administration and scoring of tests. They thus cannot receive reimbursement for the diagnostic interview that is essential for test interpretation, a consultation with parents or program staff, nor the feedback session required by APA ethical principals. MPA recently applied for a grant to fund research on these issues, including a comparison between the number of units approved for reimbursement and the time it takes to do the complete evaluation.

The Assessment Committee has also dealt with private insurers. One of the largest in Massachusetts was a

clear outlier when it came to approval for psychological assessment. Most requests were denied and it was a psychiatrist who made the decisions. When we started to think that we would have to resort to legal action, we decided to first invite the HMO's chief of outpatient mental health, a psychologist, to an Assessment Committee meeting. This proved to be very successful, as we were able to have a forthright discussion about the problems. We have heard from psychologists on the provider panel that things have improved considerably since that meeting, although there are apparently still denials that don't seem to make sense.

Perhaps the most interesting information that came to light at our meeting with that HMO psychologist, was the fact that until his arrival at the insurer one year earlier, there was *no psychologist in the mental health department*, which was staffed solely by psychiatrists, nurses and social workers. Even up until just before our joint meeting, when a three-hour per week psychologist was hired to review psychological assessment requests, he was the insurer's *only* psychologist. Situations like these speak volumes about the importance of psychologists' presence within HMOs and the impact of being left out, particularly around assessment issues about which other disciplines are not educated.

At our last Assessment Committee meeting, when we had to deal with the most recent assaults on assessment, we looked around the table and realized that in Massachusetts, managed care had, in just a few years, accomplished its goal of drastically reducing clinical assessment in both public and private sectors. This became clear when one of the Committee members noted that he had advertised in both the MPA

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Three Years in the Life of an Assessment Committee

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newspaper and on the MPA list serve for psychologists to do special education assessments in the schools, but *had received not one response*. In the past, as many as a dozen had answered his notices.

This drastic change is due, we believe, to the fact that there are limited numbers of psychologists on HMO provider panels and even fewer who still do assessment and practice independently. Those that remain are tired of the red tape that prior approval requires, particularly since in many cases, this actually means prior denial after time has already been spent filling out a detailed form. And the audits have all of us intimidated. The idea of having to return \$30,000 two years from now (for "errors" and "omissions" that have never before been identified, nor printed) is enough to dampen any practitioner's enthusiasm for this kind of work. This experience is not limited to Massachusetts. Research reported in the June issue of *Journal of Personality Assessment* shows that the practice of assessment is declining dramatically nationwide and that "comprehensive assessment," is particularly affected.

It's because of this battle that advocacy and managed care have taken up most of the Assessment Committee's time. Three years ago, we had long-term goals of surveying the MPA membership about assessment, developing a continuing education program and starting an active public information campaign. This past January, we did collaborate with MNS to hold a successful and over-subscribed conference that introduced the new WAIS and Wechsler Memory Scale. This year and next, MPA is sponsoring two conferences on assessment. We have also added at least six new psychologists to the SPA membership as the need for national clout has become apparent to Assessment Committee members.

My own view is that psychology has missed a golden opportunity to exploit and market the one area of mental health practice that belongs to us, alone. Those of us who do assessment full-time and love the psychological detective work it requires, know its remarkable power. Assessment does seem to thrive in a few places out of the health care system, such as forensics. Nonetheless, our experience with managed care shows that we have failed to communicate its value to the public, to our colleagues in other mental health disciplines, and certainly to health insurers. I suspect that the lack of consumer education about assessment would preclude a strategy used by some psychotherapists who refuse managed care reimbursement and negotiate private fees directly with clients. I don't think that the public is sufficiently educated about the value of assessment to buy it out of their own pockets. And many could not afford it.

These years of advocacy have convinced me that a consortium of organizations with professional and financial investments in psychological assessment (including the test publishers) is necessary in order to mount the kind of drive that could repair years of neglect. A centralized agency would be able to collect information nationally about the threats to clinical assessment and coordinate a timely response based on knowledge of its scientific underpinnings, an understanding of the requirements of clinical practice and familiarity with advocacy efforts around the country.

Rochelle S. Albin, Ph.D. is in independent practice and Chair of the Massachusetts Psychological Association Assessment Committee. She can be reached at rsa@ici.net or through the MPA office in Boston. ▲

Report from the North Texas Chapter of SPA

The North Texas Regional Chapter of The Society for Personality Assessment has had an enjoyable and successful fall program of events, which was co-sponsored by the Psychology Department of the University of North Texas. On Wednesday, October 7th, Dr. Robert Lovitt of the UTSW Medical Center, Dallas, Texas, provided us with a case presentation on "Integration of History and Rorschach Assessment Data in a Child Custody Case." Dr. Lovitt is a senior clinical faculty member at the UTSW Medical Center who has a longstanding international reputation as an assessment psychologist and teacher.

On Friday, October 30th, Dr. John Exner presented the annual Bonney Lecture at the University of North Texas, entitled "Current Research and Future Directions in Rorschach Assessment," and an afternoon workshop on "Rorschach and MMPI-2: Two Cases of Managed Care." He made a special hit with our graduate students!

On Friday November 6th, Drs. Gordon Sauer, Chris Sheldon, John Beaty, and Richard Krusen presented a panel discussion and workshop on "Keeping Assessment in Your Practice With Managed Care: Success Stories and a Strategy Session." This session generated a continuing committee to follow-up with the questions, issues, and strategies discussed.

We are now planning our spring program, and we look forward to an exciting and productive year. If you are not receiving our mailings and would like to join us, please contact:

Dr. Sharon Rae Jenkins
(940) 565-1493
jenkinss@unt.edu



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The Personal Column

Joan Weltzien

STEPHEN APPELBAUM

is author of a new book, *The Mastery of Healing*, published the Fall of 1998, Lumen Editions, Brookline Books.

ALLAN BARCLAY

will be honored with the Richard Wilkinson Lifetime Achievement award of the Missouri Psychological Association at its annual meeting. He was also honored with the American Psychological Association's State Leadership award at the recent annual meeting in Washington.

FREDERICK L. COOLIDGE

wants to share his Coolidge Assessment Battery for Children, Ages 5 to 17, with SPA members who are interested in an excellent research tool. The CAB is a two-hundred (200) item parent as respondent inventory which assesses conduct disorder plus eleven (11) other personality disorders according to DSM-IV, ADHD according to DSM-IV, neuropsychological dysfunction with ten scales, executive function of the frontal lobes, separation anxiety disorder, oppositional defiant disorder, anxiety, depression and fifteen (15) other clinical scales. He reports that it has norms on one-thousand (1000) children with good scale reliabilities and published articles. He can be contacted at P. O. Box 7150, Psychology Department, University of Colorado, Colorado Springs, CO 80933-7150.

ROBERT J. CRAIG, Ph.D., ABPP

has been elected to fellow status in APA, Division 50.

STEPHANIE Z. DUDEK

presented an invited workshop on Creativity and Self-Actualization at the International Counsel of Psychologists in Melbourne, Australia in August of

LEONARD J. FERRANTE

reports completing the third year of formal training in psychoanalysis and psychotherapy through S.E.F.I.P.P.

MICHAEL FREEDMAN, SAMUEL ROSENBERG and CYNTHIA DIVINO

published "Living Well with Asthma", Guilford Press, 1998. This is the first book aimed completely at the psychology of asthma (self-help).

HUGH MCGINLEY

retired in June of 1997 as Professor Emeritus at University of Wyoming. He continues to offer video courses for the Distance Education Program at the university.

I goofed! I misspelled Emanuel Hammer's first name and omitted where his book, *Advances in Projective Drawing Interpretation*, can be obtained. The publisher is Charles Thomas. My apologies and thank you for bringing the corrections to my attention.

ROXANNE HEAD

reports that she is taking a sabbatical from her private practice in San Francisco to spend the 1998 and 1999 academic year as a visiting scholar in the Women's Studies Department at Duke University. Along with her husband, historian, Robert J. Dinkin, she is working on a project about the adaptational styles of infertile women in history.

MARGO T. HOLADAY

earned tenure and promotion to Associate Professor at the University of Southern Mississippi!

STEPHEN J. HOWARD

has been appointed Associate Clinical Professor at the Psychology Department at UCLA. Also, he's been elected to the position of Vice-Presidency of the board of the San Fernando Valley Child Guidance and has assumed the chairmanship of its Professional Advisory Committee.

EMILY KOFF

has just finished her dissertation aimed at furthering the construct validity of the western scales; social cognition and object relation scales entitled, "Object Relations and Defense Mechanisms; Related Structural Variables." She will start her APA internship at Albert Einstein College of Medicine at the Long Island Jewish Medical Center.

STEPHEN LILLY

writes that in 1997, he left St. Elizabeth's Hospital in Washington D.C., to accept an Associate Professor position at the American School of Professional Psychology in Arlington, Virginia. Additionally, in February, 1998, he successfully passed the Diplomat Examination Process for Forensic Psychology as administered by the American Board of Professional Psychology.

PAUL LERNER

reported that he and his son have expanded their horizons by purchasing a quaint, quirky, typically New England bookstore called, "The Owl and Turtle Bookshop," in his new home in Maine.

JAMIE LOVING

reported that he earned his doctorate from Widener University and accepted a position at Assessment and Treatment Alternatives in Philadelphia. He plans to expand his research with Rorschach and juvenile psychopaths which emerged from his dissertation.

THOMAS MCGEE

a long time member of SPA, former student of Sam Beck, long time APA Internship Director, mentor to hundreds of clinicians has been awarded Professor Emeritus at the California School of Professional Psychology in San Diego. Congratulations — reported by Don Viglione.

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The Personal Column

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PETER MERENDA

was named recipient of the 1998 New England Psychological Association's Distinguished Contributions Award. In October, he will deliver the award address at the annual NEPA Convention in Providence, Rhode Island. The address will trace the history of psychological personality assessment from 400 B.C., to the third millennium. He is thrilled to be following last year's recipient, George Albee, who is his good friend and colleague.

CONSTANCE B. NELSON

is enjoying her new professional status as she has graduated from seminary in 1992, was ordained in 1993, and now endorsed by ABC/USA as an institutional chaplain. She was invited to SPA membership after recommendations from people of integrity and has been a fellow since 1969. She wishes she could have known Mary Cerney.

DAVID PALMITER

has accepted a position as Associate Professor and Director of the Psychological Services Center at Marywood University in Scranton, Pennsylvania.

EUGENE PERTICONE'S

new book, The Clinical and Projective Use of the Bender Gestalt Test, was recently released by Charles C. Thomas. It describes an expanded approach to the administration of the instrument that elicits verbal as well as graphomotor material. How the responses may be subjected to systematic projective interpretation of personality function is demonstrated.

JOHN H. PORCERELLI

has been Director of the Behavioral Science and Community Medicine, Department of Family Medicine, Wayne State University, Detroit, Michigan.

ALBERT RABIN

has a new book entitled, Psychological Issues in Biblical Lore, New York Springer Publishing Company, 1998. He also reports that he's President of the International Society for the Study of Time, from 1996 to 1998.

JAMES SIWY

recently became director of a small interdisciplinary group practice, Counseling at Gwineth Place in Duluth, Georgia. He also published an article in the summer, 1998 Journal of Psychology and Christianity. His article was a commentary on five other articles that discussed managed care entitled, "Damaged Care, By Any Other Name, It Smells the Same."

MARK STAAL

was recently promoted to Flight Commander over the 377th Medical Operations, Mental Health Services at Kirkland Air Force Base in New Mexico with the United States Air Force.

ROBERT THOMPSON

was appointed Clinical Director of Youth Opportunities Program of Philadelphia which is a partial hospital treatment program for court-adjudicated adolescents with substance abuse problems.

JED YALOF

published an article in the Journal of College Student Psychotherapy entitled, "Consolidating a Professional Identity in the 21st Century: the Changing Landscape of Education and Training in Psychology and Its Implications for Counseling Centers."

ROBERT I. YUFIT

is requesting information from anyone doing research on impaired physicians. He's interested in sharing research results regarding areas of addictions, suicide attempts, debilitating depression and/or anxiety, and multiple ethical violations. His address is Northwestern University Medical School, Division of Psychology Ward, Building 9217, 303 East Chicago Avenue, Chicago, Illinois 60611-3008, fax number (312) 503-0466, telephone number (312) 908-2587.

HONG CHANGHEE PUSAN

received a Ph.D. from Seoul National University with a dissertation entitled, "Relations of Item Characteristics and Individual Difference with the MMPI Response Latency." In December, 1997, this person was President-Elect of the Korean Clinical Psychological Association. ▲

The Teacher's Block

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skills and their conceptual understanding about personality organization and psychopathology. Our postdoctoral fellows pay particular attention to how testing can help establish a focus for treatment, especially for brief psychotherapy. Relatedly, training at the postdoctoral level should aim to improve the fellow's ability to communicate test findings to referring professionals and patients. Two additional areas should be included in a postdoctoral model:

- 1) supervised experience providing testing supervision for junior trainees, either at the internship or graduate student level, and
- 2) becoming involved in psychodiagnostic research projects.

Letters to the Editor

We received the following letters in response to Gwenyth Edwards' Clinical Grand Rounds case description (Vol. 5, No. 6) involving the use of projective testing in the assessment ADHD children.

Dear Dr. Barkley,

As a school psychologist, I would like to comment on Dr. Gwenyth Edwards' account of an 11-year-old student with ADHD, whom a school psychologist diagnosed as dangerously suicidal based on projective methods. This is another version of the topic raised elsewhere in that [larger] issue about different perspectives from varying sources of information, such as parent versus child reports. (Projectives being an extreme version of self-report.)

Projective assessment has a use in providing insight into the phenomenological, experiential world of subjects—how they experience themselves and others. It is expressed in metaphorical and iconic terms, which may be particularly useful when working with children. Beside this, at least in Exner's Comprehensive System, the Rorschach is also a normative measure of personal styles of perceptual-cognitive problem solving. Projectives may provide information about how children experience their ADHD or about possible comorbid disorders.

However, like all assessment approaches, projective methods have their limits as well. Exner specified: "Rorschach assessment may often be useful in describing the particular personality features of a young person with such disorders [SLD and ADHD]. However, Rorschach findings cannot serve to diagnose the presence of these conditions. The Rorschach measures personality processes, and neither SLD nor ADHD is primarily a disorder of personality functioning" (Exner & Weiner, 1995; p. 360). Instead he recommends "parent interviews, behavior rating scales..., direct observation of behavior..." (ibid).

Similarly, in relation to the evaluation of suicide potential among children, Exner states that, compared to "... demographic and/or behavioral variables ... it is unlikely that any test data, taken alone, will provide a greater discrimination of suicidal risk" (Exner & Weiner, 1995; p. 84). Exner has developed a Suicide Constellation for the Rorschach, using actuarial methods, but it is not applicable to children under 15.

As to the specific case presented, it appears that projective methods did pick up personality correlates of ADHD and CD: "impulsiveness, low frustration tolerance, acting out behavior, as well as instability in personality." Whether the evaluator was also right to report the student "feeling anxious, inadequate, insecure, and helpless" cannot be judged on the basis of the other information presented. An emergency room psychiatric interview would evaluate immediate suicidal ideation, not longer-term feelings of helplessness.

However, the psychologist was wrong if he or she did not also use objective and behavioral measures. And he or she was wrong to insist, on the basis of too limited data, that the child should be placed in a residential school. Dr. Edwards asks, if a child creates angry or violent stories during projective assessment, "do we conclude that he is suicidal?" No, but he is probably angry.

REFERENCE

Exner, J. E., Jr., & Weiner, Irving B. (1995). *The Rorschach: A Comprehensive System. Vol. 3: Assessment of Children and Adolescents* (2nd ed). New York: Wiley.

Wayne D. Price, Psy. D.

Licensed Psychologist, New York

Dear Dr. Barkley,

Reader response was invited regarding a letter written by Gwenyth Edwards which was printed in the Clinical Grand Rounds (December, 1997).

The school psychologist who assessed Jimmy T. may have been correct about this kid's emotional instability. There certainly was enough in his young life which would make most children feel anxious, angry, inadequate, and insecure. I do not believe that Jimmy was suicidal. He was spewing out overwhelming feelings of frustration when he made his comment about exiting out the window. This kid has ADHD and a conduct disorder, the combination of which sometimes results in impulsivity and poor judgment. Impulsive and defiant kids who dart out into traffic should not automatically be labeled as suicidal. The school psychologist failed to conduct a thorough suicide risk assessment interview and jumped the gun by insisting this child be taken to the hospital for a psychiatric interview. Projectives should never supersede clinical interview data in the diagnostic assessment or in assessing the prognosis of any individual child. Jimmy's mother was right to obtain an independent evaluation for her son. The school psychologist requires further training and/or supervision.

Michael Fiorito, M.S.
Counselor for the Seattle Academy
of Arts and Sciences

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From the Editor:

The Mid-winter meeting is always for me a particularly productive period. Not only can I see old friends, pursue my continuing education, but I can be like those folks I see every summer who sit with their pads and pencils behind first base at the Phillies base: I can be a talent scout. At the Mid-winter meeting, I am always on the lookout for someone with new ideas who is a potential contributor to The SPA Exchange (I noted Bill Kinder doing similar sleuth-work for JPA). Last February, it took no great perceptiveness for me to see the Phoebe Kramer was captivating the interest of many at the conference. So many of us use this instrument but suspect we're not getting the most out of it. Those who were not able to attend the mid-winter (and those who were) will derive much from this introduction to Dr. Kramer's thinking.

This edition of The SPA Exchange also features the first report of an

assessment interest group. Rochelle Albin describes a group in Massachusetts, which is in its fourth year. In truth, this group was formed well before the Society began to contemplate the possibility of supporting the development of local and regional groups. As such, the experiences of Dr. Albin and her colleagues can be of great benefit to those members whose interest groups are still in their infancies. Also important are Dr. Albin's comments on the advocacy efforts of her special interest group on behalf of personality assessment. As our President suggests in his article in this newsletter, such efforts are critical to personality assessment's continued viability.

This issue of advocacy leads me to deliver an invitation. Last spring after the midwinter meeting, Jamie Loving returned to the Philadelphia to complete his doctoral studies after having won the 1998 Cerney Award. His dissertation concerned the psychological characteristics of

juvenile offenders as reflected by their patterns of performance on the Rorschach. At that same time the news was dominated by the rash of tragic deaths of youths shot by other youths in school settings. Jamie appeared on a number of radio shows and spoke about the implications of his dissertation findings for understanding the problem of violence in youths. In delivering his message, he provided tremendous positive publicity for personality assessment. He showed that the tools we use such as the Rorschach are relevant to addressing social issues. We all need to think about how we can get the message of the usefulness of assessment out to the public. I know about this example because it was in my own professional backyard. I am interested in learning about other examples and featuring them in The SPA Exchange.

Virginia Brabender ▲

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