

**THERAPEUTIC GOALS IN  
A SINGLE CASE STUDY,  
USING OF CARLSSON AND BIHLAR'S  
CATEGORIES**

**Adriana Lis, Silvia Salcuni, Debora  
Genovese,  
Nicola Michieletto**

*DPSS*

*Università degli Studi di Padova*

## **Therapeutic outcome and process of a psychoanalytic supportive psychotherapy using the Rorschach test and affective themes.**

Psychological personality testing is nowadays not the most common way of identifying intrapsychic problems in outcome and process psychotherapy research. To assess the outcome or the relationship between outcome and process in psychoanalytic psychotherapy research, psychotherapists think that more relevant information is obtained through others kinds of instruments, varying from symptomatic scales to scales, questionnaires or other psychodynamic tools specifically devised to assess psychotherapeutic outcome and process. For example the well-known Core Conflictual Relationship Theme (CCRT; Luborsky, 1997; Luborsky & Crits-Christoph, 1990); , Jones, 1985; Parry et al., 1986, Jones, 1985; Parry et al., 1986), the California Psychotherapy Alliance Scale (CALPAS; Marmar, et al., 1986; Marziali, et al., 1981), the Agnew Relationship Measure (ARM; Agnew-Davies, et al., 1998) and the Q-technique (Q-Sort, Jones, Cumming, Pulos, 1993).

Psychological personality tests can, however, play an important role in the assessment of outcome and process of psychotherapy (Beutler, Wakefield, & Williams, 1994; Maruish 1994). They may identify problems and related personality dimensions outside the patient's awareness, facilitate comparisons of the patient's problems vis-a-vis a normative frame of reference, and further give information about abilities as well as difficulties (Appelbaum, 1990; Butcher, 1990; Maruish, 1994). Beutler and Clarkin (1990) have proposed patient characteristics, which are possible to measure with personality tests, and which at the same time have the ability to predict responses to therapeutic treatment. These categories are symptom severity, problem complexity, problem-solving phase achieved, and coping style.

The Rorschach, through the Comprehensive System (Exner, 1993), is a well-known psychodiagnostic method which can, in a systematic way, yield many information concerning both psychological resources and specific problem areas of a cognitive, affective, relational, and self-defining character. The Comprehensive System is relatively theory-neutral, but Rorschach data may be placed in a psychodynamic context, particularly in combination with data from clinical interviews. The Rorschach is a frequently used method in psychotherapy outcome. Comparative studies of groups of patients receiving brief and long-term psychotherapies, with measurements before and after treatment, give some information about what kind of personality characteristics undergo changes in the short and long run (Exner & Andronikof-Sanglade, 1992; Weiner & Exner, 1991).

Few studies have as yet been performed on the use of the Rorschach as an instrument to assess the relationship between goal formulation and psychotherapy outcome and process. The Rorschach can yield information which is complementary to both psychiatric and

psychodynamic diagnosis in the decision of treatment goals. The information concerns, for example, severity of psychopathology, problem complexity, coping strategies, and therapy-related variables, with bearing on processes and prognosis. Furthermore, the Rorschach can add important assessment data concerning patient characteristics, which may present obstacles to progress in psychotherapy (Weiner, 1994a). Agreement between therapists' goals and patients' problems revealed by the Rorschach were studied by Bihlar and Carlson (2000).

Thematic projective methods were scarcely used to assess psychotherapy outcome and process. Among them the most used was the TAT (Murray, 1953). Philippson's Object Relation Technique (ORT; Philippson, 1955) although often used to assess "clinical effectiveness" of psychotherapy (Chambless et al., 1996; Kazdin & Weisz, 1998; Task Force on promotion and Dissemination of Psychological Procedure, 1996; Chambless & Hollon, 1998) was never used in empirical psychotherapy research. A new assessment format, where reliability of variables was assessed, has been devised (Lis et al., 2002). This allow the use of the ORT for the assessment of psychotherapy outcome and of the relationship between outcome and process.

## **AIM OF THIS PAPER**

Within psychoanalytic interventions, many authors distinguish between supportive and expressive psychotherapies. Although these different forms of psychotherapy are well distinguished in their theoretical aims and clinical methodologies, few papers have been published on the relationship between specific empirically defined goals of supportive therapy and the process and outcome of psychotherapy, using the Rorschach and thematic projective methods. This paper has three purposes:

1. the first is to use the Rorschach and the ORT to assess personality dimensions useful to specify the goal of supportive psychotherapy in a single case study.
2. the second aim was to rate the change of these personality dimensions at the end of the treatment, using the same methods.
3. finally, a rating of the psychotherapy process of one of these dimensions is proposed.

## **METHOD**

Instruments:

- *Psychodiagnostic clinical interviews.*

- 3 Recorded psychodiagnostic clinical interview conducted by an experienced psychoanalytically oriented psychotherapist, at the beginning of the psychotherapy.

- *Sessions*

36 Sessions were audiorecorded, transcribed and analyzed according

to ORT affective themes (Lis et al., 2002). For this paper, 12 sessions were chosen respectively at the beginning, in the middle and at the end of the therapy.

- *Bihlar and Carlsson (2000) rating scale*.

The scale was developed for the classification of psychotherapy goals, mutually exclusive, with regard to content. The rating scale includes 12 categories. Eight of these are treatment goals, three are "non-treatment" goals, and one category is denoted as therapeutic tasks. Six of the treatment goals are psychodynamically formulated goals and two are behavior goals (Adler, 1983; 1984). The psychodynamic goals -controls, affects, self-perception, interpersonal relations, and mediation/ideation- describe major psychological functions according to different psychodynamic models (Bellak, 1993; Hartman, 1950; Kernberg, 1980; Kohut, 1971). One of the psychodynamic goals is denoted insight goals. The three non-treatment goals are life goals (Ticho, 1972), theoretical goals, and a category denoted "not possible to classify." Formulations about the therapeutic work, i.e., means to attain therapeutic goals, are intended to be registered within the goal category therapeutic task. The scale was derived by treatment plans as formulated by a total of 84 psychotherapists participating in Bihlar and Carlsson (2000) project. The treatment plans were in writing. The therapists were free to formulate the treatment plans in their own words, but they they had to answer to three open-ended questions: problem formulations, goals, and partial goals, as well as an estimation of the required length of the psychotherapy.

- *WAIS-R*, to assess cognitive level.

- *Rorschach according to the Comprehensive System (CS; Exner, 1993)*.

The main quantitative variables of the seven major CS clusters were selected. The clusters represent different areas of psychological functioning. Four of the six clusters were controls/stress tolerance, affects, self-perception, and interpersonal relations. The remaining three major CS clusters -cognitive mediation, ideation, and information processing- belong to the cognitive triad.

- *Object Relation Technique Philippon's (1965)*

We used the ORT to investigate other personality dimensions. ORT is a thematic apperception test aimed at detecting object relationships. A new evaluation form aimed at detect structural aspects of personality (Lis et al.,2002) was devised. Reliability of all the variables were calculated and reached a good standard. In this paper one specific dimension was investigated: affective themes(Lis et al., 2002). The scale rates affective themes in the ORT and in therapy sessions. The scale derived by a scale devised by Russ (1993) to assess affective themes.

## SUBJECTS

This paper described a single case descriptive-narrative study. As it is well known, in single cases studies designs the focus is on the individual patient. These studies are aimed not to generalize to the

broader clinical population, but to show the effectiveness of a technique for particular clients. In our paper the single case study will be employed to answer questions to the appropriateness of a supportive psychotherapy and to the relationship among personality variables and outcome and process of supportive psychotherapies, a particular form of treatment, the length of treatment required to achieve a good outcome. Qualitative process single case studies were classically used by psychoanalytic investigators, but they were criticized because of many methodologically shortcomings. Nowadays they are considered as a good tool also in empirical psychotherapy research above all to investigate process factors, when methodological issues are satisfied (Cook & Campbell, 1979).

#### PROCEDURE

The Rorschach and the ORT were administered at the beginning and at the end of the treatment. All the sessions were audio-recorded and transcribed. The 12 sessions used to rate affective themes in the psychotherapy process are generally one out of three: 4, 7, 10, 13, 16, 19, 22, (Ester holidays), 23, 26, 29, 33, 34. The patient had given his informed consent to participate in the study.

#### THE PATIENT

C. was 22 years old when he self-referred at the Clinical Service of the University of Padova (SAP-Clinico, Clinical Psychological Service) for the first time. He was a student at the Faculty of Psychology. He was attending regularly its third year of the faculty. He was sharing a flat with other students. He originally came from another Italian region where his family was still living and that he was visiting about every fifteen days. He was the first of two children. His sister, at that time 17 years old, suffered of depression during the last summer. He complained of many problems: dissatisfaction in university achievements (although his achievement was good), colitis, difficult family relationships, difficulties in social relationships with friends and girls. C. had just concluded a relationship with an American girl who was going back to the States. At that time we got three clinical interviews with C.. His motivation to change appeared very superficial. In fact he did not ask any treatment, and we did not propose any kind of treatment because we did not find enough motivation.

Two years later C. came back asking for a treatment. He had now a stable relationship with a girl and they were living together. The relationship was described as a very good one. He was now in its last year of the faculty. C. complained the same problems described in the previous consultation. But a new reason was added: it was connected with his professional choice. He was not sure if he really wanted to work as a psychologist.

The clinical interviews revealed restriction in affect expressions and modulation, good reality testing, rigid defense organization, exaggerated self-esteem.

**Table 1: Definitions of the goal categories (Carlsson & Bihlar, 2000) and Carlsson & Bihlar's categories in C.**

<b>Categories</b>	<b>Definitions by Carlsson &amp; Bilhar</b>	<b>C.'s goals</b>
Rehabilitation	Better functioning in everyday life	There were no problems for the everyday life activities.
Symptoms	Elimination or reduction of symptoms	We expected that the colite won't get better.
Affects	Increased capacity to contain, handle and express affects	We expected to work on affective expression and modulation.
Mediation/Ideation	Increased capacity to evaluate own thoughts and conclusions more critically and increased capacity to interpret reality more realistically	We expected to help him to dial better a with interpretation of reality.
Control capacity	A greater capacity to maintain psychological control in demanding or stressful situation	He got already a good capacity to maintain psychological control in the stressful situation
Interpersonal relations	Improved capacity for interpersonal relations	He got already a good capacity for interpersonal relations
Self-perception	Changes pertaining to self definition	We didn't attend too much, because there were conflicting aspects
Insight	Goals implying increased consciousness and knowledge and about oneself	He had not consciousness and knowledge about himself
Therapeutic tasks	Formulations about tasks and psychotherapeutic means, which are natural elements in the psychotherapeutic work	There weren't natural elements to start a psychotherapeutic work
Theoretical goals	Theoretical formulations without specification of the implications they may have for the patient	
Life goals	a. Increased life quality in a wide sense, without specification; b. Goals which cannot be realized within the treatment situation	He asked for an help to choose what to do after the University

## RESULTS

**Table 2: ORT Affective Themes**

	1st ORT		2nd ORT	
aggression	6	(+)	2	(-)
anxiety & fear	4	(-)	1	(-)
sadness	7	(+)	2	(-)
loving	3	(-)	2	(-)
symbolic sex	0	(-)	1	(-)
row sex	0	(=)	0	(=)
happyness	8	(+)	6	(=)
frustration	1	(-)	7	(+)
competition	0	(-)	0	(-)
orality	2	(-)	1	(-)
aggress.orality	0	(=)	0	(=)
anality	0	(-)	0	(-)

**Table 3: Rorschach changes**

1st Rorschach			2nd Rorschach		
R = 11	L = 0.22		<b>R = 15</b>	<b>L = 1.14</b>	
EB=6:2.5	EA=8.5	EBPerintro	<b>EB= 4:2.5</b>	<b>EA=6.5</b>	<b>EBPerN/A</b>
eb=2:2	es=4	D=0	eb= 2:0	es=2	<b>D=+1</b>
	Adj es=3	Adj D=+1		Adj es=1	<b>Adj D=+2</b>
FM=1	C'=1	T=0	FM=0	C'=0	T=0
m=2	V=0	Y=0	m=2	V=0	Y=0
<i>AFFECT</i>			<i>AFFECT</i>		
FC:CF+C=1 : 2			FC:CF+C=1 : 2		
Pure C=0			Pure C=0		
SumC' : WSumC=1 : 2.5			SumC' : WSumC= 0 : 2.5		
Afr=0.37			<b>Afr=0.25</b>		
S=1			<b>S=4</b>		
Blends:R=4 : 11			<b>Blends:R= 2 : 15</b>		
CP=0			CP=0		

*SELF-PERCEPTION*

$3r+(2)/R= 0.66$
$Fr+rF= 0$
$FD= 2$
$An+Xy= 0$
$MOR= 1$

*SELF-PERCEPTION*

$3r+(2)/R= 0.33$
$Fr+rF= 0$
$FD= 0$
$An+Xy= 1$
$MOR= 0$

*INTERPERSONAL*

$COP=5$	$AG=0$
$Food=0$	
$Isolate/R=0.13$	
$H : (H)+Hd+(Hd)=4 : 1$	
$(H)+(Hd):(A)+(Ad)=1 : 0$	
$H+A : Hd+Ad=7 : 0$	

*INTERPERSONAL*

$COP=2$	$AG=0$
$Food=0$	
$Isolate/R= 0.13$	
$H : (H)+Hd+(Hd)= 3 : 3$	
$(H)+(Hd):(A)+(Ad)= 2 : 0$	
$H+A : Hd+Ad= 6 : 4$	

*IDEATION*

$a:p=8:1$	$Sum6=5$
$Ma:Mp=6:0$	$Lvl-2=1$
$2AB+(Art+Ay)=3$	$WSum6=11$
$M-=0$	$M none=0$

*IDEATION*

$a:p=3:3$	$Sum6=2$
$Ma:Mp= 1:3$	$Lvl-2=0$
$2AB+(Art+Ay)=3$	$WSum6=4$
$M-=0$	$M none=0$

*MEDIATION*

$P= 5$	
$X+%= 0.72$	$F+%= 1.00$
$X-%= 0.07$	$S-%= 0.18$
$Xu%= 0.09$	$XA%= 0.81$

*MEDIATION*

$P= 5$	
$X+%= 0.53$	$F+%= 0.50$
$X-%= 0.07$	$S-%= 1.00$
$Xu%= 0.40$	$XA%= 0.93$

*PROCESSING*

$Zf= 10$	$Zd= +7.0$
$W : D : Dd= 8 : 3 : 0$	
$W : M= 8 : 6$	
$DQ+= 7$	$DQv= 0$

*PROCESSING*

$Zf= 13$	$Zd= +5.0$
$W : D : Dd= 12 : 3 : 0$	
$W : M= 12 : 4$	
$DQ+=5$	$DQv= 1$



**Table 4: Trend and comparison between the Affective Themes of the 3 periods (means frequencies and total frequencies)**

Frequencies of all themes in the three periods

MEANS	Aggressivity	Anxiety & fear	Sadness	Loving	Symbolic sex	Row sex	Happy ness	Frustration	Competition	Orality	Aggres. orality	Anality	Total positive themes	Total negative themes
1 <sup>st</sup> period	40.75	33.50	28.00	13.50	3.00	0.00	31.00	71.75	17.50	4.50	2.25	2.75	72	176
2 <sup>nd</sup> period	20.80	40.80	21.40	18.80	3.80	1.00	24.40	63.60	14.00	4.80	0.00	0.80	67	148
3 <sup>rd</sup> period	35.25	36.50	41.00	16.25	2.00	0.25	13.25	80.75	11.25	3.25	0.00	1.00	47	194

Log-linear: means of all themes in the three periods: non sign. Chi square= 27.798, df=22, p=0.1825.

MEANS	Aggressivity	Anxiety & fear	Sadness	Loving	Symbolic sex	Row sex	Happy ness	Frustration	Competition	Orality	Aggres. orality	Anality	Total
1 <sup>st</sup> period	0.548	-1.370	-1.123	-1.345	-.334	-.535	0.909	-1.064	0.302	-0.055	1.232	0.793	1.1271
2 <sup>nd</sup> period	-1.878	0.590	-1.372	0.705	0.698	0.923	0.695	-0.681	-0.000	0.428	-0.537	-0.468	-1.127
3 <sup>rd</sup> period	1.405	0.729	2.495	0.646	-0.303	-0.198	-1.370	1.625	-0.267	-0.334	-0.372	-0.193	-1.094
<b>Total</b>	9.082	10.769	8.564	3.794	-3.160	-3.791	5.885	17.685	2.815	-2.415	-3.638	-3.765	

**Table 5:**

Log-linear: means of negative and positive themes in the three periods: Chi square= 9.240\*\*, df=2, p=0.0099.

MEANS	Total negative themes	Total positive themes	Total
1 <sup>st</sup> period	-1.182	1.182	1.608
2 <sup>nd</sup> period	-1.990	1.990	-.448
3 <sup>rd</sup> period	<b>2.989</b>	<b>-2.989</b>	-.167
<b>Total</b>	11.912	-11.912	

## RESULTS

C.'s total IQ was 103 (verbal IQ 102, performance IQ 103).

C. was assessed as a borderline patient with narcissistic features (Gabbard, 1999; McWilliams, 1999).

Starting from the clinical interviews, the Rorschach and the ORT a supportive once-a-week therapy was proposed with the goals described in Table 1, following Bihlar and Carlsson (2000).

The therapy lasted one year and was concluded with a mutual agreement within patient and psychotherapist. The therapy lasted from September of 2001 to July 2002, with a total of 36 Sessions. C. was told that the aim was to help him to cope with the end of the university, but also to cope with his affections, where in our view there were some difficulties. He agreed with the aim of the treatment.

At the end of the treatment the Rorschach and the ORT were administered again: table 2 e 3 report the results of the two methods. The analysis of the affective themes in the clinical interview, showed a decrease of the frequencies in the three periods, even if the last one period seems to show in C. a clearer capacity to speak about his negative feelings (table 4).

In table 3 are presented the Rorschach at the beginning and at the end of the treatment. The Rorschach at the beginning of the treatment is very short, but the Lambda is low. This indicate C.' availability to participate in the test. Surely the results of such a brief protocol has to be considered more an expression of a state. The resources are good and C. shows a big capacity of control. There is no acute or chronic stress. This is the reason why we did not identify stress as motivation to change in the first interviews. Affections are very poor and not too much controlled. Self-esteem is exaggerated and there is a big tendency to look at himself in a very cold way. Interpersonal perception reveal an interest in the human and a big tendency in privileging cooperative relationship. There is a very rigid approach in ideation and there are some slight distortion in ideation and reality testing is good (mediation cluster). The processing style is a over-incorporated one.

The Rorschach (table 3) has many changes but not in the direction we have planned. The control cluster reveals an increase in controls and still a decrease in cognitive and affective stress. There is no change in the expression and modulation of affections. But a big quantity of primitive rage (S=4) appear. The quality of ideation improve: he is less rigid, less distorted, but he appear to have a more passive quality in his ideation. He show a more adequate self perception, both as self esteem and in loosing his way at looking at himself in a very cold way. As for interpersonal perception, he shows less cooperative relationships. The variety of themes in the ORT (table 2) are lower then in the Italian normative sample (anxiety and fear, loving, symbolic sex, frustration, competition, orality and anality are all less present then in normative data; only aggression, happiness and sadness are more present. The re-test of ORT (table 2) shows a restriction in all the themes excepting an increase in frustration.

## **CONCLUSIONS**

C. shows an interesting and complex trend in all the analyzed variables:

Rorschach: C. shows a better balanced profile, both in ideational and affective features; a better capacity to cope with stress and to be in touch with his deeper affective parts, like aggressive ones.

Affective themes: the trend of the themes, in both case of ORT and psychotherapy sessions, underlines a C.'s process of focusing on most important problems and feelings: even if the frequencies decrease in the three periods, the last one period seems to show in C. a clearer capacity to speak about his negative feelings.

## REFERENCES

- Adler, D. A., & Astrachan, B. M. (1983). Psychiatric perspectives on psychotherapy. *Comprehensive Psychiatry*, 24, 129-143.
- Adler, D. A. (1984). Perspectives on rehabilitative and educative-developmental psychotherapy. *American Journal of Psychotherapy*, 38, 431-444.
- American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: American Psychiatric Association.
- Appelbaum, S. A. (1972). A critical re-examination of the concept "motivation for change" in psychoanalytic treatment. *International Journal of Psychoanalysis*, 53, 51-59.
- Appelbaum, S. A. (1973). Psychological-mindedness: word, concept and essence. *International Journal of Psychoanalysis*, 54, 35-55.
- Appelbaum, S. A. (1977). *The anatomy of change*. New York: Plenum Press.
- Appelbaum, S. A. (1990). The relationship between assessment and psychotherapy. *Journal of Personality Assessment*, 54, 791-801.
- Balint, M. (1936). The final goal of psychoanalytic treatment. *International Journal of Psychoanalysis*, 7, 206-216.
- Bellak, L. (1993). *Psychoanalysis as a science*. Boston: Allyn and Bacon.
- Beutler, L. E., & Clarkin, J. (1990). Systematic treatment selection. Toward targeted therapeutic interventions. New York: Brunner/Mazel, pp 212.
- Bihlar, B., Carlsson, A. M. (2000). An exploratory study of agreement between therapists' goals and patients' problems revealed by the Rorschach. *Psychotherapy Research* 10(2) 196-214.
- Beutler, L. E., Wakefield, P., & Williams, R. E. (1994). Use of psychological tests/instruments for treatment planning. In M. E. Maruish (Ed.), *The use of psychological testing for treatment planning and outcome assessment* (pp. 55-74). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Butcher, J. N. (1990). *The MMPI-2 in psychological treatment*. New York: Oxford University Press.
- Carlsson, A. M., Nygren, M., Clinton, D., & Bihlar, B. (1996). The Stockholm comparative psychotherapy study, COMPASS: Project presentation and preliminary Rorschach findings. *Rorschachiana*, 30-46.
- Choca, J. P., Shanley, L. A., & van Denberg, E. (1992). *Interpretative guide to the Millon clinical multi-axial inventory*. Washington, DC: American Psychological Association.
- Cohen, J. A. (1960). A coefficient of agreement for nominal scales. *Educational and Psychological Measure*, 20, 37-46.
- Colson, D., Eyman, J., & Coyne, L. (1994). Rorschach correlates of treatment difficulty and of the therapeutic alliance in psychotherapy with female psychiatric hospital patients. *Bulletin of the Menninger Clinic*, 58, 383-388.
- Cook, B., Blatt, S. J., & Ford, R. C. (1995). The prediction of therapeutic response to long-term intensive treatment of seriously disturbed young adult inpatients. *Psychotherapy Research*, 5, 218-230.
- Curtis, J. T., & Silberschats, G. (1997). The plan formulation method. In T. D. Eells (Ed.), *Handbook of psychotherapy case formulation* (pp. 116-136). New York: The Guilford Press.
- Davanloo, H. (1979). *Short-term dynamic psychotherapy*. New York: Jason Aronson.
- Dawes, R. M., Faust, D., & Meehl, P. E. (1989). Clinical versus actuarial judgment. *Science*, 243, 1668-1679.
- Eells, T. D. (1997). *Handbook of psychotherapy case formulation*. New York:

The Guilford Press.

Exner, J. E., Jr. (1991). *The Rorschach; A Comprehensive System*. Vol. 2. Interpretations (2nd ed.). New York: John Wiley & Sons, Inc.

Exner, J. E., Jr. (1993). *The Rorschach; A Comprehensive System*. Vol. 1. Interpretations (3rd ed.). New York: John Wiley & Sons, Inc.

Exner, J. E., Jr., & Andronikof-Sanglade, A. (1992). Rorschach changes following brief and short-term therapy. *Journal of Personality Assessment*, 58, 59-71.

Fairbairn, W. R. D. (1958). On the nature and aims of psycho-analytical treatment. *International Journal of Psychoanalysis*, 39, 374-385.

Franklin, K. W., & Cornell, D. G. (1997). Rorschach interpretation with high ability adolescent females: Psychopathology or creative thinking? *Journal of Personality Assessment*, 68, 184—196.

Gaskill, H. S. (1980). The closing phase of the psychoanalytical treatment of adults and the goals of psychoanalysis: "The myth of perfectibility." *International Journal of Psychoanalysis*, 61, 11-23.

Grinberg, L. (1980). The closing phase of the psychoanalytic treatment of adults and the goals of psychoanalysis: "The search for truth about one's self." *International Journal of Psychoanalysis*, 61, 25—37.

Hall, J. A. (1992). Psychological-mindedness: A conceptual model. *American Journal of Psychotherapy*, 46, 131-140.

Hartman, H. (1964). *Essays on ego psychology*. New York: International University Press.

Holt, R. R. (1977). A method for assessing primary process manifestations and their control in Rorschach responses. In M. A. Rickers-Ovsiankina (Ed.), *Rorschach Psychology* (pp. 375-420). Huntington, NY: Krieger.

Janson, H. (1998, February). Coefficient iota: A change-corrected agreement measure for multivariate observations. Paper presented at the Midwinter Meeting of the Society for Personality Assessment. Boston, MA.

Kahneman, D., Slovic, P., & Tversky, A. (1982). *Judgment under uncertainty: Heuristics and biases*. New York: Cambridge University Press.

Kernberg, O. (1980). *Internal world and external reality*. New York: Jason Aronson.

Kiresuk, T. J., & Sherman, R. E. (1968). Goal Attainment Scaling: A general method for evaluating comprehensive community mental health program. *Mental Health Journal*, 4, 443-453.

Kohut, H. (1971). *The analysis of the self*. New York: International University Press.

Klein, M. (1950). On the criteria for the termination of a psychoanalysis. *International Journal of Psychoanalysis*, 31, 78-80.

Lambert, M. A., & Hill, C. E. (1994). Assessing psychotherapy outcomes and processes. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed.) (pp. 72-113). New York: Wiley.

Luborsky, L., & Crits-Christoph, P. (1990). *Understanding transference*. New York: Basic Books.

Luborsky, L. (1997). The core conflictual relationship theme: A basic case formulation method. In T. D. Eells (Ed.), *Handbook of psychotherapy case formulation* (pp. 58-83). New York: The Guilford Press.

Mariush, M. E. (1994). Introduction. In M. E. Maruish (Ed.), *The use of psychological testing for treatment planning and outcome assessment* (pp.3-21). Hillsdale, NJ: Lawrence Erlbaum Associates.

McCallum, M., & Piper, W. E. (1997). *Psychological mindedness: A contemporary understanding*. Mahwah, NJ: Lawrence Erlbaum Associates.

McDowell, C., & Acklin, M. W. (1996). Standardizing procedures for

calculating Rorschach inter-rater reliability: Conceptual and empirical foundations. *Journal of Personality Assessment*, 66, 308-320.

McGlashan, T. H., & Miller, G. H. (1982). The goals of psychoanalysis and psychoanalytical psychotherapy. *Archives of General Psychiatry*, 39, 377-378.

Meyer, G. J. (1997). Assessing reliability: Critical correction for critical examination of the Rorschach Comprehensive System. *Psychological Assessment*, 9, 480-489.

Rosenbaum, R. L., & Horowitz, M. J. (1983). Motivation for psychotherapy: A factorial and conceptual analysis. *Psychotherapy: theory, Research and Practice*, 20, 346-353.

Ryle, A. (1979). Defining goals and assessing change in brief psychotherapy: A pilot study using target ratings and the dyad grid. *British Journal of Medical Psychology*, 52, 223-233.

Ryle, A., & Bennet, D. (1997). Case formulation in cognitive analytic therapy. In T. D. Eells (Ed.), *Handbook of psychotherapy case formulation* (pp. 289-313). New York: The Guilford Press.

Sandier, J., & Dreher, A. U. (1996). *What do psychoanalysts want? The problem of aims in psychoanalytic therapy*. London: Routledge.

Sampson, H. (1986). Introduction to empirical studies of the plan concept. In J. Weiss, H. Sampson & The Mount Zion Psychotherapy Research Group (Eds.), *The psychoanalytic process: Theory, clinical observation, and empirical research* (pp. 221-240). New York: Guilford Press.

Sifneos, P. E. (1979). *Short-term dynamic psychotherapy: Evaluation and technique*. New York: Plenum.

Silberschatz, G., Curtis, J. T., Sampson, H., & Weiss, J. (1994). Mount Zion Hospital and Medical Center: Research on the process of change in psychotherapy. *Psychotherapy Research*, 2, 56-73.

Strupp, H. H., Fox, R. E., & Lessler, K. (1969). *Patients view their psychotherapy*. Baltimore: The Johns Hopkins Press.

Ticho, E. (1972). Termination of psychoanalysis: Treatment goals, life goals. *The Psychoanalytic Quarterly*, 41, 315-333.

Wallerstein, R. (1965). The goals of psychoanalysis. *Journal of American Psychoanalytic Association*, 13, 748-770.

Watkins, C. E. (1991). What have surveys taught us about teaching and practice of psychological assessment? *Journal of Personality Assessment*, 56, 426-437.

Weiner, I. B., & Exner, J. E., Jr. (1991). Rorschach changes in long-term and short-term psychotherapy. *Journal of Personality Assessment*, 56, 453-465.

Weiner, I. B. (1994). Rorschach assessment. In M. Maruish (Ed.), *The use of psychological testing for treatment planning and outcome assessment* (pp. 249-278). Hillsdale, NJ: Lawrence Erlbaum Associates.

Weiner, I. B. (1995). Variable selection in Rorschach research. In J. E. Exner (Ed.), *Issues and methods in Rorschach research* (pp. 73-98). Mahwah, NJ: Lawrence Erlbaum Associates.

Wittman, C. C., & Kunst, H. (1997). Planning the treatment of a depressed patient. *Clinical Psychology and Psychotherapy*, 3, 157-171.

Wood, J. M., Nezworski, M. T., & Stejskal, W. J. (1996). The Comprehensive System for the Rorschach: A critical examination. *Psychological Science*, 7, 3-10.