

# spa exchange

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## Presidential Address

by Len Handler

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I'd like to begin by telling you a short story. From 2000 to 2003 I was a member of the APA Committee on Psychological Tests and Assessment. The committee is made up of psychometricians, test construction experts, a school psychologist, and one or two clinical psychologists. During my last year on the Committee, we were told that we could have time to present a symposium at the 2003 APA convention in Toronto. The Committee chair asked for suggestions. Naturally, as you might predict, my suggestion was for a symposium called "The Crisis in Teaching Personality Assessment." During the discussion of my suggested topic one of the other clinicians on the Committee said, "What about calling the symposium, 'The Death of Personality Assessment'?"

Well, the hair on the back of my neck stood up. I contained my anger, but not too well, because he quickly apologized, and then asked, "What kind of crisis is there in teaching assessment,?" "There is no crisis in teaching personality assessment, I replied, *except* for the fact that there is significant disagreement in **what** should be taught, **how** it should be taught, **where** it should be taught, **when** it should be taught, and **whether** it should be taught". "Otherwise", I explained, "there is no crisis".

I also said that the effect of poorly trained students would be the impairment both in the quality of applied work and the quality of research produced in assessment. What happens, eventually, is a self-fulfilling prophecy—detractors point to poor work and uninformed research to prove their point, that personality assessment is not an academically or clinically respectful endeavor. And then the cycle repeats itself, again and again and again. The point being made, the committee agreed to go with a modified suggestion and we presented the symposium in Toronto last summer, called "Graduate Training in Psychological Assessment".

My talk was called, "The Current Crisis in Personality Assessment Training." The room was filled to capacity and there was a great deal of discussion by the audience, many of whom stayed on to complain about the

problem. I started the talk, as I did today, by telling a story—this one about World War II and the Office of Strategic Services, the forerunner of the CIA. This group was given the task of selecting men and women to spy for the allies.

It seems that previously, those chosen for various espionage duties, whether it was to collect information, to blow up enemy bridges, or what have you, were failing in the field. Henry Murray, along with a number of psychologists, psychiatrists and anthropologists, got together at Station S (for secret), located on a large estate near Washington, D.C., and constructed a three and a half day evaluation procedure consisting of interviews, some of which were conducted under pressure; observations; self-report measures; projective measures; situational tests; intellectual measures; almost 70 measures in all, many with multiple parts. The data for each candidate were then aggregated by a small group of experts, who wrote an evaluation of the candidate's strengths and weaknesses. This evaluation was then discussed in a full staff meeting, where a final decision was made concerning the candidate's suitability as a spy.

In 1948 Murray and his associates published a book about the program, called *Assessment of Men*. The book gives the reader a vivid and detailed description of the entire program. Murray and his co-authors made several recommendations to future assessors, worth repeating here because they have relevance for assessment today.

1. Conduct the assessment program within a social matrix in which it is possible to have **frequent** informal contacts and **many** opportunities to observe candidates' responses.
2. Use many different kinds of evaluation techniques—interview data, self-report measures, projective techniques, and situational tests.
3. Employ life-like complicated tasks in a real environment, so that their solution requires high-level integration.

4. Enough data should be collected and enough time should be taken so that the chief components of the personality are identified

5. The data should be systematically recorded so they will lend themselves to statistical comparisons

6. Attention should be given to perfecting appraisal techniques to increase reliability and validity.

We have certainly worked on the last two recommendations, but I doubt that anyone would say we have done well with most of the others in recent years, especially in the way in which assessment is sometimes taught in doctoral programs.

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One of the members of the OSS evaluation team, by the way, was Donald Fiske. Murray and Fiske must have influenced each other because eleven years after the publication of *Assessment of Men*, Campbell and Fiske (1959) described the Multi-trait, Multi-Method approach to test validation, demonstrating that there could be significant error in validity findings due to the use of similar methods. The validity coefficient could be due to the error caused by using measures that employed similar methodology. The implication of this approach is that more than one assessment method must be included in a research design to reduce error and that more than one trait should be measured, as well.

It appears that some assessment instructors tend to disregard this history, and the literature. They sometimes focus their teaching on one method of testing as “the” answer to the problem and assessment. Some psychologists have a definite preference for self-report measures, and some for projective measures. Some seek integration of findings, while others seek discrete, isolated findings.

In the Psychological Assessment Work Group (PAWG) Report, Part I, part of which has been published in the *American Psychologist*, Meyer et al. (2001) make the point that “There is a **direct parallel** between empirical research and applied clinical practice concerning the use of more than one method of data collection.” The report points out that “in research mono-method bias and mono-operation bias are critical threats to the validity of any experimental design.” Meyer et al., report a number of studies that clearly show a dramatically high number of diagnostic errors when only one instrument or only one method of measurement is used, instead of multiple measures. The validity of empirical research is compromised when information is derived from a single method of measurement, or from a single construct that has been operationally defined in a single way.

The report points out that just as these two sources of bias produce less valid research, they will also compromise the validity of individual assessments. The report states, “Assessments will be less valid and accurate to the extent that they rely on a single method for gathering patient information and they will be less valid to the extent that they rely on constructs that have been defined according to a single format or set of principles” (p.14). The logical conclusion, therefore, is that a test battery that is constructed using multiple methods provides a means of avoiding method bias. The PAWG report emphasizes that the

optimal method for enhancing the construct validity of all nomothetic research (multiple methods and multiple operational definitions) has not been used in ideographic clinical assessment. Thus the recommendations of Murray and the entire OSS assessment team, and the work of Campbell and Fiske and others has been ignored in our efforts to see which instrument is best—most reliable, most valid, most predictive. Unfortunately these strong biases leak out into the classroom where faculty sometimes proselytize in their efforts to convert graduate students to their personal views of assessment.

The PAWG report contains the following italicized sentence: “*Reliance on a **single** clinician using a **single** method to obtain information from a patient will lead to a generally unreliable and erroneous understanding of the patient.*”

Nevertheless in training clinical psychologists in doctoral programs, there are some programs that have no courses in assessment because they believe assessment can be learned by merely testing individual patients. Some programs stress the mono-method of assessment, such as the use, **only**, of self-report measures or **only** projective measures rather than a variety of measures, as Campbell and Fiske advise. In addition, some programs offer only a survey course where students read about assessment instruments, but do not administer them, score them, or interpret them. Other programs stress “testing” rather than “assessment” without the emphasis on clinical judgment to integrate and interpret data. I believe we should convince APA that Murray, and Campbell and Fiske, and a host of other researchers and thousands of practitioners know what they’re talking about rather than advocating for specific individual tests.

Let’s consider standards from other disciplines. What would happen, for example, if a physician made his or her conclusion from a single test without attempting to use several other available procedures, and without knowing the patient’s history? There would be more wrong diagnoses than there already are. In medicine, there are standards of care as guidelines to protect patients. In clinical psychology there are clearly indicated guidelines, but they are often ignored. Some training programs feel it is entirely appropriate to train students to administer only one type of test, either a self-report measure or a projective test measure, despite the fact that the interpretive errors that can come about because of method error have been clearly documented.

If an architect of a building indicates that four large pillars are needed to support the building, but the construction company puts in just two smaller ones, what would be the likely result? Well, the building might

collapse, but that’s not really likely because the architect and the structural engineer act as *overseers*. They would catch the absence of the other support pillars, and their smaller size. But in teaching assessment there *is* no active overseer, and no real application of standards of practice. There are *suggested* assessment teaching standards of practice available, but these have never been officially adopted by APA to apply to graduate school teaching in assessment.

Survey literature indicates that some doctoral programs are doing a very uneven and imperfect job in teaching assessment. Worst of all, it appears that many instructors who teach in doctoral training programs believe it is the responsibility of the internship program to teach assessment, while the internships bemoan the poor preparation in assessment of their trainees to do their clinical work.

During my tenure on the APA Committee on Psychological Tests and Assessment, I began to advocate that APA set up guidelines or standards concerning the teaching of assessment in doctoral programs. However, at one such meeting we were informed by Ray Fowler that in the accreditation process each doctoral program has the right to teach assessment in any way it wishes, so long as the approach matches the mission of the doctoral training program.

Therefore, a program focused on a cognitive-behavioral training model could meet the standard by teaching students only about self-report measures, while a program that is focused on a psychodynamic approach could teach only projective techniques, or a program could choose to have no formal course in assessment, or to teach “testing” instead of “assessment”.

Such approaches actually violate the Standards of Practice published in 1999, authored jointly by the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education. While this volume says little about teaching, it has a great deal to say about practice. For example, Standard 12.18 states: The interpretation of tests or test battery results generally should be based upon multiple sources of convergent and collateral data and an understanding of the normative, empirical and theoretical foundations as well as the limitations of such tests. It appears that these people have read Campbell and Fiske.

Standard 12.19 states: The interpretation of test scores or patterns of test battery results should take cognizance of the many factors that may influence a particular testing outcome. Standard 11.20 states: In educational, clinical or counseling settings, a test taker’s score should not be interpreted in isolation; collateral information that may lead to

alternative explanations for the examinee's test performance should be considered.

Why, then, would APA co-author a volume of assessment standards, and yet not require doctoral programs to address these issues with their graduate students so that at least these scientifically and ethically based standards are communicated to them? Why issue such a well-done set of standards if no effort is made to insure that they are communicated to students? Where are students supposed to learn these standards if they are not taught in courses in assessment?

I believe it is the responsibility of APA accredited programs to teach this material in an active, hands-on manner. Otherwise they are empty standards. I believe students should have the opportunity to learn this material in their doctoral programs and to refine their skills on their internship. I believe a pressured internship is no place to begin learning the complex issues and skills of assessment. It is disturbing to me, and perhaps to you as well, that guidelines exist but are ignored in some training programs and that no one is "watching the store," so to speak. What good is APA approval of programs if there is no effort to require the faculty to teach to these standards in an APA approved program? I believe APA should recognize the literature and suggest at least minimal content that should be taught. It is a mistake to allow these standards to be set by individual programs or individual instructors. Meyer et al., emphasize the problem quite well in the following statement: "To the extent that unreliable and erroneous impressions guide diagnostic and treatment decisions, patients will be misunderstood, mischaracterized, misdiagnosed, and less than optimally treated. Errors of misappraisal and mistreatment will occur most often when administrative efforts to save money restrict clinicians to giving their patients only very brief and circumscribed evaluations" (pp. 13–14).

How does this problem relate to the clinical practice of assessment, you might ask? Well, the status and acceptance of personality assessment is intimately tied to the quality of the assessment work done by practitioners,

and the quality of that work is intimately related to the quality of the teaching to which each student is exposed—and the quality of the available research in assessment.

There are many other things we could do to address the teaching problem. For example, we at SPA could begin an advocacy program in the area of assessment, which Bruce Smith will soon discuss. We could also begin a series of ongoing SPA pre- and post-doctoral seminars in various communities to supplement the lack of opportunity available in graduate programs. We could lobby APA to be more responsible in setting standards. I'm certain you have other ideas to facilitate teaching personality assessment. I would like to hear from the members about your ideas, and how you feel about the ones I suggested.

We need an organized advocacy effort to address the reliability and clinical validity of our measures and of the assessment process. This effort should be focused on the general public, on teaching faculty, and on the authors of general psychology and abnormal psychology textbooks, who often disparage the assessment process or disparage individual tests. We must be able to reach all these groups in advocating for better teaching, better practice and better research in assessment. If not now, when?

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## Special Topics in Assessment

by Alan Schwartz, Psy.D.,  
Section Associate Editor

In their comprehensive volume, *Teaching and Learning Personality Assessment* (1998), Handler and Hilsenroth provided the field of psychological assessment with an important reminder about its work. Through cogent chapters written by many of the leaders in the field, they reinforced the value of revisiting the important technical and interpersonal processes through which we communicate the nature of assessment to students. The attention brought to teaching and learning assessment casts similar attention to the endeavor of assessment supervision. While psychotherapy supervision has long been a popular topic of journal articles and books, the supervision of assessment has not generated nearly the same interest. Traditionally, few practitioners received formal education in providing supervision let alone supervision in the area of assessment. The assessment supervisor has a myriad of challenges set before him or her, with the requirements of a psychotherapy supervisor added to the technical mastery of numerous and varied assessment instruments.

This section of *Special Topics in Assessment* will continue the conversation sparked by Handler and Hilsenroth (1998) by focusing on how assessment supervision is influenced by the nature of the instruments we use, the setting in which we function and the use to which the assessment is put. The first article by Robert McGrath discusses how he prepares students for the nuanced complexities of the MMPI-2 and fosters their role as personality 'detectives' through assessment. Recognizing the specific challenges of assessment within a forensic context, Jamie Loving's article highlights some of the conflicting roles that supervisors must clarify when supervising forensic cases. The final article discusses some of the pressures brought to bear on supervisors conducting assessments in a large hospital system. These articles serve to remind us of the complexities of assessment supervision and of the many factors that are brought to bear on the training of competent assessment professionals.

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## Ethics Column

### Competence: How Much is Enough?

by Linda Knauss, Ph.D., ABPP, Widener University

When clients put their trust in us as professionals, one of their most fundamental expectations is that we will be competent. Licensing boards, courts and professional organizations also hold us to this standard (Pope & Vasquez, 1998).

The Ethical Principles of Psychologists and Code of Conduct 2002 state that "Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience" (American Psychological Association, 2002, p. 1063). This leads to the questions of just how much education, training and supervision is necessary for a clinician to be competent, especially with complex assessment instruments such as the Rorschach or the Minnesota Multiphasic Personality Inventory (MMPI). Is one graduate course enough? Is one year of supervised training enough? How many times do you need to administer, score and interpret a test to be competent?

Even though the ethics code emphasizes the importance of competence, it is easier to require psychologists to be competent than it is to define what competence means. Competence is sometimes easier to identify in its absence than to clearly specify what a proficient level of clinical expertise involves (Kitchener, 2000). Professional associations and state licensing boards have struggled with how to define competence. They have developed ethical standards, standards of practice, and licensing laws that attempt to define incompetent practice. Competence is often equated with practicing at or above the customary standard of care. Although psychologists are not expected to be perfect in everything they do, they are expected to perform at least as well as the average psychologist who is well trained (Bennett et al., 1990). However, "well trained" is never operationally defined.

In general, it is not sufficient to claim competence in an area of practice after only reading books or attending workshops. There is no guarantee that psychologists have actually acquired the knowledge and skills found in those books or workshops. Furthermore, the psychologist might not have read the specific books or attended the specific workshops designed to provide a

comprehensive overview of that area or skill. Finally, competent performance may require actual skills in addition to factual knowledge (Knapp & VandeCreek, 2003).

Although knowledge, skills, and abilities are closely related, each contributes a different connotation to the construct of competence. Knowledge involves having the requisite facts or ideas to complete the task successfully. These are usually acquired by study, investigation, or experience (Webster's Ninth New Collegiate Dictionary, 1988). Knowledge is the foundation of competence. In assessment, this includes information about relevant measures and their reliability and validity for different purposes and populations. Skills are based on knowledge and involve the capacity to use knowledge effectively in performing a task (Webster's Ninth New Collegiate Dictionary, 1988). Psychologists may have knowledge of psychological testing from a class or personality assessment, but if they have never given a psychological battery under supervision (where feedback about performance can be provided), it is unlikely they would be skilled in psychological assessment (Kitchener, 2000). Abilities involve the physical or mental capacity to perform a task. Individuals may have the knowledge and skill to perform a task, but they may be unable to use their knowledge and skills competently, perhaps because of a disability or impairment. Thus, self-monitoring and self-care are important aspects of competence.

Psychologists may want to develop expertise in areas of psychology that they did not study in graduate school. For example, many practicing clinicians were educated before the Comprehensive System was being taught in graduate programs. Psychologists can obtain proficiency credentials in some areas such as biofeedback certification. In other areas, no such credentials exist. There also may not be a uniformly agreed upon sequence of experiences, sequence of study, set of readings, workshops, classes, or examinations for psychologists to become proficient in other areas. Although psychologists may self-prescribe a course of readings and continuing education programs, psychologists should not consider themselves competent in a new domain until they have had another psychologist who is proficient in that field monitor or supervise them (Knapp & VandeCreek, 2003). Thus, in professional practice, textbook learning is often insufficient for a psychologist to begin a new area of

practice unless supervision is provided so that the professional can get feedback about effectiveness. It also highlights the fallacy that licensure in and of itself guarantees competence.

Psychological knowledge becomes obsolete over time. To remain competent psychologists must remain familiar with current literature and research. Weiner (1989) gave the following case example: "A psychologist commenting on the assessment of alleged sexual abuse was heard to identify a "certain sign": If a girl sees card IV on the Rorschach as a tree upside down, then she has been a victim of sexual abuse. Whatever torturous rationale might be advanced on behalf of such an influence, there is not a shred of empirical evidence to support it. Indeed there is precious little evidence to support any isomorphic relationship between specific Rorschach responses and specific behavioral events. Psychologists who nevertheless use Rorschach responses in this way are behaving unethically by virtue of being incompetent" (pp. 829-830). Thus a commitment to competence means that psychologists must also have a commitment to continuing education whether it is formal or informal (Kitchener, 2000).

One source of knowledge, skills, and abilities is having taken a course at the graduate level. However, there are no credentials for competency to teach a highly specialized course such as Rorschach or other areas of personality assessment. The primary oversight for teaching comes from the hiring institution. It can be difficult to determine how much of a stretch psychologists can make between their formal academic training and their teaching responsibilities. Does one graduate course in a subject qualify a psychologist to teach that subject to undergraduates? What about to graduate students? What if the course was taken 5 years ago, or 15 years ago? Sometimes faculty members will be pressed into teaching courses in which they did not have the optimal academic preparation. Nonetheless, psychologists who undertake appropriate study or consultation will be able to fulfill their responsibilities competently (Knapp & VandeCreek, 2003).

An important aspect of competence also involves knowing when one has reached one's own limits and recognizing when one's knowledge, skills, and abilities are inadequate or impaired. At these times, alternatives need to be considered such as removing oneself from the situation, referring to someone else or seeking consultation (Bennett, et al., 1990). The standards of competence are based on Beneficence and Nonmaleficence. Thus, psychologists should work to benefit those with whom they work and strive to avoid harming them (Kitchener, 2000; Knapp & VandeCreek, 2003).

So, how much is enough? How can we know if we are competent? The general rule is that psychologists can ascertain if they have become proficient in a certain area of practice after submitting their work to external feedback. The most obvious example of external feedback is when students attend doctoral programs in psychology and submit their performance to the feedback and evaluation of faculty and clinical supervisors (Knapp & VandeCreek, 2003). It is faculty members' responsibility to evaluate whether students have sufficient background and knowledge to begin new scientific or clinical activities and to provide the supervision experiences that ensure that their skills are, at least, minimally competent. Clinical role-plays, and practice assessments may be first steps to developing competence. Faculty members also have the responsibility to monitor progress and to evaluate whether students have the ability to competently use the knowledge and skills that they have acquired. APA accredited doctoral programs are mandated to provide regular evaluations of all students (Forrest, Elman, & Gizara, 1997).

It is more difficult for practitioners to demonstrate competence in areas or with techniques after they have left their doctoral programs. Belar et al. (2001) present a series of self-assessment questions for psychologists before they move into clinical health psychology. However, the same self-assessment process can be useful for psychologists moving into other new domains as well. Some of the questions include whether the psychologist knows the scientific basis in the relevant area, has the clinical skills, understands the treatment milieu, and knows the related ethical and legal issues. The most important recommendation they make is for psychologists to "...become an apprentice to an experienced psychologist. Pay for consultation or volunteer services in return for opportunities for shadowing the expert in relevant clinical settings" (p. 138).

In some areas of assessment practice, it is possible for psychologists to provide evidence of their qualifications as measured through different types of external review. For example, through the collegial process of peer review, psychologists can ask a colleague who has expertise in assessment to provide a detailed review of their work products. Psychologists can also seek supervision or consultation, and submit scoring, interpretation and assessment reports or other work products to a supervisor or consultant to evaluate in relation to the goal of attaining a higher level of assessment competency (Bricklin, Knapp, & VandeCreek, 2004). There is also an opportunity to demonstrate assessment competency as part of the clinical examination process through the American Board of Professional Psychology (ABPP). Of particular relevance to determining competence in assessment is the American Board of Assessment Psychology (ABAP). Since 1994, ABAP has awarded approximately 150 Diplomates in Assessment Psychology and has held three national assessment conferences. In 2001, the American Academy of Assessment Psychology, representing the educational (distinct from certifying) function of ABAP, was accepted as a new section (Section 9) on Assessment Psychology in Division 12.

In sum, regardless of their level of training, prudent psychologists seek expert advice when issues arise that are beyond their competence and aspire to levels of competence beyond minimal standards, including the ABPP and ABAP certification processes.

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## Challenges of Assessment Supervision in a Hospital Setting

by Alan L. Schwartz, Psy.D., Chistiana Care Health Services, Wilmington, Delaware

Providing assessment services in a general hospital setting offers ample opportunity for even weathered psychologists to test their professional mettle, not to mention the additional challenges added in supervising practicum students. Many of the issues involved are similar to those discussed by Lovitt (1998) with respect to internship training, although practicum students generally require more structured guidance as they have had less exposure to real life interactions with patients and other professionals and are less experienced in the nuances of psychological assessment. While focusing on the technical and interpersonal aspects of the assessment process is a given, of equal importance for the student in a hospital setting is understanding the impact of the system-at-large on their work. Thus, one of the important initial functions of supervision is adequately preparing students for the experience of working in a hospital.

In addition to preparation regarding the overt aspects of the hospital (e.g., close contact with physically ill patients, exotic smells, frequent emergencies), supervision must also focus on the role of psychology within the system and how the student will interact with the variety of professionals there. Unlike private assessment consultation where the client and their referral are the focus of the experience, we are just one of many professions offering our expertise in the care of the patient. Even patients being treated in inpatient psychiatry may have serious medical problems, the treatment of which can seemingly overshadow the importance of the assessment for the client and for the treatment team. It becomes even more important in these situations for supervisors to help students clearly define their role in the assessment of patients.

The context of the assessment is often most present for the supervisor and student with respect to the expectation of how quickly assessments are responded to, completed

and the speed with which results are communicated to the treatment team. In the era of ultra-brief (*i.e.* several day) admissions, there is enormous pressure for assessments to be completed rapidly. The pressure of time for neophyte assessors can be overwhelming, exponentially adding to anxiety regarding the need for quick and accurate data. It is not uncommon for a student to leave a patient's room after administering the Rorschach only to be met with eager residents, nurses and doctors with the question, "Well... what do you think?" There are a multitude of opportunities for students to interact 'on the fly' with other professionals in the wide open nature of the milieu. Supervisors are well aware of the temptation to provide premature assessment results; that is, prior to instruments being scored, supervised and fully understood. I am quick to tell my students about my impressively poor record at predicting IQ scores prior to formal scoring. Thus, supervisors must help their students understand for themselves and communicate with their colleagues about the assessment process, the nature of the instruments used and the need for sedulous attention to coding, interpretation, and supervision. We have an important role in anticipating interactions the student may have and preparing them for these exciting as well as anxiety-provoking situations.

As such, the containment of anxiety is an important function in any supervision experience and we must help students recognize, understand and use their reactions as a learning experience. The common anxiety about administering technically demanding tasks such as the Rorschach can often manifest itself in avoidance behavior such as students having difficulty finding patients ("They were in group therapy/in the shower/on a smoke break/didn't feel well/sleeping"). Unlike traditional outpatients sitting in our offices, somehow inpatients on locked units can be difficult to find.

Stressing the limits of our skills and resources enters into the supervisory experience as well. In a hospital setting, some of the most important assessment decisions made involve deciding when cases are *not* appropriate for psychological assessment. New students (as well as more experienced clinicians) can be seduced into taking on the dramatic, 'impossible' cases even when they not clinically indicated or are a poor use of resources. Declining assessments when they fall out of our purview can be an important learning experience for a young assessment professional.

Of course, the pressure for assessments and their results does not diminish the level of comprehensiveness expected from assessments. Supervisors must constantly provide a "buffer" (Lovitt, 1998) between the student and staff, containing the pressure and anxiety in the system, while allowing the student to take the necessary time to learn. As insidious as the pressure can be to do our work more quickly, supervisors are constantly challenged with the task of providing the psychological space for students to be grounded in the key aspects of the assessment process: developing a therapeutic, working relationship with the patient and attending to the interpersonal process of the assessment. This is one of the hallmarks which distinguishes our holistic work in assessment from the rigid procedure of testing.

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## Beyond the IQ Score: The WISC-IV and Personality Style

by Susan E. Anderer, Psy.D., Private Practice—Bryn Mawr, PA

Early theories of intelligence focused on a single underlying construct of intelligence. In more recent years, however, researchers have become increasingly aware that intelligence is comprised of a number of different domains. The domains are thought to align themselves into a hierarchical structure, with more specific abilities making up several broad cognitive domains (Wechsler, D, 2003). This new understanding was incorporated into the development of the most recent version of the Wechsler Intelligence Scale for Children—the WISC-IV. This most recent version was developed based on recent theories, clinical research, and factor analytic studies with an overall emphasis on fluid reasoning. The new domains-or “indices” in the language of the WISC-IV—are Verbal Conceptualization, Perceptual Reasoning, Working Memory and Processing Speed. All four of these indices combine to produce a Full Scale IQ score.

Intelligence measures such as the WISC-IV measure not only a person’s “innate” intellectual abilities, but also their personality style. Wechsler himself acknowledged that factors other than innate intelligence affected a person’s performance on intelligence tests. Therefore, intelligence tests do not measure *pure* “intelligence”. However, the use of intelligence measures such as the Wechsler are still helpful because they give us a view of “the capacity of an individual to understand the world around him and his resourcefulness to cope with it’s challenges” (1975, Wechsler, p. 139). This capacity is similar to what psychologists seek to measure in the assessment of personality and emotional functioning: A child’s ability to adapt to and cope with the environment. Thus, the Wechsler reflects not only a child’s intellectual capacity, but also his personality and emotional style.

One of the indices that is particularly sensitive to emotional functioning is Processing Speed. The Processing Speed index (PSI) is composed of subtests measuring the speed of graphomotor production, visual processing, and sustained visual attention and includes the subtests of Coding and Symbol Search. These measures certainly do assess the speed with which a child can process information and produce a response but are also affected by personality style and emotional functioning. In particular, children suffering from depression or dysthymia can show a decreased response speed due to the psychomotor retardation and distractibility which accompany these disorders. Children with Obsessive Compulsive Disorder or developing Obsessive Compulsive Personality Disorders also tend to do more poorly on the PSI than other children because of their difficulty shifting their focus or their tendency to become overly focused on insignificant stimuli in the task. Children with

perfectionistic styles, high levels of anxiety or low self-esteem that causes them to question their own performance can have lower scores on this index. Thus, children with relatively low scores on the PSI when compared to other areas of functioning do not necessarily have processing disorders. It therefore becomes essential to evaluate personality functioning in addition to cognitive functioning when administering the WISC-IV in order to differentiate learning disabilities, psychological disorders, and personality styles.

As an example, consider a thirteen year old girl who presents for evaluation due to concerns about a deterioration in her academic functioning, attention concerns, and intense sadness. She is experiencing crying spells, has withdrawn from her peers and activities, and is anxious about attending school. The Wechsler Preschool and Primary Scale of Intelligence-Revised (WPPSI-R) had been administered when she was five years old as part of the routine evaluation for admission to an independent school. This evaluation showed she had a Verbal IQ score of 160, a Performance IQ score of 133 with a Full Scale IQ score of 158. Her functioning within each domain was relatively consistent with no areas of significant strength or weakness. When the WISC-IV was administered to her, she received a Verbal Comprehension score of 138, a Perceptual Reasoning score of 121, a Working Memory score of 126, and a Processing Speed score of 91. These combined to create a Full Scale IQ score of 126. The difference between her Verbal Conceptualization score and her Processing Speed of 47 points is seen in less than 1% of the population. While there is a general trend for children who are intellectually gifted to have a significant weakness in Processing Speed, hers is extreme (Wechsler, 2003). When asked to copy paired associates on Symbol Search, she received a scaled score of 6. At first glance, it is tempting to assume she has an underlying Learning Disability or an Attention Deficit Hyperactivity Disorder interfering with her ability to quickly process information, but her approach to the tasks and her performance on the Rorschach provide important information to better understand her weaknesses.

The structural summary for The Comprehensive System revealed that this girl was positive on the Depression Index (Depi= 6). She showed significant elevation on variables that tap anxiety with a decrease in her ability to cope with current stressors (m=5; y=3; D=0, Adj D = +2). These variables obviously speak to her significant amount of emotional distress. Further limiting her ability to quickly process information, however, was the presence of some obsessive features (5 Dd responses, all involving tiny areas she perceived to contain humans), overincorporative tendencies (Zd =

+3.5) and 13 blends in a 20 response protocol. She also showed an extreme overfocus on her own internal life to the exclusion of an ability to remain focused on the realities of the external world (FD=4).

Given this profile, it is not surprising to find that this student was extremely meticulous in her approach to the Coding task. For each number, she drew and retraced each design so that it was as precise as possible. Her constant workovers reflect an obsessive personality style and a difficulty adapting her approach to the demands of the situation. It was clear to her that this task was being timed, yet she was unable to change her response style to accommodate this information. As a result, she received a scaled score that placed her in the Borderline range. Without this observation and the information from the Rorschach, an evaluator might be tempted to identify her as a student with a Nonverbal Learning Disability or some other learning disorder.

Consider another similar example. A thirteen year old girl again referred for a decline in her academic functioning and school avoidance. Her Verbal Comprehension Index was 110, her Perceptual Reasoning Index was 112, Working Memory was 110, Processing Speed was 85 with a Full Scale IQ score of 108. Her Processing Speed was made up of a 6 in Coding and an 11 in Symbol Search. Her Processing Speed deficit of 85 was less dramatic than in the first case, but still significant. Her approach to tasks of Processing Speed was similarly obsessive and perfectionistic. On the Rorschach, she was positive on the Depression Index (Depi=5), positive on the Coping Deficit Index (CDI=4) and showed evidence of emotional distress (m=3, y=3, D=-2, Adj D=0). Most significantly, however, was her Zd score of +6. This extreme overincorporation of information applies not only to interpersonal and emotional functioning, but cognitive functioning as well. There is no way to quickly compare symbols if you need to incorporate all aspects of what you are seeing.

There are certainly times when deficits in the Processing Speed Index do reflect attentional deficits and accompany Nonverbal Learning Disabilities. However, the Processing Speed Index also strongly taps a student’s ability to adapt to the world, to scan the environment efficiently, and to marshal energy and attention to process information, tasks highly reflective of personality style and emotional well-being.

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## Overcoming Obstacles in Forensic Assessment Supervision

by James L. Loving, Psy.D., Philadelphia, PA

In any clinical context, supervision is a complex process fraught with intellectual and interpersonal challenges. Although an extensive literature has emerged pertaining to clinical supervision of treatment, supervision of assessment has received practically no consideration, with only a handful of outstanding exceptions (Handler & Hilsenroth, 1998). In the area of forensic assessment, we encounter additional layers that complicate the assessment process and, consequently, the supervisory enterprise. At the same time, because forensic assessment remains a relatively young specialty area, with standards of practice and training still evolving (Otto & Heilbrun, 2002), the supervision paradigm is an especially critical venue for ensuring quality work. As a starting point, it is helpful to be mindful of some typical pitfalls that emerge during forensic training so that we can design the supervision experience to prevent or respond to those obstacles.

In most cases, the forensic evaluator identifies himself or herself as a clinical psychologist first and forensic psychologist second. That is, his or her graduate education has typically been within a clinical psychology training program, with forensic training being gained secondarily, in the form of relatively limited coursework and/or post-graduate education. For this reason, forensic assessment supervision usually requires not only instilling new skills, but also weave this novel information into an existing matrix of professional beliefs and experiences, some of which are complementary, but some of which may be incompatible with forensic practice.

The goals and parameters of forensic assessment are often quite different from, or even mutually exclusive to, those of clinical practice (Greenberg & Shuman, 1997). One of the most persistent challenges of supervision is ensuring that the supervisee appreciates these distinctions in a way that is in line with forensic needs. As one basic, but recurring example, the assessor's fundamental stance toward the examinee is different in clinical versus forensic assessments. Clinical assessments typically involve an assumption that the patient is seeking help and is being forthright to the best of his ability. As such, the assessor adopts a help-oriented, empathic, supportive, and accepting stance. Forensic assessment, on the other hand, requires a position of neutrality, objectivity, and skepticism that does not resonate with many supervisees whose professional identities have been built around the clinical approach. Beginning forensic assessors often err in the direction of one extreme or the other with respect to the evaluator-patient relationship they seek: Some assessors gravitate toward

an overly supportive and accepting position that can be naïve and unproductive, while other assessors adopt an approach that is skeptical to the point of being suspicious and dispassionate to the point of being dismissive or degrading. Ideally, we maintain a balanced position that is appropriately neutral but that also facilitates both a productive assessment alliance and humane interactions. One ongoing challenge in supervision is helping the supervisee gain not only an intellectual understanding of his evaluative role, but also an appreciation of the balanced role that then plays out through interactions. These goals are best achieved through ongoing explicit discussions about professional roles, coupled with modeling of balanced, respectful role assumption.

Forensic assessment requires the application of clinical knowledge to specific psycho-legal issues. The evaluator needs to draw on clinical psychology research and experience, but overlays various new areas of learning that can be challenging to supervisees. The clinical psychologist brings a wealth of knowledge into the legal arena, but this information is only useful when combined with a working knowledge of legal procedures, relevant statutes and case law, and evidentiary standards. The acquisition of such information requires initial training and continuing education that may feel daunting to the beginning clinician. Some clinicians develop excellent case conceptualizations, but due to their approach, method selection, or presentation style, their findings would not be admissible in legal settings. For instance, psycho-legal assessment requires a narrowness of focus, where the emphasis is on relevance to the specific psycho-legal issue, versus broader, richer idiographic understanding of the person. This may narrow our choices of assessment methods, and certainly narrows the fund of descriptive information we provide. Supervisees who have been successful in clinical settings may feel self-doubting as they are forced to tackle a new literature, eschew some of their preferred tests, or make significant changes to the style and content of their report writing. Supervision at these points must include adequate support and empathy so that the supervisee can maintain a confident professional identity while passing through these transitions.

A pitfall that is of potentially greater difficulty emerges when the supervisee's personality dynamics and interpersonal needs feed into the assessment process in unproductive or even damaging ways. Of course, this is a potential hazard in any clinical venue, but because of the higher concentration of specific personality-disordered populations in forensic

settings, this risk is arguably amplified in forensic assessment. The aspiring forensic evaluator may be drawn to this specialty and its relative abundance of psychopathic and otherwise dangerous patients because of his or her own concordant or complementary personality dynamics (Meloy, 1992). The risk of identifying too closely with examinees or with their victims might then muddy case conceptualization or worse, unwittingly lead to unsafe interactions. The available literature includes some attention to this particular area of concern in treatment with sexual offenders (e.g., Mothersole, 2000), but there appears to be less acknowledgment that similar dynamics can emerge in the assessment dyad. Supervision can and should be a forum for exploring these processes, both to minimize the impact of subtle interpersonal behaviors on the assessment itself, but also to ensure the supervisee is able to introspect and to provide himself with emotional supports he needs to work effectively and safely with these difficult examinees.

Several points are relevant here. First, bringing an awareness of potential problems is a crucial launching point for supervision. Second, developing and maintaining an open, safe supervisory dialogue is arguably the most important intervention the supervisor can provide in order to prevent and candidly work through problems. Third, modeling of healthy, balanced practices (including conveying a humane, yet objective, approach to examinees, not only during our in-session interactions, but also through "behind-the-scenes" discussions) helps supervisees learn, appreciate, and ultimately internalize the knowledge and roles they need to work toward high quality forensic practice. Related is the supervisor's need to model responsible professional practice, including staying up-to-date regarding the literature and standards of practice. Finally, approaching supervision with a developmental model (e.g., Stoltenberg, McNeill, & Delworth, 1998) helps to conceptualize which needs are foremost, so that the supervisor can prioritize those needs and approach them in a way that is most likely to be received empathically by the supervisee.

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# Teaching Students to Understand the MMPI

by Robert E. McGrath, Ph.D., Fairleigh Dickinson University

The Minnesota Multiphasic Personality Inventory (MMPI; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) is consistently identified as the most commonly used and taught personality assessment instrument in the nation (Piotrowski & Keller, 1992; Piotrowski & Zalewski, 1993). There are a number of factors that contribute to its popularity, including its ease of administration, the large collection of response style indicators, and the impressive body of literature geared towards the development of a comprehensive empirical approach to interpretation (McGrath & Ingersoll, 1999a, 1999b). However, its popularity even among individuals not well-versed in assessment, as well as its historical association with the cookbook approach to personality test interpretation (Meehl, 1956), seem to have contributed to a common misperception about the instrument, viz., that MMPI interpretation can largely be reduced to an algorithmic process.

The irony here is that of the objective measures of personality and psychopathology available today, the MMPI may well be among the least amenable to algorithmic interpretation. The multidimensional quality of the traditional MMPI scales—particularly F and the 10 clinical scales—means that each scale must be considered in terms of a variety of moderator variables. A good example of this complexity is scale 4 (Pd). Harris and Lingo identified five loosely associated content domains, while Cronbach and Meehl (1955) listed seven very different correlates of the scale, including likelihood of hunting accidents and being a professional actor, and questioned whether a single construct could be identified underlying them all. Depending on other scales, exactly the same elevation on scale 4 can be interpreted as evidence of irritability, family conflicts, or psychopathy. Similar comments could be made about most of the traditional scales. Table 1 provides a non-exhaustive list of the other variables I think should be considered when interpreting these scales. One of my stock lines to students concerning the interpretation of the clinical scales is “if you find an elevation, you may not know what’s going on, but you know something is going on.” The detective work needed to figure out what the elevation might mean represents perhaps the most fascinating and frustrating feature of the MMPI.

In trying to prepare students for their future as detectives, I find two concepts particularly useful: the distinction between broadband and narrowband assessment (Cronbach & Gleser, 1965) and the concept of inference. I added the first topic to an introductory lecture on clinical utility several years ago, and since then have come to consider it one of the most useful concepts for providing students a context for understanding psychological assessment instruments. I find it helpful, for example, for characterizing the differences between personality and behavioral assessment and for explaining the popularity of the Rorschach when compared with more focused performance-based measures of personality and psychopathology, as

well as for characterizing the differences between MMPI scales.

The classification of the clinical and F scales as broadband and the newer validity, content, and restructured clinical scales (Tellegen, Ben-Porath, McNulty, Arbisi, Graham, & Kaemmer, 2003) as relatively narrowband measures provides context for comparing the scale sets, including differences in the scale development strategies, the greater need for a few broadly useful scales in the days before computer scoring, and the shift toward the development of more precise measures in response to interpretive difficulties associated with the traditional scales.

Each set of scales is introduced with a brief description of how they were developed, followed by individual scale descriptions of the number of items, what each scale is purported to measure, characterization of the item contents (including subscales when available), and some discussion of the difficulties involved with the scale’s interpretation. I provide an algorithmic model for interpretation that I have developed for use in conjunction with Roger Greene’s (1999) book on the MMPI-2, which I use primarily because of the thoroughness of its interpretive materials.<sup>1</sup> However, I stress the importance of considering the algorithmic approach as only a starting point for optimal MMPI interpretation. Case examples focus on starting with algorithmic interpretations, then looking at combinations of individual scales more closely for the purposes of identifying more subtle hypotheses.

At this point students usually take the set of interpretive statements provided to them for each test sign as a given. The next step in the process involves helping them to distinguish among interpretive hypotheses in terms of relative Bayesian probabilities. It is in this process that the concept of inference becomes useful. A good example of the concept involves the K scale, which measures nothing more than whether the respondent denies negative statements about life as much as the average person. A high score can indicate:

- 1) a person presenting in an upbeat manner;
- 2) someone who is responding in a manner that is overly optimistic;
- 3) a certain characterological blindness to negatives, or a conscious desire to self-present in a positive way; or
- 4) someone who is underreporting psychopathology.

It is important to recognize these interpretations represent a progression of inferences which are increasingly distal to the behavior that generated the score. Each should therefore be considered a more tentative hypothesis than the one before. It is important to point out that, since cookbook interpretations are based on significant correlates of scale elevation regardless of effect size, algorithmic interpretations regularly combine statements reflecting various degrees of inference. In soliciting interpretations from students, it is helpful to ask students to gauge the level of

inference associated with different statements. This process of critical evaluation is intended to help students determine which hypotheses to consider more tentative than others.

To my mind, the primary difference between personality assessment and other forms of testing is in the attempt to read the story of a person’s life, a goal that can only be achieved by instruments of great depth and breadth. By this criterion, the MMPI is one of the best instruments available to the field of personality assessment not because of its mean validity coefficient, but because of the nuanced and complex tales the MMPI can sometimes tell. If there is one thing I hope we can give our students when teaching them the MMPI, it is a sense of the fascinating and often frustrating qualities that make this instrument truly valuable.

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## FOOTNOTES

1. A copy of this manual is available from the author at mcgrath@fd.edu.

## The Teacher's Block Common (?) Points of "Teaching Tension" on the Road to Higher Integration

by Pamela Abraham, Psy.D., Immaculata University

As someone who teaches and supervises doctoral students in cognitive, objective, projective, and advanced personality assessment, I have become aware of various points of "teaching tension" that emerge constantly when attempting to articulate important points to students. By "teaching tension," I mean those moments in class where the teacher's efforts to convey an important and usually integrative analysis of data is met with blank stares by students and a heightened sense of self-doubt about my own understanding of the point at hand.

These moments of mild angst—let's call them *teaching events* for the sake of benignity—transverse the Rorschach, TAT, MMPI, MCMI, and other personality measures. My guess (hope?) is that they are not unique to me, but instead represent common experiences among those of us committed to teaching personality testing in what I might term a reasonably sophisticated manner. Let me provide a few examples that illustrate these points.

### Example #1 Trying to Explain Developmental Quality in Relation to Passive/Active Movement, and Z Scores on the Rorschach

The DQ score provides students with information for interpreting how a client processes the stimulus field. By identifying the form demands and requirements of objects, and recognizing how objects are "separated, but related," the student learns something about the cognitive activity utilized in organizing stimuli presented. For instance, when the client does not articulate the form demand, it might be suggestive of a lackadaisical approach to processing the stimulus field.

This is where it can get sticky. A student might ask, for example, what I mean by the term "stimulus field?" I might also ask myself this same question in response to the student's thoughtful query. Does "stimulus field" mean the blots, the environment, real life experience, the examiner, and/or the patient? I might spend time discussing what the term means in regard to the specifics of the case under review in order to articulate the form demands of the point I wish to make!

It is not uncommon for questions and answers about this and other similar concepts to take up a portion of the class time. If successful in answering questions, or at least in assuaging anxieties, I then have to address what is meant by a "lackadaisical approach to processing" in response to the elevated DQv responses. (For some odd reason, I always seem to select cases where DQV = 3 or more.) It can be challenging to explain, for instance, how a

response of "clouds" or "forest" to an inkblot is interpreted clinically as an impressionistic (not to be confused with "artistic") thought. Complicating this interpretive schema might be (ugh!) the need to explain how the presence of several active movement responses can be related to a preponderance of vague processing activities (e.g., the patient has DQv = 3, but Ma = 5 and Mp = 0; hence why active investment in seeing movement, but a vague approach to processing?) Then, if I make it this far, I might have to contend with the relationship between DQ and Z scores, which can add a new and unexpected twist to the interpretive puzzle. For example, it is not always easy to explain how an individual can organize new stimulus fields integratively (high Z) while at the same time approach stimuli in a nonchalant manner (DQv = 3).

Experienced Rorschachers have an internalized understanding of the test and can finagle/reconcile conflicting data points by drawing on their grasp of the Rorschach, and their understanding of psychopathology, different character styles, and years of seeing patients. Students, on the other hand, are our best teachers because they require us to operationalize our thoughts. Moreover, it is through this type of questioning that we appreciate the need to learn more about what this (and other) Rorschach variables might mean relative to real-world experience.

### Example #2: Trying to Teach a Data-Based Approach to Qualitative TAT Assessment

Everyone needs a breather now-and-then. Although I do teach the Westen quantitative system, it is interesting to students when they can read TAT responses and interpret them as if they were responding to psychotherapy material. However, we must venture forth carefully to avoid over interpreting and creating our own projective playground. We all know that not everyone who states "that boy looks sad" on TAT Card 1 is accurately reflecting the client's experience. How might a teacher help the class refine conjecture into solid inference? Further, if there has been particular event in the client's life that lends to a quick clinical inference (e.g., a recent loss), students can jump to the conclusion that either the TAT responses must reflect that event or that the referral symptoms are due mainly to that event. There might even be situations where students may superimpose problems on the client if they know of a particular event (e.g., if the client incurred a loss, then he probably is sad, guilty, and angry).

Students often ask: How do you know if the issues in the stories are related the client's view about themselves or others? Are the

issues primarily about significant others or primarily about the environmental supports? What is the relationship between intrapsychic sensitivity and external perception? Does an examiner interpret the feelings of rejection ascribed to characters as real, perceived, or an admixture of both reality and perception? Class discussions offer opportunities to review the clinical material within a contextual framework specific for each case, while at the same time integrating history, symptoms, and test data. Self/other projections are best understood within the contextual matrix of the client's world. Teachers are also able to intervene at the report writing phase where feedback and reframing can be applied to teach students how to maintain objectivity and avoid attributing causality and subjective interpretations to the clinical material.

### Example #3: Trying to Help Students Appreciate that a high Rorschach DEPI and low MMPI Scale 2 Can Actually Be Integrated with Other Discrepant Data (i.e., History, Drawing, Observation, BDI)

Here's a classroom scenario for you to mull over: A client has a DEPI score of 5 (yes, 6 would make life easier, but it is 5, not 6), an MMPI scale 2 score of 60 (again, 65 would make it easier, but 60 it is), no reported clinical history of depressive symptomatology on interview, and a BDI that is negative for depression, but does indicate some depressive symptoms. Adding to the data is a human figure drawing where the mouth slopes downward and a raindrop that could be interpreted as a tear. Unfortunately, class ends in one hour.

How is a teacher to make sense of this seeming confound quickly so that students can assimilate information before class ends? True, you can tell students that test constructors and diagnostic manuals have different conceptions of what constitutes "depression," but that does not solve the interpretive conundrum. Some common questions that might arise for students are: How do you place the findings in a hierarchy and develop a clinical profile? Does the client function better in a structured situation? Are the client's real-life issues and struggles a part of their self-concept? Do interpersonal emotional situations cause more difficulties for the client? How does self-report factor into the equation? Do we need to attend to response style on the Rorschach and MMPI in order to make the data work? One hour is rather brief...three would be better.

### Conclusion

Teaching blocks to higher integration are hopefully stacked in such a way to assist students in formulating valid hypotheses about how to accurately describe and interpret an individual's psychological functioning. On the other hand, it is the students' response to discrepancy nuances and the paradoxical meanings attributed to test variables which provides the momentum for further clarification future research.

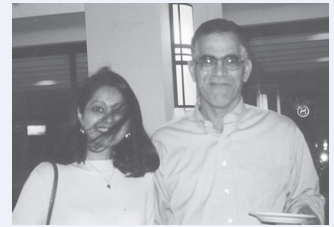
## SPA Photo Gallery



Dr. Stephen Finn presents an award to former President Dr. Sandra Russ for her service and dedication to SPA.



Dr. Len Handler, SPA President, delivers a presentation.



Dr. Radhika Krishnamurthy and Dr. Donald Viglione.



Dr. David Nichols presents the Samuel J. and Anne G. Beck Award to Dr. Mary Louise Cashel.



Marguerite R. Hertz Memorial—(left to right) Dr. William M. Grove, Leslie Yonce (Mrs. Paul Everett Meehl), Niels G. Waller.



Paula Garber, SPA Operations Manager, and Barbara Handler.



Dr. Greg Meyer presents the Martin Maymen Award to Dr. Stephen Finn.



SPA Past President Stephen Finn, President-Elect Irv Weiner, and President Len Handler (left to right).

## Teaching Students to Understand the MMPI (Table 1)

Continued from page 9...

**TABLE 1**  
*Potential Moderators of Interpretation on Broadband MMPI Scales*

Scale	Potential Moderators of Interpretation
F	VRIN, TRIN, and F(p) are all useful in ruling out alternative explanations for an elevated score.
F	
2 (D)	H&L, low 9, and DEP can provide information about the quality of the depression.
3 (Hy)	K, low 4, and low CYN can provide information about whether the elevation has to do with denial of negative affect, 1 can provide information about somatic preoccupation.
4 (Pd)	H&L, 2, 4-6-low 5, 8, 9, and ASP can help distinguish among a number of competing hypotheses, including sociopathic or psychopathic features, schizoid qualities, abusive family relationships, passive-aggressive qualities, and excessive self-involvement.
6 (Pa)	H&L, 4-6-low 5, 8, and 9 as well as self-reported interpersonal difficulties are important for distinguishing between over-sensitivity, a sense of having been failed by others, and actual paranoia.
7 (Pt)	8 is particularly important for determining whether the anxiety is secondary to a psychotic episode. ANX and FRS can provide information about the quality of the anxiety.
8 (Sc) and	H&L, F, 4, 6, 7, 8, 9, BIZ, and the Goldberg Index are all helpful for determining whether the elevation suggests psychosis versus a generalized and chronic sense of alienation and disaffection.
9 (Ma)	H&L, low 2, 4, 6, and 8 are all helpful for distinguishing between mania and hypomania.

*Note.* If the scale in the left column is elevated, the right column is intended to indicate the other scales useful for making sense of that elevation. H&L = Harris and Lingoes subscales. The list is not exhaustive;

## Traitors in the Ranks: Understanding Espionage-related Offenses and Considered Implications for the Use of Personality Assessment in Personnel Selection for Federal Law Enforcement and Intelligence Candidates

by Kathryn M. Sheneman, J.D., Psy.D.

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In February 2001, Robert Hanssen held a position of extraordinary trust in the FBI. His arrest and prosecution on espionage-related charges arising from twenty years of betrayal of the nation's secrets, betrayal that led to the deaths of western double agents, served to shed light upon essential issues of national security. Later that same year, the September 2001 terrorist attack occurring as it did on United States soil only further amplified attention to issues of intelligence and counterintelligence capabilities. This attention should encourage professional interest and activity among psychologists and behavioral scientists. Changing trends in the aftermath of these events of 2001 are likely to bring to bear emphasis upon strengthening of the human capital investment in national security. Toward that end, personality theory and associated assessment techniques can contribute to the selection of personnel for these security-sensitive and high-reliability occupations.

This nation has faced a similar situation before. The attack on Pearl Harbor by Japan on December 7, 1941 demonstrated how tragically lacking United States intelligence operations were at that time. Following the attack, the Office of Strategic Services [OSS], the United States' earliest major espionage organization, created in 1942, "was a wartime agency set up by the President and Congress to meet special conditions of World War II." (The OSS Assessment Staff [OSS], 1958, p. 10). But by late 1943, the OSS training programs already "carried the brunt of too many cases of bad recruitment" (OSS, 1958, p. 4). With the establishment of an assessment unit, candidates were sent under cover to a school for three days engaging in structured activities designed to assess various competencies and personality traits. The intent of the assessment was to eliminate some candidates and more effectively place others, noting the problem of "injury to the reputation of an organization . . ." and the "irreparable damage that can be done by one who blabs. Diminution in the number of men of this stamp—sloths, irritants, bad actors, and free talkers—was one of the prime objects of the assessment program" (p. 9).

Currently, in the fields of industry and law enforcement, psychological assessment in personnel selection efforts has grown incrementally, and has been found to reliably provide information as to issues of character and loyalty as well as expected job performance. Why not then in selection

of our intelligence agents? Among industry executives, integrity of character is now considered of equal or greater importance than leadership skills and ability to create a positive impression (Sperry, 1999, p. 212). Skip Leonard (1997) suggests that for executive candidates, assessment of character revolves around a single question: "Will a manager be able to demonstrate sound judgment when under stress, when threatened, when tempted, or when doing the right thing is not in his or her best interest?" (pp. 243–44).

As we think about Hanssen's betrayal, consider that loyalty to one's nation constitutes one of the most fundamental of human allegiances. It is expected generally that citizens of a nation will inherently act with patriotism and will "honor their birthright over whatever gains might be achieved" by violating trust (Sarbin, Carney, & Eoyang, 1994, p. x). When this expectation is violated in the form of betrayal and compromise of that nation's secrets, seeking to explain it, understand it, and prevent it compels efforts toward defining and delineating predictable patterns.

Theory-building around personality variables correlating with loyalty versus betrayal-proneness is limited, but growing. MICE is the acronym identifying a set of factors popularly considered to motivate espionage—*money, ideology, coercion or compromise*, and *ego* (Eoyang, 1994, p. 71). *Money* becomes the "quiet fix" for traitors (Spydrive Tour [Spydrive], September 8, 2001) that soothes financial strain or finances lavish habits. Among known traitors of the 20th century, almost every one received payment. Robert Hanssen was in receipt of \$1.4 million at the time of his arrest. Historically, *ideology* was seen to drive espionage, with the spy "the instrument of the noble cause" (Anderson, 1994, p. 3). Celebrated British spy, Kim Philby, was the most well known of an infamous group of spies that became known as "The Cambridge Spies" (see Newton, 1991), young men presumably recruited and controlled by the USSR while studying at Cambridge University in the early 1930s (Newton, 1991; Clancy, 2001, February 26). Philby was recruited into British Intelligence in 1940 and went on to become head of counterespionage operations for MI-6, where he was able to wreak havoc with the West's espionage network. *Coercion* or *compromise* in the MICE paradigm has operated as the dominant influence in cases when individuals have been seduced sexually or otherwise, and then black-mailed or lulled into compromising

their security positions. Clayton Lonetree, the Marine arrested in 1986, "was ensnared by the KGB through sexual extortion" (Eoyang, 1994, p. 76). *Ego* is described as motivating Robert Hanssen. According to David Vise, author of *The Bureau and the Mole*, Hanssen "got to the FBI and he felt that the FBI didn't recognize his brilliance, and so he went to prove to the bureau, to the world, that he was a player; that he was an important guy, that the mole inside the FBI couldn't be caught and wouldn't be caught" (Chadwick, reporting, 2001, December 17).

In searching the literature and interviewing various veteran clinicians of the federal agencies to find research efforts aimed toward clearer understanding of the motivational patterns and dynamics of espionage, I was able to locate only a single formal study that included convicted spies. The study, known as *Project Slammer*, is classified and therefore not open for review. However, some information is accessible through the Internet. Twenty-eight persons convicted of espionage comprised the original subject population (Security policy advisory board meeting minutes, 1997, December 12). Project Slammer findings describe two types of traitors; one akin to what the DSM-II characterized as an *inadequate personality* (Diagnostic and Statistical Manual, Mental Disorders [DSM II], 1968) and the other termed the *wheeler-dealer psychopath*. The DSM-II described the inadequate personality as a "behavior pattern characterized by ineffectual responses to emotional, social, intellectual and physical demands." Such an individual could be an easy target of espionage recruitment strategists. The *wheeler-dealer psychopath* is described as "highly manipulative, dominant, [and] self-serving."

Other research efforts have aimed at identifying features common to those who betray trust. From data they gathered on a group of managers, Joyce and Robert Hogan (1994) proposed a *socioanalytic* model of "the kind of otherwise competent and respectable person who is more disposed to betrayal than the average person" (p. 97). The Hogans assert that the *ideal betrayer* has four central characteristics: *charm, egocentrism, self-deception*, and the "hollow core" syndrome. Single-mindedness in dedication to one's own advancement is described by the Hogans as resulting in failure of sympathy for others. In persons with the hollow core syndrome, there exist "private doubts and worries" behind the self-confident public persona. The hollow core of the betrayer "drives people to demonstrate

their worthiness even at the expense of others" (p. 99). It is the presentation of self-confidence and their poise and charisma that launches these individuals into positions of trust and responsibility, thus enabling engagement in significant acts of betrayal.

*A battery of tests.* A selection of five personality assessment instruments is proposed that, integrated into a multimethod assessment, could measure a large number of personality characteristics and cover a range of functional domains. These include the MMPI-2, the NEO PI-R, the Rorschach Inkblot Technique, the LEADR, and the FIRO-B. There are four ways these instruments complement each other. They present a balanced assessment strategy that ensures coverage of psychopathology as well as normal personality variables. They take into account interpersonal as well as individual variables. Response distortion that may be a limitation for one instrument can be compensated by another with validity scales or low face validity. Finally, the multimethod nature of the assessment battery should provide a structured means for maximizing convergent validity.

*MMPI/MMPI-2.* The available data relative to use of the The Minnesota Multiphasic Personality Inventory, both original and second edition (MMPI/MMPI-2, Pearson Assessments) is dated, but worth noting. In police officer selection, the MMPI/MMPI-2 has been found useful for prediction of high-rated performance as well as for problematic behavior. For example, some researchers found that officers with elevated K scores during recruitment tend to be rated high in their performance years later on the job (Neal, 1986). In 1991, Curt Bartol (1991) reported a similar trend in an investigation of MMPI validity with 600 small town police officers. He found that the higher the MMPI scores on K and Hysteria (*Hy* or 3), the higher the rating of job performance. Additionally, Bartol's discriminant analysis of the MMPI results that he followed for 13 years indicated that an *immaturity index*, consisting of a combination of the MMPI scales of *Pd* (4), *Ma* (9), and *L* was a strong predictor of job termination (Bartol, 1991). The average configuration did not resemble the classic 4-9 code, and did not have "appreciable predictive power until merged with the *L* scale." Bartol noted, "Police administrators continually report that high *L* scoring police officers demonstrate poor judgment in the field, particularly under high levels of stress. They seem unable to exercise quick, independent, and appropriate decision making under emergency or crisis conditions" (Discussion section, ¶ 7).

*NEO PI-R.* The NEO Personality Inventory Revised (NEO PI-R, Psychological Assessment Resources) derives from the Five Factor Model (FFM), one of the more compelling and prominent models of normal personality to arrive on the scene in the last decade. Its

appeal stems from its conceptualization of normal personality rather than personality pathology (Costa, 1996, p. 226), and it currently enjoys wide acceptance as a model of personality structure in the arena of industrial/organizational psychology. The five factors are concepts that represent consistencies not only in the way people experience their worlds, but in the way they act (Costa, 1996; Lanyon & Goodstein, 1997, p. 256). Given the apparent strong consensus as to the usefulness of the five factors in employee selection (Barrick & Mount, 1991), it may be possible to answer questions concerning factors contributing to betrayal among intelligence personnel. For example, of the five factors assessed, *Conscientiousness* has been found, across several studies, to be a valid predictor of job performance across criterion type and occupational group (Mount & Barrick, 1998; Barrick & Mount, 1991, p. 17-18; Costa, 1996, p. 235). *Conscientiousness* was found to be "more strongly related to those criteria that are substantially determined by motivational effort or 'will do' factors ( $r = .42$ ) rather than by ability or 'can do' factors ( $r = .25$ ; Mount & Barrick, ¶ 9).

*Rorschach Inkblot Method.* The Rorschach (Western Psychological Services) is favorably suited for sensitive personnel selection because of its capacity to discern an individual's adaptive personality strengths versus liabilities relative to coping capacity, characterological structure, emotional makeup, cognitive processing, self-perception, and interpersonal functioning. The particular value of human movement responses (M), for example, has long been recognized as an important source of information about personality dynamics (Weiner, 1998, p. 182), and has been identified as predicting successful job performance (Piotrowski & Rock, 1963). Currently, Gacono's Human Representation Scale, developed to provide more finely tuned assessment of psychopathy, elucidates the relationship of human content on the Rorschach to behavior (see Exner, 2000). Historically, Zigmunt Piotrowski (& Rock, 1963) stated that because human movement reveals a tendency to act in an individual manner, it is "a hallmark of character" (p. 22). Piotrowski engaged in early work assessing industry executive candidates. He thought the human movement response to be of great importance, offering, "The [human movement responses] have a very close and powerful influence on overt behavior" (p. 21). To illustrate application in real-world settings similar to those at issue in this writing, Piotrowski (1963) undertook a predictive study of United States Army prisoners, most of whom had been court-martialed for going AWOL, to assess their probable behavior in the event they were returned to active duty in regular Army units. The *type* of human movement response comprised the main predictor. The men were categorized into either a *bad conduct* category, if they again went AWOL or were court-martialed, or *good*

*conduct* category. Six months after return to active duty, the findings indicated that among 71 *good conduct* men, 57 (or 80%) had only desirable M. Among the 44 *poor conduct* men, 32 (or 73%) had undesirable M (p. 24). Additionally, predictions of the men's conduct were correct in the case of 89 of the total of 115 (77%) men.

*Law Enforcement Assessment and Development Report (LEADR).* The LEADR (Institute for Personality and Ability Testing (IPAT)) is a derivative instrument of another personality measure—the 16PF, and was developed for use in police selection. The personality factors provided by assessment with the LEADR include performance potential, emotional maturity, integrity/control, intellectual efficiency, and interpersonal relations (Blau, 1994). An advantage of the LEADR is its inclusion of three validity indices so that response distortion can be discerned. Lieutenant Commander Victor Huertas, a Navy psychologist, used the LEADR with candidates for the Marine Special Guard Battalion, an elite force (MSG; personal communication, October 20, 2001), as one means for assessing job suitability. The LEADR appealed to Dr. Huertas for use with selection of the Marine Battalion because its results are compared with norms of law enforcement personnel. It also offers an "additional measure of psychological well-being and other assorted personality characteristics that would help us evaluate [candidates'] current psychological state of functioning."

*The Fundamental Interpersonal Relations Orientation-Behavior (FIRO-B, CPP).* The FIRO-B (Schutz, 1958) is designed to measure "interpersonal needs on the behavioral level" (Kubes, 1992, p. 34). The test uses *three categories of needs*—*inclusion, control, and affection*. For each of the three interpersonal need areas there are two scales, one for *expressed behavior*, and one for *wanted behavior*, (the behavior the person wants from others; Kubes, 1992, p. 34). Researchers have used the FIRO-B to address effectiveness of collaboration of people in the workplace (p. 33). Neil Hibler (personal communication, December 19, 2001) describes its use with Navy personnel for the training of compatible crews to be assigned long term to a submarine or to teams wintering over in Operation Deepfreeze in Antarctica, and offers, "With six months under water, you want to be sure you are dealing with compatible people." The FIRO-B is neither new nor well-known, but continues to be recommended in assessment for selection for safety-sensitive positions. (R. Ault, personal communication, September 22, 2001).

...continued on page 14

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Among managerial candidates, the role of interpersonal needs is currently being given greater consideration in effective job performance. The Center for Creative Leadership (CCL) has used the FIRO-B in its investigation of successful executives. Using the FIRO-B, CCL found one factor that significantly differentiated the top quartile of managers from the bottom quartile, was *affection*—both expressed and wanted. The popular assumption that managers have a high need to control is undercut by these findings suggesting that the most effective leaders show more warmth and concern with others. (see Kouzes & Posner, 1999, p. 9–10). Apparently, among leaders, not caring how others feel and think is an attitude for “losers” and lessened job effectiveness. For federal intelligence and law enforcement agents where leadership qualities may be considered essential to effective job performance, the findings of the CCL study offer important and new information about the potential predictive capacity of interpersonal affiliation as a personal characteristic.

Psychology has seldom been afforded such an opportunity to express the spirit of its stated mission as in the realm of federal intelligence and law enforcement. United States’ federal intelligence and law enforcement agencies can benefit greatly from sound psychological methodology in candidate selection to maximize their effectiveness and adaptability in the face of massive technological and social change.

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## From the Editor...

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This issue has a number of articles that provide timely information on a range of assessment issues. Len Handler's Presidential Address from the Midwinter Conference reminds us of the importance of our work and implores our advocacy for the benefits of assessment. Linda Knauss gets us thinking about the complex issues associated with determining skill competency in assessment. Alan Schwartz discusses the challenges of assessment supervision in hospital settings and Jamie Loving does the same when describing assessment supervision in forensic practice. Bob McGrath shares his expertise in an article on teaching and supervising the MMPI. Pam Abraham describes some of the common points of "teaching tension" when trying to instruct students how to integrate a body of assessment data. Susan Anderer provides an insightful look at the WISC IV as a personality tool, and provides an illustration

that uses WISC IV data to conceptualize the interface between learning and personality difficulties in children. Kathryn Sheneman uses her training as a clinical psychologist and attorney in her presentation of the role that personality testing can play in personnel selection for federal law enforcement and intelligence candidates. Please also note the addition of a Permissions statement for those of you who wish to copy articles from the *Exchange*. Good reading...

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