

spa exchange

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President's Message:

The Dharma of Good Personality Assessment Work: Address to the Society for Personality Assessment
Annual Meeting, Chicago, IL, March 15, 2012

Radhika Krishnamurthy, PsyD, ABAP
Florida Institute of Technology

A warm welcome to you, my friends and colleagues. I am honored to have this opportunity to share my thoughts about personality assessment with you. Before I formally begin my address, however, I have a few prefacing words. Many of you were here listening to Bob Erard's presidential addresses in the last two years and were witness to his extraordinary renditions of music



and lyrics. Bob set the creative bar very high (I admit it made me nervous thinking about my talk this year), and perhaps you are expecting a talented performance of a similar sort from me today. I must advise you that there will be no such thing from me, and I assure you that you will be grateful for that! My suggestion is that you nab Bob during a break between sessions and demand an encore. One of you let me know the time and place.

When I started composing this address, I thought over my various career experiences in the field of clinical psychology. There have been changing tides and indeed several transformations. In my time, there has been the development and solidification of a managed care system, a move toward brief assessments and briefer screening versions of those assessments, cutbacks and eliminations, as well as expanded applications of assessment. My mind went farther back to when I was an undergraduate psychology student in India at a time when the state psychiatric hospitals, with few resources and hundreds of patients, fit every stereotype of mental hospitals you might have seen depicted in the old movies. I witnessed mental illness unmitigated by major tranquilizers—they weren't quite in use there in the late 1970s and early 1980s. I have not forgotten those poignant images of personal chaos and suffering, or the faces of desperate family members who traveled great distances, at great expense, for the occasional assurance that their loved one was being taken care of. I also recall vividly the hushed story of a woman who claimed she had been banished to the asylum by reason of being a disobedient wife. Was she delusional? Was she telling the

harsh truth? At that time, I did not know of, or have, an assessment tool to determine the answer.

I'm sure you know that such reflections puts one in a philosophical frame of mind, and I find myself returning to that place with increasing frequency. These thoughts also take me back to my roots, to the rich Hindu philosophy that

I attempt to understand more deeply as I get older, and lead me to dwell on the concept of Dharma, which I will discuss today in the context of our work in personality assessment.

Dharma is a Sanskrit word with multiple complex definitions and descriptions, and with different meanings in Hindu, Buddhist, and Jain philosophies, which carries personal, social, and metaphysical implications. It has no direct equivalent in the English language, so I will try my best to convey its connotations. At a basic level, Dharma is a moral law intertwined with spiritual discipline that serves as a guide for one's life. Essentially, it refers to a way of life and also the true nature of things. The root of the word, *dhri*, means "that which is held" and "manner of being." As a verb, Dharma means to uphold, sustain, and uplift.

In its interpretive applications, Dharma refers variously to ethical behavior, fulfillment of duty or responsibility, service to the community, self-expression, and self-actualization. So it is a principle of being and a code of conduct, a virtue, an ideal of behavior and ethics. It is an internal decree and regulatory principle. It is an intrinsic value to be adhered to for its own sake, with no external coercion. Dharma can be viewed as a lens through which human beings formulate and implement their interactions with the world. Looking through the Dharmic lens, one focuses on doing what is right and avoiding what is wrong. With the wheel as its symbol, Dharma is fluid and dynamic and takes into account ever-changing time and place. It is basically phenomenological at its core.

According to one of the great ancient texts of Hindu literature, the *Bhaagavata Purana*, Dharma includes purity (*shauch*) and truthfulness (*satya*). In another slant, the eminent philosopher and poet Tulsidas of the 16th century defined the root of Dharma as compassion (*daya*). Dharma prompts us to use both our heads and our hearts in our decision making. The notion of Sanatana Dharma refers to a path of reason coupled with compassion. A specific form of Dharma, called Varna Dharma, is professional Dharma, which specifies our roles and responsibilities in our work (for these and further descriptions of Dharma, see for example the writings of Swami Chinmayananda, 1996; Dasa, 2007; Knapp, 2006).

Dharma represents a universal umbrella of values across all these meanings and descriptions. This leads me to speak about my conviction, and the central point I wish to make today: that our professional work, just like other aspects of our lives, must essentially be value laden.

The notion of value-laden, Dharmic practice translates into five core themes for me:

1. **Quality.** First, I bring attention to the importance of the quality of our work, and an emphasis on quality over quantity if a choice is to be made. We have tremendous opportunities today to apply our expertise in assessment in diverse areas. If we

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SPA and the Future of Personality Assessment

Christopher J. Hopwood, PhD
Michigan State University



It has been a tremendous honor to contribute for the last few years to the *Exchange*; this is my last article for now. *Exchange* readers are very fortunate to have Jill Clemence pick up this column. We can all look forward to many interesting articles from her. For my last contribution I would like to focus on how I see the Society for Personality Assessment's (SPA) role in the future of mental health practice and research, because I think SPA and its individual members are in a very strong position to influence the field positively. If we play our hand correctly, I believe personality assessment will find itself squarely at the center of clinical psychology, where it began and where it belongs, and where it can critically influence mental health care. I will use my last column to outline the reasons I believe we are in this position and what I think we could do to take advantage.

Six Reasons That SPA Is in a Strong Position to Influence Mental Health Research and Practice

1. Progress in reimbursement for psychological assessment and ongoing changes in health care. Bruce Smith and several other SPA members have logged long hours, in collaboration with influential figures in other organizations, working on issues related to fair compensation for assessment. Considerable progress has been made in this area, which contributes directly to the likelihood that effective assessments will be conducted by professionals and that trainees will continue to be taught, at least to some limited degree, how to conduct effective assessments. Advancements such as the parity law that Bruce has recently discussed in his columns are critical in this regard, and for establishing and reinforcing the clinical value of personality assessment among our colleagues and clients.

2. Progress in developing assessment proficiency guidelines. Other members have taken up the complementary issue of proficiency, most recently including

Mark Blais, who chairs the Personality Assessment Proficiency Project. As a result, SPA has considerable influence on the field for determining assessment proficiency standards for trainees and professionals. This influence will allow us to distinguish effective from ineffective assessment training and thereby ensure that what sometimes passes as assessment, such as the sole reliance on a unidimensional questionnaire or diagnostic evaluations that do not consider personality and environmental context, is demarcated from actual, clinically effective personality assessment.

3. Evidence for the clinical benefits of assessment. Every year some of my favorite talks are on collaborative assessment, by trailblazers such as Steve Finn, Connie Fischer, and Len Handler (2012). I think it is safe to say that this approach to assessment has taken SPA by storm during my short career, and that it is poised to take the field by storm. The development by Steve Finn (2007) of a standardized approach to and formal training in Therapeutic Assessment puts the practice into a language that treatment researchers and consumers can easily understand. Ongoing development and research on these approaches has contributed significantly to breaking down unhelpful boundaries between assessment and therapy and placing appropriate emphasis on the clinical value of personality assessment.

4. Introduction of personality traits into the DSM. The DSM has been a focus of several symposia at the past few meetings, largely because personality assessment psychologists and SPA members such as Lee Anna Clark, Bob Krueger, and Les Morey are on the Personality Disorder Work Group, resulting in the introduction of traits into the diagnostic manual. This achievement is the result of these and other SPA members, such as Tom Widiger, who have spent decades pointing out the flaws in the categorical model and articulating more empirically viable alternatives from personality psychology. Clinical psychology and psychiatry now have to reckon with traits—and the field needs our example and instruction on how to do a personality assessment

for the purpose of clinical diagnosis. Psychiatric diagnosis is moving toward us after decades of moving away from us, and we should pivot to this new reality to take advantage.

5. Development of dynamic models for assessing personality. As I wrote in my previous column, my view is that future advances in applied personality assessment will involve using new technologies to measure dynamics—what people do in their actual lives and how people change across interpersonal situations. Nobody is more suited to understand what dimensions are important to assess dynamically, how these dynamics relate to our standard assessments, and how to use dynamic assessment data to develop an effective formulation, than we are.

6. Transdiagnostic treatment approaches. A general interpretation of the results of decades of treatment research based on the medical model is that most treatments that are well thought out and intended to be helpful are broadly effective, few are demonstrably more effective than others, and matching patients to treatments based on diagnostic categories (within broad domains, such as the anxiety disorders) is usually not all that impactful. This realization has led some in the therapy field to develop “transdiagnostic” models of treatment. But this does not necessarily mean one treatment fits all—indeed a broad take-home message of this literature is that treatment researchers haven't been considering the right variables. For instance, it may be the personalities of patients that matter for treatment success and amenability, potentially in interaction with the personalities of clinicians. Clinicians therefore need effective assessments of these variables to maximize effectiveness—and we are just the ones to help them conceptualize and measure personality.

Six Ways to Get There That Fall Under One Principle: Think Big

1. Move beyond method-centrism. An abiding concern during all the SPA
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This is Dr. Hopwood's last column as an Associate Editor. The *Exchange* is grateful to Dr. Hopwood for his excellent contributions. Dr. Amanda Jill Clemence will be joining the *Exchange* as an Associate Editor, effective with the next issue.

What Do We Know About Child Sexual Abuse Assessment?

Linda K. Knauss, PhD, ABPP
Widener University



Child sexual abuse reports have been prevalent in the national news recently. Thus, it seems like a good time to examine what we know and what we don't know about child sexual abuse assessment. For example, psychological evaluations of sexual abuse allegations seldom provide clear answers to the most important questions: "Did the abuse occur, and if so, who did it?" Efforts to answer these questions demand special expertise and ethical integrity (Koocher, 2009).

Ethical standards are set by professional organizations such as the American Psychological Association, American Psychiatric Association, American Counseling Association, etc. However, it is difficult to translate broad ethical standards into guidance for a specific task such as the psychological assessment of children who have been sexually abused. One of the most important ethical considerations is competence. There is no professional license or degree that indicates that one is qualified to provide child sexual abuse evaluations. Competence also requires keeping current with developments in this area. In addition, most child sexual abuse assessments are used in a forensic context necessitating competence in this area as well.

Standard 2.04 of the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2010) describes competence as: "Work based on established scientific and professional knowledge." However, assessments in cases of child sexual abuse rely primarily on clinical judgment because tools to determine the occurrence of child sexual abuse do not exist (Grisso & Vincent, 2005). Although assessment of children in child protection cases is common, there is little empirical information on current practice (Budd, Felix, Poindexter, Naik-Polan, & Sloss, 2002).

There are also several limitations of the instruments and sources available for assessing children in the child welfare context. Zill and Coiro (1992) noted that much of the child development literature is based on children from middle-class, Caucasian families, and instruments and norms using this population may not be appropriate for the majority of child welfare clients. Another limitation cited by Zill and Coiro is that many abused

children are infants or of preschool age, and assessing developmental status in young children requires more specialized training than with school-aged children. Kates, Johnson, Rader, and Strieder (1991) point out that traditional assessment tools do not provide information specific to the questions posed about children in foster care, and Beyer (1993) criticized the lack of specificity in the referral questions given to evaluators in child abuse cases.

There are also several recommendations of what should be included in assessments of children. According to Budd et al. (2002), numerous sources (e.g., American Psychological Association, Committee on Professional Practice and Standards, 1998; Melton, Petrila, Poythress, & Slobogin, 1997; Wolfe & McEachran, 1997) recommend the use of multimethod, multisource, multisession assessment; selection of assessment methods based on referral questions; sensitivity to cultural, socioeconomic, and other human diversity issues relevant to children in a child protection context; and conservative interpretation of assessment findings. Conservative interpretation includes acknowledging the limitations of the assessment findings and only stating opinions and recommendations that are supported by data.

Budd et al. (2002) systematically examined 207 mental health assessment reports on child abuse or neglect cases and asked, among other questions: What methods are used in these assessments? Most of the evaluations were psychological evaluations (65%), and the remainder were developmental, bonding/parenting, Parent Assessment Team (PAT), and other. Although not all the evaluations were for the purpose of determining child sexual abuse, the results remain relevant. Psychological evaluations used a wide variety of measures, including projective personality measures in over 90% of the cases. Child observations outside of the interview or testing situation (e.g., in a preschool, playroom, or waiting area) occurred in 24% of developmental evaluations and 17% of PAT evaluations but rarely in other evaluation types. Another important finding from this study, which is especially relevant to child sexual abuse assessment, is the frequency with which examiners made reference to the reliability or believability of their findings

or stated any limitations to consider when interpreting the findings. While over half of the examiners who conducted psychological or developmental evaluations referred to the believability of findings, a significant number did not. Of the remaining assessment types, only a few of the reports contained this type of reference. Believability references include such things as confidence intervals for intelligence test scores, or a general statement about whether the findings appear to be an accurate measure of the child being evaluated. When evaluators noted limitations that may have compromised test results, child behavior was most commonly cited. Cultural issues, time or setting constraints, or concerns about the child's comprehension were seldom mentioned.

Although psychological evaluations are used to assess child sexual abuse, the most common assessment techniques are structured and unstructured interviews. Victims of child sexual abuse sometimes have to tell information about the abuse they have experienced over and over again. Multiple interviews by people representing clinical or law enforcement agencies can be stressful to victims. Thus, it is considered best practice (Sparta & Koocher, 2006) to videotape child sexual abuse assessments (with proper consent). Videotaped interviews provide documentation of competent (or incompetent) data collection. Proper interview techniques are important to obtain reliable information. Often the child's statement is the only evidence in a case (Koocher, 2009).

Once the evaluation has been completed, the data must be interpreted. In many cases this means arriving at a decision whether or not to substantiate the allegation of abuse. Unfortunately, the decisions by clinicians to either substantiate or not substantiate sexual abuse allegations currently lack firm scientific foundation (Fisher & Whiting, 1998; Goodman, Emery, & Haugaard, 1998; Horner, Guyer, & Kalter, 1993; Poole & Lindsay, 1998). Evaluator decisions are based on the individual clinician's review and analysis of available data. Factors that influence these decisions include: the clinician's own personal experiences; knowledge of the research; and the clinician's implicit or explicit beliefs and values. This is

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Advocacy Corner

Bruce L. Smith, PhD
Public Affairs Director



We continue to work with the Practice Organization of American Psychological Association on reimbursement issues related to the Mental Health Parity Act. Most recently, insurers in certain states have refused to reimburse for services provided by a technician (admittedly, less of a problem for personality assessors than for neuropsychologists). New York appears to be the most affected state, as the licensing laws there prohibit non-psychologists from administering tests. The other main issue related to parity is insurers requiring more documentation and preauthorization for psychological tests than for medical tests. We continue to collect information about this from members that we forward to the American Psychological Association. I believe they intend legal action if warranted.

On a different note, I—along with several of my International Rorschach colleagues—was interviewed about the Rorschach by the BBC. The program, which is 30 minutes in length, is expected to air in the summer. The interviewer was quite knowledgeable and seemed favorably disposed toward the test; we shall see.

Also, I am pleased to report that our general readership blog is now up and running. The title is “About Assessment” and the URL is www.personality-assessment.org. It is for non-assessors—both laypersons and other professionals—and will have posts of a general interest that will serve to inform the public about the value of assessment. Hopefully, we can link the blog to current events as warranted. Please contact me with any feedback or suggestions for topics.



Dr. Les Morey, Walter G. Klopfer Award winner, with SPA President Dr. Radhika Krishnamurthy.



Dr. Luciano Giromini receives the Mary S. Cerney Award.



Dr. David Shapiro receiving the Bruno Klopfer Award from Dr. David Nichols.



Dr. Ron Ganellen presenting Dr. Virginia Brabender, Past SPA President, with a gift.

SPAGS: Reflecting on Recent Successes and Looking to the Future

Justin D. Smith, PhD
University of Oregon



My final duty as the president of the Society for Personality Assessment Graduate Student Association (SPAGS) is writing this column for the *Exchange*. In Chicago at the annual meeting, the SPAGS Board was placed in the very capable hands of this year's president, Kate Thomas, who will lead an exceptional group of student leaders in the coming year. In my time as president, and president-elect the year prior, SPAGS witnessed tremendous growth in many ways: First, the student membership continued to be robust. Similarly, student attendance at the Boston and Chicago meetings in 2011 and 2012, respectively, topped 200—more than one-third of the total registrants for both conferences. I believe these figures can be attributed to two crucial factors: SPA's support of its student members and a desire among graduate students for quality training in personality assessment. The organization's efforts to support students are easily identifiable: (a) volunteer opportunities at the annual meeting that enable students to receive reduced registration fees and attend workshops they are assigned to for free; (b) travel grants that defray the cost of attending the annual meeting for students who will be presenting a paper; (c) opportunities to present papers and posters; (d) dissertation grants to financially support research in personality assessment; (e) the Mary S. Cerney Award, given annually for the most outstanding personality assessment research paper first authored by a student; and (f) financial support for the SPAGS Social, which has been wildly successful at the past two annual meetings (free food always attracts graduate students!). We extend our warmest appreciation to Les Morey and Nancy McWilliams for attending this year's Social in Chicago.

In addition to these tangible efforts to support student scholarship and training, the membership and the Board of Trustees of the society strive to, and succeed in, fostering a welcoming atmosphere for students and early-career members of the society. The intent of SPA to continue to support students

is evident in the recent increased finances appropriated to the aforementioned student-related sources of support, as well as the advent of the Early Career Travel Awards this past September, which will support the transition from student to early-career psychologist. Without question, the SPA membership and its governing body have stated their intent to support students, and they have followed through. These efforts will ensure that the research and practice of personality assessment will prosper within the Society.

What about the larger field of clinical, counseling, and school psychology, in which the practice of assessment generally, and personality assessment specifically, remains a professionally defining practice? A number of recent studies elucidate the consistent and arguably increasingly rapid decline in instruction in assessment in doctoral training programs (Brabender, 1992; Curry & Hanson, 2010; Handler & Smith, 2012; Mihura & Weinle, 2002; Norcross, Karpiak, & Santoro, 2005), while also showing a "trickle-up" effect to internship training programs, which have voiced increasing dissatisfaction with the level of training that doctoral-level trainees receive in graduate training programs (Clemence & Handler, 2001). Even though recent research indicates a decline, assessment still occupies a nontrivial amount of psychologists' service delivery time (Norcross et al., 2005). Although it is relatively simple to assess the gross amount of time practicing psychologists spend conducting assessment, it is less so to measure and assess the quality of the process (e.g., standardization of administration, providing feedback to clients in a useful and accessible manner), and the resulting products (e.g., written reports, thoughtful recommendations based on the assessment results, facilitating referrals to other professionals). With the degradation of training at the graduate level, and likely at the internship and postdoctoral level eventually, if not already, it is not an effortful leap to predict that assessment conducted in the community at large is also deteriorating.

SPA and other professional organizations (e.g., Section IX of the Society for Clinical Psychology, National Association of

Neuropsychologists) with an interest in the future of assessment psychology will do well to engage students and early-career psychologists in the dissemination of cutting-edge research and practical clinical training. I feel fortunate to have been introduced to SPA early in graduate training, but each of the student members who attend the SPA meeting could easily be considered a "rare case," because graduate training in license-eligible areas of clinical psychology is substantial. Consider the 2012 internship numbers: 4,200 students applied, meaning it could be roughly approximated that there are about 20,000 psychology doctoral students in the training phases (i.e., graduate school or internship). This means that the 200+ student attendees at the Chicago meeting comprised only about 1% of the total trainees—a minority by anyone's standards. With knowledge comes the responsibility to the larger field and to the consumers of our services to educate, inform, and disseminate the information we have learned. At best, critics of assessment purport that it holds little value for improving clinical services; at worst, there is a fundamental misunderstanding of the utility of assessment practices and assessment instruments, which threatens to further erode the already delicate standing of assessment practices in contemporary psychology (see a recent critique of the therapeutic benefits of assessment written by Lilienfeld, Garb, & Wood, 2011, and the rejoinder by Hanson & Poston, 2011). Counteracting the decline could be as simple as consulting with a fellow student on the interpretation of the assessment instrument you know well.

Closing remarks: Although in this column I have described a rather bleak picture regarding the state of personality assessment, I believe that changing attitudes and practices pertinent to this issue requires a realistic examination of the situation plaguing the field. SPA as a whole has undertaken a number of projects and initiatives to (hopefully) ensure that personality assessment remains a defining characteristic of practicing psychologists, but slowing the decay is unquestionably going to require continued and expanded efforts. I am appealing to the next generation of personality assessors to take up the

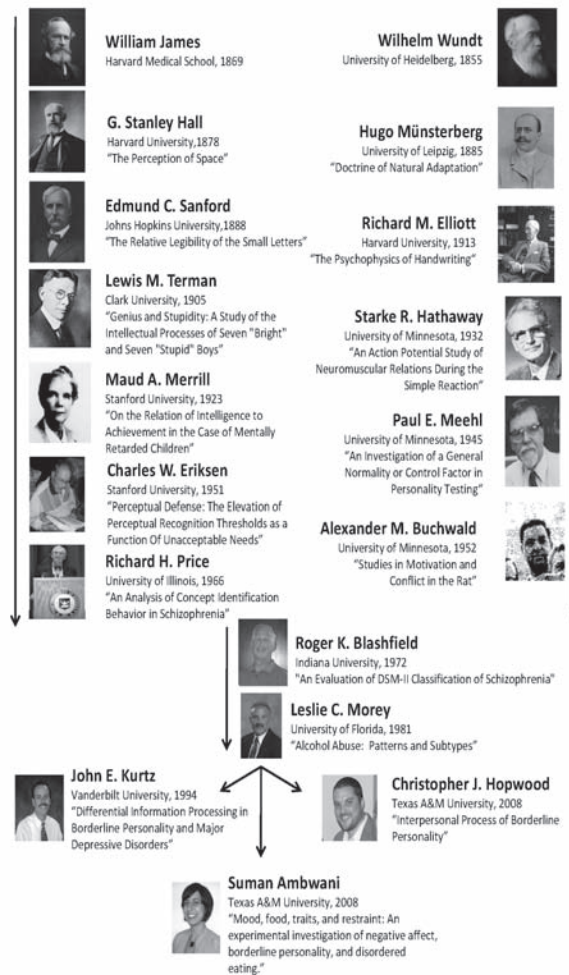
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This is Dr. Smith's last column as SPAGS President. The *Exchange* thanks him for his very thoughtful ideas and commitment to SPAGS and SPA, and welcomes Kate Thomas as the incoming SPAGS President.

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The 2012 Chicago SPA gathering of the "Morey Lab" featuring Les Morey surrounded by students, former students, and students of students. Represented in this gathering are Texas A&M University, Villanova University, Psychological Assessment Resources, Dickinson College, Michigan State University, Yale University School of Medicine, University of Texas Health Sciences Center at San Antonio, Auburn University, and the University of Maryland.



The Academic Lineage of the Morey Family: Les Morey, a long-time SPA member and influential personality assessor, has ushered several other personality assessors with an active SPA membership through the doctoral process. Seen here are Les, a subset of his students who have research labs that are bearing grandchildren, and his ancestors. Les's advisor, Roger K. Blashfield, was co-advised by Richard H. Price and Alexander M. Buchwald, which explains the upward branching of the family tree, with respective branches going all the way back through other influential assessors including Terman and Meehl, to the fathers of psychology, Wundt and James. Thanks are owed to John Kurtz, Les Morey, and Ludy Benjamin for researching the history of this lineage. (The academic lineage of Dr. Les Morey was provided graciously by Dr. Chris Hopwood.)

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SPA Annual Meeting

March 20–24, 2013

Westin Gaslamp Quarter
San Diego, CA

The 2013 SPA Annual Meeting, March 20–24, 2013, will be held at the Westin Gaslamp Quarter, San Diego, CA. The hotel is in the heart of downtown San Diego's historic and vibrant Gaslamp Quarter, with striking bay and cityscape views, featuring an array of shopping, dining, entertainment, and unique cultural activities.

During the 2013 Annual Meeting, SPA will also be observing its 75th Anniversary (1938–2013)

with a celebration at the Mingei International Museum in Balboa Park.

Westin Gaslamp Quarter
910 Broadway Circle
San Diego, CA 92101

Telephone: 619-239-2200, toll-free 1-800-937-8461

Accommodations: \$199 single/double; \$219 triple; \$239 quad

A promotional registration brochure with details about the 2013 workshops and the Annual Meeting will be sent to the SPA membership the first week of December 2012. It will also be available on the web page (www.personality.org) the first week of December.

Future Dates:

March 19–23, 2014, Arlington, VA

2012 Annual Meeting Poster Session Winners

Poster Session I: Thursday, March 15, 2012

First Place:

Facets of Personality: Factor Analyses of MCMI–III Personality Scales for the Development of Empirically Based Facet Scales

Margit Swanson, Robert Craig, and James P. Choca

Roosevelt University, Chicago, IL

Honorable Mention:

A Pilot Study of Preoperative Predictors of Post-Abortion Pain: Preliminary Analyses

Katherine Bruley, Glen Cantwell, and Caleb J. Siefert

University of Michigan, Dearborn, MI

Convergence of NEO–PI–3 and PAI Interpersonal Circumplex Models

Jennifer Louie

Villanova University, Villanova, PA

Poster Session II: Friday, March 16, 2012

First Place:

Collaborative Assessment Feedback Processes Related to Parent and Child Mental Health Outcomes

J. D Smith and Thomas J. Dishion

Child and Family Center, University of Oregon, Eugene, OR

Honorable Mention:

New Perspective on Narcissism: The Contribution of a Multimethod Approach

Emanuala Gritti

University of Milan-Bicocca, Milan, Italy

The Association Between Adult Attachment and Posttraumatic Symptomatology: A Meta-Analytic Review

Elliott Conklin, Marc J. Diener, and James Sexton

Argosy University, Washington, DC

Poster Session III: Saturday, March 17, 2012

First Place:

Initial Validation for the Capacity for Inpatient Psychotherapy Scale

Greg Haggerty and Jennifer Zodan

Nassau University Medical Center, East Meadow, NY

Honorable Mention:

Exploring Children's Defensiveness to the TEMAS

Francesca Fantini, Erica Dell'Acqua, Aglaia Banis, Sara Solbiati, and Stefania De Candia

European Center for Therapeutic Assessment, Università Cattolica del Sacro Cuore, Milan, Italy

Applying Supplemental PAI Validity Indices to the PAI–A

Justin Meyer and Leslie C. Morey

Texas A&M University, College Station, TX

Personality Assessment Proficiency

Mark Blais, PsyD

*Massachusetts General Hospital
Harvard Medical School*

Chair, Personality Assessment Proficiency Committee



I am pleased to write that the Personality Assessment Proficiency Process is truly underway. At the recent March board meeting, the Society for Personality Assessment (SPA) Board of Trustees reviewed and approved the first of what we hope will be many proficiency applications. These initial applications were submitted by members of the Proficiency Committee. This action marks a significant step in the implementation of the Personality Assessment Proficiency. First, it allowed us to evaluate the effectiveness of the review process and application materials. And as would be expected, a few minor difficulties were uncovered. Second, by awarding proficiency status to qualifying committee members, we (the proficiency committee) are now able to create application review panels as called for in the Proficiency application.

As a result of the Board's action, the path for full implementation of the proficiency is now clear. We need only make some minor changes to the Application Form and the Proficiency Process Instruction Sheet and then have the documents made available on the Society's web site. What was once an abstract concept is rapidly becoming a tangible and functional process. Although these remaining steps are minor, their implementation needs to be coordinated with software upgrades, which are presently underway at the Central office. Therefore, we expect the proficiency application procedure to be fully operational sometime in late summer or early fall 2012.

Another main goal of the committee is to develop a series of workshops designed to help students and early career psychologists obtain the training necessary for achieving

proficiency status. I am pleased to report that progress has also been made in that area. At the March convention, Roger L. Greene, PhD, taught the first proficiency sponsored workshop, "Proficiency in Personality Assessment from Referral to Report." We look forward to offering additional workshops at next year's conference, and I encourage students and early-career psychologists in particular to contact me with potential topics or areas of interest.

As always, if you have any questions about the proficiency or want to contribute to the effort, please feel free to contact me at Mblais@partners.org.

2012 Annual Meeting Award Winners

The 2012 SPA Annual Meeting, March 14–18, in Chicago, IL, surpassed the 2011 Annual Meeting with a total of 547 persons in attendance at the meeting itself, and 459 persons attending the workshops.

Award Winners:

2012 BRUNO KLOPFER AWARD

David Shapiro, PhD, Professor Emeritus and Senior Lecturer in Psychology at The New School for Social Research in New York, NY

2012 SAMUEL J. and ANNE G. BECK AWARD

James Hoelzle, PhD, Marquette University, Milwaukee, WI

2012 MARGUERITE R. HERTZ MEMORIAL

In memory of Anne Anastasi, PhD

MARY S. CERNEY STUDENT AWARD

Luciano Giromini, University of Milano-Bicocca, Milan, Italy

2011 WALTER G. KLOPFER AWARD

Leslie C. Morey, PhD, Texas A & M University, College Station, TX; Han Berghuis, PhD; Donna S. Bender, PhD; Roel Verheul, PhD; Robert F. Krueger, PhD; Andrew E. Skodol, PhD

2011 MARTIN MAYMAN AWARD

Stephen E. Finn, PhD, Center for Therapeutic Assessment, Austin, TX



Dr. Nancy McWilliams: Master Lecturer.



Dr. Lee Anna Clark: Master Lecturer.

President's Message

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think about it, assessment psychology has grown tremendously in the United States and worldwide since its formal origins in the 19th century, from the early developments in psychophysiological measurements and statistical concepts, the construction of the early mental tests, and the initial applications of testing in the late 19th and early 20th centuries to address practical matters in society. With regards to personality testing, the widespread applications of testing during World Wars I and II to screen for psychopathology provided strong impetus for the growth of this specialty, with significant contributions along the way from trait theorists and psychometric test constructors, to mention a few, and it has withstood the anti-testing movement of the 1960s. New challenges arose with the strengthening of managed mental health care in the 1980s with its cost-containment priorities, and some feared the disappearance of assessment from the landscape of clinical psychology practice. Interestingly, as you all well know, assessment has stayed strong and has, in fact, expanded tremendously, particularly with growth in the specialty areas of forensic psychology, neuropsychology, and clinical health psychology, and it has remained an integral part of assessing children and adolescents within school systems, clinical treatment settings, and juvenile correctional settings. At our Society for Personality Assessment (SPA) annual meetings, we have had several discussions in which our members have reported an upsurge in referrals for assessment in recent years even as we have worried about the negative impact of managed health care systems on our career prospects and incomes. Indeed, many of us have more opportunities for assessment work today than ever before and more assessment referrals than we can reasonably handle.

With the plethora of options for assessment work and the opportunities to establish profitable careers in this field comes the risk of taking on too much, of doing assessments somewhat mechanically, of focusing on quantity over quality. I have seen practitioners scramble to secure as many assessment contracts as possible, for example, to be providers of social security disability assessments, and undertake an excessive amount of these evaluations in the fear that the referral stream will dry up. I suspect that the caliber of assessment work is sacrificed in favor of volume

in such scenarios. Now, I am clearly speaking to the wrong audience because I know that we in this room share a certain obsessiveness that serves as a safeguard against the erosion of quality. Nonetheless, I bring attention to the fact that we have important roles to play as practitioners and researchers whose products are seen by other professionals, as teachers and supervisors who are training the next generations of assessors, and as advocates of our field in demonstrating that good assessments, done in the Dharmic way, are of great value.

High-quality assessments are first and foremost accurate, with appropriate descriptions and explanations built on the foundations of correct scoring. In this regard, I am reminded of Roger Greene's recommendation, discussed for example in the *Exchange* (Greene, 2005), to use computer-scoring methods as means to reduce the errors associated with hand scoring, and Roger has increased his emphasis on this point since then. Still, as noted by Roger, even computer scoring can only produce accurate results when the test user puts due care into inputting item responses into the scoring program and double checking the correctness of the data entry. Overall, adopting an attitude of mindfulness and commitment to accuracy facilitates attaining the level of quality we seek in this regard.

High-quality assessments are also individualized and person centered rather than test-score centered, comprehensive and rich in description, and meaningful in conveying the implications of the findings. They have depth, and reflect the use of critical thinking. High-quality assessment involves developing a conceptualization that is nuanced and incisive, that gets to the central core of the dynamics of personality and vividly depicts the adaptations made by the individual in his or her life journey.

A high-quality assessment report may be contrasted with the type that is largely symptom focused, impersonal, and template driven; indeed, we have all probably come across reports of the latter type that provide a catalog of medical/somatic symptoms, or that throw out words like "depression" and "anxiety" with the assumption that they are self-explanatory and therefore sufficient to merely mention. Worse still are the reports cranked out by an assessor that are generic, near identical and therefore interchangeable; all that is needed is to change the client's name in the identifying information, and it fits! I have even seen

reports where Susan on page 1 transformed to Andy on page 2, undoubtedly due to the use of a template in which only a few details are altered and reflecting an overall carelessness that suggests a lack of investment in the work.

The true nature of good assessment work is generative, revealing new facets of the individual's functioning that are meaningful, embedded in a relevant context, and well integrated into a broad conceptualization. It provides us with the confidence that the findings reveal reliable and valid information that can be used constructively to achieve positive outcomes. The quality of our work is elevated when it is intrinsically valued and not simply pursued to guard our professional reputations or maintain our referral sources. This is the true Dharmic way. So when I hear that there is no room for comprehensive assessments, or really for personality assessment at all, in the realm of primary care (which reportedly constitutes the future of clinical psychology); that we have to be realistic in recognizing that brief, quick screenings are the wave of the future; or that there is no space in the academic curriculum for more than a survey course in assessment, I counter with the question, "Why not?" Are we too busy for comprehensiveness and depth? Have we bought into the notion that faster is better? Does adaptation to the contemporary practice milieu require that we relinquish our ideals? I think not.

2. Responsiveness. Good assessment work is responsive to the needs of the client, for which it has to be essentially person centered and humanistic in its approach. This is best exemplified in the collaborative and therapeutic assessment frameworks provided by Connie Fischer, Len Handler, and Steve Finn, and applied by so many of you. We are fortunate that, with these experts' immensely sensitive demonstrations and guidelines, we have progressed well beyond the days when the all-knowing and aloof assessor *subjected* the assessee to testing, reported the results in a detached way to third parties, and kept the assessed individual in the dark about his or her own functioning. As discussed by Fischer (2000), a collaborative, individualized assessment approach goes beyond addressing a classification or diagnostic question and involves the assessor and the client working together to develop productive understandings of the person who is assessed. It is a joint exploration with the benefit to the client as the major goal. Finn (1996, 2007) has taught us how clients are more accepting of, and

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able to benefit from, test information if the findings are linked to their questions about themselves and their personal goals, and if the assessment process is approached with compassion—which is basically the Dharmic notion of “*daya*”—and with empathy. Handler (2007) has shown us how to assess children with sensitivity and understanding by meeting them at their developmental level through a storytelling approach that is ultimately change producing. The Dharmic principle of self-actualization, of personal growth and transformation, is furthered in such approaches.

I think we succeed in being responsive to the client’s needs when we approach the assessment with open-mindedness, which includes being flexible, unprejudiced, and respectful or, more familiar to us in the domain of personality assessment, with Openness to Experience, described by McCrae and Costa (1985) as involving intellectual curiosity, behavioral flexibility, and nondogmatic attitudes and values. However, responsiveness to the client’s goals does not mean we lose sight of the referral question or the interest of other parties involved in the assessment. Our assessment work is most effective when our facilitative reach is broad, providing understanding and direction to the psychotherapist, psychiatrist, schoolteacher, parent, spouse, or correctional officer who has an interest in the findings and outcomes and can do something with it.

Adopting a mindset of openness enables us to bypass false dichotomies—such as we either serve the person being assessed or the referral source—and helps us keep an eye on the overarching goal of the assessment to be maximally beneficial and impactful. It allows us to go outside the box and question prescribed or assumed limits. So, for example, when we might be told that we can’t do therapeutic assessment in a forensic evaluation context, we might ask, “Why not?” Is the attainment of personal understanding and change at odds with the goals of the court or the prison officials? Does there only have to be a single goal? Or a single client? During this conference, my students Lauren King, Stacey Polott, Laura McCord, and Corinne Russell will be presenting a series of cases in which they demonstrate therapeutic assessment done with clients of different ages, sexes, ethnicities, and in a variety of settings including a jail. Their assessment work was directed toward being responsive to

the interests of a therapist, a parent, and a mental health unit director, in addition to the individuals being assessed. This project enabled us to sense that the sky is the limit in what we can achieve with responsive, therapeutic assessment.

3. Commitment to ongoing learning. Our assessment work is refined when we are not content with what we know and are eager to immerse ourselves in further learning, which is certainly a driving motivation for us to have come together here at this meeting. As teachers we teach more effectively when we continue to learn. As practitioners we do better work when we keep abreast of new and revised tests and are informed of their psychometric adequacy, and when we rely on the published literature to refine our use of assessment instruments. As researchers, our contributions are sound when we incorporate advances in statistical techniques and conceptual developments; we are fortunate to have active researchers and test developers among us who provide such advancements in measurement. These are the ways in which we achieve, sustain, and elaborate our assessment proficiency. At this meeting, I personally look forward to learning from you about the latest research and applications with the CS and the R-PAS, the MMPI, the PAI, the MCMI, the Adult Attachment Projective Picture System, and the Diagnostic Drawing Series, and so many other measures. I hope to deepen my understanding of *DSM-5* Personality Disorders, assessment of trauma, interpersonal dynamics, and cultural contexts. Of course we never get our fill in a single meeting, so we return for more each year. We also have the *Journal of Personality Assessment*, with Greg Meyer at the helm, keeping us in a learning mode throughout the year. Overall, we have a cornucopia of resources for learning and no excuse for being complacent.

In my opinion, a true commitment to ongoing learning involves three essential components. First, it is not a passive intake of information but involves active assimilation and accommodation in Piaget’s sense of these terms. So arming ourselves with handouts, books, and journal articles will not suffice. Rather, true learning involves reflecting on what we have learned, incorporating it meaningfully into our work, and adapting our practices accordingly. Second, committed learning involves an appraisal and honest acknowledgment of gaps in our knowledge and a nondefensive desire to correct any deficiencies. Third,

true learning is self-directed and inherently valued instead of imposed. All of us have continuing education (CE) requirements for maintaining our licenses in our respective states, and we succeed in reaching our annual quotas of CE credits, but I’m sure you agree that the most fulfilling learning comes from what we seek of our own initiative.

4. Ethics and standards. The Dharmic road is essentially an ethical one, and the principle of Dharma addresses the self-discipline needed to be ethical in work and life. Assessment psychologists have several excellent resources available to guide us in upholding the standards of practice and following an ethical course. These include the *Standards for Educational and Psychological Testing* (American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 1999), the American Psychological Association’s (2002) “Ethical Principles of Psychologists and Code of Conduct,” of which Standard 9 deals with assessment; and SPA’s own “Standards for Education and Training in Psychological Assessment” (SPA Board of Trustees, 2006). Furthermore, we have access to recent competency development guides such as the “Competency Benchmarks” (Fouad et al., 2009) put together by a professional work group coordinated by the American Psychological Association and the “Developmental Achievement Levels” provided by the National Council of Schools and Programs in Professional Psychology Clinical Training Workgroup (2009). I believe competency development and proficiency attainment are inextricably tied to the ethics and standards of our work. Incidentally, Virginia Brabender has put together an ethics symposium for this meeting, titled “Making the Right Call,” in which she, Jed Yalof, Bob Erard, and I will be presenting papers, and I will speak more on this issue at that time.

Following an ethical course requires a constant awareness of the power we hold in making decisions and determining outcomes for the people we assess. In his 1993 article titled “Tests: Small Samples, Large Consequences,” W. Grant Dahlstrom alerted us to the fallibility of human judgments and reminded us that our decisions affect people’s lives. He said, “... information based on poorly constructed and inadequately standardized tests, or poorly executed administrations of even our best instruments, can serve to mislead and distort clinical judgments... The consequences... are too large to neglect” (p. 399). In preparing for a recent invited lecture on assessment ethics and standards, I examined the types

of assessment-related ethical violations reported by various state licensing boards and was astonished at what I found! In one case, the assessor was reprimanded for conducting a forensic evaluation on one of his psychotherapy patients using an outdated test instrument and for incorrectly scoring another test. In another case, the psychologist was admonished for making custody recommendations without doing complete evaluations of all concerned parties. I like to believe that these professionals did not willfully set out to be unethical but were more likely negligent. This means that we cannot be smugly secure that we are different from them and that this will not happen to us. The potential for oversight is there for each of us and we have to be vigilant and self-inspecting to stay on an ethical course.

Over the years, I've done a few consultations in child custody disputes in which I was hired by a custody-seeking client's attorney to re-examine assessment data and reports deemed to be prejudicial to the client. A particular case comes to mind in which I was engaged by the attorney of the wife in the custody determination, who was the mother of two young children, and I'll limit my example today to the MMPI-2 results reported by the assessor. Basically, the assessor had concluded based on the MMPI-2 profiles that this woman had a psychotic condition with paranoid delusions, paranoid defenses, and fairly gross reality distortions. When I examined the profiles, I found average-to-low scores on several scales and indices of disturbed thinking including scale 8, subscales Sc3, Sc5, and Sc6, as well as the Bizarre Mentation content scale. Using the client's item responses, I scored the PSY-5 scales which yielded a T score of 55 on the Psychoticism dimension. All of these results were quite inconsistent with psychotic and paranoid thinking. Was this incompetence on the part of the assessor? My sense is that he simply looked at some statements in a computerized interpretive output and amplified them without carefully examining the score patterns. Furthermore, I found that although this woman's scale 6 T score was 59 whereas her husband's scale 6 T score was 61, her report contained the description that she was paranoid and, in fact, his did not. As I give this example, my mind conjures up the face of that woman in a mental hospital in India who declared she was confined for being recalcitrant. Flashing back to the present, I wondered, was this a gender bias of this examiner? Are we, as assessors, sometimes complicit in viewing women as maladjusted when they are outspoken? But then, I have to stop and examine my own slant in viewing this issue through a gender

lens. In any case, the point remains that as ethical assessors, we have to be as free of bias and prejudice as we can and seek regular consultation because we cannot see our own blind spots.

Our responsibilities as assessors are weighty. People depend on us to know what we're doing and to deliver accurate findings. In teaching graduate students, I often ask them to imagine that their child is being assessed for a learning disability, or their loved one is being evaluated for psychosis, and ask them to envision the devastating impact of a misdiagnosis, the hurt caused by a carelessly tossed remark in a test report about their poor parenting skills, or the confusion they might experience when they don't receive thoughtful feedback. I hope the message hit home for my students. Being ethical means that we are conscientious and sensitive in our work, respect people's dignity, appreciate diversity, and cause no harm.

5. Service. A final consideration in this Dharmic discourse is that of service, which I think of as two-fold: attitudinal and behavioral. Our assessment work is most worthy when we adopt a truly service-oriented mindset in what we do, if we begin our tasks with the question, "How can I help?" The focus of our helpful intent can be wide ranging, from mitigating a client's despair to facilitating placement for appropriate services, from aiding student learners in their quest to comprehend concepts and develop skills to answering necessary research questions through empirical investigations. In terms of assessment practice, I am impressed with how many people I know who do some of their assessments gratis or at a subsidized rate for clients who have financial constraints. Incidentally, I am intrigued by a session in this meeting's program titled, "The humanitarian side of personality assessment: Pro-bono immigration evaluations" to be presented by Giselle Haas and colleagues with Barton Evans as discussant. In terms of research and teaching, I am aware of the countless, nonbillable hours put in by so many of my colleagues who are researchers and academic faculty simply because they value doing it. In this regard, I have to give special mention to Joni Mihura, who has put innumerable hours, heart and soul, into her review of validity research on the Rorschach Comprehensive System, toward producing what I believe is one of the finest papers in the recent Rorschach research literature.

Behaviorally, there are numerous outlets for service that extend to service to the profession: for example, by participating

in professional boards and committees and engaging in advocacy, and community service, including during times of crisis. Such service is not without returns because we obtain immeasurable gains in personal gratification from it.

In conclusion, I assert that a value-laden approach to assessment work is to be cherished. It is neither naïve in concept nor impractical to follow. Adhering to our ideals need not be at odds with being pragmatic in our contemporary professional context. Just as a good assessor reconciles diverse and seemingly contradictory findings from different data points, so can she or he harmonize the value-laden assessment method with the demands of the workplace.

I know you resonate with the points I've made and share an interest in the way of Dharma I've described, because I have seen it in your assessment work. I end my address with this Sanskrit quote, "*Dharmo Rakshathi Rakshethaha*," meaning "protected Dharma protects." Together, we can uphold the highest standards of our specialty, demonstrate the best assessment practices, and pass on the values and attitudes of our professional work along with the knowledge and skills to future generations of assessment psychologists. Thank you, and have a wonderful time at this conference.

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SPA and the Future of Personality Assessment

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meetings that I have attended has involved competition between our most treasured instruments. People who affiliate with certain tests have separate symposia, workshops, and social networks. There are a number of respectable reasons for this: Clinicians often desire workshops on a particular method, and workshopers often have a particular expertise. People who study the same instruments naturally develop social relationships. But there are negative consequences to organizing ourselves this way. Let me be frank: While we all care deeply about the quality of our assessment instruments, very few people outside of the relatively small subspecialty of personality assessment really care all that much about whether one similar instrument is better than the other or whether one version of a valid instrument is better than another. Empirically

speaking, validity differences between these tests are not trivial, but are probably small, and certainly not big enough to be a major focus of our conference if our shared interest is in expanding the influence of personality assessment. I think most SPA members understand that multimethod assessment is the answer to most of these issues, and that having more valid tests is a better situation than having few, but sometimes it doesn't sound that way. Lest we be misinterpreted, I suggest we let test publishers worry about test sales and focus on an argument we can all agree on: the value of comprehensive and effective personality assessment.

2. Focus personality assessment on practical utility. Clinicians care more about how to use personality tests to help patients than whether a slightly modified version of a rarely used test fits a factor model in a new language or whether a new questionnaire for measuring a behavior that is of limited clinical interest is reliable. I don't say this to disparage certain kinds of assessment research, and I am guilty of working on small-picture psychometric issues, mostly because it is fun and interesting. But this work makes a relatively modest contribution to the big-picture issues in our field. I see two remedies. First, our personality assessment research should focus to a greater degree on practical utility. This is the argument we need to make to the broader mental health discipline if our goal is to re-establish the value of what we do. Second, we should publish assessment research in journals outside of our area—for example, the new instrument for *DSM-5* traits was published in a psychiatric journal with very broad readership. This is the kind of publication that documents the value of personality assessment to the kinds of people who currently do not sufficiently appreciate it.

3. Expand the influence of personality assessment. The decisions that shape our field are made at key places by key people: for example, the National Institutes of Health set funding priorities for researchers, the American Psychological Association sets accreditation guidelines for training programs, and legislators and private industry set reimbursement policy for clinicians. If we want to play a role in these decisions, we need to sit at the tables where they are being made. Several SPA members have been in leadership positions at the American Psychological Association, have influenced legislators to shape policy, and have obtained

extramural funding to do personality assessment research. These efforts benefit all of us, and they should be rewarded and promoted. As a society, we should actively consider how to do these kinds of things more often and more effectively.

4. Be open to assessments in the public domain. Public domain assessments are going to play an increasingly important role in our field, as costs continue to be an issue, information is increasingly easy to share, and more tests become available. Personality assessors generally have a reflexive, negative reaction to this—such as occurred when Rorschach blots were published on Wikipedia. We can either bemoan the fact that this sort of thing will increasingly occur, or we can take advantage of it. Indeed, this is an opportunity to spread the value of personality assessment to a broader audience. We should embrace the future so that people like us who understand personality assessment can influence the quality of assessments available in the public domain and can train clinicians and students who use them how to use them effectively.

5. Reach out to the public. When I told a family friend the name of my first SPA conference, his response was “Oh, personality assessment, that is not valid—I just read a book about it.” This morning, on a popular press website, there was a piece about how people who have a lot of friends are narcissists, because the press and public (and, unfortunately, some academics) do not realize that just because a measure has the word “narcissism” in the title does not necessarily mean that this is what it measures. These are the consequences of the tendency of academics to disparage popular press publications. Again, we can either influence this conversation or fall victims to it. My view is that we need advocates who are willing and able to distill what we know about personality assessment, such as Greg Meyer and colleagues' (2001) research showing that our tests are about as valid as most medical tests or Joni Mihura and colleagues' (2012) meta-analytic work showing that the Rorschach is a really useful tool in general but that some variables are more valid than others, or Bob Krueger's (1999) research showing that the comorbidity of mental disorders can be accounted for by a few familiar traits. Nothing will help us shape our field and broader mental health policy more than the backing of the public—who are currently severely misinformed about what we do and why it is useful.

6. Preserve and enhance assessment training. I had five graduate classes in assessment but my doctoral students have two. Two classes are simply not enough to teach effective assessment. Many people in the field have forgotten that assessment is the clinical psychologist's only unique niche, and we are giving it away. This needs to change. We need to take on the American Psychological Association requirements of breadth in tertiary areas so that clinical programs can properly teach assessment. Perhaps it would be useful to think about joining the clinical science movement, even though many of us have concerns about it, as this movement is increasingly shaping training in our field. In the meantime we need to continue publishing material about how to do applied assessment (as opposed to just describing tests) for students and clinicians with inadequate training, and doing the best we can to train as adequately as possible in the time we have.

I first came to SPA to learn how to do personality assessments from the best personality assessors using the best personality assessment techniques. I continued coming because of the warm atmosphere, the healthy mix of basic scientists, clinical practitioners, and everything in between, and the society's strident support for young personality assessors. In the future I hope to continue coming to SPA because of the critical role it plays in shaping our profession. The field needs us: Let's think big.

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What Do We Know About Child Sexual Abuse Assessment?

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the process of clinical judgment. In contrast, actuarial judgment is a process in which data are weighed and judgments are made using predefined formulas or procedures (Dawes, Faust, & Meehl, 1989). However, there are no scientifically validated actuarial decision procedures to evaluate allegations of child sexual abuse (Herman, 2005).

There have been a number of studies that have attempted to evaluate the accuracy of clinicians' judgments about allegations of child sexual abuse. However data from these studies indicate that the reliability, validity, and accuracy of clinical judgment is low, and although some clinicians are more accurate than others, it is difficult to distinguish between more and less accurate experts. One problem with clinical judgment is that clinicians almost never receive feedback on the accuracy of their judgments, which makes it difficult to learn from experience (Ziskin, 1995).

Two approaches are usually used to improve the accuracy of clinical assessment of child sexual abuse: providing additional training to clinicians that often focuses on improving forensic interviewing skills; and creating guidelines for the practice of child sexual abuse evaluations (Herman, 2005). Unfortunately, studies have demonstrated that additional training does not result in significant improvement in forensic interviewing skills (Warren & Marsil, 2002). It is difficult to know what effect guidelines for practice have on the quality of child sexual abuse evaluations. However, this has not been shown to be an effective method for improving the accuracy of child sexual abuse evaluations.

In response to the difficulty in accurately assessing allegations of child sexual abuse, Herman (2005) has suggested an actuarial procedure for making substantiation decisions. He has proposed the Modified Consistent Allegation Rule. In this procedure, when an allegation of child sexual abuse is referred for an evaluation, the clinician assesses the child including two to three formal interviews with the child. If the child made a statement of abuse prior to the start of the formal evaluation and made a statement of abuse during the two to three formal interviews and there is no strong external evidence that the abuse allegations are false, then the case should be classified as substantiated. If there is strong external evidence that the abuse allegations

are false, then it is best to classify the case as inconclusive.

If the child did not make a statement of abuse prior to the start of the formal evaluation and did not make a statement of abuse during the two to three formal interviews, but did make a statement of abuse at any time, then it is also best to classify the case as inconclusive.

Finally, if the child did not make a statement of abuse prior to the start of the formal evaluation and did not make a statement of abuse during the two to three formal interviews and did not make a statement of abuse at any time, and there is no strong external evidence that the abuse allegations are true, then the case is unfounded. If there is strong external evidence that the abuse allegations are true, then it is best to classify the case as inconclusive. Cases that are inconclusive may need further investigation or evaluation.

This procedure is a modification of the Consistent Allegation Rule used in studies by Keary and Fitzpatrick (1994) and Elliott & Briere (1994). The Modified Consistent Allegation Rule correctly predicted 80–100% of the 251 substantiation decisions made in the Keary and Fitzpatrick study, and 88–100% of the 320 definitive substantiation decisions in the Elliott and Briere study (Herman, 2005).

This is one approach to improving the accuracy of decision making in forensic child sexual abuse evaluations. However, there is no reliable gold standard that can be used to directly test the accuracy of the decisions predicted by this rule. It may only be able to improve decisions that are made by the most qualified experts under optimal conditions. Thus, conducting child sexual abuse evaluations requires careful attention to a range of ethical issues including: assuring the competence of the evaluator; maintaining scientific objectivity and rigor; freedom from bias; clearly defining roles; providing clear notification of purpose; carefully documenting all work; tying findings and recommendations to the data; and taking steps to assure that misuse of one's work does not occur (Koocher, 2009).

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SPAGS: Reflecting on Recent Successes and Looking to the Future

...continued from page 5

torch in whatever capacity you can afford. Successful efforts from a large contingent of young scholars and clinicians will guarantee reimbursement for our services, funding for our research, employment in a variety of settings, and the survival of the field well into the future.

Thank you for the opportunity to serve as president of SPAGS. It was a truly enriching experience, and I hope to have represented you well on the Board of Trustees. If you have any questions about this column or SPAGS in general, please contact me at jsmith6@uoregon.edu. Remember to join the SPAGS Facebook (<http://www.facebook.com/group.php?gid=113651742016261>) and Google Group (<http://groups.google.com/group/spags>) pages if you are not already a member. I look forward to seeing you at future annual meetings and to witnessing and supporting your efforts to advance the field of personality assessment.

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Dr. James Hoelzle: Samuel J. and Anne G. Beck Award.



Dr. Stephen E. Finn: Martin Mayman Award.



The SPA Board (along with Kevin Bradley, President U.S. Journals of Taylor & Francis, back row, second from right).



Dr. Charles Peterson, flanked by Paula Garber, SPA Administrative Director, and SPA President Radhika Krishnamurthy, presenting Paula with a lamp that Dr. Peterson made in recognition of Paula's 10 years of service to SPA.

Psychodiagnostics Annual Award for Research in Psychological Assessment

Psychodiagnostics, Inc. announces the First Annual Award for Research in Psychological Assessment. The Award emphasizes individual, performance-based measures of personality unconstrained by forced choice. Also known as ideographic instruments, such measures permit and elicit individual responses, and facilitate evaluation of unique personal, social, and cultural characteristics and change. Representative tests include the Rorschach, the Adult Attachment Projective Pictures, the Music Apperception Test, the Personality Assessment System, the World Test, the Thematic Apperception Test, expressive arts tests, and others. Eligible entries include papers, presentations, articles, master's or doctoral dissertations published during 2012 that employ one or more ideographic personality measures. Entries will be evaluated for clarity, originality, design, and contribution to psychology. Entries may be submitted as PDF or Microsoft Word documents. Contact Psychodiagnostics, Inc. at <https://www.psychodiagnostics.com/contact-us/> for submission details. Closing date for submission is December 31, 2012, and yearly thereafter.

The Award winner will receive 500 dollars and an engraved plaque in recognition of outstanding contribution to research in psychological assessment. The winner will be announced within 60 days of closing of submissions. An abstract and link to the winning paper will be posted at Psychodiagnostics.com. Press releases that announce the winner will be forwarded to professional and national media.

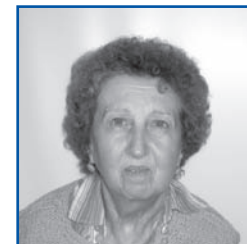
New SPA Fellows



Alessandro Crisi, PsyD, is an Italian psychologist who lives in Rome where he works as a private professional. Dr. Crisi worked with performance-based personality tests and mainly with the Wartegg Drawing Completion Test

(WDCT). For this test, created by Ehrig Wartegg in 1927, Dr. Crisi has worked out a new methodology of use and interpretation applied in many fields of the assessment and above all in clinical assessment. He has written *Manuale del test di Wartegg* (2007, "Handbook of the Wartegg Test") and *Il test di Wartegg nell'età evolutiva* (1996, "The Wartegg Test in the Developmental Age," with Bianchi and Di Renzo). He has also written numerous articles and book chapters.

Dr. Crisi is a Psychodynamic Psychotherapist and Adjunct Professor of Clinical Assessment at the "La Sapienza" University of Rome. He is the Founder and President of the Italian Institute of Wartegg in Rome. Consultant for the Civil Court of Rome, Dr. Crisi is a Board member of the Italian Association of Forensic Psychology (AIPG) and can be reached at alessandro.crisi@uniroma1.it.



Adriana Lis is in the Department of Psychology, University of Padua, Italy, and can be reached at adriana.lis@unipd.it.



Dr. Susana Urbina: Hertz Memorial Presentation in memory of Dr. Anne Anastasi.

From the Editor...

Jed A. Yalof, PsyD, ABPP, ABSNP



Now that everyone is back from the fantastic conference in Chicago, we offer some information about next year's conference in San Diego. Make your plans early! This issue also includes Radhika Krishnamurthy's President's Message, Chris Hopwood's discussion of the future of personality assessment, Linda Knauss's article on assessing child sexual abuse, Bruce Smith's SPA Advocacy update, J. D. Smith's update on SPAGS happenings, and Mark Blais's update on the Personality Assessment Proficiency initiative.

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