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President's Message: Establishing Strong Assessment Roots in Training Radhika Krishnamurthy, PsyD, ABAP Florida Institute of Technology

Most of us can identify when and how the seeds of our interest in personality assessment were sown. Perhaps it was in our childhood and adolescent experiences, our observations and reflections about ourselves and the people in our interpersonal worlds. Then came the exposure to assessment methods. I have a clear image of the applied psychology lab room from my college days where I first saw Kohs Block Design, worked with Ebbinghaus's nonsense syllable lists and tinkered with the memory drum, and where I had a limited introduction to personality tests. However, the roots of our personality assessment knowledge and skill would have begun to grow in graduate school. Therein lies the foundations and stability of our current vocation, which leads me to write here about personality assessment education and training.



Assessment faculty and supervisors face the perpetual challenge of reconciling the ideals and realities of training. On the one hand, we are well aware that the "deep roots" of high-quality assessment practice involve a broad-based learning of personality and developmental theories, psychometrics, psychopathology, diagnosis, and a host of technical assessment skills (see Krishnamurthy et al., 2004, and the Society for Personality Assessment's [SPA] *Standards*, 2006, for examples). We also know the necessity of practical training to learn to do assessment in context and experience first-hand its complexities. On the other hand, we have to contend with the limits of time and space in the curriculum, particularly with increasing demands to integrate newer areas of professional psychology focus into educational and training programs. Frequent topics of discussion among faculty in many academic departments involve questions like these—Which courses need to be retained? What should get knocked out or reduced? What needs to be added?—and vigorous arguments and turf battles may ensue.

There are no easy answers to these questions, no clear-cut or universal solutions. What we

do know is that there are certain minimum standards of training to guide teaching and training efforts. For example, the American Psychological Association's Commission on Accreditation (CoA) lays out a series of criteria and expectations for accrediting doctoral programs in professional psychology. Broadly, the CoA's *Guidelines and Principles (G&P; American Psychological Association CoA, 2009)* specify that training for practice in both graduate programs and internships should be "sequential, cumulative, and graded in complexity" (pp. 7, 14). With regards to psychological assessment, the G&P requires graduate programs to have "a clear and coherent curriculum plan..." to help students develop "substantial understanding of and competence in... diagnosing or defining problems through psychological assessment and measurement..." (p. 7). To this end, programs are expected to expose students to theories and methods of assessment and diagnosis, and practicum training is expected to be integrated with other elements of the program. The CoA uses the same description, "theories and methods of assessment and diagnosis" (p. 15) within its description of internship training goals. This outlining of expectations is broad enough to allow programs considerable choice in how they accomplish assessment training goals, and we may lament that some offer only just enough assessment training to get by. Nonetheless, the G&P provides the cover for us to ensure that assessment remains an integral and substantial part of graduate education and internship training.

We have some important opportunities ahead. First, with the revision of the G&P under way, the CoA is seeking input from various training councils to inform the development of the modified standards. If you have access to participate in the responses of one or more of these groups, I urge you to do so; this can be one way we can safeguard the quality of assessment training. Second, because the CoA as well as various training organizations

(including the Association of Psychology Postdoctoral and Internship Centers and the Association of State and Provincial Psychology Boards), have increasingly emphasized the development of competencies (versus number of courses, practica, test reports, etc.), we have a chance to delineate how assessment competencies may best be developed. Jed Yalof and I recently wrote a chapter in which we discussed assessment teaching and training methods (Krishnamurthy & Yalof, 2009), and several other excellent resources are available on this topic (e.g., Childs & Eyde, 2002; Krishnamurthy et al., 2004; Matthews & Matthews, 2006; see also the special series on multicultural assessment teaching, Vol. 79., No. 2, *Journal of Personality Assessment*). I would like to see these and other assessment training resources utilized actively by assessment faculty and supervisors to advocate for solid training in their programs.

SPA has taken several steps to advance our educational and training mission. In the last couple of years, we have held meetings with Cynthia Belar and Cathi Grus from the American Psychological Association Education Directorate, and we intend to continue our contacts with them in the future. Last year we appointed SPA Past President Virginia Brabender as liaison to the American Psychological Association's Board of Educational Affairs. In the last couple of annual meeting programs, we arranged a

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Special Topics in Assessment A Peek Inside Assessment Private Practices

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One of the many thrills of the Society for Personality Assessment (SPA) Annual Meeting is the surge of fresh inspiration which new attendees bring. Through their eyes, we become reacquainted with assessment in all of its colorful diversity through articulate clinical discussions, exciting new research, and the important impact that our work can have with our clients. Invariably, with many of our clinical students and young colleagues, the post-SPA discussion turns to how to make assessment a more central element in our professional lives, and for some even how to translate their assessment interests into developing an assessment practice. Of course, developing and maintaining an assessment practice can be a difficult endeavor, requiring not just clinical acumen. An assessment practice is a business that relies on managing administrative and clerical duties, the exigencies of financial and insurance demands, and customer service in addition to subjects infrequently reviewed in doctoral programs, like marketing and advertising. While there are some helpful resources available through the American Psychological Association's Practice Directorate to assist with some elements of assessment practice, obtaining information directly from those who are "on the front lines" of assessment practice is a propitious place to start. For this Special Topics in Assessment section, I spoke with many assessment professionals and asked a number of successful assessment clinicians to respond to a series of questions about their practice.¹ The questions involved the general nature of their practice, their specialties, whether they employ or supervise others, how they manage insurance and payment, and their reflections on the aspects of their practice that they found most challenging and rewarding.

The Nature of Assessment Practice

As one might imagine from such a particularly chosen sample, the majority of the psychologists who responded to my

questions indicated that assessment was the primary, if not exclusive, focus of their practice. Providing psychotherapy or other clinical services in addition to assessment was the exception, suggesting the extent to which assessment professionals are truly specialists. The forensic practice of Alan Lee in Hamilton, NJ, used to include other licensed practitioners (e.g., LCSWs, LPCs) who provided psychotherapy, though his practice has shifted to exclusively assessment. Susan Anderer, who practices in Bryn Mawr, PA, maintains somewhat of a balance in her practice, with about 30% of her time spent in psychotherapy and the balance with primarily psychoeducational assessments. Even within the primarily assessment practices, there are varying levels of diversity with respect to the nature of referrals and types of assessment conducted. Those doing forensic work tend to make this the focus of their practices, though forensics itself is a broad subspecialty. Ginger Calloway, who practices in Raleigh, North Carolina, has a wide-ranging forensic practice and restricts referrals from attorneys only. Her practice encompasses custody matters, personal injury (e.g., sexual harassment cases), assessment of criminal defendants with trauma, and expert testimony regarding special topics such as those involving attachments relationships.

As seen in the forensic realm, developing an area of expertise is an important way of distinguishing one's practice. However, the variety of applications of our assessment work also allows for a practice to provide a range of assessment-related services. Stephen Finn provides his Therapeutic Assessment work through two group practices, one in Austin, TX, and one in Milan, Italy. In addition to his well-known assessment technology, Dr. Finn provides consultation and supervision, both individually and in groups. He also used to provide long-term psychotherapy though now does only brief therapy due to an active travel schedule. Beyond his individual work, Dr. Finn works closely with seven colleagues with whom he shares cases. Training is an important element in Dr. Finn's work; he has a post-doctoral position in Therapeutic Assessment in Austin. For many private practitioners,

training students is a valuable endeavor though it can be difficult to support logistically and financially. Jamie Loving practices in the Philadelphia area and, while he no longer trains students outside of his university teaching role, he provides doctoral students the opportunity to "shadow" him for a typical workday. This allows many students to see first-hand what a day in the life of an assessment psychologist looks like, for those who have not yet had the in vivo experience.

Administrative, Billing and Insurance

Interestingly, the majority of the busy clinicians with whom I spoke manage the bulk of the administrative duties of their practice themselves. Some enlist the support of an assistant for billing purposes though most have an active hand in scheduling and billing. In addition, most of the clinicians do not accept insurance for their services due to the administrative difficulties with claims, poor insurance coverage for testing, limited hours authorized for assessment, and relatively low rate of reimbursement, particularly for much of the "behind the scenes" work such as reporting writing. The forensic work done by Drs. Lee, Calloway, and Loving is typically reimbursed through contracts with state agencies, agreements with attorneys, and self-pay evaluations. In more purely clinical assessment practices like Susan Anderer's, assessments are billed one standard fee to cover a comprehensive psychological or psychoeducational assessment. Some practices also bill an hourly rate, given the individualized nature of referral questions and individualized assessments.

Challenges and Rewards

My final questions for my colleagues were about the most challenging and rewarding aspects of stewarding an assessment practice. There were again some interesting similarities in responses to the challenges of managing an assessment practice. Keeping up with the extremely time-consuming administrative responsibilities, completing paperwork, and making phone calls were among the more nettlesome issues cited. The challenge of staying current, which includes reading journals, reviewing research, and

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¹ Much thanks and appreciation to my colleagues who tolerated my questions and particularly those who assisted by providing detailed responses: Susan Anderer, PsyD; Ginger Calloway, PhD; Stephen Finn, PhD; Alan Lee, PsyD; and Jamie Loving, PsyD.

Assessment in an Era of Downsizing

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As I begin in my role as a contributor to the *Exchange*, I want to first give a nod of thanks to my predecessor, Chris Hopwood, who is passing this column to me, and to Jed Yalof, for inviting me to have a say. I have read the articles in the *Exchange* for many years, and I feel honored to have the opportunity to follow in the footsteps of people I admire greatly. As I take this position, I find myself reflecting on the current state of assessment. Today when I look around, from the vantage point of working in an academic medical center that is part of an urban consortium-based internship program, I am highly aware of the effects of downsizing in our community and on our field. As I listen to patients, read news reports, and talk to students competing for positions within a diminishing practicum and internship pool, I am aware of a sense of shrinking possibilities. In some ways, assessment psychology is following suit.

Over the past year, we have been witnessing a shift in the way many of us will approach the Rorschach with the Rorschach-Performance Assessment System's (R-PAS; Meyer, Viglione, Mihura, Erard, & Erdberg, 2011) debut: a debut that has some feeling nervous about how the field will adapt to such change. Of course, this is not the first time a new Rorschach scoring system has been introduced, but it has been a while. Exner formally introduced the Comprehensive System (CS) in 1974 (Exner, 1974), but, at the time he was developing the CS, many will recall there were five other systems of scoring in existence. I wonder: How did psychologists respond to such a significant downsizing at that time? Although the R-PAS is a much less dramatic revision, given that much of the new system was adopted from Exner's CS, several aspects have changed (e.g., streamlined administration, some variables lost, other variables revised, a new interpretive process) and have changed in such a way that some may feel forced to choose one system over the other, while others may lament the loss of a tradition.

And to top it off, we have a new *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5, American Psychiatric Association, in press) on the horizon. Personality assessment will not be the same. On Axis II, we see that we are losing some diagnoses and retaining others, but what remains is based on an

entirely different system of classification than before. Many have expressed concern about the methods that will be used to diagnose personality, especially when this needs to be done in a clinical interview. To catch a glimpse of what diagnosing might look like when using self-report measures with the DSM-5, see the September 2012 issue of *Journal of Personality Assessment* (Volume 94, Number 5) which includes a special section on the assessment of personality pathology using the Five-Factor Model (e.g., Widiger, Lynam, Miller, & Oltmanns, 2012). Yet, as we move toward this horizon, we will continue to struggle to establish new diagnostic methods, and we will long for former systems despite their limitations. We will reminisce with our students about the personality disorders of old, and what was lost when we shelved previous editions of DSM next to early texts by Klopfer, Rapaport, and Beck.

However, even as this is an era characterized by what appears to be a narrowing of options, when people are expected to do more with less—it is also a time of opportunity. With such changes, opportunities arise to re-examine practices based on tradition and to build anew, allowing research to inform us but also making room for traditional models to be tested more rigorously and for new findings to emerge. While some find this process to be painful, this period is best approached as a time for determining which aspects of our knowledge can be reliably available to form a more solid foundation from which to continue to build, understand, and sharpen our tools.

The most recent paper by Mihura, Meyer, Dumitrascu, and Bombel (2012) represents one such effort, as the authors conducted a thorough and systematic examination of the wide array of variables that make up the CS. The paper examines the validity of each individual Rorschach variable when measured against externally rated criteria (i.e., non-self-report instruments such as diagnoses and observer ratings). The result is a list of Rorschach variables organized by level of research support for their ability to accurately assess clinically relevant constructs. It is then important for us, as clinicians and researchers, to be aware of where the research support lies to date in order to provide a more solid base from which to interpret the test and to inform future research.

Thus, it will be interesting to see how the DSM-5 and R-PAS complement each other as they evolve side by side. In theory, each has been crafted to be adaptable to new findings and to changes in the field. In fact, the representation of the edition of the DSM was modified from the traditional Roman numerals of versions I, II, III, and IV, to the cardinal number 5 for the latest revision. This was done in order for the system to be easily updated to versions DSM-5.1, 5.2, etc., in anticipation that it serves more functionally as a foundation from which to evolve as opposed to something that is expected to be stagnant. The R-PAS appears to be designed similarly, emphasizing the variables that have the most research support but keeping intact other variables that have traditionally been useful but may have less robust scientific support at this time. Thus, each has been crafted so as to be better able to integrate modifications and revisions that become relevant to clinical needs and interests in the future. Indeed, it is our responsibility to avoid the seduction of reductionistic thinking that will have us settle on systems that actually represent the early stages of development of methods of diagnosing and assessing. Instead, it is important to envision these as jumping-off points to organize what we see clinically, as evolving systems, which will allow for complex representations of individual ways of being in the world.

In my opinion, the DSM-5 trait-based model and the R-PAS have a lot of potential for adding richness to our understanding of those who present in our offices. The challenge, however, for all of us moving forward is to see this as an opportunity for collaboration between research, clinical expertise, and teaching to enhance and further our knowledge of personality and assessment, and not to use this as an excuse to narrow our focus. If we can see the changes introduced by the R-PAS and DSM-5 as a starting point for furthering an adaptive, responsive system for understanding human behavior, then we, not just our measures, have evolved.

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The Pros and Cons of Computerized Assessment and Assessment Reports

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One of my favorite things to do at the American Psychological Association's annual convention is to walk through the exhibit area. It has become increasingly obvious that psychological testing is becoming more and more computerized. Tests can now be administered on laptop computers and even handheld devices. However, advances in technology increase challenges in interpreting ethical codes and professional standards as they relate to computerized assessment.

An important clarification is that computerized testing usually takes place in the clinician's office, while online or electronic assessment usually describes a situation in which testing occurs through e-mail or the internet. A survey published over a decade ago indicated that more than 15% of respondents provided psychological or neuropsychological testing through some electronic format (VandenBos & Williams, 2000).

There are numerous advantages to computerized and online testing. It is less expensive than paper-and-pencil testing, provides faster results with greater accuracy, presents test stimuli more uniformly, permits faster revisions, and provides access to evaluations for individuals in rural areas (Naglieri et al., 2004). Computerized assessment also eliminates the need to purchase and transport test kits, as well as eliminating the possibility of losing blocks, puzzle pieces, or other items.

When testing individuals with disabilities, variable text and image size and digitalized voice may improve testing of individuals with visual impairments; and joy sticks, the mouse, and touch-sensitive screens and pads can facilitate assessment of individuals with physical and communication disabilities (Jacob & Hartshorne, 2007). Digitalized voice or video clips providing instructions or asking questions in a person's native language or dialect may assist in assessment of individuals from linguistically and culturally diverse backgrounds (Black & Ponirakis, 2000). In addition, some examinees are more open and honest when answering sensitive questions via computer (e.g., drug use, suicidal thoughts) when compared to in-person interviews, resulting in more valid results (Black & Ponirakis, 2000).

In contrast to the benefits of computerized and online testing, there are many challenges. One risk involves confidentiality. It is recommended that clinicians using computerized assessment tools use a secure server and encrypted communication to prevent interception by a third party. It is also important for clients to know, as part of the informed consent process, that absolute confidentiality cannot be assured by the clinician.

Competence is another critical issue. Clinicians may rely on computerized administration, scoring of results, and interpretations to expand their competence into areas where they lack appropriate education, supervised training, experience, and credentialing. In these situations, the clinician is not qualified to evaluate the validity of the computer-generated results and interpretations for the clients tested. This places both the clients and the clinician at risk.

There are also varying opinions regarding the equivalence of traditional and computer-based or online versions of the same tests. In some cases, test developers adapt traditional tests for use on a computer. However, this may alter the test to the point that it may not be measuring the same construct as its traditional counterpart (Schulenberg & Yutrzenka, 2004). More research in this area is essential.

There are also a number of additional concerns when tests are administered online without a clinician being present. These include verifying the identity of the client, validity of the test measures, testing done by unqualified or untrained people, lack of useful feedback, and technological breakdowns, especially if responses are lost or timing is important.

Computer-generated reports also have pros and cons. Test interpretation and report writing are the most difficult part of the assessment process for the clinician. Computerized psychological test reports save time and effort, making this task easier. However: "A major concern about computer-generated reports is that they may not be as individualized as those generated in the conventional manner" (Bersoff & Hoffer, 2003, p. 301). Although some information such as demographic characteristics of the examinee can be entered into interpretation

programs, no program can consider all the unique attributes of each individual. In most cases, the same programmed decision rules will be applied to all test scores (Bersoff & Hoffer, 2003).

This raises the argument about the advantages of clinical versus actuarial prediction. Is computer-generated, statistically driven, actuarial diagnosis or prediction more accurate and useful than predictions by clinicians in practice (Koocher & Keith-Spiegel, 2008)? Actuarial interpretation and statistical predictions of behaviors are best made using computer-generated analyses. According to Bersoff and Hoffer (2003), interpretations that can be validated empirically, should be. When decisions such as selecting applicants for jobs and treatment prognosis are based on empirical findings rather than clinical judgment, and when the clinician has no additional reason to believe the findings are invalid for the client, it may be best for practitioners to accept computerized interpretations without alteration.

However, this is based on the reliability and validity of the computerized version of the test, which should be established by the test developers. Actuarial-based interpretations should use the best research and statistical equations. Clinicians who use this approach must still evaluate the appropriateness of the norms and the validation studies used by the system for interpreting any particular client's scores. They should also gather clinical information not tapped by the test protocol that will be relevant to clinical decision making in responding to the referral question.

In order to use computerized test interpretation and reports responsibly, clinicians must have information about the interpretation system. They need to know how the interpretations result from the client's test responses. The importance of knowing the basis for computer-prepared interpretations cannot be stressed enough. According to Bersoff, De Matteo, and Foster (2012), "Many reports of this type are based on expert judgment development in a vacuum" (p. 56). The interpretations do not take into consideration the client's unique characteristics or background information. Computerized

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Advocacy Corner

Bruce L. Smith, PhD
Public Affairs Director



The biggest issue currently in front of us is the increasing number of insurers who are issuing blanket denials for reimbursement for assessment. In some instances these are specific to certain conditions (e.g., ADHD), while in others they are for the testing period. We have responded by providing information (journal citations, etc.) that can be used in making the case, but I have also involved the American Psychological Association Practice Organization's legal department. We met with two members of the legal counsel's office and are coordinating with them to collate information about these denials. It is our view that this kind of denial violates the parity legislation recently passed by Congress and signed into law by President Obama. As you can imagine, there are a lot of wrinkles, but so far the American Psychological Association has been fairly successful in a few cases they have worked on with insurers. Again, any denials that you have received that you believe are unfair should be referred to the Central Office with as much detail as possible.

Other issues that have come up include a request for support from a member whose university department wanted to eliminate the Rorschach from the assessment curriculum. Again, we have provided citations and other information bolstering the position that both performance-based and self-report tests are part of the essential learning of assessment psychologists.

Speaking of the Rorschach, the BBC aired a 30-minute radio program devoted to the Rorschach this summer. I thought it was quite fair and mostly positive. I was interviewed along with Anne Andronikof, Justine McCarty Woods from London, and Noriko Nakamura. They did have one critic—Scott Lilienfeld—but the bulk

of the program was more positive, and I got to have the last word...

Another area in which we are actively collaborating with the American Psychological Association is the role of psychology in general—and assessment in particular—in health care reform. We are participating in an organization called the Patient Centered Primary Care Coalition that is exploring new models for the delivery of care (e.g., the “medical home” model). While psychology may not have a central place in medical “homes,” it is our intention to ensure that we are in the “medical neighborhood” (don't you love how these terms proliferate?). In particular, we are going to try to gather all of the research information about the use of psychological assessment in reducing medical costs—both psychiatric and general medical—in order to demonstrate its importance in the health care system. Any information that you have will be most welcome.

After a hiatus, the blog is active again with two new posts: one on the Rorschach, and another on forensic uses of assessment taking off from the rash of mass shootings we have recently been blessed with. This latter is a model for future posts that I hope to be writing—tying assessment to issues of topical interest.

I continue to believe that the most crucial area for us to focus on is the proficiency initiative and getting word out to the professional community as well as the public at large about the importance of certification of proficiency in assessment. There will continue to be pressure from other professions to want to be allowed to do assessment without requisite training, and this can go a long way toward staving that off.

Notes From the Foundation

Bruce L. Smith, PhD
President, SPAF

We continue to solicit funds for various projects. At present the Foundation is supporting:

- students through dissertation grants, travel grants, and the Mary Cerney Award;
- young professionals through travel grants and the Exner Scholar Award; and

- research—currently involving the Utility of Assessment Project being directed by Steve Smith at the University of California, Santa Barbara.

In addition, we are now soliciting funds for the Paul M. Lerner Memorial Master Lecture. It is our intention to name one of the Master Lectures for the late Paul Lerner, one of SPAF's most beloved and esteemed members.

We hope that you will consider donating to one or more of these worthy causes. It is through the generosity of our members that we can ensure the health not only of SPA but of the profession of personality assessment.

The Future of Personality Pathology: Implications From and for Assessment

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It's hard to imagine life without the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. The manual has taken on a kind of mythic quality and, although on reflection we know better, we still tend to think of the *DSM* as a kind of sacred text, passed down from generation to generation through the millennia. In fact, the *DSM* just celebrated its 60th birthday. Many members of the Society for Personality Assessment (SPA) are older than the *DSM*.

We're in the midst of a second major *DSM* paradigm shift. The first took place in 1980 when *DSM-III* introduced the multiaxial framework, with personality disorders separated from clinical disorders and coded on Axis II. It's clear that *DSM-5* will represent a paradigm shift as well: As Andrew Skodol noted in his recent article on the *DSM-5* revision process, during the initial planning meetings participants were encouraged to think outside the box, consider making sweeping changes (rather than modest adjustments), and—in Skodol's (2012, p. 319) words—to avoid “slavish adherence” to *DSM-IV* syndromes and constructs.

In May 2012, Steve Huprich and I (which is to say, mostly Steve) organized a symposium entitled *Personality Disorders: DSM-5 and Beyond* at the American Psychiatric Association meeting in Philadelphia (Huprich & Bornstein, 2012). In general, the speakers were quite critical of the *DSM-5* proposal, with Mark Zimmerman and John Livesley offering particularly strong counterpoints. Joel Paris was more mixed in his assessment. There were a number of probing questions from the audience, and opinions were strong, both pro and con. Voices were raised; feelings were hurt. The words “ridiculous,” “incoherent,” and “embarrassing” appeared in various presenters' PowerPoint™ slides. It wasn't quite a donnybrook (no blows were exchanged) but definitely a kerfuffle.

Personality Pathology in *DSM-5* and *PDM-2*

The *DSM-5* is moving ahead rapidly, and one message that came through clearly during our Philadelphia symposium is that—controversies notwithstanding—the manual is going to be published in 2013. This makes sense. Because the last revision of *DSM*

symptoms took place in 1994, the rubrics we use to diagnose patients today are based on empirical evidence that is, at best, two decades old. When *DSM-IV* was published on January 15, 1994, a first-class stamp cost 29 cents, Nelson Mandela had not yet been elected President of South Africa (that took place on April 29), and O. J. Simpson was still just a retired football player (that changed on June 13). As I tell students in my undergraduate personality disorders seminar, the symptom criteria we discuss in this class have been around longer than most of the people in the room.

Looking ahead, it is clear that *DSM-5* will emphasize the neurophysiological underpinnings of personality disorders more strongly than did recent versions of the manual, with the ultimate goal of identifying endophenotypes for major syndromes. Trait and circumplex models have played a central role in shaping the *DSM-5*, illuminating core dimensions of personality pathology and providing much of the manual's methodological infrastructure (see Bender, Morey, & Skodol, 2011).

The development of the revised *Psychodynamic Diagnostic Manual (PDM-2)* is now underway as well, though in a much earlier, formative stage. Conversations have begun, discussions with publishers are underway, and individuals willing to take on leadership roles are beginning to emerge (albeit in some instances reluctantly). Initial plans suggest that—like the *PDM-1*—*PDM-2* will be more process focused than *DSM-5*, with greater attention to underlying dynamics, motives, conflicts, and defenses. There will likely be explicit discussion of etiological factors and treatment dynamics for each syndrome. One goal of the *PDM-2* is to develop more precise, operational symptom criteria, and to frame the manual (both broadly and at the syndrome and symptom level) in a way that makes it accessible to clinicians of varied theoretical orientations (see Gordon, 2009, for preliminary findings in this area).

The Future of Personality Pathology: Implications From and for Assessment

Given the contrasting structures of *DSM* and *PDM*, there has been a natural tendency for

assessment researchers who value trait and circumplex models to gravitate toward the *DSM* and document convergences between assessment results obtained from different sources (e.g., self-reports and reports by knowledgeable informants); factor analytic methods and structural equation modeling (SEM) procedures have also played a central role. Researchers who favor multi-modal assessment and performance-based testing have tended to gravitate toward the *PDM*, seeking to document meaningful divergences that emerge when different test modalities are used to quantify features of a construct (e.g., self-report versus performance-based indices of narcissism or dependency). Both of these reactions are understandable and, from a professional vantage point, quite reasonable: We all tend to affiliate with colleagues who think like we do.

To make future versions of the *DSM* and *PDM* as good as they can be, I suggest we resist our natural urge to interact primarily with those with whom we already agree. To do this risks accentuating a growing intellectual divide that could, if left unchecked, undermine personality disorder research during the coming years—the sort of divide that has been reified in the overblown schism between “empirically validated treatments” and interventions that emerge from a more psychodynamic tradition. Put another way, if we as individuals drift mindlessly toward the diagnostic system with which we are most comfortable *a priori*, we may inadvertently help create ingroups and outgroups that reflect two contrasting (but potentially complementary) perspectives on diagnosis and assessment. Over time we will find it more and more difficult to carry on productive dialogue with colleagues whose views differ from our own.

To strengthen the *DSM-6* (*DSM-5* is largely a done deal), those of us with expertise in performance-based testing and multi-modal assessment should make a point of connecting with—collaborating with—those whose work emphasizes trait models and SEM methods, so that we may test *DSM* hypotheses from a more integrative perspective. To strengthen the *PDM-2*, those of us with expertise in circumplex models and factor-analytic methods should reach out to colleagues who

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SPAGS: Update and Activities

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Over the weekend of September 21–23, 2012, I was fortunate to attend the annual Society for Personality Assessment (SPA) board meeting and count myself among the “real adults” at the head and heart of the society. The opportunity to not only attend the annual meeting, but also to have my thoughts about student matters taken seriously and my vote count, was yet another reminder of how well this organization treats its student members. In addition to learning about the myriad of exciting opportunities in store for SPA members, I enjoyed getting to know and spend time with the SPA board members. Bruce Smith reminded me of how youthful our field is when he shared his enviable past experiences having regular coffee meetings with Erik Erikson. And I learned that in addition to an affinity for locally brewed IPAs, Dave Nichols and I share a person on our “most wanted MMPI/PAI profiles” list: Bob Dylan. Oh, the patterns that assessment might reveal!

The SPA board left me refreshed and excited about all of the opportunities in store for SPA in general, and the Society for Personality Assessment Graduate Student Association (SPAGS) in particular, in the coming year. But before discussing that, I would like to take some time to recap student highlights from the 2012 Annual Meeting held in Chicago last March. At this conference, we held an inaugural symposium targeted specifically toward students. We were fortunate to learn about locating and securing internship and postdoctoral positions from Robert Archer, Mark Blais, Nancy Kaser-Boyd, and J. D. Smith. For those of you interested in this topic (which is presumably all of us students) but who missed the symposium, worry not: It is available online! You can listen to the symposium in concert with each presenter’s slides (<http://www.youtube.com/watch?v=ycxdBu0xuFc>).

We also had another successful SPAGS social at the Annual Meeting and were delighted to be joined by Nancy McWilliams and Les Morey. It was a treat getting to speak with two psychologists who have guided my thinking

with their work. The SPAGS social also provided a great opportunity for students to meet and talk with one another (and load up on hors d’oeuvres courtesy of SPA!), and the high attendance was a reminder of the vitality of our student members. I enjoyed meeting students from all around the country and remain impressed by the cutting-edge and informative research that so many of you are conducting.

Lastly, I would like to congratulate all of our student poster award winners on your excellent research! Winning studies and authors are listed on the SPA website under “annual meeting, general information” tab.

In looking toward the future, several exciting plans are in store for the 2013 Annual Meeting, which will be held in San Diego in March. I would lack to take this opportunity to remind students that pre- and post-conference workshops provide a great opportunity for learning about various test protocols, therapeutic techniques, and advances in the field of personality assessment. Workshops also often serve as an opportunity for students to learn about assessment instruments that we may have limited exposure to in our programs (e.g., the Rorschach, MMPI, PAI, etc.). The cherry that tops the workshop sundae is that students can attend them for free by simply volunteering to assist with workshop set-up and monitoring attendee ratings and CE credits. I encourage all students to look over the workshop offerings and volunteer for those that are of interest.

Given the success of last year’s student-focused symposium, we will be offering another symposium aimed specifically at students at the 2013 Annual Meeting. This year’s topic will be “developing your own assessment practice,” and we will hear from Marv Acklin, Diane Engelman, Bob Erard, and Radhika Krishnamurthy. Given the unique backgrounds and experiences of each of our presenters, I am sure it will be an enjoyable and informative symposium. I am also delighted to announce that Yosi Ben-Porath

has agreed to attend the SPAGS social during the 2013 conference.

In addition to several student-focused activities that take place at the Annual Meeting, SPA offers several opportunities to earn travel and research awards and funding. Students are encouraged to submit first-author papers for consideration for the Mary Cerney Award, which is presented to the best paper by a student member each year at the annual conference. Advanced student members are also encouraged to apply for dissertation grant funding (see the SPA website for more details).

For several consecutive years SPA has been able to award student travel grants to the majority of student presenters who apply. Between airfare and lodging, conference travel can get expensive (especially on a student budget!), so be sure to apply for funding for next year’s conference. Additional funding opportunities are available for students who represent some aspect of diversity.

The wealth of opportunities available to students at the Annual Meetings is sustained by the hard work and enthusiasm of our SPAGS board members. Board members for 2012–2013 include: J. D. Smith (Past President); myself (President); Christy Denckla (President Elect); Josh Eblin (Secretary); and Stacey Boyer, David Marino, and Mike Roche (Members at Large). I thank my fellow SPAGS members for all the work you put into student-focused activities and initiatives! Elections for the 2013–2014 SPAGS board will be held in the spring. Those of you who are interested in organizing activities to keep SPAGS continually growing are encouraged to run for a position.

I would like to conclude by reminding SPAGS members of several online forums available for us to touch base with one another. Student members with Facebook accounts are encouraged to join our “SPAGS” group. The Facebook group is a great way to stay up to date on any SPAGS announcements

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spa exchange

SPA Annual Meeting

March 20–24, 2013

Westin Gaslamp Quarter
San Diego, CA

Our Society is about to celebrate its 75th Anniversary at the next Annual Meeting, March 20–24, 2013, in San Diego. Part of the celebration will be a Gala reception held on Friday evening, March 22, at the Mingei Museum in Balboa Park. All are invited to come, celebrate, and enjoy.

Throughout its history, the Society for Personality Assessment (SPA) has been broadly concerned with both the science and the practice of personality assessment, and our theme for the 2013 Annual Meeting, “**Personality Assessment: Strengthening the Heart of Professional Psychology**” reflects our rich history. We encourage presenters to address this theme in the work they are presenting. However, we will also offer topics addressing all facets of the theory and practice of clinical or applied personality assessment, including the development of evaluation instruments; research on the effectiveness and application of assessment instruments in clinical, forensic, and organizational settings; professional development; ethical practices and concerns; and clinical case discussions.

The promotional brochure with registration information will be available the first week of December 2012 on the SPA web page, www.personality.org.

The SPA Annual Meeting offers:

- Excellent workshops, symposia and discussions on psychological assessment: MMPI-2, PAI, MCMI-III, Rorschach, TAT, and other instruments
- Empirical, theoretical, and case study formats
- Many presentations by nationally known experts

For Students:

- Reduced fees
- Volunteer opportunities (with perks)
- A student luncheon and SPAGS Social
- See and hear your favorite textbook authors

Master Lectures:

- Master Lecture I: *Jonathan Shedler, PhD*
- Master Lecture II: *Koji Jimura, PhD*

Annual Meeting Registration Fees:

| | By 2/20/2013 | After 2/20/2013 | Onsite |
|-------------------------|--------------|-----------------|--------|
| Member/Fellow/Associate | \$215 | \$265 | \$280 |
| Non-Member | \$285 | \$335 | \$350 |
| Student | \$75 | \$90 | \$90 |
| Member/One-Day Fee | \$145 | \$145 | \$160 |
| Non-Member/One-Day Fee | \$165 | \$165 | \$180 |
| Student/One-Day Fee | \$50 | \$50 | \$50 |
| Student Volunteer | \$50 | \$50 | \$50 |
| Student Luncheon | \$10 | \$10 | \$10 |

Workshop Fees:

| | | |
|-----------------------------------|----------------|----------------|
| Member or Conference Registrant | Full-Day \$175 | Half-Day \$105 |
| Non-Member or Non-Conf Registrant | Full-Day \$225 | Half-Day \$140 |
| Student | Full-Day \$90 | Half-Day \$50 |

Workshops:

In 2013, 4 full-day and 18 half-day workshops will be offered (see Ronald J. Ganellen’s article in this issue of the *Exchange* for a description of many of the workshops). Workshops will be held on Wednesday, March 20; Thursday morning, March 21; and Sunday, March 24, 2013. No workshops are held on Friday, March 22, or Saturday, March 23, 2013. Enrollment in the workshops will be filled on the basis of completed workshop registration forms and fees received. A complete list and description of the workshops will be available in the promotional brochure which will be posted on our web page the first week of December 2012.

Accommodations:

Hotel reservations must be made directly with the hotel. To get the special conference rate, please inform the hotel that you are with the Society for Personality Assessment (SPA).

Westin Gaslamp Quarter

910 Broadway Circle

San Diego, CA 92101

Tel Reservations: 619-239-2200 (toll-free: 1-800-937-8461)

Online Reservations: <https://www.starwoodmeeting.com/Book/SPAAnnualMeeting>

Reservation deadline to receive the conference rate: February 28, 2013

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

SPA realizes that you have a number of options when securing your accommodations for the SPA Annual Meeting. We would like you to know that, in order to secure the block of rooms at a reasonable room rate, SPA has made a financial commitment to the Westin Gaslamp Quarter. If the block is not filled, there are **financial implications for SPA**, and it will affect our ability to negotiate room rates for future meetings. Also, to keep our financial liability minimal, we do not reserve an unusually large block of rooms. Consequently, the rooms in the block may be taken early. If so, the hotel has no obligation to honor the low room rate for additional rooms, although they will try to accommodate your needs.

SPA Annual Meeting Future Dates:

March 19–23, 2014, Arlington, VA

2013 Annual Meeting Continuing Education Opportunities

Ronald J. Ganellen, PhD, ABPP
Northwestern Feinberg School of Medicine



We will celebrate the 75th anniversary of the Society of Personality Assessment (SPA) next year in San Diego. The theme of the 2013 SPA Annual Meeting is "Personality Assessment: Strengthening the Heart of Professional Psychology." This theme recognizes the central role that psychological assessment historically played in the evolution of clinical psychology. This theme also emphasizes that personality assessment is not an historical relic that should be relegated to the annals of professional psychology but is a dynamic, vital, and constantly evolving field.

When we gather in San Diego, we will not only toast an important milestone in the history of SPA, but we will also have the opportunity to share in the excitement of learning about recent, cutting-edge developments in the field of personality assessment. The richness and diversity of the educational opportunities to be offered are exemplified by our two master lecturers, Koji Jimura and Jonathan Shedler. Dr. Jimura will present his fascinating, innovative research using functional MRI imaging that investigates activation of different regions of the brain during personality assessment. Many of you are familiar with Dr. Shedler's contribution to psychology, including pioneering methods to assess dimensions of personality functioning relevant to clinicians, such as defensive operations, that are not captured by other methods. Dr. Shedler has also made significant contributions to the literature on evidence-based treatment; specifically, he presented convincing evidence demonstrating the efficacy of psychodynamic psychotherapy.

I am very pleased to inform you that, in addition to his Master Lecture, Dr. Shedler will lead a workshop focusing on the conceptual basis and clinical application of the Shedler-Westen Assessment Procedure (SWAP). The SWAP, developed in collaboration with Drew Westen, takes

a unique approach to conceptualizing and diagnosing personality that respects both the traditions of clinical judgment and of empirical assessment. During his workshop Dr. Shedler will review limitations of the *DSM-IV* approach to assessing personality and discuss the implications of the SWAP method and research literature for an alternative syndromal diagnostic system.

The CE committee, chaired by Steve Huprich, has selected a very strong lineup of workshops focusing on a wide range of topics to enhance the knowledge and skills of assessment psychologists. The workshops will enhance the skills and knowledge base of students, seasoned assessment psychologists, and researchers. In addition to workshops focusing on widely used assessment instruments—including a workshop on the MMPI-RF presented by Martin Sellbom and a workshop by Greg Meyer and Joni Mihura introducing the R-PAS—other workshops will help participants develop and improve proficiency in conceptualizing, organizing, and formulating the data gathered during a personality assessment; grapple with multicultural issues; and enhance their skills in collaborative assessment approaches.

Several workshops will focus on applying assessment findings in forensic settings. These include a workshop presented by Eric Imhoff and Gilbert Shaffnit focusing on internet child pornography offenders. Imhoff and Shaffnit will review relevant literature, case law, and approaches to assessment to prepare participants to conduct sound evaluations of this population and to provide effective testimony in court. The forensic applications of the recently introduced R-PAS system will be presented by Robert Erard, Donald Viglione, and Phil Erdberg. A different application of psychological assessment, forensic assessment of adolescents in juvenile justice settings, will be explored by Nancy Kaser-Boyd. Her workshop will

address issues including competence to stand trial, mental state at the time of the crime, and violence risk assessment. Anyone practicing in the forensic arena will surely benefit from Marvin Acklin's workshop on report writing. He will present an evidence-based model for writing high-quality, useful, and defensible forensic reports.

Several workshops will focus on assessment of specific conditions. These include assessment of psychotic symptoms and disorders as seen through the prism of the Rorschach and clinical interview. Steve Finn and Barton Evan's workshop will present a model for accessing the troubled inner world of survivors of psychological trauma and applying Therapeutic Assessment approaches to help them move beyond a state of being emotionally imprisoned by the effects of traumatic experiences.

Space does not permit me to list all of the workshops that will be offered at the 75th SPA Annual Meeting, but I am confident that these brief descriptions of a few will whet your appetite to learn more about the educational opportunities that await you in San Diego. Furthermore, as many of you are aware, the American Psychological Association recently recognized personality assessment as a proficiency in professional psychology. For those interested in developing and enhancing the skills needed to become proficient in psychological assessment, the SPA Annual Meeting provides an abundance of rich learning opportunities.

As Program Chair, I encourage you to carve out the dates on your calendar and make your plane and hotel reservations today to be in San Diego in March so we can celebrate together what the field of personality assessment has achieved over the past 75 years—and to set our sights on what we will accomplish over the next 75 years!

spa exchange

2013 SPA Annual Meeting Tentative Schedule

Wednesday, March 20, 2013

8:00 am–5:30 pm
8:30 am–4:30 pm
8:30 am–12:00 pm
12:00 pm–1:30 pm
12:00 pm–1:30 pm
1:30 pm–5:00 pm
4:30 pm–7:00 pm
5:30 pm–9:00 pm

Registration
Full-Day Workshops
Half-Day Workshop, Morning
Lunch Break
SPAGS Board Meeting Lunch
Half-Day Workshop, Afternoon
Board of Trustees Meeting
Half-Day Workshop, Evening

Thursday, March 21, 2013

8:00 am–5:30 pm
8:00 am–12:00 pm
8:30 am–12:00 pm
12:00 pm–1:30 pm
12:15 pm–1:15 pm
1:30 pm–3:00 pm
3:15 pm–4:15 pm
4:30 pm–6:30 pm
6:45 pm
6:45 pm
6:45 pm
8:00 pm

Registration
Board of Trustees Meeting
Half-Day Workshops, Morning
Lunch Break
Consultation Sessions
Opening Plenary Session
Bruno Klopfer Award Address
Scientific Sessions
President's Welcome Reception
Book Signing
Poster Session I
SPAGS Social

Friday, March 22, 2013

7:30 am–8:30 am
8:00 am–5:30 pm
8:30 am–10:30 am
10:45 am–11:45 am
11:45 am–1:15 pm
12:00 noon–1:00 pm
12:00 noon–1:00 pm
1:15 pm–2:15 pm
2:30 pm–4:30 pm
4:45 pm–6:15 pm
5:45 pm–6:15 pm
7:00 pm

Journal Editorial Board Meeting Breakfast
Registration
Scientific Sessions
Master Lecture I
Lunch Break
Lunchtime Presentations
Interest Groups (2)
Master Lecture II
Scientific Sessions
Hertz Memorial Presentation and
Award Presentations
75th Anniversary Reception, Mingei Museum

Saturday, March 23, 2013

7:30 am–8:30 am
8:00 am–5:30 pm
8:30 am–10:30 am
10:45 am–12:45 pm
12:45 pm–2:00 pm
12:45 pm–1:45 pm
12:45 pm–1:45 pm
12:45 pm–1:45 pm
2:00 pm–4:00 pm
4:15 pm–6:15 pm
6:30 pm–7:45 pm
6:30 pm–7:45 pm

Exchange Editorial Board Meeting
Registration
Scientific Sessions
Scientific Sessions
Lunch Break
Student Lunch
Lunchtime Presentation
Interest Groups (2)
Scientific Sessions
Scientific Sessions
Farewell Reception for Journal Reviewers
Poster Session II

Sunday, March 24, 2013

8:30 am–4:30 pm
8:30 am–12:00 pm
12:00 pm–1:30 pm

Full-Day Workshops
Half-Day Workshops, Morning
Lunch Break

Personality Assessment Proficiency Update

Mark A. Blais, PsyD

*Massachusetts General Hospital
Harvard Medical School*

Chair, Personality Assessment Proficiency Committee



I am pleased to report that we continue to make progress in implementing the Personality Assessment Proficiency. We have developed nearly all of the materials and procedures necessary for implementation. The official Proficiency Application Form and information sheet explaining the requirements and review process will soon be available on the Society for Personality Assessment (SPA) website. We have recently piloted the Proficiency review process with a select group of individuals, SPA Board members, and Proficiency Committee members who qualified to satisfy the grandparent criteria. These applications were formally reviewed at the recent SPA Board meeting, and I am

pleased to report that 12 individuals (listed below) have been certified as Proficient in Personality Assessment. In addition to helping troubleshoot the proficiency application process, these individuals are now qualified to serve as proficiency reviewers and will be called upon to review applications once the process is officially activated. We anticipate that by December 1, 2012, we will be ready to invite proficiency applications from SPA members (and other psychologists) who satisfy the requirements for grandparent status (ABAP Diplomate and/or SPA fellow). There are still a few details that need to be worked out before we can open the application process to all eligible individuals, but we are making

excellent progress and I believe that full implementation is within sight.

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

Individuals Certified as Proficient in Personality Assessment

Virginia M. Brabender, PhD; Mark A. Blais, PsyD; Diane H. Engelman, PhD; Robert E. Erard, PhD; Ron Ganellen, PhD; Roger L. Greene, PhD; Steven Huprich, PhD; Radhika Krishnamurthy, PsyD; David S. Nichols, PhD; John H. Porcerelli, PhD; Bruce Lazar Smith, PhD; and Jed A. Yalof, PsyD.

Dr. Steven Huprich is the New *JPA* Editor



On September 21, 2012, the Society for Personality Assessment's (SPA) Board of Trustees selected Dr. Steven Huprich as the next Editor of the *Journal for Personality Assessment (JPA)*. Dr. Huprich will assume responsibility for the journal effective July 1, 2013, as Dr. Gregory Meyer steps down after a 10-year period of overseeing the journal's responsibilities. Upon learning of his appointment, Dr. Huprich said, "I am delighted and deeply honored to become the next *JPA* Editor. Given the journal's history, as well as its scientific integrity having advanced significantly under Greg Meyer's leadership, I find the task ahead to be both exciting and challenging. I am especially grateful for the Board's confidence in me to take on this task."

Dr. Huprich received his PhD from the University of North Carolina at Greensboro and completed his clinical internship at

the SUNY Upstate Medical University in Syracuse, New York. He holds an appointment as Professor of Psychology at Eastern Michigan University, where he teaches in the clinical psychology doctoral and masters programs. Prior to his appointment at Eastern Michigan University, Dr. Huprich was a full-time faculty member at Baylor University. Presently, he is an Associate Editor for the *Journal of Personality Disorders* and serves on several other Editorial Boards. Dr. Huprich has published four books, including *Rorschach Assessment of the Personality Disorders* (Erlbaum, 2006), and has co-edited several recent issues of the *Journal of Personality Assessment*. He recently co-edited a book with Dr. Christopher Hopwood that is in press (*Personality Assessment in DSM-5*, Taylor & Francis) and is compiling an edited book for the American Psychological Association entitled *Personality Disorders: Assessment, Diagnosis,*

and Research. Dr. Huprich is the recipient of research grants from the American and International Psychoanalytic Associations. His research interests include the assessment and theoretical underpinnings of depressive and borderline personality disorders, along with the assessment of interpersonal dependency and pathological narcissism. His current work is focusing upon the construct of malignant self-regard, which he believes accounts for some of the commonalities observed in the constructs of masochistic, self-defeating, depressive, and vulnerably narcissistic personalities. Dr. Huprich is a frequent presenter at the SPA Annual Meeting and regularly brings many students to present their research findings. Besides his academic work, Dr. Huprich has a private practice in Northville, Michigan. He is married and has two daughters.

President's Message

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Teaching/Training Personality Assessment interest group for attendees who wished to exchange training ideas; this, too, will continue. Our Proficiency in Personality Assessment initiative dovetails with our pedagogical mission in terms of establishing criteria for proficiency in our field and offering training opportunities. As a further step, I hope to see us become a recognizable resource for training programs, for which I am seeking to set up consultancy teams; I hope you've had a chance to consider, and hopefully respond to, my call for volunteers. Lastly, I should mention that there is an identified need for research in assessment supervision (see Virginia Brabender's description in this issue), which is another important way for us to contribute to improvements in training.

Our deep assessment roots make for strong assessment trees. SPA has much to offer in assessment training, and the presence and activities of SPA's Graduate Student Association is a powerful reminder of our responsibility to give our students the sturdy assessment foundations they seek. Let's put our energies toward moving forward in this direction.

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Special Topics in Assessment

...continued from page 2

new tests, also can be challenging in a setting that is primarily a business. Many of the psychologists described the challenges of creating well-articulated narrative reports and the time commitment that this crucial endeavor requires—something that is often not reflected in many psychological assessment reports. Interestingly, several of my interviewees cited the challenge of working in a field where there are professionals who do substandard work and the desire to want to distance oneself from them as they reflect poorly on the profession as a whole. Professionalism, quality, and diligence were a striking theme for these clinicians.

With respect to the rewards of practicing psychological assessment, each of the psychologists with whom I spoke offered their unique perspective. Jamie Loving, who has only recently ventured out as a solo practitioner, has enjoyed representing himself and building on the relationships he has cultivated over many years in a group practice. Ginger Calloway spoke of the enjoyment of grappling with conflicting findings, what she termed the “puzzle that assessment offers.” Clients’ responses to the accuracy of her assessments are also a source of pride and pleasure for her. Alan Lee also values the detective work involved in assessment and feels “pride in understanding each client deeply and thoroughly.” The rewards for Susan Anderer lie in helping her clients “gain a better understanding of how they learn, engaging students in thinking about themselves and helping them to see their strengths rather than focusing on only what is hard for them.” Echoing Susan's sentiments, Stephen Finn values the opportunity to positively impact his clients who are often stuck. Finally, he echoes a sentiment that I imagine many of us feel about our work: “I find psychological assessment fascinating, moving, and challenging, and I am always learning things about myself, about tests, and about life. My clients continue to train me and I continue to improve in my ability to work with many different types of clients.”

Assessment in an Era of Downsizing

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The Pros and Cons of Computerized Assessment and Assessment Reports

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reports do not account for the context of the evaluations, demographic characteristics, or employment and medical history of the client (Bersoff et al., 2012). A review by Butcher, Perry, and Atlis (2000) indicates that as many as 50% of interpretative statements do not apply to a specific client.

The Standards for Educational and Psychological Testing (American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 1999) and the American Psychological Association Ethics Code (American Psychological Association, 2002/2010) clearly indicate that test users are ultimately responsible for their test interpretations, no matter from what format the data are derived. This is found in the American Psychological Association's Ethics Code Standard 9.09(c) (Test Scoring and Interpretation Services): “Psychologists retain responsibility for the appropriate application, interpretation and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services” (American Psychological Association, 2002/2010, p.12).

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When using computerized tests, interpretations, and reports, clinicians should have a coherent strategy for incorporating them in the assessment process and interpret them with caution. Automated scoring and interpretive services are only one component of an evaluation. Clinicians should carefully evaluate discrepant findings (Koocher & Keith-Spiegel, 2008).

Computerized testing can enhance the accuracy and sophistication of diagnostic decision making. However, clinicians who use automated testing should accurately describe the purpose, norms, validity, and reliability of the measures they are using. The final decision in any assessment process should be made by a qualified practitioner who takes responsibility for both the testing process and the applicability of the interpretive report for the individual client. Bersoff et al. (2012) recommend the use of clinical judgment between the computerized report and decision making to be sure that evaluative statements are made with sensitivity to the nuances of test administration and the unique characteristics of each person tested. Blind acceptance of computer-generated findings places clients at high risk for misdiagnosis and possible psychological harm. Computer-generated test reports are tools to be used in conjunction with the clinical judgment of well-trained professionals (Jacob & Hartshorne, 2007; Schulenberg & Yutrzenka, 2004).

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The Future of Personality Pathology

...continued from page 6

have a more psychodynamic bent; in this way the symptom criteria in *PDM-2* may become more precisely defined and more heuristic. We would all do well to move beyond traditional outcome measures and use behavioral outcome criteria in personality disorder research—a situation that is far too rare in psychology and psychiatry today (Bornstein, 2011).

SPA is in an ideal position to foster this sort of communication and collaboration, both in its annual meeting (where multi-perspective panels and symposia can be arranged), and in its journal (where integrative articles and

special issues can be encouraged). In this context it is worth noting that several SPA members played central roles in shaping the *DSM-5* personality disorder criteria. Several SPA members played key roles in helping create the first edition of the *PDM* as well, and it's likely that SPA members will be active in *PDM-2*.

Such outreach efforts are not merely academic, but can have tangible positive effects. Three stand out:

1. To the extent that clinicians and clinical researchers representing varied theoretical and methodological perspectives are offered a seat at the table, *DSM* and *PDM* will both be strengthened; opportunities for productive dialogue will increase.
2. SPA—which is uniquely well positioned to facilitate this effort—can play a pivotal role in helping redefine personality pathology in the 21st century.
3. Most important: Psychopathology research will be enhanced and diagnostic criteria will be improved through our integrative, collaborative efforts—patients will be better served.

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SPAGS: Update and Activities

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and provides an easy forum for students to connect with one another. For instance, in past years students have used the SPAGS Facebook group to find other students interested in sharing a room during the Annual Meeting.

Additionally, we have a SPAGS Google group that all student members are encouraged to join. Although this forum has not been particularly active lately, it offers untapped potential for student communications. For instance, the SPAGS group can be used to solicit feedback, offer recommendations, share relevant readings, and collaborate with one another on research. If you are not already on the SPAGS Google listserv, contact myself (thomas.kate.m@gmail.com) or David Marino (david.marino@rockets.utoledo.edu) to join. I encourage us all to utilize this forum as an opportunity to learn from and stay in touch with one another!

Finally, I would like to direct your attention to the SPA blog, which offers regular updates on a wide variety of assessment-related topics. The blog can be found online at <http://personality-assessment.org/>

I look forward to seeing you all in San Diego in March, where, in addition to continuing to learn from and enjoy one another's company, we will celebrate the 75th anniversary of our organization. See you there!

SPA Website

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



Poster presentations, SPA Annual Meeting, 2012. Left to right: Johanna Malone, Jennifer Durham-Fowler, and Dr. Marilyn Charles.



AFCC and R-PAS, SPA Annual Meeting, 2012.



Rorschach Training Programs, SPA Annual Meeting, 2012. Left to right: Carl-Erik Mattler, Noriko Nakamura, and Tony Sciarra.

Research Opportunity

In a recent meeting with Drs. Cynthia Belar and Cathi Grus of the American Psychological Association's Board of Educational Affairs (BEA), a delegation of members of SPA's Board of Trustees learned of BEA's interest in the topic of assessment supervision. What different models of assessment supervision exist and which models are most effective in different circumstances? The Society encourages our members to take up this topic, either through surveys, semi-structured interviews, or other methods. We agree that research in this area is much needed. Graduate students looking for a dissertation project should consider this topic. If you know of articles on assessment supervision, please let us know about them. You can send them to me at vmbrabender@widener.edu.—Virginia Brabender, SPA Liaison to American Psychological Association Board of Educational Affairs

New SPA Fellows



Kari Carstairs, PsyD, C. Psychol, ABAP, has a Bachelors degree in experimental psychology from the University of Oxford and a Doctorate in clinical psychology from Widener University, graduating with distinction in 1991. She was licensed to practice psychology in Pennsylvania before returning to the United Kingdom to work in the National Health Service up until 1998, when she left for full-time private practice. She is the director of a company that prepares Court reports in civil, criminal, and family cases. In 2011, she gained diplomate status with the American Board of Assessment Psychology, with a specialty in forensic assessment. She has carried out research in psychological testing and regularly teaches other psychologists in the use of psychometric methods for the assessment of intellectual and emotional functioning. She has a keen interest in the Rorschach and is Vice President of the British Rorschach Society, teaching a course in Hong Kong on the Comprehensive System with her colleague, Dr. Justine McCarthy Woods, in 2010.



Diane H. Engelman, PhD, has worked in the field of mental health treatment, assessment, advocacy, and consultation for more than thirty years. She has an extensive background providing psychological and neuropsychological assessment and psychotherapy for adults, children, adolescents, couples, and families. Her other areas of focus include collaborative and therapeutic assessment; the psychological aspects of medical illness, including bereavement; and patient empowerment. She co-founded Valley of the Moon Hospice in Sonoma, California, and consulted to that organization for over 20 years. She is co-founder and co-director of the Center for Collaborative Psychology, Psychiatry, and Medicine in Kentfield, California. She was recently elected to the board of the Society for Personality Assessment and invited to be a member of the Therapeutic Assessment Institute out of Austin, TX. She teaches and speaks before professional and lay organizations in the United States and overseas.



Antoinette Thomas, PhD, has been a Canadian eclectic clinical psychologist for 45 years. Accomplished at personal psycho-analysis, she had three-year advanced training in psychoanalytically oriented psychotherapy. Behavioral techniques were learned working in hospitals. Interested in projective techniques, her TAT Affective Scale is included in a textbook (*A Handbook of Clinical Scoring Systems for Thematic Apperceptive Techniques* by S. R. Jenkins, New York, NY: Erlbaum, 2008). It has been presented in a SPA workshop with her mentor Stephanie Dudek, American Psychological Association Fellow. Along with a co-authored validation study with Sharon Jenkins (*Quantitative Relationships Approaches to Storytelling Techniques: Validity Evidence and Application*, presented at the SPA Annual Conference, San Jose, CA, 2010), it has been presented in SPA workshops. She is co-editor with Professor Leonard Handler of a projective drawings book accepted by Routledge. It includes two devised graphic techniques and

a reliability study by Justin Smith, PhD, for blindly identified characteristics of Anorexic Patients' Figures. She is Past-President of the International Council of Psychologists, a Fellow of International Council of Integrative Medicine, and a Life Member of SPA and the Canadian Psychological Association.

SPA Personals

Nancy Kaser-Boyd, PhD; University of California, Los Angeles Neuropsychiatric Institute interns; and postdocs ended their year with a special lecture by Alex Caldwell, PhD. Dr. Caldwell reviewed fond memories of studying under Hathaway and Meehl at the University of Minnesota. He reviewed the empirical foundations of the MMPI and MMPI-2 and the importance of code types. He contrasted the MMPI-2 and the MMPI-RF and illustrated the differences in profiles with an infamous evaluatee. Dr. Caldwell presented his theory that MMPI-2 elevations are responses to biologically aversive states, such as pain or fear. Finally, he conducted a blind interpretation of a forensic case evaluated by Nancy Kaser-Boyd, PhD. The lecture was a rare treat for students who are not exposed to the history of the development of some of our most valuable tests.

From the Editor...

Jed A. Yalof, PsyD, ABPP, ABSNP



This issue of the *Exchange* covers lots of ground, including a heads-up on the upcoming conference in San Diego, which, as Ron Ganellen points out, will offer many excellent continuing education opportunities. Radhika Krishnamurthy's President's Message reminds us that assessment faculty and supervisors have to balance assessment ideals with practical realities when training students, and how SPA has been a leader in promoting competent assessment training.

Alan Schwartz takes an insider's look at the private practices of personality assessors. Jill Clemence writes about the challenges facing assessors in an era of assessment downsizing. Linda Knauss provides insights about the pros and cons of computerized assessment. Bob Bornstein offers a glimpse into the future of "personality pathology." Kate Thomas shares her experiences as SPAGS President and invites students to take advantage of what SPAGS provides to student members. There are also informative updates from Bruce Smith (Advocacy, SPA Foundation) and Mark Blais (Assessment Proficiency). Until next time...

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