

spa exchange

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President's Message: How to Cook Without a Book (and How Not To)

Robert E. Erard, PhD

Psychological Institutes of Michigan, PC

*Things have come to a
pretty pass
We strive to be good friends
But when we talk assessment
We're always at loose ends*

*Goodness knows what the
end will be
It makes me want to laugh
Cause I'm straight nomothetic
And you're just an... idiograph!
Your one and one make three...*

*I say projective and you say subjective
You like objective, but I want perspective
Projective, subjective
Objective, perspective
Let's call the whole thing off!*

*I wax clinical and you get cynical
You're actuarial; I ask "When's
the burial?"
Clinical cynical
Actuarial burial
Let's call the whole thing off*

*You'll do empirical and I'll say chimerical
You get perplexed when I search
for subtext
Empirical, shmerical
Subtext—oversexed
Let's call the whole thing off*

*But oh, if we call the whole thing off,
then we must part
And oh, if we split the field apart it'd
break my heart
So if I go for insights and you
for effect size
I'll check effect size and hold on
the insights
For we know we
Need each other, so we'd
Better call the calling off—off
Let's call the whole thing off!¹*

Personality assessment—in theory, research, and applied practice—is a field beset by skepticism. One type of skepticism we have discussed and worried over with considerable passion in the

1. With apologies to Ira Gershwin.



last several years at the Society for Personality Assessment (SPA) has been advanced by what we might loosely call the psychological science movement. Influential voices from academic disciplines as diverse as social psychology, developmental psychology, and even academic clinical psychology have tried to hack away at the foundations of applied personality assessment.

A representative observation can be found in a chapter called "Psychological assessment and clinical judgment" by Garb, Lilienfeld, and Fowler (2008):

What major advances have occurred in the assessment of psychopathology over the past 25 years? Many psychologists would argue that the most important breakthroughs include the development of explicit diagnostic criteria, the growing popularity of structured interviews, and the proliferation of brief measures tailored for use by mental health professionals conducting empirically supported treatments. (p. 103)

Notice their deafening silence about anything having to do with the term *personality*. Under the banner of psychological science, these and many other authors argue that a rigorously empirical approach to the description of individuals and their behavioral tendencies and to the diagnosis of psychopathology leaves traditional personality assessment with little to do. They purport to expose the intellectual bankruptcy of not only many of our favorite instruments but also our faith that any experience-based judgments in applying our assessment skills can offer meaningful contributions to understanding people and their problems.

If we wish to describe how people are, they say, we should just ask them or administer brief checklists with high face validity or simply observe and describe people's actual behavior in particular situations or derive

simple algorithms that maximize zero-order correlations between scores and concretely defined behavioral criteria.

According to such skeptics, anything else we might attempt by way of personality assessment will quickly plunge us into a mire of quaint and misguided psychoanalytic speculation or quackery rooted in uncritically accepted clinical lore or misattributions based on intuitions derived from heuristic biases and circular thinking or superstitious deductions from illusory correlations, or, at their very best, glittering overgeneralizations based on limited observations lacking ecological validity.

Although our ostensibly inexplicable adherence to particular methods, such as projective story-telling techniques, figure drawings, sentence completion tests, and—of course, most notoriously—the Rorschach, has borne the brunt of such attacks, we should make no mistake that the critique ends there. The real targets are any kind of clinical judgment based on professional experience or personality theory.

Responding to the Skeptics

We are often inclined to comfort ourselves with reassuring notions, such as that it is only an insignificant rump group of noisome professional skeptics who are raising such a ruckus or that we have already amassed such a daunting corpus of solid, peer-reviewed studies that it provides a secure bulwark against all such assaults, or that we can afford more or less to ignore such skepticism

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Special Topics in Assessment

A Commentary on the Coached Client: A Dilemma of Forensic Assessment

Alan L. Schwartz, PsyD
Christiana Care Health System



In the previous issue of the SPA Exchange (Vol. 22, No. 1, Winter 2010), Special Topics in Assessment offered two perspectives on the compelling issues involved in the assessment of clients who are likely to have been coached and how we as examiners consider and manage these issues.

how to set an appropriate neutral frame, as well as hints as to understanding validity scales and making sense of behavioral clues. Robert Janner, PsyD (2010) offered another perspective on the role of ethics and consideration of privilege issues when asking a patient if they have been coached.

and Janner and offers his own perspective on this prickly subject.

References

Janner, R. (2010, Winter). On coaching and informed consent. SPA Exchange, 22(1), 4.
Lee, A. J. (2010, Winter). Attorney coaching and dissimulation in forensic assessment. SPA Exchange, 22(1), 3.

Whose Secrets to Safeguard? The Attorney–Client Privilege in Forensic Psychology Practice

Robert E. Erard, PhD

Psychological Institutes of Michigan, PC

Alan J. Lee (2010) and Robert Janner (2010) have offered thoughtful and informative reflections on a vexing problem faced by all forensic psychologists. How much of the litigant’s self-presentation in interviews and testing is the result of efforts at impression management, some of which may have been shaped by print and internet research and some of which may even be the result of explicit coaching by his or her attorney or an expert working for the attorney?

she was administered enough practice tests to become quite skillful in producing the intended profile before you administer the real test?

When acting as forensic psychologists, we are implicitly agreeing to work within the structure and rules of the legal system as they apply in a particular jurisdiction. When serving as court-ordered experts, we further agree to act as “officers of the court,” thus assuming ethical duties to the tribunal similar to those of attorneys.

If you are asked to perform an independent psychological examination on a personal injury plaintiff who is claiming posttraumatic stress disorder among emotional damages, how can you tell whether his or her apparently spontaneous endorsement of all of the Diagnostic and Statistical Manual of Mental Disorders (4th ed. [DSM–IV–TR]; American Psychiatric Association, 2000) criteria, in perfect order no less, is actually the result of having taken the opportunity to memorize the criteria rather than an accurate self-report? If a criminal defendant who seems mostly asymptomatic in a clinical interview and records review nevertheless manages to produce a psychotic-level Minnesota Multiphasic Personality Inventory–2 (Butcher, Graham, Ben-Porath, Tellegen, Dahlstrom, & Kaemmer, 2001) 6-8 codetype with only moderately high F, is it possible that he or

One possible way to find out, endorsed hesitantly by Janner (2010) and more unflinchingly by Lee (2010), is simply to ask. But how should such a question be phrased? In particular, is it proper to ask litigants what their attorney told them to say in interviews or whether the attorney offered any advice on taking psychological tests? In my opinion, it is not only improper but unethical.

When conducting a forensic examination of a litigant, we wield considerable coercive authority. In some adversarial situations, the litigant has no choice but to submit to our examinations. Even when we are viewed as “friendly” examiners, the high-stakes nature of most civil and criminal litigation makes it very difficult to refuse our questions. When asking a litigant, “What did your lawyer tell you?” we are using that coercive authority to demand information to which we have no legal right.

Alongside the privilege against self-incrimination, one of the most sacred and time-honored privileges in the legal system is that between an attorney and a client. In most cases, attorneys may not even report major crimes that their clients have admitted to them, because the privilege is considered so central to the basic functioning of the legal system.¹ Because privileges often prevent the discovery of relevant, even sometimes critical information, they tend to frustrate those who are responsible for gathering the best available evidence. But privileges exist as embodiments of public-policy decisions that the right to certain kinds of privacy, self-protection, and confidential communication is even more important than unfettered access to the truth for the judge or jury.

Janner (2010) rightly points out that some attorneys have no ethical compunction about interfering with our ethical responsibilities to protect test security, but that gives us no license to turn about and violate the sanctity of the attorney–client relationship. As Janner recognizes, in addition to our ethical duties to respect our forensic clients’ rights, to

1. It should be noted that any expert or other assistant employed by or consulting with the attorney is also covered by the attorney–client privilege under the work product doctrine.

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Recommendations for Publishing in Academic Journals

John Kurtz, PhD
Villanova University



In this column, I offer several tips, suggestions, and questions to consider for anyone who is interested in publishing his or her research findings. This includes anyone who is reading the *SPA Exchange*, and especially students who are new to the publication process. Whether you are pondering a career as an academic or a clinician, publishing your research in journal articles is an important professional development activity. If you are an experienced clinician, then writing a research article evaluating the tests and procedures you use in practice can make a vital contribution to the field of assessment. In personality assessment, we need more contributions from psychologists who work primarily in clinical settings. Clinicians have access to the data and the populations that we need to study most urgently. In my service as a reviewer for several assessment journals and as Associate Editor for *Journal of Personality Assessment*, I have seen many manuscripts at the initial submission stage. I have learned a great deal from these submissions about how to write, and how *not* to write, empirical articles for publication in academic journals.

The first matter to consider is: What is your paper about? When I was in graduate school, there was a question that the faculty always asked of students when they presented their research to the department. The question took different forms, ranging from "Why are you doing this study?" to "Who cares?!" These *why*-questions always provoked very negative feelings in us, a blend of great dread and irritation. Nonetheless, it is a good question that every prospective author should ask when planning to write an article. All too often, the real answer to this question is simply that we have data. Data can be the starting point for a good paper, but the challenges are somewhat greater in

construing a useful research question that can be answered with existing data. It is always preferable to have good research questions in mind prior to gathering data.

A clear sense of the topic of your paper and why it is important is greatly facilitated by becoming thoroughly acquainted with the literature. The importance of attending closely to previous studies of your topic cannot be overstated. The most common source of conceptual problems in a manuscript is ignorance or misunderstanding of where things stand on the topic of interest. On the other hand, the novice researcher is often too preoccupied with establishing that no one has published a study like the current one. However, the uniqueness of a study is not sufficient evidence of its importance; a good replication study has more value than an original study of a trivial topic. It is possible that a question has not been studied before because it is not an interesting or informative question to answer. The burden is on the author to articulate the importance of the question on theoretical grounds.

The second matter to consider is the length and scope of the article. Many novice researchers submit manuscripts with Introduction and Discussion sections that are way too long. I suspect that this happens because the article is adapted from a thesis or dissertation. Theses and dissertations tend to be lengthy for good reason; they document what a student has learned about their area of study in addition to the results of a new empirical investigation. As such, they contain far more detail and background than we expect in a journal article that is targeted toward an informed and sophisticated readership. Your major professor and research mentors may provide guidance regarding what to cut out

in order to convert the dissertation into one or more journal-length articles. In my experience, I have found that the greater scope of theses and dissertations usually necessitates starting over from scratch in order to write a concise and focused journal article.

When submitting an article, inform the editor of any other papers you have written that use the same data. Novice researchers may assume that the existence of these other papers will lessen the appeal of the submission. If this is the case, it is better to find out right away rather than wait for the editor and reviewers to ask for the additional analyses that are part of these other papers. In fact, most dissertation studies and large research projects cannot be reported in a single journal article, so there may be no reason to hide the existence of these other papers.

Some authors go to great lengths to obscure negative findings, often by performing different analyses or tendering alternative hypotheses. I believe this approach is often founded in the naïve assumption that negative findings will not be published. This may be true for other areas of psychology, but personality assessment is different. One point of view maintains that a well-designed study of an important topic or a widely recognized measure should yield a publishable paper regardless of the outcome. Indeed, in personality assessment research, where informative validation studies are in short supply for many of our tests, we need to know when the validity evidence does not support the test just as much as we need to know when it does.

It has been surprising to me that the easiest aspect of preparing a journal article is what is most often neglected. I am referring to matters of style that are addressed by

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Editor's Note

Following this issue of the *SPA Exchange*, Dr. John Kurtz will be stepping down as Associate Editor. John's columns have been a wonderful addition to the *Exchange*. Dr. Chris Hopwood, Past-President of SPAGS, will become an Associate Editor. We very much look forward to Chris's contributions.

Advocacy Corner

Bruce L. Smith, PhD
Public Affairs Director



Once again, the issue of state licensure and who should be allowed to practice assessment independently appears to be front and center. The pressure from counselors, social workers, and other mental health workers to be allowed to include psychological assessment under their scope of practice continues in several states, notably California, Hawaii, Indiana, Louisiana, Ohio, and Wisconsin. I was asked to participate in a workshop on this issue at the American Psychological Association (APA) State Leadership Conference in March, and was surprised at the number of state psychological association leaders who were in attendance and concerned. I articulated the position of the Society for Personality Assessment (SPA), which I believe to be the only defensible one: that this is not a “guild” issue, but one of training and the protection of the public. In theory, any mental health professional can practice assessment if they possess the requisite education and training. SPA has articulated

what we believe to be the minimal standards for education and training in assessment that would allow for competent practice. As a practical matter, generally speaking only doctoral-level psychologists have the education and training as a natural part of their degree programs (although this may be diminishing in some university-based programs). This position, articulated in the position paper in Volume 87, Issue 3 (2006) of the *Journal of Personality Assessment*, was well-received by those in attendance at the workshop, and we have made important contacts within the various states. As always, if the membership of SPA is vigilant, we can be apprised of these issues when they come up and lend our weight to the efforts to protect assessment.

The second issue that I wish to mention is the effect of the recently passed Health Care Reform Act on the practice of assessment. As you know, one of the main aspects of the new law is the development of panels that

will review practices in various areas of health care and recommend “best practices.” We believe that assessment has much to offer in this area. Needless to say, it is our view that assessment not only adds to the efficacy and cost-effectiveness of psychological and psychiatric treatments, but can be of invaluable benefit in general medicine as well, for instance in helping to ensure compliance with treatment regimens. In order to make sure that we retain a seat at the table, so to speak, we have been working closely with the Practice Directorate of APA, whose director as you know is herself an assessment psychologist. Toward this end, we are establishing a task force to develop guidelines for appropriate practices in assessment parallel to those being promulgated by APA for treatment. In this way, we hope to make certain that assessment figures prominently in any recommendations that go forward in the coming debates over health care.

Notes From the Foundation

Bruce L. Smith, PhD
President, SPAF

The SPA Foundation (SPAF) continues to solicit funds for the support of various initiatives on behalf of the Society. Notable among these are the several funds that support students, such as the Dissertation Grant Fund, the Student Travel Grant Fund, and the Cerney Award Fund, which was shifted to the Foundation at the last Board meeting. In addition, we continue to solicit moneys for the support of research on the effectiveness of assessment.

At the last meeting of the SPAF Board, it was decided to begin to develop an endowment that would ultimately provide ongoing support for these various activities through the income generated. Of course, a sizeable fund needs to be developed before we will have sufficient capital to accomplish what we hope to. Thus, once again, I appeal to the membership to give—and give generously—so that we may continue to support the growth of personality assessment.

One final note: Steven Smith, principle investigator on the utility of assessment project, reported to us some methodological changes in his project that are intended to ensure that the project can still deliver adequate data in spite of difficulties in recruitment. We are confident that these modifications will lead to an important piece of research.



Mary Cerney Award. Dr. David Nichols (*left*) presenting to Dr. Aiden Wright (*right*).



Martin Mayman Award. Two of the award recipients: Justin D. Smith (*left*) and Dr. Leonard Handler (*right*).

The Teacher's Block

Teaching Assessment for Child Custody Evaluations to Psychology Students

Megan Lehmer, PhD

Alliant University



Conducting Child Custody Evaluations (CCEs) is some of the most challenging work psychologists do. In these court-ordered, complex, and thorough evaluations of families going through high-conflict divorce, an evaluator strives to recommend parenting plans to the court which will be in the best interest of the children involved. CCEs involve both aspects of child protection and assessing multiple individuals who often have every reason to misrepresent the facts in their situation.

I teach an elective course on Child Custody Consultation, Evaluation, and Mediation to advanced graduate students. They learn early in the course that psychological assessment is a vital part of the process of conducting CCEs, as these measures provide some neutral assessment of the psychological functioning of the parents, children, new partners, and others involved in these contentious legal battles for which there is a relevant empirical basis. How CCEs should be conducted has been standardized by both the Association of Family and Conciliation Courts (AFCC) as outlined in the Model Standards of Practice for Child Custody Evaluations, published in May 2006, and the American Psychological Association's (APA) revised Guidelines for Child Custody Evaluations in Family Law Proceedings, released in February 2009. Both sets of guidelines require that evaluators use multiple measures. The AFCC, which is a multidisciplinary body including psychotherapists and legal professionals, requires that psychologists justify their use of psychological test instruments, while the APA requires that psychologists "strive to interpret assessment data in a manner consistent with the context of the evaluation" (2009, Procedural Guideline #11). This course helps students understand that these two groups, because of their different constituencies, will have a different appreciation for the role psychological testing can play in CCEs.

The AFCC guidelines provide a roadmap for child custody evaluators. Evaluators from mental health disciplines outside psychology can rely on such measures as interviews, clinical observations, review of court records, and interviews with collateral sources. Evaluators interview parents, interview children if they are old enough, and interview parents and children together

in order to evaluate the quality of their interaction. Does a parent read the child a book in the waiting room, bring snacks for a child to the interview, calmly play a board game with the child and gently intervene when a child cheats, and work with a child to develop common strategies to build a tower together; or does a parent focus on their laptop in the waiting room, yell at the child for cheating, give orders to the child about how to build the tower, and chase the child who has run screaming from the building? The evaluator's clinical observations are significant. As additional measures, students are taught to read and evaluate court records. Interviewing collateral witnesses, such as teachers, therapists, and pediatricians, is invaluable because these are usually neutral parties. Unfortunately, many courts consider their testimony to be hearsay information.

However, psychological testing can be an important additional measure, because of its scientific nature (Meyer et al., 2001). Many of our tests have a growing body of normative data which is relevant to parenting and specific to child custody (Caldwell, 2005; Johnston, Walters, & Olesen, 2005; Singer, Hoppe, Lee, Olesen, & Walters, 2008).

Students must have completed basic coursework in psychological assessment as a prerequisite for this class. As assessment plays a significant role in training psychologists to conduct CCEs, students who are not trained in assessment would have difficulty keeping up with the class. Students learn that assessment for CCEs has been approached in three basic ways.

1. Attempts have been made to create specific tests for CCEs. The Bricklin Perceptual Scales (Bricklin, 1984) were developed for children aged 6 years and older with the aim of assessing the child's unconscious or nonverbal perceptions of his or her parents with the goals of determining which parent would make the better caretaker. However, the test is difficult to use and expensive, as a new set of cards must be purchased each time the test is given. Moreover, the scales have little more than face validity, with the original normative sample sizes having ranged from 12 to 36 (Hagin, 1992). (Thus, students are cautioned to evaluate any

measure carefully before accepting its use for forensic purposes.) The Ackerman-Schoendorf Scales for Parent Evaluation of Custody (ASPECT) are an attempt to develop a psychological test to evaluate parents undergoing CCEs (Ackerman & Schoendorf, 1992). The ASPECT is lengthy as it requires each parent to undergo intelligence testing; the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher, Graham, Tellegan, & Kaemmer, 1989); the Rorschach, using the Comprehensive System (Exner, 2003); projective testing; and achievement testing. Certain measures, such as whether or not the child drew himself/herself standing next to the parent in the kinetic family drawing have no empirical support. Measures such as intelligence testing and academic achievement have little, if any, relationship to parenting ability. While the test's author Mark Ackerman remains a respected name in the field of child custody, the ASPECT is rarely used due to the expense, lack of relevance, and lack of empirical validation (Connell, 2005).

2. A variety of pencil-paper, self-report measures can be used in CCEs. In these measures, data is limited to what the client is telling the evaluator about himself/herself. In a situation where the stakes are high and the person being evaluated often has every reason to misrepresent themselves, these measures need to be accepted with some caution. Students are warned that even those measures which have validity scales can be subject to manipulation. A case example is given of a highly intelligent man who had failed three outpatient chemical dependency treatment programs, came back from his lunch break with alcohol on his breath, but tested in the problem-free range on the highly rated Substance Abuse Subtle Screening Inventory (Miller, Roberts, Brooks, & Lazowski, 1997). Some of the more popular self-report tests are discussed in class. The Parent-Child Relationship Inventory (Gerard, 2005) is a measure of parenting satisfaction. The Conflict Tactic Scale (Straus, Hamby, & Warren, 2003) is a measure of domestic violence. The Millon Clinical Multiaxial

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SPAGS Update Christopher J. Hopwood, PhD *Michigan State University*



I am writing to update you on the Society for Personality Assessment Graduate Student Association (SPAGS) Board and Committee activities over the course of the last year and to suggest some directions for us to move in the future.

First, a note about the SPAGS Board. Elizabeth Koonce, who has served as a SPAGS Board member for two years and was set to be sworn in as SPAGS President at this year's annual meeting, has discontinued graduate school for personal reasons. Per our bylaws, she cannot serve as SPAGS President. The Board decided that Aidan Wright, who was recently voted in as President-Elect, would assume the Presidency, and that Justin Smith, who was runner-up in voting, would assume the position of President-Elect as of March 2010. I would like to thank Elizabeth on behalf of the SPAGS membership for her dedication and enthusiasm during her tenure on the Board, and to express our collective best wishes to her moving forward.

Second, I would like to review some of the SPAGS accomplishments over the course of the last year. The SPAGS portion of the Society for Personality Assessment (SPA) website is fully operational and has several features of potential use to members. First, it has complete contact information and biographies for the board members and committee chairs. Second, the SPAGS bylaws and meeting minutes are posted for interested members to review. Third, the SPAGS website has links to student awards offered by SPA and a number of other institutions including the National Institutes of Health, American Psychological Association, Association for Research on Personality Disorders, Society for Interpersonal Theory and Research, and Society for Personality and Social Psychology. Finally, members are able to access the SPAGS

listserv directly from the SPAGS tab of the SPA website. I encourage you to peruse and make liberal use of the website.

Third, I would like to review the SPAGS committees and their chairs, and to recognize some of the work committee members have been doing "behind the scenes" over the course of the last year. Pilar Sumalpong has overseen the Social Responsibility Committee. Pilar has been collecting some very interesting data on membership demography and other variables that we hope to consider in addressing future issues of diversity and social responsibility within SPA and SPAGS. Elizabeth Koonce has chaired the Technology / Research Enhancement Committee. Among other things, she has worked with some of the SPA leadership in preparing for and addressing concerns related to test security and other issues of critical importance to the field. Sandra Horn has been chair of the Education Committee. In this capacity, Sandra has reviewed internship and post-doctoral sites that focus on personality assessment, in order to assist SPAGS members as they apply for training beyond graduate school in finding appropriate placements. Martin Sellbom was chair of the Elections Committee. The election was a great success, and among a group of very strong candidates we have elected Aidan Wright as President-Elect, and Danielle Burchett, Jacob Finn, and Pilar Sumalpong as Representatives-at-Large. Finally, Danielle Burchett has been the chair of the Programming Committee. Among other things, she has been responsible for organizing the SPAGS social event at SPA, which gives members a chance to interact with one another in a comfortable, casual atmosphere.

Fourth, I would like to recognize the role SPA has played in supporting students. The

idea for a student group originated in the SPA Board several years ago, and the Board and other members have been strongly and actively supportive of its development since that time. For instance, the SPA Board have granted the SPAGS President full voting rights, have consulted SPAGS on matters pertinent to students, and have made serious efforts to support students by both keeping membership and conference attendance rates low and increasing grant and early career funding. Having served as SPAGS President over the last year has really opened my eyes to the degree to which the SPA and its Board are dedicated to supporting students, and I am pleased to be able to thank them publicly on behalf of all of us.

SPAGS accomplishments thus far, driven by both the SPA Board and the SPAGS membership, have put us in a great position to build a strong foundation for the future of personality assessment. Most of our efforts since the beginning of SPAGS have been designed, in part, to increase student involvement: for instance, by providing new and unique resources to students, representing student interests at SPA, and organizing socials in which students can comfortably interact. However, I think we can do even better. To continue meeting the needs of students, it would be helpful for the Board to receive feedback on what we could do for you as you pursue your training. I encourage you to get to know what SPAGS is doing and to discuss what we could be doing to support students by contacting Board members or Committee chairs or through the SPAGS listserv. Ultimately, SPAGS will be what we make it, and it is our responsibility to make it useful for future students as well as ourselves. As always, you should feel free to contact me about anything related to SPAGS at hopwood2@msu.edu.



Dr. Steven Smith and his research team at the 2010 Annual Meeting.



Walter Klopfer Award. Two of the award recipients: Drs. Greg Meyer (left) and Sandra Horn (right).

SPA 2010 Annual Meeting, San Jose, CA: Poster Competition Awards

Radhika Krishnamurthy, PsyD, ABAP
Florida Institute of Technology

An excellent array of approximately 65 posters were exhibited in the two poster sessions held on Thursday, March 25th, and Saturday, March 27th, at the SPA 2010 Annual Meeting in San Jose, CA. Kudos to the following winners of the poster competition who received award ribbons, and a special thanks to the judges for their dedicated effort in making the award selections.

Poster Session 1: Assessment With Diverse Populations and Settings

(Judges: Drs. Paul Arbisi, Harald Janson, and Deborah Tharinger)

Best Poster:

Comparing the Stability of Personality Traits and Coping Styles across Two Social Contexts

Amanda M. Sizemore and John E. Kurtz

Villanova University, Villanova, PA

Honorable Mention #1:

An Adolescent at Risk of Psychotic Breakdown

Chiara Marabelli¹, Roberta Vitali,¹ and Maria-Fiorella Gazale²

¹Azienda Sanitaria Locale e Istituto Italiano Rorschach e Psicodiagnostica Integrata, Milano, Italy

²San Paulo Hospital, Milano, Italy

Honorable Mention #2:

The Model Minority Myth: The Relationship between Asian Americans' Subjective Overachievement, Psychological Distress, and Attitudes toward Help Seeking

Arpana Gupta

Massachusetts General Hospital, Boston, MA

Poster Session 2: Psychometric/Methodological Studies and Other Empirical Investigations

(Judges: Drs. Brenton Crowhurst, Corine de Ruiter, and James Hoelzle)

Best Poster:

Detecting Feigned PTSD With the Personality Assessment Inventory (PAI)

Katherine M. Thomas,¹ Matthew Orlando,¹ Christopher J. Hopwood,¹ Meghan E. McDevitt-Murphy,² and Frank W. Weathers³

¹Michigan State University, East Lansing, MI

²University of Memphis, Memphis, TN

³Auburn University, Auburn, AL

Honorable Mention #1:

Ability of Simulators to Successfully Overreport Symptoms: Are All Feigning Scenarios Created Equally?

Danielle L. Burchett, Lesley Ann Hiebing, John R. Graham, Tayla T. C. Lee, and William Ajayi
Kent State University, Kent, OH

Honorable Mention #2:

An Extended Validation of the Miller FFM Count Technique: The Utility of Different SIFFM Facet Counts in the Assessment of Personality Disorders

Leen Bastiaansen,¹ Gina Rossi,¹ and Filip De Fruyt²

¹Vrije Universiteit Brussel, Brussels, Belgium

²Universiteit Gent, Ghent, Belgium

International

Updates

Steve Smith, PhD
*University of California,
Santa Barbara*



At the Midwinter Meeting in San Jose, nearly 20 international members of the Society for Personality Assessment (SPA) met for a fruitful discussion. Members from such diverse nations including Russia, Australia, Italy, and Mexico (among others) expressed a desire for more contact, support, and fruitful exchange. There were three main points of discussion.

First, members requested a dedicated listserv for interaction around training, research, and practice. I was pleased to find out that Jane Sachs and Steve Toepfer had already put this in place, but that it had not been widely disseminated. I urge all interested members to join our International Google Group (<http://groups.google.com/group/SPA-International>).

Second, we discussed the idea of national SPA interest groups similar to the state and regional interest groups in the United States. Members expressed a desire to interact and collaborate with other personality assessors in their countries on a more frequent basis. The SPA Board of Trustees discussed this idea and was in favor. If you are interested in starting such a group in your country or region, please contact me.

Last, a few international members discussed the difficulty of ongoing training and continuing education in personality assessment. Although a SPA YouTube channel might be a few years away at this point, Gene Nebel does a fantastic job of recording all sessions of the Annual Meeting and interested parties are invited to contact him for details.

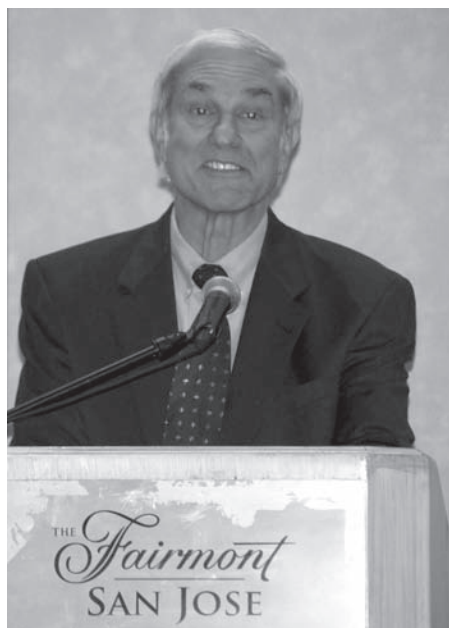
As always, please contact me if you have any thoughts or ideas at ssmith@education.ucsb.edu.

SPA Website

Please visit the SPA website at www.personality.org for information about all of SPA's happenings. Among its many items, the website includes PDF links to back issues of the *SPA Exchange*.



Master Lecture I: John Briere.



Master Lecture II: Phil Erdberg.



Beck Award. Dr. David Nichols (left) presents to Dr. Matthew Baity (right).

President's Message

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because it is confined to the ivory tower and has little impact on our real-world activities with those who seek our services. We believe these things at our peril.

Personality assessment in many psychology departments in the United States, if not elsewhere, is on the wane. Programs that once provided three or four semesters of in-depth assessment training now offer little more than the basic interviewing, observational, and checklist techniques to which even the psychological science movement would give its imprimatur. Like it or not, skepticism about the relevance and value of personality assessment is alive and well in the academy. Although there are indeed strong scientific foundations in an extensive literature for much of what we do, articles and books critiquing these foundations have become more influential than most of us would like, and we cannot get around the fact that the literature demonstrating the actual utility of our services in the field remains sparse. Skepticism about the validity and value of personality assessment vaulted long ago from the ivory tower and is now making appearances on a regular basis in the popular press and in online blogs, often accompanied by noisy popular choruses of ill-wishers posting snarky comments.

In response to the type of skepticism typified by the psychological science movement, the personality assessment community seems to have adopted several different strategies. One is simply continuing to do what we believe we do well. A second is taking these critiques head-on in scientific articles, book chapters, and professional and public advocacy. (I should note that SPA's application to have personality assessment recognized as a proficiency by the American Psychological Association and our Utility of Assessment research program are vital parts of such advocacy.) A third strategy has been to take a hard look at what may be valid or at least worth considering in the critiques offered and to attempt to strengthen our evidence base. I think there is merit in all of these approaches, but I want to suggest that none of them, even taken together, may be sufficient to address the long-term goal of keeping personality assessment a strong and vibrant field for the foreseeable future.

Internal Debates

I shall return to this point shortly, but meanwhile I want to mention another kind of skepticism with which we find ourselves contending. Here I am speaking of skepticism within our own ranks about what our colleagues are thinking and

saying. I have in mind particularly internal debates about whether and how some of our favorite instruments should be further developed and revised. I hope that all of us believe that continuous refinement of the tools of personality assessment is an essential component of our claim to be a science-based discipline; but, of course, what kinds of refinements, how quickly, and by what process will always be controversial questions. Such debates are often simultaneously deeply passionate and highly technical. Proponents in different camps naturally criticize the quality of each other's evidence and methodology. They are also inclined—too often in my judgment—to doubt each others' motives and good faith. SPA has a long tradition of embracing a broad spectrum of theoretical, methodological, and practical perspectives, and it has always seemed to me that most of our members are polymaths with respect to their understanding of many clinical traditions, a wide range of instruments, and a diverse set of applications for their knowledge and skills. For me, our ability to speak each other's many different clinical and technical languages has always been one of our greatest strengths. It is of the utmost importance that as a learned society we promote spirited debate but not personal denigration, critical scholarly reviews but not closed-minded dismissals, and above all, diversity of opinions but not factionalization.

The Impulse Toward Conservative Retrenchment

Encountering skepticism from within and without, we may reasonably find ourselves inclined toward a very conservative approach to evidence. If that means being careful to consider the empirical bases for nomothetic inferences and to avoid overgeneralization and overconfidence in idiographic description, this may be a salutary development. If, however, it leads toward a narrowing of interests and applications and an overreliance on correlational structures and statistical modeling techniques as a substitute for clear conceptualization and the development of useful theories, then such conservatism will start to degenerate into clinical and scientific parochialism and impoverish all our endeavors. At worst, it will lead (to coin a phrase from Alvin Mahrer) to "a pseudoscience of nonexistent unrealities, measured with rigorous precision" (1999, p. 1150; cited in McGrath, 2005).

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Paul Meehl's Legacy and the Attack on Clinical Judgment

I suggested above that going on with business as usual, public advocacy and addressing the weak points in the anti-assessment literature, and strengthening our evidence bases are all important, but that they may be insufficient to meet our current challenges. I said this because the core critique by the psychological science movement is addressed to clinical judgment itself.² Basing their views on a narrow and largely outmoded philosophy of the methods and progress of science, they seek to banish subjectivity from personality assessment by minimizing, if not eliminating, the role of expert judgment, which they dismiss as little more than error variance. At a time when natural sciences such as quantum physics have come to appreciate that measurements cannot be usefully described without reference to the agent performing them, the clinical science movement is still clinging to early 20th-century logical positivism. Perversely enough, they seek to vitiate the role of empathy in understanding other people's pain, to extract the human element from the human sciences, and to take the personality out of personality assessment.

To whatever extent they may still attend to the personality assessment literature, they try to stand, however unsteadily, on the shoulders of Paul Meehl, arguing that Meehl blazed the trail toward their ideal: a fully algorithmic cookbook approach to understanding people, virtually untouched by human judgment. Although Meehl can be fairly said to have championed actuarial over clinical approaches to many problems in predicting human behavior (e.g., Meehl, 1954; Grove & Meehl, 1996), it is of course a caricature of Meehl's subtle and complex thinking to identify him with the kind of clinical nihilism found in the contemporary psychological science movement. Meehl never denied that actuarial approaches should have their foundations in clinical judgment; indeed his famous "cookbook" article uses as its principal example a study that employed a Q-sort of clinician ratings, an approach that has much in common with those of people like the late Jack Block (2008) and Jonathan Shedler and Drew Westen (2007), who have sought to use clinical judgments as the basic building blocks of formally validated models.

2. Notwithstanding their occasional tepid and unpersuasive demurrals (see Garb & Grove, 2005).

Indeed, on closer inspection, Paul Meehl turns out to be a rather strange choice to serve as a figurehead for the psychological science movement. Meehl was psychoanalytically trained. He studied the Rorschach with both Klopfer and Beck and used it along with the Thematic Apperception Test (TAT; Murray, 1943) in his clinical practice (Peterson, 2006). In "Wanted: A good cook-book," Meehl (1956) wrote:

Theoretical considerations, together with introspections as to my own mental activities as a psychotherapist, led me to conclude that the clinician has certain unique, practically unduplicable powers by virtue of being himself an organism like his client. (p. 263)

He went on to write: "Statisticians (and rat men) with castrative intent toward clinicians should beware of any temptation to overextend these findings [concerning the superiority of actuarial prediction methods] to a generalization that 'clinicians don't actually add anything'" (1956, p. 263). In another paper, Meehl wrote of himself that he "considers purely theoretical personality research of academic psychologists to be usually naïve and unrealistic when the researcher is not a seasoned, practicing clinician" (1973, p. 226; as cited in Westen & Weinberger, 2004).

Meehl's long-time friend and colleague, Donald Peterson, had this to say about a particular term that Meehl frequently used in his lectures:

The term was clinically observed, by which he meant "not observed in a controlled, statistical sense, just noticed" and possibly relevant to clinical inference. He added that there was no alternative to the inclusion of clinical observations in practice. Ready or not, clinicians have to make practical, categorical decisions in the interest of the patient. If a reasonably sound scientific basis for a decision is available, the clinician is ethically obliged to use it. If not, he or she will have to depend on skillful clinical observation. No one who heard Meehl talk about Reik's description of the clinician's "third ear" (Reik, 1948), witnessed him lead his students through the inferential process in a dream interpretation, or watched Meehl, fine mimic that he was, demonstrate the animal grace of the psychopath's movement could ever accuse him of clinical insensitivity or disrespect for the clinical enterprise. In fact, his book

on clinical versus statistical prediction contains several chapters extolling the vital role of the talented, seasoned clinician in obtaining information to be used in the decision process, although the superiority of actuarial over judgmental procedures in *combining data* is clear from the research he cites. (Peterson, 2006, p. 203; italics added)

If not Meehl, then what about his close associate, David Faust (also famous for his work with Jay Ziskin, caustically debunking much that was unscientific in forensic psychological testimony [Faust, 2008])? Here's what Faust had to say in an article he wrote for *Journal of Personality Assessment*:

Unfortunately, certain negative, unjustified implications are sometimes drawn from these studies: that clinicians should exhibit blind and unaltering adherence to actuarial outcomes, or that clinicians do not make useful observations or have unique skills. (Faust, 1997, p. 333)

Faust (1997) even came out and acknowledged that the evident overall superiority of actuarial over clinical predictive methods depends on the generalizability of the particular study to the local context and circumstances of the clinician who is considering applying an actuarial model.

What thinkers like Meehl and Faust meant for us to understand was not that clinical judgment is unimportant or even unimpressive, but rather that it is best used for the formulation of experience-near observations and for helping people or for applying general theories, but not for making the kind of quantitative and probabilistic estimations that computers using actuarial formulas do much better than human beings.

Of course, when such algorithmic formulations need to be constructed, it usually requires considerable clinical judgment and experience to identify the most promising variables and factors to enter into the formula. As Westen and Weinberger (2004) have pointed out, *all* judgments in psychology are ultimately founded on clinical judgments in the sense that someone has to aggregate those basic observations over time and across situations that become the foundation of any future formula.

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Well-Known Limitations on Experience-Based Clinical Judgments

There can be little doubt that even expert clinicians do a poor job of weighting and concatenating variables in their heads, at least when making predictions in noisy environments full of weakly valid cues. People can only hold so many factors in their heads at once, and their statistical intuitions—indeed their mathematical intuitions in general—are often misleading.

For example, a pad of paper and a ballpoint pen together cost \$1.10. The paper costs \$1.00 more than the pen. What does the pen cost? For most of you, the answer 10 cents leaps to mind. But actually that's impossible, because if the pen costs 10 cents and the pad of paper costs \$1.00 more, the paper would have to cost \$1.10, making a total with the pen of \$1.20. The correct answer is that the pen costs 5 cents and the pad of paper \$1.05.³

There are a host of well-studied heuristic biases, such as order effects, anchoring effects, representational effects, hindsight biases, and ignorance of base rates that frequently distort quantitative judgments of clinicians who are trying to make probabilistic predictions. In studies collected by Will Grove, Paul Meehl, and their various associates (e.g., Dawes, Faust, & Meehl, 1989; Grove & Meehl, 1996; Grove, Zald, Lebow, Snitz, & Nelson, 2000; Meehl, 1954), only occasionally do clinicians do as well or better than even crude regression formulas or actuarial tables.

Particularly humiliating, perhaps, is the Goldberg paradox (Grove & Meehl, 1996), whereby Lew Goldberg modeled individual clinicians' judgments in rating Minnesota Multiphasic Personality Inventory (Hathaway & McKinley, 1943) profiles as either neurotic or psychotic and found that the mathematical model simulating a given clinician's judgment was a more efficient predictor than the clinician himself! The reason for this is actually simple enough: Consistent application of decision rules tends to improve judgment.

Cooking Without a Book

We might recover our dignity after perusing this kind of research by reminding ourselves that in doing personality assessment, making discrete predictions from a small set of indicators is usually not our primary focus—not even the “prediction” of diagnostic classification. It may

3. Based on an example cited in Kahneman and Klein (2009).

well be that well-designed regression formulas or actuarial tables or structured interviews can do these kinds of things more reliably and more accurately, at least in the typical situations in this body of research where all of the indicators have fairly low validity in themselves. But what only an experienced human judge can do is to usefully and accurately describe people. To do so requires not only familiarity and skill with nomothetic measuring devices, but also a capacity for accurate empathy—for putting ourselves, as Steve Finn (2007) puts it, “in our clients' shoes,” and to consider the setting, context, and purpose of the assessment; the personal and family history of the person assessed; personal meanings to the client of certain experiences and verbal and non-verbal expressions; and a host of other idiographic considerations. As Joe Matarazzo once observed:

...Even if today's computerized test interpretations (or Meehl's cookbook) were valid, a given product of a psychological test takes on differential meaning based on the unique characteristics and relevant context of the individual being assessed. (Matarazzo, 1986, p. 22)

Learning to go beyond the information given (Bruner, 1973)—to leap beyond the congeries of observations and measurements to a personally meaningful understanding of another human being—is what I mean by cooking without a book. The psychological science movement insists that we must never stray from scientifically validated institutional recipes, but I am confident we can do better.

The value of cooking without a book must not be underestimated. We know that clients derive considerable benefit, therapeutic and otherwise, from being understood and learning to understand themselves better, and that those who work with them in therapeutic or even in forensic or human resources settings can use such highly personalized, in-depth understanding to great advantage.

Maximizing the Validity of Clinical Judgments

Still, if we are to grapple effectively with the skepticism that besets us from without and within, we must be prepared to examine our clinical judgments and attempt to maximize their scientific validity. How might we go about doing this?

Let me illustrate the problem with how a famous Italian chef once described his process of making spaghetti sauce: “First

I get everything in order, then roll up my sleeves, then I make the sauce.”⁴ Like the chef, we might find it hard to spell out all of the ingredients and processes that result in our own special sauce, because it depends largely on tacit knowledge and intuitions that we have developed through training and experience.

What do I mean by intuition? I mean the capacity to recognize familiar patterns in novel contexts—something that, so far, no automated system can do well, which is why many websites require you as a security precaution to recognize squiggly letters against murky backgrounds to prove you are a human being and not a machine. The human brain is capable of massive parallel processing, during which it simultaneously holds open countless possibilities, prunes most and augments a few, and eventually selects the strongest candidate (Dehaene, 2009). Such processes underlie the kinds of speedy and subtle pattern recognition that can never be captured by serial computational or actuarial decision processes.

Under what circumstances should we be inclined to trust our clinical intuitions and when should we doubt them? A recent *American Psychologist* article by Nobel prizewinner David Kahneman and Gary Klein (2009) offers us some helpful hints. The kind of pattern recognition we have in mind here is similar to those immediate and often uncanny judgments popularized by Malcolm Gladwell in his book, *Blink: The Power of Thinking Without Thinking* (2005). They are effortless, automatic, often difficult to explain, and are not the result of deliberate reasoning or calculation. In order to work well, expert intuitions seem to require three conditions: (a) considerable experience in the domain in which the judgments are made, (b) a set of external characteristics that can be easily identified, and (c) the availability of plenty of timely feedback on whether one was right or wrong.

A skilled archer can learn to hit a target reliably without really being able to explain how she does it. What matters is that she practices her skill in similar conditions over and over and that she can see each time how close she gets to the bullseye. Contrast this with someone who learns to shoot arrows in the dark, never knowing for sure whether he hit the mark or missed it, just trying to judge by whether the shot “felt right.” Both archers may have high subjective confidence,

4. Borrowed from Karson and O'Dell (1976).

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but only one of them is likely to hit the mark consistently. Surveys of polygraphers have indicated 96% confidence in their judgments; such overconfidence is probably explicable by the fact that polygraphers often have the opportunity to learn when they are correct, but rarely find out when they were wrong (Kahneman & Klein, 2009). As an old philosophy professor of mine liked to point out, there is a vital distinction between having experience and learning from experience.

Well-trained and experienced clinicians are likely to develop skilled clinical intuitions in "high validity" environments, where there are stable relationships between objectively identifiable cues and subsequent events or criteria. High validity situations afford experts ample opportunity to find out rapidly how close they have come to the target. Invisible targets such as over-punitive superegos or narcissistic compensatory structures need not apply.

This is not to say that there is anything wrong with interpreting clinical data in the light of well-established theories, but the fundamental data to which we apply our theories must be our observation of recurrent patterns in a given client's behavior in multiple contexts and patterns of behavior across many clients with similar characteristics. We need not always understand how we came to recognize such patterns, but we must consistently check and cross-check to make sure that the meaning we ascribe to them holds up under scrutiny. We need to gather accurate data on our mistakes as well as our successes. As Kahneman and Klein (2009) point out, the true mark of expertise is the ability to recognize when the pattern is unfamiliar and the question uncertain.

We are most likely to be seduced by overconfidence in our clinical intuitions when there is much redundant or homogeneous, low-quality information pointing to a certain conclusion. For example, we might administer two or three face-valid, self-report measures and conduct a structured interview, all covering more or less the same limited content domain associated with depression. If all of them seem to indicate that the patient is not depressed, we might assume that we have strong convergent evidence that the patient is not depressed. Or, we might get a Rorschach with a DEPI of 5 and 3 Morbid responses, a figure drawing with a sad looking expression, and some TAT stories about people who have suffered from significant losses, and believe that we have ample evidence that the patient is depressed. In neither case,

however, have we comprehensively assessed the question of whether the patient is depressed, not to mention the experience and quality of any depression we have found.

To do so, we would have to consider factors with regard to the self-report items such as the quality of rapport we have with the patient; the nature of the patient's motivations regarding self-disclosure; the patient's self-image, capacity for insight, and defensive style; and the possibility that there are aspects of depression that are not well represented in the content of these instruments. Have we possibly missed a type of depression that the patient is unaware of or doesn't want to tell us about? Here we must bring much of our clinical experience to bear. With regard to the free response instruments, we would need to move beyond them to consider whether the depressive-sounding ideation and dysphoric indicators are also represented in the patient's phenomenological experience, somatic functioning, and behavior. In either case, we would also like to compare our feeling of being with the patient to our experience of being with many past patients whom we knew to be depressed. In many cases, it would also be helpful to know what someone else who knows the patient well has observed.

Toward a Science of Clinical Judgment and What to Do While We're Waiting

So, beyond our clinical intuitions and impressions, expert clinical judgment must be put to the test. Fortunately, when personality assessment is practiced proficiently, that is just what happens. We reach beyond the information given, but constantly re-check our inferences. Nevertheless, I believe that the application and testing of clinical judgments, based on the integration of complex and diverse observations, test scores, historical information, and contextual data is an understudied area in our field. Our failure thus far to demonstrate empirically how our process of clinical validation achieves consistently valid results leaves us vulnerable to those who denigrate our best work. The development of a science of clinical judgment may help refine our everyday practice, while also making a case for the validity and utility of our methods. In the absence of such a science, let me at least offer a couple of suggestions for how we can maximize the validity of our clinical judgments.

First, we should ordinarily begin our assessments with the referral questions,

the context of the assessment, the personal background of the client, and our direct clinical observations all clearly in mind. From these, we should formulate hypotheses, conjectures, and further questions, which we strive, in an open-minded fashion, to confirm, reject, or refine on an iterative basis as more information comes our way, leading to still further possibilities and new conceptualizations, which are subjected in turn to further testing.

In this way we begin with what is most solid and relevant—what we know from the life history and what we clinically observe—and then progress to higher-level inferences based on test results, theoretical considerations, or research findings as a means of shaping or refining our understanding of those facts (see Fischer, 1994).

Note how this is different from administering a shotgun set of instruments, that spur us to confirm what the tests tell us rather than focus on what we have already ourselves learned from the client. From the standpoint of the logic of Bayesian inference, the conditional probabilities of such test-centered approaches are exactly backwards.⁵ We are not interested in knowing, given these test results, how the client is likely to think, feel, and behave, but rather, given that this is how the client thinks, feels, and behaves, how can these test results help us understand him better?

Second, once we come to believe that we have developed a strong formulation, we ought to test it against some kind of additional data. We may gather such data by asking for feedback from the client, the client's therapist, or family members, or by administering a focused measure that should highlight our principal findings, or by gathering additional historical information in an effort to disconfirm it.

When we are cooking without a book, we need to do more than just follow our fancy. We need to be systematic about tasting the sauce at each stage of its preparation and to be ready to adjust the seasonings, the temperature, and even the proportions of the main ingredients. If we are well-trained cooks with many years in the kitchen, we can usually trust our intuition and our taste, but from time to time, we still do well to ask other cooks or fellow diners to take a taste for themselves. The proof, of course, is in the eating.

5. For a more detailed discussion of these points, see Erard (2005).

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Whose Secrets to Safeguard? The Attorney–Client Privilege in Forensic Psychology Practice

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avoid harm, and to cooperate with other professionals, we have a duty to provide informed consent (at least when the evaluation is not mandated by law). Prior to directly asking a litigant to reveal attorney–client confidences, wouldn't informed consent² require us to disclose that the litigant has a legal privilege to refuse to answer such questions, that he or she is well advised to speak to an attorney

2. Even when informed consent is not strictly required with respect to the decision to participate in a legally mandated evaluation, I would argue that we still have a duty to provide informed consent concerning a direct request that the litigant waive a legal privilege.

before answering such a question, and that waiving attorney–client privilege may cause unnecessary and irreparable damage to his or her interests? But after explaining all that, is our question still even worth asking?

Is there some other way we might ask about pre-evaluation research or coaching? It is perhaps reasonable for psychologists to ask a general history question about what the litigant has read about the diagnoses in question, the tests to be used, etc., and whether he or she has been examined before. Lee (2010) offers many helpful ideas about how to approach this. Although there is the possibility that the litigant's answer will inadvertently reveal some kind of interaction with his or her attorney or with an agent of the attorney at this point, we have at least not directly solicited or coerced any waiver of privilege. I think this remains a gray area, but perhaps one in which such a compromise between our proper professional objectives and the value of protecting privilege is good enough.

Ultimately, the problem of the “coached” or “informed” litigant will not be solved by any such efforts, however. A few years ago, at the end of a special series on test security concerns (Erard, 2004), I wrote:

We should do what we can to discourage the misuse of psychological test materials and interpretive guides, but we must also recognize that we cannot afford very much longer to trust to public ignorance as the primary basis for our confidence in our instruments. In the words of Lord Acton (1906), “Every thing secret degenerates...Nothing is safe that does not show how it can bear discussion and publicity.” (p. 47)

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Recommendations for Publishing in Academic Journals

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close proofreading and careful editing of the manuscript. A good research article is always a well-written article. It may be tempting to presume that word choice, sentence structure, punctuation, and the arcane rules of APA style are matters that are secondary concerns for the bright young scientist with important ideas and valuable data. After all, the mundane details of grammar and style can be contended with later by editors, reviewers, and production staff. The reality is that the manuscripts with the strongest conceptual and methodological features also happen to be manuscripts that are well-written and relatively free of errors. One might think that having multiple authors would help to ensure that a manuscript is carefully proofread, but I would not count on it. I have repeatedly witnessed the diffidence of responsibility that can prevail when five, six, or more authors share a byline.

Finally, effective writing avoids overstatements and clichés. Too many papers lament the “dearth of published studies” on their topic. As argued above, it is far more important to argue why anyone should publish such a study. Many authors are making references to the “extant literature” in their reviews. The apt word is “existing.” The word extant comes from biology and refers to life forms that are not extinct. There is no extinct literature in psychology; there is only one existing literature. Some excited authors refer to the developments they are reporting as a “new paradigm” for personality and/or assessment. The word *paradigm* is grossly overused by educated writers in all fields today. The correct term is usually “theory” or “method.” A paradigm is something much larger than any theory or research method. In fact, all of the diverse types of research published in *Journal of Personality Assessment* belong to a single paradigm shared with all of psychological science.

I hope these recommendations are helpful to aspiring authors. We all look forward to reading about your good work on the pages of our favorite journals.

The Teacher’s Block: Teaching Assessment for Child Custody Evaluations to Psychology Students

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Inventory–III (Millon, 1994) is used by some practitioners as a measure of Axis II disorders. The Personality Assessment Inventory (PAI; Morey, 1991) can be used to look for convergent validity with the MMPI–2 in those cases where parents accuse each other of cheating on the MMPI–2. The PAI, with which most litigants (and their attorneys) are unlikely to be familiar, has several scales which are similar to several MMPI–2 scales, and the PAI manual gives correlation data for PAI scales and MMPI–2 scales. The goal in class is for students to know about the self-report inventories and to be aware of their strengths and limitations when it comes to evaluating child custody litigants.

3. The two measures which have some normative studies on child custody litigants and yield some data which are relevant to issues facing child custody evaluators are the MMPI–2 and the Rorschach (Caldwell, 2005; Johnston et al., 2005; Singer et al., 2008). Moreover, both measures have wide cross-cultural relevance. The MMPI–2 has been officially translated into over seventeen languages, while international norms on the Rorschach were published in 2007 (Meyer, Erdberg, & Shaffer, 2007).

Consistent with the APA (2009) guidelines, which stress that child custody evaluators must “develop specialized competence” (Guideline #4) and “strive to interpret assessment data in a manner consistent with the context of the evaluation” (Guideline #11), students are taught that they must *never* depend on computerized interpretations but should interpret the raw test data themselves with relevance to the referral questions raised in a particular CCE. For example, the course emphasizes that psychological testing must be used very cautiously in cases of domestic violence. It is not unusual for the victim in such cases to test to appear more pathological than

the perpetrator due to the impact of the domestic violence. A case example is used to demonstrate this point:

Mother’s MMPI–2 Scale 6=89, while Father’s MMPI–2 clinical scales were in the normal range: 9=62, 4=54; 2=52; all others clinical scales were below 50. Father’s validity scales were somewhat elevated: L= 70, K=58, and S=67. The computer printout suggested that Mother was paranoid, if not psychotic, while Father was seen as naively guarded. However, in this particular case, Father had just gotten out of jail for felony stalking of Mother after he slashed the tires on Mother’s boyfriend’s truck when Father violated a restraining order after having manipulated the children into disclosing Mother’s address. Father had been battering Mother since she was a teenager, and once beat her face in while her jaw was wired shut from a previous beating. At the time of testing Mother had a baby with her new boyfriend and feared that Father would kill that child. Students are taught that seen in context, the elevated Scale 6 represents reality-based terror on Mother’s part, while Father’s elevated validity scales are masking his 4–9 MMPI–2 profile. Father’s psychopathy is supported by Rorschach and other data.

Students in this course on CCEs are advised that many custody evaluators do not routinely test children. This course covers issues on attachment, which has become an increasingly popular topic among child custody evaluators and a highly popular topic among students. There are formal measures of attachment such as Ainsworth’s Strange Situation Paradigm (Ainsworth, Blehar, Waters, & Wall, 1978; Ainsworth & Wittig, 1969), but they are expensive and cumbersome to use. Students in this class are taught to use the Roberts Apperception Test for Children (RATC; Roberts, 1982) which is a projective story telling test similar to the Thematic Apperception Test (Murray, 1943) and can informally assist in evaluating attachment as well as assist in evaluating a child’s emotional functioning and reaction to the parents’ divorce. The RATC has the advantage of having a standardized scoring system and a small body of normative data. Rorschach testing is recommended if there are questions about a child’s psychopathology. For example,

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The Teacher's Block: Teaching Assessment for Child Custody Evaluations to Psychology Students

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a Rorschach was helpful in the case of a 12-year-old who had been hospitalized after she tried to hang herself on the playground at school. She later told the evaluator, "My parents have been fighting over me since I was two months old." In cases where alienation is alleged, there is a growing body of research which has begun to shed light on the Rorschach findings of children who have been subject to varying degrees of parental alienation.

Students in this class vary significantly in their enthusiasm about psychological testing. Some challenge the findings in the Meyer et al. (2001) study. Some students ask if the scientific basis for psychological testing specifically applies to the Rorschach and other tests used in CCEs. Some students have read about the challenges to the Rorschach made by Lilienfeld, Wood, and others (Erikson, Lilienfeld, & Vitacco, 2007; Lilienfeld, Wood, & Garb, 2001), and these questions always lead to a lively discussion. By requiring students to read the relevant research supporting the Rorschach and the MMPI-2 and their use in CCEs, as well as raising cautions about how to interpret these tests in the context of situations such as domestic violence, this course strives to help students learn to make use of a valuable tool with which to assist in their understanding of child custody litigants. Students are encouraged to join the Society for Personality Assessment, and membership applications are brought to class. One or two students may be assessment enthusiasts in a class, which is usually over-enrolled at 18 students.

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Presenters and attendees of the MMPI-2-RF Studies Paper Session. *Back row from left:* Roger Greene, Alex Caldwell, John Roberts (student of Dr. Radhika Krishnamurthy), Tony Young, Gary Groth-Marnat. *Front row from left:* Jenny Green, Lauren King, Tiffany Cummings (students of Dr. Radhika Krishnamurthy), Radhika Krishnamurthy, Dave Nichols, Amber Learn (student of Dr. Ron Stolberg).

New SPA Fellows



John Briere, PhD, is Associate Professor of Psychiatry and Psychology at the Keck School of Medicine, University of Southern California, and Director of the

Psychological Trauma Program at LAC-USC Medical Center. He is a past president of the International Society for Traumatic Stress Studies (ISTSS) and recipient of the Robert S. Laufer Memorial Award for Scientific Achievement from ISTSS. Designated as "Highly Cited Researcher" by the Institute for Scientific Information, he is author or coauthor of over 70 articles, 20 chapters and encyclopedia entries, 10 books, and 8 psychological tests in the areas of trauma, child abuse, and interpersonal violence. His newest book (coauthored with Catherine Scott, MD) is *Principles of Trauma Therapy*. Psychological tests developed by Dr. Briere, and published by Psychological Assessment Resources, include the *Trauma Symptom Inventory* (TSI), *Trauma Symptom Checklist for Children* (TSCC), *Inventory of Altered Self-capacities* (IASC), *Detailed Assessment of Posttraumatic Stress* (DAPS), *Multiscale Dissociation Inventory* (MDI), and *Trauma Symptom Checklist for Young Children* (TSCYC). His website is www.JohnBriere.com.



Jan H. Kamphuis, PhD (1964), is a full professor of Clinical Personality Assessment at the Faculty of Social and Behavioural Sciences of the University of Amsterdam (UvA).

He was trained in the United States on a Fulbright fellowship and obtained his doctorate under the advisorship of Professor Michael J. Telch at the University of Texas (Austin, USA), on experimental research on mechanisms of anxiety reduction. After completing his clinical

internship at the Psychiatric department of the Duke University Medical Center (Durham, NC, USA), he accepted a position in The Netherlands as a cognitive therapist and Senior Researcher in the Academic Medical Center's Mood Disorders program. Kamphuis' publications largely concern innovations in the field of clinical personality assessment, anxiety disorders, depression, and the psychology of stalking and stalkers. He teaches clinical personality assessment at the Bachelor, Master, and post-Master level. His current research focuses on evidence-based clinical personality assessment, treatment utility of assessment, and on clarifying individual differences in susceptibility for psychopathology.

Richard W. Lewak, PhD, studied with



some of the early MMPIers (Minnesota Multiphasic Personality Inventory): Phil Marks, Peter Briggs, Lowell Storms, and Alex Caldwell.

He recognized

the power of the test as a therapeutic tool and coauthored the first feedback and treatment guide, *Therapist Guide to the MMPI/MMPI-2*. He has coauthored two other books on the MMPI/MMPI-2 and has lectured extensively on the use of the test for providing feedback and treatment to individuals and couples. He has appeared on television and radio programs locally and nationwide, including *Larry King Live*, *20/20*, *Nightline*, and *Anderson Cooper*. As a consultant to reality television programs from the beginning of that genre, Dr. Lewak worked on *Survivor*, *The Amazing Race*, *The Apprentice*, *The Contender*, *Big Brother*, *American Candidate*, *Black White*, and others. In this role, he screened candidates and made predictions about people's behavior, based on personality assessment. Dr. Lewak also assists companies with executive hiring decisions, management development, and corporate teambuilding. Dr. Lewak has a private practice in Del Mar, CA, USA.

SPA Personals

Andrea Castiello d'Antonio, Doctor of Psychology (Laurea), psychoanalyst, clinical psychologist, organizational psychologist and forensic psychologist, is currently at the European University of Rome (Italy), Department of Psychology, professor of "Personnel Selection and Assessment." Formerly an Industrial and Organizational psychologist in two companies—IPACRI (bank company) and ALITALIA (Italian airways)—since 1987 to today he works as a professional psychologist in independent practice in the Organizational, Clinical, and Forensic fields. This is in addition to his interests in aviation psychology and in the application of psychoanalysis to the organizational environments. He has written and published widely on the subject of clinical psychology applied to organizational settings and on the assessment of personality. His most recently published books are (in the Italian language): *The Psychological Assessment of Human Resources: The Individual Interview* (2007), *The Psychological Assessment of Human Resources: Test, Questionnaires and Group Methods* (2008), and *The Hans Zulliger Projective Technique in the Context of Personality Assessment* (2009). Andrea Castiello d'Antonio is a member of several international associations, including the International Society for the Rorschach and Projective Methods, American Psychological Association, British Psychological Society, International Association of Applied Psychology, and Association for Aviation Psychology.

Virginia Brabender, PhD, will assume the presidency of Section IX (Assessment Psychology), Division 12 in January 2010.

Doris Penman, PhD, was elected 2009 President of the California Psychological Association.

Editor's Note

Congratulations to Dr. Susan Crowley on her election as an SPA Fellow. Dr. Susan Crowley's name was omitted from the Winter 2010 Exchange listing of new SPA Fellows.

From the Editor...

Jed A. Yalof, PsyD, ABPP, ABSNP



This issue of the *Exchange* contains lots of good reading. Bob Erard's President's Address will bring back memories of his great presentation at the recent conference in San Jose. Bob also provides an article on coaching in assessment as a follow-up to the articles on this topic that appeared in our most recent issue. Megan Lehmer shares her views on teaching custody evaluation strategies to doctoral students. Bruce Smith updates us on SPAF and his work as SPA Advocacy Coordinator, and Steve Smith offers an International Update. John Kurtz offers recommendations for publishing in academic journals, and Chris Hopwood covers the happenings with SPAGS. Until next time...

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