

President's Message: Trends Over Time in Personality Assessment: Shrinkage and Growth

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As I did in my presidential address during the recent SPA annual meeting in Arlington, I would like to share with you some observations concerning shrinkage and growth in personality assessment, to which I refer as trends over time. The heyday of personality assessment as a central focus of clinical psychology extended from the post-World War II era to the late 1960s. The approximately 40 years since that time are usually regarded, with good reason, as an era of shrinkage in the field of personality assessment. Ironically, however, the post-1970 years were also a time of considerable growth in both scientific and professional aspects of personality assessment.



providing test results to be used by others in planning and providing treatment services.

Concurrently with these changes in the profession of clinical psychology, the impact on psychology of radical behavioral perspectives in the 1960s brought personality assessment under heavy scholarly attack. Leading social learning theorists like Mischel (1968/1996) and Peterson (1968)

asserted in influential books that traditional personality assessment serves no useful purpose. There is no such thing as personality, according to these authors, and what people do is determined by the situations in which they find themselves, and not by any abiding dispositions to behave in certain ways. Hence, these theorists said, clinicians should stop trying to infer personality characteristics from test responses and concentrate instead on constructing test situations that provide representative samples of whatever behaviors are to be predicted.

From a much different theoretical perspective, humanistic psychologists began around this same time to question the morality of using personality assessment instruments to classify people. These early humanistic perspectives on assessment derived mainly from the writings of Maslow (1962) and Rogers (1961), who contended that people can be understood only in terms of how they experience themselves, and not on the basis of any external observations of what they say and do. From this humanistic perspective, moreover, classifying people according to personality traits or behavioral characteristics they share with other people was not only a waste of time, but also a dehumanizing procedure that strips people of their individual dignity and wrongfully presumes the right of one person to pass judgment on another.

The expanded roles available to clinical psychologists and the behaviorist and

humanistic labeling of personality assessment as irrelevant or improper led many academic faculties to question the value of having their students acquire assessment skills. As a consequence, the utility of personality assessment was often neglected in doctoral programs, along with the unique significance of assessment in the professional identity of clinical psychologists. Frequently typifying this neglect were reduced course offerings in personality assessment, minimal requirements for assessment competency, and limited opportunities or encouragement for students to become involved in assessment-related research (see Butcher, 2006; Childs & Eyde, 2002; Exner & Erdberg, 2002; Weiner, 2003).

As the 20th century drew to a close, personality assessment was attacked from a third direction, this time not for being behaviorally irrelevant or humanistically improper, but for being an unnecessary and uneconomical practice. This line of attack emanated mainly from health care managers who alleged that the cost of personality assessment outweighs its benefits in planning and implementing appropriate interventions. These allegations were used as a basis for limiting or disallowing financial reimbursement for personality

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Years of Shrinkage

During the 1950s, education in clinical psychology emphasized personality assessment, and training programs usually included two or three required courses in testing. Most graduate students were also being trained in psychotherapy in those years, and interest in conducting psychotherapy gradually began to supplant diagnostic testing as a preferred career activity among clinical psychologists. This shift was accelerated during the 1960s by the passage of certification and licensing laws that identified psychotherapy as a legitimate professional function of psychologists, independently of medical supervision (see Benjamin, DeLeon, Freedheim, & Vandebos, 2003).

The 1960s was also a time when psychologists played leadership roles in advancing a wide variety of treatment modalities, including group and family therapy, behavioral methods, and community mental health interventions. With so much else for them to learn and do, clinical psychologists began to decrease the amount of time they devoted to mastering and practicing personality assessment. This change in focus was spurred in part by the personal experience of many clinicians that newer roles offered them more prestige, autonomy, and satisfaction than

Special Topics in Assessment On Our Emotional Connections to Instruments

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During interviews for our assessment training program, my colleague and I include questions about candidates' experiences with different psychological instruments. This is essential since we interview students from a variety of doctoral universities, some of which fall into the euphemistic category of "not particularly friendly" toward personality assessment. Frequently, responses to these questions have not only the sheen of eagerness and goodwill, but can also contain a strong affective component such as "I like the Rorschach a lot" or "I think the MMPI-2 is *amazing!*"

I am struck by these responses as I, too, have similar affective responses to many of the assessment instruments in our armamentarium. It occurred to me that beyond the clinical or scientific appreciation of the utility of various instruments, some of us also develop an emotional connection—an attachment, really—to the instruments that we use. Like more traditional attachments, these may be healthy, adaptive and serve the greater good of our endeavors. However, there may also be liabilities in our attachments to our tests. It behooves us as clinicians to examine our connections to our instruments¹ and to consider our own biases in using them. Setting aside scientific and clinical virtues, what does it mean to "like" a psychological test and why do we choose the particular tests we choose? An exploration of our connections to the tests we use can help us understand some issues integral to our practice. Why might one continue to use or not use particular tests in the face of a panoply of choices? What factors contribute to our connection to some tests and not to others? And what happens when tests with which we have strong connections change?

Of course, there are many self-evident, practical and behavioral reasons for choosing and building a connection to the tests we choose. The context of our professional work, setting, patient population and constraints of time are generally rational considerations of a test's usefulness. Most psychological tests require a significant intellectual investment in learning all that is required to ethically use the instrument. Thus, once we have invested such time, familiarity may lead us

back to the test rather than start the long road of learning a new one. There is also a conditioning element to our connections as well. If a test has been particularly reinforcing for us in its use (that is, it has been associated with positive outcomes and rewarding experiences), we will be more than likely to use it again. Conversely, negative or punishing experiences, whether the experience is a function of the test itself or of our use of it, can lead to an aversion. Even experience where tests show a lack of positive or negative findings or do not match our phenomenological sense of the person we are assessing can doom a test to the back of the testing cabinet. One colleague related his not using a particular adolescent personality inventory by saying, "It just never gave me anything I didn't already know. I don't have a good *feel* for it."

Beyond the pragmatic, our emotional attachment to particular tests is in large part due to the extent to which a test mirrors our own strengths or proclivities. While it would not be wholly accurate to over-generalize, many individuals who are drawn to tests like the Rorschach may be those who not only tolerate, but enjoy the consideration of ambiguity and can appreciate the possibility of creativity involved in generating responses. Paul Lerner (1998) described this experience as, "the surge of excitement, the feeling of clinical challenge and the sense of being creative" in using the Rorschach.² At the most recent SPA Conference, Zilmer and Langdon (2007) suggested that the Rorschach's balance and symmetry seem to have an almost archetypal allure for some. Clinicians who value a sense of structure and elegance may have stronger attachments to different kinds of tests.

The converse is likely true as well. Tests which involve areas that are particularly vexing tend to be the ones from which we shy away. It is rather common for new students of assessment, for example, to cringe in the face of the Wechsler Performance tests (hint: these are Verbal people), struggle with the Wechsler Memory Scale (again, non-verbal tasks like spatial memory) and develop panic symptoms when confronted with a Continuous Performance Test (CPT).

This connection to our instruments (like our attachments to important people) serves to encourage us during difficult times. In assessment, these are times when findings seem elusive, confusing or contradictory. We may even invoke another ineffable concept—trust—when findings may not be initially what we expect. One of my early mentors impressed upon me that while my interpretations may be wrong, the tests are generally right; we just have to figure out what they are telling us.

And if we do use our tests to some extent because of our attachment to them, what happens when they change? This seems to be where things get, as they say, *interesting*. Some attachments have difficulty incorporating change as this can require substantial new learning and a shifting of our attitudes. Test revisions can precipitate such crises. Each transition from the WISC (published in 1949) to the WISC-R (1974), WISC-III (1991) to the current WISC-IV (2003) brought notable changes in procedures and the emergence/disappearance of subtests some of which drew ire from clinicians. With some colleagues, outrage ensued at the demotion of Object Design to the initial subtest. I recall many conversations soon after the WISC-IV was published which centered on how "accepting" we could be with these changes. While not standard, it is certainly not unheard of for clinicians comfortable with their habits to continue their traditions in the face of change. For some, the long transition from the MMPI to the MMPI-2 was such a process. This is where attachments can become problematic—when they begin to impede our movement forward, serving tradition rather than progress.

Our attachments and connection to our tests is an issue of great current import. As SPA's recent Midwinter Meeting illustrated, there are substantial changes on the horizon for two of our most utilized and revered instruments. The Comprehensive System appears on the verge of changes to make the use of the Rorschach more streamlined, user-friendly and scientifically robust. The MMPI-2 will see the introduction of the MMPI-2-RF in the fall.

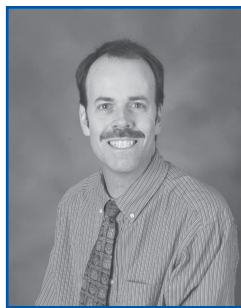
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1. After penning the phrase "our instruments," my own sense of connection, affiliation, even possessiveness is obvious. I also prefer "instrument" over "test" (though I use them interchangeably) because of the similarity to musicians who also seem to develop a personal and emotional connection to their instruments.

2. As distinct from Lindner's (1950) description of "cult-bound Rorschachers" who overly focus on the details rather than the "spirit" of Rorschach's original work.

Coverage of Personality Assessment in College Textbooks

Carla G. Strassle, PhD, and John E. Kurtz, PhD



Associate Editor's Note: *In this column, I am joined by Carla G. Strassle, who is an Assistant Professor at York College of Pennsylvania. Carla has given presentations at the SPA annual meeting in the last two years on the perceptions of personality assessment in academic psychology. Together, we would like to call your attention to an area of interest that may prove useful for advancing the general aims of SPA.*

Through informal discussions at several recent SPA conferences, society members have voiced a growing interest in the portrayal of personality assessment in college textbooks. To our thinking, textbook coverage is at least one indicator of the larger issues facing the field, and understanding how personality assessment is portrayed to prospective students (and to their professors in other subdisciplines of psychology) provides additional insight into the source of biases and misinformation we encounter in discussions with students and colleagues. Moreover, understanding how personality assessment can and should be portrayed may provide us with additional avenues of advocacy to further the interests of our field.

So, what do we know? For starters, every introductory psychology text includes a chapter on personality, and as part of that chapter, coverage of the assessment of personality. Proctor and Williams (2006) reviewed all current Introductory Psychology texts and compiled a list of "core concepts" in Psychology, which means that they are covered in at least 50% of introductory textbooks. Concepts specifically related to personality assessment that made this list include: projective test(s) (100%), the TAT (64%), the Rorschach (58%), and the MMPI (58%).

Based on this research, it is clear that assessment in general as well as specific assessment techniques are routinely discussed in Introductory Psychology texts. This is not surprising, although the frequency with which some concepts are or are not covered may not match your own thinking on their relative importance. More instructive for our current purposes, however, is *how* different assessment techniques are covered. First, as indicated by 100% use of the term "projective," all textbooks sort assessment

methods into the dichotomy of objective and projective tests. A recent editorial in the *Journal of Personality Assessment* (Meyer & Kurtz, 2006) argues that both terms are misleading about the procedures to which they refer. Objective tests are only objective from the vantage point of the scorer, and projective tests do not necessarily operate through the process of projection in the classic sense. More troubling is the suggestion in the editorial that the use of these obsolete labels may perpetuate the negative bias against those techniques unfortunate enough to be placed under the projective label.

In the introductory textbooks, coverage of so-called objective tests (which includes any self-report questionnaire) is routinely positive. After all, if we wish to teach our impressionable young charges to value objectivity in the service of psychology as a science, why would we choose anything but an objective test? Coverage of the so-called projective techniques, on the other hand, is overwhelmingly less positive. Textbook discussion of the validity of the Rorschach, for example, generally (and sometimes exclusively) cites the writings of individuals in the field who are critical of the Rorschach (e.g., Garb, Lilienfeld, Wood, etc.). Perhaps as a result of relying on critical sources without citing the rebuttals to these works, textbook discussions of projective tests collectively tends to be conclusive and negative. For example: "Projective tests are by their nature very subjective (valid only within the person's own perception), and interpreting the answers in clients is almost an art. It is certainly not a science and is not known for its accuracy" (Ciccarelli & Meyer, 2006, p. 468).

Our concern is that coverage similar to this is, unfortunately, not isolated to introductory psychology texts. At the undergraduate level, projective testing methods are routinely covered in textbooks used for abnormal, clinical, personality, and testing and assessment courses. Interestingly enough, the Rorschach is also often covered in critical thinking texts, and almost always it is used as an example of poor critical thinking (e.g., Stanovich, 2007). We might expect the testing and assessment textbooks to grant projective tests the most in-depth and potentially

balanced coverage. However, in profiling specific course offerings in undergraduate psychology programs, Stoloff, Sanders, and McCarthy (2006) report that only 55% of undergraduate programs offer an assessment course. We reviewed the content of seven current textbooks on psychological testing published in recent years by major college textbook publishers. All seven texts used the objective and projective labels to organize their discussion of personality assessment methods, often using separate chapters for each. Only two of the seven texts gave a balanced appraisal of the tests classified as projective. The other five offered very negative appraisals of the status of projective techniques collectively. For example, Gregory (2000) expresses puzzlement about continued use of projective techniques: "In the face of negative validation findings, the enduring practitioner acceptance of these tests constitutes what we have referred to as the projective paradox. How do we explain the continued popularity of instruments for which the validity evidence is at best mixed, often marginal, occasionally nonexistent, or even decisively negative?" (p. 511).

So does all of this really matter, especially to those of us who work outside of the ivory tower of academia? Of all the endeavors that we are currently working on through SPA, should we add another? We say yes, because textbook coverage gives us an idea of how the assessment field is viewed by current and future psychologists. We must then consider the inevitable fact that many faculty members who teach undergraduate psychology courses have no clinical training in assessment; as a result, they must uncritically adopt the "expert" opinion of projective tests found in their textbooks. These teachers may then pass on this knowledge to others without knowing that there is a large literature that moderates the negative outlook portrayed in these textbooks. We have often found that it requires considerable effort on our part to disabuse students of these early learning experiences when we encounter them in more advanced courses. As personality assessment professionals and members of SPA, we strive to advance the field with solid, empirical research that objectively appraises the strengths and weaknesses of all personality assessment techniques. Through the efforts of the *Journal of Personality Assessment* and the symposia offered at the annual SPA conference, this aim remains clearly in focus. By bringing the issue of textbook coverage of personality assessment techniques to your attention, we hope to raise awareness of another area for which more study and

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Our Ethical Responsibility to Provide Culturally Competent Personality Assessment

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Imagine you have just graduated from a well-respected PsyD program in the United States, and have returned home to a large city in a country in Asia. You are enthusiastic about using the assessment skills you have learned, but recognize that there are important cultural differences between Asians and the standardization population in the United States of most of the tests you have learned. This leads to the dilemma of either using measures that have not been validated on the population on which they are being used, or not providing valuable services. This situation is increasingly common as more and more students come to the United States to study psychology and return to their native countries to practice following graduation.

Providing culturally competent personality assessment has two important components. The first component is cultural sensitivity to the issues that arise when assessing individuals from a different cultural background. The second issue is using a test for a group for which no normative data has been obtained. Thus the ability of a test to measure a particular psychological construct with one population may not necessarily mean that the same test is measuring the same psychological construct in another population (Fisher, 2003).

Cross-cultural sensitivity refers to understanding the client's unique world view and ethnic, linguistic, racial, and cultural background. For example, individuals from diverse backgrounds differ with respect to responsiveness to speed pressures, and willingness to elaborate on answers. Also, clients from certain backgrounds may value the relationship over the task, or may experience disrespect if the procedure is not fully explained (APA, 2003). The quality of the assessment may be improved if the psychologist takes some time in advance of the assessment to tell the client about the nature of the tests and the type of questions that will be asked, especially if there are questions on sensitive topics. Explaining the reason for the testing and how the results will be used is also important, especially for clients who are not generally familiar with the nature or purpose of psychological tests (Knapp & VandeCreek, 2006). Cultural competence

means more than a list of stereotypes about particular cultures. It means being able to think in cultural terms and focus on both process and content (Knapp & VandeCreek, 2006; Lopez, 1997).

To work effectively with individuals from different cultural backgrounds, psychologists must recognize the impact of their own cultural heritage on their values and assumptions. It may be helpful to consider ways in which psychologists inadvertently distance themselves from clients with different cultural backgrounds. American culture tends to emphasize individuals rather than group or family identity. Autonomy is a primary moral principle in the United States, but it may not be so important in other cultures. Similarly, high self-esteem is consistent with good mental health in the United States while humility, and hard work to correct individual shortcomings are valued in other cultures. Knapp and VandeCreek (2006) stress that "Psychologists are likely to be effective in their work with persons from different cultural backgrounds when they understand the psychological sequelae produced by a history of oppression, prejudice, and discrimination" (p.57).

It is not likely that psychologists will become culturally competent with every ethnic group in the United States, but they should be culturally competent with the ethnic groups with whom they expect to have frequent contact. Accurate diagnosis requires culturally appropriate assessment instruments, or the knowledge of how to adapt them. Appreciation of within-group differences prevents the assumptions that all persons of a particular race, ethnicity, or cultural background share the same world view. Assimilation to American culture is another important variable, based in part, but not entirely on the length of time the person or family has lived in the United States. Finally, with regard to cultural sensitivity, not all demographic matches are meaningful. For example, a Chinese American psychologist who was born in the United States may have little in common with a Chinese client who recently immigrated to the United States, and an African American client may not have much in common with an African psychologist.

The second area of consideration is how to assess clients who are from cultures in which no information is available on how to provide a culturally meaningful assessment. The APA Ethics Code (2002) does not prohibit psychologists from providing these services but requires the use of appropriate caution in interpreting the test results. A major issue involves the idea of equivalence of the same measures used in different cultures. There are three validity issues to consider: translation, inappropriate content, and tools developed for use by a particular cultural group.

It is desirable to use tests in a client's native language. Psychological assessment instruments that have been developed in the United States and used in other countries are translated and then administered. Tests are considered to be linguistically equivalent when items from the translated measure are similar in meaning to items in the original measure (Sue & Chang, 2003). However, at times there is no equivalent word or even the equivalent concept in the second language. In addition, even accurate translations can fail to capture the nuance or subtlety of a language.

When individual psychologists provide their own translation of a particular assessment instrument, it leads to a variety of versions of the same test. However, in most situations, individuals must abide by copyright laws, and the copyright holder can restrict translation to certain psychologists. Currently, there is no single standard for translating assessment measures (Sue & Chang, 2003). Thus, procedures for translation and standards for assessing translation accuracy are needed.

Inappropriate content or items is one of the most serious problems when using a measure developed in one culture to assess individuals in another culture. Items are assumed to have the same meaning for all people, but this is not necessarily true. For example, on the Eating Attitudes Test, Leung and Wong (2003, p.272) "indicate that one item referring to cutting food into small pieces was modified to eating slowly because Chinese use chopsticks rather than forks and knives." When teaching the Rorschach, students from Venezuela, Thailand, and

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Advocacy Corner

Bruce L. Smith, PhD
SPA Advocacy Coordinator

Working on advocacy for assessment feels at times like a full-time job. The following issues appear to be the most important and have taken the most energy.

1. **CPT Codes:** The CPT coding project continues to be time-consuming; we are still conferencing for an hour once a week (and Radhika Krishnamurthy has an additional conference call every other week or so to deal with training issues) in order to deal with fallout from an unfortunate decision by WPS (Wisconsin Physicians' Service—they handle Medicare billing for the Upper Midwest). To recap: we got new codes for testing and neuropsych testing: 96100, 96101, 96102 for diagnostic testing and 96118, 96119, 96120 for neuropsych which for the first time included a professional work value and meant that reimbursement would go up in the range of 35-50%. The first of each series is for testing by psychologist, the second is for testing by technician, and the third for testing by computer. The problem arose when the wording was changed by someone at CMS to include the words "interpretation and report" to the 01, 02, 19, and 20 codes. WPS interpreted this to mean that the professional codes and the computer/ technician codes couldn't be billed for the same patient/same day. Thus, all of a sudden psychologists who farmed out some of their testing to a technician or used a computer for a CPT, couldn't bill for integrating that data with the tests that they did and for writing an integrated report. While this has a marginal impact on most of our members, it threatened to put a number of neuropsychologists and neuropsychological clinics out of business. Then the CCI (Correct Coding Initiative), which is an organization that ensures that providers aren't "overpaid," developed "edits," which meant that WPS's interpretation would essentially rule nationwide. The key edit was that a modifier (.59 after the

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The Teacher's Block Incorporating Dimensionality Classification of Personality: Functioning in Assessment Training

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Immaculata University



When teaching advanced assessment courses we routinely utilize the standard nomenclature for diagnosing mental disorders from the *Diagnostic Statistical Manual of Mental Disorders* (text revision [DSM-IV-TR]; American Psychiatric Association, 2000). However, increasing awareness of limitations of categorical diagnostic models such as the DSM have been noted (Krueger, Markon, Patrick, & Iacono, 2005; Trull & Durrett, 2005; Widiger & Samuels, 2005; Widiger & Trull, 2007). Widiger and Trull (2007) offer a listing of failures of the categorical model when diagnosing personality disorders: excessive diagnostic co-occurrence, inadequate coverage of mental disorders, arbitrary thresholds for diagnosis (e.g., specific cut-off criteria), heterogeneity among persons with the same diagnosis, and inadequate scientific base (see article for a comprehensive review of supporting research). Examples of DSM limitations include high rates of NOS diagnoses due to limiting decision rules regarding number, severity, and duration of symptoms as well as restrictive categories (Brown, Campbell, Lehman, Grisham, & Mancill, 2001; Widiger & Samuels, 2005) and restrictions in diagnosing co-morbidity despite research indicating the prevalence of co-occurrence of disorders (Brown et al., 2001; Brown, Chorpita, & Barlow, 1998; Krueger, et al., 2005; Watson, 2005). A dimensional model, the Five Factor Model (FFM) is proposed by Widiger and Trull (2007) to address the categorical limitations of the DSM system and focus on adaptive and maladaptive personality traits. Research indicates personality descriptions from the FFM provide greater clinical utility than diagnoses from the DSM-IV (Samuel & Widiger, 2006). Brown and Barlow (2005) also discuss dimensional classification based on personality, temperament, biological, behavioral, and environmental constructs to capture clinically significant material, which may fall below DSM thresholds (# of symptoms, severity, duration).

A different dimensional model, designed to incorporate developmental concerns, is introduced by De Clercq, De Fruyt, Van Leeuwen, & Mervielde (2006). They found early maladaptive trait patterns in childhood relate to adult pathology. Integrating a developmental, life-span perspective was recommended for future revisions of the DSM.

Other researchers (Beach, Wambolt, Kaslow, & Heyman, 2006; Kaslow & Patterson, 2006) also emphasize the importance of examining psychological constructs (relational processes) through a dimensional approach. Relational problems (although addressed with the DSM through V codes and Axis IV as well as Axis I if found to be the source) need further elaboration regarding specific relationship criteria, relational risks, and relational processes. Although supporting the concept of relational diagnosis, Lebow and Coop Gordon (2006) recognize the need for operational definitions of relational problems, relational assessment tools, empirical research on relational components, and consideration of social and political implications.

Relative to other proposed schemas, The *Psychodynamic Diagnostic Manual* (PDM Task Force, 2006) compliments the DSM by offering a diagnostic dimensional framework which includes healthy and disordered functioning, symptom and relational patterns, understanding and the expression of feelings, handling stress and anxiety, and self-observation and subjective experience. It is a more inclusive model incorporating some research concepts (e.g. developmental, relational, and personality) noted in the other diagnostic schemas. It is different from the DSM-IV-TR in ways (although not exhaustive) indicated below:

PDM	DSM-IV-TR
Operates from a "taxonomy of people" (PDM Task Force, 2006, p. 13)	Operates from a taxonomy of disorders
Presents a psychodynamic understanding of mental functioning	Attempts to be atheoretical
Uses a multidimensional approach when describing functioning (e.g., personality patterns & disorders, mental functioning, & manifest symptoms)	Uses categorical classifications of psychopathology
Focuses on individual case conceptualization that addresses cognitive, emotional, & behavioral functioning	Identifies dysfunctional behavioral manifestations & symptoms
Describes healthy and dysfunctional patterns & disorders	Focuses on symptom clusters

As a new diagnostic schema the PDM draws on psychoanalytic theory and classification. The classification categories are extensive, overlapping with DSM-IV-TR and expanding

in ways that capture the complexity of various clinical presentations.

There are three major Axes for diagnosing adults: P Axis—Personality Patterns and Disorders, M Axis—Profile of Mental Functioning, and S Axis—Symptom Patterns: The Subjective Experience. The Axes for children include: MCA Axis—Profile of Mental Functioning for Children and Adolescents, PCA Axis—Child and Adolescent Personality Patterns and Disorders, and SCA Axis—Child and Adolescent Symptom Patterns: The Subjective Experience.

Additionally, the PDM includes a literature supplement of key articles informing the development of the manual. The manual has benefit potential for assessment teachers by providing the framework to assist students in case conception within a dynamic model. The M Axis offers a detailed description of emotional functioning which contributes to an individual's health or dysfunction and includes "...information processing and self regulation; the forming and maintaining of relationships; experiencing, organizing, and expressing different levels of affect or emotions; representing, differentiating, and integrating experience; using coping strategies and defenses; observing self and others; and forming internal standards"

(PDM Task Force, p. 8). These categories are helpful in organizing students' thinking about how to explain an individual's social and emotional functioning in a psychological

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The Agenda for SPAGS 2007-2008

Gale J. Petrowski, MA
SPAGS President



Greetings, fellow SPA and SPAGS members! It is the goal of this article to inform SPA and SPAGS members of the aspirations that SPAGS has in store for this year. Briefly, I currently reside in Chicago, IL, with my two sons, James and Timothy. I graduated from Roosevelt University (Chicago Campus, 2006) with my M.A. in Clinical Psychology. I am pursuing my Doctorate's degree in Clinical Psychology and Primary Care at Adler School of Professional Psychology in Chicago. During my term at Roosevelt, I had the honor of working with Dr. Edward Rossini, PhD, Dr. James Choca, PhD, and Dr. Robert Craig, PhD, all of whom are very influential in the field of personality assessment. Their guidance greatly impacted my personal goals, growth, and professionalism, with their mentorship sparking my perpetual interest in assessment. I performed research with Dr. Rossini, PhD, involving the first reliability study of the Altus Inventory, a nearly forgotten psychometric tool for screening intelligence. As your new President this year, I encourage the involvement of our student members with the SPAGS committees so that you can experience the benefits of this magnificent student association. The SPAGS is *YOUR* student organization; your commitment to the field and involvement are crucial components to the future of the SPA. As part of the team, I invite your contributions as we continue to build upon our new student affiliation of SPA.

The SPAGS Board wishes to extend their thanks to Carlo O. C. Veltri for his outstanding efforts as the Elections Officer and his orchestration of the 2007 election held this year. On behalf of the Society for Personality Assessment Graduate Students, we formally congratulate our new President Elect, Martin Sellbom, MA (Kent State University); and new Members At Large Dustin B. Wygant, MA (Kent State University), Chris Hopwood, MA (Texas A&M), and Kathleen "KatySue" Tillman, MA (University of North Dakota). We also extend our congratulations to Mark Peacock, MA (University of Arkansas) as the incumbent Secretary, Gale J. Petrowski, MA (Adler School of Professional Psychology) as our President, and to Dr. Robert Janner, PsyD, as our Past President. Congratulations to all!

With the joy of the new SPAGS board members, we equally share melancholy toward SPAGS members who have served on the board and its steering committee. I have been fortunate enough to work alongside Dr. Robert Janner, PsyD, Phil Wickline, MA (University of Virginia), and Joyce Williams, MA (Fielding Institute), Carlo O.C. Veltri, MA (Kent State University), Gudrun Optiz, PsyD, and Mark Peacock, MA (University of Arkansas) since the conception of the SPAGS as a steering committee member and board member over the last two years. It is through the efforts of these past members, along with the SPA, that our organization has been thriving in existence for the student members of the SPA. Through the work of these members, the SPAGS has developed a strong foundation and bylaws that will allow growth for future generations to build upon. Thank you for your dedication to the student members of the SPA, for your time, and the promotion of student involvement within the realm of psychological assessment. We hope to see your leadership continue within the board and/or within the subcommittees of the SPAGS!

The SPAGS held its first "unofficial" meeting at the SPA Conference in Arlington, VA this year. There were 10 students in attendance; a number I hope will increase in upcoming meetings! The topics of the agenda included marketing aspects of the SPAGS toward making students more aware of the organization. This included having students inform their institutions of the SPAGS through posting the SPAGS / SPA Website www.personality.org on their bulletin boards, placing an ad in their school's newspaper, and orchestrating memberships and meetings as chapters upon campus. The SPAGS Board is looking for a student member(s) to head up this subcommittee effort to report their results to the SPAGS board on the marketing aspects and promotion of the SPAGS on college campuses.

Other meeting topics included having "job fair" opportunities available at the yearly SPA conferences for students to explore. There was a great interest among students to have a SPAGS / SPA informal gathering/welcoming session, separate from the Student Luncheon, that could be held at the conference where students could mingle with SPA members to discuss issues regarding the field of

assessment, gain knowledge from the experts in the field, and become more acquainted with the SPA members as they move from SPAGS membership into SPA membership.

The SPAGS agenda items this year include

- Establishing subcommittees that will work with SPA Board members for current and future development of the alliance between the SPA and SPAGS. These subcommittees will act as liaisons between the SPA and SPAGS by assisting with the needs of students as well as providing insight to SPAGS and SPA members. Currently, the SPAGS is in the midst of developing these subcommittees with the SPA Board of Trustees. So, fellow "SPAGers," please stay tuned for further updates and possible positions!
- The orchestration of materials for publication on the SPAGS website and for submission to the *Exchange*. The SPAGS is looking for a student(s) to head this SPAGS subcommittee and work closely with the SPA Webmaster on posting materials for the SPAGS Website. Within this agenda item, the SPAGS is reviewing materials and ideas to post on the website. Some of these ideas include annual election processes along with Rorschach and other empirical study references, SPAGS By-laws, and other useful links. If interested in submission of an article, idea, etc., please contact me as listed below.
- The SPAGS will conduct the election of board members regarding the Secretary position and President Elect for the year 2008. The Secretary position is a two-year term on the board; the President Elect requires a three-year term. The SPAGS will mail nomination forms to all members in June 2007. Those interested in running for office must return their nomination by postmarked mail or email to SPAGS by July 1, 2007. After all nominations are received, the SPAGS will mail members the official election ballot. Ballots must be postmarked by September 1, 2007. The official results will be handled by the SPAGSElections Committee and presented to the SPAGS Board and members. New officers will take seat at the annual SPA Conference in March 2008.

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SPA Reaches Out to Textbook Authors

Joni L. Mihura
Chair, Student Matters Committee

Anyone who teaches psychology undergraduate classes is surely struck by how often there is an unbalanced portrayal of the Rorschach in the textbooks. And clearly, the unbalance is not in the direction of portraying the Rorschach in a positive light. Many textbooks definitely state that the Rorschach is not a reliable or valid test (e.g., including interpretive reliability), while they do not include a balanced view by including results from meta-analyses on the Rorschach, for example. This is not always the case, although it happens more often than not. To address this problem, in January this year, myself and one of my students, Nicolae Dumitrascu, compiled a list of undergraduate textbooks for which we could locate the textbook author's email address and we, along with Irving Weiner, sent them a copy of the Rorschach White Paper (Society for Personality Assessment, 2005). This included the textbook authors for 37 introductory psychology, 17 abnormal psychology, 5 introduction to clinical psychology, and 13 psychological testing textbooks. Many of these textbook authors responded with thanks, with most of these indicating that they would cite the article in their next edition.

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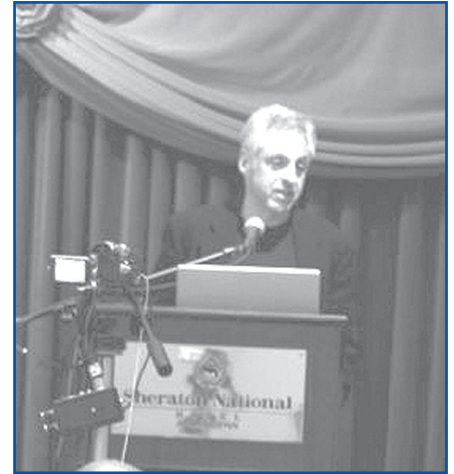
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Paul Arbisi, Martin Sellbom, Yossi-Ben-Porath, Dustin Syngant, and Roger Gervais at SPA.



SPA President-Elect Dr. Virginia Brabender.



Dr. Howard Lerner paying tribute to his brother, the late Dr. Paul Lerner.



Dr. Gregory Meyer, *JPA* editor, and Dr. David Nichols, winner of the Martin Mayman award.



Dr. Jed Yalof, *Exchange* editor, and Dr. Phil Caracena, SPA Webmaster.

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President's Message

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assessments, an action that caused assessment psychologists considerable concern about losing income and having either to curtail their practice or find referral sources outside of the health care industry (see Acklin, 1996; Stout, 1997).

Years of Growth

Fortunately for the field of personality assessment, the aforementioned challenges to its relevance, propriety, and utility did not prove fatal. The behavioral emphasis exclusively on environmental contingencies and situational factors ran out of steam in time. Thoughtful theorists commented on the absurdity of denying that people are disposed to think, feel, and act in certain ways (see Epstein, 1979; Millon, 1984), and research findings documented broad consistencies in individual differences, the longitudinal stability of many personality characteristics, and the validity of personality traits in predicting susceptibility to psychological disturbance and such health outcomes as longevity and the onset of serious illness (see Roberts & DelVecchio, 2000; Smith, 2006).

In the face of these developments, many prominent proponents of radical situationism, including Mischel, eventually modified their position in favor of an interactive perspective that allowed for "dispositional constructs" to influence the likelihood that a particular action will be evoked by particular external circumstances (e.g., Mischel, 1973; see also Wright & Mischel, 1987).

As for humanistic concerns about neglecting individuality, this criticism of personality assessment gradually gave way to recognizing that there is nothing inherently prejudicial in conducting psychological evaluations. Accurate assessment of peoples' assets and limitations does not inevitably prove damaging to them, nor is there any necessary obstacle to psychological examiners paying just as much attention to how individuals differ from each other as to how they resemble each other. To the contrary, great strides have been made by humanistic psychologists in developing assessment procedures that enhance rather than restrict attention to the unique needs of individuals. Notable among these enhancements are procedures for involving people in evaluating the implications of their test responses and for molding the feedback of test findings into a therapeutic encounter for the person who has been examined (see Finn, 1996; Finn & Tonsager, 2002; Fischer, 1994, 2000).

With regard to the managed care allegations that personality assessment is neither useful nor economical, empirical evidence has indicated otherwise. An extensive literature documents the utility of properly conducted personality assessment in planning therapeutic interventions, monitoring their course, and increasing their effectiveness. Moreover, follow-up findings have shown that appropriate applications of personality assessments are likely to have the long-term effect of decreasing health care costs rather than adding to them (Butcher, 1997; Finn & Kamphuis, 2006; Kubiszyn et al., 2000; Maruish, 2004; Weiner, 2004).

Finally of note, survey findings suggest that managed care has had less of a negative impact on personality assessment than was originally feared. A slight but not overwhelming majority of survey respondents report a negative impact of managed care on their assessment practice, but only slight reductions in the percentage of cases in which they utilize personality assessment instruments, and fewer than a third report that managed care has had a negative impact on their ability to diagnose clients accurately (Cashel, 2002). Other survey data indicate that managed care has been accompanied by only a slightly decreased frequency of comprehensive, multimethod personality assessments using full-length measures and that only 29% of training directors of APA-approved doctoral programs reported that their training in psychological testing had been significantly affected by managed care (Belter & Piotrowski, 2001; Piotrowski, Belter, & Keller, 1998).

In describing the reversal of fortunes for personality assessment that began during the early 1980s, some authors noted that the bloom had never gone entirely off the psychodiagnostic rose (Millon, 1984; Weiner, 1983). Even with the expanding roles available to clinical psychologists, and despite challenges to the relevance and propriety of personality assessment, many personality assessors had continued during the years of shrinkage to find professional autonomy, respect, and satisfaction in functioning as expert consultants whose specialized skills could help resolve diagnostic dilemmas and point the way to effective interventions. As these expert diagnostic consultants discovered, there are many circumstances in which determining the kind of health care

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President's Message

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intervention likely to prove beneficial is a more challenging and prestigious activity than providing the intervention.

Having survived its earlier challenges, personality assessment practice and research began to grow in the 1980s. A smaller percentage of clinical psychologists than before were involved in personality assessment, and they were devoting less of their time to it (i.e., the shrinkage), but these percentage decreases were more than offset during the latter part of the 20th century by sharply increasing numbers of doctoral level clinicians. Among these increased numbers of clinical psychologists, assessment remained the second most frequent service they provided across various settings, after psychotherapy, and survey respondents working in independent practice or in health care or government settings reported spending 15% to 23% of their time doing assessment (Phelps, Eisman, & Kohout, 1998).

In addition to growing along with the increasing numbers of clinical psychologists, personality assessment benefited from a post-1980 expansion of clinical psychology into diverse new settings in which psychological consultative services were welcomed and appreciated. In health care, for example, psychology's traditional focus on the diagnosis and treatment of mental disorders broadened to encompass assessment of personality characteristics associated with the origins and course of physical illness, adjustment to chronic disability, tolerance for medical and surgical procedures, and maintenance of a healthy lifestyle (see Boyer & Paharia, 2007; James & Folen, 2005; Sweet, Tavian, & Suchy, 2003). Outside of health care, psychologists became increasingly active in forensic, educational, and organizational settings in which personality evaluations proved valuable in contributing to various kinds of administrative decisions (see Archer, 2006; Braden, 2003; Hough & Furnham, 2003; Klimoski & Zukin, 2003; Ogloff & Douglas, 2003).

Despite the shrinkage in the prominence of personality assessment among the activities of clinical psychologists since the post-WWII era, then, a substantial increase over time in the number of clinical psychologists together with expanded application of personality assessment in diverse settings have generated consistent growth in the field up to the present time. As one reflection of this growth, the membership of the Society for Personality Assessment doubled in size between 1980 and

2000, and there appears to be a stable cadre of persons in both academic and practice positions who identify themselves primarily as assessment psychologists.

The growth and current vigor of assessment psychology has been reflected in a burgeoning literature as well. In a review of the number of published research articles on personality assessment measures over a 20-year period from 1974 to 1994, Butcher and Rouse (1996) found a higher annual rate of publication in the 1980s and 1990s than in the 1970s and concluded that "research in clinical personality assessment continues to be carried out at a high rate" (p. 103).

In 1980, there was just one major journal devoted to personality assessment, the *Journal of Personality Assessment* (JPA), with occasional articles on assessment topics appearing in the *Journal of Consulting and Clinical Psychology*, the *Journal of Clinical Psychology*, and *Professional Psychology*. The JPA has since been joined by the *European Journal of Psychological Assessment* in 1984, *Psychological Assessment* in 1989, and *Assessment* in 1994, and assessment-related articles also appear in *Clinical Psychology: Science and Practice*, begun in 1994. Each of these journals has expanded in size over the last 10 years, as have the number, size, and visibility of companies that publish and distribute personality assessment instruments.

So is personality assessment a shrinking or growing field? As psychologists are so often wont to say, "It depends." It depends in this case on which pieces of evidence capture our attention. I, for one, prefer to keep my eye on the growth and let the good times roll

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Special Topics in Assessment

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This 338-item version of the test generated around the Restructured Clinical (RC) Scales addresses many of the long-standing psychometric concerns of the MMPI.

How might these changes to our instruments change our connection, our attachment to them? From a scientific perspective, most would agree that these changes serve the assessment community and our clients. For some, we can imagine that such changes may alter how much we still see our own proclivities mirrored in the instruments, resulting in less of an affinity for them. We may feel the pull to cling to our comfortable habits and the strength of identification with our mentors who introduced us to various instruments. For each of us as clinicians and for us as a field, our attachments to our tests, to the past and to the future will be challenged.

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Coverage in College Textbooks

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proactive intervention would be useful. Our hope is that this introduction can act as a springboard from which meaningful and productive discussion, collaboration, and research can begin.

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Our Ethical Responsibility

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China often come up after class to ask, “What is a jack-o-lantern?” In general, items may differ from culture to culture because of differences in the familiarity of words or concepts, culture-specific words or phrases, emotional value of the items, and so on. According to Sue & Chang (2003, p.309): “When instruments lack item equivalence, items may have to be added that are specific to the culture into which a measure has been imported. That is, imported measures from one culture may not adequately demonstrate content validity in another culture.”

An important question is whether psychological assessment measures such as the NEO Personality Inventory, the Rorschach, or the MMPI-2 are universal instruments that can be applied to people from different cultures. Are these measures valid, assuming appropriate translation and item content? Have they captured basic psychological phenomena that endure across cultures? Researchers vary on their answers to this question. Leung and Wong (2003) indicate that personality patterns and mental disorders are universal, and culture-specific behaviors are minor variations within these

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Our Ethical Responsibility

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patterns. Thus measures that are useful for one group are useful for any other group. An example of this is the MMPI which is the most widely used personality assessment instrument in the world (Butcher et al., 2003).

However, Dana (1993) indicates that objective tests have not demonstrated satisfactory cross-cultural validity for use with Latinos. Specifically the MMPI-2 is cited as over pathologizing Latinos because Latinos were underrepresented in the standardization sample. In the current multicultural society, Dana (1998) prefers projective methods over objective methods for assessing Latinos. One reason for this is because projective methods ask “why” questions of the data. Another reason is that projective methods better describe the Latino cultural self. According to Dana (1998), understanding the cultural self improves the accuracy of psychiatric diagnosis, and leads to more culturally relevant mental health services for Latino clients.

Another perspective is offered by Chan et al. (2003). They suggest that by developing assessment measures specifically for a particular cultural group, there is more freedom to take into account the specific needs and cultural realities of that population. This also eliminates the need for time-consuming translations and cross-cultural validation.

In conclusion, psychology has traditionally been defined by and based on Western, Eurocentric, and biological perspectives and assumptions (APA, 2003). Thus the influence and impact of racial and cultural factors have not always been considered. This has been detrimental to the needs of clients and to the public interest. The APA Ethics Code (2002) stresses competence in all areas of diversity. This includes cultural sensitivity to the issues that arise when assessing individuals from a different cultural background. In addition, it is important to continue research in the area of the universal applicability of assessment tools as well as the universal and unique aspects of personality.

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solution may finally work. In March, a letter from the Task Force was sent to all SPA members outlining these steps. Let’s keep our fingers crossed.

2. Non-psychologists and Assessment: Our Standards document couldn’t have come at a better time. The push for including assessment under other generic licenses—often of professions w/ NO assessment—training continues. We have recently been informed that LCSW’s, Marital Therapists, and Counselors in Indiana are petitioning to be allowed to administer and interpret ANY psychological test as part of their license without demonstrating any training or competency. We are in contact with the psychological association there and are working to coordinate efforts on their behalf. Additionally, the issue may come up w/ the RUC and CPT groups. If other professions were allowed to bill for psychological assessment, the effect on Medicare would be dramatic. Essentially, if a group such as OT, for example, were granted the right to use 96100, the professional work value would be dropped from the code and reimbursement would be roughly halved. This is because they don’t qualify as “physicians” under Medicare definitions.

3. Competencies: We are currently exploring with the APA Education Directorate the possibility of having Assessment be declared a competency within psychology. This kind of recognition for our work is long overdue. We are exploring the possibility of developing sequences of continuing education offerings that would enable psychologists to develop competence in assessment as part of this effort.

4. Other Advocacy Efforts: There are, of course, other efforts ongoing—many not under the auspices of the Coordinator. Joni Mihura et al.’s work on textbooks and the characterization of assessment and/or the Rorschach is one example. Another that we are considering is a proposal to be active in CE for judges, as it is clear that there is a wide discrepancy among what judges do with and think of various assessment practices. And, as always, we are attempting to deal with various threats to assessment that appear in the press or on the Internet.

Advocacy Corner

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code) would need to be used whenever two testing codes were billed together for the same day, and they indicated that these modifiers would be only for “extraordinary circumstances.” To make matters worse, the solution of doing the face-to-face testing or report writing on a different day wouldn’t work for many carriers or fiscal intermediaries because they required that assessment be billed on a single day as a single set of procedures. Catch-22. Our solution, after months of lobbying, haggling, and hand-wringing, was to suggest a “minor” edit to the professional codes (96100 and 96118) that would allow for billing under them when computer or technician generated data were integrated with other information (using the modifier). We are cautiously optimistic that this

FOUNDATION NEWS

Bruce L. Smith, PhD
President, SPA Foundation

We are continuing to raise money for the Utility of Assessment Project. Those of you who were wise enough to attend this year's Annual Meeting in Virginia heard a brief presentation from the Principle Investigator, Mark Blais, who outlined a very exciting research protocol that we hope will generate the kind of information that we need to advocate more forcefully for the utility of assessment in the health care marketplace. We still need additional funds to meet our goal of full funding for both years of the project.

In addition to the Utility of Assessment Project, the Foundation funds the various student grants and awards that are given by the Society and the new John Exner Scholar Award. We are in the process of finalizing the criteria for the selection of the first recipient of what promises to be a highly prestigious honor.

Once again, I implore you to give and give generously to the Foundation. Your contributions are fully tax deductible, and you can be assured that they will be put to the best use in advancing the profession to which we are all committed. A pledge form is available elsewhere in the *Exchange*, or you can donate online at www.personality.org.

The Teacher's Block

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report. Information obtained in the Axes addresses the whole person through a multidimensional approach and attempts to maintain the person's uniqueness contributing to more information for treatment planning. Individuals' subjective experience is valued within the PDM model and allows consideration for relationship patterns (as well as affective patterns, mental content and somatic experiences) overlooked in a strictly categorical model such as the DSM.

Lastly, the PDM is an expansion of the DSM and represents a dimensional approach to understanding symptoms of mental functioning. It offers supplemental and alternative ways to conceptualize clinical cases when teaching personality assessment.

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Agenda for SPAGS 2007–2008

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- One immediate agenda item that the SPAGS is addressing is communication to SPAGS members. I believe there is a great need for SPAGS members to be more cognizant toward the issues facing students regarding the field as well as communication between SPAGS Board members and the SPAGS members as a whole. The goal of this agenda item is to provide more information to the students, which I hope will inspire more active participation from the members. The SPAGS wants to hear from you! Communication is the key toward the success of the organization. We need to hear your concerns, ideas, or comments! Through this form of communication we can address issues facing students and provide assistance, guidance, or information for student growth. One way to encourage communication will be through my submission of a report in each of the upcoming *Exchange* issues. The *Exchange* provides insight into the SPA organization as well as cutting-edge topics within the field. The SPAGS is looking for student(s) who are interested in working with the communications subcommittee.¹
- In the year ahead, I see strides toward progress and growth of the SPAGS. The SPAGS members have the opportunity to make a statement through involvement within the organization. We are the future of the SPA and the legacy for future SPAGS members. Our strength is within each of you, as a team we are capable of fostering change and enlightenment for the benefit for all students and members of the SPA. The upcoming year looks very promising. I will work hard as your president for the SPAGS, SPA, and your concerns. I look forward to hearing more from you, the members of the SPAGS. Thank you for this opportunity to serve your needs.

1. If any student is interested in obtaining more information regarding any subcommittee position within the SPAGS, or wishes to express comments, ideas or concerns, please contact me at gpetrowski@student.adler.edu. I would love to hear from you!

New SPA Fellows

Congratulations to Ruth Sitton, PhD, and Tom Widiger, PhD.



Thomas A. Widiger is Professor of Psychology at the University of Kentucky. He received his Ph.D. in clinical psychology from Miami University (Ohio) and completed his internship

at Cornell University Medical College (Westchester). He named his cat after Charles Peterson, Book Editor for JPA. He has published extensively in the area of diagnosis and classification of psychopathology, including over 200 articles and chapters in scientific, clinical, and academic journals and texts. He currently serves as Associate Editor of *Journal of Abnormal Psychology*, *Journal of Personality and Social Psychology*, *Journal of Personality Disorders*, and *Annual Review of Clinical Psychology*, as well as a Consulting Editor for additional journals, including *Journal of Personality Assessment*. He is a co-author of the *Structured Interview for the Five-Factor Model of Personality* (SIFFM) and lead author of the *Personality Disorder Interview-IV* (PDI-IV). Recent publications include (1) Widiger, T.A., & Samuel, D.B. (2005). Evidence based assessment of personality disorders. *Psychological Assessment*, 17, 278–287, and (2) Widiger, T.A., Costa, P.T., & Samuel, D. (2006). Assessment of maladaptive personality traits. In S. Strack & M. Lorr (Eds.), *Differentiating normal and abnormal personality* (2nd edition, pp. 311–335). New York: Springer.

SPA Personals

Virginia Brabender, PhD, wrote an article “Contemporary uses of the Rorschach Inkblot Method” in the February 2007 issue of *The Pennsylvania Psychologist Update*.

She also edited a two-part series (October 2006 and January 2007) titled: The ethical group psychotherapist, published in the *International Journal of Group Psychotherapy*.

Leslie C. Morey, PhD, has been named head of the Psychology Department at Texas A & M, College Station, TX. He received a doctorate from the University of Florida in 1981 and came to Texas A & M in 1999. His areas of expertise include assessment, diagnosis, and classification of personality and psychopathology, personality disorders, and alcoholism. Prior to his appointment at Texas A & M, he taught at the University of Tulsa, Yale University, Harvard Medical School and Vanderbilt University. He currently serves on the Boards of the *Journal of Personality Disorders, and Assessment*, in addition to being the associate editor of the *Journal of Personality Assessment*.

Richard Rogers, PhD, Professor of Psychology at the University of North Texas, received the Florence Halpern Award for Distinguished Professional Contributions from the Society of Clinical Psychology. The award honors distinguished clinical psychologists for their exceptional contributions to the field. Rogers’s has published over 140 articles in refereed journals and 6 books with the focus on clinical and forensic practice, and contributed three psychological measures relevant to forensic practice, and is currently the principal investigator on a National Science Foundation grant for evaluating Miranda warnings and waivers (information obtained from the University of North Texas News Service, March 7, 2007, <http://web2.unt.edu/news/story.cfm?story=10288>).

Bruce Smith, PhD, taught an introductory Rorschach workshop at the Fourth Military Medical University, Xi’an, China, April 2–4, 2007.

David L. Streiner, PhD, is editing a book called “Off The Rails,” in which people will describe how their carefully crafted research has gone “off the rails” at any phase—subject recruitment, staff problems, execution, ethics, board, and so on. Please contact Dr. Streiner if you are interested in contributing a brief (10–15 manuscript pages) chapter.



Steve Toepfer, PhD, is the new SPA Websmater, taking over for Dr. Phil Caracena, who did such a wonderful job in

developing the SPA website.

Dr. Toepfer was born in Manhattan, NY and grew up north of the city in the Hudson River Valley. He received an undergraduate degree in Psychology at the University of Connecticut. As a student at UCONN he developed a strong interest in psychopathology, which he pursued in the Counseling Psychology Master’s program at Northeastern University in Boston. Dr. Toepfer took his psychometric and therapeutic training to a one-year assistantship in the Department of Child and Adolescent Psychiatry at The Ohio State University. His interest in personality development and psychopathology developed into a desire to better understand the role of family context in both development and the etiology of illness. At this time he earned a Ph.D. in Human Development and Family Sciences at OSU. Dr. Toepfer is currently an Assistant Professor at Kent State University in the Department of Human Development and Family Studies.

Research interests include adolescent development (e.g., autonomy, decision making, and personality development), the influence of family systems on individual development, projective methodology, and psychopathology. His publications to date focus on MMPI clinical accuracy and issues of incremental validity regarding family measures of family intrusiveness. He is also invested in teaching and student development at the Salem campus.

Dr. Toepfer lives in Ohio with his wife Mary and cat FattyLumpkin, awaiting the birth of their first child in May. In his spare time he is an avid distance runner, enjoys building web sites and playing with PhotoShop, reading good fiction, online gaming, and building the perfect custom computer.

From the Editor...

Jed A. Yalof, PsyD, ABPP, ABSNP



This issue of the *Exchange* has some excellent articles that touch important areas in personality assessment. Irv Weiner offers a perspective on trends in personality assessment. Pam Abraham discusses the benefit of incorporating dimensionality classification in personality assessment training. Alan Schwartz gives food for thought about our allegiances to certain personality tests and measures. Linda Knauss's article focuses on ethical responsibility in the area of culturally competent personality assessment. John Kurtz and Carla Strassle share their observations on the coverage that personality assessment receives in college textbooks. Joni Mihuri reports on how the Rorschach is portrayed in undergraduate psychology textbooks. Bruce Smith continues to provide us with timely information about personality assessment advocacy issues and updates on SPAF. Gale Petrowski, SPAGS President, details the comprehensive agenda that SPAGS has for the coming year. There is also early-bird information about next year's Annual Meeting in New Orleans and other items. Until next time...

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