

**PERSONALITY ASSESSMENT PROFICIENCY: REPORT REVIEW FORM**

**Applicant Name:** \_\_\_\_\_ **Reviewer Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I. Please consider each criteria item as either: Met proficiency criterion (Yes, circle 1 point) or Not met proficiency criterion (No, circle 0 points).

II. Critical items are noted with an asterisk (\*).

III. Please include any comments you may have regarding each section (positive & constructive feedback) and overall proficiency.

Criterion	Annotation/Details	Met Criterion? (No = 0 Yes = 1)	
<b>COMPREHENSIVENESS</b>			
1. Adequate and appropriate identifying information is presented.	The report includes basic demographic information about the individual and relevant current circumstances.	0	1
2. The referral source is clearly identified.	The report specifically indicates the origin of the referral.	0	1
3. A referral question or reason for the assessment is clearly stated.	The report clearly states the reason for the evaluation, so that it can be determined if the purpose, conclusions, and recommendations are aligned and the referral question is ultimately addressed.	0	1
4. The history provided is adequate/relevant to the assessment question(s).	The history presented allows the reader to contextualize the referral questions, presenting problems, conclusions, and recommendations within the context of the individual and his/her culture. If the reviewer feels there is too much (or additional, irrelevant) history included in the report, the report should still be considered to meet this criterion, unless there is <i>substantial</i> irrelevant data, which detracts from the clarity of the report. Special attention should be paid	0	1

	to salient omissions or missing information that would be important in determining the validity and applicability of the test results to the individual situation of the person being evaluated.		
5. Observations of the client's behavior and engagement in the assessment are presented.	The report includes a discussion, however brief, of the likely engagement and effort in the process, often based on behavioral observations. Behavioral observations can also inform other areas of the assessment, serving as supportive or contradictory evidence together with test data.	0	1
6. A summary section is included.	The report provides a clear (and usually succinct) summary of impressions that integrates the history, behavioral observations, and test results to address the referral question.	0	1
<i>Comments on Comprehensiveness:</i>			
<b>INTEGRATION</b>			
*7. The assessment includes at least three different assessment methods (e.g., self-report, performance-based, clinical interview).	The report utilizes a minimum of three types of assessment measures/resources toward assessing an individual's personality/emotional functioning. While additional measures of cognitive or other specific areas of functioning may be included, this criterion relates to the use of measures toward understanding and explaining personality functioning.	0	1
8. Cross-method interpretations are presented in an integrated manner.	The report presents findings in a way that does not ultimately require the reader of the report to 'do the work' of integrating results from disparate methods of evaluation. That is, similar (or contradictory) findings from different methods are, somewhere in the report, integrated in a way that explains the ultimate conclusions.	0	1
9. Conflicting findings are adequately addressed (if applicable).	The report presents conflicting findings in a way that helps the reader understand how he/she should interpret the evidence.	0	1

	<p>Examples include (but are not limited to):</p> <ul style="list-style-type: none"> <li>• Explaining why different methods may yield different information (“While the client self-reported X, when evaluated using a measure that does not rely on self-report, it was revealed that Y. It is likely that this difference is due to Z.”)</li> <li>• Using some other result to help determine which pieces of the contradictory results should be given more credence (“Because it was found that he tends to try to paint himself in a very positive light,...”)</li> <li>• Explaining the nuanced differences that mean that the seemingly contradictory information is not in fact contradictory (“Although it seems that X and Y are contradictory, in fact it is possible for someone to be both X and Y, as these traits...”)</li> </ul> <p><i>If there are no instances of conflicting findings, give credit for this criterion.</i></p>		
<i>Comments on Integration:</i>			
<b>VALIDITY</b>			
10. The validity of test findings and quality of data are discussed.	The report acknowledges potential limitations of measures used due to diversity or other factors. Measures with weaker psychometric foundations or lacking in relevant normative data are recognized as such in some manner (direct discussion of such issues, less emphasis in discussion, etc.).	0	1
*11. Test interpretations are consistent with the empirical literature and accepted clinical practice.	The narrative descriptions of test results in the report are generally consistent with what is known in the literature and what is generally accepted clinical practice. The report presents overall what would be considered evidence-based and generally-accepted interpretations of tests. Any major variations from generally accepted practice are clearly, logically, and defensibly justified (for example, elevations on certain scales of a self-report are discussed accurately and appropriately versus over-pathologizing or not	0	1

	recognizing areas of concern based on testing data).		
*12. Assertions made from test results are consistent with the data collected.	Using the appendix of test scores to evaluate, the report presents findings that are in fact based on the entirety of data collected. That is, no major test results are omitted for any reason, the narrative explanation of what test results mean are consistent with the actual test results/scores, and the narrative explanations of all results are not in any way misleading to a reader.	0	1
13. Test interpretations are sensitive to issues of culture and diversity, including ethnicity, race, gender, age, sexual orientation, age, religion, ability, etc.	Where appropriate, diversity issues are addressed, relating to test interpretations and overall interpretations of the evaluation. No clear and egregious instances of culturally inappropriate interpretations or assertions are presented in the report. Please note that culture reflects more than one's ethnicity and covers a wide array of diversity factors.	0	1
*14. Diagnostic impressions and conclusions are reasonable based on the data presented.	The report presents conclusions that are reasonable based on the history, test results, behavioral observations, culture, and any other relevant information. It is clear that the assessment fully justifies the conclusions.	0	1
<i>Comments on Validity:</i>			
<b>CLIENT-CENTERED</b>			
*15. The referral question(s) is addressed adequately.	The conclusions and recommendations are tied back to the referral question, showing that the ultimate purpose of the assessment is consistent with why it was undertaken in the first place. If the conclusions and recommendations do not address the referral question, the report should explain this clearly.	0	1
16. Overall, individual test results are presented in a way that is clearly and specifically about the individual being evaluated.	In order to remain client-focused (and to avoid making overly general statements and recommendations that could apply to most individuals), the report uses language and organization that tailors conclusions to the specific individual being evaluated. Report language is not directly copied from computer reports.	0	1

<p>17. Overall, the report is ‘person-focused’ rather than ‘test-focused.’</p>	<p>While many different formats are acceptable for proficiency, in general, the test report is clearly focused on the individual being assessed. Some examples include (but are not limited to):</p> <ul style="list-style-type: none"> <li>• Presenting results from tests thematically, rather than test-by-test</li> <li>• Presenting results in terms of abilities or traits, rather than in terms of tests themselves</li> <li>• When results are presented by test or method, including a comprehensive, integrative summary that describes what the data mean, taken together, for the specific individual being evaluated</li> </ul>	0	1
<p>18. Recommendations flow directly and clearly from the data, including the test findings, client’s clinical presentation, referral question, and history.</p>	<p>The recommendations presented in the report logically stem from and are justified by the information gathered and presented during the evaluation. There is alignment between the recommendations and the conclusions drawn from the different data sources.</p> <p><i>If recommendations are appropriate for the report, they may be included in answer to referral question/summary section</i></p>	0	1
<p>19. Recommendations are clear, specific to the person, and reasonable.</p>	<p>The recommendations are:</p> <ul style="list-style-type: none"> <li>• Clear enough for the reader to be able to easily understand them</li> <li>• Specific to the individual being evaluated, including enough detail to increase the likelihood of success (e.g., not just recommending “therapy,” but specifying a specific type of therapy that is likely to be most helpful, and perhaps even a specific professional)</li> <li>• Reasonable, including being attainable by the client given his or her current circumstances (e.g., recommending a highly technical and specified treatment, which may be evidence-based, but is not reasonably attainable by a client in a rural area or with economic challenges, would not be considered reasonable).</li> </ul> <p><i>If recommendations are appropriate for the report, they may be included in answer to referral question/summary section</i></p>	0	1

<i>Comments on Client-Centered:</i>			
<b>OVERALL WRITING</b>			
20. Test scores and response examples are appropriately used (if applicable).	When and if test scores and response examples are included in the report, they serve the purpose of enhancing the reader's understanding of the material being presented, rather than distracting from it.  <i>If there are no test scores or response examples used, give credit for this criterion.</i>	0	1
21. The report is clear, coherent, and generally jargon-free.	Overall, the report is written using language that is professional and minimizes jargon, such that the reader (most often including the client) will likely be able to understand and follow it easily.	0	1
22. Overall, the report is well written, organized, and mostly free from grammatical errors.	Overall, the report is written with clear organization and free of grammatical errors.	0	1
<i>Comments on Overall Writing:</i>			
<i>Additional General Comments:</i>			

### OVERALL PROFICIENCY

Check if these items <u>met</u> the criteria:		CHECK HERE (X)		
	7			
	11			
	12			
	14			
	15			
Check if total points is <b>19 or MORE:</b>				
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> </div> <div style="border: 1px solid black; padding: 5px;">Total Points:</div> </div>				
	Are <b>all six</b> of these highlighted boxes checked? If so, check here:	Meets Proficiency?	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <hr style="width: 50px; border: 1px solid black;"/> <p><b>Application Meets Proficiency</b></p> </div> <div style="text-align: center;"> <hr style="width: 50px; border: 1px solid black;"/> <p><b>Application Does Not Meet Proficiency</b></p> </div> </div>	

*An early draft of this form was developed by Mark Blais and has since been modified by the SPA Proficiency Committee into the current version. The Proficiency Report Review Form has been approved by the SPA Board of Trustees.*