

spa exchange

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President's Message

SPA: Evolution and Revolution

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I was handed the Society for Personality Assessment (SPA) President's gavel by Radhika Krishnamurthy at the Fall Board meeting in early September 2013. As the hardworking members of the Board got down to business, I detected a charge of excitement in the room about the future, about the potential of SPA. Before we began to focus on where we hope to go, we took stock of where we've been and some of the recent transitions in SPA. These included changes in the composition of the Board as some members finished their terms and cycled off or into different positions. On a personal note, I particularly want to thank Radhika, who is now the Past President, and Bob Erard, the past Past-President, for everything they've done to strengthen SPA and for their guidance and support as I've prepared for this new role.



We have had to prepare for and adapt to a major transition when Paula Garber announced her plans to retire in June 2013 after 12 years of dedicated service to SPA. I cannot describe my reaction when I heard of her decision, other than to say my heart sank. At that moment, I selfishly could not imagine being able to survive when I became president without Paula's cheerful, competent, efficient presence. I'm sure we will all miss hugging Paula when we first arrive at the SPA meetings, chatting with her, and benefitting from her encyclopedic knowledge of the inner workings of the machinery she has operated to make SPA run like clockwork for the past 12 years.

After an exhaustive search, we were very fortunate to find Bonnie Rice who has come on board as our new Administrative Director. Bonnie has a wealth of experience working with nonprofit organizations, including time spent at the National Organization of Women. She assures me that she has become more and more comfortable with her new responsibilities at the SPA main office. Monica Tune has made learning the ropes much easier for Bonnie. We appreciate everything Monica has done to help make Bonnie feel welcome, but more importantly we appreciate how adept Monica is

in dealing with technology issues and her creative suggestions about ways to increase SPA's presence on the Web. I encourage you all to introduce yourselves to Bonnie and, as you always do, to greet Monica warmly at the Annual Meeting next spring.

Another major change in the organization occurred when Greg Meyer stepped down from his position as Editor of the *Journal of Personality Assessment* this summer. During his tenure as editor, Greg has worked tirelessly to increase the quality of articles accepted for publication in *JPA* and to broaden the range of assessment topics, issues, and statistical methods and applications covered in the journal. The respect and affection the editors, reviewers, and authors have for Greg, even authors who received a rejection letter from him, is a testament to his thoughtfulness, openness to new ideas, intellectual integrity, and commitment to the science, practice, and evolution of the field of personality assessment.

Many of you already know Steve Huprich, who is now at the reins of *JPA*. As the new editor, Steve brings the same intellectual rigor and dedication to scholarship as Greg. He has been working on plans to build on the strong foundation on which *JPA* rests and to expand the journal's offerings. We look forward to seeing Steve's vision of *JPA* become actualized.

I am very pleased to be able to report to the membership that SPA's financial picture has never been better. We are in the fortunate position of having healthy financial reserves. One immediate benefit for members is that the Board has decided to keep 2014 membership dues and registration fees for the annual convention at the same level as in 2013. We think membership in SPA is a great bargain!

Our solid financial situation has provided an *in vivo*, N of 1 opportunity to verify Maslow's hierarchy of needs. Since we don't have to spend so much of our energy as an organization focusing on meeting basic needs, like survival, we can focus much more on higher order needs. To take steps in the direction of "organizational

self-actualization," the Board has created work groups to update SPA's mission statement, identify areas to improve training in assessment, and fund relevant research and scholarship. We hope to roll these ideas out in the coming months for your input.

One of the goals of developing a funding mechanism to support scholarly activities is to demonstrate the value of assessment procedures that are thoughtfully constructed to meet the needs of both individual clients and referral sources. Our investment in doing this is not only to contribute to the scientific literature, but to be used in advocating for the psychological assessment community as policy is developed and legislation is crafted and debated. This also has the potential to educate the payers of clinical services, including insurance companies and Medicare, about the information psychological evaluations provide, how this differs from and complements the information derived from other sources, such as clinical interviews and brief screening instruments, and how this information can be used in clinical decision making. I believe it is essential to put our collective shoulders behind developing this body of knowledge, particularly given the momentum built by evidence-based approaches to clinical practice. I am pleased we have had a number of constructive conversations about some of these issues with Katherine Nordal, PhD, Director of the American Psychological Association Practice Directorate, and have identified common ground, shared concerns, and goals to work on.

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Special Topics in Assessment A Nine-Letter Word for Pastime or Recreation

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All persons are puzzles until at last we find in some word or act the key to the man, to the woman; straightway all their past words and actions lie in light before us.

—Ralph Waldo Emerson (Samovar & Porter, 1994)

The work of personality assessment has been likened to that of a detective, and the cases being solved to the puzzles of individual personality (Novotney, 2010). It is no surprise that in a purely unscientific and limited sample survey of assessment psychologists (conducted by the author), there was an abundance of personality assessors who also enjoy the avocation of

solving crossword puzzles. Upon reflection, there is a certain harmony to this. Both rely on creative, flexible thinking, deductive as well as inductive reasoning and the importance of revisiting old assumptions with the introduction of new information. Both also can provide the exhilaration of arriving at a “solution,” along with the maddening frustrations of unclarity.

With these commonalities in mind, this Special Topics in Assessment section offers an opportunity to exercise one’s creative thinking muscles on a shared endeavor. This puzzle is infused with a number of items which draw on the personality assessor’s knowledge interpreted through the lens of the stalwart crossword solver. If you have ever tried

your hand at some of the more sophisticated crossword puzzles such as the New York Times, you will find all of the tricks, misdirections and interpretable ambiguities present. It is a challenging though eminently solvable puzzle. I will be glad to send you the solution if you email me at aschwartz@christianacare.org. This may be one of the differences between crossword puzzles and personality assessment—as Stephen Sondheim has observed: The nice thing about doing a crossword puzzle is, you know there is a solution.

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Note. A nine-letter word for pastime or recreation = diversion.

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spa exchange

Across

1. "Let's do these special scores together, even if they're out of season." (CS coding)
6. Sex appeal
10. 1990s dance party
14. Musical alternate
15. Shakespeare's soon
16. "40-30," unofficially
17. *Really into Scale 7?*
20. Singer: "Smooth Operator" (1984)
21. School founded by Henry VI
22. Make happy
23. Central part
25. Autocrat
26. Synesthesia?
31. Dazzle, brilliance
32. Japanese noodle
33. Yoda in *Star Wars* Episodes 1-3, e.g.
36. "A Ming Vase, striking green" (CS coding)
37. Poet whose heart is buried apart from his ashes
39. ____ the Wet Sprocket
40. Fleur de ____
41. Sightsee
42. Transmission experts
43. *Thanksgiving DV?*
46. Piotrowski's middle name
49. "My bad"
50. Mexican stringed instrument
51. Mixed-up servant?
53. Precedes 51 or rug
57. *Fab dogs?*
60. City in Hubei Province, China
61. Former NFL linebacker and victim of TBI, Charger, Junior ____
62. Leave behind
63. Edson Arantes do Nascimento; aka
64. University where Rorschach's archives reside
65. Greek for "without breath"

Down

1. Officers
2. Mountain in Northern Greece
3. The Univ. of Ill. had the first one of these

4. Comedian and recent Woody Allen actor, Andrew _____
5. Cheer syllable
6. The Thin Man to Asta
7. "Holding ____ anger is like grasping a hot coal with the intent of throwing it at someone else; you are the one who gets burned." (Buddha)
8. Often called Jack
9. Second numerical MMPI-2 scale
10. Scoffer
11. Orgs. for supporters of tooth hygiene and mood/worries
12. Going deeper (and darker); CS coding
13. ____ the Dragon
18. Dynamic prefix
19. Arts org. will meet after all?
24. Almost opposite of ne'er
25. To be too sweet
26. Like a no res. policy
27. Behold (Latin)
28. Airline established in 1948
29. Clean a horse's coat
30. One of an incomplete set
33. Bet against the shooter
34. The Killer Clown
35. Vow endings
37. Arizona Tribe
38. It is a Cwlth., Cont., and Ctry.
39. Drink a bit of liquor
41. Most music before the 20th century
42. Appendage or loan type
43. Language
44. Exhorting Cruise's exercise?
45. Semicircular desktop command
46. Korean dish with rice and roe
47. A noble gas prior to marriage?
48. Repeated words in last line of a Christmas classic
51. Repeated words in childhood jingle with European capitals
52. From, at, or to a great distance
54. Organization that cares for individuals after a nuclear exposure
55. Refer suffix
56. "He's hitting that squirrel." (CS coding)
58. Strong pale ale (abbrev.)
59. Polish river, seen easily in a common area?

Designing Studies With the Patient in Mind Patients and the “Therapeutic Misconception”

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Austen Riggs Center



Much of assessment research involves test development and instrument validation conducted in a variety of settings. These settings range across nonclinical to clinical environments and involve diverse populations. Another vital and perhaps growing area of research in assessment is involved in addressing questions about the use of assessment techniques and tools in the clinical setting. With the advent of new approaches to the conduct of assessment, such as therapeutic assessment, assessment researchers must increasingly wrestle with ways to study these techniques within the context of patient care and, likewise, to study the effectiveness of assessment as an intervention while remaining true to the methodologies required of sound research (e.g., remaining mindful of issues affecting internal and external validity, etc.). Furthermore, as we continue to consider changes to the diagnosis of personality disorder in the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (*DSM-5*; American Psychiatric Association, 2013), we will likely see an increasing number of studies conducted on patients to assess the clinical utility of this proposed model. Thus, it is important that we continue to remain conscious of the effects, both positive and negative, of research on patient care.

Patient Expectations

In doing so, one question worth asking is, “What is the patient’s experience of being a research subject?” Several studies have attempted to answer this question with interesting results. The majority of studies show that patients who agree to participate in research studies do so with the expectation that their involvement will be of some benefit. They tend to believe that participation in research may benefit themselves and future patients, and may help to advance science (Kerrison, Laws, Cane, & Thompson, 2008; Lawton, Fox, Fox, & Kinmonth, 2003; Verheggen, Nieman, Reerink, & Kok, 1998). The most challenging of these expectations for research is that of benefit to self. Studies have repeatedly shown that patients often expect reciprocity for their involvement in research in the form of receiving a higher level of clinical care, whether or not this is actually the case (Kerrison et al., 2008; Lawton et al., 2003). This expectation appears to occur even

when patients are given explicit information during the informed consent process that they may receive no additional clinical benefit from participation and, in some cases, may even risk being placed in a placebo condition upon joining the study (Featherstone & Donovan, 2002). Although much of this research is being conducted on medically ill patients, similar results have been reported by Benson, Roth, and Winslade (1985), who studied the beliefs and expectations of psychiatric patients involved in a number of studies. They found that among psychiatric patients involved in randomized control trials, only 4% who agreed to participate understood that they may not receive optimal treatment for their condition. Instead, patients tended to interpret the concept of research personally in that “research means finding out what treatment works for me” or “research means doing special tests on my condition” (p. 1337).

Therapeutic Misconception

Appelbaum, Roth, Lidz, Benson, and Winslade (1987) refer to this concept as the “therapeutic misconception” which they describe as the patient’s tendency to accept participation in research studies out of a belief, which is at times erroneous, that the patient will receive some additional therapeutic benefit from his or her involvement in the study. What impact this belief has on the outcome of the research and on the experience of treatment is unclear. For instance, some patients may expect and actually receive special attention and care from treaters once they are enrolled in research due to repeated assessments and research adherence practices (e.g., calling patients to remind them of their appointments to avoid missing data). Others will find that research involvement does not live up to their expectations about treatment. If participants are asked to complete measures, and feedback is not provided to the patient or the treatment team, patients may feel disappointed and upset by the process. At times, the therapeutic misconception may even lead to cynicism and distrust on the part of the patient toward the treatment team (Featherstone & Donovan, 2002). Thus, it is crucial that when designing and conducting studies in the clinical setting, the researcher and treatment team be aware that patients may have trouble discerning the

difference between the research protocol and the treatment, and that this may affect the treatment relationship as well as desire to be involved in future research.

Managing Patient Expectations and Maximizing Collaboration

That being said, there are a number of ways to minimize the potential negative impact of therapeutic misconception among patient participants. Some have suggested using a neutral party who is neither a treater nor a researcher to explain the study and conduct informed consent procedures with the patient. This approach is expected to help minimize the “courtship” experience that occurs when the researcher, even unwittingly, plays up the potential benefits of research to the patient out of a desire to increase enrollment (Appelbaum et al., 1987, p. 24). Using a neutral party who is not a member of the treatment team to conduct the consent process may also serve to help the patient better distinguish the treatment from the research, as well as to lessen the patient’s tendency to expect therapeutic benefit from participation.

Kerrison et al. (2008) found that one reason patients may become disenchanted with research participation is due to never being informed of the outcome of their involvement. Patient participants also complain that they commit time and energy to the study but never get personal feedback about the results. Providing testing feedback to the patient when this is possible and does not interfere with the research design or treatment aims may be one way to mitigate this concern. Even providing patients with an overview of study results at the completion of the project may go a long way toward helping the patient feel less like a “subject” of study and more like a true “participant.”

Indeed, there is a growing movement that addresses ways to increase patient participation in research studies while reducing the potential for negative impact of research on patient care (e.g., Patient-Centered Outcomes Research Institute, Patient Partner–Europe, etc.) More and more, researchers are considering new ways to get patients involved in the actual process of research, not just as subjects but as collaborators (O’Connell & Mosconi, 2006; Tischler, D’Silva, Cheatham,

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The Teacher's Block

Bad Endings: Teaching Students About Another Side of Assessment

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Like most of you who have an active assessment practice, I see a wide variety of cases that never leave me with a dull moment. Recently, for example, acting as a consultant to psychiatrists, I evaluated a young adult experiencing dissociative episodes and cutting behavior, and another young adult with a severe drug and abuse history. Another client was evaluated soon after experiencing a near psychotic episode while studying abroad. There were also a few learning disability/attention-deficit hyperactivity disorder (ADHD) evaluations where the request was for extended time accommodations that required carefully worded formulations and diagnoses to support recommendations. In each case, the assessment went well, from start to finish, and ended on a positive note.

In assessment, there is a formal termination, but the experience of working together lingers. Unlike therapy, where there is a literature that addresses the process of ending as a phase of treatment, endings in assessment are not regarded similarly. Rather, the assessment “just ends,” save for follow-up requests for reports, or, in other, more protracted cases, legal proceedings and/or court appearances. Ideally, the conclusion of an assessment goes off without a hitch: The client feels understood, the referral source is satisfied, and the recommendations work out for the best. In reality, however, such a happy ending is not always the case. Indeed, the more clients that are evaluated, the more likely the chances of a bad ending, or of an ending that renders both client and assessor with the feeling that it could have gone better.

Do we teach students about these moments? Do we review the transference-countertransference around endings in assessment? And, if we could have a “do-over,” would we have done anything differently? Teaching students to appreciate the meaning of ending an assessment, especially when the results are accurate, but the ending is bad, can be accomplished through case illustration. This vignette preferably builds on the immediate experience of the student but also is modeled by the teacher’s examples of bad endings.

Here are some assessment scenarios that pose interesting questions for teachers to share with students. I provide only the briefest information so that the class members can fill in the blanks, generate debate, and ultimately talk about the feelings roused by these types of endings. How, for instance, might the student handle the type of situations posed below?

- A client is evaluated as part of a vocational assessment to determine if she qualifies for funding. The assessor includes all test findings in the report, as was discussed as part of the initial conversation about what the report entails. The assessor notes that the client’s test results suggest a “secondary gain motive.” The client was given a copy of the report, as was agreed upon at the start, and becomes infuriated during feedback. No amount of back peddling by the assessor, couched in efforts to empathically explain the results, quiets the client. The client leaves the office, but then calls the assessor several months later, still angry, after being turned down for funding. Again, the assessor listens, tries to be empathic, explains the results once more, but becomes concerned when the client talks about “contacting the licensing board.” How would you understand and respond?
- A client is evaluated for dementia at the request of her psychiatrist. Results do not support the diagnosis. However, the client cannot accept the fact that her IQ was in the “high average” range and that tests of executive functioning “showed some cognitive inflexibility.” The client is a graduate of a prestigious university and states that the tests are invalid. She insists on a second feedback appointment and brings data that devalue IQ testing. The assessor listens, tries to be empathic, talks with her psychiatrist, and assumes that the psychiatrist will take it from there. The psychiatrist then calls the assessor two months later with bad news: The client has become clinically depressed, and has to be hospitalized. The psychiatrist, who was completely on board with the test findings, tells the assessor that the client’s marriage is now in jeopardy.

The reaction to the feedback is the manifest reason for the hospitalization. There is clearly more to this than meets the eye, but the assessor is very anxious and offers to meet with the psychiatrist and the client. What’s going on here?

- A client is evaluated as part of a parenting assessment. At the end of the assessment, the client, who had been somewhat flirtatious, takes the assessor’s business card and states: “You must have children. I can find out where you live and stalk them.” How would you handle this ending?
- An adolescent is turned down for extended time by the SAT Board. His parents are incensed: The assessor’s report stated clearly that the client would benefit from extra time. There is documentation of a mild learning disability and ADHD (mainly inattentive), but the SAT reviewers felt that the client was achieving B grades in school, had met the goals of his Individualized Education Plan, and therefore did not need extended time, even with the assessor’s diagnoses. That the client had private tutors and other educational accommodations did not matter: The answer was: “No Extended Time!” The parents contact the assessor with the bad news and urge him to revise his report or write a supplemental letter to the SAT Board. They also tell the assessor that they have “rewritten parts of the report in stronger language” and insist that he incorporate it. The assessor reminds them that they read a draft of the report and agreed completely with how it was worded. After a brief discussion, the assessor offers to write a supplemental letter. However, the parents want to review the letter. The assessor agrees. The parents still remain dissatisfied after they read the supplemental letter. They also tell the assessor that their son has started to develop panic symptoms because of anxiety associated with taking the SAT. They are angry and threaten to have their attorney contact the assessor if he refuses their request to revise the report—that is, revise it in their voice!

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Advocacy Corner

Bruce L. Smith, PhD
Public Affairs Director



Public affairs have been relatively quiet in the last half-year, although we have continued to monitor issues with third-party payers and, in particular, compliance with parity laws. As I reported last time, some insurers have been creative in their attempts to circumvent the federal parity law. A typical strategy consists of claiming that they are following the law in offering coverage for assessment services but that denials are due to appropriate peer-review of criteria for assessments. When questioned, they then fall back on the claim that their criteria are proprietary and therefore not available for scrutiny. In a few states (notably Massachusetts) there are transparency laws that prevent this sort of obfuscation, but elsewhere it appears to be effective. We continue to work with the American Psychological Association Practice Organization (APAPO) in trying to expose the criteria that insurers use to get around requirements that they pay for assessment.

A second area of concern that we are anticipating has to do with the periodic reviews of reimbursement rates under Medicare (which, of course, sets the pace for everyone else). We can expect there to be pressure to cut rates of reimbursement as the Center for Medicare and Medicaid Services works to cap Medicare and Medicaid costs

as part of the overall effort to rein in health care spending. There is nothing concrete on the horizon yet, but we are awaiting the possibility of changes to which we will need to respond. We remain in constant contact with the government affairs office of APAPO and are working closely together on this issue.

In an entirely different arena, the Society for Personality Assessment is becoming more proactive with the Education Directorate of the American Psychological Association regarding the need to support graduate education and training in assessment. As you are all aware, graduate programs—especially in clinical science programs—are providing less and less coursework in assessment, and less and less practicum training. In addition, there is a move in some quarters to consider structured interviews and screening instruments to constitute the length and breadth of assessment. We are working with the Directorate to try and develop strategies such as webinars to augment the “training” that is provided in some of these programs, as well as lobbying with training directors to support the training in comprehensive assessment. The promulgation of guidelines for education and training will also be an important step in this direction.

Notes From the Foundation

Bruce L. Smith, PhD
President, SPAF

The Society for Personality Assessment Foundation (SPAF) continues to solicit funds for the support of student training in assessment as well as research. With funding at a premium at the federal level, it is imperative that both research and training be supported for our profession to continue to thrive. Accordingly, we are considering offering other grants for assessment research that might further the mission of the Society. As President of SPAF, I urge the membership to consider making a contribution along with your annual dues. As the SPAF is a 501(c)(3) organization, donations are generally fully tax deductible, although it is always a good idea to consult your tax advisor.

We would also like to announce a generous gift from the Lerner Family Foundation to support the Paul Lerner Memorial Master Lecture. The Foundation and the entire SPA community are extremely grateful to the Lerner family for their generosity. SPA was Paul’s professional home, and a lecture in his honor is an extremely fitting tribute.



Dr. Radhika Krishnamurthy passes the President’s Gavel to incoming SPA President Dr. Ron Ganellen.

Can I Use This Test?

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I received a call from a colleague who had recently been hired by a school district in a small rural community. She said that the district was using several outdated assessment instruments, and she wondered if this was ethical. Her supervisor explained to her that due to the cost of testing materials, the district was not able to keep up with the most current versions of certain tests.

The answer to my colleague's question is not as easy to find as one may expect. Many professionals begin using new versions of a test within one year of the publication date. However, the American Psychological Association Ethics Code (American Psychological Association, 2010) and other guidelines are not this clear. What does the American Psychological Association Ethics Code say?

Standard 9.08(b) states: "Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for current purposes" (American Psychological Association, 2010). Thus the Ethics Code does not prescribe a specific time period in which psychologists should begin using a new version of a test. The decision about when to use a new version of a test is closely related to the reasons that tests are revised. There are many considerations that go into the decision by test developers to revise a test. Tests are revised to reflect advances in theoretical constructs regarding the characteristic to be assessed; changes in cultural, educational, linguistic, or societal influences; and changes in the demographic characteristics of the population that affect the interpretations that can be made from the test data (Fisher, 2013). An example of societal changes that affect test materials is the appearance of cars, telephones, and other objects that are pictured in test stimuli (Adams, 2000). Personality tests are also revised to address changes in diagnostic criteria, and to address new or additional problem areas that tests are intended to assess. It is important to note: "Standard 9.08(b) prohibits psychologists from using outdated versions of tests for assessment or intervention decisions when interpretations drawn from the test are of questionable validity or otherwise not useful for the purpose of testing" (Fisher, 2013, p. 297).

There are appropriate justifications for using earlier versions of revised tests. One reason is to compare past and current test performance, such as before and after a head injury. Another reason is for research purposes such as a longitudinal study. Also, an earlier version of a test may have more research about its current use, or an older version of a test may be better suited to use with certain populations (Knapp & VandeCreek, 2012). However, *Standards for Educational and Psychological Testing* (American Educational Research Association, American Psychological Association, and National Council on Measurement in Education, 1999), consistent with the American Psychological Association Ethics Code (American Psychological Association, 2010), suggests using tests with the strongest validity for the purpose of the assessment. Most of the time, new editions of a test do have the strongest validity as well as improvements over older versions (Kamphaus, 2001). Newer versions of tests usually have updated norms for the population being tested, as well as an improved ability to provide accurate diagnoses. When using an older version of a test, it is important to document which version of the test was used, why that version was selected, and the test norms used to interpret the results (Fisher, 2013).

Sometimes, the issue of whether or not to use a new edition of a test is not the right question to ask. A better question is, "What is the best test for this referral question?" For example, a psychologist may think that the old Stanford-Binet-Form LM (Becker, 2003) is better than the current version for assessing young children with developmental problems. However, the current version of the Differential Ability Scales (Elliott, 1990) may be the best test to meet the psychologist's needs. Thus, the only choice may not be between a new or old version of a test; an entirely different test may be the best choice (Kamphaus, 2001).

As in the situation above, cost is often given as the reason for using an outdated version of a test. However, this is not an ethical justification for using obsolete tests when the validity of interpretations drawn from the test is compromised (Fisher,

2013). Historically, the rate of test revision was slow enough to make buying a new version of a test a justifiable expense. For example, it took 16 years for the Wechsler Adult Intelligence Scale (Wechsler, 1955) to be revised to become the Wechsler Adult Intelligence Scale-Revised (Wechsler, 1981). Currently, revisions of psychological tests are occurring at more frequent intervals than in the past, increasing the amount of money that psychologists need to budget for test materials (Adams, 2000). Fisher recommends that psychologists working in institutions or agencies that do not purchase updated tests because of cost should urge the organization to reconsider and, if that is not successful, limit the harm that could result from misapplication of the test results.

Test makers are frustrated by the reluctance of psychologists to spend money for their products. This results in enthusiastic marketing to showcase clinical tests as commercial products having high value (Adams, 2000). However, psychologists should be cautious about adopting test publishers' recommendations for when they should purchase and transition to a new revision. These recommendations do not have legal standing, and test developers have a financial stake in encouraging the purchase of new products (Bush, 2010).

One method of dealing with both cost and disposal of obsolete and unwanted test materials is to sell them on the internet. In a study by LoBello and Zachar (2007), the eBay auction site was searched once or twice per week for a period of three months. In that time period 82 psychological tests or partial tests were listed for sale. Fifty-four of the items listed were complete test sets that included the test manual. The Rorschach Inkblot Test (Exner, 2003) was the most frequently listed personality instrument. Although eBay and other internet auction sites place some restrictions on materials that may be listed for sale, such as controlled substances and drug paraphernalia, there is no apparent restriction against listing psychological test materials for sale. In this study, just under half of the auction listings for psychological tests did not indicate that the sale of the item was restricted to individuals who met professional qualifications. These practices not only pose a threat to test security, but also make

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SPAGS Winter Report

Seven Years of Growth and Service

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As student members of the Society for Personality Assessment Graduate Student Association (SPAGS) and the Society for Personality Assessment (SPA), we share a collective interest in contributing to the profession that we will inherit, and service in our organization is one of the best ways to advance our interests. Rarely are issues or barriers experienced by only one person, and if left unaddressed those issues could compromise our collective professional interests. However, I am delighted to report that SPAGS is on very firm footing to advocate for our needs because we have tremendous support from SPA's Board of Trustees, currently led by President Dr. Ron Ganellen. Our current status as a student board is the result of seven years of past student leadership, which has evolved into an engine for active participation and advocacy.

Some History

Dr. Radhika Krishnamurthy, a long-time advocate for student concerns, recently passed on some history about SPAGS's growth. Dr. Irv Weiner initiated the formation of SPAGS during his presidency, and Dr. Krishnamurthy's former student Robert Janner became the chair of the SPA Student Association Steering Committee, as it was originally called. With a team of students, Robert developed our SPAGS by-laws, thereby making a lasting and founding contribution to future students. Since then, five presidents have served the student body, starting with Martin Sellbom (now a Senior Lecturer at The Australian National University), Christopher Hopwood (currently an Assistant Professor at Michigan State University), Aidan Wright (now an Assistant Professor at the University of Pittsburgh), J.

D. Smith (currently a Postdoctoral Research Fellow at the Prevention Research Center at Arizona State University), and our Past-President Kate Thomas (currently a Doctoral Student at Michigan State University).

Current Activities

SPAGS activities have grown exponentially since its founding, and 2013 was no exception. We hosted between 50 and 60 student affiliates during our student social at our most recent Annual Meeting in San Diego where attendees sampled calamari, charcuterie, and delicious empanadas courtesy of generous funding authorized by the SPA Board. Dr. Yossef Ben-Porath was our sought-after guest of honor and spoke with many students about the state of our field. Also, SPAGS-sponsored programming from our Education Committee, co-chaired by Joshua Eblin and Mike Roche, focused on setting up an assessment practice; and the Diversity Committee, sponsored by Kate Thomas and myself, hosted speakers on conducting diversity-sensitive personality assessment. Both programs were well attended and received glowing reviews from audience members. We welcomed Ashley Gunterman as our newest member and have every confidence that our student socials will only continue to grow under her leadership. Stacey Boyer, our Membership Committee chair, is making exciting contributions by conducting a needs assessment survey to better serve our membership. Also, she is partnering with Joshua Eblin, and together they are building a mentorship program that promises to bring great resources to our student members. Then, David Marino has been doing a great job of updating our Google Groups page ([https://groups.](https://groups.google.com/forum/?hl=en#!forum/spags)

[google.com/forum/?hl=en#!forum/spags](https://groups.google.com/forum/?hl=en#!forum/spags)). I am confident that our President-Elect Mike Roche will continue this forward trajectory under his sharp leadership when he assumes presidency of SPAGS at our Annual Meeting in 2014.

Going Forward

Looking forward to the next year, SPAGS invites increasing involvement from student members. Getting involved in our student board provides a lot of opportunity for emerging professionals, and SPAGS is spearheading two new exciting avenues for participation.

Diversity Focus Group

Student members have expressed an interest in promoting diversity and meeting the needs of historically underserved and understudied groups. In order to address this gap and raise awareness, SPAGS will be hosting a diversity-focused lunch session at the 2014 meeting. We invite everyone to join us in a discussion about this important issue.

Campus Representative Program

Our goal is to start local by launching a new campus representative program. Our first objective will be to recruit campus representatives who are willing to participate in a nationwide network of informed advocates. We are especially excited to reach out to undergraduate students to promote involvement in SPAGS. If you are interested in getting more involved in this (or any other initiatives), please do not hesitate to reach out to any of our current SPAGS board members or myself at christydenckla@mail.adelphi.edu. I look forward to seeing you all next year in Arlington, Virginia, for what promises to be a great meeting.

spa exchange

SPA Annual Meeting

March 19–23, 2014

Westin Arlington Gateway
Arlington, VA

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 2014 Annual Meeting, “**Evolution and Revolution in Personality Assessment**,” reflects our rich history.

Registration

A **promotional brochure** with details about the 2014 workshops and the Annual Meeting was sent to the SPA membership the first week of December 2013. It also became available on the web page the first week of December. Participant conference registration includes all conference materials; refreshment breaks; the President’s Welcoming Reception on Thursday evening, and a reception on Friday evening, as well as the Closing Reception on Saturday evening; entry to the scientific sessions, the master lectures, poster sessions, and the award presentations; and a collegial atmosphere to meet and interact with colleagues from around the world who are interested in personality assessment research and practice.

Convention registration can be completed by accessing the online registration form (www.personality.org, Convention tab, Register for the Conference link). For those who wish to send a check for payment, please use the downloadable form. To ensure your participation, please register early and take advantage of the advance registration fee.

Travel Grants

Diversity Support Grants: As part of its overall commitment to diversity, SPA intends to promote and support ethnic diversity representation at the SPA Annual Meetings. Toward that end, the organization is now offering one diversity support grant of \$1,000.00 or two diversity support grants of \$500 each to support ethnically diverse professionals or students involved in personality assessment who seek to attend the annual meeting. On the Application Form (see www.personality.org), an applicant must indicate they are a SPA member or student affiliate, or should apply to be a member or student affiliate when applying for the diversity grant. Priority will be given to students and professionals who may otherwise not be able to attend the annual meeting.

Early Career Travel Grants: These grants are given annually to encourage and promote the training and education of early career psychologists in personality assessment, as well as participation in and consumption of personality assessment research and scholarly activity at the Annual Meeting. Each year, 10 awards in the amount of \$500 will be given to support travel to the Annual Meeting.

Annual Meeting Registration Fees:

| | Early Bird By 1/30/2014 | Regular After 1/30/2014 | Onsite |
|-------------------------|----------------------------|----------------------------|--------|
| Member/Fellow/Associate | \$215 | \$240 | \$280 |
| Non-Member | \$285 | \$315 | \$350 |
| Member/One-Day | \$145 | \$145 | \$160 |
| Non-Member/One-Day | \$165 | \$165 | \$180 |
| Student | \$75 | \$85 | \$95 |
| Student Volunteer | \$50 | \$50 | \$50 |
| Student Luncheon | \$10 | \$10 | \$10 |
| Fee Waived | \$0 | \$10 | \$10 |

Workshop Fees:

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

Applicants do not need to be a presenter at the Annual Meeting or a member of SPA to receive this award. On the Application Form (see www.personality.org), applicants will need to identify how they hope the SPA Annual Meeting will benefit their career development as assessment psychologists. First-time attendees of the SPA Annual Meeting are especially encouraged to apply.

Student Travel Grants: The Board of Trustees has established the Student Travel Grants to help students attend the SPA Annual Meetings to present their work. The SPA Board considers this to be a very important activity in a student’s development. See the SPA web page (www.personality.org) for a copy of the Student Travel Grant Guidelines and Student Travel Grant Application.

Workshops and Continuing Education Credits

As part of its Annual Meeting, SPA will again present full-day and half-day workshops. The Society is approved by the American Psychological Association to sponsor Continuing Education (CE) for psychologists, and SPA maintains responsibility for the program and its content. The full-day workshops will offer 7 CE credits, and the half-day workshops will offer 3.5 credits. SPA offers between 17 and 22 workshops. The workshops occur on Wednesday, Thursday morning, and Sunday. During the Annual Meeting, CE credits will also be available, at no extra charge, for the two Master Lectures, some award presentations, any lunchtime presentations, and for approximately 14–16 symposia sessions. Detailed information on the workshops appears in the brochure. Detailed

information on the scientific sessions carrying CE credit will be listed in the Program Book. A draft of the Program Book will be available online after the first week of January 2014. A hard copy of the Program Book will be in all the registration packets for the Annual Meeting.

Accommodations

Hotel reservations must be made directly with the Westin Arlington Gateway, Arlington, VA. The hotel is located in the vibrant Ballston area of Arlington and two blocks from the Ballston Metro Station, providing direct access to Washington, DC. This hotel is minutes away from the Smithsonian Museums, the White House, the U.S. Capitol, Arlington National Cemetery, the Iwo Jima memorial, the Kettler Iceplex community ice rink (also the training facility for the Washington Capitals), the Nationals Baseball Stadium, and all that Arlington and Washington, DC, have to offer.

Westin Arlington Gateway
801 North Glebe Road
Arlington, VA 22203

Tel Reservations: 703-717-6200 (toll-free: 800-937-8461)

Reservation deadline to receive the conference rate: February 24, 2014

Rates: \$199 single/double; \$209 triple/quad

Transportation

Ronald Reagan National (DCA) Airport is 6 miles away, Washington Dulles International Airport (IAD) is 20 miles away, and Baltimore Washington International (BWI) Airport is 38 miles away.

2014 SPA Annual Meeting Tentative Schedule

Wednesday, March 19, 2014

8:30 am–4:30 pm Full-Day Workshops (4)
 8:30 am–12:00 pm Half-Day Workshops (1)
 12:00 pm–1:30 pm Lunch Break
 1:30 pm–5:00 pm Half-Day Workshops (5)
 5:00 pm–7:30 pm Board of Trustees Meeting
 5:30 pm–9:00 pm Half-Day Workshops (1)

Thursday, March 20, 2014

8:30 am–12:00 pm Half-Day Workshops (7)
 8:00 am–12:00 pm Board of Trustees Meeting
 12:00 pm–1:30 pm Lunch Break
 12:00 pm–1:30 pm SPAGS Board Meeting Lunch
 12:00 pm–1:00 pm Lunch Presentation
 12:00 pm–1:30 pm Information Sessions
 1:30 pm–3:00 pm Opening Plenary Sessions
 Presidential Address
 Bruno Klopfer Award Address
 3:15 pm–4:15 pm Scientific Sessions
 4:30 pm–6:30 pm Book Signing
 6:45–8:00 pm President’s Welcome Reception
 6:45 pm–8:00 pm Poster Session I
 8:00 pm SPAGS Social

Friday, March 21, 2014

8:30 am–10:30 am Scientific Sessions
 10:45 am–11:45 am Paul Lerner Master Lecture I
 11:45 am–1:15 pm Lunch Break
 12:00 pm–1:00 pm Journal Editorial Associates Board Meeting Lunch
 12:00 pm–1:00 pm Presentation
 12:00 pm–1:00 pm Interest Groups
 1:15 pm–2:15 pm Master Lecture II
 2:30 pm–4:30 pm Scientific Sessions
 4:45 pm–5:45 pm Hertz Memorial Presentation
 5:45 pm–6:15 pm Awards Presentations

Saturday, March 22, 2014

7:30 am–8:30 am Exchange Editorial Board Breakfast
 8:30 am–10:30 am Scientific Sessions
 10:45 am–12:45 pm Scientific Sessions
 12:45 pm–1:45 pm Lunch Break
 12:45 pm–1:45 pm Student Lunch
 12:45 pm–1:45 pm Interest Groups
 2:00 pm–4:00 pm Scientific Sessions
 4:15 pm–6:15 pm Scientific Sessions
 6:30 pm–7:45 pm Reception
 6:30 pm–7:45 pm Poster Session II

Sunday, March 23, 2014

8:30 am–4:30 pm Full-Day Workshops (2)
 8:30 am–12:00 pm Half-Day Workshops (1)

Convention Workshops

Note. These workshops were confirmed at the time that the *Exchange* went to press. Please review the SPA program booklet for a complete and updated workshop listing.

Wednesday, March 19: All Day

The Rorschach Performance Assessment System: Overview and Case Illustration
Greg Meyer, PhD, Joni Mihura, PhD, and Philip Erdberg, PhD
 Working With Same in Psychological Assessment
Stephen E. Finn, PhD

Advanced Clinical Application of the MMPI-2: Maximizing Interpretive Efficiency
David S. Nichols, PhD

Trait Based Assessment of Psychopathology
Christopher J. Hopwood, PhD

Wednesday, March 19: Morning

The Rorschach Comprehensive System: Coding and Administration
Barry Ritzler, PhD

Wednesday, March 19: Afternoon

Psychoanalytic Enrichment of the Rorschach Comprehensive System
Irving B. Weiner, PhD, and Bruce L. Smith, PhD

Multicultural Evidence-Based Assessment of Child, Adult, and Family Psychopathology
Thomas M. Achenbach, PhD, and Leslie A. Rescorla, PhD

Forensic Psychological Assessment and Immigration Court
F. Barton Evans, PhD, and Giselle A. Haas, PhD

R-PAS Assessment in Child Custody Cases
Robert E. Erard, PhD

Expert Witness Personal Injury Forensic Assessment of Child PTSD in Young Child Victims of Dog Bite Attacks, Burns and Facial Disfigurement
Dorothy S. Edelson, MA, PsyD, IP

Wednesday, March 19: Evening

Personality Assessment Consultation Opportunities With the Federal Aviation Administration: An Orientation to FAA Practices and Standards
Chris M. Front

Thursday, March 20: Morning

The Millon Inventories: Therapeutic Application and Updates Toward the MCMI-IV
Seth Grossman, PsyD

Why Write a Therapeutic Story? How Stories Communicate Assessment Findings With Children, Adolescents, and Adults
Diane H. Engelman, PhD, Deborah J. Tharinger, Marita Frackowiak, PhD, and J. B. Allyn, MBA

How to Write a Better Forensic Report
Anita L. Boss, PsyD, and Julie A. Gallagher, PsyD, ABPP (Forensic)

Applying R-PAS to Children
Donald Viglione

Using the Shedler–Westen Assessment Procedure (SWAP) for Research and Clinical Practice
Jared A. DeFife

The Secret of a Successful Assessment Practice: Developing Supportive Relationships With Referring Professionals
Filippo Aschieri and Mary G. McCarthy, PhD

Forensic Application of Personality Assessment
Ali Khadavi, PhD, and John Kurtz PhD

Sunday, March 23: All Day

The Interplay of Self/Other, Affects and Defenses on Projective Tests
Steven Tuber

Assessment of Internet Sexual Offenders: Child Pornographers, Solicitors, and Travelers
Eric A. Imhof, PsyD, and Gilbert A. Schaffnit, Esq.

Sunday, March 23: Morning

Evaluating the Effectiveness of Clinical Services: Single-Subject Experiments for Practitioners and Researchers
Justin D. Smith

2014 Annual Meeting Continuing Education Opportunities

Robert F. Bornstein, PhD
Adelphi University



The 2014 Society for Personality Assessment Annual Meeting will take place March 19–23 at the Westin Arlington Gateway in Arlington, Virginia—just a 10-minute Metro ride from downtown Washington, DC. The theme of this year’s conference is “Evolution and Revolution in Personality Assessment,” and our theme could not be more timely. Even as we refine and improve many longstanding assessment tools and techniques, new measures and emerging technologies are on the horizon that have the potential to enhance our teaching, research, and clinical work. Dickens was wrong: As far as personality assessment is concerned these are the best of times, and the best of times.

This year we are fortunate to attend presentations from two luminaries in our field as part of our annual Master Lecture series—both accomplished scholars and clinicians, and both outstanding speakers as well. Aaron Pincus—one of the leading figures in contemporary trait and circumplex research—will focus on advances in interpersonal assessment methods for clinical science and practice. His talk will discuss applying the interpersonal circumplex to identify interpersonal subtypes in psychopathology, using a multi-measure interpersonal assessment battery for an individual case, assessing moment-to-moment interpersonal dynamics of dyadic interaction, and interpersonal dynamics across the social interactions of daily life.

As a member of the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (*DSM-5*) Personality and Personality Disorders Work Group, Les Morey will provide us with an “insider’s perspective” on personality disorders in the *DSM-5*—what was proposed and why, what happened during the revision process, why things turned out the way they did, and what forces make it likely that a similar process may repeat itself going forward. Given Les’s expertise in personality assessment, his prominence in the conceptualization and investigation of personality and personality pathology, and the importance of work in this area for research and clinical practice, his talk promises to be compelling.

SPA’s Continuing Education (CE) offerings are invariably first rate—important topics addressed by engaging, accomplished speakers. The CE Committee, chaired by John Porcerelli, has put together an extraordinary lineup of workshops for this year’s meeting. In Arlington you’ll have the opportunity to attend one of several CE talks on the Rorschach Performance Assessment System (R-PAS), including an R-PAS overview by Greg Meyer, Joni Mihura, and Phil Erdberg, as well as presentations on use of the R-PAS with children by Don Viglione, and in child custody cases by Bob Erard. The Comprehensive System (CS) will be well represented at SPA this year as well, with a presentation by Barry Ritzler on CS coding and administration, and another by Irv Weiner and Bruce Smith on psychoanalytic enrichment of the CS.

Therapeutic Assessment (TA) has long been a popular topic in the SPA CE program, and this year is no exception. We’ll have the opportunity to hear Steve Finn discuss opportunities and challenges that arise in working with shame in psychological assessment, as well as Diane Engelman, Deborah Tharinger, Marita Frackowiak, and J. B. Allyn’s presentation on use of therapeutic stories in TA with children.

Forensic issues play an increasingly important role in contemporary psychological assessment, and this year we have five top-quality offerings in this area. Barton Evans and Giselle Haas will discuss forensic psychological assessment and immigration court, while Ali Khadavi and John Kurtz will discuss forensic application of the Personality Assessment Inventory. Dorothy Edelson discusses expert witness personal injury forensic assessment of child PTSD. Eric Imhof and Gilbert Schaffnit will discuss assessment of internet sexual offenders, and Anita Boss and Julie Gallagher cap off this area with their discussion of how to write a better forensic report.

A number of our 2014 CE presentations address important themes and issues in contemporary personality assessment. These include talks on multicultural, evidence-based assessment of child, adult, and family

psychopathology by Tom Achenbach and Leslie Rescorla; trait-based assessment of psychopathology by Chris Hopwood; and the interplay of self–other, affect, and defenses on projective tests by Steve Tuber. Chris Front will discuss personality assessment consultation opportunities with the Federal Aviation Administration, and Filippo Aschieri and Mary McCarthy will fill us in on the secret of a successful assessment practice. (I’d tell you what it is, but then it wouldn’t be a secret.)

Finally, a number of our 2014 CE presentations focus on specific instruments and techniques. Dave Nichols will discuss advanced clinical interpretation of the Minnesota Multiphasic Personality Inventory–2, while Seth Grossman will describe therapeutic applications and updates of the Millon Inventories. Jared DeFife will discuss uses of the Shedler–Westen Assessment Procedure in research and clinical practice, and J. D. Smith will discuss evaluating the effectiveness of clinical services using single-subject designs, with techniques useful for assessment researchers as well as practitioners.

One hardly needs any additional urging to attend these workshops—they represent the best of personality assessment, delivered by some of our most distinguished colleagues—but I’d be remiss if I didn’t point out that because the American Psychological Association recently recognized personality assessment as a proficiency in professional psychology, there’s yet another reason to attend: These workshops—along with the myriad other symposia and panels that take place at the 2014 meeting—will help you develop and enhance the skills you need to become proficient in psychological assessment.

And there we are.... It promises to be a terrific program in 2014. So I hope you’ll plan to attend, and circle the dates—March 19 through 23—on your calendar so you can finalize your travel plans in plenty of time to get the best rates. I can speak for the entire SPA Board of Trustees: We look forward to seeing you in Arlington!

Personality Assessment Proficiency

Mark A. Blais, PsyD

Massachusetts General Hospital
Harvard Medical School

Chair, Personality Assessment Proficiency Committee



The Society for Personality Assessment's (SPA) implementation of the Personality Assessment Proficiency continues to advance. As I reported in my last *Exchange* update, the Proficiency application materials are available (for download) on the SPA web site, and we are actively reviewing applications from senior psychologists qualifying for grandparent status (ABAP Diplomate and/or SPA Fellow). While the Committee works on the materials needed for expanding the Proficiency to a wider segment of assessment psychologists, I want to renew my call for senior psychologists to apply for Proficiency recognition. Having a significant number of practicing senior psychologists apply for Proficiency Status represents an effective and immediately available opportunity for enhancing the value of this new professional designation. And to that end we have made a good start as more than 20 senior psychologists have been awarded the Proficiency. Recent Proficiency Awardees include: Marvin Acklin, PhD; Anita Boss, PsyD; Stephen E. Finn, PhD; James Flens, PsyD; ABPP; Sidney Ornduff, PhD; William J. Ryan, PhD; and Steve R. Smith, PhD. I strongly believe, especially during this initial period, that vigorous support from senior assessment psychologists will be essential for the Proficiency to succeed. Therefore, if you are eligible for grandparent status I encourage you to apply for the Proficiency recognition.

To supplement my appeal, I asked Dr. Stephen E. Finn, a leader in Collaborative/Therapeutic Assessment and past SPA President, to share his thoughts on the importance of pursuing Proficiency Status in Personality Assessment.

1. Dr. Finn, why would a senior assessment psychologist like yourself apply for Proficiency Status?

I have come to believe that personality assessment is now a true specialty area requiring extensive training, and I want to recognize this and support SPA's Proficiency Project. I believe that the reputation of personality assessment has been hurt because it is often practiced by psychologists who are not adequately trained or who have fallen behind on current developments. The result is that clients and referral sources may receive assessment

reports that fall short of what they could be and then conclude that personality assessment is not that useful. By recognizing personality assessment as a Proficiency, the American Psychological Association, and SPA are taking a step that could help remedy this situation.

2. How do you see the formal recognition of personality assessment as a proficiency impacting our field?

I hope this will lead to higher levels of training and eventually to a higher level of practice. It's time it was recognized that most people are not adequately trained to do personality assessment after completing their graduate training, internship, and post-doctoral residency. Just last week I consulted with a newly licensed psychologist who brought me assessment materials on a difficult current client that had been collected previously by another psychologist. The consultee was so impressed by what we were able to glean from the MMPI-2 and Rorschach that she said, "Wow, this is so helpful. Maybe I will start doing more assessment myself. I haven't done any since I was trained in graduate school." I frequently hear comments like this, but I found myself formulating a response I've

never given before. I said, "That's a great idea if you have the time and money for more training and consultation and can really invest in becoming expert. But assessment has become a real sub-specialty that takes a lot of time and effort to do well. If you can't or don't want to do that, you'll be better off referring to people who specialize in assessment." Thankfully, this young psychologist wasn't offended, and said my comment helped her focus on what specialties she wanted to develop in her practice. I am also impressed that Proficiency Status is granted for only five years. This sends the message that all of us need to engage in Continuing Education to keep up with new developments in the field.

3. Would you encourage other established assessment psychologists to apply for Proficiency recognition?

Yes. Although Proficiency Status is voluntary and has no ramifications for licensing at the moment, I believe it enhances the reputation of personality assessment and supports the idea that expertise in personality assessment is an achievement we can be proud of. Also, I believe all of us can benefit from periodic review by our peers of our skills and training.



Irving B. Weiner, PhD



James H. Kleiger, PsyD, ABPP

President's Message

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I am constantly amazed and gratified to see how meaningful findings from a psychological evaluation can be, whether the findings simply confirm the ideas and conclusions of a referral source; create an experience which results in an individual feeling listened to, understood, and informed about his or her inner workings in new and, hopefully, transformative ways; or assist other professionals in more fully understanding the needs, dynamics, and struggles of clients they feel puzzled, challenged, frustrated, or defeated by, so they can respond in different and more productive ways. Because I am so sold on assessment, it is hard for me to fathom why other professionals are not. This includes colleagues familiar with psychological assessment, including other psychologists, and professionals who have had little exposure to what we do and what we offer.

One of my goals for SPA over the next two years is to address the "image" of psychological assessment. For instance, I hope to establish working relationships with groups of psychologists who face similar challenges in terms of practice and reimbursement, such as our neuropsychology colleagues. One positive first step in this direction was to informally establish contact with Neil Pliskin, PhD, a colleague in Chicago who recently became President of American Psychological Association Division 40, the division for neuropsychology. Neil and I agreed to talk in the near future to explore ways our organizations can collaborate to protect and advance the interests of our members. I also want to develop collaborative relationships with professional groups who do psychological evaluations, but who may not be familiar with or are not connected to SPA, such as school psychologists or military psychologists, among others. I would like to hear from SPA members who have ideas about groups SPA should reach out to, ways SPA may be able to contribute to their professional activities, education, and training activities, and persons to contact in these organizations.

After celebrating the 75th anniversary of SPA in grand style in San Diego, I start my Presidency with pride in what SPA stands for—the highest standards of practice, education, and research in psychological assessment—and confidence that with the talents, energy, dedication, and good humor of our community we are off to a good start for the next 75 years. I'm looking forward to seeing all of you next March in Arlington!

Designing Studies With the Patient in Mind

...continued from page 4

Goring, & Calton, 2010). These organizations and others recommend involving patients at all stages of the research process by including patient representatives on the research team. A patient representative may serve as a consultant during the design phase, helping to structure the practical aspects of patient recruitment and participation, as well as working out ways to address a research question from the perspective of a patient seeking treatment for a particular issue. They may be involved in assisting with writing patient-oriented informed consents and may help with creating a recruitment and research process that is more patient friendly. Having a patient representative working on the research team can be a tremendous help in creating a research environment that keeps the patient in mind and allows our patients to feel valued.

Conclusions

This article discusses only one of a number of reasons to carefully consider the implications of research on the treatment of patients and how this must be weighed against the need for quality research studies when the process of research may be at odds with the patients' treatment needs and expectations. It is generally accepted that although research may not benefit the patient who is the participant of a research study, research is necessary for improving the quality of patient care in the long run. Thus, it is crucial that we consider ways that assessment research may impact current treatment for those patients who participate in research studies in order to minimize disruption to the treatment and to foster good working relationships with our research participants. Attempts at managing the impact of these effects on treatment, as described above, are ideal, and a thoughtful approach to keeping the patient in mind is likely a good first step in this direction.

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The Teacher's Block

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- An adolescent who has a very explosive temperament and sees others as being against him in an almost systematized way is evaluated for clarification of diagnosis and educational accommodations. This is a private assessment because the parents have "had it" with the public school system. The client's psychologist also thought that the assessment would be very helpful because treatment with this young man was challenging, to say the least. The parents chose the assessor based on a recommendation from someone whose judgment they trusted. The assessment included personality testing (i.e., the Rorschach, the Thematic Apperception Test [TAT], and other tests and measures), in addition to the full complement of educational tests, rating scales, and neuropsychological testing. This is what the parents wanted. The potential benefit

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of personality testing was discussed as part of the initial consultation, and the parents agreed to move forward with a comprehensive assessment. One parent was a psychologist. The results illustrated clearly the depth of the student's social-emotional and educational problems (i.e., based on history, interview, classroom observations, record review, and formal testing). The report discussed the relationship between educational-learning and social-emotional needs. However, when reading a draft of the report, the parent who is a psychologist insisted that the assessor not include the results of the Rorschach and TAT. She did not want her son "to look crazy." The assessor reacted by stating that the Rorschach and TAT helped to fill out the diagnostic picture by highlighting their son's confused, sometimes peculiar thinking, his moodiness, his readiness to feel anger, anticipation of negative outcomes, and how these factors might be affecting his ability to learn, study, concentrate, and interact comfortably with others. The client's mother insisted that the Rorschach and TAT results be omitted, and did not see it as unethical to do so. She was getting angrier by the minute. Her husband was equally angry. How would you handle this one?

In conclusion, "happy endings" are not always the outcome of a good assessment. Encouraging students to reflect upon "bad endings" and sift through the details of cases as a way of refining their own clinical judgment can be a very useful part of their assessment education and training.

Can I Use This Test?

...continued from page 7

psychological tests available to unqualified users. The study's authors recommend that psychologists carefully plan for the security of test materials after retirement, or in the event of illness or death. They also recommend that obsolete tests be protected if they are kept for historical purposes or should be shredded if no longer wanted. A unique suggestion was to reuse certain test components in new test kits like the Wechsler Block Design blocks, which have remained unchanged. They advocate for the proper disposal of unwanted psychological test materials.

A related issue has to do with test results that are outdated for the current purpose. Standard 9.08(a) of the American Psychological Association Ethics Code (American

Psychological Association, 2010) states: "Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose." One consideration regarding whether test data or results are outdated for the current purpose may be determined by whether the test from which the scores were derived is obsolete (Fisher, 2013).

Previous test scores even from a current version of a test may be obsolete and misleading if the individual has changed over time, or due to certain circumstances such as the following: maturational changes; educational advancement; job training or employment experience; changes in health, work, or family status; or an accident or traumatic experience (Fisher, 2013). A student who in one year meets the criteria for a learning disability may show a significant improvement in academic achievement, so that the diagnosis is no longer accurate the following year. Personality test results are also likely to change. A short-term emotional crisis may cause a Minnesota Multiphasic Personality Inventory-2 (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) profile to look pathological, while a short time later when the crisis has passed, the test results could be within normal limits; or a Beck Depression Inventory (Beck, Steer, & Brown, 1996) from yesterday could be inaccurate today. In contrast, Graduate Record Examination test scores from years in the past may still be a valid predictor of performance in graduate school (Gregory, 2004). Thus, it is up to each practitioner to determine the need for re-evaluation on an individual basis.

In some situations it may be helpful to keep outdated test scores similarly to outdated test materials. They may be useful as a comparison with new test results to evaluate the effectiveness of an educational program or intervention, or they may be used to identify cognitive decline or the sudden change in emotional or adaptive functioning. They can also be useful to document a developmental disability. When outdated test results are used, psychologists should document the reason for their use and their limitations (Fisher, 2013).

With regard to the question of when a psychologist should begin using a new version of a test, the decision should be based on which version is best suited for the person or population being tested, and the context or the specific purpose of testing. Interpretations drawn from the test results need to be valid and useful for the purpose of testing.

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Call for Research Proposals

Assessment Supervision Survey Project

Currently, the literature on supervision of personality assessment is extremely thin. Only a handful of articles have been published, and few of them have been based on an empirical study of assessment supervision. To address this gap, the Board of Trustees is seeking proposals for an initial survey-based project on assessment supervisory practices. How supervisors allocate their time, the models they employ, the obstacles they encounter, ethical issues that emerge, what works and what doesn't, and their goals for supervisees at different levels of training would all be appropriate topics for such a survey. Although the Society's own members could be surveyed, other groups such as members of Section IX (Assessment Psychology) of Division 12 (Society of Clinical Psychology) could be included as well. From this study, a manuscript for submission to the *Journal of Personality Assessment* would be written. A conference presentation and possibly a white paper for the Society's use would also be desirable.

Proposals for the survey should be submitted by January 31, 2014. They should include a general description of the research questions, methodology, and timeline for designing the study, obtaining Institutional Review Board approval, and conducting the study. A budget for anticipated expenses not to exceed \$10,000 should be submitted. Possible expenses include: a stipend for the primary investigator and/or graduate assistant, statistical consultation expense, online survey fees, and software packages for data analysis.

Proposals should be submitted to Virginia Brabender at vmbrabender@widener.edu along with a copy of the candidate's vita. A committee of the Board will review proposals.

SPA Personals

F. Barton Evans, PhD, SPA Fellow from Asheville, North Carolina, was recently elected Fellow of the American Psychological Association's Society of Clinical Psychology, Division 12.



Visit to the American Psychological Association: SPA board members with Dr. Cynthia Belar, Executive Director of the American Psychological Association's Education Directorate.

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

Les Morey, PhD, was awarded the 2013 "Psychoanalytic Research Exceptional Contribution Award" from the International Psychoanalytic Association. Dr. Morey's paper is cited as:

Bender, D. S., Morey, L. C., & Skodol, A. E. (2011). Toward a model for assessing level of personality functioning in *DSM-5*, Part I: A review of theory and methods. *Journal of Personality Assessment*, 93, 332-346.

Edward A. Wise, PhD, SPA Fellow, was awarded the 2013 Florence Halpern Award for Distinguished Professional Contributions

to Clinical Psychology, which is sponsored by the American Psychological Association, Division 12 (Clinical Psychology). The Award is given for distinguished advances in psychology leading to the understanding or amelioration of important practical problems, and for outstanding contributions to the general profession of clinical psychology. The award was presented to Dr. Wise at the annual American Psychological Association meeting in Honolulu, Hawaii.

Aaron L. Pincus, SPA Fellow, has been selected as the new Editor-in-Chief of the journal *Assessment*, beginning 2014.

Virginia Brabender and April Fallon coedited a book titled *Working With the Adoptive Parent: Research, Theory, and Therapeutic Interventions*, published by John Wiley.

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*.

From the Editor...

Jed A. Yalof, PsyD, ABPP, ABSNP



There is much to anticipate as we move toward the spring meeting. SPA's new Administrative Director, Bonnie Rice, gets us motivated to travel to Arlington, Virginia, and Bob Bornstein, SPA President-Elect, tells us about the great workshop offerings that will await us upon arrival. Ron Ganellen offers a glimpse of his vision as the new SPA President, with more to come in March! Our three Associate Editors have outstanding contributions. Linda Knauss gets us thinking about the ethics of using new tests, phasing out old tests, and storage of materials. Jill Clemence discusses the interface between single-subject design and psychotherapy process. Alan Schwartz takes assessment to a new level with a crossword that is bound to challenge the inductive-deductive reasoning of anyone who reads this issue of the *Exchange*! Jed Yalof offers scenarios of

"bad endings" to assessments for teachers to share with students. Our new SPAGS President, Christy Denckla, writes about SPAGS's happenings in a way that should motivate us to encourage all students with a nip of interest in personality assessment to join SPA! Mark Blais, Chair of the Personality Assessment Proficiency Committee, reports on the SPA Proficiency initiative, including an interview with Steve Finn about the value of personality assessment proficiency. Bruce Smith provides his informative updates on SPAF and his advocacy work as Public Affairs Director. Virginia Brabender, a past SPA President, draws attention to a Research Proposals Assessment Supervision Survey Project. Until next time...

SPA Exchange Editorial Board

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