

# spa exchange

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## President's Message:

Developing “Smart Apps” for the Personality Assessment of the Future: Address to the Society for Personality Assessment Annual Meeting, San Diego, CA, March 21, 2013

Radhika Krishnamurthy, PsyD, ABAP  
Florida Institute of Technology

I can hardly believe that I hold the enormous privilege of being the Society for Personality Assessment's (SPA) President at this historic moment when we celebrate its Diamond Jubilee. I don't know exactly how this happened to me; it is quite incredible, and I feel like the luckiest person in the world! This journey of a year and a half at the helm of this organization has been unlike anything else in my professional life and is still quite surreal, like it has been a glorious dream. To top it all, the start of the annual conference today is, as always, like coming home. Move over, Dorothy; I have clicked my ruby slippers and I am in my SPA home!



Seventy-five years ago, in 1938, Bruno Klopfer had the wisdom to establish an institute for the study and exchange of scholarly information about personality assessment. This was approximately two years after he founded the *Rorschach Research Exchange*, subsequently renamed the *Journal of Personality Assessment*, our Society's official journal. Forty-two years ago, in 1971, our Society adopted its current name, and we have been forging ahead ever since. Today, SPA is an international society of professionals deeply committed to the highest standards of work in personality assessment research, practice, and education and training. We have expanded out from our center into having several local chapters. We now have a well-organized SPA Graduate Student Association (SPAGS), developed in 2006 under the leadership of Irv Weiner and, if I may brag, with the original SPAGS steering committee chaired by my former student Robert Janner who crafted the first draft of the SPAGS bylaws. We are a community of friends, colleagues, and collaborators; we learn from each other; we inspire and propel each other to the next steps in our collective future. I am personally quite struck by the fact that I have shared in 21 years of SPA's 75-year journey. For many of you, it is much longer than that and you have many stories

to tell, which I hope you will do while we reminisce and rejoice together at our gala celebration.

Every moment in our Society's history represents a link between our past, present, and future. More broadly, in the field of personality assessment there is a clear continuity between the personality assessment instruments of the 20th century and our current measures. Are we not continuing to use the measures developed in the 1920s, 1930s, and 1940s—Rorschach, MMPI, TAT, Sentence Completion measures, etc.—albeit with refinements, revisions, and elaborations? There are also connecting links in personality assessment application, such as in the scrutiny of individuals who are destructive to human wellbeing. For example, while the Rorschach was used during the Nuremberg trials of the last century to decipher the “Nazi personality,” which was considered the most malignant type of personality of that time, it has since been used, especially with the growth of forensic psychology, to try to fathom the personality makeup of serial killers, perpetrators of domestic violence, child abusers, stalkers, and a host of other criminals who endanger society at large.

The past can be of great value in terms of informing the future. Hopefully, we learn from history and do not repeat its mistakes. Today, our assessment measures are stronger than before, being subjected to rigorous empirical testing, and our applications are broader, addressing the new demands of clinical assessment in contemporary times. We have a better understanding and appreciation of human diversity than ever before. But we can go further, and deeper, in the assessment work of the future.

The theme of this year's conference is “Personality Assessment: Strengthening the Heart of Professional Psychology.” Indeed, assessment is the very core of clinical psychology, for how can we effectively intervene in the service of human welfare

without first determining, with precision, what needs to be addressed? Unfortunately, professional psychology practice today frequently bypasses in-depth personality assessment in its leaning toward expeditious forms of talk therapy to correct surface-level behavioral symptoms. It seems that neurotic disorders have been eradicated, psychoses are well suppressed with medication, acting-out personality disorders are confined within prison walls, and so the major concerns of today are behavioral symptoms and faulty behavioral habits. Obtaining an idiographic portrait of the individual becomes immaterial in such a scenario. Personality assessment psychologists should help modify our professional culture by bringing the focus back from the symptom to the person who is suffering.

I am more convinced than ever that personality assessment should occupy a central position in clinical psychology. It constitutes the depth and discernment of our profession, the synergy of thinking brain and intuitive heart for the purpose of truly understanding people holistically, in the totality of their selves. As you know, there is a substantial literature attesting to the fact that psychologists' clinical judgment is not as good as we'd like to think it is. Our clinical judgment will remain modest at best if we proceed to conclusions and interventions without the benefit of a comprehensive

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## Special Topics in Assessment

### A Tale of Two Items: Brief Screening Tests in Primary Care

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If you have been to your family doctor or specialist recently, it is likely that you were asked to complete a brief questionnaire or checklist about your health. Whether it was a formal, standardized measure or an office-created form, it is becoming more common for medical practices to solicit information from patients via a brief assessment of this sort. Having had this experience myself as a patient, it has made me wonder how (and how well) medical practices use such assessment information. This curiosity was heightened by a spate of recent consultation requests in my own workplace—a health care system—around the use of brief health-related questionnaires in a number of medical colleagues' practices. The pressure for reducing face-to-face professional time and the concern about identifying important co-occurring conditions, like depression, has resulted in a surge in the use of screening measures in everyday medical practice. Of course, such screenings are also used because they are easy, brief, and inexpensive (Mulazzi et al., 2009).

Of particular interest is the use of two related questionnaires: the Patient Health Questionnaire-9 (PHQ-9; Kroenke & Spitzer, 2002) and the Patient Health Questionnaire-2 (PHQ-2; Kroenke, Spitzer, & Williams, 2003). While the PHQs are aimed at the assessment of depression-related symptoms and not personality *per se*, their use by our medical colleagues provides opportunities to collaborate with other professionals who might not be as acutely aware of the import and impact of behavioral test data as we are, in our role as experts in assessment and testing.

The PHQ-9 is a nine-question, self-report measure of depression-related symptoms that is used in a wide range of medical specialties for screening and outcome measurement; it has been translated into more than two dozen languages (Lowe, Unutzer, Callahan, Perkins, & Kroenke, 2004). The PHQ-9 poses the question of how often the subject has been bothered over the past two weeks (i.e., *not at all, several days, more than half of the days, nearly every day*) in nine relevant areas. The areas—which correspond to the main symptoms of depression—include anhedonia, hopelessness, sleep,

energy, appetite, negative self-appraisal, concentration, psychomotor agitation/retardation, and self-harm. Subjects are also asked how difficult (overall) the problems have been for them (*not difficult, somewhat, very or extremely difficult*); that is, to what extent symptoms have been obstacles in their lives. The PHQ-9 has strong psychometric properties, including robust specificity and sensitivity for depression (Kroenke, Spitzer, & Williams, 2001).

The PHQ-2 (Kroenke et al., 2003) is an ultra-brief version of the PHQ-9 and uses its first two items: questions regarding little interest or pleasure in doing things; and feeling down, depressed, or hopeless. Some practices use the PHQ-2 as an initial screen and, if it is positive, administer the PHQ-9. There are studies which have supported the validity of the PHQ-2 for assessing depression (Gilbody, Richards, Braeley, & Hewitt, 2007), particularly in larger groups (Li, Friedman, Conwell, & Fiscella, 2007).

The use of these seemingly easy screening measures for such a ubiquitous and complicating problem as depression raises some concerns about proper use by those who are not embedded in assessment practice. In some settings, depending on the administration personnel involved, this may even present an ethical issue regarding the unqualified use of testing (American Psychological Association, 2010). Our experienced perspective on the ethical and professional use of tests can be helpful in consulting with our medical colleagues, a principle consistent with recently published Guidelines for Psychological Practice in Health Care Delivery Systems (American Psychological Association, 2013). For example, while the PHQ-9 may have strong correlations with the diagnosis of depression, and the guidelines for the measure cast the results in language to “consider” a diagnosis of depression, it is a concern that positive results would lead directly to a pro forma diagnosis. In addition, the conditions which must be ruled out with a positive score and which are cautioned against by the PHQ-9 (e.g., bereavement, bipolar disorder, somatic disorder, medication-induced difficulty), clearly require a trained clinician to assess the patient's history and other areas of potential

contribution. The need for a qualified clinician to provide a proper perspective for the results is even more striking for the PHQ-2, the intent of which is not to provide a diagnosis, but rather to serve as an initial screen for depression (Gilbody et al., 2007).

Another area of potential concern is the use of the PHQs for telephone screening. This administration procedure has been used in various patient populations, including assessing depression in patients with coronary artery disease (Stafford, Berk, & Jackson, 2007) and diabetes (van Steenberg-Weijnenburg et al., 2010). While research supports the fact that identical results can be obtained via telephone screening and in person for the PHQ-9 (Pinto-Meza, Serrano-Blanco, Penarrubia, Blanco, & Haro, 2005), telephone screening presents potential problems beyond in-person assessments. These concerns need to be considered and addressed prior to initiating such screening to avoid potentially serious clinical situations. For example, screeners (who are likely nurses, technicians, or medical assistants), must be prepared to address immediate issues should patients endorse that they feel like they would be, for example, “better off dead” nearly every day. In addition to being a more difficult clinical issue than might be expected in a primary practice screening, the remoteness of a telephone contact makes this a logistical challenge as well. At the very least, primary care practitioners using the PHQs need to have both a clear workflow for managing acutely depressed/suicidal patients and a consultative relationship with a psychologist to be able to connect patients fluidly with the necessary triage services. Finally, one also wonders how avidly feedback is provided to clients in a timely manner, outside of the psychologist's obligatory role (Pope, 1999).

The lure of such brief and helpful measures of depression in a busy primary care setting is a strong one. While assessment psychologists may not have the occasion to directly use these brief measures, we can certainly provide our testing knowledge and expertise to help our medical colleagues avoid some potentially concerning pitfalls.

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## Mixed Methods Design in the Study of Personality Assessment

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Psychologists interested in personality assessment have long known the value of using multitrait-multimethod approaches to enhance one's ability to examine a test or research question in a reliable and valid manner. Although Campbell and Fiske's 1959 landmark paper on the topic referred primarily to the use of multiple quantitative measures in research, since then innovative thinkers have continued to develop methods and techniques that reflect the spirit of multitrait-multimethod approaches in assessment and research. Current research in personality assessment has relied heavily on quantitative approaches, despite the evidence that qualitative approaches have an important place in understanding constructs of interest as they apply to individuals. As psychologists, we are often interested in ways that personality constructs, as observed using a nomothetic or group-level perspective, appear and are expressed at the idiographic or individual level.

Somewhat newer models of research have been identified that seek to bridge the nomothetic-idiographic divide by "mixing" quantitative and qualitative approaches in a way that is considered pragmatic. "Mixed Methods" research, in the spirit of Campbell and Fiske (1959), seeks to maximize the strengths of each approach by integrating both quantitative and qualitative methods in an effort to enhance our understanding of complex human experiences (Creswell, 2009). The mixed method design appears to be an approach well-suited to those interested in personality assessment. The method relies on techniques that mirror those required of an examiner conducting a full battery assessment. Similar to the ways that Thematic Apperception Test (Murray, 1938) data may be combined with Personality Assessment Inventory (Morey, 1991) scores and interview data during personality assessment, the researcher using a mixed methods design uses triangulation to identify patterns of convergence and divergence across quantitative and qualitative data sources to make sense of the data. Just as the examiner chooses specific tests in a multimethod assessment designed to answer a particular test question, the mixed methods researcher

chooses specific qualitative and quantitative methods designed to directly address a particular research question (see Teddlie & Tashakkori, 2009, for a full description of mixed methods design). In recent years, calls have been made to expand mixed methods research beyond the domains of pure social science research and into the realm of behavioral and health sciences (e.g., O' Cathain, Murphy, & Nicholl, 2007; Tillman, Clemence, & Stevens, 2011).

Personality assessment is certainly no stranger to mixed methods research, although they may just be getting acquainted. A review of the literature revealed only a handful of studies using mixed methods designs in the investigation of personality assessment, but what these studies yield is highly unique and deeply informative. For example, Hill, Pace, and Robbins (2010) examined the cultural validity of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) in a sample of American Indian adults using a sequential QUAN->qual mixed methods design. Building on previous research, the authors conducted an item-analysis of those items on the MMPI-2 that showed significant differences in endorsement rates between a nonclinical American Indian sample ( $n = 84$ ) and the test's normative sample. This *quantitative* analysis yielded 30 items that were answered "True" significantly more or less often than the normative sample at an alpha of  $p < .00001$ . For the *qualitative* arm, 13 participants identified by their level of involvement and identification with the specific American Indian Nation under investigation (e.g., Elders of the Eastern Woodland Oklahoma Nation) were recruited. These participants were interviewed in detail about their particular interpretation of each of the 30 items identified in the quantitative arm, along with the cultural and language factors that may be implicated when responding to each. The results provided in-depth and extraordinarily nuanced data regarding ways in which particular scale norms may tend to overpathologize individuals due to cultural influences...and *why*. By extending the research in this particular way, the authors were able to provide

information about the possible *meaning* of group differences. What's more, the results may help to establish a foundation for future research that takes into account meaning to enhance our ability to define the construct of interest in a way that quantitative analysis alone rarely provides.

As in the above example, there are a number of areas in which use of mixed method designs may be especially valuable to the study of personality assessment. One domain in particular might be in the development and construction of personality measures. For example, Luyt (2012) describes ways that quantitative and qualitative data may be incorporated early in the course of measurement development as well as during the revision process to enhance test validity. Mixed methods designs also may be helpful in deepening our understanding of the experience of learning, teaching, and supervising personality assessment (e.g., Curry & Hanson, 2010). Likewise, much may be learned about how to improve the effectiveness of providing clients feedback following personality assessment: What is their experience of the feedback session, and are there ways we can make it more clinically useful? Construct validity may be measured via qualitative analysis of interviews with individuals who score at the extremes on a particular measure of personality, according to quantitative analyses.

There is no limit to the questions that may be addressed using this innovative design, and personality assessment researchers are uniquely positioned to harness it. We are able to appreciate the nature of narrative material, understand the value of thematic content, wrestle with complexity, and be interested in divergence. Our training teaches us not to rely on single methods for reaching conclusions, but instead to be open to areas of gray. In these ways, mixed methods approaches play to the particular strength of our discipline, and as this emerging methodology gains popularity in the field, our capacity for advancing knowledge of complex human phenomena only increases.

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## Ethics, Remediation, and Competency in Assessment

Linda K. Knauss, PhD, ABPP  
Widener University



I noticed as I was reviewing my student's assessment report that he did not integrate the findings from different tests. For example, he had a paragraph about the results of the Rorschach (Exner, 2003), a paragraph about the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989), and a paragraph about the Beck Depression Inventory (BDI-II; Beck, Steer, & Brown, 1996). He also did not make any effort to explain contradictory results. On the Rorschach he reported that the patient was significantly depressed, but on the BDI-II there were no signs of depression. I also remembered that his practicum supervisor said that he made frequent scoring errors, and he did not always administer tests according to the standardized instructions.

Assessment is an important competency for all psychologists. It is one area that makes psychologists uniquely skilled among mental health professionals. Assessment is one of the benchmark competencies identified by the American Psychological Association (2011) and includes the ability to select assessment measures with attention to issues of reliability and validity, the ability to interpret results from multiple measures for diagnosis and treatment planning, and the ability to integrate results to accurately evaluate the presenting question and clearly communicate the results in writing.

Professional competency begins in graduate school and continues throughout one's career. What is learned in graduate school influences how we practice, and today's students will be our colleagues in a few years. Thus, when students have difficulty, it is important to provide intervention and remediation. However, addressing professional competence problems in trainees sometimes becomes a "hot potato" issue because no one wants to assume the gatekeeper role. The last psychologist or board who encounters the problematic trainee may feel stuck with the hot potato and question whether others who have worked with the trainee have fulfilled their ethical obligations.

For instance, clinical training directors may complain that internship and practicum supervisors should assume more responsibility for addressing applied competence problems, whereas

supervisors may blame educators for passing along impaired students. State and provincial licensing boards may blame both graduate programs and internships for graduating applicants they consider to be incompetent by virtue of inadequate clinical skill, character deficits, or psychological impairment. (Johnson, 2008, p. 591)

Psychologists have an ethical obligation not to graduate students who could harm consumers because of their incompetence or lack of ethical sensitivity (Kitchner, 1992). Although there are several places where the American Psychological Association ethics code addresses these issues, Standard 7.06 is the most relevant. This standard states, "in academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees.... Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements" (American Psychological Association, 2002, p. 1069). However, as helping professionals, psychologists are more likely to try to help a trainee than to take steps that could bar a trainee's entrance into the field (Robiner, 2008). Psychologists experience an ethical dilemma when they are faced with the conflict between their nurturing and evaluative roles. Psychologists must follow the ethical standards to protect the public and provide accurate feedback to trainees. However, in the moment, the distress of the trainee is more tangible than the future client's distress that the supervisor can hope will not occur (Robiner, 2008). Compounding the difficulty of these decisions, supervisors may lack the skills and training to provide corrective feedback.

Additional evaluation and remediation challenges include the reality that most supervisors have limited experience with problematic trainees. As a result, they have inappropriate optimism that problems will resolve without intervention. Often, the desire to be liked by one's students/supervisees and to receive good evaluations makes it especially difficult to give negative feedback. Another challenge is the time and energy it takes to remediate problematic behavior or skill deficits. Some supervisors also identify

with the trainee's problems. A significant challenge is the fact that problematic trainees may not accept feedback and may respond negatively to the suggestion of remediation. They may even file a grievance or a lawsuit against a supervisor or institution.

It may be useful to view the evaluation process as a gift in odd wrapping paper (Cornish & Knauss, 2013). If supervisors avoid addressing a trainee's problems, even when the trainee finds it distressing, they may be doing a disservice to the supervisee who may have benefitted from realistic feedback and intervention (Robiner, 2008). Some trainees may need to be taught how to receive feedback and to self-assess.

One indication of the field's discomfort with dealing with problematic trainees is the lack of written guidelines for intervention and remediation (Vacha-Haase, Davenport, & Kerewsky, 2004). The American Psychological Association provides a Competency Remediation Plan Template (n.d.) that has a detailed structure for remediation. Important elements of the remediation process include: (1) a description of the problem behaviors, (2) the date(s) the problem(s) was brought to the trainee's attention and by whom, (3) steps already taken by the trainee to rectify the problem(s) that was identified, (4) steps already taken by the supervisor/faculty to address the problem(s), (5) expectations for acceptable performance, (6) trainee's responsibilities/actions, (7) supervisor/faculty responsibilities/actions, (8) timeframe for acceptable performance, (9) assessment methods, (10) dates of evaluation, and (11) consequences for unsuccessful remediation. The remediation plan could include a section for comments by the trainee and should be signed by both the trainee and all involved supervisors/faculty.

There should also be a follow-up meeting with documentation of the outcome of the remediation efforts and recommended next steps. Should remediation be concluded, continued with (or without) modification, or should the next step in the due process procedure be initiated (such as probation)? This document should also be signed by all relevant parties. This provides due process for students and trainees. It is also important to have grievance procedures in place and

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## Advocacy Corner

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



The focus now is all on reimbursement for assessment services and in particular the response of third-party payers to federal and state parity laws. As you know, the Congress passed—and Obama signed—parity legislation that mandated that mental health services be reimbursed on a par with services for physical health (at least in those policies that covered mental health services). Basically how this works is that insurers are allowed to rule out specific diagnoses but not classes of service, unless the same classes are not covered for physical ailments. Thus, refusing to cover all psychological testing would only be legal if medical tests were likewise not covered. Other legislation prevents insurers from not covering major mental illnesses, but they can refuse to cover other diagnoses (e.g., substance abuse disorders, Axis II disorders). Some insurers are stating that they will not cover testing for certain conditions because it isn't "medically necessary." The most common of these is to refuse to cover anything but a screening instrument for ADHD. Another example is the blanket exclusion of performance-based tests such as the Rorschach or projectives.

Fighting this has been a difficult task because insurers or fiscal intermediaries claim that their criteria for denial of services are "proprietary," and thus not available for inspection. As it turns out, most of them rely on criteria provided by one or another consulting firm, such as McKesson. Through one of our members we have obtained a copy of the McKesson criteria and have been working with the American Psychological Association Practice Organization (APAPO) around the issues raised by denials based on these criteria.

Among the more egregious tactics used by insurers is to rely on the "diagnostic exclusion" to retroactively deny payment. Let's say you receive a referral for a differential diagnosis between bipolar disorder and borderline personality disorder. You conduct the assessment and conclude that the patient does not qualify for a diagnosis of bipolar but suffers primarily from Axis II pathology. Since the insurer has excluded Axis II diagnoses from coverage, they now refuse payment for the assessment services. Had you arrived at a diagnosis of bipolar disorder, on the other hand, they would have reimbursed you. One can readily see how tactics such as this can have a potentially devastating effect on clinical service, if practitioners are encouraged to bias their findings in order to obtain reimbursement.

At this point, we would appreciate any anecdotes of particularly outrageous instances in which coverage was denied for what you felt were bogus reasons. The name of the insurer, the locale, and as much detail as possible would be helpful. The Legal and Regulatory Affairs Office of the APAPO is actively pursuing those that it feels are good cases. Your information should be emailed to the Society for Personality Assessment Central Office.

In addition, we are exploring the idea of developing guidelines for the use of psychological assessment—i.e., when and under what circumstances should assessments be conducted and what kinds of assessments best address what kinds of problems. If we can get these guidelines adopted by the American Psychological Association, we may then be able to promulgate them for use by third-party payers.

## Notes From the Foundation

**Bruce L. Smith, PhD**  
*President, SPAF*

We continue to accept donations to the SPA Foundation for use in research and the support of students. As you know, SPAF provides grants for dissertation research, for travel to the Annual Meeting for students presenting, and more recently a Diversity Grant for underrepresented minority students or young professionals. In addition, we support the Utility of Assessment Research Project, which is moving toward completion.

We have also recently established a special fund in order to support a Master Lecture in honor of the late Paul Lerner. Paul was one of SPA's greatest friends and advocates, and a Master Lecture in his name is a fitting tribute. It is our goal to raise enough of an endowment for the interest to support bringing top-level speakers to provide Master Lectures at each Meeting. Donations to the fund can be made through the Central Office. SPAF is a 501(c)(3), and donations are generally fully tax deductible.



Dr. Radhika Krishnamurthy (left), SPA President, presenting Dr. Greg Meyer (right) with a framed, signed copy of his first issue as *JPA* Editor.

## Reasons It Is Great to Be a Student Member of SPA

**Katherine M. Thomas, MA**  
*Michigan State University*



In the spirit of the 75th anniversary of our cherished organization, I initially planned to take my opportunity to write this column to provide 75 reasons why it is valuable to be a student member of the Society for Personality Assessment (SPA). Although I can conjure in excess of 75 reasons SPA is a great organization for students, it would burden readers to trudge through so much, particularly when many of the reasons are captured by one of a few broad domains. Thus, in the spirit of parsimony, I have conducted a conceptual factor analysis of my 75 reasons, reducing them to three distinct factors. Any errors in this model can be attributed to my purely subjective approach to developing these factors.

### Factor 1: Relationships

For me, the best part of SPA is seeing old friends and meeting new ones. Each year I have relished the opportunity to spend time with friends that I often only see at the annual conference. Likewise, I always leave SPA having formed new friendships and connections.

In conversations with many SPA attendees, it is evident that our relationships with one another are among the primary reasons we enjoy the annual meeting. Amid workshops and scientific sessions are the lunches, dinners, and other excursions that we share with one another. For students, one of the most exciting aspects of the annual SPA conference is the opportunity to meet and talk with psychologists whose work we read and admire. I am not sure of many other conferences where venerated members of the field and undergrads alike mingle much of the evening at the hotel bar.

The relationships we share with one another bring value and enjoyment to our work. In honoring members of our field for their contributions, the dedications to Greg Meyer for his service as *Journal of Personality Assessment* editor and to Paul Lerner for his contributions to the field were ripe with evidence that our connections with one another are the glue of our organization. I have witnessed many fruitful collaborations come to bear through SPA, and have been fortunate to be part of some of them. Our best collaborations often come with those with whom we have the best relationships,

and in this way our time spent together at SPA embeds meaning into our work.

### Factor 2: Opportunities to Learn and to Teach

After I attended my first SPA conference, I left wishing my graduate training always involved exposure to such a rich buffet of so many of my favorite aspects of psychology. The annual conference provides a multitude of opportunities to learn about personality assessment techniques, research, and clinical applications across a wide domain of measurement theories.

Half- and full-day conference workshops provide attendees with in-depth coverage of a variety of topics relevant to personality assessment. Workshops span a wide range of topics, including clinical applications and interpretations of several measures, therapeutic approaches to assessment, statistical techniques, and models for organizing and understanding personality. This year's conference included a variety of informative workshops, such as: various applications and aspects of Therapeutic Assessment, forensic applications of personality assessment, guidelines for conducting single-subject designs, assessing object-relations, and information on the MMPI-2 and Rorschach scoring systems.

The annual meeting always includes speeches from distinguished members of the field. This year's key addresses included hour-long presentations from Koji Jimura, Robert McCrae, and Jonathon Shedler. In addition to master lectures, scientific symposia are among my favorite venues for learning at SPA. The wide variety of topics to learn about ensures that students will rarely want to miss scientific sessions, even when the meeting is held somewhere as beautiful as San Diego!

Conference workshops, scientific sessions, and general discussions provide students with a chance to learn about a wide variety of assessment approaches and measures that they may not regularly have a chance to study. For instance, students whose programs do not generally provide training in the Rorschach, PAI, MMPI, and a wide variety of other measures can attend workshops and symposia to learn more about the administration, correlates, and predictive capabilities of these measures. In

addition to these formal venues for learning, my social time at SPA always involves opportunities to learn from others. The annual meeting gives us an opportunity to think through recent developments and longstanding issues in the field. As much of my learning at SPA happens at dinner as it does in the hotel conference rooms.

The opportunity for students to present and discuss our work with respected colleagues is another set of benefits readily available to student members of SPA. The two SPA poster sessions provide ample opportunities for students to share their work. The poster sessions are well attended and filled with genuine interest in one another's work. Across the two poster sessions, six students are awarded prizes honoring their work. In addition to presenting posters, students also have opportunities to present papers during scientific sessions. Students and professionals often present together on panels, highlighting the society's value of treating students as young colleagues and collaborators. At SPA, student presentations are valued and attended.

### Factor 3: Benefits for Student Members

In addition to the relational and agentic factors which account for much of SPA's appeal, a third set of experiences, consisting of benefits for student members, further accounts for why SPA is a particularly great society for students. Benefits for student members can be broadly organized as training, social, and financial benefits.

The 2013 SPA conference featured several exciting training opportunities geared specifically toward students. Members of the SPA graduate student organization (SPAGS) organized two symposia aimed toward the student audience. A panel titled "Developing Your Own Assessment Practice" provided information to students and professionals about beginning and maintaining a clinical practice. Drs. Marvin Acklin, Diane Engelman, Robert E. Erard, and Radhika Krishnamurthy spoke about a wide variety of clinical work they engage in, including forensic consultation, therapeutic assessment, neuropsychological assessment, psychotherapy, and supervision. In our second SPAGS-sponsored symposium,

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## SPA Annual Meeting The 75th Anniversary Gala Celebration Virginia Brabender, PhD Widener University

The Society for Personality Assessment (SPA) celebrated its Diamond (75th) Anniversary at a gala held at the SPA Annual Meeting on March 22, 2013. The event was held at the spectacular Mingei International Museum, and our celebrating members enjoyed roaming this establishment's various exhibits and gardens throughout the evening as they reminisced about their years with SPA.

Nancy Kaser-Boyd, the chairperson of the gala, set the tone for the evening as she talked about the immeasurable benefits she derived from participating in the organization. She was followed by yours truly who introduced our exceptional president, Radhika Krishnamurthy, and noted Radhika's unswerving commitment to the needs of the members. Radhika, whose brainchild this gala was, described her appreciation of being able to serve as president on this important anniversary. She led those assembled in a champagne toast. John Porcerelli recognized our eldest member, Dr. Milton Lessner. Irving Weiner provided some charming details about the history of the organization. He showed us the program brochure from the first annual meeting. We could see that the events of that meeting could be captured in a tri-fold brochure—a dramatic contrast to today's conference. Presumably those first attendees did not have the difficult task of figuring out which simultaneously scheduled events to attend. Our longstanding



At the SPA Gala (left to right): Drs. Martin Sellbom, Robert Archer, Paul Arbisi, Radhika Krishnamurthy, David Nichols, Alex Caldwell, Richard Lewak, and John McNulty.

member Don Viglione, who coordinated many aspects of the event, also offered his welcome.

Had anyone thought that the talents of personality assessors were confined to personality assessment, that thought would have been thoroughly dispelled by the evening's entertainment. Robert Erard, crooner extraordinaire, serenaded us with a collection of well-known tunes repurposed to be all about us. My favorite was his duet with Jordan Lindsey,

"Let's Call the Whole Thing Off," a recognition that amidst all of our differences, we know that we need all of our voices that constitute SPA. Continuing on the same theme, he ended his performance with Antonio Carlos Jobim's "Wave" with the impromptu choreographic contribution of Corine de Ruiter.

Our gala was splendid—it both celebrated the history of SPA and created a piece of that history.

## 2013 Annual Meeting Poster Session Winners

### Poster Session I: Thursday, March 21, 2013

#### First Place:

*Brief Tasks for Assessing Effortful Control in a Large Sample of Four-Year-Olds*  
Harald Janson and Agathe Backer-Grondahl  
The Norwegian Center for Child Behavioral Development, Oslo, Norway

#### Honorable Mention:

*A Chinese Language Translation of the Inventory of Interpersonal Problems Short Circumplex (IIP-SC)*  
Leila Wu, Michael J. Roche, Emily A. Dowgwillo, and Aaron L. Pincus  
The Pennsylvania State University, University Park, PA

*Thematic Apperception Test (TAT) Narratives and Level of Personality Organization*

Miriam R. Frankel, Michelle B. Stein, S. Justin Sinclair, Janelle Slavin-Mulford, Johanna Malone, Sara E. Lowmaster, Julie W. Messinger, and Mark A. Blais  
Massachusetts General Hospital, Boston, MA

### Poster Session II: Saturday, March 23, 2013

#### First Place:

*Advancements in Modeling If-Then Affective Signatures*  
Michael J. Roche, Aaron L. Pincus, David E. Conroy, Nilam Ram, Amanda L. Hyde, and Emily Willhite  
The Pennsylvania State University, University Park, PA

#### Honorable Mention:

*Abnormal and Normal Personality Are Comparable but Not the Same: A Study on Measurement Invariance of the MPQ*  
Annemarie Eigenhuis, Jan H. Kamphuis, and Arjen Noordhof  
University of Amsterdam, Amsterdam, The Netherlands

*The Influence of Husbands' Versus Wives' Dysphoria on the Interpersonal Dynamics of Problem-Solving Conversations*

Ivana Lizdek and Erik Woody  
University of Waterloo, Waterloo, ON, Canada  
Pamela Sadler  
Wilfrid Laurier University, Waterloo, ON, Canada  
Uzma Rehman  
University of Waterloo, Waterloo, ON, Canada

## Personality Assessment Proficiency

**Mark A. Blais, PsyD**

*Massachusetts General Hospital  
Harvard Medical School*

*Chair, Personality Assessment Proficiency Committee*



The Personality Assessment Proficiency Project continues to develop and expand in scope. The committee has made significant advances in its initial goal of implementing the proficiency application process. In fact, since my last update to the membership, the Personality Assessment Proficiency application process has gone live. The Society for Personality Assessment (SPA) website now contains downloadable versions of the Proficiency Application Form and Proficiency Process Information Sheet, and we are accepting applications from individuals who qualify for grandparent status (ABAP Diplomate and/or SPA Fellow). In order to establish the relevance and value of this new professional recognition, we need to show that

practicing psychologists and especially senior psychologists are interested in obtaining proficiency status. Therefore, I encourage all members (and nonmembers) who qualify for grandparent status to apply for the Personality Assessment Proficiency. Your involvement is essential to the success of the project.

The committee is working to expand the proficiency application process to include psychologists with 10 years or more post-graduate assessment experience but who are not fellows of SPA or ABAP *Diplomates*, and those with 5 to 9 years post-graduate assessment experience. Our goal is to have the proficiency application process available to these groups by September 2013. As we make

progress in these efforts, we will update the SPA website and announce it in the *Exchange*.

With the proficiency application process now underway, the committee is expanding its work into new and important areas. We have begun working with representatives from the Society for Personality Assessment Graduate Student Association (SPAGS) on the creation of materials explaining the proficiency requirements to students, along with forms to help students organize and document their assessment training in a manner that will facilitate their proficiency applications.

Congratulations to our newest Personality Assessment Proficient Psychologist: Jacqueline Singer, PhD.

## 2013 Annual Meeting Award Winners

### 2013 BRUNO KLOPPER AWARD

*Robert R. McRae, PhD  
National Institute on Aging  
Bethesda, MD*

### 2013 SAMUEL J. AND ANNE G. BECK AWARD

*Jennifer L. Tackett, PhD  
University of Houston  
Houston, TX  
University of Toronto  
Toronto, ON, Canada*

### 2013 MARGUERITE R. HERTZ MEMORIAL AWARD

*In memory of Paul Lerner, PhD*

### 2013 MARY S. CERNEY STUDENT AWARD

*Carlo O. C. Veltri, PhD  
St. Olaf College  
Northfield, MN*

### 2012 WALTER G. KLOPPER AWARD

*Paul D. Trapnell, PhD  
University of Winnipeg  
Winnipeg, MB, Canada*

*Delroy L. Paulhus, PhD  
University of British Columbia  
Vancouver, BC, Canada*

### 2012 MARTIN MAYMAN AWARDS

*Robert F. Bornstein, PhD  
Derner Institute of Advanced Psychological Studies, Adelphi University  
Garden City, NY*

*Justin D. Smith, PhD  
Child and Family Center, University of Oregon  
Eugene, OR*

*Filippo Aschieri, PhD  
European Center for Therapeutic Assessment,  
Universita Cattolica Del Sacro Cuore  
Milan, Italy*



Dr. Jonathan Shedler: Master Lecturer.



Dr. Koji Jimura: Master Lecturer.





Dr. Katherine M. Nordal: American Psychological Association, Executive Director, Practice Directorate.



Dr. Catherine Grus: American Psychological Association, Education Directorate.

## President's Message

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assessment. Assessment is also the unique expertise we possess compared to other mental health professionals and deserves such acknowledgment within our professional community and in the public sphere.

At this point in my talk, you are probably wondering, what does anything that I've said thus far have to do with "Smart Apps"? In reading the title of my talk, perhaps some of you thought that I would discuss, maybe even demonstrate, the use of 21st-century innovative technology in assessment. I'm sorry to tell you that I'm no technogeek. Have any of you seen my antiquated cellphone, which remains uncharged and out of sight until I'm traveling out of town? My students will tell you that I still have a collection of carefully guarded VHS tapes in my office. So why talk about "Smart Apps"? Well, I learned from Wikipedia that the term "App" was listed as the Word of the Year in 2010 by the American Dialect Society. There are now mobile apps, also known as web apps, online apps, and smartphone apps; there are app stores, and BlackBerry even has an app world. Apparently everything is an app these days and I wanted to get in on it. App humor aside, basically these are ways of providing *access*, and so I choose to go with the semantic rather than technological implication of the word, at least for the next little while.

Across the various mental health fields and the different subspecialties within clinical psychology, we have largely been one step behind in terms of assessing and treating problems *after* they have developed, which is a relatively narrow application of our knowledge and skills. Our applications for the future could be "smarter" than that. Personality assessment could play an important role in positive psychology and prevention efforts, for example, in the service of positive parenting. Why is it that divorcing couples are required to undergo parenting plan evaluations in the context of a custody dispute but prospective mothers and fathers are not assessed? Couldn't we use assessment to uncover and capitalize on strengths that would be favorable to successful parenting? Could this serve to promote healthy child development and reduce child maltreatment rates? Why is it that assessment is used for hiring employees for high-risk positions such as airline pilots

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Dr. Greg Meyer (*right*), *JPA* Editor, presenting the Walter G. Klopfer Award to Dr. Aaron Pincus (*left*), who accepted the award on behalf of Dr. Paul D. Trapnell and Dr. Delroy L. Paulhus.



Dr. Ron Ganellen (*right*), SPA President-Elect, and Dr. Gene Nebel (*left*), accepting the Marguerite R. Hertz Memorial Award plaque acknowledging his presentation in memory of Dr. Paul Lerner.



Dr. Ron Ganellen (*right*), SPA President-Elect, and Dr. Howard Lerner (*left*), accepting the Marguerite R. Hertz Memorial Award plaque acknowledging his presentation in memory of Dr. Paul Lerner.

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but not for hiring schoolteachers who play a critical role in child development? I think personality traits of warmth, low reactivity, and openness would be crucial for fostering children's intellectual and academic development, confidence, and aspirations.

Lately, there have been several reports about the rates of Posttraumatic Stress Disorder among military personnel and the shortage of treatment services for the affected troops. While our American Psychological Association colleagues are taking an active and productive role in addressing these issues on Capitol Hill, this is a problem that is likely to continue in some form because, unfortunately, we have no reason to believe there will be no more wars or that we can dispense with the military. Thus, personality assessment has relevance for assessing enlisted men and women prior to deployment. How might we better apply personality assessment to identify strengths that can be used to manage vulnerabilities? For example, we could use assessment to evaluate resilience prior to military deployment, to help identify those with sufficient ego strength and social supports to withstand the pressures of combat and the ability to tolerate being away from loved ones for long stretches of time. Personality assessment could also be used at later points for early detection of stress reactions. We could take an active role in applying personality assessment in many other ways toward the welfare of society: for example, in improving prediction, early detection, and prevention of mass violence, a problem that is escalating with no good remedies in sight. Could assessment psychologists have a larger presence in a variety of societal settings—colleges, workplaces, etc.—so that violence proneness is detected early enough for actions to be taken to defuse it?

While I have largely spoken thus far of assessment *practice* applications, I should mention that diversity-focused personality assessment *research* could help diminish prevailing stereotypes—of cultural minorities, gender, and sexual orientation. We must determine how to disseminate this research to the public, for it to have *impact*. Could such information help in the long run to reduce the sexual victimization of girls and women, decrease hate crimes against ethnic or religious minorities, and lessen the persecution of gay and lesbian men and women? We could play an important role in advancing a greater understanding

of similarities and differences between people in the changing demographic composition of our countries, and thus have a hand in promoting greater harmony and cooperation.

I did not intend to completely mislead you with the title of my talk so, and to make an honest woman out of me, let me now say a few words about the use of technology in personality assessment. In preparing for this address, I reviewed several articles describing very interesting and diverse technology-based applications of assessment. For example, Wolford and colleagues (2008) reported on their comparison of web-based computer-assisted interviewing with face-to-face interviewing in a randomized clinical trial of 245 clients with severe mental illness. The researchers verified the utility of computer-assisted interviewing across a variety of inpatient and outpatient settings, showing that it produced data comparable to face-to-face interviews in reliability and validity, was less expensive, was available more rapidly, was converted more easily into an accessible form to facilitate clinical decision making, and that 96% of the participants liked this approach. Garb (2007) discussed computer-administered interviews and rating scales providing more comprehensive information than is obtained in typical clinical practice. He observed, for example, that it can be applied to obtain collateral information from family members, and that the data could be entered directly into an electronic record and retrieved efficiently. Garb noted there is a substantial literature indicating that computer interviews are well accepted by most clients, and he discussed some of the computer-administered measures that have been in use for some time, such as the Outcome-Questionnaire-45 (OQ-45), and the Computerized Assessment System for Psychotherapy Evaluation and Research (CASPER). Makransky, Mortensen, and Glas (2013) discussed an innovative method of increasing the precision of NEO-PI-R facet scores using multidimensional computer-adaptive testing; that is, using information about the correlation between facets to administer items adaptively based on the characteristics of the items and information about the examinee obtained from previous item responses. Their results showed this approach to be a promising alternative to traditional test administration and scoring.

I bring your attention also to Shepard, Kho, Chen, and Kosslyn's (2006) article that described MiniCog, a software application that runs on handheld personal digital assistants (PDAs), which can be used to administer and score cognitive assessment tests that involve simple psychological tasks utilizing visual

stimuli. In this regard, it is worth noting that test publishers are now making interactive assessment methods available; an example is Pearson's Q-interactive digital platform. As described on the Pearson website (see <http://www.helloq.com/home.html>), it enables test administration to occur using two tablets that "talk" to each other via Bluetooth connection: one used by the evaluator to provide instructions, record, and score responses; and the other used by the client to view and respond to test stimuli. It is now available for a number of cognitive tests, including the WAIS-IV and WISC-IV, and I think it could be extended to a broad range of personality assessments. While on this topic, let me ask those of you who are involved in teaching and training if you have the same experience as I do with current students: Do your students look confused when you tell them they have to *write* the Rorschach responses? "On paper, with pen?" they ask. "Can I use my laptop?" And then we get to the TAT, and there's panic: "You mean I have to write *entire stories*?" "I can't write fast" is a frequent refrain in my assessment classes. We need to adopt methods of testing that fit the usual practices of current and future generations of assessors, not only for convenience but also with an eye on ensuring the integrity of the test record.

The use of digital computerized systems can also be applied to evaluate areas of impairment that might otherwise be difficult to do. An interesting study by Suzuki and colleagues (2009) published in the European Archives of Psychiatry and Clinical Neuroscience reported the application of a digital eye-mark recording system to evaluate exploratory eye movement dysfunction as a biological marker of schizophrenia. This system automatically recorded and analyzed participants' eye movements while they were viewing figures on an LCD monitor. The measurement showed a high level of sensitivity and specificity in discriminating between patients with and without schizophrenia.

Naglieri and colleagues (2004; note that our own Len Handler is one of the coauthors) summarized the advantages of internet testing in these words:

The benefits of internet testing are speed, cost, and convenience. Testing over the internet provides rapid communication of findings to clients, patients, researchers, and the public. It also allows researchers to collect data rapidly, conveniently, and at lower costs than in face-to-face research settings. Internet testing is cheaper and more efficient; it saves valuable time and provides results more rapidly

and easily compared with face-to-face testing. Benefits of internet testing also include sensitization and familiarization of testing to potential clients and the presentation of test materials in a consistent, uniform manner. (p. 152)

Importantly, they added:

Internet testing is also beneficial in that it allows patients in rural settings to be tested, where it would be difficult or impossible to travel to a testing center or to the office of a testing professional. Internet testing is of value to patients who lack transportation to such sites or to those who cannot travel because of physical limitations. In addition, tests may be presented in a precise manner or in interesting and novel ways, so that the client's attention to the testing task is enhanced, compared with face-to-face administration. (p. 152)

Naglieri et al. also discussed the psychometric advantages of computerized testing over paper-and-pencil assessments. However, they cautioned that there are a number of ethical issues related to internet testing that need our attention, ranging from issues of test security to readability for culturally and linguistically diverse groups and confidentiality of results. I highly recommend that you read this article for a full description; it is in the April 2004 issue of the *American Psychologist*, Volume 59, Number 3.

From what I've discussed thus far, I hope it is evident that the use of innovative technology-based assessment applications can enhance the efficiency and accuracy of assessments. However, this does not mean we won't need to use judgment or to build our assessment skills. To paraphrase Paul Meehl, we will need to continue to use our heads. Technological applications will not eliminate the need for developing personality assessment proficiency or render the assessment psychologist obsolete. I know that assessment psychologists will safeguard the assessment process from becoming mechanical, and we will remain deeply interested in the person of the client. This point is well illustrated in an interesting article by Smith and colleagues (2011) published in *Professional Psychology: Research and Practice*, which deals with internet-based approaches to collaborative therapeutic assessment. The authors described an Evidence-Based Assessment System for Clinicians (EAS-C) consisting

of more than 30 brief, empirically validated assessment instruments packaged for completion via the internet or smartphone, and which includes a web-based, progress-tracking module. The system scores clients' responses immediately and presents the results graphically, providing a cumulative display of client responses over time. The authors discussed how this method promotes a continuous monitoring of progress toward therapeutic goals and is conducive to collaborative discussions between clinician and client.

Overall, I think our task for the future is to increase the *visibility* and *relevance* of personality assessment, both to clinical psychology and to society at large, through broadening the scope and depth of our work. Our assessment applications should go beyond the current, familiar ones to address emerging professional and societal concerns, and especially in the service of harnessing human strengths to achieve positive development goals. Our assessment methodologies have to become contemporary and adaptive to match the ways of the current and future eras. Our future looks bright, with exciting opportunities ahead.

## References

- Garb, H. N.** (2007). Computer-administered interviews and rating scales. *Psychological Assessment, 19*, 4–13.
- Makransky, G., Mortensen, E. L., & Glas, C. A. W.** (2013). Improving personality facet scores with multidimensional computer adaptive testing: An illustration with the NEO-PI-R. *Assessment, 20*, 3–13.
- Naglieri, J. A., Drasgow, F., Schmit, M., Handler, L., Prifitera, A., Margolis, A., & Velasquez, R.** (2004). Psychological testing on the internet: New problems, old issues. *American Psychologist, 59*, 150–162.
- Shepard, J. M., Kho, S., Chen, J., & Kosslyn, S. M.** (2006). MiniCog: A method for administering psychological tests and experiments on a handheld personal digital assistant. *Behavior Research Methods, 38*, 648–655.
- Smith, R. E., Fagan, C., Wilson, N. L., Chen, J., Corona, M., Nguyen, H., ... Shoda, Y.** (2011). Internet-based approaches to collaborative therapeutic assessment: Opportunities for professional psychologists. *Professional Psychology: Research and Practice, 42*, 494–504.
- Suzuki, M., Takahashi, S., Matsushima, E., Tsunoda, M., Jurachi, M., Okada, T., ... Kojima, T.** (2009). Exploratory eye movement dysfunction as a discriminator for schizophrenia: A large sample study using a newly developed digital computerized system. *European Archives of Psychiatry and Clinical Neuroscience, 259*, 186–194.

**Wolford, G., Rosenberg, S. D., Rosenberg, H. J., Swartz, M. S., Butterfield, M. I., Swanson, J. W. & Jankowski, M. K.** (2008). A clinical trial comparing interviewer and computer-assisted assessment among clients with severe mental illness. *Psychiatric Services, 59*, 769–775.

## Special Topics in Assessment

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## References

- American Psychological Association** (2010). *Ethical principles of psychologists and code of conduct*. Washington, DC: Author.
- American Psychological Association** (2013). Guideline for psychological practice in health care delivery systems. *American Psychologist, 68*(1), 1–6.
- Gilbody S., Richards, D., Brealey, S., & Hewitt, C.** (2007). Screening for depression in medical settings with the Patient Health Questionnaire (PHQ): A diagnostic meta-analysis. *Journal of General Internal Medicine, 22*, 1596–1602.
- Kroenke, K., & Spitzer, R. L.** (2002). The PHQ-9: A new depression and diagnostic severity measure. *Psychiatric Annals, 32*, 509–521.
- Kroenke K., Spitzer R. L., & Williams, J. B.** (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*, 606–613
- Kroenke, K., Spitzer, R. L., Williams, J. B.** (2003). The Patient Health Questionnaire-2: Validity of a two-item depression screener. *Medical Care, 41*, 1284–1292.
- Li, M. M., Friedman, B., Conwell, Y., & Fiscella, K.** (2007). Validity of the Patient Health Questionnaire 2 (PGQ-2) in identifying major depression in older people. *Journal of the American Geriatric Society, 55*, 596–602.
- Lowe, B., Unutzer, J., Callahan, C. M., Perkins, A. J., & Kroenke, K.** (2004). Monitoring depression treatment outcomes with the Patient Health Questionnaire-9. *Med Care, 42*, 1194–1201.
- Mulazzi I., Cambou, J. P., Girerd, X., Nicodeme, R., Chamontin, B., & Amar, J.** (2009). Six-item self-administered questionnaires in the waiting room: An aid to explain uncontrolled hypertension in high-risk patients seen in general practice. *Journal of the American Society of Hypertension, 3*, 221–227.
- Pinto-Meza, A., Serrano-Blanco, A., Penarrubia, M. T., Blanco, E., & Haro, J. M.** (2005). Assessing depression in primary care with the PHQ-9: Can it be carried out over the telephone? *Journal of General Internal Medicine, 20*, 738–742.
- Pope, K. S.** (1999). Responsibilities in providing psychological test feedback to clients. *Psychological Assessment, 5*, 268–271.

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**Stafford, L., Berk, M., & Jackson, H. J.** (2007). Validity of the Hospital Anxiety and Depression Scale and Patient Health Questionnaire-9 to screen for depression patients with coronary heart disease. *General Hospital Psychiatry, 29*, 417-424.

**van Steenbergen-Weijnenburg, K. M., de Vroege, L., Ploeger, R. R., Brals, J. W., Vloedveld, M. G., Veneman, T. F., ... van der Feltz-Cornelis, C. M.** (2010). Validation of the PHQ-9 as a screening instrument for depression in diabetes patients in specialized outpatient clinics. *BMC Health Services Research, 10*, 1-6.

**Teddlie, C., & Tashakkori, A.** (2009). *Foundations of mixed methods research*. Los Angeles, CA: Sage.

**Tillman, J., Clemence, A. J., & Stevens, J.** (2011). Mixed methods research design for pragmatic psychoanalytic studies. *Journal of the American Psychoanalytic Association, 59*, 1023-1040.

## Mixed Methods Design in the Study of Personality Assessment

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### References

**Butcher, J. N., Dahlstrom, W. G., Graham, J. R., Tellegen, A., & Kaemmer, B.** (1989). *The Minnesota Multiphasic Personality Inventory-2 (MMPI-2): Manual for administration and scoring*. Minneapolis: University of Minnesota Press.

**Campbell, D., & Fiske, D.** (1959). Convergent and discriminant validation by the multitrait-multimethod matrix. *Psychological Bulletin, 56*, 81-105.

**Creswell, J. W.** (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. Los Angeles, CA: Sage.

**Curry, K. T., & Hanson, W. E.** (2010). National survey of psychologists' test feedback training, supervision, and practice: A mixed methods study. *Journal of Personality Assessment, 92*, 327-336.

**Hill, J., Pace, T.M., & Robbins, R. R.** (2010). Decolonizing personality assessment and honoring indigenous voices: A critical examination of the MMPI-2. *Cultural Diversity and Ethnic Minority Psychology, 16*, 16-25.

**Luyt, R.** (2012). A framework for mixing methods in quantitative measurement development, validation, and revision: A case study. *Journal of Mixed Methods Research, 6*, 294-316.

**Morey, L. C.** (1991). *Personality Assessment Inventory: Professional manual*. Odessa, FL: Psychological Assessment Resources.

**Murray, H. A.** (1938). *Explorations in personality*. New York, NY: Oxford University Press.

**O' Cathain, A., Murphy, E., & Nicholl, J.** (2007). Why, and how, mixed methods research is undertaken in health services research in England: A mixed methods study. *BMC Health Services Research, 7*: 85. doi:10.1186/1472-6963-7-85

## Ethics, Remediation, and Competency in Assessment

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accessible to trainees in the event they are needed.

This process is also consistent with the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (American Psychological Association, 2012), which states,

Upon admission students are given written policies and procedures regarding requirements, expected performance, program continuance, and termination procedures. Students receive, at least annually, written feedback on the extent to which they are meeting the program's requirements and expectations including: (a) Timely written notification of all problems and opportunities to discuss them, (b) Guidance regarding steps to remediate all problems (if remediable), (c) Written feedback on the extent to which corrective actions have or have not been successful in addressing issues of concern. (E4)

So, what should be done regarding my student at the beginning of this article? After meeting with the student to discuss my concerns, we arranged a time to develop a remediation plan. The plan included several testing sessions where I would observe his test administration for compliance with standardized instructions. The scoring of these test protocols would also be checked by his practicum supervisor. In addition to writing assessment reports on the clients he was testing, the student would also be given some data sets to use for scoring, interpretation, and report writing. If behavioral issues had also been a part of this student's problems, the remediation plan would have included regular meetings with the student's advisor as well as another faculty member or supervisor. In some situations, a specific faculty member

or supervisor is designated to meet with the student and oversee the remediation process. I also specified what constituted acceptable performance, when the process needed to be completed, and what the consequences would be for failure to perform as expected.

Not all problems with competence are resolved or even addressed in graduate school, practicum, or internship. Although the linkage between problems of competence in graduate school and problems with professional performance have not been established in psychology, Papadakis et al. (2005) found that physicians disciplined by a medical board were significantly more likely to have had negative evaluations and incidents involving unprofessional conduct in medical school.

If you have a concern about a colleague, there are several actions you can take. Standard 1.04 of the American Psychological Association Ethics Code (2002), requires psychologists to attempt an informal resolution when the ethical violation could be adequately addressed through discussion. If appropriate, the discussion could include corrective steps and ways to prevent future ethical violations. One form of remediation at this level may be continuing education. However, in some instances, an informal resolution may not be feasible. In addition, an informal resolution should not be pursued if it would violate an individual's right to confidentiality (Fisher, 2009). Standard 1.05 of the American Psychological Association Ethics Code requires psychologists to report ethical violations committed by another psychologist if the violation has or could lead to substantial harm, and informal resolution is unsuccessful or inappropriate. As in Standard 1.04, the protection of confidentiality takes priority over the duty to report (Fisher, 2009). Examples of potentially harmful violations with regard to assessment include scoring or test interpretation errors that lead to diagnoses or recommendations that have negative consequences. Standard 1.05 offers reporting options, including filing a complaint with the American Psychological Association or the state psychological association ethics committee, if the offending psychologist is a member of one of those organizations; filing a complaint with the state licensing board; or referring the complaint to the appropriate institutional authorities where the offending psychologist works.

The field of psychology is just beginning to define standards for professional competence. Thus, there is a lack of a systematic, comprehensive approach to

addressing competence problems across the profession. The supportive nature of faculty members, supervisors as well as licensing board members, make it challenging to serve as adequate gatekeepers, leading to Johnson's (2008) hot potato metaphor. Elman and Forrest (2008) suggest,

It may, after all take a village—a community of professionals, from trainers, supervisors, and institutional authorities to professional associations and licensing boards—to provide the nurturing, mentoring, ethical interventions, remediation, and, when necessary, dismissal or other actions to keep those without the capacity for professional competence from harming the public or the profession of psychology. (p. 594)

## References

**American Psychological Association.** (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060–1073.

**American Psychological Association.** (2011, June). *Revised competency benchmarks for professional psychology*. Retrieved from <http://www.apa.org/ed/graduate/competency.aspx>

**American Psychological Association.** (n.d.). *Competency remediation plan template*. Retrieved from <http://www.apa.org/ed/graduate/competency.aspx>

**American Psychological Association Commission on Accreditation.** (2012). *Guidelines and principles for accreditation of programs in professional psychology*. Washington, DC: American Psychological Association.

**Beck, A. T., Steer, R. A., & Brown, G. K.** (1996). *Beck Depression Inventory-II*. San Antonio, TX: Pearson.

**Butcher, J. N., Dahlstrom, W. G., Graham, J. R., Tellegen, A., & Kaemmer, B.** (1989). *The Minnesota Multiphasic Personality Inventory-2 (MMPI-2): Manual for administration and scoring*. Minneapolis: University of Minnesota Press.

**Cornish, J., & Knauss, L. K.** (2013, January). *Evaluation and remediation of relationship competency*. Workshop conducted at the National Council of Schools and Programs of Professional Psychology Mid-winter Conference, Nassau, Bahamas.

**Elman, N. S., & Forrest, L.** (2008). Advancing strategies for addressing trainee competence problems: Maybe it takes a village. *Professional Psychology: Research and Practice*, 39, 593–594.

**Exner, J. E., Jr.** (2003). *The Rorschach: A Comprehensive System: Vol 1. Basic foundations* (4th ed.). New York, NY: Wiley.

**Fisher, C. B.** (2009). *Decoding the ethics code: A practical guide for psychologists* (2nd ed.). Washington, DC: Sage.

**Johnson, W. B.** (2008). Can psychologists find a way to stop the hot potato game? *Professional Psychology: Research and Practice*, 39, 589–593.

**Kitchner, K. S.** (1992). Psychologist as teacher and mentor: Affirming ethical values throughout the curriculum. *Professional Psychology: Research and Practice*, 23, 190–195.

**Papadakis, M. A., Teherani, A., Banach, M. A., Knetter, T. R., Rattner, S. L., Stern, D. T., ... Jon Hodgson, C. S.** (2005). Disciplinary action by medical boards and prior behavior in medical school. *New England Journal of Medicine*, 353, 2673–2682.

**Robiner, W. N.** (2008). Addressing professional competence problems in trainees: Managing hot potatoes with heightened ethical awareness. *Professional Psychology: Research and Practice*, 39, 594–597.

**Vacha-Haase, T., Davenport, D. S., & Kerewsky, S. D.** (2004). Problematic students: Gatekeeping practices of academic professional psychology programs. *Professional Psychology: Research and Practice*, 35, 115–122.

## Reasons It Is Great to Be a Student Member of SPA

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Drs. Radhika Krishnamurthy, Bruce Smith, and Steven Smith, and Stacey Boyer each provided unique and personality insights into “Current Topics in Personality Assessment and Diversity: Tips, Insights, and Guidelines for Graduate Students.” These sessions were well attended and received, and the SPAGS board plans to continue offering one to two symposia per year geared specifically toward students.

The student lunch at the annual conference provides students with an opportunity to hear from an established psychologist. Likewise, the annual SPAGS student social, typically held in the hotel bar, offers students an opportunity to talk with a respected psychologist in an informal setting. This year's student lunch and SPAGS social both featured Dr. Yosi Ben-Porath, as well as an incredible spread of [free!] appetizers. Over fifty students enjoyed munching and mingling at the SPAGS social this year.

The SPA board takes every opportunity to fund student research endeavors and conference attendance. This year, all 59 students who applied for a travel grant received funding, with students awarded an average of \$250 each. Students are also eligible to apply for diversity travel grants, which are

more competitive but provide up to \$500 in funding. Another financial perk available to student members is the opportunity to volunteer for workshops, allowing us to sit in on otherwise costly workshops for free. Student volunteers assist with managing CE credits for attendees and assisting presenters as needed. When not occupied, students sit in and engage with the workshop.

Finally, SPA does not skimp when it comes to free fuel throughout the conference, which often takes the form of caffeine and snacks. This year, to honor the 75th anniversary of the organization, we were treated to a buffet of hors d'oeuvres and a champagne toast at the beautiful Mingei Museum. These opportunities make SPA more enjoyable, relevant, and affordable to its student members.

For me, our relationships, our work, and the student-friendly atmosphere make the annual SPA conference one of my favorite times of the year. Our work and friendships are the head and heart of this society, and, as a student, there is no other body I am happier to be a part of. I would like to take this chance to thank my fellow students for giving me the opportunity to represent our organization during the past year and to thank the SPA membership at large for your dedication to student training, which is the cornerstone that will allow our organization to continue to grow and thrive. Please join me in welcoming the 2013–2014 SPAGS board: Christy Denckla (president), Mike Roche (president elect), David Marino (secretary), and Stacey Boyer, Josh Eblin, and Ashley Gunterman (members at large).



Dr. Robert R. McRae: Bruno Klopfer Award recipient.



SPA Presidents at the Gala (from left): Drs. Irv Weiner, Barry Ritzler, Bruce Smith, Radhika Krishnamurthy, Bob Erard, Virginia Brabender, Steve Finn, and Phil Erdberg.



Dr. David Nichols (right) presenting the Mary S. Cerney Student Award to Dr. Carlo O. C. Veltri (left).



Dr. Greg Meyer (left), JPA Editor, and Dr. Robert F. Bornstein (right), recipient of the Martin Mayman Award.

## Corrigendum

The Winter 2013 edition of the SPA *Exchange* includes an article written by A. Jill Clemence that was prepared in September 2012 for print. The article mentions changes to the *DSM-5* section on personality disorders that are no longer accurate. In December 2012, the Board of Trustees of the American Psychiatric Association voted down these proposed changes, relegating the trait model of personality diagnosis to Section 3 of the manual to encourage further study. We apologize for any confusion.

## SPA Fellows

Special Recognition was afforded **Paula Garber**, who is retiring as SPA Administrative Director and was awarded Honorary Life Fellow status by the SPA Board of Trustees.

Congratulations to New SPA Fellows **Steven P. Reise, PhD**, and **William Ryan, PhD**.



**William J. Ryan, PhD** (1986), began his dedication to personality assessment as a graduate student in 1983, when he began enrolling in a series of Rorschach Workshops with John

E. Exner, Jr., PhD. A 20-year veteran of the Federal Bureau of Prisons, he is currently a Forensic Psychologist at Metropolitan Correctional Center–New York (MCC–NY). In that role as Expert Witness, Dr. Ryan offers testimony on the Rorschach, MMPI–2, PAI, and other instruments. He has testified in over 100 cases in U.S. Federal District Courts around the nation. He has incorporated Rorschach and MMPI–2 data from forensic cases into publications on topics as varied as stalkers and malingering, and frequently presents research at professional conferences. For 17 years, Dr. Ryan also administered MCC–NY's Forensic Psychology Externship Program as Director of Clinical Training. In the federal prison and as university professor, Dr. Ryan trains students in assessing malingering, neurocognitive functioning, and personality. In anticipation of his retirement from the Bureau of Prisons in October 2013, Dr. Ryan is expanding his private practice in psychotherapy, assessment, and supervision. His website is [www.DrWilliamRyan.com](http://www.DrWilliamRyan.com).

## SPA Personals

**Marvin Eisenstadt, PhD, ABPP** (Clinical), published *Everything Related to Being a Psychologist*. His book is offered on Amazon.com Kindle as an e-book. Dr. Eisenstadt is coauthor, along with André Haynal, Pierre Rentchnick, and Pierre de Senarclens of *Parental Loss and Achievement*, published by International Universities Press.

### Awards for Research in Psychological Assessment

**Justin D. Smith, PhD**, is the recipient of special recognition for the coauthored paper titled "Therapeutic Assessment Case Study: Treatment of a Woman Diagnosed With Metastatic Cancer and Attachment Trauma" which appeared in the *Journal of Personality Assessment* (see Abstract). The paper was a close contender for the Psychodiagnostics Award for Psychological Assessment. In particular, the Award Committee believes the method of

Therapeutic Assessment and its application, as represented in the paper, is innovative and important. Therapeutic Assessment provides a model for the integration of assessment and practice that promises genuine advances for client wellbeing. The Committee, therefore, recognizes the paper for "Excellence in Psychological Assessment" with an engraved plaque that notes the paper's contribution to assessment and clinical practice.

Smith, J. D., & George, C. (2012). Therapeutic Assessment case study: Treatment of a woman diagnosed with metastatic cancer and attachment trauma. *Journal of Personality Assessment*, 94, 331-344.

**Wen-So Su, PhD**, is the recipient of the 2012 Psychodiagnostics Award for Research in Psychological Assessment for his dissertation titled "Cultural and Linguistic Adaptability of the Rorschach Performance Assessment System as a Measure of Schizophrenia Spectrum Symptomatology and Severity of Mental Disturbance in Taiwan" (see

Abstract). The Award Committee recognizes his dissertation for its rigorous evaluation of alternative approaches to Rorschach coding. His validation study deserves particular merit because it is a cross-cultural study, the first of its kind for the Rorschach Performance Assessment System. This pioneering work furthers psychological assessment and understanding of individual and cultural differences. Dr. Wen-So Su receives 500 dollars and an engraved plaque in recognition of his award.

**Su, W.-S. (2012).** *Cultural and linguistic adaptability of the Rorschach Performance Assessment System as a measure of schizophrenia spectrum symptomatology and severity of mental disturbance in Taiwan* (Unpublished doctoral dissertation). California School of Professional Psychology, Alliant University, CA.

Abstracts for the Award-winning papers and information about the Psychodiagnostics Biennial Awards for Research in Psychological Assessment may be found at [www.psychodiagnostics.com](http://www.psychodiagnostics.com).



Dr. Greg Meyer (center), *JPA* Editor, and Dr. Justin D. Smith (right) and Dr. Filippo Aschieri (left), recipients of the Martin Mayman Award.

### Theodore Millon Mid-Career Award

**Steven Huprich, PhD**, was awarded the 2013 Theodore Millon Mid-Career Award, which is jointly sponsored by Division 12 (Clinical Psychology) of the American Psychological Association and the American Psychological Foundation. This award is given for an individual whose work has advanced the areas of personality, personality theory, personality disorders, and personality measurement. Dr. Huprich will receive this award at the 2013 Annual Meeting of the American Psychological Association in Honolulu.



Dr. Robert Erard (left), SPA Past-President, and Michael J. Roche (right), Poster Session Winner.



Dr. Ron Ganellen (left), SPA President-Elect, and Dr. Harald Janson (right), Poster Session Winner.



Dr. Ron Ganellen (right), SPA President-Elect, and Dr. Martin Leichtman (left), accepting the Marguerite R. Hertz Memorial Award plaque acknowledging his presentation in memory of Dr. Paul Learner.

## From the Editor...

Jed A. Yalof, PsyD, ABPP, ABSNP

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This issue of the *Exchange* showcases Radhika Krishnamurthy's President's Address from the 2013 Annual Meeting, in which she highlights the centrality of personality assessment and all of its rich applications while providing some historical notes befitting SPA's Diamond Jubilee celebration. Virginia Brabender offers a perspective on the conference gala event, which was a big hit with everyone. Other contributions include Linda Knauss on remediation strategies

for helping students attain assessment competence, Alan Schwartz on brief screening tests in primary care settings, Jill Clemence on the utility of mixed methods assessment, and Kate Thomas on the vibrancy of SPAGS. We also have photos of SPA award recipients from the recent conference in San Diego as well as updates on the Assessment Proficiency by Mark Blais and on Advocacy and Foundation news by Bruce Smith. Until next time...

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