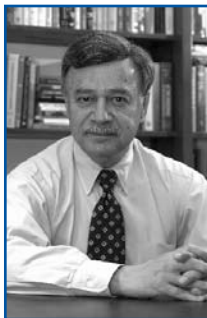


President's Message: The Glamour of Assessment Psychology

Irving B. Weiner, PhD
University of South Florida

The President's Message in this issue of the Exchange customarily consists of the address that he or she gives at the annual midwinter meeting. This year in San Diego, those in attendance enjoyed an excellent scientific program and the wonderful camaraderie that has long characterized our meetings, but did so under the pall of the recent deaths of two of the major figures in our field, John Exner and Paul Lerner. I preceded my talk during the plenary session with some comments about the passing of these two men, who will be sorely missed by all who knew them. I added that both of them would have liked to see us proceed with our meeting at full throttle, and both would have liked what I was going to say about the glamour of assessment psychology. I then gave the following address, just as it appears in this column.



I would like to add my welcome to all of you, and my wishes that you will have a socially enjoyable and intellectually stimulating stay in San Diego. For the next few days, and beginning yesterday or this morning for those who attended workshops, we will be listening to presentations on a broad range of substantive topics. We are going to hear about new research findings, advances in conceptual formulations, and guidelines for clinical practice. If you are like me, you will be listening closely, making some notes, collecting handouts, looking at power point slides, and perhaps raising a question or two or seeking out a presenter after a session to talk further some particular point. In a word, we will be working hard during the parts of the program designated as scientific sessions.

With this in mind, I thought that I would not work us too hard in this presidential address during our opening session. I am not going to present any data, I am not going to discuss any theoretical perspectives, and I am not going suggest any ways of improving the practice of personality assessment. Instead, I want to talk with you about what it means to be as assessment psychologist, and I want to deliver a message. Here's the message: The teaching, learning, study, and practice of psychological assessment can be personally

and professionally rewarding, perhaps even glamorous. So I have titled my talk "The Glamour of Assessment Psychology."

I want to spread word about this glamour of assessment psychology to assessment colleagues who may not fully appreciate how valuable their specialty can be in meeting the psychological needs of persons in distress and facilitating administrative decisions that serve the purposes of the community. I want to spread word of this glamour to other professional colleagues who have never experienced or who have lost sight of how interesting, challenging, and rewarding it can be to function effectively as an assessment psychologist. Most of all, I want to spread word of the glamour of assessment psychology to students and young professionals who are in the process of choosing among alternative career directions.

Let me begin with a bit of personal history. Like many of the people in this room, I went into psychology because of an interest in people, in listening to what they have to say, and in helping them deal with problems in their lives—to be a therapist, in other words. Along the way in my graduate training, I was taught assessment. And back then, we were really taught assessment—a three-semester course with intellectual assessment in the first semester, personality assessment in the second semester, and differential diagnosis in the third semester, combined with a second-year practicum placement in assessment. I never saw a person for psychotherapy until the third year of my graduate program, which in retrospect was probably not an optimal way to educate a clinical psychologist. At any rate, I wanted to become a psychotherapist, and I eventually became one. I had a half-time clinic placement with intensive psychotherapy supervision during my last 2 years in graduate school, and then 2 postdoctoral years of psychoanalytic supervision. I carried a caseload of therapy patients for much of my professional career, I wrote a book on psychotherapy (Weiner, 1975, 1998), and I am currently teaching and providing therapy supervision in the Tampa Bay Institute for Psychoanalytic Studies.

Despite my engagement in psychotherapy, however, psychological assessment repeatedly

found its way back into my professional life. In the autobiography I wrote for the Journal of Personality Assessment (Weiner, 2005), I described various events that kept me involved in practicing, teaching, and writing about assessment. I finally gave in completely to these events and began several years ago to identify myself as an assessment psychologist. I am not going to retell this story today. Instead, I want to talk with you about what is glamorous about assessment psychology, or, in the words of the late Jackie Gleason, "How sweet it is!"

I need to give you the bad news first. According to many clinical psychologists, and probably in the eyes of most aspiring clinicians as well, the paths of glory and excitement in our field lie in providing treatment for psychologically disturbed and poorly adjusted persons—helping them to find relief from their symptoms, solutions to their problems in living, and ways to realize a fuller and more rewarding life style. By comparison, it is often felt, and sometimes said, that psychological assessment is a routine, humdrum, boring, and uninteresting clerical task. From this perspective, assessors serve only as persons-in-waiting to psychotherapists, and the really important people in delivering mental health services are the ones who are doing treatment. As you will have surmised from

...continued on page 8

In this issue...

President's Message.....	1
Special Topics in Assessment	2
Getting Students Interested in Psychological Assessment.....	2
SPA Graduate Students	3
Nuts and Bolts of the Fitness for Duty Psychological Evaluation	4
Advocacy Corner	5
Utility of Assessment Project.....	5
SPA Annual Meeting Information	6
The Teacher's Block	7
Maintaining the Frame.....	12
SPA Personals.....	14
Who is the Client?	14
From the Editor	Back Cover

Special Topics in Assessment

Fitness for Duty Evaluations

Alan Schwartz, PsyD

Christiana Care Health System, Wilmington, Delaware

Section Associate Editor

In the realm of assessment interventions, the psychological fitness for duty evaluation is one in which many of the familiar benchmarks present in clinical assessments are often elusive, demanding us as professionals to throw light into a shadowy corner.



The nature of confidentiality, the clarity of the referral question, the importance of role-definition (e.g. who is the client) as well as legal and professional boundaries all require careful forethought when we are asked to determine if the subject before us is psychologically able to perform the functions of their job. Over the last two decades, fitness for duty evaluations have developed into a specialization requiring knowledge beyond mastery of clinical psychological assessment, also including particular expertise in the vocational

population being assessed. This is most notable in fitness for duty evaluations involving law enforcement personnel (Rostow & Davis, 2004) in which knowledge of sub-population norms and understanding the culture of law enforcement are crucial to successful work.

In some ways, the increased involvement of psychologists in determining an individual's suitability for work harkens back to the historical roots of assessment. Throughout several millennia of China's history, government employees were put through their paces to establish their fitness (DuBois, 1966). In more recent history, the growth of assessment techniques in the early 20th Century—such as the development of the group Army Alpha and Army Beta tests—grew out of the need to classify World War I soldiers as to their differential abilities to perform specialized functions within the armed services.

This issue's Special Assessment section focuses on the specialized nature of the psychological fitness for duty evaluation with articles by two clinicians engaged in this demanding and interesting assessment work.

Mark Waugh's article, "Nuts and Bolts of the Fitness for Duty Psychological Evaluations," provides a concise and excellent primer on some of the crucial conceptual aspects of these assessments, particularly for clinicians who are considering forays into this area. David York's contribution presents some cautionary elements around a case presentation in which the importance of constructing and adhering to the assessment frame is highlighted. Together, these articles capture some of the nuances of the fitness for duty evaluation as well as the conceptual and practical tools required when thinking about them.

References

- Anastasi, A. (1988). *Psychological testing*. New York: Macmillan Publishing.
- DuBois, P. H. (1966). A test-dominated society: China 1115 B.C. – 1905 A.D. In A. Anastasi (Ed.) *Testing problems in perspective* (pp. 29-36). Washington, DC: American Council on Education.
- Rostow, C. D. and Davis, R. D. (2004). *A handbook for psychological fitness for duty evaluations in law enforcement*. New York: Haworth Press.

Getting Students Interested in Psychological Assessment:

Strategies for Early Intervention

John Kurtz, PhD



As a new member of the editorial board, this is the first of a regular series of columns I will write for the SPA Exchange. One theme I would like to adopt here is the presentation of our work to students and the public, especially communicating to them the value of clinical and personality assessment. My primary employment is as an associate professor of psychology at a private university with about 6,000 undergraduates and 1,500 graduate and professional students. Admission is competitive, so the students are bright and achievement striving. Our psychology department has 16 full time faculty representing a wide range of subdisciplines in the field. I am currently the only licensed and practicing clinical psychologist in my department; thus, I have frequent opportunities to speak with students who have aspirations for careers in

mental health and professional psychology. These conversations have been so numerous over the last 10 years that I can share a very standard version:

"So, you want to get a Ph.D. in psychology," I say. "What do you see yourself doing then?"

"Um, counseling, you know, therapy," is the typical reply. "I would like to talk to kids about their problems. Help adolescent girls, maybe, with eating disorders."

"Do you like research?" I try to ask this question as innocently as possible, trying to conceal any expectations of the response.

The student squirms here, as if caught in an act of disloyalty. "Well...not so much."

"That's OK," I assure them honestly, knowing

that their feelings about research may change with more exposure to the joys of doing autonomous projects. Then, I ask the more telling question: "What about testing and assessment? Do you see yourself doing that kind of work with kids?"

Emboldened perhaps by the previous disclosure, the student answers quickly this time: "No, not really. I mostly want to do just therapy or counseling."

I would like to tell these students that psychologists are the best psychotherapists, and that getting a doctorate in psychology for the sole purpose of being a therapist is a sound plan. However, I do not know of any data to support the superior therapeutic

...continued on page 3

Getting Students...Assessment ...continued from page 2

skills of psychologists. Therapeutic skill is largely natural talent and good fortune in the assignment of training supervisors. I do know that there are many other professionals who hold licenses to do therapy and that the organizations who hire therapists are usually more concerned about reimbursement than about which discipline provided formal training. I also know that to suffer years of being expected to conduct original research and to engage in hours of testing in practicum and internship placements to become a therapist seems like a hard road unnecessarily traveled. Such realities bring me back to my original aim: Help aspiring psychologists discover the fascinations of psychological assessment.

My favorite course to teach at the undergraduate level is called Clinical and Counseling Psychology. Fitting this much content into one semester is like offering a drink from a fire hydrant, but it is fun and rewarding nonetheless. The first half of the course is entirely devoted to assessment, from interviewing to the Rorschach to case integration and clinical judgment. Starting with a bit of history of the field, I try to impress upon the students that the demand for sound assessment was the foundation on which clinical psychology grew so rapidly. Psychologists have always been trained as empiricists who supplement their natural observations with objective data. Most of the great tests, many still widely used today, were created by psychologists. Speaking to their practical inclinations, I like to point out that assessment is the unique contribution of psychology to mental health. None of the other competing professions have the necessary training (and, in most cases, the legal right) to do testing and assessment. And yes, you can receive training in psychotherapy and become an excellent therapist, too.

So, why are many of the brightest students of psychology so uninspired by the enterprise that excites us so much?

I think there are several reasons for this, not the least of which is the dispassionate and uninformed treatment given to "mental testing" in most introductory psychology textbooks. But, that is a topic for another column. More immediately, we can look to the novel advances made by members of this organization as means of debunking stereotypes and inspiring our students. Testing is often seen as an activity that requires distance between the psychologist and the

client. I emphasize that good assessment actually requires a close involvement with the client and that the process of giving a test illuminates as much about the client as the scores obtained. The Affect in Play technique (Russ, 2004) is a good example of this involvement that appeals to the common interest in working with children. Similarly, testing and assessment are viewed as cold and uncaring activities that are separate from therapeutic aims. Thus, it is not too early to introduce the principles of therapeutic and collaborative assessment (Finn & Tonsanger, 1997; Fischer, 1994). Insights gained from assessment can be shared directly with the client with measurable therapeutic benefits. The naïve view of assessment is that its sole function is diagnosis; indeed, this is the straw man pummeled by many critics. I tell students that, more often than not, the client already has a diagnosis when he or she comes to the psychologist. The role of psychological assessment is to inform decisions and plan treatment, selecting strategies and setting goals for the individual client. These lessons effectively blur the artificial boundary constructed between assessment and intervention. Finally, and perhaps most

important to many students, psychological assessment continues to be haunted by the specter of political incorrectness. The often repeated charges that the tests we use are biased and discriminatory can be effectively addressed by educating students about developments in multicultural assessment (Dana, 2002). Cultural sensitivity is just one of many elements of psychological assessment that render it a complex and challenging skill. It is through these lessons that I hope to present our psychological specialty as both more interesting and more humane than most students realized before.

References:

- Dana, R.H.** (2002). Multicultural assessment: Teaching methods and competence evaluations. *Journal of Personality Assessment*, 79, 195-199.
- Finn, S.E., & Tonsanger, M.E.** (1997). Information-gathering and therapeutic models of assessment: Complementary paradigms. *Psychological Assessment*, 9, 374-385.
- Fischer, C.T.** (1994). *Individualizing psychological assessment*. Hillsdale, NJ: Lawrence Erlbaum.
- Russ, S.W.** (2004). *Projective assessment of affect in children's play*. In M.J. Hilsenroth & D.L. Segal (Eds.), *Comprehensive handbook of psychological assessment, Vol. 2: Personality assessment* (pp. 628-642). Hoboken, NJ: John Wiley & Sons, Inc.

Society for Personality Assessment Graduate Students Joyce Williams

Congratulations and welcome SPAGS members. The formation of the Society for Personality Assessment Graduate Students (SPAGS) was initiated early this year under the guidance of Dr. Joni Mihura (Chair of the Student Affairs Committee), Dr. Radhika Krishnamurthy (Secretary), Dr. Irving Weiner (President) and the rest of the board of trustees. All SPA student members (there are over 350 of us) comprise the SPAGS membership. The SPAGS goals are to:

- Facilitate the exchange of ideas of graduate students within the Society for Personality Assessment (SPA), and foster professional interaction with SPA members;
- Promote and provide recognition for quality student assessment research efforts;
- Encourage membership in SPA and SPAGS committees and events and the retention of members;
- Promote reliable and valid means of psychological assessment;
- Maintain communication between SPAGS and graduate training institutions.

Shaping SPAGS began this year with a steering committee of seven volunteer students. The student volunteers are: Robert Janner, Florida Institute of Technology College of Psychology & Liberal Arts • Gudrun Opitz, Suffolk University • Mark Peacock, University of Arkansas • Gale Quinn, Illinois School of Professional Psychology • Carlo Veltri, Kent State • Phil Wickline, University of Virginia • Joyce Williams, Fielding Graduate University

After quick introductions the group began with the first agenda item, the Bylaws. These will explain the SPAGS leadership positions, voting process and goals. At this time the bylaws are undergoing their final approval by SPA executive committee.

The second action item is the student survey. SPAGS needs to know what the student members want. A survey will be emailed to all of the student members for whom we have email addresses. Student affiliates, who have not provided the SPA with their email addresses, please do so as soon as possible (this can be accomplished through the SPA website). We hope that all student members will complete the survey. With the survey results an agenda, action items and committee memberships for the coming year can be formulated.

SPAGS plans to have a link on the SPA website. Student members will be able to read about the various committees, member events and general news. SPAGS members have been invited to join SPA committees to give a more cohesive student voice to the affairs of the SPA. SPAGS members who may be interested in participating in committees are encouraged to make that known through the survey.

...continued on page 11

Nuts and Bolts of the Fitness for Duty Psychological Evaluation

Mark H. Waugh, PhD, ABPP

Private Practice and Consultant, DOE Contractors

The psychological fitness for duty evaluation (FFD) offers unique risks and rewards. Typically, the FFD arises when an employer requests or requires such of an employee. The assessor's task is to evaluate whether the employee can safely and reliably perform a specific job. The FFD request arises when an employer believes an employee's job-related problems stem from psychological impairment. The employer is interested in reducing potential liability relating to unsafe actions of its employees and issues of negligent hiring or retaining of an aberrant employee.

There are many forms of FFD evaluation. The focus here is the "for cause" FFD, which occurs when the employer mandates evaluation because of a specific ostensibly psychological problem. This is to be distinguished from pre-employment selection, workman's compensation, and return to work evaluation. Military FFD evaluations fall under Department of Defense and military branch-specific standards. Another type of "for cause" FFD evaluation pertains to impaired professionals (e.g., physicians, nurses, psychologists, etc.), wherein the referral may come from licensing boards, hospitals, and professional associations.

The "for cause" FFD occurs in a high-stakes environment. The employer often feels urgency about the employee. Employer concerns span liability protection, ensuring a safe workplace, welfare of the employee, and/or employee performance problems. The employee brings other, most likely competing concerns such as fears of job or career loss. Thus, the FFD evaluator's two "clients," the employer and the employee, differ in motivations.

Numerous regulatory standards and issues may relate to the FFD evaluation. These include employment law, Equal Employment Opportunity Commission, Americans for Disabilities Act, company personnel policies, collective bargaining agreements, Family Medical Leave Act, and Occupational Safety and Health Act. The evaluator should be aware of relevant case law relating to independent medical and psychological examinations, and know the American Psychological Association (APA) Code of Ethics, APA Forensic Standards of Practice, APA Standards for Educational and Psychological Testing, and State and Federal laws relating to clinical practice, records, and confidentiality/privileged communications. Also, regulations specific to the client organization may apply. For

example, the International Association of Chiefs of Police has articulated standards for police psychological evaluations. The Code of Federal Regulations contains standards relevant to FFD for certain federal agencies. Furthermore, understanding the "work culture" of the referring organization may be critical to provide context for the FFD. The psychologist must be alert to issues of test bias and moderator variables to avoid the appearance of unfair selection as well.

Because this is a specialized area of forensic practice and the FFD has a major impact on both "clients," sound evaluator preparation is necessary. This includes education, training, and experience in psychological and forensic assessment, FFD, and employment and human resource (HR) issues. Consultation with a FFD psychologist, HR professional, and/or attorney can provide help. Stone (2000)'s *Fitness for Duty: Principles, Methods, and Legal Issues* represents an excellent text. Pearson Assessments also offers workshops on psychological tests in pre-employment selection.

Over-arching concepts guiding the FFD evaluation include the (1) explicit linking of the evaluation to job task, (2) clear lines of communication for feedback, (3) necessity of collateral data, (4) operative standards and constructs, and (5) report writing.

1. The FFD evaluation is tied to the specific job task of the employee. The evaluator must have a general and particular understanding of the psychological dimensions of the job. The HR department should provide a formal, written job description. Supervisors also may be consulted about aspects of the job. Stone (2000) suggests how to formally assess job characteristics.

2. The evaluator must ensure employer and employee know who is requesting (usually requiring) the evaluation, who pays, and who receives results. This should be done orally and in writing. Typically the employer requests, pays, and receives. There are occasions when the employee receives feedback, however. When the evaluation reveals an emergent or compelling concern, omission of which could cause harm, some feedback is given to the employee. For example, if suicide risk is discovered, appropriate steps are taken.

3. The FFD evaluation requires subject and collateral data. This involves discussion with the HR official, obtaining written documentation of employer concerns, performance reviews,

and personnel policy statements, as needed. The employee is interviewed about workplace and psychological functioning. Psychological, medical, pharmacy, or legal records may be requested. Appropriate psychological testing is administered. Frequently, a wide-band, self-report inventory like the Minnesota Multiphasic Personality Inventory-II (MMPI-2), or Personality Assessment Inventory (PAI), is given. Assessment of response style is critical. Interview, behavior observations, collateral data, and MMPI-2 or PAI validity indices are helpful. The Paulhus Deception Scales (PDS) also offers a short measure of credibility of responding. Interpretation of validity indicators must account for the context of forensic and employment evaluation. Otto (2004) notes validity scale indicators often are elevated in these settings. "For cause" evaluations and pre-employment evaluations can pull differently on validity indicators. In the "for cause" situation, the motivational set to present an unblemished self-report may be partly reduced because of the incident "problem." If relevant, projective techniques may be used. The properly administered, scored, and interpreted Rorschach meets forensic standards (Official Statement of the Board of Trustees of the Society for Personality Assessment, 2005). Narrow-band measures such as the Beck Depression Inventory-II (BDI-II) may be used to assess and document specific psychological dimensions. Neurocognitive functioning can be assessed with wide-band instruments such as the Wechsler Adult Intelligence Scale-3 (WAIS-3), and Wechsler Memory Scale-3 (WMS-3), and Repeatable Battery for the Assessment of Neuro-psychological Status (RBANS), or narrow-band portions of the WAIS-3, such as the Working Memory Index, or specific neuropsychological measures (e.g., Trail Making Test, continuous performance tests). A fundamental principle, however, is to obtain adequate collateral information rather than relying solely on employee's self-reports.

4. The FFD evaluation occurs in a highly applied, real-world context. Rarely, do clear predictive research data guide the evaluator in an actuarial fashion. Rather, the psychologist synthesizes research and evaluation data, and follows a construct validity approach to integrate evaluation data. Relevant assessment standards also should be addressed. For example, elevations over 65 T on relevant MMPI-2 scales provide a benchmark (while

...continued on page 9

Utility of Assessment Project

Bruce Smith, PhD

One of the areas where psychological assessment has been vulnerable concerns the existing research literature. As the 1998 report of APA's Psychological Assessment Work Group states:

"Almost exclusively, the existing literature addresses . . . the psychometric reliability and validity of single scales . . . rather than . . . the value of complete psychological assessments conducted . . . to help . . . patients, therapists schools and others" (p. 56)

Several years ago, the SPAF Board decided to address this evidence gap by sponsoring one or more preliminary studies on the costs and benefits of psychological assessment in clinical settings. As those of you who were at the annual meeting in San Diego already know, the first grant from SPAF for research on the utility of psychological assessment has been awarded to Mark Blais, Psy.D., of Massachusetts General Hospital, for a project that will compare psychological assessment and a non-assessment intervention in resolving treatment impasses in psychotherapy. There were 8 excellent proposals submitted in response to the RFP, and most were worth funding. The grants committee is confident that the proposal that was selected will make an important contribution.

Funding for the first year of the project has been guaranteed, but we are still soliciting contributions to fund year two. At present we are in need of approximately \$17,000 to complete the funding for the final year of the project. While this may seem like a sizeable sum, let me put it in perspective. If each member of SPA were to donate \$10, we would meet our goal with plenty of room to spare. I am asking once again for every member of the Society to strongly consider a donation to this project; even if you are unable to make a more substantial contribution at this time, whatever you can give will aid us immeasurably in reaching our goal.

Please see the pledge card for your convenience. You may make your donation by check or credit card, and we are willing to accept donations in installments as well.

Thank you for your support of this critical project.

Bruce L. Smith, PhD
President, SPAF

Advocacy Corner

Bruce Smith, PhD
SPA Advocacy Coordinator



Once again, the new CPT codes have dominated the scene in the world of assessment advocacy. As you now know, the new CPT codes for assessment were approved by the "alphabet soup" of Medicare (RUC, HCFA, CMS, etc.) and went into effect on January 1, 2006 (for a complete description of the new codes and how to use them, see the SPA Web page: www.personality.org). Because various third parties—insurers, managed care companies, and Medicare fiscal intermediaries—have been slow to adopt the new codes or to implement them correctly, the APA Practice Directorate has an ongoing task force working on collecting data about psychologists' experiences with billing under the new codes and on dealing with insurers and Medicare to ensure proper reimbursement. Radhika Krishnamurthy and I have been representing SPA on this Task Force, which also has representatives from Division 40 (Neuropsychology) and NAN. The bad news is that there are still some recalcitrant entities out there—notably WPS which services the upper Midwest, and the Rhode Island intermediary—the good news is that these isolated problems that appear to be affecting neuropsychology seem to be less a problem for personality assessment. Additionally, where the codes have been successfully implemented, psychologists have seen reimbursement rates go up substantially. Once again, I call upon all members who have had occasion to bill under the new CPT codes to email the Central Office with your experiences—both positive and negative—so

that we can build a data base for personality assessment billing. Include the codes used, the outcome (including number of hours and reimbursement rate), and contact information for the insurer or fiscal intermediary if there was a problem.

We are, of course, dealing as always with attacks on personality assessment within the profession. It has always been SPA's position that vigorous debate about various scientific issues within the field is healthy and leads to improvement in the services that we can offer to the public. At the same time, there is no place for scurrilous attacks that are based upon personal attack or distortion of the scientific record. These we need to respond to vigorously, and the Board of Trustees has been doing just that.

Finally, I want to let you know that the work of the Task Force on Standards for Assessment Practice is continuing its work and should produce a document that can be used in dealing with the attempts in various states to allow assessment to be considered a generic mental health practice without documentation of training or experience. For your information, the Task Force has representation from across the country, and as chair, I am grateful for the hard work of its members: Barton Evans (Montana), Bob Erard (Michigan), Chris Fowler (Massachusetts), Len Handler (Tennessee), Radhika Krishnamurthy (Florida), Jane Sachs (Maryland), and myself (California).

SPA Foundation Utility of Assessment Research Project

Donor Information (please print)

Name _____

Billing address _____

City _____ State _____ ZIP Code _____

Telephone Home _____ Business _____

E-Mail _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid: Now Monthly Quarterly Yearly

I (we) plan to make this contribution in the form of: Cash Check Credit card

Credit card type Visa Master Card American Express

Credit card number _____

Expiration date _____

Authorized signature _____

Please make checks payable to: **Utility of Assessment Research**

The SPA Annual Meeting March 22-26, 2006

The Hyatt Regency Islandia

San Diego, CA

The Annual Meeting in San Diego, March 22-26, 2006, was well-attended and well-received by members and non-members alike. The conference had an attendance of 393, and the workshops, an enrollment of 418 persons.

Following is information that will give the SPA membership a better understanding of some of the "behind the scenes" considerations associated with the Annual Meeting.

- Many of us really prefer having the conference located in a hotel at a downtown site. Unfortunately, for many cities, a downtown hotel normally comes in at a price that is not economically viable for our attendees. We are currently striving to keep the room rate below \$170.00 per night. In 2006, the room rate was \$152 (plus tax) single/double; in 2007 at the Sheraton National in Arlington, VA, the room rate will be \$149 (plus tax) single/double. Our meeting management company, Travelink, works very hard to find an attractive hotel in the city of our choice at the lowest room rate possible.

- When contracting with a hotel, we are constrained somewhat by the size of our meeting (400-500 persons). In order to bear as little financial liability as possible, we normally block around 160-165 sleeping rooms on the peak nights of the conference (Thursday, Friday, Saturday nights). With this size block, we can obtain a certain amount of meeting space gratis (the future of the industry, however, points to all meeting space coming at a price in two to three years time)—normally a room for the plenary session and four breakout rooms, with foyer space for exhibits, posters, etc. This amount of meeting space requires us to keep our schedule to no more than four sessions per time block on any given day.

- The present schedule of starting with workshops on Wednesday, the conference on Thursday through Saturday (requiring the use of the majority of our meeting space), and workshops ending on Sunday, is the type of schedule that brings the best possible room rates. Using the amount of meeting space we require for the Annual Meeting with any schedule other than Thursday-Saturday would be more costly.

- Offering continuing education credit through workshops, master lectures and symposia continues to be a very important aspect of the Annual Meeting. To participants,

the process they must follow to get CE credit can be frustrating, as the lines are at times long to sign in or sign out (especially for the Master Lectures); there is little time to complete the evaluation; and sometimes in the rushed pace to go to the next session, CE certificates are not picked up. This process, however cumbersome, is a necessary part of the APA guidelines we must follow to maintain our status as an approved sponsor by APA. The sign-in sheets and course evaluations are kept on file in the central office, and copies of them are attached to an annual report to APA in August of each year, along with copies of our marketing pieces for the Annual Meeting (the marketing pieces must contain certain information to meet the APA guidelines). The Annual Report is carefully reviewed, and if anything is out of order, SPA can be put on probation.

- There are three aspects of any meeting that incur very high costs: taping of sessions; audio-visual equipment; and food and beverage.

Taping: As you may be aware, Gene Nebel has for years volunteered to tape all of our sessions, reproduce the tapes, and make them available at cost. By graciously taking on this responsibility each year, Gene is saving the Society thousands of dollars every year. We owe him a big thank you!

Audio-Visual Equipment: If you have ever been involved with the planning side of a meeting, you are probably aware of the tremendously high cost of audio-visual equipment rented through a hotel. To give you an example, an LCD projector costs \$400-500 per day per meeting room. Realizing that we use overhead projectors, CD players, video players, DVD players, microphones, LCD projectors, screens, etc., in each meeting room, the rental of this equipment would cost upwards of \$40,000 per meeting. We have been lucky enough to sign a multi-year contract with an outside audio-visual equipment company that saves us approximately \$28,000 per meeting.

Food and Beverage: Working with the food and beverage department of any hotel requires patience and strong negotiating skills (as displayed by our meeting management company, Travelink). The price of any meal during the meeting does not just include the cost of the food, it also includes the preparation of food, the serving of the food,

and the breakdown of service after the function has concluded. Thus, we have \$13 sandwiches; and to include a drink and chips plus gratuity and tax, puts the total \$20 or more. Although we would prefer to provide coffee, tea, soda and water continuously throughout the meeting day, the cost is prohibitive. We normally arrange for at least nine coffee breaks (coffee, tea, water and soda in the afternoon), starting on Wednesday morning, and concluding Sunday afternoon. These nine coffee breaks run about \$700-800 per break. Coffee is presently \$60 a gallon (and we have been informed that some hotels will soon be charging \$85 a gallon); and soda and water are usually \$3.50-\$5.00 each.

SPA Annual Meeting 2007

March 7-11, 2007

Sheraton National Hotel, 900 Orme Street
Arlington, VA 22204

703-521-1900 (tel); 703-271-6626 (fax)

www.sheratonnational.com

Ideally situated just minutes from Washington DC, the Sheraton National Hotel provides travelers with easy access to the many attractions in our nation's capital. With stunning panoramic views, contemporary accommodations, and first-class service, this Arlington hotel is an ideal choice for the SPA Annual Meeting. Boasting unmatched convenience, the hotel offers a central setting:

- Located at the gateway of Washington, DC, in Arlington, Virginia
- Complimentary shuttle service to Pentagon City Metrorail Station
- Convenient to Ronald Reagan National Airport and the Pentagon
- Just minutes to downtown Washington, DC, the Museums, and Capitol Hill

Accommodations: \$149 single/double; \$20 for an additional person; \$249 for suites.

The Teacher's Block Incorporating Spirituality as a Dimension of Personality Assessment: Intersecting Pathways

Pamela Pressley Abraham, PsyD
Immaculata University



When the topic of spiritual/religious assessment surfaces in the classroom, a myriad of questions emerge: Is the area of spirituality/religiousness relevant to clinical practice? Is a spiritual/religious assessment part of personality assessment? What type of measures does this assessment include? How has research from field of personality psychology been integrated in personality assessment? What is the possible impact of religion/spirituality on personality functioning? How is the research on spirituality/religiosity from positive psychology relevant to personality assessment? How might personality assessment incorporate human strengths and virtues in helping individuals improve their functioning?

As teachers, we are faced with how to address these important questions and areas when teaching doctoral students about spiritual and religious domains and personality assessment. The following topics are not exhaustive of the vast literature available, but, hopefully, will provide examples to use for enhancing a class discussion regarding spiritual/religious assessment. An integration of knowledge from culture/diversity, ethics, agency standards and needs, personality research and positive psychology are helpful in understanding the concept of spiritual/religious assessment.

Initial Discussion Topics: Definitions of culture, diversity, and APA's Ethics Code

Culture and diversity play pivotal roles in teaching personality assessment. We are only beginning to address and understand the varying roles of culture in an effort to reduce bias, prejudice, and disparities that interfere with providing treatment responsive to the needs of those we serve. Definitions of culture and diversity include religious beliefs and religion as variables existing within a social human context with the ability to unify shared values (DHHS, 1994; Wikipedia, 2006). Diversity's focus on culture and individual differences also allows spirituality/religiousness to be included as an important area of study. Bishop (1992) maintains a client's cultural identity includes the area of spirituality and others have suggested the neglect of spirituality and religious issues constitute cultural insensitivity (Lukoff, Lu, Turner, 1995). In addition, the APA's (2002) Ethic's Principle E: Respect for People's Rights and Dignity includes religion as an

important cultural and individual difference to be aware of and respected when working with individuals.

Student question: *Is the area of spirituality/religiousness relevant to clinical practice?*

Discussion Topic: *Relevance of spirituality/religious assessment to assessment practice*

Student's practicum placements at mental health agencies are often accredited by the nation's largest healthcare accrediting body, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). A JCAHO requirement for agencies providing mental health services to clients includes a spiritual assessment; although different treatment settings may determine the type of assessment given the population they serve (JCAHO, 2006). Typically, practicum students receive requests for spiritual assessments. The relevancy question prompts discussion of a significant study addressing the neglect of religious/spiritual functioning in clinical practice (Hathaway, Scott, & Garver, 2004). Clinicians surveyed from exemplar clinics and an APA membership sample indicated religiousness/spirituality to be important in understanding an individual's functioning, however most did not assess spirituality or utilize the domain in treatment planning (Hathaway et al., 2004).

Miller (2003), and Richards and Bergin (1997, 2000) recommend and support the importance of spiritual/religious assessment. They propose that a positive relationship exists between religion/spirituality and mental health and suggest spiritual/religious coping skills are important in helping individuals deal with stress and illness. Piedmont (1999) found spirituality is not just the result of needs but is a source of motivation and may be viewed as a resource to use for client's welfare (Miller, 2003). Much of the research on spirituality and religiosity indicate their positive effects on mental and physical functioning (Chamberlain & Hall, 2000; Koenig, McCulloch, & Larson, 2001). For example, researchers have associated religiosity with higher well-being (George, Larson, Koenig, & McCullough, 2000), higher well-being and lower social problems (Donahue & Benson, 1995), life satisfaction (Peacock & Poloma, 1999), social support (Argyle, 1999; Myers, 2000), personality integration

(Emmons, 1999), will and joy (Ozaki, 2005), and sense of meaning (George et al. 2000). Hill and Pargament (2003) relate spirituality to positive outcomes in physical health and Worthington, Kuru, McCullough and Sandage, (1996) have found an association with spirituality and psychological health. Mental and physical health has also been related to positive religious coping (Pargament, Smith, Koenig, & Perez, 1998). In a recent study, treatment outcome, for those being treated for substance abuse, was demonstrated using the Spiritual Transcendence Scale (Piedmont, 2004). Furthermore, researchers have also developed means to understand mature spiritual adjustment from views interfering with healthy adjustment (Lovinger, 1996), how religious control is related to dealing with life's experiences (Spilka, 1986; Miller, 1992), the identification of religious coping styles (Pargament, et al. 1998) and helping behaviors (Bateson et al. 1993).

Relevance, from a neuropsychological perspective, would include a discussion of McNamara's (2002) position regarding the relationship between religious practices which activate the frontal lobes and executive functions and social intelligence. She questioned whether the positive effects of religion outweigh the negative and indicated which executive cognitive functions (ECFs) were important for prosocial behaviors and the enhancement of moral sensitivities. Other articles of interest for students may include Seybold's (2005) review of the role of emotion in cognition and its relevance to religious experience, limbic and temporal lobe involvement regarding religious behavior (Joseph, 2001), and brain complexity and spiritual growth (Albright, 2000).

Student questions: *Is spirituality a component or dimension of personality? How has research from field of personality psychology been integrated in personality assessment?*

How do we understand spiritual and religious information within a personality assessment context? Do spiritual/religious attitudes and behaviors contribute to our understanding of the whole person?

...continued on page 10

President's Message ...continued from page 1

what I have said so far, my message today is quite different. I am here to say that assigning second-class status to assessment psychology is a bucket that won't hold water.

Let me tell you why this is so, and here is the good news. Psychologists who develop a reputation for providing sound assessment services, whether privately or in some institutional setting, come to realize that they function not as lackies, not as clerks, not as lab technicians, but as expert diagnostic consultants. The services of assessment psychologists are requested in clinical and health care settings when referring professionals need help to resolve puzzling issues of differential diagnosis and treatment planning. Be assured that I am not speaking here of diagnostic consultation as a quest for the proper label to pin on a patient's lapel. Diagnostic labels do serve useful purposes. They communicate important information to colleagues who are familiar with the implications of a properly formulated DSM diagnosis, and they facilitate selection of appropriate participant groups for research in psychopathology.

However, following a tradition that reaches back over 60 years to Henry Murray and David Rapaport, the essence of psychological diagnosis extends well beyond determining whether a person has some particular disorder. For personality assessors, psychodiagnostic consultation consists of evaluating the psychological strengths and weaknesses of people being examined, their coping capacities, their cognitive integrity and affective stability, their attitudes toward themselves and other people, their sources of concern, their defensive style, and their treatment needs.

As for who the important people are in delivering mental health services, adequately trained professionals of many kinds can conduct psychological treatments that are likely to benefit the person being treated. As you know, in fact, some respected authorities on psychotherapy go so far as to recommend manualized methods for treating specific kinds of disorder, which almost anyone can learn to use with minimal training. Just do what the appropriate manual says to do, according to these authorities, and patients will get over their disorder. But, even if the appropriate manual will work—and I should note that, as a clinician trained to treat people, not disorders, I am skeptical about the effectiveness of manuals for treating specific

disorders—how does the therapist know which manual to use? Clinicians who do manualized therapy have to determine what kind of disorder a patient has before they can select the right manual to use. And how can they determine what kind of disorder a patient has? Only with an adequate assessment, conducted by a psychologist who is well-versed in assessment, the expert diagnostic consultant. It has long been a well-known and widely-endorsed principle of providing health care that diagnosis precedes treatment. We as assessment psychologists should not forget that diagnosis precedes treatment, nor should we let others forget this fact.

As for conducting psychotherapy, whether with or without a manual, there are relatively large numbers of licensed persons in several different professions who are capable of providing this service. However, there are relatively few mental health professionals who are capable, as are the people in this room, of functioning effectively as expert diagnostic consultants. Think for a moment about your own professional community, and ask yourself about the number of people in your area whom you regard as competent therapists, and then ask yourself about the number you regard as capable psychodiagnosticians, especially when a thorough and sophisticated personality assessment is needed.

Along with being relatively difficult to find, expert diagnostic consultants like ourselves can often serve critical roles in treatment planning, by helping to identify whether a troubled person requires inpatient care or can be safely and adequately treated on an outpatient basis; whether brief supportive treatment or longer-term exploratory therapy is more consistent with the person's psychological needs, preferences, and resources; the nature of the underlying concerns that should be addressed in the person's therapy; and the kinds of obstacles to progress in the treatment that the therapist should anticipate. And I haven't even mentioned the considerable value of repeated assessments in monitoring change and outcome in psychotherapy. An excellent reference source in these respects is the 3-volume handbook edited by Maruish (2004) and titled *The Use of Psychological Testing for Treatment Planning and Outcomes Assessment*. Nor have I mentioned the ways in which assessment provides a basis for therapeutic collaboration between assessors and people who consult with them.

In forensic and organizational settings, as well as in clinical settings, assessment psychologists are called on for evaluations that play an important part in making decisions. In forensic psychology, questions concerning whether a criminal defendant is competent to stand trial or was insane at the time of an alleged offense

are decided by the court, but personality characteristics, like being out of touch with reality, can often inform the court's decision about competency or sanity. Personality characteristics that suggest psychic injury or have implications for parental effectiveness often prove relevant in personal injury and contested custody litigations. In organizations, personnel decisions related to fitness for duty and employee selection and promotion often hinge on specific personality characteristics. Whenever personality characteristics are relevant to decisions facing courts, employers, or agencies of any kind, we as experts in assessing personality have a valuable and sometimes critical contribution to make.

Hence the role of the expert diagnostic consultant is to be extolled, not demeaned. In most professions, the contribution of expert diagnostic consultants is in fact valued and respected. Knowing how to do something often takes a back seat to knowing what needs to be done. Perhaps everyone in the room is already well aware of this glamorous aspect of being a consultant to whom others professionals turn because they need our help in resolving clinical, forensic, or personnel issues. We, all of us, can do our colleagues and students a favor by spreading this word that assessment psychology can be an admired and rewarding avenue of practice. In the process, we should also call attention to some conceptual and practical considerations that enhance the appeal of assessment psychology.

Conceptually, we should bring forward a message concerning the essence of psychology. Psychology is the science of behavior, which to my mind means that the essence of psychology is the nature of people, that is, what people are like and how they are likely to think, feel, and act. And how do we determine the nature of people and estimate how they are likely to think, feel, and act? By assessing them, with observations, interviews, historical records, information from collateral persons, and psychological test data. Julius Caesar said of Cassius, "Yon Cassius has a lean and hungry look; such men are dangerous, for they think too much." Spoken like a true assessment psychologist! Virtually all of the concerns of psychologists, and all of the applications of psychological knowledge, come down to understanding the nature of people.

In psychology, then, assessment has a singular significance that we should appreciate, and widespread implications that we should recognize. We should not tire of impressing this importance of assessment on our colleagues and students. A number of years ago, in 1992, I was asked to give an invited address at APA, an invitation that interestingly enough came

...continued on page 9

President's Message ...continued from page 8

from Division 5, the division on Evaluation, Measurement, and Statistics. I titled this talk "The Singular Significance of Personality Assessment," and in the talk I said much of what I have just said to you. Later, I wrote the talk up as an article and submitted it to the American Psychologist. The manuscript was rejected with a note that what I had to say was old hat and already well-known to everybody. I don't think so. I didn't think so then, and I don't think so now. If the singular significance of personality assessment were fully recognized and appreciated, we wouldn't be facing our current difficulties in preserving an appropriate place for assessment training in clinical psychology graduate programs.

But education and training in assessment is another story, a story that is closely related to the ongoing advocacy efforts of SPA and of the Section on Assessment in the APA Division of Clinical Psychology. You should be aware of some of the fruits of these efforts that show how the word about assessment can be spread and its glamour illustrated in glossy print. Regular discussions between SPA Board members and the Practice Directorate of APA resulted in a feature article in the January, 2206, issue of the APA Monitor, which is distributed to all members of the American Psychological Association. On the cover, the list of feature articles includes one on "Trends in Psychological Assessment," and on page 44 we have a glamorous picture of our own Steve Finn, followed by an informed article titled "Assessing Assessment: Psychological Assessment Enjoys New Respect, Applications and Approaches" (Clay, 2006).

Nuts and Bolts ...continued from page 4

considering the inflating effect of K-weighting on scale scores, and non-gendered T scores are recommended to avoid concerns about gender discrimination). Additionally, when alcohol use is germane, Saitz (2005) offers definitions of unsafe alcohol consumption, the National Institute on Alcohol and Alcohol Abuse defines binge drinking, and the DSM-IV-TR establishes formal standards.

5. Reports vary tremendously. The report should be appropriate to the audience, succinct and crisp, and flow logically to conclusion. At times, the report can essentially state the subject is "fit for duty." In some contexts, the report establishes a psychiatric

As for the practical as well as the conceptual appeal of assessment psychology, let me mention briefly a few other considerations. Compared to the practice of psychotherapy, an assessment practice typically allows clinicians to see a larger number and greater variety of patients or clients and to delve into more types of individual histories and adjustment issues. In its variety, an assessment practice seldom becomes routine or repetitive. Let me give you an example from my own experience. I administered my first Rorschach to a patient in a VA hospital in 1956. I have no idea how many Rorschachs I have administered since that time. If pressed to say how many, I would just say lots of them, and I would add that the most recent one was just a few days ago, on Monday of this week. Despite all of these Rorschachs, I have yet to take a record in which there was something that I had never seen before and that challenged me to formulate a new interpretive hypothesis. In this most recent record, I got a blend between a reflection and a vista. The response was a landscape scene on Card VIII, with a mountain reflected in a lake and the whole thing seen as off in the distance "because it's fuzzy looking and not distinct."

We could indulge ourselves by speculating about the interpretive significance of this blended reflection/vista response, but that would distract us from my point. My point is the freshness, the novelty, the variety, and the challenge of what we encounter as assessment psychologists. We see complex and difficult cases. If they were simple and easy cases with respect to understanding personality characteristics, determining treatment needs, or deciding on a course of action, our referral source would not have asked us to evaluate the person. In addition to seeing challenging cases, assessment psychologists are challenged to keep up with a constant flow of new tests,

diagnosis or conceptualization. Jargon should be avoided, and high inference should defer to conservative and data-evidenced conclusions. Some FFD evaluations offer recommendations for psychological treatment, criteria for rehabilitation, and suggestions for managers. If made, treatment recommendations should be generally accepted in the field, and options offered, rather than specifying a single type or provider of treatment. The FFD evaluator does not provide the treatment, however.

A final caveat is in order. The FFD evaluator may discover the referral issue is less a psychological and more of an employee "performance problem." Beware the grey area between ill-defined personality disorder and "performance problems." In these situations, professional boundaries should not be overstepped. Robert Frost's message "good

revisions of old tests, updated normative data, and research findings with which we must be familiar in order to practice competently and ethically. For clinical psychologists who thrive on challenge, enjoy learning, and take pleasure in variety, becoming an assessment psychologist has a great deal to offer.

As a final reward for psychologists who take up assessment, practicing assessment allows considerable flexibility in scheduling, more so than a psychotherapy practice. Assessors ordinarily do not have the fixed time commitments of psychotherapists, they have more freedom to determine or adjust their schedule, they are less likely to need early morning or evening office hours, they have fewer restrictions on when they can take vacations or time off for personal business.

So there you have it. What are you? I'm an assessment psychologist. What do you do? I provide expert diagnostic consultation. What can you do for me? Whenever and in whatever context you are facing decisions that involve the nature of people—that is, what they are like and how they are likely to think, feel, and act—I can provide information that will help you make good choices. And that's glamorous enough for me.

References

- Clay, R. A. (2006). Assessing assessment. *Monitor on Psychology*, 37, 44-46.
- Maruish, M. E. (Ed.) (2004). *The use of psychological testing for treatment planning and outcomes assessment* (3rd ed.). Mahwah, NJ: Lawrence Erlbaum Associates.
- Weiner, I. B. (1975/1998). *Principles of psychotherapy* (2nd ed.). New York: Wiley.
- Weiner, I. B. (2005). The shifting sands of a professional identity. *Journal of Personality Assessment*, 85, 103-111.

fences make good neighbors" applies ("The Mending Wall," 1917). A FFD evaluation may be declined, and, of course, the evaluation may find no evidence for job-related psychological dysfunction.

References

- NIAAA Council approves definition of binge drinking. *NIAAA Newsletter*, Winter 2004 (3). http://pubs.niaaa.nih.gov/publications/Newsletter/winter2004/Newsletter_Number3.htm
- Otto, R. (2004, March). *Assessment of response style in forensic contexts*. Paper presented at the annual meeting of the Society for Personality Assessment, Miami, FL.
- Saitz, R. (2005). Unhealthy alcohol use. *New England Journal of Medicine*, 352 (6), 596-606
- Stone, A. (2000). *Fitness for duty: Principles, methods, and legal issues*. Boca Raton, Florida: CRC Press.
- The status of the Rorschach in clinical and forensic Practice: An official statement by the Board of Trustees of the Society for Personality Assessment (2005). *Journal of Personality Assessment*, 85 (2), 219-237.

The Teacher's Block ...continued from page 7

Discussion topic: Utilizing Personality Research as a Framework

Important areas to review under this section are the NEO Personality Inventory-Revised (NEO-PI-R; Costa & McCrae, 1992), The Five Factor Model (FFM) of personality (Costa & McCrae, 1994; Goldberg, 1993; John & Srivastava, 1999), and the fundamental principles for an integrative science of personality (McAdams & Pals, 2006).

Following a discussion of the NEO, FFM, and the five organizing principles for integrating the FFM into an understanding of the total person, it may be helpful to explore some of the research related to the assessment of spirituality/religiosity. MacDonald and colleagues conducted extensive reviews of measures relevant to transpersonal and spiritual assessment research (1995, 1999). He later concluded, given the variety of assessment instruments in the areas of spirituality/religion, that the measures exist without an identified theory, represent numerous conceptual ideas from various disciplines, and many of the tests independently operationalize the constructs studied but the constructs are not related to published research (MacDonald, 2000). With this in mind, he examined the association of spirituality with the Five Factor Model of personality (FFM) and utilized a common factor model to study expressions of spirituality. Operationalized factors identified were: Experimental/Phenomenological Dimension (EPD), Cognitive-Orientation to Spirituality (COS), Paranormal Beliefs (PAR), Religiosity (REL) and Existential Well-Being (EWB). Results of his research indicate the presence of five dimensions of spirituality with four of the dimensions being unique (with the exception of Existential Well-Being) and different from the FFM. His work represents an effort to develop a model for understanding spirituality within the personality research framework and providing guidelines for future research. Others have supported the notion that spirituality be included in the study of personality (Cloninger, Svrakic, & Pryzbeck, 1993; Piedmont, 1999; Piedmont, 2004).

In 1998, Piedmont suggested spirituality was an independent dimension of personality or a Sixth Factor of Personality (referring to the Five Factor Model). Donofrio (2005) also found some aspects of spirituality to be potentially independent of the NEO PI-R domains lending support to the important connection between personality research and spirituality.

Piedmont (2004), like MacDonald (2000) and Donofrio (2005) further challenge us to incorporate spirituality into our understanding of personality functioning and to design more comprehensive models and paradigms of assessment.

Student questions: How is research from positive psychology on spirituality/religiosity relevant to personality assessment? How might personality assessment incorporate human strengths and virtues in helping individuals improve their functioning?

Discussion topic: Positive Psychology Perspective

Historically, spiritual and religious topics were viewed as maladaptive and stereotyped as negative influences on an individual's functioning (Ellis, 1960; Freud, 1949); however, currently, these areas are being reexamined regarding their positive value as human strengths (Piedmont, 1999, Lopez, Snyder, & Rasmussen, 2003; Seligman, 2002). Likewise, personality assessment has typically focused on human weakness and pathology with an imbalance in tools regarding the assessment of human strengths. From a positive psychology perspective, more can be learned and integrated as the goal of positive psychology is to examine indicators of healthy functioning (Cowen, 1994; Seligman & Csikszentmihalyi, 2000; Seligman, Steen, Park, & Peterson, 2005). The field of positive psychology seeks a balanced view in assessing strengths and weaknesses of personality (Lopez, Snyder, & Rasmussen, 2003). This discipline provides opportunities to integrate spiritual and religious concepts given their positive influences and association with mental and physical health (Tsang & McCullough, 2004). Seligman and Csikszentmihalyi (2000) even describe mental health buffers as: faith, optimism, and hope.

More recently, the field of positive psychology promotes the importance of measuring positive emotions, and character strengths (Seligman & Csikszentmihalyi, 2000) and balancing the understanding of human conditions of suffering and happiness (Seligman et al., 2005). Peterson and Seligman (2004) have identified six ubiquitous virtues: wisdom, courage, humanity, justice, temperance, and transcendence (which include the concept of spirituality). And, in an effort to identify a classification of human strengths, Dahlsgaard, Peterson, and Seligman (2005), found further support for the six core virtues following a survey of religious and philosophical traditions (e.g. Confucianism, Taoism, Buddhism, Hinduism, Athenian, Judaism, Christianity and Islam) across cultures.

Compton (2005) in his recent book on positive psychology, devotes a chapter to

religion, spirituality, and well-being, and, in addition, Lopez & Synder (2003) devote a section of their book, *Positive Psychological Assessment*, to religious and philosophical models and measures. In the chapter on religious constructs, Tsang & McCullough (2003) developed a hierarchical approach to the selection of measures given the many scales and different definitions of spirituality and religion. They support the proposal that there is an independent personality trait (interest in religious pursuits) in addition to the Big Five personality dimensions. They suggest measures to assess religiousness and spirituality at a dispositional level (broad differences in religious traits) and at an operational level which measures differences in functions or religious experiences (e.g. religious orientation, coping, and prayer). This model, based on personality research, is an important contribution to understanding the value of studying spirituality/religiousness with regard to how individuals cope and function.

Several developments in the field of psychology highlight the importance of teaching students how to begin to think about spiritual/religious concepts as they relate to personality assessment. The areas of diversity, ethics, and agency standards and needs influence what and how we teach and train students. Incorporating current research and literature in the field of personality and assessment are necessary in preparing students for emergent views in understanding individual differences and adaptations. The role and importance of adopting an integrative framework for understanding personality, utilizing the FFM for conceptualizing personality as well as possible personality aspects and dimensions (spirituality/religiousness) independent of the FFM related to personal strengths into the field of assessment, addressing the call for an integrated science of personality (McAdams & Pals, 2006), and utilizing contributions from the field of positive psychology contribute to a more integrated understanding of how to address spirituality /religiosity in personality assessment.

References

- Albright, C. R. (2000). The "God Module" and the complexifying brain. *Zygon*, 35, 735-744.
- American Psychological Association (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
- Argyle, M. (1999). *Causes and correlations of happiness*. In D. Kahneman, E. Diener, & N. Schwartz (Eds.), *Well-being: The foundation of hedonic psychology*. New York: Russell Sage Foundation.

...continued on page 11

The Teacher's Block References

...continued from page 10

Batson, C. D., Schoenrade, P. A., & Ventis, W. L. (1993). *Religion and the individual*. New York/Oxford: Oxford University Press.

Bishop, D. R. (1992). Religious values as cross-cultural issues in counseling. *Counseling Today*, 36, 179-191.

Chamberlain, T. J., & Hall, C. A. (2000). *Realized religion: Research on the relationship between religion and health*. Philadelphia, PA: Templeton Foundation.

Cloninger, C. R., Svrakic, D. M., & Przybeck, T. R. (1993). A psychobiological model of temperament and character. *Archives of General Psychiatry*, 50, 975-990.

Compton, W. C. (2005). *Introduction to positive psychology*. Belmont, CA: Wadsworth.

Costa, P. T., Jr., & McCrae, R. R. (1992). *NEO-PI-R professional manual*. Odessa, FL: Psychological Assessment Resources.

Costa, P.T., Jr., & McCrae, R. R. (1994). *Set like plaster? Evidence for the stability of adult personality*. In T. F. Heatherton & J. L. Weinberger (Eds.), *Can personality change?* (pp. 21-40). Washington, DC: American Psychological Association.

Dahlsgaard, K., Peterson, C., & Seligman, M. E. P. (2005). Shared virtue: The convergence of valued human strengths across culture and history. *Review of General Psychology*, 9, 203-213.

DHHS. (1994). *Guide to Enhancing the Cultural Competence of Runaway and Homeless Youth Programs*. Washington, DC: U.S. Department of Health and Human Services (DHHS). Administration for Children and Families.

Donahue, M. J., & Benson, P. L. (1995). Religion and the well-being of adolescents. *Journal of Social Issues*, 51, 145-160.

Donofrio, A. (2005). The relationship between the five factor model of personality and relationally based measures of Judeo-Christian spirituality: A correlational analysis between NEO PI-R facet scores and subscales of the spiritual assessment inventory and faith maturity scale. (Doctoral Dissertation, University of Akron, 2005) *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 65(7-B).

Ellis, A. (1960). There is no place for the concept of sin in psychotherapy. *Journal of Counseling Psychology*, 7, 188-192.

Emmons, R. A. (1999). *The psychology of ultimate concerns: Motivation and spirituality in personality*. New York: Guilford Press.

Freud, S. (1949). *The future of an illusion*. New York: Livright Publishing Corporation.

George, L. K., Larson, D. B., Koenig, H. G., & McCullough, M. E. (2000). Spirituality and health: What we know, what we need to know. *Journal of Social and Clinical Psychology*, 19, 102-116.

Goldberg, L. R. (1993). The structure of phenotypic personality traits. *American Psychologist*, 48, 26-34.

Hathaway, W. L., Scott, S. Y., & Garver, S. A. (2004). Assessing religious/spiritual functioning: A neglected domain in clinical practice? *Professional Psychology: Research and Practice*, 35, 97-104.

Hill, P., & Pargament, K. L. (2003). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *American Psychologist*, 58, 64-74.

John, O. P., & Srivastava, S. (1999). *The Big Five trait taxonomy: History, measurement, and theoretical perspectives*. In L. Pervin & O. P. John (Eds.), *Handbook of personality: Theory and research* (2nd ed., pp. 102-138). New York: Guilford Press.

Joint Commission on Accreditation for Hospital Organizations (2006). Retrieved April 18, 2006, at www.jcaho.org

Joseph, R. (2001). The limbic system and the soul: Evolution and the neuroanatomy of religious experience. *Zygon*, 36, 105-136.

Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health*. London: Oxford University Press.

Lopez, S. J., & Snyder, C. R. (Eds.). (2003). *Positive psychological assessment: A handbook of models and measures*. Washington, DC: American Psychological Association.

Lopez, S. J., Snyder, C. R., & Rasmussen, H. N. (2003). *Striking a balance: Developing a complementary focus on human weakness and strength through positive assessment*. In S.J. Lopez & C. R. Snyder (eds.), *Positive psychological assessment: A handbook of models and measures* (pp.3-20). Washington, DC: American Psychological Association.

Lovinger, R. J. (1996). *Considering the religious dimension in assessment and treatment*. In E. P. Shafranske (Ed.), *Religion and the clinical practice of psychology* (pp. 327-364). Washington, DC: American Psychological Association.

Lukoff, D., Lu, F. G., & Turner, R. (1995). Cultural considerations in the assessment and treatment of religious and spiritual problems. *Cultural Psychiatry*, 18, 467-485.

MacDonald, D. A. (2000). Spirituality: Description, measurement, and relation to the Five Factor Model of personality. *Journal of Personality*, 68, 153-197.

MacDonald, D. A., Freidman, H. L., & Kuentzel, J. G. (1999). A survey of measures of spiritual and transpersonal constructs: Part one-research update. *Journal of Transpersonal Psychology*, 31, 137-154.

MacDonald, D. A., LeClair, L., & Holland, C. J., Alter, A. et al. (1995). A survey of measures of transpersonal constructs. *Journal of Transpersonal Psychology*, 27, 171-235.

McAdams, D. P., & Pals, J. L. (2006). A new big five. *American Psychologist*, 61, 204-217.

McNamara, P. (2002). The motivational origins of religious practices. *Zygon*, 37, 143-160.

Miller, G. (1992). Integrating religion and psychology in therapy: Issues and recommendations. *Counseling and Values*, 36, 112-122.

Miller, G. (2003). *Incorporating spirituality in counseling and psychotherapy: Theory and practice*. Hoboken, NJ: John Wiley.

Myers, D. G. (2000). The funds, friends, and faith of happy people. *American Psychologist*, 55, 56-67.

Ozaki, M. (2005). Development of an assessment tool on spirituality explained by three domains, will, joy, and sense: From a holistic educational approach. *Journal of International Life Information Science*, 23, 364-369.

Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, 37, 710-724.

Peacock, J. R., & Poloma, M. M. (1999). Religiosity and life satisfaction across the life course. *Social Indicators Research*, 48, 321-345.

Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A Handbook and classification*. Washington, DC: American Psychological Association.

Piedmont, R. L. (1999). Does spirituality represent the sixth factor of personality? Spiritual transcendence and the five-factor model. *Journal of Personality*, 67, 985-1013.

Piedmont, R. L. (2004). Spiritual transcendence as a predictor of psychosocial outcome from an outpatient substance abuse program. *Psychology of Addictive Behaviors*, 18, 213-222.

Richards, P. S., & Bergin, A. E. (1997). *A spiritual strategy for counseling and psychotherapy*. Washington, DC: American Psychological Association.

Richards, P. S., & Bergin, A. E. (Eds.). (2000). *Handbook of psychotherapy and religious diversity*. Washington, DC: American Psychological Association.

Seligman, M. E. P. (2002). *Positive psychology, positive prevention, and positive therapy*. In C.R. Snyder, & S. J. Lopez (eds.), *Handbook of positive psychology* (pp. 3-13). New York: Oxford University Press.

Seligman, M. E. P., & Csikszentmihalyi, M. (Eds.). (2000). Positive psychology: An introduction. *American Psychologist*, 55, 5-14.

Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress. *American Psychologist*, 60, 410-421.

Seybold, K. S. (2005). God and the brain: Neuroscience looks at religion. *Journal of Psychology and Christianity*, 24, 122-129.

Spilka, B. (1986) Spiritual issues: Do they belong in psychological practice? Yes-But! *Psychotherapy in Private Practice*, 4, 93-100.

Tsang, J., McCullough, M. E. (2003). *Measuring religious constructs: A hierarchical approach to construct organization and scale selection*. In S.J. Lopez & C. R. Snyder (eds.), *Positive psychological assessment: A handbook of models and measures* (pp.345-360). Washington, DC: American Psychological Association.

Wikipedia Web site is an online encyclopedia. Retrieved April 18, 2006, from <http://en.wikipedia.org/wiki/Diversity>

Worthington, E. L., Kuru, T. A., McCullough, M. E., & Sandage, S. J. (1996). Empirical research on religion and therapeutic processes and outcomes: A 10-year review and research prospectus. *Psychological Bulletin*, 119, 448-487.

Graduate Students

...continued from page 3

To move SPAGS forward the steering committee has developed an executive structure and will use present students for the positions until the opportunity for all of SPAGS to vote (which is anticipated to be a few months prior to the next SPA conference). At that time all interested members are encouraged to run for office and to nominate others. We sincerely look forward to this new endeavor and anticipate great things from the student affiliates of the SPA.

Please note that there will be a separate meeting of SPAGS at the next SPA conference, to be held in Arlington, VA in March, 2007. All SPAGS members are invited to attend and participate.

Maintaining the Frame: Essential in Fitness for Duty Assessments

David J. York, PhD

Independent Practice, Wilmington, Delaware

Similar to the notion of the therapeutic frame (Gordon, 2000), the concept of the assessment frame can describe the psychologist's attempts to maintain a clear and consistent set of goals in the face of many, sometimes ambiguous or contradictory agendas from the multiple parties involved. Even more than clinical assessments, Fitness for Duty evaluations (FFDE), because of their high-stakes nature, require exceptional attention to the assessment frame. The following case illustrates multiple challenges to the assessment frame within a FFDE and provides a context within which to discuss key principles for sustaining ethical integrity when undertaking such work.

I was contacted by an Employee Assistance Program staff member (EAPS) of a mid-sized local financial corporation. The EAPS described the employee to be evaluated as a middle-aged, Caucasian female high-level executive, who had suffered many acute, traumatic events that appeared to adversely affect her job performance. The EAPS viewed this as "a very easy case," and reported the goal as determination of eligibility for total and permanent disability status and long-term disability support.

Despite the EAPS' claims, the case quickly escalated in complexity. Upon interview, the employee presented herself as well organized, with an engaging demeanor. While she acknowledged having had multiple traumas for which she had recently engaged in psychotherapy, she bluntly alleged that her supervisor had sought the FFDE as a way of forcing her out of her job. She described her supervisor as a sociopath who had started criticizing her after she had participated in hearings regarding his alleged racial discrimination in the workplace. She volunteered permission to contact her therapist and encouraged me to contact several of her work peers to obtain an "accurate" description of her supervisor's behavior. In light of recent high-profile media reports of executive sociopathy (e.g. Enron), and the EAPS' initial omission of relevant contextual information, her account did not seem at all far-fetched. Further, the EAPS subsequently described the supervisor as a "very powerful person" and claimed insufficient knowledge to determine the veracity of the employee's claims.

I was able to arrange a phone conference with the supervisor and the director of human resources (HR). Both senior executives reported that the employee had excelled in a previous position, but had not performed adequately after promoted to a new position requiring

new and different skills. While her extensive acute personal traumas were acknowledged, her negative responses to specific task requests were emphasized as were the corporation's needs. The HR director acknowledged that the supervisor had undergone investigation for racial discrimination, but stated that the accusations not supported and no disciplinary action was taken. He also denied an association between the employee's participation in the investigation and the supervisor's complaints. The supervisor and the HR director agreed to provide me with the employee's former and current job descriptions, work samples, and copies of written communications. Thus, these collateral sources provided an entirely different, equally plausible account of her performance than that provided by the employee.

Furthermore, the first set of test results did not fit the pattern expected if the employee were merely suffering from post-traumatic stress disorder (PTSD) or a major depressive episode. While her responses to the Beck Depression Inventory and the Trauma Symptom Inventory (TSI) were consistent with significant depressive and trauma-related symptomatology, her responses to the Personality Assessment Inventory (PAI) showed only mild elevations on scales assessing anxiety and depression, and also yielded equally high scores on subscales assessing paranoid trends and disordered thinking. Review of endorsed subscale items revealed a response pattern that, for the most part, might be expected of an individual who was actually undergoing discrimination or mistreatment, with notable exceptions including endorsement of an item reflecting thought broadcasting and the presence of features associated with risk for substance abuse and dependence.

Despite repeated pressure from the EAPS, usually couched as reminders of the employee's protracted leave or that all parties sought prompt resolution, I lacked sufficient information to clearly conceptualize the case and provide useful recommendations. Thus, I found it necessary to re-interview the HR director for further contextual information and requested that the employee complete further psychological testing. Despite her verbal encouragement, I had not initially obtained written consent to contact the employee's psychotherapist. Thus, I was surprised when, before I could contact him, her psychotherapist left a strident phone message decrying my request for further testing as "excessive" and "harassing." Upon

phone contact, the therapist claimed that the employee had worked for the corporation four times as long as she actually had, vociferously outlined his conviction that the employee was the target of severe, unjust discrimination and expressed his outrage over the mistreatment of a dedicated long-time employee whom, he concluded, he would consider a friend.

During the second round of test administration, the employee's self-assured demeanor dissipated, and her attempts to elicit indications of my agreement became increasingly overt and solicitous. The combined results of the Rorschach and the MMPI-2 further indicated an absence of experienced distress, but revealed the profile of an anxious, constantly on-edge individual who is preoccupied with anticipating eventual negative criticism and whom, as a defense against feelings of inferiority and guilt, preemptively judges others critically. While no gross disturbances in reasoning were evident, she demonstrated flight into passive fantasy when faced with unpleasant situations, vulnerability to misperceive events, inability to perceive events conventionally (even when limits were tested), unexpectedly (given her history of professional success) low levels of adaptive resource, underdeveloped coping skills and an experience of herself as besieged by routine daily demands. Most strikingly, she demonstrated a tendency to become preoccupied and to have difficulty shifting out of an established mental set. Additionally, after administration was completed, she informed me that she'd decided to provide me with a letter she'd written to the CEO, review of which revealed a poverty of substantive self advocacy and a preoccupation with feelings of being punished.

Within the context of clear documentation of the employee's performance problems, a developmental history of overcompensation for enduring interpersonal problems, the employee's increasingly manifest paranoid tendencies across repeated contact, and the integrated set of test results, I was able to conclude with a reasonable degree of confidence that the employee possessed significant premorbid vulnerabilities and was experiencing an acute stress disorder as well as symptoms of depression which likely involved circumscribed delusions of persecution. However, given the employee's desire to work, her sustained and organized attempts to achieve long-term goals throughout the time

...continued on page 13

Maintaining the Frame

...continued from page 12

of the FFDE, and history of exceptional service at her previous position, she did not meet criteria for full and permanent disability. Thus, I recommended that she: 1) not return to work under her current supervisor, 2) be considered for short-term incapability status (inability to perform her current job as it was defined), 3) be considered for transfer to another position since she represented a significant asset to the corporation, 4) be provided with a severance package if no other positions appropriate to her skill level were available or she were unwilling to transfer. I also explicitly declined to answer the question of whether or not employee possessed the ability to perform her current job (posed at different times by the EAPS and executives), since it was outside my domain of clinical expertise and more aptly asked of an I/O psychologist. Furthermore, I explicitly noted in the report that the validity of the findings was bounded by my presumption of the veracity of the supervisor and the HR director, and if evidence to the contrary arose, my interpretations would require modification.

A week after I submitted my report, the EAPS contacted me and, to my considerable surprise, wondered why I hadn't integrated the results of a local psychiatrist's interview-based evaluation of the employee into my report! When I noted that the EAPS not informed me that he had solicited a psychiatrist's involvement or expected me to coordinate my efforts with her, the EAPS repeatedly professed claimed he had had done so. With now-consolidated awareness of the ubiquity of threats to the assessment frame, I summarized the psychiatrists' findings and re-submitted my report. Several months later the EAPS informed me that the employee had negotiated a severance package and had left the corporation.

This case is noteworthy because it vividly illustrates a variety of threats to the assessment frame as well as the integrity- and validity-enhancing value of effective management of threats to the assessment frame, such as:

1) The importance of obtaining a clear referral question (or set of questions) when the request for a FFDE is made. Requiring the referring party to explicitly state the questions in writing can serve to protect the examiner and the assessment from subsequent attempts to reframe the focus of the evaluation (Rostow & Davis, 2004).

2) The necessity for obtaining the employee's present job description, and clear description of current performance problems. It is

preferable that performance reports come from multiple collateral sources, and are clearly documented (e.g. written reports, formal interviews). Due to possible omission of important contextual factors, failure to provide such information represents a significant threat to the assessment frame.

3) The absence of a specific, appropriate referral question and/or documentation supporting the alleged performance problems may signal attempts to misuse the psychologist's services. In such cases examiner has an ethical duty to state his/her concerns to the company and to refuse to proceed with the evaluation until adequate supporting documentation is provided, even if doing negatively impacts the prospect of obtaining further work from the company (Lowman, 1998).

4) When multiple, conflicting accounts of an employee's performance exist within a high-stakes adversarial context, the integrity of the FFDE is best served by a conservative inferential strategy that does not stray too far from the data and that does not attempt to integrate information if/when too many gaps exist. This approach differs dramatically from more collaborative/ integrative forms of clinical assessment in which hypotheses are offered within a framework of developing trust and collaboration.

5) Recognize the limits of your professional expertise and redirect efforts by referring parties to have you answer questions that are within your ability or scope of inquiry. First and foremost, this includes obtaining consultation or supervision from professionals who have expertise in arEAPS you do not.

During this evaluation I repeatedly consulted with several colleagues with assessment and FFD expertise.

6) It is vital to protect the interests of the employee when providing verbal or written feedback to referring parties. This can be done by focusing on attaining a clear understanding of the problem and providing solutions for both the company and the employee being evaluated. Optimal use of language reduces the ability of referring parties or other third parties to misinterpret or misuse the findings.

7) Given the significant consequences of the FFDE, the psychologist is often placed under heightened expectations regarding time and clear resolution. It is important for the evaluations' validity and the examiner's integrity not to succumb to such demands by jumping to conclusions, failing to obtain sufficient supporting data or failing to provide helpful, appropriate conclusions and recommendations. Informing the referring party of this at the outset and reminding them that a rushed examination may render them vulnerable in the future is an optimal strategy for managing this threat.

References

- Gordon, R. M.** (2000, June). Boundary: Protection, limits and safety. *The Pennsylvania Psychologist Update*, 60, 4-5.
- Lowman, R. L.** (1998). *The ethical practice of psychology in organizations*. Washington, D.C.: American Psychological Association.
- Rostow, C.D. & Davis, R.D.** (2004). *A handbook for the psychological fitness for duty evaluations in law enforcement*. New York: The Haworth Press.

New Dues Policy:

At the March 2006 Board of Trustees Meeting, the Board voted to adopt the following dues policy for members who do not pay their dues by December 31 of each year for the upcoming year.

A dues invoice will be mailed to each member the first week of October each year; a subsequent dues invoice will be sent as a reminder the first week of December to those that have not yet paid their dues. A third dues invoice will be sent to the members that failed to pay their dues by the end of the year the first week of January. If dues are not paid by January 31 of each year, the member will be made inactive. An inactive member will not receive the Journals, the Exchange newsletter, or any mailings (Nominations/Elections, Call for Workshops, Call for Papers, etc.). If an inactive member wishes to be reinstated to the active status, a reactivation fee will be charged (amount to be determined). Any issues of the Journal missed while inactive will be available online only. If hard copy issues are needed, there will be a \$30 fee per issue.

Should a member be experiencing financial difficulties, the central office will gladly work with them to keep their member status "active."

SPA Personals

Darwin Dorr, PhD, led his doctoral program in Clinical Psychology at Wichita State University through the APA accreditation process. The program secured full accreditation for an initial period of five years.

Pekka Koistinen, PhD, has started on January 1, 2006 as the president of the Finnish Rorschach Association for a term of two years. Dr. Koistinen is the second president of the association, which was founded in 1995. Past president, Dr. C. E. Mattlar, is now the honorary president of the Finnish association.

Wendy Johnson LaBorde, PhD, LLC, recently completed licensure requirements as a Clinical Psychologist in Louisiana. She has opened her practice and has begun working under her own contract at Brentwood Hospital.

Robert E. McCarthy, PhD, was recently appointed chairperson of the Insurance Committee for the International Society for Neuronal Regulation.

Janet Meiselman, PsyD and Douglas Rau, PhD, SPA members who met at a Rorschach Workshop, were married on May 6, 2006 and are residing in New Haven, CT. Cory R. Bridwell, PsyD, shared this information.

John Poricelli, PhD, ABPP, was elected to fellow status by SPA. He's been a member of SPA and a contributor to JPA since his post-doctoral fellowship at Detroit Psychiatric Institute under Dr. Martin Mayman. He is a diplomate in clinical psychology, a graduate of the Michigan Psychoanalytic Institute, an associate professor and director of the Division of Behavioral Science, Department of Family Medicine, Wayne State University School of Medicine, and an adjunct professor of psychology at University of Detroit Mercy. He maintains a private practice in assessment and psychotherapy of adolescents, and adults in Birmingham, Michigan. His areas of research include personality and intimate partner violence (IPT), psychological and physical health effects of IPT, assessment of psychotherapy process/outcome, and health outcomes of the physician/patient relationship. His research has been funded by the Michigan Department of Community Health, American Psychoanalytic Association, US Department of Health and Human Services, and the National Institutes of Health.

Herbert Potash, PhD (F), has written "Becoming Plumb Healthy," a book which offers a model of positive psychology for

individuals seeking fuller self understanding. The book combines the scholarly, practical, and experiential realms, and can be previewed in purchased at a www.gordonhandwerk.com.

Mark Waugh, PhD, was elected a Fellow of SPA. Dr. Waugh writes: "My interest in personality assessment was originally ignited at the University of North Carolina by George S. Welsh, of the MMPI and Welsh Figure Preference Test renown. In graduate school at the University of Florida, I studied under Mary McCaulley, who taught the Rorschach and popularized the Myers-Briggs Type Indicator nationally, and Roger Blashfield, who taught personality assessment with rigor from Wiggins' (1973) Personality and Prediction. I was truly influenced by Jane Loevinger's conception and sentence completion test of ego development, around which my graduate school research was organized. I also received the Molly Harrower Award for Psychodiagnostic Assessment at the University of Florida. Later, I was privileged to have a post-doctoral fellowship at the Yale Psychiatric Institute with Sid Blatt and others, where the rich Menninger-Yale traditions of assessment were provided. Professionally, I have practiced psychotherapy, psychological assessment, supervision, and consultation in east Tennessee within and to eight mental health centers, academia, hospitals, schools, office settings, and industry since 1984. Licensed in Tennessee and Nevada, I have evolved a specialty practice of providing assessment consultation in national security applications. This includes assessment in security clearance evaluation and adjudication, in specialized federal personnel reliability programs, and to the federal protective force personnel. I also perform law enforcement selection assessment locally and more traditional psychological assessment for community professionals. A Local Chapter of the SPA in our area, entitled the Southern Appalachian Personality Assessment Society, was recently formed, and we are very excited to bring SPA into our community in this way. I am honored to be recognized as a Fellow of SPA." We were informed recently that the SPA Chapter (SAPAS) held it's first meeting on April 29, 2006. Dr. Waugh gave a 1.5 hour CEU presentation on "New Directions in personality Assessment." Plans for a fall meeting include a graduate student reception and a two-day workshop with nationally known assessment presenters. Local interest in the chapter has been high.

Who Is The Client?

Linda K. Knauss, PhD, ABPP
Widener University



Dr. Turner has a contract with a near-by nuclear power plant to evaluate potential new employees. He also evaluates any employees that are having serious problems and need an assessment to continue working at the plant. These

evaluations can result in people not getting hired or in losing their jobs. Dr. Turner does not give feedback to the individuals he evaluates, he sends the report of the test results directly to the Human Resources Director at the nuclear power plant. Recently, an applicant who did not get hired claimed he was not informed of the purpose of the evaluation and he wanted to see a copy of his test report. Dr. Turner told him that because the nuclear power plant was his client, the applicant did not have access to this information.

This leads to the question of what are the implications of the nuclear power plant being the client? Should Dr. Turner have someone at the plant sign the informed consent and HIPAA forms? Do the people being evaluated automatically lose their rights to feedback and access to their records? In most situations, even when people are being evaluated at the request of a third party, it is the person being evaluated that signs the informed consent and HIPAA forms. However, they may not be given feedback or have access to their records.

The relevant APA ethical standard is 3.07, Third Party Requests for Services (APA, 2002). This standard states:

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

The key element in this standard is clarifying the relationship with all of the parties involved. Psychologists are often asked by third parties to do evaluations. This is common in organizational, forensic

Who Is the Client?

...continued from page 14

and neuropsychological contexts. In these situations, it is crucial for psychologists to clarify their roles before beginning the evaluation, including the probable use of the information from the evaluation (Knapp & VandeCreek, 2003).

It is important for Dr. Turner to consider the needs of the individuals he evaluates as well as the needs of the nuclear power plant. Organizations have the right to have applicants screened using reliable and valid assessment measures (Koocher & Keith-Spiegel, 1998). Individuals also have the right to refuse to participate, although the consequence of this decision is likely to be that the company will not hire or promote the person. Psychologists must be willing to discuss the nature of the assessment, type of report to be written, and destination of the report as well as the implications for the evaluatee of agreeing or not agreeing to be evaluated.

Evaluees may worry that a personality weakness may be discovered through the evaluation and shared with supervisors when no personality assessment tools are to be used. The person being evaluated also has a right to know in advance whether he or she will have access to the report, test data, or feedback. Individuals who are assessed have the right to full informed consent regarding the planned evaluation before deciding whether to participate, and psychologists need to provide enough information for this decision making process.

Although the example given takes place in an organizational setting, the principles and process are the same with regard to any evaluation done for a third party such as disability evaluations, custody evaluations, child protective services evaluations, and so on.

Another situation that raises the question of who is the client occurs when a psychologist has two roles in an organization, or in a setting such as a prison. Sometimes a course of action that is in the best interest of an individual receiving services (i.e., assessment or therapy) is not in the best interest of the organization. An example is the case of a prison psychologist who learns during an individual therapy session of an escape plan that includes harming a guard. This is clearly a very difficult situation. Although more information is needed to decide on a course of action, what is most important are the issues the prison psychologist needed to consider in defining his role and responsibilities (Koocher & Keith-Spiegel, 1998). This psychologist should have clarified with prison authorities what their expectations were regarding confidentiality.

If he is expected to report any infractions of the rules, he would need to inform the inmates with whom he works of the limits of confidentiality at the beginning of their relationship (Koocher & Keith-Spiegel, 1998).

Although there appears to be a question of whether the prison or the inmate is the client, the fact that the individual receiving services is entitled to know the limitations of the professional relationship before consenting to the relationship gives greater weight to the individual receiving services being the client. However, the person providing the services may also have certain obligations to a third party.

A similar example involves psychologists who evaluate or provide treatment to people in high stress positions, such as medical personnel, police, or the military. Again the person providing the service needs to respect the confidentiality of the person receiving the services, unless the person receiving the service has agreed to some other arrangement or the services are court ordered.

Thus, the question of who is the client may not be the most useful way to conceptualize this dilemma. It may be more helpful to begin with the premise that the person receiving the services is always the client. This is because nothing other than a court order takes away a person's right to informed consent, confidentiality, and access to records. The fact that informed consent is a process that takes place with the person receiving the services, not with a third party implies that the receiver of services is always a client. However, the service provider may have additional obligations to a third party such as prison authorities, the Human Relations manager in an organization, and so on. It is through the informed consent process that the client who is to receive the assessment or therapeutic services learns of the obligations to the third party and agrees to whatever arrangements are necessary such as sending a test report directly to an organizational representative, or giving up access to test data or records. It is best to have this agreement in writing either as part of the informed consent document or a separate release of information form. William Doverspike, in his book *Ethical Risk Management: Guidelines for Practice* (1999) provides sample forms for documenting informed consent for third-party evaluations.

It is also important that clients understand the implications of not agreeing to arrangements requested by a third party. It may mean an inmate is not considered for parole, an employee is not eligible for promotion, or a physician can not return to work.

In conclusion, when psychologists provide services at the request of a third party, it is important to provide thorough informed

consent to the person receiving the services. It would be a mistake to assume that people receiving services automatically give up their rights when services are requested by a third party. It is up to the client to accept the conditions of the third party, unless the services are court ordered.

References

- American Psychological Association.** (2002). Ethical standards and code of conduct. *American Psychologist*, 57, 1060-1073.
- Doverspike, W. F.** (1999). *Ethical risk management: Guidelines for practice*. Sarasota, Florida: Professional Resource Press.
- Knapp, S., & VandeCreek, L.** (2003). *A guide to the 2002 revision of the American Psychological Association's ethics code*. Sarasota, Florida: Professional Resource Press.
- Koocher, G. P., & Keith-Spiegel, P.** (1998). *Ethics in psychology: Professional standards and cases*. New York: Oxford University Press.

New Student Grant Policy:

In an effort to encourage training of students and promote student participation in research and scholarly presentation in the area of personality assessment, the Society for Personality Assessment gives travel grants to students presenting a paper or poster at the SPA Annual Meeting. Travel grants are available for amounts up to \$200 to help defray the costs of travel to and from the Annual Meeting.

Students applying for travel grants must be the first author on a paper or poster already accepted for presentation at the Annual Meeting, and must be a Student Affiliate member of SPA, or apply for membership along with the Student Travel Grant Application. Students must also report any other travel funding they will be receiving. For the complete Student Travel Grant Guidelines and a Student Travel Grant Application, please see our web site at www.personality.org.

New SPA Fellow

John Poricelli & Mark Waugh



From the Editor...

Jed A. Yalof, PsyD, ABPP, ABSNP

This issue of the Exchange includes Irv Weiner's Presidential Address, Pam Abraham's article on the interface between spirituality and personality assessment, articles by Alan Schwartz, Mark Waugh and David York on fitness for duty evaluations, John Kurtz's article on how to get students motivated for personality assessment, Bruce Smith's update on the Utility for Assessment Project and Foundation, and Linda Knauss's article on the importance of clarifying who the client is when conducting evaluations at the request of a third party. Joyce Williams has provided an article on the SPA graduate student group (SPAGS) to inform the membership about what's going on with student interests. On a more somber note, the recent passing of Dr. John Exner and Dr. Paul Lerner saddened us

all, and we will miss them and the life they brought to SPA. Their presence, however, carries on within the pages of personality assessment scholarship, among the people who benefited from their influence and mentorship, and through the atmosphere of collegiality that they created by sharing their gifts.



Permissions

If you would like to make copies of an article for classroom use, please obtain the permission of both the author of the article and the editor of the *Exchange*, and please include a notice of copyright by the Society for Personality Assessment.

SPA Exchange Editorial Board

Editor

Jed A. Yalof, PsyD, ABPP, ABSNP
Immaculata University
Box 682
Immaculata, PA 19345

Associate Editors

Pamela Abraham, PsyD
Linda Knauss, PhD
John Kurtz, PhD
Alan Schwartz, PsyD

Society for Personality Assessment

6109 H Arlington Road
Falls Church, VA 22044

Presorted

First Class Mail

US Postage Paid

Clifton, N.J.

Permit No. 1104