

spa exchange

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The President's Message

From Chicago 2016 to SPA 2020

Robert F. Bornstein, PhD

Adelphi University

As I'm sure is true for many of us, the annual Society for Personality Assessment (SPA) meeting is a highlight of my professional life. Our conference represents a blend of past, present, and future: An opportunity to renew old ties, a collegial venue in which to present current work, and a chance to look forward—to make new connections, meet new people, and plan new projects. Over the years the SPA meeting has also come to represent the change of seasons, the transition from winter to spring. It's become a tradition: Mary and I put away the snow shovels when we return from SPA and start thinking about what sorts of things we'll plant this year.

Our 2016 conference in Chicago was no exception. We were blessed with beautiful weather (quite a contrast to last year's Brooklyn snow) and had the opportunity to experience a terrific array of scientific sessions, case discussions, round tables, and continuing education workshops. The Hertz Memorial presentation in honor of Sidney Blatt was a moving tribute to a great psychologist and longstanding SPA member. Our Master Lecturers, Dan McAdams and John Cacioppo, brought us up to date on fascinating research outside our usual area, helping broaden and deepen our perspective on issues related to personality assessment. The evening receptions were great, as always, and the photo booth was a huge hit, yielding many embarrassing pictures that I'm assuming Monica will use to extract favors from us in the future.

Shaping the Future of SPA

At the September 2015 Board of Trustees meeting in Washington, DC, we spent quite a bit of time thinking about the future: where SPA should be headed, what challenges are on the horizon, and what we hope the organization will look like 5 years hence. At that meeting we began to delineate goals and articulate a vision for shaping the future of the society. We call that vision SPA 2020.

Numerous ideas were discussed at our September Board meeting, and several



emerged as initiatives that seemed to be among the most pressing—and most achievable—within the next several years. Here they are.

Continue to diversify SPA's membership

Increasing our geographic and ethnic diversity is an important component of this effort, but board members agreed: We must also think more broadly

regarding this issue. Many psychologists who are involved in personality assessment are not affiliated with SPA, in part because they are not clinicians and might not see how our work intersects with theirs. If we can extend our reach to colleagues in social, developmental, and other areas of psychology, SPA would benefit from their perspective on assessment opportunities and challenges—and they would benefit from ours.

Beyond enriching SPA, this sort of diversification can enhance psychological science and clinical practice. The “disconnect” between applied personality assessment and basic personality research has increased in recent years as psychology—like many disciplines—has become more specialized and more fractionated. Even though psychologists in other specialty areas often use personality tests and methods in their work, the longstanding link between personality assessment and these neighboring disciplines has eroded, to the detriment of all. Few people who publish frequently in the *Journal of Personality Disorders* or *Personality Disorders: Theory, Research, and Treatment* also publish in the *Journal of Personality* these days. There was a time not that long ago when the *Journal of Personality and Social Psychology* was required reading for clinicians; few of us subscribe to that journal anymore or follow it closely (I must admit I'm guilty of that as well—I used to read every issue of *Journal of Personality and Social Psychology*, but no longer do).

Recruit and retain early career psychologists

SPA's membership is aging, and while this is true of many professional societies, it doesn't

bode well for the future of personality assessment. Our student members are our most important members, and we must continue to find ways to make SPA attractive to early career psychologists. Our research grants and travel awards are certainly helpful in this regard, and we will continue to work closely with the Society for Personality Assessment Graduate Student Association (SPAGS) to find new and better mechanisms to support assessment psychologists early in their careers.

Without question, recruiting and retaining early career psychologists remains a challenge for our organization. Between 2013 and 2016 the number of SPA members decreased from 1,321 to 1,177—an 11% drop. Of course this is not the outcome we had hoped for, but it is useful to contextualize our experience by contrasting it with membership trends reported in a recent survey of American Psychological Association divisions. These data indicate that in many sectors of the American Psychological Association, membership has been declining steadily—in some cases precipitously. Like SPA, a number of American Psychological Association divisions lost more than 10% of their members in recent years. Two American Psychological Association divisions lost 30% (see Robiner & Fossum, 2015).

The reasons for this discipline-wide decline are many, including alternative methods for professional networking (e.g., social media), increased competition among clinical and

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Special Topics in Assessment

The Wartegg Drawing Completion Test and the Crisi Wartegg System: A New Introduction to an Old Test

Alan L. Schwartz, PsyD
Christiana Care Health System



Although one can find myriad tests, measures, questionnaires, and scales while thumbing through assessment catalogues, most assessment professionals have a small number that find a permanent home in their testing battery. Considering incorporating a new test presents many hurdles: vetting the new measure for reliability and validity support, achieving competency in administration, scoring and interpretation, as well as other issues such as cost and expediency. The first hurdle, however, is whether the test piques one's intellectual curiosity. The Wartegg Drawing Completion Test and the Crisi Wartegg System (CWS), a new approach to the test (Wartegg, 1939), cleared this hurdle with room to spare as it was discussed in a recent workshop by Alessandro Crisi and Jacob Palm at the Society for Personality Assessment 2016 Annual Convention in Chicago.

The Wartegg is a drawing completion test that was created by the psychologist Ehrig Wartegg in the 1930s at the University of Leipzig. The test was influenced by contemporary ideas in the traditions of Gestalt psychology and psychoanalysis, as well as by Wartegg's interest in the I Ching, the modern abstract art of Kandinsky and Klee, and his deep love of music (Roivainen, 2009). Wartegg's test stimuli consist of a box of two rows of 4 × 4 cm blocks separated by dark black borders. Each block contains one or more small, different, Gestalt-like figures such as a central dot, a horizontal arc of a circle and a series of lines suggesting a bar graph. The subject is instructed to use each block as a starting point to complete the drawing; there is no time limit.

Wartegg (1939) conceived of the test as a measure of personality, suggesting that different personality types (synthesizers, analyticians, and a combined type) react to the geometric figures in particular ways and would subsequently process and produce drawings related to their style. For example, synthesizers would be more inclined to include all aspects of the stimuli and create complete, interrelated drawings while analytical types may be more concrete and detail oriented. Wartegg created four evaluative elements to assess important areas of psychological functioning, including

emotions, imagination, activity, and intelligence. It is speculated that Wartegg also considered psychoanalytic interpretive principles for his drawings, although it appears that he censored these ideas due to the fraught political climate in late 1930s Germany (Roivainen, 2009).

The history of the Wartegg has a varied and meandering path. While it has been virtually unknown in the United States until recently, it was widely used in the decades after World War II in Germany, Finland, Italy, and Brazil. In the latter two countries its use was in personnel selection; Crisi (2009) noted the Wartegg's role in screening for the Italian military. Despite its wide use, there have been notable questions raised regarding its empirical base. Crisi (1998) has noted concerns regarding the lack of support for the theoretical conception underlying the test and, from a practical standpoint, that Wartegg's approach to scoring and interpretation is difficult to implement. Research conducted with the Wartegg has been generated from various research and ideological traditions, often without knowledge or reference to the others, and serious questions regarding the test's theoretical basis and empirical support have been raised (Soilevuo Grønnerød & Grønnerød, 2012).

In 1998, Alessandro Crisi published the CWS, in an attempt to streamline and update the Wartegg through simplifying the administration instructions, introducing additional scoring categories, and focusing on the importance of sequence. A second edition was published in 2007. The CWS can be administered to subjects as young as 4.5 years, as well as in a group setting. The test requires approximately 10 min to administer, 15 min to score and, for an experienced user, about 30 min to interpret. For the administration, clients are asked to "Make a drawing in each box that means something, preferably the first thing that comes to mind, trying to avoid abstract drawings. You do not need to work in numerical order. Work at your own pace: there's no time limit" (Crisi, 1998). Once completed, the client is asked to describe in what order they completed the drawings and what was drawn in each box. This phase of the administration is similar to

the response phase of the Rorschach (1998) in that responses are recorded verbatim with as little interference by the examiner as possible. There are guidelines for querying in six specific instances; for example, if the drawing is unclear or abstract in some way ("Yes, but what exactly did you draw?"). The client is also asked which drawing was the most and least liked and what stimulus was the most and least liked (Crisi, 1998).

There are eight scoring categories in the CWS (Evocative Character, Affective Quality, Form Quality, Content, Frequency, Special Scores, Movement, and Impulse responses). Some of these scores are based on Bohm's (1958) Rorschach scoring system, while others represent Crisi's additions to Wartegg. Evocative Character (EC) reflects the idea that each drawing has a particular psychological or thematic pull similar to the Thematic Apperception Test (Murray, 1943) or Rorschach (1998) stimuli. The CWS provides guidelines for scoring (either 0, 0.5, or 1 point) the extent to which the drawing is consistent with the pull of the stimulus. As an example, the EC of the drawing in the first box is Centrality and Relevance. Drawings that are consistent with this theme, such as using the stimulus as the center of a drawing of a target, clock, or wheel, would receive one point for EC. Other evocative characters inherent in the boxes include vitality/movement, directionality/progression, stability/heaviness, overcoming an obstacle, synthesis/union, delicacy/softness, and rounding/closure. According to Crisi (2007), these themes each have implications for personality interpretation and clinical meaning. The sixth box (two unconnected lines at right angles) is thought to reflect synthesis and union, and its rendering has particular meaning for one's relation to reality testing. Affective Quality (AQ) scores are given to reflect the emotional tone of the completed drawings. Three scoring options are provided, and extensive guidelines are offered for clarification. Positive AQ (1 point) reflects pleasant and emotionally desirable content such as humans, animals, nature, and food. Neutral AQ (0.5 points) are contents that do not have a strong affective value or indicate ambivalence. Negative AQ (0 points) have unpleasant, dysphoric contents.

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Is There a Place for Personality Assessment in Chronic Pain Management?

A. Jill Clemence, PhD
Veterans Healthcare System of the Ozarks



It is estimated that 25.3 million American adults suffer from pain on a daily basis and of those, 23.4 million report that their pain is severe (Nahin, 2015). Sufferers of severe chronic pain are likely to have poorer health, use more healthcare, and experience more disability than those with less severe pain. Unfortunately, recent attempts to manage chronic pain have led to the overuse of prescription opioid medications, which has become a major contributor to the current overdose epidemic in the United States (Paulozzi, Jones, Mack, & Rudd, 2011). According to the Centers for Disease Control and Prevention (CDC), unintentional overdose has become the leading cause of preventable death in the nation, with approximately half a million overdose deaths between 2000 and 2014 alone (Rudd, Aleshire, Zibbell, & Gladden, 2016). This trend has not been isolated to what has traditionally been considered drug abuse (i.e., overuse of illegal drugs), as previously thought, but has been fueled in large part by an over-reliance on narcotic prescribing by physicians as the go-to approach to pain treatment (Rudd et al., 2016).

Researchers and policy makers recently became aware of the impact that over-reliance on opioids for pain management has had for overdose among patients who are taking their meds legally and in compliance with their doctors' orders. As a result, efforts are underway to educate physicians and modify treatment approaches regarding prescribing and treatment. Thus, the management of chronic pain has become a primary focus for many providers in the healthcare setting, and policy on pain management, especially regarding opioid prescribing, has become a national priority. The CDC recently released guidelines for prescribing that include a recommendation to physicians to use opioids sparingly and to cap dosing of opioids to a safe range when they are used (Dowell, Haegerich, & Chou, 2016). Interestingly, as physicians have been pressured to prescribe opioids less, heroin and illegal fentanyl use has skyrocketed with a 26% increase in overdose deaths by heroin and 80% increase in fentanyl deaths in 2014 alone (Rudd et al., 2016). Moreover, the strongest risk factor for later heroin use has been found to be previous misuse of prescription opioids

(Jones, Logan, Gladden, & Bohm, 2015). Thus, it is unclear how the over-reliance on opioid medications for the treatment of pain, likely occurring in the absence of referrals to pain specialists and complementary treatments, has contributed to the current epidemic, as well as which patients may be more at risk for developing addiction to pain medications once prescribed.

What we are left with is a situation in which doctors and patients are struggling to determine the best treatments for pain in a culture that largely values medication therapies over complementary and psychological approaches that often involve lifestyle changes, reshaping of attitudes toward pain, and access to pain specialists. Complicating the issue further is the varying ways that individuals cope with and identify with their pain. Unfortunately, for the most part, pain management is approached with a one-size-fits-all model, despite the fact that individuals may vary a great deal in their approach to treatments (e.g., Porcerelli, Bornstein, Porcerelli, & Arterbery, 2015). This area is ripe for the understanding that can be offered by psychologists who have unique expertise regarding the ways that personality affects treatment response and the experience of pain.

A modest but growing body of literature has examined the interplay between personality variables and responses to treatment for pain. For example, a recent review of the literature found only 22 studies investigating the link between personality disorders and chronic pain (Dixon-Gordon, Whalen, Layden, & Chapman, 2015). This seems to be a small number, given consistent findings across studies showing that maladaptive personality traits, especially antisocial, borderline, paranoid, and obsessive-compulsive traits, are prevalent among patients with chronic pain issues, with rates ranging from 13% to 28% across studies. As might be expected, chronic pain patients with personality disorders tend to be high-treatment utilizers (Olsson & Dahl, 2012) and show poorer response to treatment (Zonneveld et al., 2012).

It is these complicated relationships between personality, pain expression, and attitudes toward care that make the treatment of chronic pain so challenging. There is a pressing need for a better understanding

of the complex interplay between these variables and how they promote or prevent healing within a variety of contexts, including how a particular patient may respond to certain pain management protocols.

Thus, the healthcare field would benefit greatly from broader involvement by assessment psychologists in the area of pain management. Currently, psychologists are being incorporated into primary care via primary care-mental health integration models in which a patient can be quickly assessed in the same setting where they receive their medical care. Many specialty pain clinics also value the involvement of psychologists. In each of these settings, psychologists may offer pain education and formal treatments for pain (e.g., CBT-Chronic Pain, Acceptance and Commitment Therapy, Mindfulness-based Stress Reduction); treat co-occurring anxiety, depression, and insomnia that complicate pain management and exacerbate the experience of pain; and consult to physicians regarding negative treatment reactions that may occur in the context of personality factors that get expressed in the doctor-patient relationship (Sansone & Sansone, 2015).

However, much more research is needed regarding the proper assessment of these personality components, the ways these factors impact approach to treatment, and the most appropriate treatments for managing personality issues that arise in the context of pain, including identifying at treatment onset who is at risk for opioid misuse and who is likely to develop addiction. It is entirely possible to use such knowledge to inform current practice and to discover new ways to foster healthier treatment responses in some, and personal growth in many, in the midst of managing a chronic health condition. In addition, we really must increase the availability of standardized and well-normed measures of personality that can be more easily administered in medical settings. Such measures may be used to inform treatment decisions so that co-occurring mental health conditions can be addressed in the context of treatment for pain, and so that reliance on treatments that may be unlikely to benefit particular patients be avoided. Without such guidance, many physicians and patients are

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If I Am Not Your Client, What Am I?

Linda K. Knauss, PhD, ABPP
Widener University



Dr. Dott works at a community mental health center that has a contract to provide admission testing for a local seminary. These evaluations can result in candidates not getting admitted to the seminary. Dr. Dott does not give feedback to the individuals she evaluates. She sends the report of the test results directly to the admissions office at the seminary. Recently, an applicant who did not get admitted contacted Dr. Dott and said he wanted to see a copy of his test report. Dr. Dott told him that because the seminary was her client, the applicant could not have access to this information.

Dr. Turner has a large private practice where he evaluates children and adolescents who are having learning and behavioral difficulties. His policy is that he provides the test report and feedback to the child's parents. He does not meet with the child after the testing is completed. If the child wants feedback on his/her testing results, he asks the parents to discuss the results with their child.

Dr. Martin is a forensic psychologist. His practice is limited to providing evaluations that are court ordered. He evaluates individuals for competency to stand trial, completes child custody evaluations, and evaluates juvenile sex offenders. He does not give feedback to the individuals he evaluates. He sends the report directly to the court. The person who was evaluated does not have access to the report.

What do these situations have in common? In each case, the request for an evaluation is being made by a third party, not by the person being evaluated. However, there are also important differences in each of these situations. In many situations, psychologists and especially forensic psychologists base their decision not to provide feedback or to release records to the person being evaluated on the position that the referral source is the client. However, there is no ethical or legal guidance to differentiate when a referral source is or is not the client. Thus a psychologist may receive a referral from a psychiatrist to evaluate his client or from an attorney to evaluate her client. Some psychologists would consider the attorney the client while most psychologists would not consider the psychiatrist (or another therapist) the client.

An interesting study was done by Borkosky (2014), to determine whether the practice of considering the referral source the client

and thus the party to control the release of records was supported by the professional literature. Borkosky (2014) examined forensic documents, ethics documents, and documents from general mental health (non-forensic) organizations to determine if they referred to third-party referral sources. The study looked at 54 official documents, eight of which were created internationally. The results of this study indicated that only 26% of the documents supported the idea that the referral source is the client; 19% of the documents indicated that the evaluatee was the client; and the majority of the documents (52%) discussed the view that there are situations where the psychologist has obligations to multiple parties, and roles, responsibilities, and relationships need to be clarified with all entities. It was also interesting that all of the documents that identified the referral source as the client were American in origin and forensic in nature (Borkosky, 2014).

Similarly, only 28% of the documents agreed that the referral source controls the release of records, while 59% either stated that the evaluatee controls the release of records or required written authorization from the evaluatee to release the records (Borkosky, 2014). With regard to release of records, it is most important to note that the release of health records is governed by state and federal laws (Kaufmann, 2009).

A final finding of this study was that most of the documents did not provide any rationale for the position taken. If a rationale was used, the same rationale was not used in more than one document (Borkosky, 2014). In general, the official documents presented a wide variety of views, there were a number of logical flaws in some of the supporting arguments, and many documents made ethical arguments for conflicting views (Borkosky, 2014). An example of a logical flaw supporting the idea that a referral source is the client is that in most situations, even when people are being evaluated at the request of a third party, it is the person being evaluated who signs the informed consent and Health Insurance Portability and Accountability Act (HIPAA) forms, not the third party (Knauss, 2006). Another logical flaw is that client status is determined by payment source. However, if this were true, insurance companies, friends, or family members could become the client. If

obtaining a copy of the report made someone the client, then multiple attorneys, future evaluators, and future treatment providers would all become the client (Borkosky, 2014). In his article, Borkosky makes the point that, "It is unclear what negative consequences the evaluator might be subject to, assuming they lawfully release records" (p. 273).

There is growing support (Borkosky, 2014; Fisher, 2009; Knauss, 2006) for the position that psychologists may have multiple and possibly conflicting responsibilities to multiple entities and that psychologists need to clarify their roles and responsibilities with all of the parties involved at the outset of the assessment process through the use of informed consent. It is best to have this agreement in writing either as part of the informed consent document or a separate release of information form.

The relevant American Psychological Association Ethical Standard is 3.07, Third Party Requests for Services (2010). This standard states:

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained and the fact that there may be limits to confidentiality. (p. 1065)

This standard not only emphasizes clarifying the relationship of all of the involved parties, but also includes making the examinee aware of the probable use of the information from the evaluation. The person being evaluated also has a right to know in advance whether he or she will have access to the report, test data, or feedback. Thus, the person being evaluated has the right to full informed consent regarding the planned evaluation before deciding whether to participate, and psychologists need to provide enough information for this decision-making process. It is also important that clients understand the implications of not agreeing to arrangements requested by a third

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Should the “P” in “SPA” Stand for “Psychological”? Expanding Personality Assessment in the 21st Century

Hadas Pade, PsyD

California School of Professional Psychology at Alliant International University



The time has come to consider the role of the Society for Personality Assessment (SPA) in the current state of the field of psychology and society in general. This article is the second step in an ongoing, much needed, and overdue conversation about the future of the Society. The first step was a roundtable session at this year’s Annual Convention, under the same title. We had a pretty good turnout and a productive conversation. Below you will find the main points discussed by panel presenters as well as audience members. At the end of this article is a link to an online survey where you can share your perspective on the topics raised.

There are two main issues that warrant the membership’s attention. The first regards the scope of the Society and the concept of personality assessment. I’ll include a few perspectives about this and encourage you to consider those as you form your own views on the matter. The second is directly related and concerns the name of the Society. Some members feel it might be necessary to change the name from Society for “Personality” Assessment to Society for “Psychological” Assessment in order to expand the Society’s scope, including topics covered and size of membership. This article does not necessarily advocate for one or the other, but rather presents several views toward an eventual vote by the membership as we move forward.

I want to first provide a bit of context for the arguments below and a brief recap of the Society’s relevant history. It was initially founded as the Rorschach Institute in 1938 by Bruno Klopfer and a group of his students. Over the years, the Society expanded to include a wider spectrum of techniques, including picture-based story telling tests, self-report personality inventories, and structured interviews. In 1971 the Society adopted its current name to reflect the interest in the entire spectrum of issues present in contemporary personality assessment. Forty-five years later, we think it may be time to revisit to scope of the Society, and possibly its name, as we consider personality assessment in the 21st century.

There is no doubt that the Society has always been committed to personality assessment. Its mission statement included on its website is clear: “The Society for Personality Assessment is dedicated to the

development of methods of personality assessment, the advancement of research on their effectiveness, the exchange of ideas about the theory and practice of assessment, and the promotion of the applied practice of personality assessment.” It is also well known that psychology in general, assessment included, has been slow to progress and stay current with the outside world.

Our roundtable session included a diverse panel of presenters who shared different perspectives on expanding the scope of SPA. A. Jordan Wright (Empire State College, SUNY) discussed the importance of incorporating cognitive and neuropsychological functioning toward a better understanding of personality. He argued that there is a necessarily reciprocal relationship between cognitive and personality/emotional functioning that is too often ignored in discussion of one or the other independently. A review of sessions offered at the SPA Annual Convention reveals the absence of topics that integrate the two broad constructs, such as how intelligence measures and the like are relevant to personality assessment. Jordan highlighted how personality can be informed by cognitive and neuropsychological information, both broadly/conceptually and within individual assessments. Some audience members challenged the idea of such comprehensive assessments within the world of managed care and insurance, and Jordan discussed how limitations and constraints on individual assessments should not preclude this discourse (how cognitive and personality/emotional functioning can affect and inform each other) more broadly within the Society.

Hal Shorey (Widener University) discussed the role of personality assessment in consultation and organizational psychology. He suggested that the definition of personality varies depending on one’s favorite theory and that the phrase “personality assessment” has increasingly been interpreted to mean the assessment of variables that inform or predict psychopathology. He stated that if we view the meaning of personality more broadly, there is a great deal of applied personality assessment being conducted daily in organizational contexts. Hal further argued that personality assessment is a standard part of most executive coaching engagements, senior leadership team formation, and training initiatives.

Consulting and organizational psychology is the number one projected growth sector in the U.S labor market across the next 10 years. Thus, expanding the scope of “personality assessment” to include that conducted with well-functioning individuals in organizational settings could greatly expand SPA’s influence and membership. Just as with cognitive functioning, this topic has been minimally represented in the convention schedule. While a larger group discussion suggested that SPA never excluded psychologists from such settings, it’s also quite clear that they have not been fully included.

Chris Hopwood (Michigan State University) discussed the expanded recognition of the importance of personality and individual differences in National Institute of Mental Health funding, psychopathology diagnosis, medicine, and other areas of science. He expressed skepticism that SPA would attract people who did not identify themselves as personality assessors (e.g., neuropsychologists, organizational psychologists), given the history and reputation of the Society coupled with the existence of so many other specialty societies in other areas. He argued that it would be more effective to reach out to near neighbors in normal personality science, psychopathology, and psychotherapy in order to position SPA as a hub for promoting the importance of the whole person in applied personality assessment, as well as basic research. For that reason, he felt it important to retain the word “personality,” as an organizing theme of the Society and, ultimately, the field. He emphasized that, to do so, the Society may need to change its focus from an emphasis on particular tests toward questions about how to integrate various forms of information in personality assessment.

A. Jill Clemence (Veterans Healthcare System of the Ozarks, AR) spoke about the importance of collaborating with disciplines outside of psychology. She shared information from the fields of neuroscience, business, and behavioral economics and the vast work they were doing, which closely corresponded and intertwined with our work in personality assessment. She explained how several fields were complementary to ours and how such

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Applying What We've Learned

Ryan J. Marek, MA
Kent State University



Greetings, SPAGS members. It has been an honor serving as the SPAGS President for the 2015–2016 term. I would first like to thank Dr. Robert Bornstein, who gave SPAGS a voice at the Presidential Plenary. I also enjoyed meeting and talking to many of you this past March and believe that the SPAGS-sponsored events this year were a hit as evidenced by great attendance at most of our events. Thanks for being a part of our events this year! Of course, these events would not have been possible without our wonderful SPAGS board this year, which included me, Mike Roche (Past President), Emily Dowgwillo (President Elect), Jaime Anderson (Secretary), Trevor Williams (Member-at-Large), Stephen Snider (Member-at-Large), and Adam Crighton (Member-at-Large). I would also like to draw your attention to some new funding opportunities. Multiple Dissertation Grants are now being awarded. In addition, new research grants are now available in order to fund research for graduate and undergraduate researchers who are not yet working on their dissertations but could benefit from funding nonetheless (e.g., participant incentives, paying for an instrument, etc.). I encourage you to apply for these this year (the deadline is November 15, 2016).

As our term comes to a close, I would also like to take the time to welcome back members who will be continuing on the board, as well as welcome our new board members. I will assume the role of Past President and Emily Dowgwillo will be taking over as President of SPAGS. Emily has a number of fantastic ideas and demonstrates leadership skills and motivation from which SPAGS will no doubt benefit. Trevor Williams and Jaime Anderson will be continuing their roles as Member-at-Large and Secretary, respectively. Finally, I would like to congratulate our new members, Crista Maracic (President Elect), Leila Wu (Member-at-Large), and Adam Natoli (Member-at-Large). Crista, Leila, and Adam have brought some fresh ideas to the table for SPAGS that we're in the midst of discussing.

I would also like to take some time to discuss my reflections on what SPAGS put together for the 2016 Annual Convention. We had two goals: discuss applied applications of theoretical models of psychopathology/personality and promote professional development. Across our sessions, a common

question emerged: How do we incorporate our findings into clinical practice? Drawing from my personal experiences throughout graduate school, I have noticed that there is a disconnect between what I have read and learned in my classes (and read in the scientific literature) and what is commonly practiced. This disconnect became increasingly apparent as I interviewed for internship this past fall and found that many of the assessment practices I had learned in graduate school were not being utilized in many clinical settings.

Discord Between Science and Practice

One of our SPAGS-sponsored symposia was titled *Current Models of Personality and Psychopathology: Bridging the Gap Between Research and Clinical Applications*. We had a fantastic lineup of speakers, including David Watson, Tom Widiger, Don Lynam, Leonard Simms, and Douglas Samuel. The talk that resonated the most with me was Leonard Simms's discussion. In graduate school, clinical placements, and my internship brochures, I heard and read the term "evidenced-based treatments" over and over again. It is a fantastic concept—let science guide how we effectively treat our clients. After all, we want to make sure that we help our clients recover and meet their goals in the most effective ways. However, I do not believe I ever came across the term "evidence-based assessments" in any of these environments. Clinically speaking, I worked at a community mental health facility that did not use any psychological assessments (just a brief, clinical interview). I remember conducting intakes on numerous clients who presented as demoralized, which made differential diagnosis, case conceptualization, and treatment planning very difficult. Evidence-based assessments were not part of the clinic's vocabulary. This past winter, I interviewed at several hospitals and Veterans Affairs sites for a behavioral medicine internship. Here, too, only a few consistently used what I would define as evidence-based assessments along with their clinical interviews (e.g., the Personality Assessment Inventory, the Minnesota Multiphasic Personality Inventory, neuropsychological assessments) whereas the others simply administered a Patient Health Questionnaire (PHQ-9) to screen for depression. Some administered nothing at all. I was struck by the low utility of using

evidence-based assessments, especially when high-impact decision making was involved (e.g., deciding if someone was a candidate for surgery). When questioned about the use of evidence-based assessments, the common response was: "It takes too long."

My experience led me to more questions. If evidence-based assessments can, indeed, predict treatment outcomes in some of these behavioral medicine settings, why aren't they being integrated? Is administration time really the issue? Societies aligned with behavioral medicine (such as the American Society for Metabolic and Bariatric Surgery) recommend integrating evidence-based assessments into their pre-surgical psychological evaluations, yet many hospitals I visited that conduct these evaluations were either not adhering to this recommendation or were using measures with poor validity. Are these organizations anti-assessment, or does the issue run deeper? As many stated at this past Annual Convention, I think the issue is that our research is not reaching everyone working in clinical settings.

Reaching a Broader Audience by Expanding Collaborations

A big focus of the SPAGS-sponsored symposia was "bridging the gap between science and practice." I think as assessment researchers and future clinicians, we should focus our efforts on bridging that gap between science and practice. Indeed, in our research, it is important that we address the clinical implications of our findings so that individuals in the field can more readily apply our research to their clinical practices. Furthermore, it may be helpful to broaden our research outlets. Although I currently work at a hospital using evidence-based assessment, I do not see the *Journal of Personality Assessment* on their bookshelves. Perhaps we need to share more of our special issues and papers with disciplines outside of personality assessment and increase the amount of assessment research we publish in wider-reaching journals, particularly if they imply direct clinical application.

Finally, immersing ourselves in clinical settings may also enable us to better understand the disconnect between research and practice and aid in establishing research studies that better meet clinical needs. For instance, many

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The Teacher's Block

Political Satire and Teaching Personality Assessment: Time for a Few Laughs

Jed Yalof, PsyD,^{1,2,3} Anthony Bram, PhD,^{4,5,6} and David L. Streiner, PhD^{7,8}

¹Immaculata University

²Psychoanalytic Center of Philadelphia

³Private Practice, Haverford, Pennsylvania

⁴Private Practice, Lexington, Massachusetts

⁵Cambridge Health Alliance/Harvard Medical School

⁶Boston Psychoanalytic Society and Institute

⁷McMaster University

⁸University of Toronto



Here is a teaching method designed to speak to political humor as we celebrate the upcoming presidential election. Ask your students to select a few politicians, past and present, or political themes, and have them generate test responses that capture a satirical understanding of the protagonist(s). Then, have classmates “guess” the politician.

Example I: Rorschach

Card I: ^ 2 pple fighting, one on each side. (ERR). Yes, two big powerful guys...wait, is that my reflection? No, it can't be. Their hands are too small!

Card III: v LL the heads of Siamese twins. (ERR). They have to be separated. I thought I saw a surgical implement here, but it could be the leg. This is too much. I'm out!

Card IV: ^ A person in a certain position; it looks sexual. (ERR). I did not give that sex response...to that person.

Card IV. It's the top 1% (ERR). See, right here (points to Dd30). All the rest is left out. We need a revolution (turns card).

Card VII: ^ LL the faces of 2 pigs, near a bay of water. (RR) If I wanted to stretch it, it could be the “Bay of Pigs...” This test is invasive.

Card VII: ^ Looks like white water. (ERR) It's right here! (Help me see it like you do). You're kidding me, right? (I want to make sure I see it like you do). I can't explain myself any further. Let's move on from this!

Card X: ^Whole thing ll a jail cell. (ERR). And there's a man's face, you can

see it...Wait, don't get the wrong idea. I am not a crook!

Card X: It's freedom (ERR). That sure looks like freedom. (What makes it look like that?) Because I say it is. I know freedom when I see it. I'm The Decider.

Example II: Self-Report

1. True or False: George Gipp was a football coach and U.S. President.
2. True or False: The Terminator and The Body share a political bond.
3. True or False: Fidel Castro was a shortstop on a major league baseball team.
4. True or False: Anderson Cooper: Rush Limbaugh::Bill Maher: Ann Coulter.
5. True or False: JFK was a member of the original Rat Pack.

Rate on a 1–5 scale with 1 = *very unlikely* and 5 = *likely*.

1. HHH connotes both a vice president and a wrestler.
2. Spiro Agnew was not a vice president.
3. Jimmy Hoffa was Bobby Kennedy's brother-in-law.
4. Sargent Shriver was a five-star general with Republican leanings.
5. Jerry Brown once sang backup for Linda Ronstadt.

Example III: The Modified 'Merican Presidential Inventory

Which past or present presidential candidate would have endorsed these items?

1. My hands and feet are usually big enough.

2. I am sure the average working Joe gets a raw deal from life.

3. My father was a good president.

4. My sex life is fantastic!

5. I have diarrhea of the mouth once a week or more often.

6. I am troubled by attacks from the left-wing media.

7. No one seems to understand my policies.

8. I have nightmares every few nights about illegal immigrants taking our jobs.

9. If the press had not had it in for me I would have been much more successful.

10. I have never been in trouble because of my sex behavior with interns.

11. At times I feel like smashing the political system.

12. I do not always tell the truth. (Oops; forget this one—that applies to all politicians.)

13. My judgment is better than everyone else's.

14. I am an important person. (Forget this one, too: same reason.)

15. I think I would like the work of a president. (And again.)

16. I am against giving money to immigrants.

17. I frequently notice my hand shakes when I meet potential voters.

18. I believe my opponents' sins are unpardonable.

Can you come up with any others? If so, send them to jjalof@immaculata.edu, and the best ones will be printed in the next issue.

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SPA Annual Convention

March 15–19, 2017

San Francisco Marriott Marquis
San Francisco, CA

Join us in San Francisco, CA, March 15–19, for the 2017 SPA Annual Convention at the San Francisco Marriott Marquis!

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Promotional information with details about the 2017 workshops and the Annual Convention will be available on the SPA webpage at www.Personality.org. Select the Convention Tab/General Information.

Cutoff date for reservations: February 13, 2017

Future Dates:
March 14–18, 2018, Washington, DC

2016 Annual Convention Poster Award Winners

Thursday, March 10, 2016

First Place

Interpersonal Dependency in Child Abuse Perpetrators and Victims: A Meta-Analytic Review

Fallon Kane and Robert F. Bornstein
Adelphi University, Garden City, NY

Honorable Mention

Early Memories and Their Relationship to Psychopathology, Abuse, Health, and Doctor-Patient Relationships: A Primary Care Study

Rebecca Morris
University of Detroit Mercy, Detroit, MI

Eleanor King and John Porcerelli
Wayne State University, Detroit, MI

Patient Relatedness and Medical Encounter Ratings in Primary Care

Theresa Andare and Maria Christoff
University of Detroit Mercy, Detroit, MI

Laura Richardson
Massachusetts General Hospital/Harvard Medical School, Boston, MA

John Porcerelli
Wayne State University, Detroit, MI

Saturday, March 12, 2016

First Place

Assessing the Personality of Patients with Fibromyalgia Syndrome: A Comparative Rorschach Study

Agata Ando, Claudia Rignolo, and Luciano Giromini
University of Turin, Italy

Stefania Cristofanelli
University of Valle d'Aosta, Italy

Alessandro Zennaro
University of Turin, Italy

Honorable Mention

An Empirical Investigation of Narcissistic Phenotypes

Nicole Nehrig, Kevin B. Meehan, Nicole M. Cain, and Philip Wong
Long Island University, Brooklyn Campus, NY

Long-Term Functioning After Complex Trauma: Psychological Profiles of Adults Who Report Childhood Polyvictimization Trauma

Christina N. Massey, Mark A. Blais, and S. Justin Sinclair
Massachusetts General Hospital and Harvard Medical School, Boston, MA

2016 Award Winners

2016 Bruno Klopfer Award

Robert D. Hare, PhD

2016 Samuel J. and Anne G. Beck Award

J. D. Smith, PhD

2016 Mary S. Cerney Student Award

Jaime Anderson

2015 Walter Klopfer Award

James M. Graham

Marta S. Unterschute

Paper: *A Reliability Generalization Meta-Analysis of Self-Report Measures of Adult Attachment*

2015 Martin Mayman Award

Craig Rodriguez-Seijas

Nicholas R. Eaton, PhD

Robert F. Krueger, PhD

Paper: *How Transdiagnostic Factors of Personality and Psychopathology Can Inform Clinical Assessment and Intervention*

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An Update on the Proficiency in Personality Assessment

Hadas Pade, PsyD
SPA Proficiency Coordinator



Hi, everyone. I wanted to provide a brief update on the proficiency following our recent Annual Convention in Chicago. I was truly excited about the growing awareness of the proficiency in personality assessment and the recognition process implemented by SPA. Your interest and questions have energized me to continue working hard, alongside my fellow proficiency committee members (A. Jordan Wright, Virginia Brabender, Bruce Smith, Anita Boss, Radhika Krishnamurthy, Greg Meyer, and

Ginger Calloway), and making the process as user-friendly, transparent, efficient, and useful as possible for all those involved. I feel strongly about enhancing the work that we do in the field and maintaining at least a certain standard of reports produced. I hope you feel the same way. Hopefully, by the time this issue comes out, our website page will be updated to include two brief webinars explaining the proficiency process and updated forms. Our Proficiency Report Review Form is readily available on the

website as well, and it can be used toward preparation for applying as well as with students and trainees. In addition, the application and review process is now easily completed online. We also have feedback surveys in place to learn about applicants' and reviewers' experiences and how to further improve the process. As always, please feel free to contact me with any questions you may have about the proficiency and I will do my best to address them. I look forward to your application.



Beck Award: Bob Bornstein (SPA President), Steven Huprich (Journal of Personality Assessment Editor), J. D. Smith (winner), and Jill Clemence (Award Chair).

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Obituary: Dick (Richard Henry) Dana

David Nichols
Portland, Oregon

We were sorry to learn about the passing of our friend and colleague Dick (Richard Henry) Dana at age 88 on August 17, 2015.

Dick was a Member of SPA for more than 50 years, a Fellow (1963), President (1980–1982), and Klopfer awardee (1984), and a frequent presenter of papers and workshops at our annual meetings. His love and dedication to personality assessment was evident from the beginning of his professional career. From his doctoral dissertation on the Thematic Apperception Test (TAT; 1953) to his final

series of books on multicultural assessment, Dick's contributions to the art and science of personality assessment were both profuse and broad, including publications on the Rorschach, TAT, Figure Drawings, Embedded Figures, Minnesota Multiphasic Personality Inventory, Sixteen Personality Factor Questionnaire, Millon Clinical Multiaxial Inventory, Bender-Gestalt, and others, as well as on personality assessment education and training: in all, more than 200 books, chapters, and articles, including more

than two dozen in the *Journal of Personality Assessment*. His fellow attendees at SPA meetings invariably found him accessible, friendly, and interested. For his last 20 years, Portland, OR, was his base of operations as he enjoyed visiting assignments and adjunct professorships in Milan, Sao Paolo, Buenos Aires, Lisbon, and Anchorage. His was a long, good, and extraordinarily productive life, and his many SPA friends and colleagues will remember him with fondness and gratitude.



Hertz Award: Bob Bornstein (SPA President), David Zuroff (Presenter), John Auerbach (Presenter), Kenneth Levy (Presenter), and Jill Clemence (Award Chair).

President's Message

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scientific specialty groups, and evolving demands in academia and applied psychology. Demographic shifts are such that membership will likely be a concern for all professional associations during the next decade; to the extent that we are proactive, and think outside the box, SPA can continue to thrive in an increasingly challenging environment.

Change the way personality assessment is taught—at all levels

Much has been written about shifts in the way that personality assessment is taught in graduate programs and beyond; recent surveys suggest that doctoral and internship training in psychological assessment now draws upon a narrower array of tests than in the past, with little attention to test score integration (Ready & Veague, 2014). It is important that we continue to advocate for a more inclusive approach, and SPA members have been at the forefront of this effort (Krishnamurthy & Yalof, 2010).

It is also important that we change the way personality assessment is treated in undergraduate psychology courses. Personality assessment is often portrayed inaccurately in undergraduate textbooks, with an emphasis on a few traditional well-established tests (Minnesota Multiphasic Personality Inventory, Rorschach, etc.) discussed in isolation, with little attention to new measures and methods or to the integration of psychological test data. After perusing an undergraduate psychology text one can easily come away concluding that personality assessment stopped advancing sometime around 1970, with little progress during the ensuing decades. As a result, by the time students reach graduate school many have formed a negative impression of what we do—an impression that can be difficult to counter. Helping strengthen personality assessment at the undergraduate level will not only set the stage for better graduate and internship training, but it may also contribute to our ongoing effort to recruit and retain early career psychologists.

Increase our influence in the diagnostic manuals and in federal funding agencies

Many SPA members have been involved in the revision of recent editions of the *Diagnostic and Statistical Manual of Mental Disorders*, *Psychodynamic Diagnostic Manual*, and *International Classification of Diseases*. The *Journal of Personality Assessment* has an ongoing call for

papers addressing the ways that personality assessment can inform the conceptualization and assessment of personality pathology in the diagnostic manuals; these special sections have been enormously informative and insightful.

Beyond diagnosis, many funded research programs that examine components of the National Institute of Mental Health's (NIMH) *Research Domain Criteria* (RDoC) utilize personality tests and methods; these are enumerated in NIMH's RDoC summary page (see <http://www.nimh.nih.gov/research-priorities/rdoc/index.shtml>), which provides links to various measures that have contributed to work in this area. Perusal of this information is illuminating: Despite the fact that RDoC emphasizes the neurological underpinnings of normal and pathological psychological processes, many elements of the RDoC matrix have been quantified using personality tests (e.g., the Adult Attachment Interview, the Toronto Alexithymia Scale) and methods (e.g., assessment of discrepancies between self and peer ratings, use of joystick tasks to gauge ongoing behavior as it is exhibited) that are familiar to all of us. At the RDoC matrix levels of *Self-Report*, *Behavior*, and *Paradigm*, we have much to contribute.

Looking Ahead: San Francisco and Beyond

That's where we are. Without question, *SPA 2020* is an ongoing effort—a work in progress—and we hope you'll help us shape this initiative. I speak for members of the Board of Trustees when I say that—as always—we welcome your questions, input, and feedback about *SPA 2020*, as well as other assessment-related issues and concerns. Email links for every board member are on the Board of Trustees section of the SPA website; don't hesitate to get in touch with us. We look forward to hearing from you—and look forward to seeing you in San Francisco!

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Special Topics in Assessment

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Scores are transformed into indexes for interpretation in key areas of personality functioning. For example, based on the accuracy of the EC variable, EC+% provides a gauge of accurate perception while the AQ+% provides information regarding the client's access to their emotional life and the type of affect which they experience. An analysis of the client's drawing sequence also yields scores. The CWS also includes indexes of suicidal tendencies and psychopathology (Crisi 2007).

In terms of empirical support for the CWS, Crisi, Testa, Lops, Carleismo, and Maio (2011) report that the CWS has interrater reliability coefficients ranging from .68 to .98. Reliability for its key variables is reported as .65 for EC and .83 for AQ. For discriminant validity, using Cohen's *d* for comparing CWS indexes between normals and psychiatric groups, Crisi et al. (2011) report at least medium significance in 31 of 36 comparisons, as well as strong values for the index of suicidal tendencies. In 2012, Soilevuo Grønnerød and Grønnerød (2012) published a literature review and meta-analysis on the Wartegg Drawing Test in *Psychological Assessment*, which included 37 studies, 812 results with more than 7,500 subject in the samples. This sample included systems other than the CWS as well. The results of the meta-analysis showed a surprising effect size (.33) similar to other well-known tests such as the Rorschach and Minnesota Multiphasic Personality Inventory–2. Soilevuo Grønnerød and Grønnerød (2012) conclude that the Wartegg has the basis for becoming a useful clinical tool. They suggest caution about its use for important decision making in professional practice and encourage the development of a solid empirical base to address the fractured and disparate nature of the Wartegg's history. To this end, another study on interrater reliability and criterion validity has recently been published (Crisi & Dentale, 2016).

While Crisi and Palm's (2016) recent workshop acknowledged some of the concerns with the Wartegg, their myriad clinical examples of the usefulness in understanding individual personality adds to the potential usefulness of this curious and interesting new (old) measure.

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Is There a Place for Personality Assessment ...

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often left with a trial-and-error approach to treatment that clearly has serious implications for the health of individuals and the general population and increases healthcare costs for all. We can do better.

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If I Am Not Your Client, What Am I?

...continued from page 4

party. It may mean an inmate is not considered for parole, an employee is not eligible for promotion, or a physician cannot return to work (Knauss, 2006).

Although the three vignettes at the beginning of this article are similar in that the request for the evaluation is being made by a third party, there are also significant differences in each vignette. Dr. Turner is evaluating a minor at the request of the child's parents or

legal guardian. It is important to know the age of consent in the jurisdiction in which one is practicing. Until a person reaches the age of consent, his/her parent or legal guardian is considered the client for legal and ethical purposes and gives informed consent as well as controlling confidentiality and release of records. Dr. Martin's evaluations are all court ordered. Only a court order supersedes a person's right to informed consent, confidentiality, and access to records.

Thus, the question of who is the client may not be the most useful way of conceptualizing dilemmas created by third-party requests for service. It may be more helpful to begin with the premise that the person receiving the services is always the client, although the person providing the services may also have certain obligations to a third party. When psychologists provide services at the request of a third party, it is important to provide thorough informed consent to the person receiving the services. It is a mistake to assume that people receiving services *automatically* give up their rights when services are requested by a third party. It is up to the client to accept the conditions of the third party, unless the services are court ordered. This is because nothing other than a court order takes away a person's right to informed consent, confidentiality, and access to records. The fact that informed consent is a process that takes place with the person receiving the services, not with a third party, implies that the receiver of services is always a client (Knauss, 2006).

With regard to the release of records, Borkosky (2014) notes that patients' rights have been increasing and patients have the right to a copy of their records and to control the release of their records. Laws, both federal and state, regulate the release of records. Borkosky (2014) also adds that in order for a person to authorize the release of a report to the referral source, they must be permitted to know the content of the report. Thus, a client may agree to the conditions of a third party to not get feedback or a copy of the report, but the psychologist should not refuse to give a report to a client who requests it unless releasing the information would cause harm to the person or someone else. However, the threshold for harm is high.

In conclusion, it will be most useful if psychologists consider that the person receiving the services is always the client, although the person providing the services may also have certain obligations to a third party. Thus, psychologists have responsibilities to a variety of entities, and they need to consider the rights of each of those entities. Psychologists need to clarify their roles and responsibilities with all of the parties involved at the outset of an

assessment through the use of the informed consent process and provide clients access to their records.

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Should the “P” in “SPA” Stand for “Psychological”?

...continued from page 5

collaboration would likely enhance and benefit not only our field but also theirs. She also argued for the possibility of increased funding sources for research as well as publication outlets that may not be currently considered by SPA members.

Finally, Bruce Smith (UC Berkeley) talked about the false dichotomy between psychological and personality assessment and offered a few options in terms of moving forward. He spoke about the stagnant and slightly declining membership that SPA has had over the past decade. He raised the paradox of the psychology field becoming an overwhelmingly female profession and yet assessment remains significantly dominated by men. Bruce shared the definition of personality from the dictionary of psychology: “Personality refers to individual differences in characteristic patterns of thinking, feeling and behaving. The study of personality focuses on two broad areas: One is understanding individual differences in particular personality characteristics, such as sociability or irritability. The other is understanding how the various parts of a person come together as a whole.” He asked whether we are defining ourselves too narrowly as a society considering our focus on specific measures,

whereas *personality* encompasses the totality of human experience and functioning. He considered the name of the Society as “brand,” and it is within that context that we should explore our next steps.

So...do we focus our efforts on expanding the view and understanding of personality, or do we shift our thinking under psychological assessment without necessarily losing the value of personality-based assessment strategies? The audience as a whole did not seem resistant to the idea of expansion. There was acknowledgement of the narrow scope of the Society, considered in certain circles as “The Rorschach and MMPI Society.” There were some questions about the goal and purpose behind a name change and whether the focus is simply to engage more psychologists and increase membership. Whether we care to admit it or not, a large portion of the Society’s long-standing members are approaching retirement age. If the Society is not able to reach and appeal to more potential members, including newly licensed psychologists and graduate students, its future may be in jeopardy.

At this point, it is not a matter of *whether* we should expand the Society’s scope, but rather *how* we accomplish that. One clear way is by changing the name of the Society to that of psychological assessment. This may be a way to attract additional psychologists engaged in the field of assessment who do not consider themselves limited to measuring personality in clinical settings. There were also a few other ideas, including inviting certain groups of psychologists to attend and present at the Annual Convention and consider becoming SPA members, as well as establishing and maintaining better relationships with other related American Psychological Association Divisions. As noted previously, included at the end of this article is a link to a brief online survey that provides an opportunity for members to share their perspective and ideas about the issues included above. The next phase of this movement will include an invitation for the entire membership to voice their opinion via an online survey and continue the conversation to eventually, perhaps with a follow-up panel session at the next Annual Convention, make a decision about the future of the Society and, to a certain degree, relevance of personality assessment in the field.

I’ll end with a quote by Franklin D. Roosevelt that I hope encourages you to share your perspective about the Society’s next steps: “There are many ways of going forward, but only one way of standing still.” Whether you are a lifelong fellow of the Society, a newly licensed psychologist, a graduate student,

or anywhere in between, your thoughts and ideas are valuable. Whether you agree or disagree with some of the points raised in this article, the opportunity to express that is for you to take or ignore.

Survey link: <https://www.surveymonkey.com/r/XKBTS6C>

Applying What We’ve Learned

...continued from page 6

individuals who have supervised me really appreciate cut-scores to aid in decision making. Although I was taught (and understand why) artificially categorizing variables is a poor practice, there needs to be some point of reference for those of us who practice clinically to make decisions. Understanding which scale scores yield the best sensitivity/specificity values when predicting various risk factors across clinical settings is useful. In addition, understanding how personality assessment can predict or complement behavioral and neuropsychological assessments would build more collaborative relationships in clinical settings and aid in more unified case conceptualizations. As we move forward in our research careers, it will be important that we continue to evaluate the needs of clinicians in the field and adapt our research practices to best account for these needs. After all, if our assessment research is not being applied in clinical settings, what is the real purpose of our work?

Summary

Overall, the science of our personality models and measures are well supported and tend to cross-validate across a number of different populations. I think the next step is to begin translating this science into practice. As students, we can do this by sharing what we know about the science and aim to build collaborations with our supervisors to explore how we can begin implementing these models into clinical practice. I think a good first step is to begin questioning “How can I use this clinically?” when we read theoretical studies, make sense of our own analyses, or design measures. Furthermore, when writing our own research, it is important to ask the question “How can others use this clinically?” In the future, it will be important that we continue to strive to increase the clinical applicability of our work, promote evidence-based assessment in settings in which we work, and extend our collaborations beyond the personality assessment community.

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First Place Poster Session (Thursday) presentation.



First Place Poster Session (Saturday) presentation.



Mary S. Cerney Award: Jaime Anderson (winner) and Jill Clemence (Award Chair).

SPA Fellows



Anthony D. Bram, PhD, ABAP, is a psychologist and psychoanalyst in private practice in Lexington, MA, and is on the faculty at Cambridge Health Alliance/Harvard Medical School and the Boston

Psychoanalytic Society and Institute. He teaches and supervises pre-doctoral interns in personality assessment at Cambridge Hospital. Dr. Bram was fortunate to be in one of the final classes of post docs to complete the two-year Fellowship at the original Menninger Clinic in Topeka, and he considers this his most formative experience not only in assessment but in his overall professional development. Dr. Bram is a board-certified diplomate in Assessment Psychology, and he has been the recipient of the Biannual Award for Research in Psychological Assessment from Psychodiagnostics, Inc. and twice the Martin Mayman Award from SPA. His book, *Psychological Testing that Matters: Creating a Road Map for Effective Treatment* (American Psychological Association, 2014; co-authored by Mary Jo Peebles) is an effort to distill, update, preserve, and disseminate the rich Menninger-Topeka tradition of psychological testing.

Free Software

Although most of us have software packages on our computer, there are times when we don't want to wait for them to boot up for a simple calculation or need the values from some distribution. In these cases, check out:

<http://www.vassarstats.net/>

It has online calculators for ANOVAs, ANCOVAs, correlation and regression, proportions, and a number of other tests, as well as distributions and some power calculations. Very handy.

Not really software, but if you or your students need large databases to play with, especially for item-based statistics, go to:

personality-testing.info/_rawdata/

It has data from about 30 different tests, ranging from Cattell's Sixteen Personality Factors Test and the Rosenberg Self-Esteem Scale to the Nerdy Personality Attributes Scale. Depending on the scale, there are anywhere between 500 and 50,000 respondents.

From the Editor...

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and what can we do as authors and clinicians to foster it? Jill Clemence has written the first of a two-part article on the role of personality assessment in pain management: a very important topic given the epidemic of abuse of prescribed pain medication. In a similar vein, Alan Schwartz looks at the evidence behind a test many of us have not heard of but that has garnered some support in the assessment area: the Wartegg. All of us are at times painfully aware of the election going on in the United States, especially those of us in Canada who had to endure the extremely long campaign which lasted a seemingly unending 78 days. At times, all we can do is laugh, and Jed Yalof, Anthony Bram, and I have done just that in the Teacher's Block—here are responses to various tests, and now guess which candidate, past or present, would have given them. All in all, I think this is an exciting issue.



Master Lecture I: Dan McAdams.



Master Lecture II: John Cacioppo.

From the Editor...

David L. Streiner, PhD, CPsych



I've just returned from the Annual Convention, and it seems that each one is better than the last; great talks and very informative workshops. Chicago in March can be brutal, but the weather cooperated this year. There are some wonderful columns in this issue of the *Exchange*. It starts, naturally, with the message from our President, Bob Bornstein. In it, he outlines the challenges facing SPA in the years and decades ahead, and steps the Board is taking to overcome these. This theme is continued in Hadas Pade's column. There was a very lively discussion at the meeting, summarized by Hadas, regarding how we as a Society should define itself and whether we need to change our name. I would encourage everyone to read it, and to respond to the online survey linked to it. I had the pleasure of co-chairing a workshop on ethics of testing with

Linda Knauss, and she has followed up her excellent presentation with a column on a topic that has bedevilled many of us in our careers: Who is the client? Ryan Marek, the outgoing president of SPAGS, raises the interesting questions of where is evidence-based assessment,

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SPA Exchange Editorial Board

Editor

David L. Streiner, PhD, CPsych
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University of Toronto*

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6109 H Arlington Blvd.
Falls Church, VA 22044

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