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President's Message
SPA 2016: Discovering Connections
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Each September, before the start of the Society for Personality Assessment (SPA) Board of Trustees meeting, several of us visit the American Psychological Association headquarters and meet with leaders of the Education and Practice Directorates to discuss assessment-related issues. As you might imagine, this past September the Hoffman Report was front and center on our agenda. It was a major topic of discussion at the board meeting as well—and rightly so.

There are many lessons to be learned from these events, which not only highlight the importance of ethical practice, but also the need for forthright communication (even in difficult times), and transparency in leadership and decision making. Members of the SPA Board of Trustees view this as a reminder of the importance of our role, and the depth of our responsibility. We must all remember that psychologists are role models—for our colleagues, patients, students, and members of the public. For those of us who teach, mentor, supervise, or consult, this is a teachable moment.

The September board meeting was my first as president of SPA, and I'd like to take this opportunity to thank Ron Ganellen for his great work and tremendous contribution to the society these past two years. Ron now assumes the role of Past President, most recently filled by Radhika Krishnamurthy. We'll miss Radhika's thoughtful, articulate insights as we move forward, and it won't be the same without her: This will be the first time in quite a few years that Radhika has not been a member of the SPA Board of Trustees. I'd like to thank our other departing members as well—Les Morey, Carol Overton, and Michael Roche, and to welcome our four new members: Jill Clemence, Nancy Kaser-Boyd, Chris Hopwood, and Ryan Marek. Bob Archer now assumes the role of President Elect and Program Chair.

And heartfelt thanks to departing *SPA Exchange* Editor Jed Yalof, for consistently producing a thought-provoking, informative newsletter for more than a decade. Under Jed's stewardship the *Exchange* published articles that were incisive, clinically relevant, and of interest to

a broad spectrum of readers—from our newest Student Affiliate to our most longstanding Life Member. David Streiner is our new *Exchange* editor, and I have no doubt that David will bring his own unique sensibility, insight, and wisdom (not to mention his sense of humor) to the *Exchange*.

Our 2016 Convention will take place March 9–13, at the Chicago Marriott Downtown on Michigan Avenue (here's the link: http://www.marriott.com/hotels/travel/chidt-chicago-marriott-downtown-magnificent-mile/). The ideal location of our Convention hotel (walking distance from dozens of great restaurants and many of Chicago's renowned cultural institutions) will be matched only by the terrific program, put together by Program Chair Bob Archer and our Continuing Education committee, including Greg Meyer, J. D. Smith, and Ryan Marek, chaired by John Porcerelli.

The theme of the 2016 Convention is *Discovering Connections*, and you'll see that theme echoed in all that we do in Chicago. Many of our posters, papers, symposia, roundtables, and case discussions will emphasize interdisciplinary approaches to personality assessment, integration of different assessment methods, and collaboration across diverse conceptual frameworks—three important "connections." Our Master Lectures capture this theme as well: Dan McAdams, Professor and Chair of Psychology at Northwestern University, will discuss the links between personality assessment and his innovative narrative approach to understanding the evolution of the self across the life span, while John Cacioppo, Professor and Director of the Center for Cognitive and Social Neurosciences at the University of Chicago, will talk about the use of neuroimaging techniques to study personality and other individual differences. Perhaps most important (and not surprising to anyone who has attended a SPA meeting in the past), some of our most important connections will be discovered after the day's talks are done, as we gather to renew old ties and create new ones with students and colleagues at the Thursday and Saturday evening receptions.

When I ran for SPA President in 2013, I identified three priorities that I hope to emphasize during the next two years. First, I suggested that we need to get outside our comfort zone, and strengthen links between personality assessment and ideas and findings from other fields within and outside psychology. This year's Master Lectures are a first step toward that goal. Second, I noted—and continue to believe—that our most important members are our student members; they represent the future of personality assessment. Several initiatives are now underway to help SPAGS assume an even more active role in our organization, and continue to have a strong voice on the SPA Board of Trustees (more on that in Chicago).

Finally, I argued that we should strengthen our efforts to emphasize the role of personality assessment in refining diagnostic systems—not only the *Diagnostic and Statistical Manual*, but also the *International Classification of Diseases* and *Psychodynamic Diagnostic Manual* (PDM, of which the second edition—the PDM–2—will publish in 2016). Steve Huprich, *Journal of Personality Assessment* (*JPA*) Editor, has initiated a new section of the journal entitled "Personality Assessment in the Diagnostic Manuals," and the first articles that appeared in this section have been first rate. Steve's efforts have not only enhanced *JPA* and SPA, but they also help ensure that ideas and findings from

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Special Topics in Assessment
The Ridiculous and the Sublime: Testing the Limits of Online Assessments
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Inquiring about previous assessment experiences with new patients can provide important contextual information about them and their history. On more than a few occasions, particularly with younger patients, my question about previous testing experiences has been spontaneously answered with the inclusion of tests taken online. For example, a college student I was assessing recently reeled off a number of online tests he had taken, ostensibly in preparation for our meeting. The motley collection included some well-known and reliable measures of relevant attributes: the The World Health Organization Adult ADHD Self-Report Scale (Kessler et al., 2005) for attentional issues and a version of the Myers-Briggs Type Indicator (MBTI; Kaler, 2007). He also cited several tests that were somewhat more obscure and less weighty, though he was confidently able to report to me which Muppet his personality was most similar to and what type of bird he was best suited to be.

The fact that patients are aware of and have access to such a wide variety of tests and measures of personality attributes provides some interesting challenges to our work. While some tests are sought out for purely entertainment value, making sense of how reliable or valid are online measures of psychopathy, empathy, or intelligence is beyond the average patient. This column has previously explored the role of online and public test exposure through Doug Schultz's (2014) writing on the Rorschach, much of which involves the liabilities of exposure. Yet, the ubiquity of online personality tests—some valid and reliable, some not—also seems to reflect a piquing of the average online user's level of interest in learning about themselves and in tests themselves. A search for online personality tests can lead one to a test of the Big Five (John, Donahue, & Kentle, 1991) and just as easily an inventory examining one's tendency toward flirting (Flirting Personality Test for Women, 2015). The following is a brief survey of some of the personality measures—robust and ribald—readily available online.

Jung Typology Test (2015)

This 64-item measure, touted as a short-form, valid analogue of the MBTI, produces a standard four-letter type. The test also provides links to allow the user to migrate their scores into the Jung Marriage Test which, if both partners have completed the parent scale, can provide information about marital compatibility.

How Well Do You Know Your Partner? (Gottman Institute, 2015)

Speaking of marital compatibility, Gottman's 22-item test (which goes by the name of the Love Map), poses relational statements such as "I can list the relatives my partner likes the least" and "My partner really respects me," as clues to a couple's capacity for positive relating. Even in cases of great compatibility, Gottman's results remind its respondents about the importance of small kindnesses done often.

You Just Get Me (youjustgetme.com)

This 40-question inventory, based in part on a Five-factor personality test, boasts its creation by psychologists and its empirical base. The results produce weighted, expanding bubbles along five dimensions: disciplined/casual, introverted/extraverted, concrete/abstract, cooperative/competitive, and neurotic/unemotional. Once you have completed your inventory, the site has an additional feature allowing you to guess a random person's personality based on their responses.

Short Dark Triad Personality Test (2015)

Based on the work of Paulhus and Jones (2011), this test asks the respondent to rate 27 statements on a 5-point scale ranging from *Strongly Agree* (5) to *Strongly Disagree* (1). The resulting scores are provided in terms of percentiles in the areas of Machiavellianism, narcissism, and psychopathy.

Favorite Things Scale (Pentak, 2015)

Endeavoring to answer the age-old question of whether your favorite things reflect your personality, this entertaining quiz has subjects respond to items like their best cupcake flavor and favorite emoji. These questions eventually result in classifications such as nurturer, doer, thinker, performer, leader, artist, and protector. Given the dearth of cupcake-related personality research, this one appears to be for entertainment purposes only.

The Implicit Assumptions Test (implicit.harvard.edu/implicit)

The Implicit Assumptions Test is a well-researched measure that examines how strongly an individual associates concepts about groups (e.g., ethnicities, sexual orientations, disabilities, body type) with evaluations (e.g., good or bad). The test involves several iterations with various response configurations, resting on the premise that responding is significantly easier when items which the subject feels are related share the same response key. Given the implicit (i.e., less available to conscious awareness) nature of the responses, this test can be quite illuminating.

How Lazy Are You? (Borns, 2014)

Likely a test sought out by disgruntled spouses or parents of stereotypical teenagers, this 12-question scale poses incisive questions such as "How long do dishes sit in your sink?" and "What do you do with unwanted emails? (unsubscribe, delete delete delete, or let them sit in your inbox). Results place respondents on the continuum from Lazyish to Maximum Lazy.

Five Facet Mindfulness Test (2015)

Based on Baer, Smith, Hopkins, Krietemeyer, and Toney's (2006) scale of the same name, this online version assesses Five-factor analytically derived elements of Mindfulness: Observing, Describing, Acting With Awareness, Non-Judging of Inner Experience, and Non-Reactivity to Inner-Experience.

Personal Strengths Inventory (http://www.truity.com/)

As far as online personality inventories go, this one is a heavy hitter. It boasts 240 questions and represents 24 content areas identified by Peterson and Seligman (2004) consistent with their research on character strengths and virtues. This version is identified as a research version and clearly states that there are no data as of yet on its on validity and reliability. Respondents are asked to rate statements about themselves on a continuum of accurate to inaccurate; sample items include "I admit when I am wrong" and "I feel it is important to live in a world of beauty."

Clinical Pearls in Psychological Assessment: Part III
Paradigms in Contemporary Personality Assessment

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Kuhn (1962/2012) revealed the fundamental sociological structure of paradigms in science. Paradigms define what types of phenomena are studied, how they are measured and understood, and what counts as acceptable scholarship, education, and professional practice. Kuhn (1962/2012) focused on mature scientific disciplines (e.g., physics, chemistry) and viewed social science as "pre-paradigmatic." He also exempted professional disciplines, such as medicine and law, from his examination. Nonetheless, the sociological thesis of the Kuhnian paradigm informs appraisal of psychology, clinical psychology, personality theory, and personality assessment.

A study of publication trends in psychology over a 30-year period concluded that the cognitive psychology paradigm dominates the field, behaviorism is steadily declining, neuroscience has increased, and psychoanalysis has been "virtually ignored by mainstream scientific psychology" (Robins, Gosling, & Craik, 1999). Regarding the field of clinical psychology, Heatherington et al. (2012) observed that the range of theoretical orientations is narrowing. They noted that 80% of the faculty in the Academy of Psychological Clinical Sciences doctoral programs self-identify as cognitive-behavioral. Narrow training models, they suggest, may have deleterious effects on research, training, and practice. Levy & Anderson (2013) also voiced this concern for the future of the field. Reduced exposure to various theoretical orientations in doctoral education, for example, disadvantages students' subsequent clinical training. Internship sites expressed dissatisfaction with the limited training in projective methods incoming graduate students had received (Clemence & Handler, 2001). Regarding personality study and theory, Loevinger (1987) articulated the essential Kuhnian dynamics within major theories of personality, which in turn prescribes certain research agendas. For the field of personality assessment, Wiggins (2003) used the concept of paradigms to illustrate the distinct approaches, models of mind, and practices of major assessment traditions.

Wiggins (2003) described five major traditions in personality assessment. The paradigms (and their intellectual forefathers) are the *Psychodynamic* (Sigmund Freud), *Personological* (Henry Murray), *Interpersonal* (Harry Stack Sullivan), *Multivariate* (Sir Francis Galton), and *Empirical* (Emil Kraepelin). Wiggins (2003) emphasizes that each tradition operates within a particular range of convenience, theoretical assumptions, extended community of assessors, and preferred assessment procedures.

Carlson's (1971) classic article, "Where is the Person in Personality Research?," surveyed empirical studies in personality of the era. This review indicted the field for serious inadequacies such as samples of convenience, artificial methodologies, and seldom using the individual person as the unit of analysis. In the spirit of Carlson's (1971) self-reflective analysis of personality study, the field of personality assessment was similarly examined by surveying key journals.

Survey of Assessment Journals

Three assessment journals were surveyed. These were the *Journal of Personality Assessment* (*JPA*), *Assessment* (*ASM*), and *Psychological Assessment* (*PsyA*). Articles were evaluated for type of paradigm and assessment data (self-report [S], test or performance [T], observer [O], and life [L]; Block, 1977) used in the studies.

Sampling of Articles: Longitudinal and Cross-Sectional

Two sampling strategies were used. The first offered a longer-term view of the field. The second provided a snapshot of current publication trends in the three assessment journals.

Longitudinal sampling. Articles were selected from *JPA* starting in 1971, when the journal title changed from *Journal of Projective Techniques and Personality Assessment* to *Journal of Personality Assessment,* up to 2015. A total of 120 articles, over a 44-year span (1971–2015), were selected, from 5-year time blocks. For each 5-year increment, two volumes were randomly selected. Next, 6 articles from these volumes were randomly selected for review (i.e., 12 articles per 5-year period with 10 time blocks, for $N = 120$ articles). If an article was unable to be coded (e.g., editorial), the next was selected.

Cross-sectional sampling. In order to index current trends, the first 30 articles of 2015 appearing in *JPA* (Issues 1, 2, and 3), *ASM* (volumes 1, 2, and 3), and *PsyA* (Issue 1) were selected ($N = 90$ articles). If an article was unable to be coded (e.g., editorial), the next study was evaluated. (Note: Both sampling procedures included *JPA* in 2015.)

Procedure

Articles were coded for paradigm status.[1] If more than one paradigm was reflected in an article, primary ("2 points") and secondary paradigm ("1 point") were coded. If two paradigms were co-equal, each received primary coding ("2" and "2"). In addition, type of data used in the study was noted (Block, 1977): self-report (S), test (T; laboratory, mechanical, physiological, imaging, and performance [e.g., neuropsychological tests, Rorschach, Figure Drawing]), Observational (O), and Life (L; suicide attempts, arrests, marriage, death, etc.).

Coding

The articles were evaluated for representation of the Wiggins (2003) paradigms: Psychodynamic (PD), Interpersonal (IN), Personological (PL), Multivariate (MU), and Empirical (EM). The PD paradigm focuses on intra-individual dynamics; unconscious motivation; object relations/representations; attachment and defense styles; and tests such as the Rorschach, Thematic Apperception Test, and sentence completion. IN involves interpersonal patterns, prototypical use of circumplex models, the Structural Analysis of Behavior, with exemplars of Sullivan, Leary, Kiesler, Pincus, Horowoitz, and Wiggins. The PL paradigm derives from case study and psychobiography; focus is on narrative, self, and identity and often uses qualitative methods. MU studies individual differences, often traits, typically with quantitative methods like factor analysis. Exemplars are Eysenck, Cattell, McCrae and Costa, Widiger, Goldberg, and Big Five/Five-factor models (FFM) of personality. The EM paradigm focuses on empirical correlates of individual

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[1]The present data analysis serves an evocative purpose rather than as a definitive inventory of publication trends. No interrater reliability measures were conducted.

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SPA Interest Groups
A. Jill Clemence, PhD,[1] and Giselle Hass, PsyD[2]
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In this edition of the column, we wanted to take the opportunity to provide information to our readers on the current Interest Groups available to Society for Personality Assessment (SPA) members. Interest Groups provide an opportunity for SPA members to interact with others who are engaged in personality assessment in similar areas. Interest Groups support the mission of SPA by fostering participation around similar interests and facilitating members' networking and mutual support.

The following interest groups are available at this time:

Psychoanalytic Assessment
Co-Chairs: Anthony D. Bram, Christina Biedermann

The mission of the Psychoanalytic Assessment Interest Group is to provide SPA members with a focused opportunity to discuss their interest in psychoanalytic applications to personality assessment. The group supports the mission of the SPA Board of Trustees by fostering membership interest in the sharing of direct service, supervisory, and research experiences and initiatives in personality assessment that are informed by psychoanalytic theory; by discussion of past and contemporary literature that is foundational to a psychoanalytic understanding of personality assessment; and by encouraging scientific presentations, posters, continuing education workshops, and publications that integrate psychoanalytic theory with personality assessment.

Collaborative/Therapeutic Assessment
Co-Chairs: Hale Martin, J. D. Smith

The Collaborative/Therapeutic Assessment (CTA) Interest Group offers the opportunity to meet with assessors thinking about, working to develop, and practicing this emerging approach to psychological assessment. Developments, opportunities, ideas, research efforts, and marketing issues involving CTA, as well as the successes and challenges our members experience, are central topics of discussion. This Interest Group offers support to those on the cutting edge as well as those just learning CTA, and it fosters a collaborative community of assessors, promoting connections and friendships. Everyone is welcome! Students are especially valued.

Health Psychology
Co-Chairs: John Porcerelli, Don Morgan

The mission of the Health Psychology Interest Group is to provide SPA members (including students) with an opportunity to discuss their interests and experiences (direct service, supervisory, and research) of psychological and personality assessment in medical settings. These settings include general hospitals, primary care clinics (family medicine, internal medicine, obstetrics, and pediatrics), and specialty clinics (cardiology, surgery, physical medicine and rehabilitation, neurology, oncology, etc.). We are excited to discuss the role of personality assessment in this rapidly growing area of psychology.

Forensic Psychology
Co-Chairs: Marvin W. Acklin, Nancy Kaser-Boyd

The mission of the Forensic Psychology Interest Group is to develop interest and momentum for the implementation of this vital area of personality assessment evaluation within the scope of SPA's overall mission and to disseminate findings to the membership and Board: to develop membership and Board interests and resources, support publications in *Journal of Personality Assessment*, scientific presentations at Annual Conventions, and continuing education workshops.

Education and Training Interest Group
Co-Chairs: Hadas Pade, Ryan Tobiasz

The mission of the Education and Training Interest Group is to improve the quality of assessment training and supervision in the field of psychology, through improving and disseminating resources, promoting best practices, and advocating for rigor. Members of this interest group include academic and field-based trainers, students, and clinicians. Topics addressed include bridging the gap between what is being taught in graduate programs and expectations for internship, licensure, and future practice; how to best assess competency during training; and how to best support those teaching and supervising assessment, given the similarities and differences of graduate programs. Finally, the group will also make an effort to increase exposure to personality assessment within the undergraduate psychology setting.

Integrative/Multimethod Assessment
Co-Chairs: Radhika Krishnamurthy, John E. Kurtz

The Integrative/Multimethod Assessment Interest Group is for participants who seek to discuss current issues in integrative/multimethod assessment. Potential topics to address include methods and approaches; applications in diverse settings; benefits in complex assessment cases; role in current assessment practice; research questions and issues for future study; teaching, learning, and supervising in integrative/multimethod assessment.

International Interest Group
Co-Chairs: Nancy Kaser-Boyd, Corine de Ruiter, Alessandro Crisi

The International Interest Group aims to foster international exchange and collaboration on psychological assessment, in terms of education, policy, research, and clinical practice. Another important goal is to develop strategies to facilitate the attendance of international students and members to the SPA Annual Meeting, other meetings, and workshops. This committee also works to help members integrate their interests into SPA symposia, presentations, and publications. In these ways, the Interest Group would like to increase SPA's international focus.

Confidentiality After Death

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The following question was asked by a member of the Society for Personality Assessment:

> I was contacted by a woman about an evaluation I had done of her mother three to five years ago. The evaluation involved questions of depression and memory impairment. I had no contact with the patient after completing the evaluation. Yesterday, the adult daughter left a message asking if she could obtain a copy of the report. Her mother (the patient) had died in the last six months. The adult daughter and her sister are requesting a copy of their mother's evaluation. She said they are trying to understand their mother's condition more fully. It is not clear, however, why they are interested in the evaluation report. I do not have a release of information form authorizing me to release the report to the daughter, and of course, the patient cannot now give consent. I assume that one of the daughters is the executor of her mother's estate, but I do not know that for sure. However, I can easily find out that information. The ethical question is, does a deceased person have any right of confidentiality?

This question is relevant not only to clinical settings, but in research as well.

As with many ethical dilemmas facing psychologists, this issue is not addressed directly by the *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2010). Standard 4.05a states: "Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law." Psychologists should have persons provide a signed release or otherwise document the permission to have the confidential information disclosed. This is not possible as indicated in the above vignette. However, some disclosures of confidential information are permitted without the consent of the individual as outlined in Standard 4.05b. This is only permissible when disclosure is mandated by law or for a valid purpose such as to: (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. Disclosure of confidential information after death is not mentioned, and this standard prohibits disclosure of confidential information without consent for any purpose other than those listed (Fisher, 2013).

Questions about confidentiality after death were publicized in the press and written about in professional journals following Diane Middlebrook's (1991) biography of Pulitzer Prize-winning poet Anne Sexton, which used information from tapes of her therapy with her psychiatrist Dr. Martin Orne. Linda Gray Sexton, the daughter of Ann Sexton and executor of her estate, selected Diane Middlebrook to write the biography about her mother. Diane Middlebrook learned from Anne Sexton's daughter that Martin Orne had more than 300 audio tapes of therapy sessions with Anne Sexton. She received permission from Linda Gray Sexton to interview Dr. Orne and she received permission from both Linda Gray Sexton and Dr. Orne to study the tapes in preparing Anne Sexton's biography (Rosenbaum, 1994). Shortly after the release of Anne Sexton's biography to the public, the *New York Times* (Stanley, 1991) printed an article in which psychiatrist Willard Gaylin described Dr. Orne's actions as a betrayal of his patient and his profession. In the same article, the chair of the Ethics Committee of the American Psychiatric Association stated that a patient's right to confidentiality survives death, that only the patient can give release from that confidentiality, and "what the family wants does not matter a whit" (Stanley, 1991, p. C13). There were many other strong negative reactions published in the media of Dr. Orne's release of Anne Sexton's therapy tapes. However, the laws governing mental health procedures in many states indicate that it is the executor who exercises control over the release of records of a deceased client/patient.

The debate that followed the release of the biography was not about whether the release of the tapes was ethical, as their release was technically ethical according to the American Psychological Association Ethics Code quoted above, the previous American Psychological Association Ethics Code (1992), and the Ethics Code of the American Psychiatric Association (1995), and legal in the jurisdiction in which Dr. Orne practiced, but focused on the "spirit of the law" in that Dr. Orne released the tapes from a psychotherapist, to the executor, to a biographer, to the public. Thus, there was a breach in the spirit of maintaining confidentiality. This breach raises the question of the public's confidence in mental health professionals. The public may fear that because one therapist released information to a biographer, other therapists may also provide client information to tabloids and talk shows (Burke, 1995; Lewin, 1991; Werth, Burke, & Bardash, 2002). This did occur during the O. J. Simpson murder trial when the therapist of then-deceased Nicole Brown Simpson received national attention when some of the contents of therapy sessions were release to the public. The therapist received disciplinary sanctions from the California Licensing Board due to the violation of confidentiality (Koocher & Keith-Spiegel, 1998).

The concern that confidentiality may not be kept may prevent potential clients from entering therapy. Publication of psychological records after the death of a client could reduce the trust other clients place in their therapist. There are many examples of situations that clients would not feel comfortable discussing with their therapist knowing that records of the discussion may later be read by their executor. Thus when clients learn that confidentiality may not be guaranteed, they may lose trust in the in the therapy process and the profession (Burke, 1995).

It is important to note that although the American Psychological Association Ethics Code (2010) permits psychologists to disclose confidential information without the consent of the individual in certain circumstances, the standard is permissive rather than mandatory. This leaves the decision to disclose confidential information without consent under limited circumstances to the psychologist's discretion (Fisher, 2013). In

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Teaching and Supervising Assessment Students and Trainees with English as a Second Language (ESL)

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There is quite a bit of literature and supplemental resource material available regarding the assessment of clients whose secondary, rather than primary, language is English (Groth-Marnat, 2009; Suzuki & Ponterotto, 2008). There is also some information available on psychotherapy supervision with international students, including language-related issues (Mori, Inman, & Caskie, 2009; Nilsson, 2008; Nilsson & Anderson, 2004). Unfortunately, nothing formal has been written about language factors, as pertaining to assessment providers, despite relevant implications. Although many of the issues described in this article may seem obvious as they relate to English as a Second Language (ESL) and to the teaching and supervision of assessment students and trainees, we know that what is obvious can often be overlooked, ignored, minimized, or misunderstood. Bringing awareness to these issues is a vital part of assessment training and supervision in order to reduce any potential negative impact on the student, trainee, supervisory relationship, and client. Learning how to conduct assessment in the classroom and on practicum has quite a bit of overlap, and thus the two are discussed somewhat interchangeably. Some of the literature on psychotherapy supervision with international students is applied to issues in assessment. However, since no literature or resources are readily available on this specific topic, additional information included is based on personal experience as well as informal input from fellow assessment instructors and supervisors who have worked with non-native English speakers, as well as an assessment trainee with ESL.

For purposes of this article, an individual with ESL is interchangeable with an international student status and defined as someone born in another country and completing his or her education/training in psychology and assessment in the United States (Nilsson, 2008). The number of international students studying in the United States continues to grow (Institute of International Education, 2014), and many of them are in graduate psychology programs (Nilsson, 2008). Thus, ESL is a more relevant factor in training than ever before. It is important to first clarify that ESL is not necessarily always a limitation or negative factor; in fact, it can be an advantage or strength in some situations, which should not be underestimated. However, "students whose English is a second language may also encounter unique challenges when conducting therapy because of difficulties of understanding and responding to clients" (Nilsson & Anderson, 2004 p. 307). Such unique challenges pertain to psychological assessment as well, and even more so in some situations where verbal requirements for the examiner can be quite complex and demanding. It is also notable that ESL is a variable in itself. It does not always present the same collection of issues, as these can vary widely depending on one's primary language, cultural background, and individual English skills, and it needs to be recognized as such.

As an ESL psychologist conducting assessments who also teaches and supervises assessment, I am directly familiar with, and can relate to, the various issues that may arise on either the teaching or training sides of the assessment equation. The goal of this article is not to suggest that assessment students and trainees with ESL are more challenging to their supervisors and instructors. Instead, the purpose is to bring attention to this topic and hopefully increase awareness of instructors and supervisors, as well as empower students and trainees to recognize and address ESL issues in assessment training if and when they occur.

Teaching and supervising assessment encompasses a multitude of factors and skills (Groth-Marnat, 2009; Krishnamurthy & Yalof, 2009; Yalof, in press). These include, among others, building rapport, clinical interviewing, test selection, administration, scoring, and interpretation of measures, legal and ethical issues, diversity factors, case conceptualization, integration, report writing, and verbal feedback. Verbal communication skills are relevant in practically every aspect of assessment as noted above. It is important to note that an evaluator's English capacity is especially relevant when conducting cognitive and intellectual testing where more complex verbal tasks are common. That being said, this article will focus on personality assessment, where language capacity also plays a significant role and at times can impact assessment findings.

Language Considerations: Performance-Based Measures

Depending on the individual, language articulation, accent, fluency, and comprehension can impact rapport building, the clinical interview, and administration directions for tasks on various measures. The examinee might not understand the directions or questions because of one's accent or due to a mispronunciation, which can negatively affect the validity and reliability of a measure. Receptive language issues may play a role in administration and recording (and thus scoring and interpretation) of performance-based measures where clients provide a greater volume of verbal information and the examiner needs to quickly process, comprehend, and accurately record this information verbatim as well as follow up with any necessary prompts (e.g., story-telling cards). Some non-native speakers translate verbal information in their mind, which further strains the ability to process information quickly in a testing session. With scoring, more "subjective" measures are most vulnerable to error because English expressions may be misunderstood. Culture-sensitive language usage can also affect interpretation when native language subtleties are missed or understood poorly. Audio taping verbatim answers, in addition to writing them, may help minimize error in translation of word articulation, but this is time consuming and not a substitute for ESL supervision, which may be necessary to support proper scoring and, of course, qualification of findings.

Receptive language may have particular impact on Rorschach coding. For example, it is especially important that both the trainee and subject enunciate the English language in order to minimize miscoding for deviant language usage and to complete the inquiry/clarification phase. A trainee may over or under clarify due to limited verbal understanding or confusion regarding certain words or terms produced by the client. While over- and under-query/clarification is a common concern with all trainees, the underlying reasons for this may differ for students with ESL and need to be addressed accordingly. In addition, there may be a compound effect where both typical difficulty with response clarification and ESL issues interact with each other to reduce reliability and validity of inferences. Writing Rorschach responses verbatim with improper spelling can also be an issue when it comes to coding. Even with the help of computer spell checking, some misspelled words may not be detected, especially if

Public Affairs Report
Bruce L. Smith, PhD
Public Affairs Director

This has been a difficult time for organized psychology. The release of the Hoffman Report on the involvement of the American Psychological Association in so-called "enhanced interrogations" has had a devastating effect on the perception of psychology as a force for good in society. As you all know, for a number of years, the Society for Personality Assessment (SPA) has been working closely with the American Psychological Association on issues that are important for personality assessment. We believe that we have been instrumental in increasing the visibility of assessment within the American Psychological Association and in furthering its lobbying efforts on behalf of assessment. Notable among these have been the efforts to revise CPT coding for assessment services, which has led to increased reimbursement rates, and the establishment of personality assessment as a proficiency in psychology, which, as you know, is being directed by SPA.

The report, however, forced us to re-examine our relationship with the American Psychological Association in order to ensure that we were not inadvertently going along with unethical behavior that we would find abhorrent. Several points need to be stressed. In the first place, no current members of SPA were implicated in the Hoffman Report, and SPA has not been even remotely involved in any of the activities mentioned in the report. Our relationship has been solely around issues of importance to assessment, and in this area it has been mutually beneficial. Nonetheless, we intend to increase our vigilance in order to ensure that we remain completely independent and relate to the American Psychological Association only as a co-equal but separate organization.

The controversy has also led the Board of Trustees to reflect upon our own process as an organization. It is our belief that the culture of the American Psychological Association was largely to blame for what transpired. The organization operated with a lack of transparency in a "top-down" manner in which membership was deferential to leadership—especially non-elected leadership. Fortunately, this is not the case with SPA. We strive to be a member-driven society, and our leadership will continue to operate with complete transparency. It is the commitment of the Board of Trustees to involve membership in everything we do and to do so openly. For your information, minutes for all of the Board meetings are available through the SPA website.

In other news, there is the potential for cuts to the reimbursement rates for assessment services under Medicare as the Center for Medicare and Medicaid Services looks to trim its budget. This is one area in which we will continue to work closely with the American Psychological Association Practice Organization in order to protect the practice of assessment.

Finally, as we move into a new phase in the development of the Proficiency in Personality Assessment, we are planning a campaign to inform the public about the importance of seeking psychologists proficient in assessment when wanting assessment services. I urge all SPA members who practice assessment to apply for proficiency status.

Notes From the Foundation
Bruce L. Smith, PhD
President, SPAF

The Society for Personality Assessment Foundation (SPAF) is the charitable arm of the Society for Personality Assessment (SPA; 501[c][3]). In general, donations to SPAF are fully tax deductible. The Foundation exists to support the activities of SPA—in particular, sponsoring research and educational efforts.

We have recently made a couple of minor changes to the categories for donations, lumping all travel grants into a single item as well as student research grants. This has been done so that the committee that makes these grants has the flexibility to allocate funds to areas with the greatest demand. In addition, as the Utility of Assessment research project has been completed and will soon appear in the *Journal of Personality Assessment*, that line item has been removed.

Our goal as a foundation is to develop an endowment that will support various efforts on an annual basis. Thus, we are hoping for unrestricted funds that may be used to grow the endowment. Currently we have $90,000 in the endowment. At the standard payout rate that is currently used for endowment funds of 4%, this means that we need $250,000 in the endowment for every $10,000 that we wish to allocate annually. With declining monies available for assessment research and training—especially for young investigators—it is more important than ever for SPA members to do whatever we can to support this effort.

Finally, I want to call attention to the possibility of considering SPA in estate planning. Bequests to SPA can go a long way toward building our endowment and are a fitting way to have a lasting impact on our field.

Tips on Publishing Papers as a Graduate Student

Ryan J. Marek, BS, MA
Kent State University

Greetings, SPAGS members! I'm excited to report that SPAGS is planning some awesome panels and activities for students that will facilitate networking opportunities at the upcoming Society for Personality Assessment (SPA) Convention in Chicago. I want to thank Jaime Anderson (University of Alabama), who is currently planning our social events; Adam Crighton (Kent State University) and Emily Dowgwillo (University of Pennsylvania), who are planning our educational panels; Trevor Williams (University at Buffalo), who has been reaching out to Directors of Clinical Training in Chicago to increase local attendance at the SPA Convention; and Stephen Snider (University of Tulsa), who is brainstorming diversity-related events for the Convention. We collectively would also like to thank the SPA Board, which facilitates student involvement in SPA and provides funding for our events.

As I begin the application process for internship, I have started to reflect on everything I have accomplished as a graduate student. As graduate students, we have a lot of different responsibilities. We're teaching, working as research assistants for our advisors, writing our theses or dissertations, taking classes, and conducting clinical work. It's a wonder we even have time for extracurricular activities or, even more importantly, sleep! Above all of this, there is pressure to publish in our field. How can we be effective graduate students and find time to publish in addition to everything else we're already doing?

Over my years in graduate school, I have been fortunate enough to have many valuable research opportunities. However, being a productive researcher in graduate school has not been an easy task to manage! Believe it or not, though, I still find time to play golf, go out with my friends, and get a good night's rest. Granted, I do have to make sacrifices and spend some of my free time working on manuscripts, but it feels less like work when you come to really enjoy what you're doing. Writing, to me, has become a great opportunity to communicate my ideas and findings to the field at large. But trust me, writing has not always been so enjoyable and still has many challenges for me as I continue to grow in my academic career. However, that first-year graduate student who struggled with writing and had a serious case of the dreaded "imposter syndrome" grew, over time, to be a more confident young professional with ideas and skills that I never knew I'd be able to develop. Because I know many graduate students have struggled with these same issues, I thought I'd take this opportunity to share my "secrets" on how I have been able to be successful in writing during my time in graduate school.

What to Write About?

You're in graduate school and working with an advisor who has interests similar to yours. Moreover, we're in an academic setting where our advisors and other faculty members write regularly. Your first step in writing is to try to get involved! A good place to start is to simply ask your mentor if he/she needs help writing anything. The goal here is simply to get involved and practice. Faculty are regularly asked to write book chapters and reviews. Moreover, your advisor will also know what to have you start with. Perhaps they'll have you write sections for a review or book chapter that would serve as a great place to learn how to write. If they do not need help writing anything at the moment, ask if there is a database or current data collection you can work from. Another great avenue is to ask an older graduate student if you could help them write sections of a paper they are working on. I was able to help my advisor and his collaborator with a review article early in my graduate school career. Although I played a small role in the paper, I learned some basic writing skills and learned how the journal review process works. This gave me the confidence to dive into my own project.

I also recall as a first- and second-year graduate student feeling that my research design had to be novel and field changing in order for a journal to consider publishing it. I'm going to tell you that it's a distorted cognition to think your paper has to be about reinventing the wheel. Granted, the project should advance the field, but each project doesn't have to be your life's work or the project that will define your entire career. I have some papers that I would consider more "career-defining" than others and I have papers in different levels/types of journals (i.e., some in psychological assessment journals, some in surgical journals, some in eating disorder journals). Don't be discouraged if every paper is not suited for the highest-ranked journal. Just try your best to find the best output for your work where your project will best advance the field. Your advisor is a great person to discuss where you should consider publishing your results. There are a lot of avenues to get you writing and publishing.

Criticism as an Ally

I recall the first manuscript I wrote on my own. It was a project I designed for a conference and decided to write up. I sent my paper to my advisor, proud of the work I accomplished and how well it read. Only, it didn't read well. My advisor tore the paper apart, criticizing what seemed to be every word of it. When I got to the Results, my advisor told me that he refused to read the Discussion until I sharpened my writing skills. I don't think I had ever felt more demoralized before that in graduate school. I recall going through countless drafts with my advisor, really trying to grasp an understanding of the scientific writing process. It was not until I finished a good draft of the paper that my advisor showed me how his long-time mentor—to this day—is very critical of his writing. He even showed me an example that helped me realize that writing is a skill that is always being refined and perfected. It also taught me that criticism is an avenue for growth. By the end, the manuscript became well polished and was eventually accepted for publication. In summary, do not expect your paper to be good the first time, second time, or even the third or fourth time around. Remember, graduate school is a time to learn and obtain skills. Criticism of your writing is a method to help sharpen skills that need some more work. If you stay open to criticism and respond to it positively, you'll be a better writer.

Time Management and Goal Setting

Writing can be strenuous and can take up a lot of time. We are often reminded of the importance of time management

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The Teacher's Block
So You *Really* Want to Teach the Rorschach?

Jed Yalof, PsyD, ABPP, ABSNP, ABAP[1,2,3]
[1]Immaculata University
[2]Psychoanalytic Center of Philadelphia
[3]Private Practice, Haverford, Pennsylvania

It seems like only yesterday that a generation of Rorschach users was trained on Exner's Comprehensive System (CS; 1974). I cite the 1974 volume as a throwback because that's the one that I learned, after having been taught the method of Allison, Blatt, and Zimet (1968), the latter of which was influenced heavily by the ego-psychological approach of Rappaport, Gill, and Schafer (1968). But that was then, and this is now. Or, in the spirit of Bob Dylan, the times are changing. Piotrowski (2015a), for example, predicts that "the coverage of projective assessment will become non-existent in clinical psychology training in the USA and selectively emphasized in school psychology programs…" (pp. 263–264), even though projective testing, and especially the Rorschach test, remains popular internationally (Piotrowksi, 2015b). Thus, while the Rorschach remains popular on a world-wide scale, there is no reason to believe that it will pick up momentum in the near future. For example, Ready and Veague (2014) summarized the most popular psychological tests taught by Clinical-Science, Scientist-Practitioner, and Practitioner-Scholar training programs accredited by the American Psychological Association. The return rate was 33%. The Rorschach was not identified in the top 10% of tests that were taught by these programs—ouch!

Regarding *which* Rorschach system to use, the field seems to be in a state of transition. Exner's 1969 text, *The Rorschach Systems*, outlines the foundations of the CS, which he refined over the years. With his passing in 2006, a second Rorschach system emerged; namely, the Rorschach Performance Assessment System (R–PAS; Meyer, Viglione, Mihura, Erard, & Erdberg, 2011). R–PAS differed from CS in terms of administration procedures, controlling for responses, and variables (Mihura, Meyer, Dumitrascu, & Bombel, 2013). R–PAS also utilized statistical procedures that permitted inferences from norms based on CS administration. In short, CS and R–PAS are both Rorschach tests, but in some ways they offer two different types of Rorschach applications. As such, while there is a conceptual crossover, the two methods are different in important ways.

In what follows, I outline a few questions that a Rorschach teacher might have to confront when teaching the Rorschach test to students, and offer a few answers (i.e., what I might say to those students).

The Validity Challenge

Are scores derived from the Rorschach valid predictors of human behavior? This might actually be the first consideration when deciding whether or not to teach it. So, are there studies that validate Rorschach variables? Yes; recent literature has heated up around the validity of different Rorschach variables, but the literature offers increasing (Mihura et al., 2013; Mihura, Meyer, Dumitrascu, & Bombel, 2015), albeit qualified (Wood, Garb, Nezworski, & Lilienfeld, 2015), support for key variables. Second, does the Rorschach trump interview data when predicting to treatment outcome? Yes: Applebaum (1977) describes how Rorschach findings predicted outcomes better than psychiatric interviews. Third, does the Rorschach test add information above that provided by other tests? Yes: Weiner (1999) provides an excellent illustration of how the Rorschach adds clinical information not captured by other tests. As Hunsley and Meyer (2003) suggested, however, validity is a contextual enterprise. They stated: "Validity findings for a psychological test are always conditional, inasmuch as they depend on the nature of the clinical sample and criterion variable under consideration" (p. 453). This leads to my last validity question: Is there a strategy for taking Rorschach validity studies to the next level? Yes: Bornstein (2012) has outlined a comprehensive method for validating Rorschach scores.

Is It Worth the Time to Teach the Rorschach?

After we decide that we'd like to teach the Rorschach, we ask about the cost–benefit ratio of teaching it. Is this the best way to use our time to teach assessment measures, or does it make sense to teach something else instead? As noted above, fewer graduate programs are teaching the Rorschach. There are more time-efficient personality measures that have solid empirical bases and not much time in the action-packed graduate curricula to dedicate to a test that seems on the "outs"

in academe. So, one might ask, is it worth the time to teach the Rorschach? My answer here, biased as it seems, is "yes." I qualify my "yes," knowing that program model (e.g., science, practitioner) determines what is/ is not a curricular priority. Still, the richness of inference making, compare–contrast opportunities with tests that are more structured, and a content and configural base (Bram & Peebles, 2014) offer students insights that other tests do not provide. We can even make the tedium of learning to code the Rorschach interesting. But while it can be fun and games to obsess over coding decisions and interpretations, what about the field site supervisors who have to oversee the students' direct service activities? How many assessment supervisors are up to speed with the latest developments in either the CS or R–PAS (or know how to administer, code, and interpret R–PAS)? Can we responsibly teach tests that supervisors have not learned or with which they are essentially "out of practice"? In other words, if we teach the Rorschach, is the outside world of clinical supervisors updated on recent Rorschach happenings and comfortable with taking responsibility for student test usage related to direct service, or are they moving to a different drummer?

One or Two Rorschach Tests?

Assuming again that we agree to teach the Rorschach, the next question to ask: CS or R–PAS? Are they the same or different? My answer here is that they are different tests. Why? Because the methods of instruction, coding variables, degree of control, procedure for managing brief records, empirical foundations, and inference options are different. While both CS and R–PAS are Rorschach tests, they represent different versions of it; thus, until we have research over time with reasonable controls and counterbalancing approaches, we might be hard pressed to make actuarial statements that performances on CS would have been similar to performances on R–PAS, and vice-versa. Plus, the whole idea of dealing with brief records by discounting a record (CS) or merging two records into one record (R–PAS) leaves open the question of whether the final record is really the "true"

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Point–Counterpoint

Observation of 60+ Years
Stanley Rosner, PhD, ABPP, ABPN
Private Practice, Stamford, Connecticut

Over the past 60 years, *The Rorschach Research Exchange* became *The Journal of Projective Techniques* and presently [*Journal of*] *Personality Assessment*. Testing has changed from the heady days of Klopfer, Beck, and Piotrowski, the introduction of the Wechsler-Bellevue and the Stanford-Binet and the WISC [Wechster Intelligence Scale for Children]. In those days, the goals of testing were diagnostic, but more importantly the goal was to provide a view of the psychodynamics, of what was going on in the person being tested. Efforts were made to view the whole person cognitively, emotionally, in terms of motivation and drive.

Reports were typically four to six pages long, describing the inner life of a person— a human being. But then in the late 1970s and 1980s projective techniques fell out of favor. The Rorschach was considered voodoo and the results were looked upon with skepticism by the courts. Where were the statistics? Where was the objectivity? they asked. The MMPI [Minnesota Multiphasic Personality Inventory] and other paper-and-pencil "objective" tests took over. Those who taught the Rorschach were not trained in the test and communicated their uncertainty, their lack of knowledge, experience, and their skepticism about the test onto students.

I have not done assessments during the past 7 years, devoting myself only to psychotherapy, but during those years, I have seen recent reports which concern me.

Whether in the name of being "evidence based" or "neuropsychological," the person has become secondary to 70- or 80- or even 90-page reports of standard deviations, standard scores, percentiles at the expense of the human being under consideration. The tests administered are described by a printout that is canned and passed onto the reader, not even "custom made." Psycho-diagnostics have become psychometrics and the subject is a machine being serviced on the assembly line. Along with this change has been an adherence to the "norm." No longer do we deal with individual differences, but scores must result in either being on the curve or the person is abnormal and in need of some form of rehabilitation. There is little place for individuality, and we act as if the scores in all areas must be on the line of normal without variation. Yet anyone who has evaluated children knows that the findings on a 5- or 6-year-old may turn around by the time they are 17. The personality changes with new experiences. However, little room is afforded for changes with time, maturation, development, and environment. We have become rigid technicians lacking in creative thinking and problem-solving abilities. We strive to be hard Scientists, in which we test with calipers, micrometers, and gauges. It must be recognized that even in higher mathematics and the physical sciences, the real contributors go beyond and trust their intuition and sensibilities. The creative process requires jumping logical gaps. In psychology, it is crucial to remember Kurt Lewin's equation: Behavior is a function of the person and environment.

Finding the Person in Clinical Assessment
Jan Henk Kamphuis, PhD
University of Amsterdam

Observations of 60+ years have caused Dr. Rosner concern about "what we have become" as assessment psychologists. I have a more optimistic view but have to admit that I can only look back to about 20 years in psychological assessment, and that these "70- or 80- or even 90-page reports" have not made it to this side of the ocean (although an occasional 20-page report does, and I concur that such an approach typically defeats its purpose by a wide margin).

First and foremost, I think we need to think clearly: Rosner's observations do not point to an inherent person–statistics conflict; it is not that specific tests, or shifts in assessment method, are the problem, let alone psychometrics. Psychometrics is here to serve us, not to constrain or blind us. I hold that information about reliability and validity of findings, and (%) scores compared against an appropriate norm group is of essential value to derive meaning according to principles of modern individual difference science (Harkness & Lilienfeld, 1997). In fact,

combining test-focused information with person-focused context is the most powerful way to generate final interpretations that further the client's goals and needs. And we have to remember that assessment instruments serve other purposes than individual assessment only, and that thorough psychometrics are essential in the prediction of important life outcomes, risk assessment, understanding (real) change over time, etc.

In seeking points of convergence, however, I echo the notion that clinical personality assessment should be person centered, not test centered. In this respect, we may need to reflect on how we train future assessment psychologists. Rosner's observations may suggest that current graduate programs in psychology pay adequate attention to training in applied psychometrics but pay short shrift to, most notably, the (personality) theories that provide the meaningful frameworks for tying test findings together in a way that make psychological sense for the particular patient.

Turning to reports of others to learn about the evolution of the field of assessment beyond 25 years ago, I recalled Connie Fischer providing an interesting historic sketch of her own development in the first chapter of her classic book *Individualizing Psychological Assessment* (1985/1994). Presumably reflecting on the late 1960s, Fischer wrote:

> Besides arrival at a diagnostic label and the naming of psychoanalytically conceived dynamics (for example "compulsive defenses decompensating," "unresolved Oedipal strivings"), these procedures were intended for psychology to make a scientific contribution to the case conference. The hallmark of science was objectivity: hence the distanced, unilateral approach to patients. … The tests were supposed to stand on their own. (p. 7)

Apparently not all was better in the past. In the same chapter, Fischer describes how supervisors,

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Throughout its history, the Society for Personality Assessment (SPA) has been broadly concerned with both the science and the practice of personality assessment, and our theme for the 2016 Annual Convention is "**Personality Assessment: Discovering Connections.**"

Registration

Promotional material about the 2016 workshops and the Annual Convention was mailed to the SPA membership the first week of December 2015. Online registration also became available on the web page (www.personality. org) the first week of December. Participant convention registration includes all convention materials; refreshment breaks; the President's Welcoming Reception on Thursday evening, as well as the Closing Reception on Saturday evening; entry to the scientific sessions, the Master Lectures, poster sessions, and the award presentations; and a collegial atmosphere to meet and interact with colleagues from around the world who are interested in personality assessment research and practice.

Convention registration can be completed by accessing the online registration form (www. personality.org, Convention tab, Register for the Convention link). For those who wish to send a check for payment, please use the downloadable form. To ensure your participation, please register early and take advantage of the advance registration fee.

Workshops and Continuing Education Credits

As part of its Annual Convention, SPA will again present full-day and half-day workshops. The Society is approved by the American Psychological Association to sponsor Continuing Education (CE) for psychologists. SPA maintains responsibility for the program and its content. The full-day workshops will offer 7 CE credits, and the half-day workshops will offer 3.5 credits. SPA offers between 15 and 18 workshops. The workshops will occur on Wednesday morning, afternoon, and evening, as well as Thursday mornings. During the Annual Convention, CE credits will also be available (at no extra charge) for the two Master Lectures, some award presentations, any lunchtime presentations, and symposia sessions. Detailed information on

Convention Registration Fees:

	Early Bird By 02/05/2016	Regular After 02/05/2016	Onsite After 03/06/2016
Member/Fellow/Associate	$215	$265	$315
Non-Member	$285	$335	$385
Member/One-Day	$145	$170	$220
Non-Member/One-Day	$165	$190	$240
Early Career	$125	$150	$175
Early Career/One Day	$100	$125	$150
Student	$75	$100	$125
Student/One Day	$50	$65	$80
Student Volunteer	$55	$55	$55
Student Luncheon	$10	$10	$10

Workshop Fees:

Member or Convention Registrant	Full-Day $175	Half-Day $105
Non-Member/Non-Convention Registrant	Full-Day $225	Half-Day $140
Early Career	Full-Day $125	Half-Day $75
Student	Full-Day $90	Half-Day $50

Note: On-site workshop registration will incur an additional $15 fee per workshop. Students will be charged an additional $5 for each onsite workshop registration.

Cancellation Policy: Cancellations will be accepted for the Annual Convention and/or a workshop, less a $75 administrative fee, until midnight ET 02/05/2016. After that date no refunds will be granted.

the workshops is on the SPA website and is available on the new SPA mobile Convention app. Detailed information on the scientific sessions carrying CE credit will be listed in the Program Book. A draft of the Program Book will be available online after the first week of January 2016. A hard copy of the Program Book will be in all the registration packets for the Annual Convention.

Annual Convention Event App

We're excited to integrate an event app into our Annual Convention experience. Benefits will include readily accessible resources such as hotel maps, the convention schedule, and speaker information; the ability to send instant reminders about coffee breaks, immediate feedback from sessions, and even details on the local area including restaurants and sightseeing opportunities! We're always looking for ways to enhance the convention experience for our members, and we believe our event app will aid us in that mission. Find out more about our convention app, including how to download it, by following our Facebook, Twitter, and Instagram accounts, or by looking under the Convention tab on our website.

Accommodation

The March 9–13, 2016, SPA Annual Convention will be held at the Chicago Marriott Downtown, Chicago, IL. The Chicago Marriott Downtown hotel is located on Chicago's famed Magnificent Mile and a Windy City landmark on Michigan Avenue. The hotel is situated among world-class shopping and dining, and walking distance of top attractions, including Navy Pier, American Girl Place, Millennium Park, Theater and Museum Districts. For more detail on the hotel, visit: https://aws.passkey. com/event/13899145/owner/1361/home.

Chicago Marriott Downtown
540 North Michigan Avenue
Chicago, IL 60611

Tel: 312-836-0100
Rates: $208.00 single/double
Promotional Information with details about the 2016 workshops and the Annual Convention will be available on the SPA webpage at www. Personality.org the first week of December, 2015.

Future Dates

March 15–19, 2017, San Francisco, CA
March 14–18, 2018, Washington DC

Obituary: Philip Andre Marks (1928–2015)

Richard Levak, PhD
Del Mar, California
David Nichols, PhD
Portland, Oregon
Alan F. Friedman, PhD
Feinberg School of Medicine at Northwestern University

Philip Andre Marks passed on May 23, 2015, in Columbus, OH, at the age of 86 from cerebral vascular disease. Dr. Marks was an only child, born to Belle Jeanne Brochiner and Moe Maurice Marks. His father had been a roustabout for the Barnum and Bailey circus and later worked for a magazine. His mother was a homemaker. His family moved to California when he was 1 year old. Phil described himself as an average student, and at 16 feeling restless decided to go into the armed forces. Because he was too young, he joined the U.S. Maritime service and was stationed in Europe from 1944 to 1946. Between 1946 and 1948 he joined the U.S. Army 11th Airborne division, and from 1953 to 1959 served as a lieutenant in the U.S. Air Force Reserve. After the Army, he attended Long Beach City College from 1948 to 1950, where he obtained an AA degree in liberal arts. In 1953 he obtained a BA degree in Psychology and Criminology from Fresno State College and an MA degree in Psychology and Sociology there in 1954. He then attended Washington State University, where he began his doctoral studies in clinical psychology and guidance counseling. While at Washington State University he met Peter Briggs, a PhD graduate from the University of Minnesota who encouraged him to leave Washington State. Taking his advice, he attended the University of Minnesota, where in 1959 he attained a PhD in clinical psychology, neuropsychiatry, and child development. Phil married Sandra Marks in 1954 and they were together 15 years.

At the University of Minnesota, Phil became part of a group of brilliant, practical, empirically driven researchers who were fascinated by the promise of the increasingly popular Minnesota Multiphasic Personality Inventory (MMPI). The central luminaries of this group were Starke Hathaway and Paul Meehl. This was the period of "dust bowl empiricism" in American psychology. Psychology in the United States had its roots in psychophysics and in the 1950s was resisting the more experiential, philosophical, and psychological perspective emanating from European Freudian thinking. During this time, many old assumptions about personality diagnosis and psychopathology were being re-examined using empirical methods. Imbued with the zeitgeist of the time, he completed his doctorate with a dissertation titled *Diagnostic Issues in Child Guidance Clinics*, in which he empirically examined the diagnostic process. Independent interviewers conducted Q-sort examinations of children's symptoms using staff predictions as the criterion variable.

After obtaining his PhD from the University of Minnesota, he became an instructor in psychiatry and pediatrics at the University of Kansas College of Medicine in Kansas City from 1959 to 1961. He remained there until becoming a professor of psychiatry at the Ohio State University in Columbus from 1966 to 1985. He was also a visiting professor of psychology and psychiatry from 1979 to 1980 at the University of Americas and the National Autonomous University of Mexico in Mexico City. After divorcing his first wife, he married Caroline Bauman in 1991 and they were together for over 10 years. During his career he wrote 63 books and papers, and presented or lectured at 67 national and international workshops.

Marks is best known for his seminal works on the actuarial description of personality. In his 1955 Presidential Address to the Midwestern Psychological Association, "Wanted—A Good Cookbook," Paul Meehl had suggested the actuary can be a better predictor of personality functioning than the clinician and asked researchers to provide a good "cookbook" for the MMPI. The result was *The Actuarial Description of Abnormal Personality: An Atlas for Use With the MMPI*, which Marks wrote together with William Seeman in 1963. In the same spirit, Harold Gilberstadt and Jan Duker followed in 1965 with *A Handbook for Clinical and Actuarial MMPI Interpretation*. In 1974, together with Seeman and Deborah Haller, Marks wrote the *The Actuarial Use of the MMPI With Adolescents and Adults*. He was also instrumental in providing Spanish adult and adolescent norms for the MMPI. His books and presentations are too numerous to quote, but his actuarial description of abnormal personality remains a useful and continually cited resource for MMPI–2 interpretation. He was most proud of his "atlas" and Meehl's foreword to his book. In fact, when asked about a highlight of his professional life, Phil said it was the publication of his actuarial atlas and his chance to work with Paul Meehl and Starke Hathaway, whom he described as brilliant, innovative, persevering, and industrious, qualities he emulated.

When Phil Marks retired in 1986, he moved to Lake Tahoe where he enjoyed skiing. After two years, he became restless and bought a sailboat, which he moored in San Diego, CA. In 1991, he came to the Del Mar Clinic in Del Mar, CA, where he worked in private practice from 1996 to 2000 and collaborated with Richard Lewak on the *Therapist Guide to the MMPI–2*. Theirs was the first book on providing therapist feedback with the MMPI. Phil, always a visionary, realized that while the MMPI was a powerful diagnostic instrument, it was underutilized as a therapeutic guide and the prevailing paradigm that patients should not have access to their psychological records made little sense to him. Later, he was disappointed that the feedback movement in psychology did not acknowledge his early contribution to the feedback paradigm. Phil's love for personality assessment and the MMPI inspired many of his graduate students and interns at Ohio State University to conduct research in this area. The third author of this obituary (AF) at the encouragement of Phil co-authored the first workbook for the MMPI, published in 1989.

After the MMPI–2 was released in 1990, he was concerned that the MMPI–2 normative sample was significantly different than the original sample, which affected the T score values of certain clinical scales of the MMPI–2. At higher elevations, there was congruence between the two versions of the MMPI–2, but this was less true at intermediate levels. It concerned him that clinicians continued to use his actuarial description model for interpretation when the code types were significantly different between the two versions.

Phil Marks was industrious, but he was also fun. His graduate students and colleagues remember him as a playful, brilliant, personable man who always had a twinkle in his eye. He loved to joke around, and his love of a good time sometimes got him into trouble. At the same time, his contribution to the field of personality assessment is immense. Phil Marks is survived by his daughter Stephanie Gay Marks, his two sons David Philip Marks and Richard Norman Marks, and Jennifer Patterson. He has three grandchildren, Samantha, Haley, and Travis.

President's Message

…continued from page 1

personality assessment will help shape the next generation of diagnostic systems.

Several converging trends in contemporary psychology place personality assessment in an ideal position to have a strong impact during the coming years. Without question, assessment will play a major role in evidence-based practice; it is important that we continue to demonstrate that our measures and methods are not only empirically rigorous, but clinically useful as well. As behavioral health and the patient-centered medical home model take center stage in primary care, development and validation of brief, psychometrically sound measures of personality traits, pathologies, and health-related beliefs and behaviors will become increasingly important. The National Institute of Mental Health Research Domain Criteria offer a wealth of opportunity for assessment researchers to develop and refine indices of core constructs and key dimensions of psychological functioning. These are but a few examples of the ways in which we can strengthen personality assessment, today and in the future.

I speak for the members of the Board of Trustees when I say that—as always—we welcome your questions, input, and feedback. 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 questions or concerns. We look forward to hearing from you—and look forward to seeing you in Chicago!

On the Importance of Transparency in SPA Leadership

Members of the SPA Board of Trustees have always been, and will continue to be, open and forthright in our work for the society. Copies of all SPA Board of Trustees meeting minutes from 2003 onward are available on the SPA website; please take a moment to look through some of these, and you'll get a sense of what we do in our board meetings (click on *Board Minutes* under the *About Us* tab). Our Personal Interest Policy, which describes guidelines intended to ensure that present and future SPA Board members never engage in any sort of practice that might be construed as a conflict of interest, is also on the website (click on the *Board of Trustees* link under the *About Us* tab; a link to the Personal Interest Policy is at the top of the page).

Special Topics in Assessment

…continued from page 2

Harry Potter Personality Test (cited by Romm, 2015)

If you have ever been embroiled in a conversation with a child, grandchild, or playfully mature adult who is enamored with Harry Potter, you have inevitability been asked to which magical house you belong. In the Potter novels, each of the four houses represents different personality attributes: the cunning and manipulative Slytherins; the brave Griffindors; the warm, kind, Huffelpuffs; and the bright, witty Ravenclaws. The Harry Potter Personality Test has numerous versions. One 10-item version asks questions such as "What did you eat for breakfast?" and "Who is your favorite Beatle?" to tease out these differences. One of the fascinating aspects of this test is that it has inspired some solid empirical research. Crysel, Cook, Schember, and Webster (2015) explored whether Potters fans who had been "sorted" into their houses by this test actually had consistent personality traits. Subjects completed more standard personality measures to do this and found positive associations between Ravenclaws and their need for cognition and Slytherins' possession of dark triad traits.

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Clinical Pearls

…continued from page 3

classification with respect to diagnostic categories or constructs. The Minnesota Multiphasic Personality Inventory family of tests (e.g., Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) is prototypical, but other tests, like the Personality Assessment Inventory (Morey, 1991), also reflect the EM tradition of nosologic constructs.

In addition, two candidate paradigms were rated. These were Therapeutic and Collaborative Assessment (TA), exemplified by Finn & Tonsager (1997) and Fischer (2000), and neuroscience/neuropsychological (Npsy), reflected by behavior genetics, psychobiological temperament, imaging, and neuropsychology.

Longitudinal and Cross-Sectional Results

Figure 1 shows percentage of paradigm type per 5-year time block over 44 years (1971–2015; *N* = 120 articles) in *JPA*. The PD paradigm was more common in early years; the recent trend is to more diversity of

paradigms. Figure 2 shows frequency counts of data type over this time span. Use of S-data is generally high, T-data has decreased, and recent years show more balance in data types. Total paradigm representation in *JPA* over 1971–2015 sums to: PD (38%); EM (32%); MU (18%); PL (7%); IN (4%); TA (1%); Npsy (1%).

Figure 3 depicts current paradigm representation and data type in three assessment journals (30 articles per journal [*N* = 90]). *PsyA* and *ASM* are dominated by the MU and EM paradigms. Combining MU and EM, *PsyA* has 88% and *ASM* 85% use of these paradigms. These journals rarely represent the PD, IN, and TA paradigms; Npsy is modest. They also make substantial use of S-data. In *JPA* greater diversity of paradigms and data type are found, although MU and S-data are also common. Notably, *JPA* shows 47% use of more than one data type in studies, *ASM* 37 %, and *PsyA* only 3%.

Conclusions

Survey of assessment journals confirms paradigmatic diversity is narrowing. The Multivariate and Empirical paradigms and self-report data increasingly are used in studies. The *JPA* shows more diversity of paradigms and data type and *PsyA* the least. *ASM* is dominated by the Multivariate and Empirical paradigms but shows moderate balance in data type (S = 55%; mixed = 37%). The Multivariate and Empirical paradigms also dominate *PsyA*, but 75% of the articles use self-report data and only 3% employ more than one type of data. *PsyA*, as the American Psychological Association flagship assessment journal, presumably reflects the (unarticulated) central paradigm of mainstream psychology: narrow paradigmatic diversity and reliance on self-report data.

These publication trends are telling. They reinforce the warning of Heatherington et al. (2012) that clinical psychology may be imperiled by shrinking theoretical diversity. The results also mirror Bornstein's (2001) analysis of research studies in personality that revealed use of questionnaire data predominates. In short, Carlson's (1971) early indictment of the field of personality study unfortunately still applies.

Final Thoughts

Noted biological psychiatrist Nancy Andreasen (2007) championed paradigmatic diversity in psychiatry. Citing the hegemony of descriptive, neo-Kraepelinian psychiatry—despite its successes—she warned an intellectual "silent spring" could befall the field unless the legitimacy of phenomenology was resurrected.
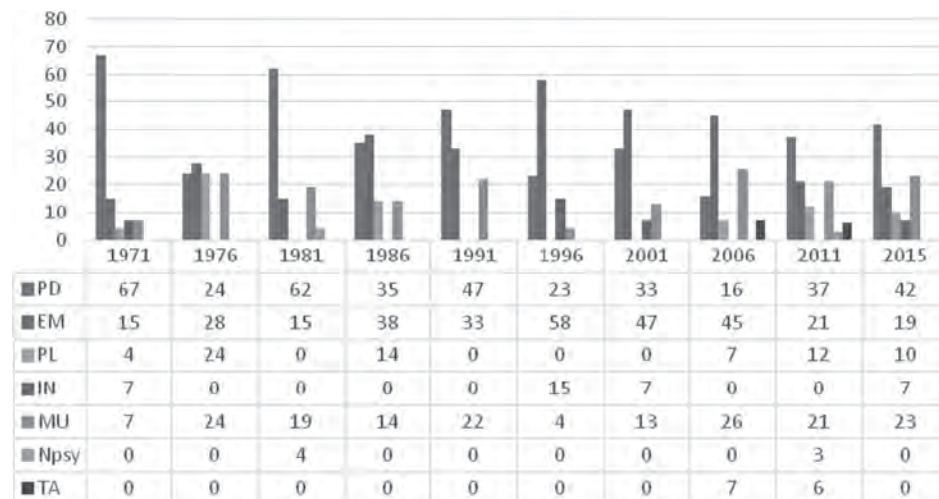

Figure 1. Survey of 120 articles in *Journal of Personality Assessment* (1971–2015) in 5-year blocks; 12 articles per block rated for percentage of paradigm per time block.
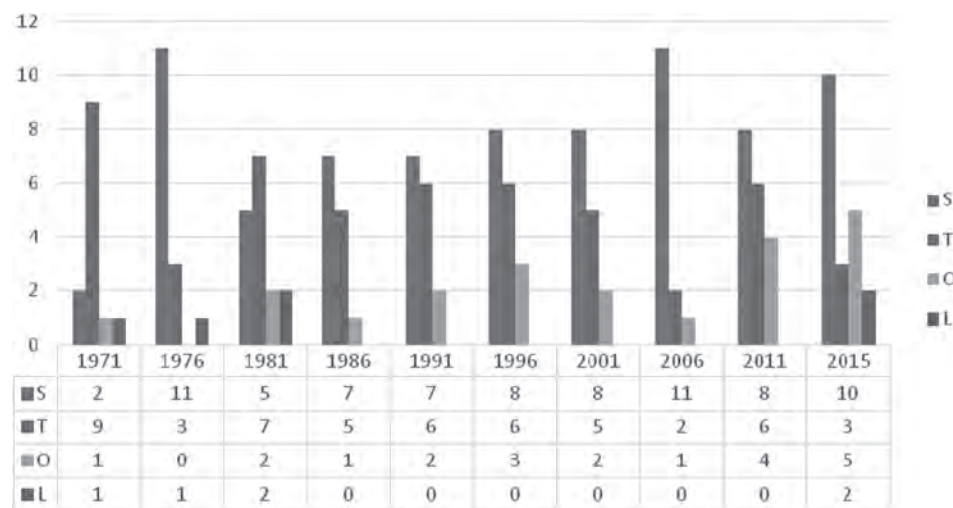
	1971	1976	1981	1986	1991	1996	2001	2006	2011	2015
PD	67	24	62	35	47	23	33	16	37	42
EM	15	28	15	38	33	58	47	45	21	19
PL	4	24	0	14	0	0	0	7	12	10
IN	7	0	0	0	0	15	7	0	0	7
MU	7	24	19	14	22	4	13	26	21	23
Npsy	0	0	4	0	0	0	0	0	3	0
TA	0	0	0	0	0	0	0	7	6	0

Figure 2. Survey of 120 articles in *Journal of Personality Assessment* (1971–2015) in 5-year blocks; 12 articles per block rated for data type.

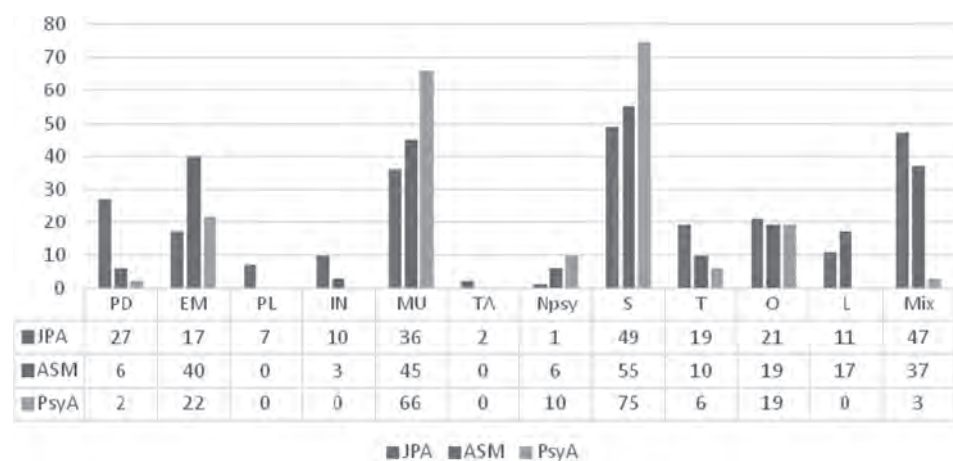|	1971	1976	1981	1986	1991	1996	2001	2006	2011	2015
S	2	11	5	7	7	8	8	11	8	10
T	9	3	7	5	6	6	5	2	6	3
O	1	0	2	1	2	3	2	1	4	5
L	1	1	2	0	0	0	0	0	0	2

Figure 3. Survey of first 30 articles of 2015 *Journal of Personality Assessment* (*JPA*), *Assessment* (*ASM*), and *Psychological Assessment* (*PsyA*) coded for paradigm representation (%) and type of data (S, T, O, L). Mix category refers to % use of more than one data type in the study.

	PD	EM	PL	IN	MU	TA	Npsy	S	T	O	L	Mix
JPA	27	17	7	10	36	2	1	49	19	21	11	47
ASM	6	40	0	3	45	0	6	55	10	19	17	37
PsyA	2	22	0	0	66	0	10	75	6	19	0	3

In a grander but not dissimilar thrust, evolutionary biologist Stephen J. Gould (2003) called for intellectual *E pluribus unum* among the Magisteria of Science and the Humanities. To the extent that publication trends reflect the status of personality assessment, the present survey reveals Wiggins's (2003) plea for pluralism has not been heeded.

Kuhn (1962/2012) showed that sociological forces drive science, which does not progress via an idealized march to truth by stepwise falsification of theories. Paradigms are social constructions, and paradigmatic dominance, like all dogma, suggests the need for scholarly self-reflection. No paradigm, from the hermeneutics of psychodynamics to the descriptive trait psychology of the FFM, owns a monopoly on truth. This verity we owe to our students and our patients.

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SPA Interest Groups

Guidelines for Developing a New Interest Group

1. Any SPA member, fellow, or student affiliate interested and willing to start a new Interest Group should bring the proposal to the Board of Trustees, including a mission for the group and proposed plan to attract members.
2. Interest Groups shall change leadership every three years with the option of reelection.
3. Once the Board approves a new Interest Group, the Board will arrange the following:
   a. A meeting place will be assigned for assembly during the Convention.
   b. A description of the group will be included on the website and in the Convention program.
   c. Assistance to recruit members and maintain connections outside Convention meetings will be provided.
   d. Assistance to the group in achieving the goals they set for their group will be made available.

Please check out one or more Interest Groups at the Annual Convention. Thank you to all of our current group leaders. We look forward to seeing you in March!

Confidentiality After Death

addition to the client's best interests, Werth et al. (2002) encourage therapists to consider whether allowing a release of information is in the best interest of the public trust or the reputation of the profession.

One possible step toward resolving the question of confidentiality after death is to include this issue in informed consent. Thus, clients would be aware before starting therapy that following death, records of their treatment may be released to their legal representative. Therapists may also want to talk to clients about taking steps to make legal provisions to keep their therapy records confidential after death if they choose to do so (Werth et al., 2002). This may reassure clients who are reluctant to share certain information in therapy. Although there are no current data on the assumptions that clients make regarding confidentiality of treatment records following death, mental health professionals should clarify this issue because some individuals may choose not to enter therapy due to the unknown nature of what happens to their records after they die (Werth et al., 2002). Informed consent should also include the information that there are exceptions to confidentiality to protect both the client and the public, such as mandated reporting of child abuse, duty to warn, and disclosures to prevent self-harm.

Although the American Psychological Association Ethics Code (2010) does not have a clearly written guideline about confidentiality after death, and case and statutory law are mostly silent on the issue (Berg, 2001), some state licensing boards have taken a stand on this issue. So, in some states the executor of an estate has access to records and in other states no one has access unless a release of information was signed before death. For example, the State Board of Psychology in Pennsylvania has indicated that absent a written authorization from a client, a psychologist may not release to a third party confidential information about a client that was obtained during the course of a professional psychological relationship.

Since a psychologist must obtain the written authorization of a client prior to the release of confidential information to a third party, the Board's policy is that absent written permission, a psychologist may not release confidential information about a deceased client that was obtained by the psychologist during the course of a professional psychological relationship. This policy is consistent with the perspective in most of the professional literature that it would seriously undermine confidence in the therapeutic relationship while it was occurring if clients knew that confidentiality would not be preserved following death (Stromberg, 1988). Thus it is essential for psychologists to not only be knowledgeable about the ethics code and law, but also to consult their state's licensing law before releasing deceased clients' records to their executors.

It seems that added clarity and consensus is needed regarding the issue of confidentiality after death. One question that has not been addressed is what happens when clients authorize release of their confidential information to a third party, but their executor does not want the information released to that person. Ethics codes need clearer guidelines regarding confidentiality after death. Burke (1995) also recommends seeking a consensus in mental health fields as to whether this aspect of confidentiality should be part of routine informed consent. Research is also needed on whether there are client concerns about the status of client records upon death. It is not clear to what extent this issue affects public trust in mental health professionals.

There seems to be a consensus that although there may be some limited exceptions to confidentiality after death, disclosures (when permitted to executors by ethics and/or law) should be limited to instances where breaking confidentiality would further the deceased person's wishes or where specific individuals or the public need information to protect themselves (Werth et al., 2002), but in situations involving general interest (where most mental health disclosures would fall) disclosures should not occur (Berg, 2001). Thus, although in many situations psychologists may be permitted to disclose confidential information to a client's executor or legal representative, it is essential for psychologists to use their ethical decision-making skills and clinical judgment when deciding whether or not to disclose confidential information after the death of a client. Protecting both confidentiality and legality in the best interest of our clients can be a delicate balance.

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Teaching with ESL...

they form another actual word (e.g., *spices* versus *species*). There is also a greater chance of mishearing a response and recording it incorrectly. It is often hard to make sense of what responses mean or are, even without the challenge of having to filter through another language. Anticipating such potential errors would likely increase the chances of detecting them by those reviewing such protocols. A student with ESL may find himself or herself unsure of whether a word used by the client is an actual word or a possible Deviant Verbalization. If this were to happen

a few times in a protocol, the client's profile may be significantly impacted and possibly unjustifiably pathologized. Many of these issues can be addressed via communication between student/trainee and instructor/supervisor. On some occasions, however, whether due to cultural issues or simply time limitations, such interaction may not consistently happen. Nilsson (2008) noted both language and cultural barriers may interfere with an effective supervisory relationship with international students. In addition, while peers or supervisors usually review trainees' scoring of measures, such issues may get overlooked because a supervisor would not necessarily realize the error was in the student's recording. Group supervision, teaching assistants, review of tapes (even for the Rorschach in some cases), and awareness and attention to such potential issues, may all help.

Language Considerations: Self-Report Measures

Perhaps less impactful, but still important, is the role of language in self-report measures. When administrating comprehensive self-report measures, the examiner needs to be able to clarify words the client may not be familiar with or understand. While the challenge of understanding and explaining questions can provoke anxiety in any examiner, this might be especially true—and more intimidating—for non-native speakers. Increased preparation may help, including reviewing questions in advance and identifying such potential words or terms.

Language Considerations: Report Writing

ESL is not necessarily a direct issue with actual clinical competence and skills, including one's ability to interpret measures, integrate data, or conceptualize a case. However, the ability to effectively express such knowledge and skills verbally and in writing may present a challenge to some. Effective report writing is one of the most challenging aspects of psychological assessment for all students and trainees. ESL again presents particular challenges, as even strong clinical competence can be easily overshadowed by typical ESL writing errors. Such typical ESL writing errors may include misuse of adverbs, adjectives, tense, plural possessives, and overall poor or problematic sentence structure among others (Folse, 2009; Suzuki & Ponterotto, 2008). It is critical for the instructor or supervisor to differentiate between a few possible underlying problems with report writing: (1) Is it an issue of limited

clinical ability to interpret and explain assessment results? (2) Is it due to overall poor writing skills regardless of language (organization, amount of details, etc.)? (3) Is it due to ESL-type errors such as sentence structure, tense, spelling, or, a combination of these and/or other errors? Other languages often have particular grammar rules that are very different from English, and making such a shift, regardless of how capable a student is, can be quite difficult. In addition, frustration over such issues by the student and supervisor can further impact the supervisory relationship as well as the trainee's work. The student may feel they have described results clearly, but the supervisor disagrees. Careful review of report writing of non-native English students and trainees is necessary to help clarify grammar, phrasing, and other errors that affect written expression and clarity of what are otherwise excellent clinical inferences. Unfortunately, supervisors may not have the time or feel it is not their responsibility to address such "basic" grammar issues.

In most cases, a tutor or editor would be able to assist with such writing issues, but this becomes more problematic with clinical cases and confidentiality. In addition, someone who is not familiar with assessment may have a difficult time supporting students' report writing as effectively as someone who is (e.g., teaching assistant). Such particular writing issues would likely need to be addressed outside of regular supervision or class time. This means that in addition to extra preparation time for testing, non-native speakers would need even more time than usual to work on reports, which is a challenge by itself because graduate students' schedules are usually overwhelming. Writing together during supervision time may be helpful to some; otherwise, planning for such support in advance would be critical. A final issue to consider is how much editing by a supervisor is appropriate and whether a heavily edited report actually represents the student/trainee's work.

Language Considerations: Strengths and Advantages

While various receptive and expressive language issues can negatively impact the assessment process, findings, and examiner's confidence, ESL is related to multiple unique advantages and strengths that also need to be recognized and encouraged. Students with ESL are by default bicultural and may have particular empathy and understanding of clients from different backgrounds. Conducting assessment in languages other

than English is highly valued in the field. In addition, I have met and worked with several students with ESL who were well aware of their strengths and weaknesses and worked hard to address the latter, thereby further strengthening their clinical assessment skills. Students with ESL may actually be more attentive to details and thus administration and scoring rules are impeccably followed. Non-native speakers may also be more aware of the nuance of language and actually pay more attention to meaning. Finally, use of jargon is often reduced and they tend to use more client-friendly language, often an advantage in verbal feedback sessions.

Final Thoughts

Assessment students/trainees with ESL face similar challenges to most assessment trainees. However, students with ESL may experience such challenges at a higher frequency or intensity. They may also face additional unique circumstances that other students do not have to deal with. Thus, there is a greater likelihood of impact on their work. Along with the typical anxiety and self-doubt of evaluators in training, the additional potential problems described may exacerbate such uncertainty, which may further impact one's assessment skills and work with clients. Thus, increasing awareness of such issues, both as students/trainees and supervisors/instructors is important. Nilsson and Anderson (2004) suggested that "compared with U.S. students, international students may need to depend more on their supervisors for advice, support, training and validation" (p. 310). Of course, there are additional issues relevant to assessment trainees with ESL that have not been discussed here. Furthermore, the issues included may not be relevant to all students with ESL. Therefore, when working with non-native English-speaking assessment students and trainees, the various considerations described need to be articulated and explored with each student to avoid threats to the validity of their work and to identify personal needs as well as strengths to best support them in the classroom and the field.

Acknowledgments

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Tips on Publishing....

throughout graduate school. The same skill of time management applies to writing. For example, if you manage to find some time in your day to write (even as little as one hour), schedule it! Time management is an easy skill to implement because we're already adjusted to it. For example, I have 8 hours' per week worth of scheduled writing time in my calendar for this semester. Specifically, I blocked off time in my schedule to write every Tuesday–Friday from 9:00 AM to 11:00 AM. I don't double book my writing time, and I don't use it to socialize or make a Starbucks run. I also silence my smart phone and do not have my email open. Every text message and new email sound is distracting. Moreover, if you respond to them, it will significantly impair your focus and reduce the amount you're able to write. In other words, I treat the time as I would a class I have to teach or an intake I have to administer. You would not text in front of your clients or abandon

your class mid-lecture for a latte, would you? In a month, I will have spent at least 32 hours of uninterrupted writing time! That's equivalent to 4 weekend days that are now free or 4 all-nighters' worth of gained sleep!

As mentioned above, setting time aside for yourself to write is an excellent strategy and you will get a lot done. The next step is to set some goals for yourself. Long-term goals are always good to keep in mind but, often times, setting small manageable goals can be an effective writing strategy. Of course, your goals may change over time as you become more experienced. It's important, especially early in your writing career, to set goals that you will be able to meet! Let's say I have talked with my advisor about a project and analyzed my data. If I know I have 8 hours this week to write, I would make the goal to write the Method and Results in those 8 hours. As a result, I will have completed two major sections of the manuscript, not having taken time out of my leisure time or neglected any other responsibilities. Perhaps the following week, I decide to write the Introduction and then the Discussion the week after. In 3 weeks, I have a full manuscript ready for my advisors critique. Easy, right? Well, at least sometimes!

Summary

Writing and publishing can feel like a daunting task, but good time management skills, setting up goals, communicating with your advisor, and learning from criticism are fantastic avenues to help you be a published graduate student author. For those of you just starting your publishing careers, stick with it! And now that you've read this, the next step is to take all of your posters and projects from this year's SPA Convention and get them published somewhere soon!

The Teacher's Block

record of the patient's psychology, a merged record for statistical purposes, and/or a record given under altered administrative conditions that differ from standard administrative conditions, although we're never sure how many in the international reference sample (Meyer, Erdberg, & Shaffer, 2007) had to take the Rorschach test twice. Lengthy records are another story, and we hope that no one gets them!

What's Your Rorschach "Theory of Mind"?

Lastly, if we teach the Rorschach, don't we have to say something about what part of the mind it accesses? Isn't that one of the big appeals of the test—that it "gets at" a part of the mind that other tests do not? Here, Schafer (1954) drew some parallels between the Rorschach response process and the dream process. In other words, the reduced structure of the Rorschach test (i.e., its demand that clients impose intrapsychic attitudes most often when instructions and external stimuli are vague) is about as close as we get to glimpsing the unconscious through a psychological test. However, which model of the unconscious mind do CS and R–PAS use? Is it Freud's (1900/1981) topographical model of unconscious, preconscious, and conscious? If so, we have a problem…. Recall that the topographical model located resistances/defenses/"the censor" in the preconscious, which itself was situated within the conscious system. Thus, the idea of a conscious censor defending against a conscious thought was, well, not really plausible. Plus, Freud (as cited in Mitchell & Black, 1995) recognized that patients actually went against their conscious intent in a self-punishing way (e.g., patients who say they want to improve, but then continually enact conflict/unconscious guilt). In other words, the part of the mind, if we stay with a spatial metaphor, that "housed" defenses, had to be located unconsciously. Thus, Freud (1923/1981) developed the structural model of id, ego, and superego, with defenses located in the unconscious (not conscious), anxiety as signifier of danger and a need for defense (and not transformed libido threatening to enter consciousness), and a superego concept that expanded the idea of morality beyond conventional mores. The main point here is that we cannot teach students about the Rorschach as tapping a particular substrate of the mind without explaining how the mind works. Plus, we know that many prominent theorists had something to say about the unconscious (Mitchell & Black, 1995). So, do CS and R–PAS need to explicate a model of the mind? Or, are they best kept as descriptive tests, and let the eager theoretician beware that any theory they impose is their own and not sanctioned formally by the authors of the test about which they theorize?

In closing, if we choose to teach the Rorschach, maybe we need two classes (coding, then interpretation), or three

(add a research class)! Anyone for a fourth class on Rorschach and theories of mind? Hmm…. Sounds like a specialty track to me.

Acknowledgment

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Finding the Person…

as well as reviewers and editors, responded to her efforts to collaborate with patients (as being "unethical," "unprofessional," "irresponsible"). These days, some degree of client involvement in defining and exploring the problems and issues of interest has become the standard, and providing understandable client feedback has made it to the ethical standards of our field. We are indebted to pioneers like Handler (Handler & Hilsenroth, 1998), Fischer (1985/1994), and Finn (2007), and I firmly believe clients are better for it. Likewise, multimethod assessment has now become the standard (see Hopwood & Bornstein, 2014, for a recent handbook); first advocated by many, and also strongly supported by the psychometric analyses by Meyer et al. (2001).

In sum, there probably are more numbers in recent reports than there used to be, but in the right hands, they serve rather than harm the client. And yes, CPA [clinical personality assessment] should not stop at those numbers, but expert appraisal of this information should combine with personality theory, developmental psychology, psychopathology, neuropsychology, etc. to yield individualized, contextualized answers to the questions s/he has and guidance for the decisions s/he (and her current therapist) faces. It seems to me, we are making progress.

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Free Software

R (available at www.r-project.org)

A *very* large suite of programs to do almost anything when it comes to statistics. Available for Unix, Windows, and Mac OS. There's a steep learning curve, but much on-line help is available.

Factor (available at psico.fcep.urv.es/utilitats/factor/)

A very versatile factor analysis program, with many features not available in commercial packages, such as a polychoric correlation matrix, Minimum Average Partial Test, and Parallel Analysis. Sadly, available only for Windows XP and higher.

jMetrik (available at www.jmetrik.com)

An open source program for psychometric analysis, containing classical item analysis, reliability estimation, test scaling, differential item functioning, nonparametric item response theory, Rasch measurement models, and item response theory linking and equating. Available for Windows, Mac OSX, and Linux.

From the Editor…

of us have argued about, and Jan Kamphuis graciously agreed to provide a different view. I hope that, in the future, we can have other fruitful exchanges about assessment in the *Exchange*. Let me know what you think. The second new column is a listing of "Free Software." As many of you are aware, the cost of commercial software packages to analyze data is reaching stratospheric heights, which imposes quite a burden on grad students and those of us who need a number of different programs. But, the Web offers a number of free programs. This column is not meant to replace the software review column in the *Journal of Personality Assessment*; it will mainly list the programs with one or two lines of comments. If you want to write a more extensive, substantive review, contact Virginia Brabender at the journal; she'd be delighted to hear from you. If you have any suggestions for the Free Software column, please send them to me at streiner@mcmaster.ca. Finally, there is an obituary about Dr. Philip Marks, written by Richard Levak, Dave Nichols, and Alan Friedman. Phil's contributions to the field were numerous and important, and it is a pleasure to celebrate them.

I look forward to editing the *Exchange* and would welcome any feedback or columns from you.

Passing the gavel: Ron Ganellen (*right*) passing the president's gavel to Bob Bornstein (*left*) at the Society for Personality Assessment Board Meeting.

spa exchange

From the Editor...
David L. Streiner, PhD, CPsych

There are a number of changes you'll notice in this issue of the *Exchange*. The biggest ones concern names. First, my name appears in this column, rather than Jed Yalof's. Jed has done an outstanding job since 2003 and, fortunately for me, will continue as an Associate Editor. On behalf of the entire membership of the Society for Personality Assessment, I'd like to thank Jed for all the work he has put into the *Exchange* over the past 12 years, and I hope I can emulate his work. You'll also see a new name for the President's column; this will be the first one written by our new president, Robert Bornstein, who officially took over at the Board meeting in September 2015. Welcome, Bob. The SPAGS' new head is Ryan Marek, who also took over at that meeting.

Three other changes are worth mentioning. The first is the addition of a "Point–Counterpoint" column. We had a submission by Stanley Rosner, expressing his dissatisfaction with the direction that he sees assessment going. I thought it may be useful to elicit a commentary on this, as the letter raises a number of points that many

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