President’s Message
From Chester to Roma to New Orleans: Tales of an SPA Sojourner
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Every year when I attend the annual meeting, I look forward to seeing graduates of Widener’s doctoral program whom I may not have seen in awhile (even though we live and work in relative proximity). One of the highlights for me is the Widener dinner attended by current students, graduates, and faculty. The purpose of the dinner is to celebrate our new student presenters and to integrate the students, those presenting and not presenting, into a community of personality assessors. I have discovered that our dinner is not unique. A number of faculty members convene such reunions at the annual meeting. Last year, I was lucky enough to “horn in” on Barry Ritzler’s merrymaking with his Long Island University students. For many years Len Handler and his photographer Barbara have organized such soirées for University of Tennessee students. Although our university-based groups have had their origins back home, many other groups and friendships have had their birth at the annual meeting itself.

So often we recognize the Society for Personality Assessment (SPA) as an organization providing us with great opportunities for intellectual stimulation and professional advancement. The fact is that equal to either of these benefits is the camaraderie that it provides among a group of people who not only share a passion for understanding and assessing personality, but also may share certain personality characteristics (for example, curiosity, tough mindedness, tolerance for ambiguity) that set a foundation for rapport among one another. This camaraderie, while immensely satisfying in its own right, is the stimulus for collaboration and further intellectual productivity.

An example of this synergy between the intellectual and the social occurred in my own life. During the 2007 Fall Meeting of the SPA Board of Trustees, I had heard about the work of an Italian member who refined a projective technique. Several months later, I prepared to travel with my husband and daughter to Italy, where I would visit with my son who was having a spring semester in Rome. I vaguely recalled that an SPA member was practicing in Rome. I contacted him, Alessandro Crisi, thinking that perhaps on my trip to Rome I could at least have coffee with him and learn a bit about his practice (I didn’t know then that coffee in Italy—often imbued standing up—can be a rather brief experience). It was then that I had a lesson in Italian hospitality and in particular that of this wonderful psychologist. For Alessandro, knowing that I was an SPA member was enough to catapult him into extending himself and the other members of his family to me and mine. Even before I arrived in March, he had thoroughly oriented my son Jacob to the basics of living in Rome. When we arrived, Alessandro and his family gave us a whirlwind tour of Rome that none of us will forget.

Although most precious to us was the forging of bonds of friendship between two families, what was also of great significance was the opportunity we had to communicate as two psychologists passionate about personality assessment. I learned about Alessandro’s assessment practice and was quite amazed to discover how extensively he has used assessment tools with sectors of the Italian military. The large number of military personnel he assesses has enabled him to develop a huge data bank for a technique he has refined—the Wartegg projective test (see further discussion of Alessandro’s work in this issue of the SPA Exchange). It’s an intriguing task: The client is presented with eight boxes, each of which has in it some visual elements such as dots, lines, and squiggles. The client is asked to make each box into a picture. Dr. Crisi sees this technique as providing confirmatory data for the Rorschach, but also adding distinctive information. After my trips to both Italy and the annual meeting in New Orleans where Dr. Crisi presented on the Wartegg, I went back to my university and talked about this instrument, novel to all of us. Other faculty and students were interested in thinking about how they might contribute to the advancement of this tool. For example, my colleague Hal Shorey hopes to present a case with Alessandro through the grace of the program chair. This narrative of my journey from Chester, Pennsylvania, to Rome to New Orleans and back to Chester provides an example of how, within the SPA community, synergies occur between the intellectual and the social.

The fact is that a strong interest in personality assessment is something that distinguishes a psychologist from others in the profession. Once it had been the case that all psychologists during graduate training were thoroughly trained in personality assessment, but personality assessment is no longer a staple of graduate training. For this very reason, the Board has seen it fit to pursue an application to have personality assessment established as a recognized proficiency with the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP), an entity devoted to the intersecting needs of professional practice and educational communities. A proficiency is an area of practice that is distinct and not part of the usual palette of what psychologists do, and rests upon a special set of knowledge bases and skills. However, even before personality assessment achieves proficiency status with CRSPPP, personality assessors understand its unique status. This recognition gives rise to a natural feeling of rapport as we encounter those similarly minded and engaged whether the personality assessment activities take place in Rome, Italy.

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O! be some other name:

What’s in a name? that which we call a rose

By any other name would smell as sweet;

(Romeo and Juliet —William Shakespeare, 1594)

Juliet’s argument for looking past her Romeo’s surname is an impassioned plea to look beyond mere names to an individual’s true essence. However, names are not easily overlooked and carry a multitude of meanings which can, at times, obscure rather than illuminate the important truths behind them. Such is the case in our world of assessment and the long-held distinctions between “objective” and “projective” tests which have received numerous calls for their retirement in recent years (see Meyer & Kurtz, 2006). Like Juliet, the profession seems to be screaming out, “O! be some other name!”

A number of frameworks have been suggested to better categorize psychological tests in recent years. These have included Schultheiss’ (2007) memory-systems approach, Bornstein’s (2007) process framework and most recently Wagner’s logical system (2008) based on response rightness, latitude, and stimulus ambiguity. In this Special Topics in Assessment section, Connie Fischer suggests her own four-category classification system for psychological tests, which also moves beyond anachronistic terms. This continues to highlight the importance of helping us, our profession, and the public consider psychological assessment in more meaningful and accurate ways.

Use of “Objective”

In this scheme, all instruments are objective if they meet the requirements of being a test (rather than a technique): Instructions for standard administration and scoring are provided as well as studies reporting high levels of agreement among scorers. Details about the test’s construction and sampled populations, and evidence of validity, have been published in reputable outlets. By these criteria, not only the Minnesota Multiphasic Personality Inventory-2 (MMPI–2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989), Wechsler intelligence scales, Personality Assessment Inventory (Morey, 1991), and so on are of course tests (and therein objective); so also is the Comprehensive System Rorschach (Exner, 2003).

Retiring “Projective”

So “projective” is no longer needed to characterize the Rorschach. But what of other instruments that are not used in fully standardized ways (i.e., ones that are not used as tests)? Then we can evoke the long-used rubric of “technique,” where standard materials may be used and with standardized procedures, but without the goal of obtaining numerical data for comparison with norms. I further propose that we distinguish between open-ended and multiple-choice test formats; the MMPI–2, for example, is a multiple-choice personality test, while the Rorschach is an open-ended personality test—no need to evoke “projective.” Bornstein’s (2007) contribution of “self-attribution” in contrast to “stimulus-attribution” also, as intended, obviates use of “projective.” Not incidentally, by retiring “projective” we are also retiring the only instrument characterization that was based on an out-dated aspect of a single personality theory.

Assessment as Broader Than Testing

Assessors typically use more than one test, and integrate other data and impressions in order to address referral questions. The assessor may explore his or her impressions directly or indirectly with the client, collaboratively or unilaterally. At any of the many points at which the psychologist moves from being a
As we move well into the 21st century, we have in our possession a new understanding and many new methods for advancing the science and practice of psychological assessment. Thus, we must do what we can to identify and rid ourselves of 20th-century practices, outdated assumptions, and old habits that still appear too frequently in our published literature, unpublished dissertations and research reports, and conference proceedings. Even if the reader is not a contributor to assessment research, it is my hope that these remarks will help make the reader a more critical consumer of this research. I will discuss just two of these issues here. The first is the excess emphasis that we still place on the practices of null hypothesis significance testing (NHST) in personality assessment research. The second is the insufficient emphasis we place on discriminant validity and incremental prediction.

The most commonly practiced of these old habits is the reliance on NHST to evaluate theories and the validity of measures and constructs. Let me present a couple of familiar research scenarios to illustrate the problems with letting NHST be the sole arbiter of progress in personality science. A researcher is evaluating the validity of a rating scale based on narratives provided by 32 children to predict judgments of their prosocial behavior by teachers. She obtains a correlation of .34 between the narrative-based and behavioral observation ratings. Should we abandon the measure or seriously question the theoretical construct proposed because this correlation is not significant at .05? Before you answer, consider the work of another researcher who is evaluating the validity of a brief self-report scale completed by 416 clerical workers. He obtains a correlation of .08 between the scores on this measure and job performance ratings obtained from supervisors; this correlation is significant at p < .05.

Strict adherence to the rules of NHST forces us to conclude that the narrative measure is not valid and the self-report measure is valid. Most of us can recall that point back in our statistics education where we became aware of the arbitrariness of the p < .05 challenge and the possibility of “cheating” in this game by increasing the sample size. We did not know (perhaps until later) that the logic of the NHST practice has been the subject of intense scrutiny and criticism for decades by some of the best thinkers in our field (Cohen, 1994; Meehl, 1978). Textbooks and statistics instructors have been slow to respond to these challenges, resulting in the perpetuation of the blind pursuit of asterisks to place in our tables of results. We have placed too much emphasis on avoiding Type I errors and not enough emphasis on the Type II errors that are more likely in our burgeoning science.

We do not have to abandon NHST entirely from our data analysis. The new approach, however, demands that we attend to the effect size at least as much as effect significance in evaluating the implications of our results for construct validity. According to benchmarks proposed by Cohen (1988), the non-significant result obtained in the first case can be considered a medium-sized effect while the “significant” finding by the second research falls below the threshold of a small effect. It is arguably a “zero” effect that also happens to be statistically significant. What are we to do with such contradictory indications that may arise when considering both size and significance? The developer of the narrative-based measure should look to the p > .05 result as a reminder that correlations based on small samples are quite unstable. Her findings demand further replication in larger samples, and until this occurs, the validity of the narrative measure should be viewed as having provisional support from the modest evidence available. Not an entirely satisfying conclusion, but it is the only one that is appropriate given the early stages of development for this measure. The developer of the self-report scale must look past the significance level and give closer consideration to the effect size. Even taking into account the upper end of the confidence interval, this is a small effect at best; it demands further evidence for the practical utility of such a modest gain relative to chance prediction.

We would also do well to advance as many a priori hypotheses as we can before collecting our data, including prediction of the expected effect sizes. When several effects are hypothesized, the researcher should rank the predicted effects from largest to smallest. Zero effects should also be explicitly predicted where appropriate. The advantage of predicting the whole pattern of correlations in advance is that we can dispense with the common practice of reducing the required p-values even further to avoid Type I errors. There is no need for post-hoc adjustments, which only amplify the perils of NHST, if all of the relevant predictions are made a priori. Cohen (1994) also recommends that psychologists replicate their findings. Replication is the hallmark of the more established sciences, but our journal editors are understandably reluctant to publish replication studies. Thus, we should write more multi-study papers that include replications of validation attempts.

The continuing neglect of discriminant validity in personality assessment research is puzzling given that we are more familiar with this principle than we are with the criticisms of NHST. Indeed, two of the most widely cited papers in our field (Campbell & Fiske, 1959; Cronbach & Meehl, 1955) make clear cases for discriminant validation as an essential part of the test developer’s agenda. The findings emerging from the two research scenarios described above are far less ambiguous if the test scores are placed within the context of other more or less related test scores and variables. This is the “nomological network” to which Cronbach and Meehl refer, and this network reminds us that the question is not whether tests and criteria are related or unrelated. It is a question of whether they are related more or less than other pairs of variables that we might include. The best tests we can imagine will be imperfect and the criteria we use to validate them will be still more imperfect manifestations of the construct of interest. Thus, we cannot expect correlations approaching unity in validation research.

So, what level of validity correlation should we demand? Is a .60 correlation evidence in favor of the validity of a test? Enter the principle of discriminant validation, which answers that .60 only has meaning in the context of...
The 2002 APA Ethical Principles of Psychologists and Code of Conduct has a section (9.03) dedicated to informed consent in assessments. This indicates that the informed consent process in assessment is sufficiently different from the informed consent process in treatment to warrant a separate section in the ethics code. Prior to 2002, there was no explicit discussion of informed consent for assessment in the Ethics Code.

Given the importance of informed consent to ethical practice, it is interesting that the 2002 Ethics Code does not explicitly state whether a person’s consent must be written or oral. Written documentation is usually preferable from a risk-management perspective, and oral consent should certainly be documented in the person’s record.

Informed consent is more than just an ethical obligation. It also reflects good clinical practice. The client’s right to receive information and have the opportunity to make decisions about assessment or treatment is consistent with the moral principle of autonomy. Through informed consent, the client becomes more engaged in the assessment or therapeutic process, improves expectations, and is encouraged to adhere to the process of assessment or treatment (Knapp & Tepper, 1998).

Section 9.03 of the 2002 APA Ethics Code states:

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or government regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers. (APA, 2002, p. 1071)

Thus informed consent is not necessary when testing is mandated by law or other governing legal authority. It is also not necessary when educational testing is done as part of regular school activities such as end-of-term reading or math achievement testing in elementary and high schools. However, practitioners are ethically obligated to obtain informed consent of the parent (or student, if of the age of majority) prior to initiating an individual psychological testing or assessment procedure in the schools (Jacob & Hartshorne, 2007).

The Individuals with Disabilities Education Improvement Act (IDEA), the Protection of Pupil Rights Acts (PPRA), and the Family Educational Rights and Privacy Act of 1974 (FERPA) provide statutory protection for the privacy rights of pupils and their parents. The IDEA requires informed consent for the initial evaluation to determine if a pupil is eligible for special education and protects the privacy of pupil records. (Jacob & Hartshorne, 2007, p. 56)

The most complex aspect of informed consent in assessment is when the purpose of testing is to evaluate decisional capacity. This may be an issue in certain neuropsychological evaluations as well as when assessing clients for dementia or psychosis. The ability of the patient to understand the nature of the services being offered may not be ascertained until the evaluation is in process or perhaps completed. It is important to proceed with caution in these situations. A person may appear alert and attentive initially but become more confused and disoriented as the evaluation continues. Conversely, someone who appears to lack decisional capacity may demonstrate alertness and awareness well above the initial impression they give (Rinella & Knapp, 1998).

When individuals are legally incapable of giving informed consent, it is still important to provide an appropriate explanation of the nature and purpose of the assessment, and seek the individual’s assent in order to gain active cooperation. If necessary, obtain permission from a legally authorized person, such as a parent or legal guardian. Psychologists who are asked by one parent to evaluate a child should clarify custody issues to determine if another parent must also give permission (Fisher, 2003). If there is no legally responsible person, consider the client’s preferences and best interests and take reasonable steps to protect the person’s rights and welfare.

This often applies in situations where assessment is requested by parents of children under 18 years of age or family members of adults with suspected cognitive impairment. The Ethics Code requires psychologists to provide assent information in a language and at a language level that is reasonably understandable to the person being assessed. Psychologists working with populations for whom English is not their primary language should be aware of their clients’ language preferences and proficiencies (Fisher, 2003).

When working with children, practitioners are ethically obligated to explain the assessment process to the child in a manner that he or she understands even when the child does not have the choice to assent to or refuse services. According to Jacob and Hartshorne (2007), “Even preschoolers and children who are developmentally disabled should receive an explanation in a language they can understand as to why they are being seen by the school psychologist” (p. 93).

There are also special considerations for informed consent when conducting forensic assessments. In addition to explaining to the person being tested the nature and purpose of the testing, it is also important for the examinee to know who has requested the testing and who will receive copies of the report (Fisher, 2003). There may also be circumstances where the examinee may not receive feedback or a copy of the testing report. The American Psychological Association Insurance Trust has a sample Forensic Informed Consent Contract developed by Jeffrey Younggren, Eric Harris, and Bruce Bennett (www.apait.org).

In addition to forensic situations it is important that the involvement of third parties be discussed during informed consent, if there are any relevant third parties. This may include insurance companies, employers, organizations, or legal or other governing authorities. As part of the informed consent process, potential...
Advocacy Corner
Bruce L. Smith, PhD
Public Affairs Director

There were fewer “crises” this past six months, in large measure due to the fact that most state legislatures were dealing with severe budgetary problems. California psychologists beat back a generic “counselor” license bill that would have impacted our practice, and bills allowing nonpsychologists to use assessment instruments without training are still alive in several states, but little action has occurred on them. In addition, the role of testing in custody remains a potential problem in several states.

In order to address these issues as they emerge, we are going to be coordinating with the American Psychological Association (APA) Council of State Psychological Association Executive Directors in order to stay on top of issues as they emerge. In addition I will be establishing a group of Society for Personality Assessment (SPA) members who will monitor issues in the various states. It is our intention to have a representative in each of the states who can report to the Central Office when issues that affect assessment practice come up, so we can respond appropriately.

On other matters:

Current Procedural Terminology (CPT)—The CPT coding issue is finally settling down. Centers for Medicare and Medicaid Services has issued a clarification of the final coding issue: the coding of technician-administered tests and psychologist interpretation (called “integration”) for the same patient. As it stands, both can be coded for the same case, as long the psychologist portion is billed as integration of findings from various sources (including the technician-administered tests, but including at least one other source). The task of the “permanent” Task Force at this point appears to be educating billing personnel to the change. As I have mentioned in previous reports, this is an issue that affects our neuropsychological colleagues more than most personality assessors, but as more of us begin to use computer-administered testing, this may affect us more as well.

Attacks on the Rorschach and Other Tests—There have been fewer attacks in both the professional literature and the press in the past six months, at least in this country. Interestingly, there have been more such attacks in Europe recently, notably Sweden. This is at the same time that use of Rorschach and other performance-based measures is on the increase elsewhere in the world (e.g., Hungary, Rumania, Austria, China, Australia).

Miscellaneous—There was a peculiar issue that arose in New York, in which the Medicaid fiscal intermediary decided that they would limit reimbursement for the neuropsychology codes to American Board of Professional Psychology (ABPP) diplomates in neuropsychology. This would have been a major problem, as only a small minority of neuropsychologists actually has ABPP diplomate status. Furthermore, if extended, it might mean that personality assessors using the Wechsler Adult Intelligence Scale or other potentially “neuropsychological” instruments would be enjoined from billing Medicaid as well. Fortunately, this was beaten back.

Finally, it is nice to report a success. The mental health parity bill was passed overwhelmingly by both houses of Congress this past month. SPA was active along with the Practice Directorate of APA in lobbying for this legislation. Of course, whether or not it will ever be signed this session given the current climate is anyone’s guess.

Foundation News
Bruce L. Smith, PhD
President, SPAF

As I reported last time, the Board of the Foundation voted to establish an endowment. As such, all unrestricted donations (i.e., donations that aren’t earmarked for a particular purpose such as Student Travel Grants or the Exner Fund) will be placed in the endowment. These will not generally be used immediately but allowed to grow with the ultimate goal of providing a steady cash flow to support research and education in assessment. I urge you, therefore, to contribute as generously as current economic exigencies permit.

In other news, I can now report that the Utility Assessment Project, currently underway at Harvard Medical School, is now fully funded. We eagerly await the results of this important piece of research.

2008 Call for Nominations for JPA Editor

The Board of Trustees of the Society for Personality Assessment is now soliciting nominations for the next editor of the Journal of Personality Assessment. The position will begin on July 1, 2010, and the appointment will be for a 5-year term.

Candidates should have a national reputation as an experienced scholar in the area of personality assessment. Recognizing that personality assessment is a broad and multifaceted field, candidates should appreciate the wide variety of instruments and techniques utilized in personality assessment. Previous editorial experience as a member of the editorial board of an assessment journal will be an asset.

Nominations must be received by March 1, 2009. Self-nominations will be accepted. Nominations should include a current curriculum vitae and the names of four people who could be asked for letters of reference. Additional information will be solicited at a later date from the pool of most qualified candidates.

Nominations should be sent to the SPA central office:
Chair, JPA Search Committee
Society for Personality Assessment
6109 H Arlington Boulevard
Falls Church, VA 22044
manager@spaonline.org

Dues

The SPA Board voted not to increase member dues in the coming year.
Israeli psychologists tell a well-known joke: Being a psychologist is the best underpaying job there is. Nothing is more true than when we are referring to students and interns embarking on the long road to being licensed clinicians. As in the United States, there are many different therapeutic approaches practiced in Israel (e.g., Psychoanalysis, Psychoanalytical Therapy, Cognitive Behavioral Therapy, EMDR, Prolonged Exposure, etc.). However, the current prevailing approach is that of psychodynamic, psychoanalytical therapy, administered over lengthy periods of time. In Israel, as in other countries, the issues of the specific tests administered, their validity and utility, as well as the ramifications of the assessment, are discussed widely. I hope this article helps to better the understanding of the assessment process in Israel.

Referral questions for psychological assessment vary according to the referring entity and the purpose of the assessment. When referring a therapeutically oriented client, therapists may raise questions as to suggested aims and focus of therapy, in light of available resources at the clients’ disposal. When encountering difficulties during an ongoing treatment, therapists might ask us to estimate trouble areas, ego strength, and to ascertain underlying emotional and interpersonal factors that might aid in moving the treatment forward. A psychiatrist may want clarification as to underlying personality structure and raise qualms about categorial diagnoses and the Diagnostic and Statistical Manual of Mental Disorders (4th ed. [DSM-IV]; American Psychiatric Association, 1994) and International Classification of Diseases (ICD-10; World Health Organization, 1993) (evoking the difference between assessment possibilities and categorical diagnosis). In court referrals, questions naturally range between matters of parental capacity in divorce issues, to mental anguish and damages in tort cases, and up to questions of mental capacity in criminal cases. The prevalent test battery in Israel is decided upon by a professional board of psychologists and, to date, consists of the Bender-Gestalt test (Bender, 1938), the House-Treec-Person test (Exner, 2003), and the Thematic Apperception Test (TAT; Murray, 1943/1971). There is also widespread use of the Minnesota Multiphasic Personality Inventory–2 (MMPI–2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989).

Training of students and interns places great emphasis on the learning of both the theory and the practice of assessment. During the MA studies (the requisite in order to become a psychologist) students start administering tests to various people—at first to volunteers, for the purpose of learning administration, and later to clinical populations in their places of practice (in both in- and outpatient settings). On completion of the MA studies in clinical psychology (with possibility of specializing in child or adult clinical psychology) and registration as a psychologist at the Ministry of Health, one undergoes four years of internship (the norm is four years part-time, but there are those who complete it in two years full-time), three in an outpatient clinic and at least one as a psychologist in an inpatient psychiatric ward. During internship, the intern is required to administer at least 20 diagnostic batteries under the supervision of an expert in clinical psychology, who aids in all aspects of compiling the report (scoring, writing the report, etc.). In addition, as many of the supervisions are conducted in groups of several interns, interns also score batteries administered by peers and are exposed to assessments of a wider range of personality structures and disorders. On completion of the four-year internship, the intern undergoes an oral certification exam in order to become an expert in clinical psychology. The exam, in front of a panel of clinical psychologists, is two-fold: The intern presents (1) a therapeutic case; and (2) an assessment case, administered during the internship. He or she is then questioned as to all aspects of therapy and assessment.

In my opinion, the learning of the process and theory of assessment, in concurrence with making the first steps as a clinician, allows the student and then the intern to think not only of the coming together of each test in the diagnostic battery into the whole picture that emerges, but of how this picture could be addressed from the psychodynamic and therapeutic perspectives as well. At present I have completed two years of my four-year internship. As an intern in a mental health hospital in the center of Israel, and earlier as a student working in another hospital, I have had the opportunity to assess people of a variety of ages and personality structures. These range from adults with major psychiatric diagnoses (such as schizophrenia, manic depressive disorders, and borderline personality disorders); to teens with adjustment issues, some undergoing great turmoil as sufferers or causes of trauma to others (abuse survivors on the one hand and a sex offender on the other), some with much confusion as major psychiatric problems emerge; to children with developmental and behavioral problems.

What have I learned during this time? First and foremost, I have learned to like assessment. I find it important to learn from the individual—not only from whether he or she draws with more sivers than lines on the Bender-Gestalt test or if they speak of their mother or their cat on the TAT, but to think of how the person presented himself or herself during the whole interchange— including behavior during sessions, the person’s own aims for the process, and during feedback: What questions do they have, how does the feedback come to terms with their own lives and their own view of themselves, and how might it serve them in the future?

I believe I have also learned to understand more fully what is and is not possible during assessment, recognizing that it is mostly a dream to be able to produce a definitive and final diagnosis. The ability to represent the personality traits and major issues the person is dealing with and the manner in which they are doing it, is a grand task on its own.

References
My name is Alessandro Crisi, and I’m an Italian psychologist; I live in Rome where I work as a private professional. After my graduation in Psychology in 1976, my career has mainly been developed in three different fields: teaching, psychotherapy, and assessment.

Since 1999, I have been teaching “Clinical assessment” at the II School of Specialization in Clinical Psychology of the University of Rome “La Sapienza” and in other private Schools of Specialization in Rome.

I’m a psychodynamic psychotherapist with a strong Jungian impression; I did my psychotherapy training with Prof. L. Pinkus of D.G.G. of Berlin and I devote two days a week to psychotherapy.

But I mostly work with assessment (clinical, forensic, selection, and career guidance fields) and the aim of this article is to demonstrate the characteristics of my assessment practice to my Society for Personality Assessment colleagues.

Before I start, it is interesting to clarify that the clinical and forensic assessments are usually referred to two (or sometimes more) psychologists in Italy. The first takes care of all the steps connected to the clinical interview; the second takes care of test administration. This subdivision depends on the depth of differences that characterize the actions of each psychologist. Basically, one will be concerned with the clinical context and is especially oriented to take care of the individual observing the psychotherapeutic elements (transference; counter-transference, setting, etc.) from the first meeting; the other one is more focused on obtaining a personality description and although in all its intents and purposes is a clinical situation, it is usually defined as “more free and less formal.” Initially, the two psychologists operate separately to avoid conditioning or contamination of each other’s work. Only when their respective work is done, do they compare their conclusions and arrive at a definitive written report. We call this proceeding “the blind way.”

Who are my clients? It’s possible to distinguish three main categories because people come to me for clinical, forensic, or selection reasons.

In the first category, I have two different populations: private clients who contact me due to a psychotherapy demand and those I see in the Institute of Orthophonology in Rome. Most people who arrive for a psychotherapy demand are sent by colleagues (psychologists, physicians, psychiatrists). Generally, I do the clinical interviews and my collaborators assess by using clinical standard batteries, which include the Rorschach Inkblot Method (Exner, 2003), Minnesota Multiphasic Personality Inventory–2 (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989), Wartegg Completion Test (Crisi, 2007), Draw a Person (Machover, 1969), and Wechsler Adult Intelligence Scale–Revised (WAIS-R; Wechsler, 1981). After the phase of clinical assessment people are sent to the kind of psychotherapy most suitable for their needs and characteristics.

The second category is quite different: Since 1983 I have been working in the Institute of Orthophonology of Rome (directed by F. Bianchi di Castelbianco, PhD, and M. Di Renzo, PhD) where I mainly work with children and adolescents and I assess clients with disorders such as stammering, deafness, learning disorders, cognitive deficit, behavioral disorders, and so on. All the people who arrive in the Institute do so through a complete series of standard testing: medical, psychological (cognitive and affective), and neurological. In particular, I provide the psychological testing of the affective area and, at the first screening, I use a battery composed of Draw-a-Person, Draw-a-Family (Machover, 1969), and the Wartegg Completion Test. Since the beginning (1983), I generally assess between 450 to 600 subjects a year, mostly aged 5–12. People who need an in-depth psychological evaluation are tested by a battery, which includes tests like Rorschach, Wechsler Intelligence Scale for Children–Revised (Wechsler, 1974), Family Relations Test (FRT; Bene & Anthony, 1991), Bender Visual Motor Gestalt Test (BVMT; Bender, 1979), Separation Anxiety Test (SAT; Attili, 2001), and others.

In the forensic field, things are quite different according to the Judge’s requests in the Civil or Penal Court. Especially in the Civil Court, my practice is mainly devoted to children entrusting (valuation of parental ability) or legal consultations about damage resulting from car-or work-related accidents or resulting from mobbing or work disease. On the contrary, in the Penal Court, most of the consultations regard the assessment of the ability “to understand and will.” My assessment work is that of technical consultant (or assessor) to the Judge.

Finally, a significant part of my job is dedicated to Selection and Career Guidance within the Armed Forces of my country. This occupation began when, during the early 1990s, I designed a new methodology for the interpretation of the Wartegg Completion Test. Initially, it was used in the clinical field only but later the Wartegg Test showed the ability to answer the needs of aptitude assessments and guidance within a work context and the Armed Forces. Being suitable for group-administrations and using software programs, the Wartegg test allows performing a very cost-effective assessment of occupational aptitudes and performing occupational/career guidance to individuals. At the moment the Wartegg is used by the Italian Navy and Army in their selection and guidance proceedings and a research effort with this instrument is ongoing.

Looking ahead I feel the longing to mainly devote myself to teaching at the university and to promoting my new Wartegg methodology in the United States. I embrace University teaching because I think that still in my country, clinical assessment has not been considered with the esteem it merits, and our young psychologists deal with it without a full awareness of the difficulties and the humility clinical assessment asks for!

In promoting the Wartegg Completion test according with my new methodology, I have two motives: First, I know that in the United States this test is rarely used; yet, I’m sure that it has great capabilities in the personality assessment; secondly, I have a personal motivation: My father was born in a village near New York, Highland Falls. He came back to Italy when he was 17 years old. Now that I’m in the second part of my life, I would like to travel as he did in 1929, but in the opposite direction and, in doing so, symbolically close a circle.

1. Since my beginnings I’ve always kept in my mind a sentence of Heraclitus: “You will never be able to discover, advancing, the boundaries of Psyche, although you should proceed on any road, so deep is her Sense. The characteristic of Psyche is the Sense that increases by virtue of itself.”

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Dear Fellow SPA and SPAGS Members,

This is the last time I have the opportunity to write the SPAGS column in the SPA Exchange. I have enjoyed my tenure as President immensely to this point, and exciting times continue to lie ahead. I will outline some of the remaining projects on which the current SPAGS Board will be working until we step down at the end of the 2009 Annual Meeting. These include continuing committee work, augmenting the SPAGS webpage, and development of the SPAGS listserv.

Before I start on those topics, I want to discuss two important issues. First, the SPAGS Board welcomes Gale Utzinger back. As you may remember, Gale resigned her position as President in October 2007 because she had left her doctoral program. The Board left open the possibility that she could be reinstated on Board as Past President should she matriculate in a doctoral program at some point between March 2008 and March 2009, which she did. In June 2008, the Board voted unanimously to reinstate Gale, and she will serve as Past President until March 2009. We also wish to thank Robert Janner who graciously continued to serve in this capacity substantially past his scheduled tenure. Rob’s contributions to SPAGS over the past four years have been monumental, and he will be missed.

Second, at the time of this writing, we have issued a call for nominations for positions on the SPAGS Board, including President-Elect, Secretary, and three Representatives-at-Large. The nomination period ends on October 1. We will then hold the election, which will close on November 15. Furthermore, we are moving to electronic voting; as a result, we are hoping for a great turnout where SPAGS members cast their votes to determine the future direction of this organization.

In terms of the remaining projects for the SPAGS Board, I want to remind you of our ongoing committee work. As I mentioned in my State of the SPAGS address in the SPA Exchange Summer issue, we have several committees in place. We still need a lot of members—at least 3–4 for each committee. Please use this opportunity to get involved with SPAGS and help accomplish important goals for our society. The current committees include Research Enhancement (chair: Chris Hopwood), Social Responsibility (chair: Elizabeth Koonce), Education (chair: Carlo Veltri), Election (chair: Gale Utzinger), and Programming (chair: Elise Simonds). I described the goals of each of these committees in my State of the SPAGS address. We also plan to describe the committees and their goals on the SPAGS website. For additional information, please contact me directly.

The next project concerns the SPAGS portion of the SPA website. During the winter and next spring, we plan to make substantial additions, including a more detailed presentation of current Board members and committees. We also plan to post progress of our various committees. For instance, one of the goals of the Research and Enhancement Committee is to highlight graduate student research accomplishments, which will be posted on the website. Furthermore, we plan to continuously post various opportunities for graduate students, including workshops, awards, and grants.

Finally, I am pleased to announce that SPAGS will very soon have an operating listserv. After substantial research, we decided in conjunction with the SPA Board under advisement of Steve Toepfer, SPA web coordinator, that Google Groups would be the most economical and efficient method. Perhaps even at the time of this reading, SPAGS members will have the opportunity to join the listserv and post questions, comments, and/or concerns as it pertains to their involvement with personality assessment.

In closing, I am excited about what we have accomplished and see a bright future. I believe that our committees, website, and listserv will provide information and resources which SPAGS members will find of great value as well as help establishing a stronger unity among students. Our direct link to the SPA Board will support prompt implementation of our work.

It is not too late for any SPAGS member to get involved. Please feel free to contact me (msellbom@kent.edu) about committee work or to provide feedback regarding how the SPAGS Board can best work to serve you and your needs as a member of this organization.
2008 SPA Membership Survey

Carol Overton, PhD
Private Practice

There were 137 respondents to the Society for Personality (SPA) Assessment Membership Survey sent out in April of 2007. The respondents were asked to rank how they identified themselves professionally among the categories of academic, researcher, practitioner, forensic assessor, or other. Of these respondents, 69% identified themselves first as practitioners, 20% first as academicians, 5% first as forensic assessors, 2% first as researchers, and 4% first as other (including students, retirees, supervisors, and managers). Ranking themselves second included 19% as forensic, 17% as researchers, 14% as practitioners, 8% as academicians, and 4% as other.

Regarding satisfaction, 63% of respondents were very satisfied with the SPA Central office, and 90% were either very satisfied or satisfied. Fifty-two percent of the respondents were very satisfied with the membership fee, and 82% were either very satisfied or satisfied. Forty-one percent of the respondents were very satisfied with the SPA Exchange newsletter, and 80% were either very satisfied or satisfied. Thirty-one percent of the respondents were very satisfied with the Journal of Personality Assessment (JPA) balance of articles, and 76% were either very satisfied or satisfied. Most respondents who were less than satisfied with the balance of articles wanted more practice articles, and a few wanted more forensic articles.

Regarding satisfaction with the SPA Annual Meetings, 37% of respondents were very satisfied with the costs, and 69% were either very satisfied or satisfied. Twenty-eight percent of the respondents were very satisfied with the location of the Meetings, and 69% were either very satisfied or satisfied. Regarding format of the Meetings, 46% were very satisfied, and 77% were either very satisfied or satisfied. Regarding workshops, 55% were very satisfied, and 88% were either very satisfied or satisfied. Regarding presentations, 55% were very satisfied, and 86% were either very satisfied or satisfied. Regarding collegiality, 60% were very satisfied, and 86% were either very satisfied or satisfied.

When asked what was most important in maintaining their SPA membership, respondents identified primarily personal relationships (24%), keeping up with assessment (23%), and receiving JPA (17%). Among other reasons given were SPA's advocacy for testing, the Annual Meeting, and CE/Workshop offerings. Thirty-seven percent of the respondents reported their assessment activities had decreased, and the reason most often cited was the lack of third-party payment.

Overall, the respondents were either very satisfied or satisfied with their SPA membership. They identified primarily personal relationships (83% of respondents ranked themselves as practitioners, first or second), the SPA Board Website Committee is creating a listserv, where members will be able to discuss assessment cases, instruments, questions and issues.

Advance Note: Journal of Personality Assessment

The January–February 2009 issue (Volume 91, Number 1) of Journal of Personality Assessment will include a small tribute to Dr. Paul Lerner.

September 2008 SPA Board Meeting

Carol Overton, PhD
Private Practice

• Awards. The Board elected John Exner as the recipient of the 2009 Hertz Memorial Award, and James B. Hoelzle as the recipient of the 2009 Mary Cerney Award.

• Proficiency Application. The Board is finishing work on our petition to have Personality Assessment recognized as a Proficiency by APA, and plans to submit the petition by January 1, 2009.

• SPA Listserv. The Website Committee is creating a membership listserv for the discussion of assessment cases, instruments, questions, and issues, as well as the discussion of research projects and issues.

• 2009 Annual Meeting Interest Groups. The Board has added a Psychodynamic group to the interest groups convening at the 2009 Annual Meeting in Chicago.

SPA members are invited to view the full Board Meeting Minutes on the SPA website (www.personality.org).
End of International Notes

International Notes
Jane Sachs, JD, PhD
Private Practice

2. At your urging, we have been tackling communication issues. Thanks to our Webmaster, “Emeritus,” Steve Toepfer, we are setting up a structure through Google Groups for an SPA Community list with multiple sublists for specific topics of interest. As of this writing, we expect the listserv to be up in early October. Paula Garber assures me that she will keep membership posted.

With the inestimable help of Menashe Rothschild, we have also been investigating technologies for video and audio access from abroad to live workshops and other SPA events. These technologies include video streaming, as well as video and audio podcasts to be downloaded for a modest fee. Beyond this, we are looking at ways to allow offsite registrants eventually to participate in these events, such as voice and text messaging and email. To be sure, it is more likely that SPA will be able to offer the more sophisticated and costly technologies if international associations, academic or research institutions sponsor co-sponsor events. I urge you to contact me (or other members of the Board’s International Committee) if you would like to explore this possibility.

3. Updates: We are delighted to see articles by Dr. Alessandro Crisi and Dr. Orli Naschitz in this issue of the Exchange. In response to requests from several non-U.S. members, SPA will be expanding the offer of mentors to those interested in submission of papers for publication in Journal of Personality Assessment. Details will appear on the website or the list for those with interests of a specifically “international” flavor. Students whose papers or posters are accepted for the upcoming Annual Meeting in Chicago can apply online for travel grants. And last but not least, there will be another session for non-U.S. members at this Meeting on March 6, at noon.

Thank you all very much for your interest and ideas. I hope to see you in Chicago.
Annual Meeting Workshops, Chicago, IL
Anita L. Boss, PsyD, ABPP (Forensic)
Continuing Education Committee Chair

Setting up the workshops for the Chicago meeting was my last activity as CE Chair, a position in which I have had the privilege to serve for four years. The Committee, which includes Ginger Calloway, Greg Meyer, and Stephen Stack, is a wonderful group that generates multitudes of ideas and works hard to make the workshops what they have been. Thank you, excellent committee members! As I rotate off the Board of Trustees, I have a certain nostalgia, and I will miss working with the many fine people who guide and shape this organization.

For the 2009 workshops, I’m pleased to announce that we have a wealth of new workshops, presenters, and ideas that will flow together to provide a wide range of quality continuing education. This year will be the most diverse collection we have had to date. We also have some returning presenters who have always been popular with our conference attendees. Some of the new workshops are quite different from what members are used to seeing. We are hoping that this will not only broaden the interests and experience of our members, but also attract new members and conference participants from varied areas of psychology.

Dan McAdams will introduce the psychology of life stories, and discuss the application of personal narratives in therapy, research, and personality assessment. He will use illustrations from his book, The Redemptive Self: Stories Americans Live By, to “position life stories within a broad conceptual framework for personality as a whole, encompassing dispositional personality traits, motives and life goals, and integrative narrative identities, situated in culture and history.”

Mark Frank, of the Paul Ekman Group, will give participants the opportunity to test their ability to identify emotions, as well as the feigning of emotions, in an interactive workshop based on their work in facial expression research. Get ready—even though you’re skilled in personality assessment, you may not be as good at “reading” people as you’d like to think, and this will give you an opportunity to improve!

On a serious and highly important note, Beth Rom-Rymer will present the first-ever workshop at the Society for Personality Assessment (SPA) to focus on the evaluation of the elderly. She has made a unique contribution to forensic psychology in her assessment of elder abuse, and we are pleased to have this workshop on an all-too-often overlooked topic that affects us on both personal and professional levels. Further, in terms of capturing the entire developmental scope, we have three workshops focused on the assessment of children. Ginger Calloway will present a workshop on child-centered assessment, which will involve an intensive look at the assessment of personality dynamics of adults and how it affects attachment in young children. She will be incorporating the use of psychological tests, observation, and videotapes of the youngsters’ interactions with adults. David Fogge and John Stokes will contribute workshops on the assessment of young people with two workshops on psychodiagnostic testing; there will be a half-day devoted to the assessment of children, and a half-day for adolescents. This gives you the option of a full day on the assessment of young people, or the opportunity to choose a specific population.

In addition to the workshops that represent diversity of age, James Butcher and Giselle Hass have developed an intensive workshop entitled, “Considering Culture, Race, and Ethnicity in Personality Assessment.” This will include rich case examples and recommendations for interviewing, using traditional tests, and understanding the different manifestations of psychopathology in diverse cultural groups. This workshop will be offered on Wednesday evening to make it available to all of our conference attendees.

One of the most innovative new workshops will be a pre-conference institute, “Collaborative Assessment: Now and in the Future.” Stephen Finn and Constance Fischer will chair the day-long session, with presentations by Judith Armstrong, Diane Engelman, Leonard Handler, Hale Martin, Caroline Purves, and Deborah Tharinger. They will discuss the development of collaborative assessment, and then guide participants from the current state of the art/science into the future. They will also include a segment on teaching collaborative assessment.

Anita Boss and Bruce Smith will conduct a workshop on practical applications of personality assessment in complex forensic cases. Their focus is on the use of multi-method assessment to answer a variety of psycho-legal questions in ways that comply with standards of practice, laws, and ethics. They will draw from rich case material that includes a variety of referral questions, as well as conflicting test data, malingering, and other complexities and conundrums faced in forensic examinations.

SPA will be offering two workshops devoted to the assessment of psychological trauma. Carol George will return with an advanced workshop that introduces the Adult Attachment Projective Picture System as an effective tool for evaluating the interface between an individual’s attachment experience and the clinical presentation of trauma-related psychopathology. Barton Evans and Nancy Kaser-Boyd will be returning as a team with a workshop on the evaluation of psychological trauma using standard tests and trauma-specific instruments. They will discuss the development and manifestation of psychological trauma, follow with case examples of clinical assessment, and conclude with forensic applications.

For our conference attendees who are involved in academia and research, or who want to improve their understanding of statistics, David Streiner will be presenting a workshop on meta-analysis. This is a methodology that is a challenge for many, and a vocation for some. At the conclusion, participants should have confidence that they can differentiate a solid meta-analysis from one that may be misleading.

To meet the needs of keeping our members current and competent, there will be two workshops on tests that have been updated in the past year. We are fortunate to have Paul Arbisi representing the latest developments and research on the MMPI–RF, which is newly available. In addition, Amy Gabel will guide attendees through the updates of the Wechsler Adult Intelligence Scale (now in the 4th edition). This is a great opportunity to get these updates while attending the Annual Meeting.

Continuing with specific tests, Richard Tringone will offer our first-ever workshop on the Millon Pre-Adolescent Clinical Inventory (M–PACI) and Millon Adolescent Clinical Inventory (MACI). Following this workshop, James Choca, Ed Rossini, and Robert Craig will present an advanced workshop on MCMI interpretation that includes case discussion. Martin Leichtman will look at the Rorschach as a task of visual representation, tracking the Rorschach task in light of early developmental stages, and culminating with the utility of the Rorschach in the assessment of thought disorder. Barry Ritzler and Tony Sciara will address difficult administration and coding issues with the Rorschach, providing an...

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President’s Message

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or Chester. Hence, my cross-cultural tale carries a simple message: If you are a member who receives the *Journal of Personality Assessment* and SPA Exchange newsletter but rarely or maybe never attends an SPA event—be it the annual meeting, the fall workshop, or an affiliate group event—you are missing the best part of this organization.

President’s Welcome Reception

Drs. Virginia Brabender and Alessandro Crisi, and their families.

Practical Characterization of Tests

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tester to being an assessor, he or she is engaged in meaning making and interpretation. These points often should be communicated to users of our assessment services, so that they understand the differences between testing and assessment, in particular that the latter necessarily involves the assessor’s use of himself or herself, albeit in a disciplined, reflective manner. The fourth, catch-all category, can include contemporary use of tests in collaborative and therapeutic manners (Finn, 2007; Fischer, 1994/1985), other emerging practices, mention of client reports or profiles being available, and other features relevant in particular circumstances.

The Four Classifications

1. **Type of administration**: group-administered, individually administered, self-completed;
2. **Test format**: open-ended or multiple choice, verbal or performance;
3. **Task requirements**: verbal or performance response, stimulus-, self- and or other person/world-characterization, problem-solving, copying, free construction; and
4. **Additional characteristics** (mentionable in various situations): availability of different test forms, availability of reports...
and/or profiles for client use, that during a particular assessment, the client was engaged collaboratively to jointly develop understandings and choices, and so on. Of course other classifications are possible and would have various advantages. Many further characterizations may be mentioned, such as “world- and other-persons characterization” (see below). My purpose here has been to demonstrate that we lose nothing but confusion by retiring the term “projective,” and that we can at this point in assessment’s development maintain longstanding distinctions and help users of our work to better understand our tools and procedures.

Examples of Classification

(a) The Thematic Apperception “Test” (TAT; Murray, 1943/1971) is an individually administered, open-ended, verbal stimulus-characterization (story telling) technique. If a normed, validated scoring system is used, the TAT is a test rather than a technique. If the assessor intervened during or after stories to promote client insight and awareness of options, the TAT was used collaboratively and therapeutically.

(b) The Draw-A-Person (Machover, 1949) task is an open-ended, individually administered performance technique. If the Draw-A-Man instructions are given, and the drawings are scored, the task becomes an open-ended performance test.

(c) The MMPI-2 is a self-completed, multiple-choice, self-characterization, and other person/world-characterization test.

(d) The Rorschach (CS) is an individually administered, open-ended, verbal, stimulus-characterization (inkblot) test, with client reports available from both of the current computer programs.

Discussion

The above descriptions, which of course could be expanded for various purposes, do not require allusion to “unstructured” stimulus material. That term has been misleading in that the developers of open-ended tasks like the Rorschach and TAT carefully chose the range of material (and Hermann Rorschach modified the inkblots so that they would present particular options). In addition, the administration of the Rorschach and the TAT as tests is highly standardized. The term “ambiguous” does seem appropriate to the TAT in that the participant is presented with uncertain cues about otherwise consensually identifiable figures (e.g., is this face frowning or smiling?).

The above classification approach obviates use of “self-report” as a category, one that has been confusing in that someone not already familiar with the instrument does not know if “self-report” refers to a person directly reporting information to the psychologist, or whether an instrument is direct in its items (as in a symptom checklist) or indirect (as in many items of personality inventories).

I imagine that as narrative psychology continues to engage clinicians, classifications of self-presentation within various contexts will evolve and will serve assessment psychologists and their clients well.

Summary

I think that use of the “open-ended” and “multiple-choice” distinctions and the “self- and stimulus- characterizations” (Bornstein’s self- attribution and stimulus-attribution, 2007) and a “world/other persons-characterization” render the outdated and misleading term “projective technique” unnecessary. At the same time, we can retire the term “objective” as descriptive of a test; “objective test” is redundant. In addition, dropping that adjective for a test helps the public to understand that use of a test does not mean that assessment does not involve judgment and personal impressions. As mentioned, with this proposed classification approach, we can drop the inconsistently used “self-report” designation. Finally, I think that this practical approach to describing our assessment instruments serves psychologists, our clients, the public, and the courts well. Traditional distinctions from textbooks on psychological tests are retained while newer distinctions are straightforward. The four classifications remind us that we can think freshly about how we might characterize our tests/techniques and the uses we make of them.

References


Dr. Greg Meyer presenting Dr. Steven K. Huprich with the Martin Mayman Award.
matrix of correlations between multiple tests and criteria. This becomes a difficult problem when we confront the fact that conceptually unrelated variables will rarely show zero correlations. Meehl refers to this problem as the “crud factor” in correlational research. Everything is related to some degree to everything else. In psychopathology research, bad stuff (depression, pessimistic thinking, dysfunctional relationships, etc.) tends to run together. The task is to show that a measure predicts a specific bad thing beyond the level at which we expect bad things to covary generally. Likewise, the good stuff of interest to the new positive psychology movement suffers from this same tendency in the inverse; we might call it the “cream factor.”

The next question that arises is: Which variables should be selected for discriminant validation? There are easier and harder discrimination tests that we can choose, and, of course, we should choose the more difficult tests if we really want to see what our tests can do. Demographic variables tend to be an easier discriminant validity hurdle to clear, whereas broad measures of well-known constructs, such as the Big Five personality traits, are relatively more difficult hurdles. Where do existing measures of the same construct fit in our agenda to validate a new measure? Although we typically think of these as opportunities to engage in convergent validation, the findings we obtain from these analyses can be ambiguous. Say the new measure we are developing is proposed to be an improvement over the existing one. If the correlation is too high (say greater than .70), then it becomes less likely that the new measure offers anything different than the existing measure. If the correlation is lower, however, we cannot determine which of the two measures is more to “blame” for the lack of convergence without a test of incremental validity.

Tests of incremental prediction are an essential component of test development and personality assessment research, but they have not been used frequently enough in the published literature (Hunsley, 2003). Incremental validity refers to the extent to which a test variable correlates with a criterion of interest beyond the extent to which another test, variable, or set of variables correlate with the criterion. Typically, some form of hierarchical regression analysis is performed in which a test score is added to the equation after one or more variables have been entered. The gain in criterion variance explained is the test of incremental validity. If the new test shows a significant gain when entered after the old test but the old test does not show a significant gain when entered after the new test, then we are finally getting somewhere with respect to firm conclusions about the place of a test in the larger nomological network.

Now, at least three problems remain to keep researchers busy. First, we need good criteria for prediction. I said enough about that in my last column (Kurtz, 2008). Second, we need to replicate incremental validity estimates with new samples and in new assessment contexts in order to evaluate their generalizability. Finally, we must take into account the earlier warnings about NHST when evaluating the significance of these increments. We should consider their absolute size (Cohen, 1988, offers some guidance) and their utility in real-world decision making. Thus, the two problems presented in this column are related facets of the larger problem we face in conducting informative research in personality assessment.

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Are You Informed About Informed Consent?

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clients need to know that although they can refuse to participate in an evaluation, or stop an evaluation at any time, there may be consequences for making this choice. It could be detrimental to a legal case or result in not being considered for a particular job.

Informed consent is an essential part of the assessment process, both ethically and clinically. Psychologists can make several mistakes in implementing this requirement. One mistake is to rely solely on a written informed consent document. These documents may be complex and written at a college reading level. Taking the time to talk with clients about the nature and purpose of the assessment may also lead to a discussion about their anticipated concerns. Other mistakes include: failure to tailor the information to the needs of the client; assuming informed consent for assessment is not necessary in certain forensic or third-party contexts; and failure to get appropriate informed consent from parents or guardians when testing minors or others who are legally incapable of giving consent (Barnett & Johnson, 2008; Knapp & Tepper, 1998).

Many times psychologists are in situations where they cannot provide the examinee with specific information on how test findings will be used or what the implications will be of the testing. Although consent in these situations may not be truly informed, psychologists must still try to explain potential uses and implications of testing as early as possible. Barnett and Johnson (2008) offer several suggestions for prevention and positive practice for informed consent in assessment:

1. Take sufficient time to explain the assessment process to those you assess and obtain informed consent before beginning the evaluation.

2. Be particularly clear about the reasons for the assessment, limits to confidentiality, others you employ in the assessment process, and the likely uses of the assessment results.

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Assessment in Italy

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References

Annual Meeting
Workshops,
Chicago, IL

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essentially a tutorial in proper procedures to ensure the best possible test data.

George McCloskey will be returning to our Annual Meeting with a workshop on evaluating executive functioning and its relationship to learning and performance, as well as to psychopathology and clinical diagnosis. Ron Canellan will also be returning with a workshop on the use of personality assessment in cases involving Attention-Deficit/Hyperactivity Disorder (ADHD). He will look at the difficulties of diagnosing this disorder in adults, which is often confounded by other layers of psychopathology. Illustrative case materials that include the use of personality assessment in treatment planning with ADHD sufferers will be included.

Finally, the CE Committee is delighted to announce that Melva Vásquez will present the ethics workshop. She is the co-author of Ethics in Psychotherapy and Counseling: A Practical Guide, with Ken Pope. Dr. Vásquez will provide data regarding common violations from the American Psychological Association Insurance Trust and the Association of State and Provincial Psychology Boards. Afterward, she will focus on moral principles, strategies to prevent violations, and a model for resolving ethical dilemmas. She will include “key concerns in conducting assessment in a multicultural context.”

That's the lineup. We have such a wealth of excellent instructors, and, once again, we have more choices than we have days to present them. This is a great problem to have. See you in Chicago!

Are You Informed About Informed Consent?

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3. Translate technical jargon related to tests into language clients can understand.
4. Be familiar with the laws or governmental regulations that might allow assessment without informed consent; even in these cases, try to help clients fully understand the nature and purpose of the proposed assessment. (p. 150)

If you use a specific informed consent form for assessment, I would be happy to hear from you about the elements you find important to include, especially if you work with special populations such as school children, geriatric clients, or forensic cases. Please contact me at lknaus@widdener.edu. I plan to share these ideas in a future column.

References
This issue of the *Exchange* includes Virginia Brabender’s Presidential Address in which she comments on the synergy between intellectual and social aspects of SPA work by sharing a cross-cultural tale. Connie Fischer shares her thoughts on the objective–projective test distinction. John Kurtz offers some new ideas about null hypothesis testing. Linda Knauss discusses informed consent in assessment. Martin Sellbom updates members on SPAGS happenings. We also have articles by two of our international members, Allesandro Crisi of Italy and Orli Naschitz of Israel. Carol Overton summarizes minutes of the SPA Fall Board Meeting and reviews results of the recent membership survey. Jane Sachs summarizes SPA initiatives on the international scene. In anticipation of the annual meeting in Chicago, Paula Garber provides the meeting itinerary and information about meeting registration, and Anita Boss anticipates and describes the excellent workshop offerings. Bruce Smith updates members on advocacy and SPAF initiatives. Until next time ...

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