

spa exchange

Volume 23, Number 2

Summer 2011

President's Message: The Proficient Assessment Psychologist

Robert E. Erard, PhD

Psychological Institutes of Michigan, PC

Only those who have the patience to do simple things perfectly will have the skill to do difficult things easily.—Johann Friedrich von Schiller



One of the most significant developments for the Society for Personality Assessment (SPA) in years has been the recent recognition by the American Psychological Association of Personality Assessment as a Proficiency in professional psychology.¹ It is important to note that a Proficiency is different from a Specialty (like forensic psychology or neuropsychology). In theory, at least, a Proficiency is a level of skill that any psychologist, not just a specialist, may want to develop in a particular area. To be proficient simply means to be adept in an area of practice to the degree that one's typical performance falls squarely within current professional standards. All American Psychological Association-accredited clinical and counseling programs are supposed to train graduate students in assessment, but the reality is that most of them no longer train them to the point of proficiency, particularly in the branch of assessment we call Personality Assessment.

With the formal recognition of this Proficiency, SPA is now in a position to take a leadership role in defining how those who wish to practice Personality Assessment at a proficient level should be trained, what they should know, and how they should practice, and to offer certification to those who meet the standards we promulgate. The details of all this are a work in progress under the leadership of our new Proficiency Coordinator, Dr. Mark Blais, and his committee.

An optimistic psychologist, who, like Voltaire's *Candide*, had learned to keep his head down and devote his time to cultivating his own garden, could well be forgiven for

responding to this exciting news with little more than "Duh!" Surely, he might ask, from the early post-war years of the development of professional psychological practice, Personality Assessment has been a core discipline, even a defining one, for psychology among the mental health professions? Even if the growth of ostensibly more glamorous

opportunities² to practice psychotherapy and other interventional skills over the decades relegated the activity of psychological testing to the professional back burner, haven't psychologists still always used their insights into a client's personality structure and function as the touchstone of whatever they saw fit to do therapeutically? Wasn't our appreciation of the intricacies of how temperament, early relationships, and later experiences molded perceptions, relational schemas, emotions, and behavior what distinguished psychologists' understanding of people from other professionals who adhered to medical models or narrower theories of social conditioning?

Well, it ain't necessarily so. Professional psychology has proved to be less faithful to its roots and traditions in carefully understanding individual problems in the context of the whole person and more promiscuous in its embrace of heavily marketed theories, fads, and manualized, one-size-fits-all remedies than might have been expected or hoped.

Progressive disenchantment with psychoanalysis, as a system of explanation and treatment that offered both overly complex and overly facile explanations with too little scientific foundation and that demanded too much of both practitioners and patients while delivering too little, took its toll. To the degree that many of the early luminaries of Personality Assessment, particularly those affiliated with the Menninger tradition, had

embraced analytic theories and practices, even their most brilliant innovations became suspect for many in the academy.

Heavy assaults on Personality Assessment originated with behaviorist learning theories and were later augmented by the situationist movement in social psychology, with their radical skepticism about the existence of deeply seated individual differences or even of personal dispositions and traits (e.g., Mischel, 1973; Peterson, 1968). Social learning theories, such as Albert Bandura's (1977), provided alternatives for explaining why people think, feel, and act the way they do. Such theories focused on socialization, modeling, and imitation, none of which required a great deal of attention to personality in the traditional sense. These ideas were further developed and elaborated by family systems theorists and therapists, who argued that the family system, not the individual personality, is the basic unit of analysis. The humanist and experientialist movements, with their dogged antagonism toward all efforts to diagnose, classify, or otherwise describe a person, other than purely on his or her own terms, further eroded interest in formal approaches to assessment.

Early cognitive approaches to psychotherapy, which focused on teaching people and popularized and updated principles of Stoic philosophy, such as Ellis's (1957) Rational-Emotive Therapy and Glasser's (1965) Reality

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1 A copy of SPA's application for Personality Assessment to become a Proficiency is available online at http://www.personality.org/proficiency_application.php

2 But for a contrarian view on this point, see Weiner (2006).

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Special Topics in Assessment The Temptations and Distractions of Assessing Adult ADHD

Alan L. Schwartz, PsyD
Christiana Care Health System



In the first part of this article that appeared in the Winter 2011 issue of the *SPA Exchange*, I discussed some of the complexities involved in assessing Attention Deficit Hyperactivity Disorder (ADHD) in adults and the central tasks involved in a comprehensive and responsible assessment. Armed with a complete and detailed history, behavior rating scales (from the client and close, interested observers) and a careful delineation of relevant symptoms, one can approach a cursory diagnostic assignment for ADHD. While testing is helpful in understanding and describing the nuances of an individual's functioning (as opposed to providing a diagnosis), it is important to recognize that testing without the central tasks noted above is not considered to be conclusive for determining Adult ADHD (Goldstein & Ellison, 2002). However, given that the assessment of Adult ADHD is still complicated and inexact (Manos, 2010) and that no individual test or battery has been found to be diagnostically definitive (Searight, Burke, & Rottnek, 2000), other assessment avenues are often warranted.

As important as it is to consider the qualifying symptoms of ADHD in adults, it is equally important to assess the high likelihood of comorbidities including learning problems, mood disorders, and anxiety (Secnik, Swenson, & Lage, 2005). Assessing intelligence and memory functioning and examining intra-individual differences can assist in distinguishing between an individual with a purely attentional problem and someone with reduced or limited functioning across the cognitive spectrum. The use of a Continuous Performance Test (CPT) to assess sustained attention and concentration can be helpful as well (Goldstein & Ellison, 2002) to make fine distinctions between issues related to attention and impulsivity. This is an area of some controversy. At the individual level it is common that executive functions—inhibition, planning, vigilance—differ in adults with ADHD. However, studies suggest that broad deficits in executive functioning are not evidenced in adults with ADHD (Schoechlin & Engel, 2005) and that neuropsychological testing lacks the required sensitivity to be helpful with individuals (Kuntsi, Wood, Van Der Meere, & Asherson, 2009). Psychoeducational instruments looking at learning disabilities are also helpful, particularly with measures that

reflect *in vivo* functioning. For example, the Nelson–Denny Reading Test (Brown, Fishco, & Hanna, 1993) provides a measure of actual reading and comprehension, differing from other tests that assess component skills such as individual word recognition or brief passage comprehension. Of course, it is important to recognize that—as with emotional and personality issues—ADHD can co-occur with cognitive and learning issues.

In the assessment of Adult ADHD, examining emotional and personality factors aims to describe comorbid conditions and highlight factors which may be complicating the individual's functioning. Implicit in this role is the underlying tenet that most of the common arrows in the personality assessor's quiver—such as the Minnesota Multiphasic Personality Inventory–2 (MMPI–2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) and Rorschach (Exner, 1986)—do not directly assess ADHD (Ganellan, 1996). In addition, while there are some clinically relevant findings in the literature to help guide us in considering Adult ADHD, there is no set of definitive findings. With the MMPI–2 there are a wide array of findings. Several studies indicate subclinical elevations of Scales 2 and 7 as common in this population (e.g., Coleman et al., 1998) while others are suggestive of more ominous clinical elevations (Scales 4 and 8; Downey, Stelson, Pomerleau, & Giordani, 1997). Rorschach studies in the Adult ADHD realm have tended to be inconclusive, mostly with small samples and indicating an array of variables (such as X-% and Lambda) which inconsistently differ from nonpatient norms (see Bridwell, 2000; Locke, 1999). Thus, we should rely on these often-used tests to assist us in describing some of the co-occurring sequelae of the condition rather than the condition itself. Interestingly, there have been some strong findings linking Big Five (McCrae & John, 1992) personality traits and constellations of ADHD symptoms. In a large study, the core ADHD symptoms around inattentiveness were strongly associated with low conscientiousness while the hyperactive-impulsive constellation was associated with low agreeableness (Nigg et al., 2002).

A recent case example illustrates the usefulness of personality assessment instruments as

idiographic measures for understanding a complex question of Adult ADHD. Jennifer, a 33-year-old single woman, was referred by her family doctor with the terse referral question, “Should I medicate for ADHD?” The patient had lost a full-time job of six years one year ago and had a subsequent job loss within the past three months. While she was appropriately concerned about her financial situation in the current economy, she was more focused on her apparent inability to focus her attention on looking for a new job. She reported that her difficulties with attention and concentration were reminiscent of experiences in her early school years although she had never been assessed, diagnosed, or had any apparent academic setbacks as a result. Her work history, however, was positive for some notable instances of what she presented as lack of attention although on further consideration appeared to call into question appropriate judgment (these instances included allowing friends access to confidential information in the business). Overall, the historical information she provided did not present a compelling picture for persistent difficulties with attention. Conners Adult ADHD Rating Scales (Conners, Erhart, & Sparrow, 1999) were completed by the patient and her best female friend (as an informed observer) with whom she had lived for five years. Interestingly, their profiles were extremely consistent though in a surprising way: They evidenced elevations ($T = 72, 70$ respectively) on the Hyperactivity/Restlessness Scale, a symptom cluster that was not identified in the initial interview. Cognitive assessment with the Wechsler Adult Intelligence Scale–Fourth Edition (Wechsler, 2008) showed overall average functioning (VCI-109, PRI-103, WMI-95, PSI-97) as did her performance on the California Verbal Learning Test–II (Delis, Kramer, Kaplan, & Ober, 2000). The Integrated Visual and Auditory Continuous Performance Test (Sandford & Turner, 1995) was administered, which showed her Attentional Quotient also to be in the average range (96) with low average trending in her ability to inhibit her responses (86). Academic testing with the Woodcock–Johnson–III (Woodcock, McGrew, & Mather, 2006) and Nelson–Denny revealed strong language-based abilities with some reading scores peaking in the high average range. At this point, the assessment data did not support

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Do Mood States Invalidate Personality Assessments?

Christopher J. Hopwood, PhD
Michigan State University



It has long been presumed that an individual's mood state may affect their behavior on personality tests, potentially rendering such tests invalid during extreme mood states such as major depressive episodes. The logic is that given the prominent role of negative cognitions in depression, a depressed person may tend to take any opportunity to say something negative about themselves, even when it is not objectively true. Thus, they may endorse personality problems that are not objectively present, rendering the assessment of those features invalid.

This hypothesis might imply that one should not conduct personality assessments among individuals in extreme, and particularly depressed, mood states. Depending on how you define "extreme" and "depressed," that might include a majority of clinical patients. Seen this way, the mood-state hypothesis represents a serious threat to applied personality assessment. If it is true, clinicians may be over-using or misinterpreting personality assessments; if it is not true, clinicians who believe that it is and do not assess personality in depressed or other patients may be under-using personality assessment.

One research study that is often cited as supporting the mood-state hypothesis was conducted by Hirschfeld and colleagues in 1983. These researchers showed that personality traits such as dependency and extraversion changed significantly more over the course of a year among depressed patients who recovered than depressed patients who did not recover. These authors interpreted this finding as suggesting that the baseline personality assessments were invalid, having been contaminated by mood state; the lack of change in the unremitted group was interpreted as reflecting consistent mood-state contamination, whereas the personality changes in the remitted group were seen as reflecting the difference between contaminated and valid personality assessments.

An alternative interpretation is that remitting from depression occurs in concert with personality changes. Indeed, other empirical findings cast doubt on the mood-state hypothesis. For instance, mood state does not seem to affect convergence between self- and informant-rated personality ratings (Bagby et al., 1998). As such, although it is commonly suggested that personality assessment validity is affected by mood state, overall the empirical status of this hypothesis is uncertain.

This hypothesis was recently tested using a novel analytic approach with data from the Collaborative Longitudinal Personality Disorders Study (Morey et al., 2010). Specifically, Morey et al. compared personality changes over the course of six years among individuals with major depression but no personality disorder ($N = 73$), patients with personality disorder but no depression ($N = 119$), and patients with both depression and personality disorder ($N = 241$). The mood-state hypothesis would appear to suggest that the comorbid patients (those with both personality and depressive disorders) were actually just depressed, and that the personality diagnoses were invalid. Thus, individuals from this group should seem more like the pure depression group than the pure personality disorder group in terms of changes in personality over time. The mood state hypothesis would also seem to predict that rank-order personality stability should be lower in both of the groups with depressed patients than in the group without depressed patients.

In fact, change in personality disorder symptoms was similar across personality disorder groups with and without depression. Furthermore, the retest correlations for the total number of personality disorder symptoms were highest in the comorbid group and lowest in the depressed group—the precise opposite of the pattern that would be predicted by the mood-state hypothesis. Functional impairment, as indicated by the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed. [DSM-IV-TR];

American Psychiatric Association, 2000) Global Assessment of Functioning scores, was also more persistent in the comorbid group than in the depressed group. In fact, the comorbid group was significantly more depressed at follow-up than the depressed-only group, suggesting that the personality disorder diagnosis at baseline provided important information about the course of depression.

These results clearly do not support the mood-state hypothesis. Instead, they reinforce the view that it is important to assess personality clinically, and suggest that this is particularly so for depressed patients. From this point of view, the common observation of personality problems among depressed patients appears to be due to the role of personality pathology in increasing risk for depression, rather than the role of depression in inflating scores on personality disorder scales. As such, understanding the interplay between personality and mood may lead to new insights regarding the influence of personality on psychopathology, as well as dynamic elements of personality that remit with successful treatment of mood problems.

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Advocacy Corner

Bruce L. Smith, PhD
Public Affairs Director



The most important development since I last reported to you has been our movement on the development of a Proficiency in Personality Assessment. As you know, the American Psychological Association gave approval to the Society for Personality Assessment (SPA) for the development of the proficiency and the training/evaluation that goes with it. This is an extremely important development, because it will allow us to advocate forcefully for assessment as a unique practice within psychology both in terms of pushing for more education and training at the graduate school and post-doctoral levels, and for tighter controls on the practice of assessment with legislatures, licensing boards, etc. This development is especially timely, as threats to the practice of assessment continue to crop up. The latest is in the state of Michigan, where counselors and social workers are attempting to get licensure laws amended to allow them to practice assessment without the requisite training. We are working with the Michigan Psychological Association to push for our position. To reiterate: SPA is not opposed to non-psychologists practicing assessment; our

position has been that only those individuals who have received education and training in assessment—including, but not limited to testing—should be licensed to practice it. Of course, it is true that doctoral-level psychologists are currently the only group that has such training as a regular part of their background, but nothing prevents other individuals from obtaining the requisite training.

The other development is that the Board of Trustees approved a plan to develop a blog, the purpose of which would be to educate the general public as well as professionals in other disciplines (e.g., attorneys, physicians, etc.) about personality assessment. I envision posts that would be responsive to events in the news (e.g., the Tucson shootings, the Wikipedia-Rorschach controversy, etc.) that would discuss the role of assessment and attempt to educate the public about proper use of psychological testing. Once the blog is up and running, I will invite members with special expertise to post articles.

Notes From the Foundation

Bruce L. Smith, PhD
President, SPAF

We continue to raise money for our various projects that aim to benefit students. Students are obviously the future of the field, and with support dwindling elsewhere, the Society for Personality Assessment (SPA) hopes to pick up at least a modicum of the slack. In addition, we are hoping eventually to be able to support research into personality assessment, as granting agencies are also tightening their belts.

The Board approved the development of an endowment. It is our hope that we can eventually grow the endowment sufficiently so that the income will support ongoing efforts in research and training. Toward this end, we encourage members to give to the Foundation as generously as possible. We are also encouraging those who are able to consider planned giving, i.e., making SPA a beneficiary in your estate. This can have obvious tax advantages as well as benefiting our Society.

Finally, Steve Smith reported that the current Utility of Assessment Project is going well. The methodology is a time series analysis, and there are currently 6 cases in various stages of the assessment. There have been the usual complications attending real-world research, of course, but the research team has collected a wealth of data that are promising.

XX International Congress of Rorschach and Projective Methods

Bruce L. Smith, PhD
President, ISR

As you all know, the XX International Congress is due to be held July 14–20 in Tokyo. Tragically, the earthquake, tsunami, and resultant nuclear accident have led to considerable uncertainty about travel to Japan. The Organizing Committee, under the leadership of Noriko Nakamura, has been working tirelessly to ensure that the Congress can take place as scheduled. I have been assured that contingency plans to move the Congress elsewhere in Japan are also being considered. I urge those of you who were already planning to attend the Congress to do so. It should be an excellent event. If you are on the fence about going, I also encourage you

to consider coming to Tokyo. The Congress is always a great event and a chance to meet and interact with colleagues from around the world. Following is the latest information from the Organizing Committee

The 20th International Congress of Rorschach and Projective Method in Tokyo
Emergency Notice and Information

Dear Colleagues, Participants, and Friends,

On 11th March 2011, north-eastern parts of Japan were struck by a severe earthquake followed by a huge tsunami and aftershocks. The Organizing Committee would like to

express our condolences and sympathy to our colleagues and people living in the area. Although it may take time, we do hope and believe that recovery will come.

We would also like to express our special thanks for the more than 40 e-mails we received immediately from different countries all over the world. We were greatly encouraged by the support and compassion you expressed.

The severity of this once-in-a-thousand-year earthquake has also caused critical damage to the Fukushima nuclear power plant. However,

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The State of SPAGS: 2011

Aidan Wright, MS
The Pennsylvania State University
President, SPAGS



I am writing this having just returned from the Midwinter Meeting in Boston, MA. As writing this is the last vestigial duty of my presidency, I cannot help but be in a reflective mood. But, given how invigorating the conference was, and how much happened for the Society for Personality Assessment Graduate Student Association (SPAGS) in Boston, I am also finding expansive and exciting ideas making trails in my thoughts. There is much to report in this “state of SPAGS” address!

First, I have a few nuts and bolts to cover (but they are shiny nuts and bolts). I want to welcome the new SPAGS board, and thank the outgoing members. There was an almost full changing of the guard. This year’s election ushered in a bright young bunch of psychologists in training. Katherine Thomas is the new president-elect; she is a second-year student at Michigan State University. Joshua Eblin is taking over the role of secretary; he is also a second-year student at the University of Toledo. The new members at large are Christy Denckla from Adelphi University, Lesley Hiebing from Kent State University, and Michael Roche from the Pennsylvania State University. Justin Smith has transitioned in to President for this year, and he also deserves congratulations for securing a post-doctoral position in the Pacific Northwest. Many thanks are owed to Danielle Burchett, Jacob Finn, Pilar Sumalpong, and Joyce Williams for their service. Please join me in applauding the new members and thanking those who are cycling off.

There were some significant changes to the way SPAGS did things this year, and most have been a smashing success. For those who may not already know, Jacob Finn instituted a SPAGS Facebook page, which is growing slowly, but has already been used to seek out roommates for the annual meeting. Hopefully over the year it will expand, and folks will use it for more purposes. I would still like to see it being used as a vehicle for professional collaboration, but it’s good to see people coming together there. I am delighted to report that this year’s SPAGS social was quite a party. A very conservative estimate would be that 60 students came, and a number of professors and post-docs were caught crashing the affair. The SPAGS board sends a very appreciative thank you out to Dr. Tom Widiger, our esteemed yet enthusiastic guest, for spending time with us and making it a memorable evening. I’m eager to find

out who the board will invite next year. This year’s social was a very different scene from years past, and the great turnout was a welcome change. I’m not sure if it was attributable to famous guests, free food, or being in the same venue as the conference, but I hope that this will be the start of a long trend. It is encouraging to see students from so many different universities meeting and getting to know each other.

These are some of the positive changes and advances that occurred over the year. The new board, not content to rest on our laurels, has mapped out a number of goals for the coming year. There are a number of SPAGS committees that focus on specific aspects of the association’s activities. These include the Technology Committee, Social Programming Committee, Diversity Committee, and the Education Committee. Additionally, this year a new committee, headed by Justin Smith, was formed to focus on the enlistment and retention of student members. In the coming year, the Technology committee, headed by Josh Eblin, hopes to continue to grow the Facebook page and reinvigorate the Google groups’ page. I encourage all students reading this to consider those as social media outlets if seeking like-minded scholars. The Social Programming committee, headed by Christy Denckla, hopes to replicate, if not eclipse, this year’s gathering in Chicago next year. I am certain she would welcome suggestions on who to invite as our guest. The Diversity committee, headed by Lesley Heibing, is working on organizing a symposium related to diversity issues in personality assessment. Finally, the Education committee, headed by Michael Roche, has taken on new significance this year with the advent of personality assessment becoming a recognized proficiency by the American Psychological Association. As the proficiency work gets under way, Mike aims to coordinate the educational goals of SPAGS with a view toward providing students with the background necessary for proficiency. In the shorter term, Mike hopes to enlist a forensic psychologist to meet with students at next year’s Midwinter meeting to discuss the experiences a student would ideally have to make them competitive for a forensic internship or post-doctoral position.

Indeed, it has been a good year for SPAGS, and the immediate future looks bright. And, although things are going well, I would like to end with some aspirations for the future of this

student-run group. Where we continue to need improvement is in participation from a broader group of graduate students. This participation could look a number of different ways, but one option would be for non-board members to serve on the committees listed above. We do not want these committees to be “in-name-only” groups, and with more involvement much could be accomplished. In the past, the Society for Personality Assessment (SPA) as a greater society has demonstrated its commitment to students through the creation of SPAGS, allowing for a vote on the board, awards, and a variety of sources of funding. I am certain that they would welcome thoughtful proposals from these committees on how to better provide valuable and interesting experiences for student members. These committees offer a rally point for students who may have bright ideas but are not currently involved. I see this being in the service of our primary goal: providing students with an interest in personality assessment the opportunity to share what they have learned with each other. In other words, it would help continue to give SPAGS a purpose.

SPAGS has done an excellent job at advocating for student interests within SPA, but I believe that we now have the stability and enthusiasm as a group to start providing graduate students with more. Things that immediately come to mind are graduate-student-targeted programming, question-and-answer sessions with senior students who have just gotten internship and post-doc positions, discussion of the pros and cons of career trajectories (e.g., private practice vs. hospital affiliation, arts and sciences programs vs. university medical schools, etc.). These are just a few notions that have come to me right now. Undoubtedly, there are many more creative and thoughtful students out there in our membership who could suggest even better options and opportunities that SPAGS could make happen. I will avoid the powerful, yet now clichéd, quote from John F. Kennedy, and instead say, “Ask what you can do for SPAGS, but also SPAGS asks, what can we do for you?”

It has been a real pleasure serving as SPAGS president this year. I want to thank the students who allowed me to serve, and the SPA board who was so welcoming. I hope to see everyone around at the annual meetings. If you have thoughts and would like to get more involved in SPAGS, please don’t hesitate to contact me at aidan@psu.edu.

spa exchange

SPA Annual Meeting

March 14–18, 2012

The Westin Michigan Avenue
Chicago, IL

The March 14–18, 2012, Society for Personality Assessment Annual Meeting will be held at The Westin Michigan Avenue, Chicago, IL. The Westin Michigan Avenue is located on Chicago's famed Magnificent Mile, steps from Lake Michigan, award-winning restaurants, and premier shopping. Plus, the hotel is within walking distance to the Midwest's most popular tourist and leisure destination, Navy Pier. Get immersed in the unique culture of Chicago and let The Westin Michigan Avenue

transcend your next visit to the Windy City. For more details on the hotel, visit: <http://thewestinmichiganavenue.com>.

Westin Michigan Avenue
909 N. Michigan Avenue
Chicago, IL 60611

Telephone: 312-943-7200

Accommodations: \$179 single/double;
additional person \$20

A promotional brochure with details about the 2012 workshops and the Annual Meeting will be sent to the SPA membership the first week of December 2011. It will also be available on the web page the first week of December.

Future Dates

March 20–24, 2013, San Diego, CA

March 19–23, 2014, Arlington, VA

SPA 2011 Annual Meeting: Program Chair's Comments

Radhika Krishnamurthy, PsyD, ABAP

Florida Institute of Technology



Several of you remarked on the exceptional vibrancy of this year's annual meeting in Boston: a "peak experience," said one of our long-time members. I agree! Thanks to all participants and attendees, we had excellent presentations and stimulating discussions, and we left Boston buzzing with news about developments in personality assessment research, DSM-5 personality disorders, and numerous topics across our areas of assessment interest. A superb set of workshops provided continuing education opportunities and, with the help of SPAGS, the student luncheon and student social were great successes. As always, we visited with old friends and made new ones, applauded award recipients, and *learned* from each other. I can hardly wait for next year's meeting in Chicago.

I'd like to give a special mention to the poster sessions, which have become an integral part of our annual meetings and were particularly well attended this year. We had approximately 75 high-quality posters exhibited by students and colleagues in two evening sessions. Similar to previous years, we gave recognition to the top posters in each session. Kudos to the following poster presenters who received award ribbons, and thanks to the judges for their conscientious effort in making the award selections.

Poster Session 1: Diverse Applications

(Judges: Drs. Robert P. Archer, Jan H. Kamphuis, and John H. Porcerelli)

Best Poster:

Temperament and Personality in Adolescents

Ruth Spence

University of Cambridge, Cambridge, United Kingdom

Honorable Mention #1:

Assessment of Pretend Play: A Longitudinal Prediction of Coping and Well-Being

Julie Fiorelli and Sandra Russ

Case Western Reserve University, Cleveland, OH

Honorable Mention #2:

Identifying Extra-Test Variables Associated with Feigning on the MMPI-2-RF: What Makes a Feigner Successful?

Lesley A. Hiebing, Danielle L. Burchett, and Yossef S. Ben-Porath

Kent State University, Kent, OH

Poster Session 2: Conceptual and Empirical Investigations

(Judges: Drs. Matthew R. Baity, Ellen J. Hartmann, and Alissa Sherry)

Best Poster:

Validation of the PAI Internalizing and Externalizing Dimensions with the Five Factor Model

Catherine Sanders and John E. Kurtz

Villanova University, Villanova, PA

Honorable Mention #1:

Interpersonal Decentering, Narrative Coherence, and Meaning-Making in Expressive Writing Narratives

Sharon Rae Jenkins, Adriel Boals, Aimee Belanger, and Melissa Londono

University of North Texas, Denton, TX

Honorable Mention #2:

Psychiatric Norms for the Rorschach

Coral Munoz,¹ Edward Rossini,¹ James P. Choca,¹ and Dan Garside²

¹Roosevelt University, Chicago, IL

²Northwestern University Medical School, Chicago, IL

The Personality Assessment Proficiency Committee

Mark A. Blais, PsyD

*Massachusetts General Hospital
Harvard Medical School*

Chair, Personality Assessment Proficiency Committee



Recently, the Society for Personality Assessment (SPA) announced that Personality Assessment had been recognized by the American Psychological Association as a Proficiency in Professional Psychology. Proficiency designation is a milestone for our profession. For this accomplishment we should thank President Robert E. Erard, the SPA Board of Trustees, and the other SPA members who worked for over three years to make it happen. By successfully achieving Proficiency status for Personality Assessment, SPA is now the recognized authority on Personality Assessment and has enhanced its influence on professional education and practice. However, the Proficiency process is not over. Now we must develop the guidelines, procedures, and educational support necessary to implement and monitor the Proficiency.

To oversee this next phase, the Board of Trustees has established the Personality

Assessment Proficiency Committee. Since being appointed Committee Chair, I have been fortunate to persuade some leading assessment professionals, including Virginia M. Brabender, Ginger C. Calloway, Roger L. Greene, Michelle B. Stein, Peter A. Weiss, and Jed A. Yalof, to join the committee. The committee has three broad responsibilities: defining the educational and training requirements needed for becoming Proficient in Personality Assessment, developing procedures to evaluate and recognize professional Proficiency in Personality Assessment, and educating the lay public as well as our academic and professional colleagues about the importance and value of Personality Assessment. I am pleased to report that the committee held its first meeting during the recent SPA annual convention and we have begun generating short-term and long-term goals. We will use the *Exchange* to update members on our plans and progress as the process moves forward.

When I asked individuals to join me on the committee, I cautiously wrote that Proficiency status might be one of the most important events to happen within our field during my career. Today, I absolutely believe it is. The establishment of Personality Assessment as a Proficiency in Professional Psychology opens new, important, and, I'm sure, unforeseen opportunities. However, realizing these opportunities will take the thoughtful coordinated effort of our whole Society. Therefore, I invite you to join the committee in this effort by offering support, comments (and concerns), or participation. Together, we can make Proficiency into a cornerstone of Personality Assessment education, training, and practice. Please feel free to contact me at Mblais@partners.org.

2011 Annual Meeting Award Winners

The March 9–13, 2011, Society for Personality Assessment Annual Meeting had the largest attendance in the history of the Society with a total of 520 persons in attendance at the meeting itself, and 467 persons attending the workshops.

Award Winners

2011 BRUNO KLOPFER AWARD

Stephen E. Finn, PhD, Center for Therapeutic Assessment, Austin, TX

2011 SAMUEL J. AND ANNE G. BECK AWARD

Christopher J. Hopwood, PhD, Michigan State University, East Lansing, MI

2011 MARGUERITE R. HERTZ MEMORIAL

In memory of Jacob "Jack" Block, PhD

2011 MARY CERNEY STUDENT AWARD

Justin D. Smith, University of Tennessee, Knoxville, TN

2010 WALTER G. KLOPFER AWARD

Joshua D. Miller, PhD; Jessica Maples; Lauren R. Few; Jennifer Q. Morse, PhD; Kirsten E. Yaggi; Paul A. Pilkonis, PhD; University of Georgia, Athens, GA

2010 MARTIN MAYMAN AWARDS

Anthony D. Bram, PhD, Lexington, MA

Bridget A. Rivera, PsyD, Loyola College in Maryland, Baltimore, MD

Donald J. Viglione, PhD, Alliant International University, San Diego, CA

SPA Website

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



Dr. Jacqueline Singer (right) presents the 2011 Mary Cerney Student Award to Justin D. Smith (left).

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Therapy, were elaborated and manualized by Beck (1975), Lazarus (1981), Barlow (Barlow & Cerny, 1981), and others into a variety of cookbook solutions for a wide range of personal problems. Cognitive-behavioral approaches had the advantage of being easy to teach and easy to research, and thus became enormously popular and influential among clinical training programs. By and large, cognitive-behavioral therapy theorists and practitioners eschewed any effort to understand personality in depth, relying instead on symptom-focused checklists and Likert scales reflecting self-reports of progress.

Meanwhile, of course, countless other approaches to understanding and solving people's problems proliferated, such as feminist therapy, mindfulness training, Neurolinguistic Programming, neurobiofeedback, Imago therapy, 12-step approaches to nearly everything, Thought Field Therapy, Eye Movement Desensitization and Reprocessing, Generative Trance Therapy, and HeartMind therapy—none of which, so far as I know, requires any particularly careful or detailed assessment of personality as part of its theory or practice.

So, faced with such a chasm between Personality Assessment and theories and models of clinical intervention, we ought not to be surprised that Personality Assessment, once the cornerstone of clinical training, has diminished in stature to something that many students in clinical graduate programs now lightly browse through in a one-semester survey course.

This is why it was actually something less than a sure thing that our efforts to restore Personality Assessment to its proper place as a recognized Proficiency in professional psychology succeeded. But is it maybe already too late? Is Personality Assessment a field of practice within psychology whose time has come—and gone?

I am confident that rumors of its demise have been greatly exaggerated. Why? Because there is simply no shortcut, no substitute, for understanding people in depth—how and why they think, feel, and act the way they do. In order to help people to make real, meaningful transformations in their lives, we need to know something more about them than their vital statistics and a list of their symptoms. In the course of richly exploring who they are; what their dreams are; how their fears, inhibitions, and conflict impede

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2011 Marguerite R. Hertz Memorial Award, in memory of Jacob "Jack" Block, PhD. From left to right: Drs. Susan Block, Daniel Ozer, and David Funder.



Dr. David Nichols (left) presents the 2011 Samuel J. and Anne G. Beck Award to Dr. Christopher J. Hopwood (right).

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them; how and to what degree they are skillful or inept in managing various aspects of their lives; how much they have or lack insight into their feelings and behavior; what are their characteristic patterns of reading and relating to other people; and how to take into account the cultural lenses through which they modulate their experience, we begin to recognize opportunities for focused and efficient, but also comprehensive, means of helping them. Just as importantly, when clients come to appreciate that we know something about how it feels to be them, it helps them to overcome isolation, suspicion, and despair and motivates them to trust that change is possible.

For Personality Assessment to be relevant to mainstream professional practice, we need not wait for a resurgence of the popularity of psychoanalysis. Most clinicians, whatever their official orientations, still know that the better they get to know their patients, the more the patient benefits. Academic theorists, even within the bastion of Social Psychology, have been edging toward the recognition of personality as having some important role in mediating behavior. Even such an anti-personality crusader as Walter Mischel has offered belated recognition (Mischel, Shoduk, & Ayduk, 2007) that some important continuities exist in individuals across situations.

Within developmental psychology, applications of attachment theory, along with its intriguing extensions into developmental neuroscience (e.g., Buchheim & George, 2011; Coan, 2008; Schore, 2001), lend themselves to sophisticated new assessment methods, such as the Adult Attachment Interview (George, Kaplan, & Main, 1996) and the Adult Attachment Projective Picture System (George & West, in press), as well as some more traditional methods (e.g., Berant, Mikulincer, Shaver, & Segala, 2005; Cassella & Viglione, 2009). Interpersonal theories of personality have been explored in depth using assessment methods such as the Structural Analysis of Social Behavior (Benjamin & Cushing, 2000), the Inventory of Interpersonal Problems (Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988), and a variety of other applications of the Interpersonal Circle (Leary, 1957). At the same time, recent research (Ansell, Kurtz, DeMoor, & Markey, 2011) shows that similar interpersonal personality dimensions can also be investigated with more traditional self-report instruments such as the Personality Assessment Inventory (Morey, 1991). Promising research in semantic approaches to understanding personality has led to important general applications, such

as the Revised NEO Personality Inventory (Costa & McRae, 1992), along with a host of briefer instruments and specific applications in human resources consulting, such as the Hogan Personality Inventory (Hogan & Hogan, 1992). In clinical practice, family systems therapists have recognized the value of family administrations of traditional free-response instruments and have found that incorporating self-report assessments in preparation for treatment has improved the results they obtain (Pitterman & Kubinger, 2011). It must also be acknowledged that psychoanalytic approaches have clambered back to reclaim some of their erstwhile influence. Psychoanalytic structural theory, self-psychology, and object relations theories continue to drive important innovations in both assessment and treatment, as can easily be seen in the development of the *Psychodynamic Diagnostic Manual* (Alliance of Psychoanalytic Organizations, 2006) and the recent review of the efficacy of psychodynamic therapy by Jonathan Shedler (2010). Even cognitive-behavioral therapists seem to be evolving toward a richer appreciation that human motivations are complex and not always reducible to simple decision rules, that individual differences are important, and that nothing much can be accomplished until patients feel they are personally understood (e.g., Linehan, 1993). So, yes, Personality Assessment still matters, and those who know how to do it well have myriad opportunities to apply it meaningfully.

With all this in mind, I set about asking myself what are some of the essentials of proficient practice in Personality Assessment. The opinions I am about to share are just my own—they should not be construed as any kind of official SPA policy. The following are 10 things I would expect a proficient assessment psychologist to be able to do.

The psychologist who is proficient in Personality Assessment:

1. Knows something about personality

It is more than disheartening to read a psychological assessment report that offers little more than an assortment of traits and diagnostic labels, incoherently piled one atop the other without the smallest dab of theoretical mortar. Often these undigested (and indigestible) reports blithely recite obviously contradictory findings and entertain multiple disjunctive rule-out hypotheses, leaving them to the reader to sort through. Such reports consist of little more than a disgorgement of canned interpretations of test results, unrelated to any internal model of how human beings think, feel, and behave in the world. They are even more useless than a letter from your cardiologist that contains nothing more than

a listing of your lab results. Naturally, such reports darken the reputation of Personality Assessment.

In his final publication, Paul Lerner (2007) wrote: "Outside the clinical relationship, the clinician uses a middle language, often referred to as clinical theory, which helps in formulating clinical generalizations about an individual" (pp. 255–256). In order to effectively describe an individual's personality, it is critical to have some understanding of how a personality develops, how it is structured and organized, how it adapts to particular pressures and circumstances, and how it may manifest itself under varying conditions. We use theories of personality to refine, coordinate, and integrate the atomic findings gleaned from particular observations and results obtained during the assessment process. There are a host of theories one might choose from. In his book, *Paradigms of Personality Assessment* (2003), Jerry Wiggins brilliantly illustrated how five different ones could illuminate a single case study in complementary ways.

2. Recognizes that personality does not operate in a vacuum

Mischel (1973) may have at one time underestimated the coherence of personality traits and features across situations, but unproficient clinicians often go to the opposite extreme. They describe people as though their behavior is the same at all times and in all circumstances. Of course, people often behave differently at home with their families than they do at work around their bosses and differently still when they are out with their buddies. Their understanding of themselves often has striking discrepancies from how they are understood by others who know them well.³ Their explicit, verbally formulated values and attitudes and their spontaneous reactions in unfamiliar and unstructured situations may be highly discordant (Bornstein, 2009; Shedler, Mayman, & Manis, 1993). Past traumatic events, current stressors, recent successes, and variable moods may all have significant effects on how their personalities manifest themselves at a given moment.

It simply does not do to describe how someone thinks or feels or behaves in an absolute sense. For example, to report that someone has dependent or narcissistic personality traits is not particularly enlightening. Does the person freely manifest these traits or conceal them in most situations? Under what circumstances

³ See Bornstein (2007) on how even subtle expressions of dependency vary in changing motivational circumstances, and Bongard, Martin, Seip, and Al'Absi (2011) on how setting or domain affects the expression of anger.

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is he or she most likely to become aware of them? When and where are these traits more or less adaptive? What kind of interpersonal skills does the person have—are his efforts to gratify his dependent longings charming or cloying? Is she (as Irv Weiner is prone to ask) a “nice narcissist” or a “nasty narcissist” (Weiner, 2003)?

Among those who are best at contextualizing descriptions of personality functioning, one often finds writers with no formal training in Personality Assessment. We do well to look to them for inspiration. For example, the journalist William Allen White made the following observation about his friend, Theodore Roosevelt, after he had just bolted from the Republican Party Convention in 1912:

He was not downcast; indeed he was triumphant, full of jokes and quips as though the teakettle of his heart were humming and rattling the lid of his merry countenance. But rage was bubbling inside him. (quoted in Morris, 2010, p. 210)

A proficient personality assessor helps us to understand not just how a person is, but *when, under what circumstances, and to what degree* the person is that way.

3. Realizes that psychological tests cannot think for themselves

Roy Schafer (1954) put it simply: “No matter how helpful a clinical tool it may be, a psychological test cannot do its own thinking. What it accomplishes depends on the thinking that guides its application” (p. xi).

Assessment and testing are two different things. Testing is simply administering, scoring, and interpreting standardized instruments. In many cases, that is a task that machines can or will eventually be able to do by themselves. Assessment is a sophisticated process of consultation in which we determine the best means to answer a particular set of probing questions about an individual, couple, or family; select, weigh, and integrate the most valid and revealing data; and use our best professional judgment about how to present our conclusions.

Our very best instruments are loaded with construct-irrelevant variance and construct under-representation. In other words, none of them consistently measures with high accuracy what it is designed to measure. All of them are noisy, imprecise, and under certain circumstances, downright misleading. Test results can help us orient to major issues

in a case, correct some of our mistaken assumptions, redirect us to new, fruitful areas of inquiry, refine our differential hypotheses, and tentatively locate an individual within a set of normative coordinates. What tests cannot do for us is spare us the hard work of really getting to know the person in the room with us. All by themselves, the tests are just “foolish things.” Which brings us to today’s musical illustration:

A Client's Feedback: These Foolish Things⁴

A TAT card showed a desperate lady.
A Rorschach vista looked so cool and shady.
That funny snake had wings!
These foolish things remind me of you.

The PAI—how could Les Morey know it,
That Ray Kertesz had been my favorite poet?
The Tower of Hanoi's rings!
These foolish things remind me of you.

We talked. You wrote. You tested me.
What you saw into me
I knew somehow it had to be.
An inventory queried my digestion
And asked me many convoluted questions,
To probe my soul's stirrings.
These foolish things remind me of you.

That you would strive so hard to understand me
Opened my mind and helped me set my heart free.
You gave me back my wings!
For all these things, I'm grateful to you.

4. Becomes skillful in forming a strong working alliance with the person being assessed

As they say in Silicon Valley: garbage in, garbage out. In the absence of an adequate assessment alliance, the person you are working with is likely to give you little more than garbage to work with. To put it more precisely, without a working alliance, you will learn *something* about how the client defends against or curries favor with intrusive or voyeuristic people in authority; about how the client might prefer to be understood in superficial interactions; and about what is already obvious to the client and anyone who

knows her, but you will probably learn little more than that.

Proficient assessment professionals recognize that they must earn the right to have clients share with them who they are. No combination of validity scales, subtle items, or indirect methods can possibly substitute for the willingness of clients to reflect on themselves and to open themselves up to being understood that comes from believing that the psychologist is truly there to listen.

In clinical assessments performed in the service of consulting to therapists, the assessment alliance can teach a great deal about what may work or not work in Barlow psychotherapy. In a recent award-winning article in *Journal of Personality Assessment*, Anthony Bram (2010) wrote:

The idea is that the patient's behavior in the test situation does not occur in a vacuum but rather in a particular interpersonal context. The patient's test responses and the patient's whole range of reactions are shaped by and impact the psychologist (and vice versa). This interpersonal matrix of testing, including transference and countertransference, affords the opportunity to test hypotheses about what helps and hinders an alliance. Sheckman and Harty (1986) aptly described the test situation and the afforded opportunity to develop a diagnostic alliance as a dynamic “screen test” for psychotherapy. (p. 92)

Further, recent research (Hilsenroth, Peters, & Ackerman, 2004) suggests that what is accomplished in establishing the testing alliance may very well carry over into the therapeutic alliance, a central feature in therapeutic success.

But even in non-clinical applications, such as fitness-for-duty or forensic evaluations, the human connection with the person being assessed is critical. Even those who have something important to lose from the results of the assessment are much more likely to be candid and revealing about themselves when they have come to believe that the assessor is fair and actually cares about understanding their situation.

5. Gains a strong grounding in the ethics of Personality Assessment

A proficient assessor is an ethical one. Ethical Personality Assessment requires thoughtful consideration of a host of issues: determining who the client is; defining relationship boundaries and managing multiple relationships; obtaining informed consent; addressing issues of confidentiality and

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⁴ With apologies to Eric Maschwitz and Jack Strachey.

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privilege; protecting the security of tests and instruments; adapting to language barriers, physical and mental handicaps, and ethnic and cultural differences; recognizing and stating the confidence limits applying to one's conclusions; and describing conclusions candidly while minimizing harm are just a few of them.

Ethical practice goes beyond following the rules of risk management. It requires the cultivation of professional judgment and discretion. Attending Continuing Education workshops in assessment ethics, reading books and journals on ethical problem solving, and, above all, frequent consultation with respected colleagues are essential elements in achieving and maintaining a reliable ethical compass.

6. Co-creates a meaningful set of referral questions

A common mistake of students and assessment professionals before they become proficient is to more or less ignore referral questions. Instead of structuring their evaluations around the reasons they were asked to do the assessment in the first place, they treat all the data they accumulate as equally important and simply dump everything they think they know into a report, irrespective of its expected utility to the client or the referral source. As they become more proficient, they begin to learn not only to emphasize the answers to referral questions in their reports, but from the get-go, they design the interviews, select the tests, and gather collateral information with the referral questions in mind.

A less obvious error is to take a hands-off approach to the formulation of the referral questions themselves. Part of the privilege and the burden of professional work is that one helps to shape the reasonable expectations of clients and referral sources. Whenever it is practicable, we seek to gain insight into the conceptual and practical problems faced by the person who is seeking the assessment. How can the assessment provide meaningful and valid guidance in the resolution of those problems? Is there a way of framing the referral questions that will maximize the relevance and utility of the answers? Even in forensic cases, where an attorney or a judge is the one posing the questions to be answered, an insightful word of advice about a possible reformulation of a particular question is often welcomed. By co-creating the referral questions—ideally with both the referral source and the person being assessed (assuming they are different), the assessment professional develops a closer assessment alliance, focuses the evaluation on potentially productive issues,

and helps to establish realistic expectations for the assessment.

7. Knows how to take a clinically meaningful history

Those of you who have often attended workshops and case studies at SPA know that the better ones provide you with significant historical background about the people being assessed. Proficient assessment professionals are first good historians. They know something about their client's childhood and early development; their ethnic, cultural, religious, and linguistic backgrounds; their relationships with parents, siblings, and other significant family members; any serious mental illness or addiction problems in the family tree; the client's history of romantic and close relationships; the client's educational and occupational experiences; his or her significant medical history; the occurrence of any major traumas or losses in the recent or distant past; any history of substance abuse, criminal convictions, disabilities, or institutionalizations; any history of psychological treatment or use of psychiatric medications; and, of course, the detailed history of any presenting problems. Like good historians, assessment psychologists obtain, when feasible, historical information from multiple sources, not just autobiographical statements.

The history becomes clinically meaningful in how it helps to shape our expectations and our approach to the assessment. What are the implications of the client's personal characteristics and background for how we should introduce the testing, how we should listen to test responses, and how we should select norms for comparison? How does what we know about the person's history shape our expectations for particular kinds of test results? For example, based on a given educational and occupational background, what levels of complexity and available resources do we anticipate? Based on the clinical history, what overall levels of pathology in various spheres do we expect to see? The history provides a context for the application of theories of personality and psychopathology and for the testing out of inferences derived from observations made in the office and inferences from psychological testing. One of the distinguishing features of a proficient Personality Assessment report is that it is always written with a particular historical context in mind.

8. Maintains competence with an adequate range of instruments and measures

The basic standards of competence in psychological testing are spelled out in the *Standards for Educational and Psychological Testing*

(American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 1992), which are currently under revision.⁵ According to the *Standards*, users of psychological tests should be familiar with the essentials of psychometric theory, including issues of reliability, validity, reference group norms, limits of generalizability, and test construction, both in general and as they apply to specific instruments. As a practical matter, this means, of course, reading the test manual. But that is just the beginning. Maintaining competence in the use of a method requires Continuing Education, supervision or periodic peer consultation, and keeping up with the supportive and critical published literature concerning the instruments one uses.

One should select tests on a case-by-case basis with a sense of purpose as to how they are likely to contribute to the evaluation and whether they are valid for the intended use. Because we know that a multi-method approach is the most likely to produce reliable and valid results (Kubiszyn et al., 2000), most assessments should include batteries that contain both self-report and free-response measures, both to maximize coverage and to minimize spurious mono-method correlations (Bornstein, 2009; Meyer, 1999). In many cases, the use of broad-band tests to survey overall personality functioning should be supplemented with narrow-band tests to offer refined information about particular findings of interest or to answer more fine-grained referral questions.

Computer-generated test interpretations may sometimes be of heuristic value, especially to newer practitioners, but as the *Standards*⁶ (1999) remind us, one should never rely on such interpretations unless one already has the expertise to consider their appropriateness in individual cases. Test interpretation services are never an acceptable substitute for interpretive competence and sound professional judgment. It should go without saying that cut-and-paste approaches to test interpretation have no place in professional practice.

9. Attempts to correct for the distorting influences associated with cognitive, emotional, gender-based, and cultural biases

Sometimes we imagine that we know what to expect about a person from the moment he or

⁵ Available at the time of this writing at the website: <http://www.teststandards.net/index.htm>

⁶ See Standard 11.21 of the *Standards for Educational and Psychological Testing* (1999). Also see Standards 9.06, 9.07, and 9.09 of the American Psychological Association Ethical Principles and Code of Conduct (2002).

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she walks into our office. Sometimes we have even formed some preliminary ideas before then—from the referral questions or from the initial phone contact. Certain impressive scores on a favorite instrument, a particular manner of speaking, or even a certain kind of facial expression can strongly shape our clinical impressions—unconsciously as often as consciously. As we delve deeper into the information available to us, we naturally seek to recruit evidence that supports what looks like a viable conclusion and tend to ignore or explain away evidence to the contrary.

The associated pitfalls were first pointed out by a founding father of the scientific method. In 1624, Francis Bacon wrote in his *Novum organum* (quoted in Meehl, 1997, p. 94):

The human understanding, once it has adopted opinions, either because they were already accepted and believed, or because it likes them, draws everything else to support and agree with them. And though it may meet a greater number and weight of contrary instances, it will, with great and harmful prejudice, ignore or condemn or exclude them by introducing some distinction, in order that the authority of those earlier assumptions may remain intact and unharmed.

To Bacon's lucid description of what is now known as confirmatory bias, primacy bias, or anchoring bias, modern social cognitive psychologists would readily add the affirmation bias, the representational heuristic, the availability heuristic, hindsight bias, ignorance of base rates, the fundamental attribution error, extremeness aversion, halo effects, the Barnum effect, and a dozen others.

No amount of training and experience can make us immune to such biases. And these are all essentially just biases of *cold cognition*! Our more emotionally salient affinities, prejudices, stereotypes, and overall countertransference proclivities (Pickar, 2007; Pickar & Erard, 2007) are still more powerful and difficult to notice or overcome.

The best that we can do is to become familiar with how such biases operate, to learn to gradually discern and anticipate our own cognitive bad habits and inferential weak spots, and to actively dispute the evidence behind our most settled conclusions. What distinguishes the proficient personality psychologist is not freedom from such biases,

but rather his or her active engagement to search them out and correct for them.

10. Offers reports and feedback that make a difference

"So what?" Prior to writing a report or offering feedback following a personality assessment, proficient assessors implicitly or explicitly ask themselves this question. What difference does it make that this assessment was completed? How might the client's self-understanding be different as a result of this feedback? What implications does this report have for how the referring professional proceeds in the future with this client?

At one time in the history of Personality Assessment, it may have been enough to write a technical summation of test results and use them to assign the individual assessed to a particular diagnostic or functional pigeonhole (see Fischer, 1994). Today, that is simply substandard practice.⁷ Our aim should be not only to answer the referral questions originally posed to us, but to do so helpfully and meaningfully. In many cases, we would do well to follow the advice of George Kelly (1955), who thought that assessment should "survey the pathways along which the subject is free to move" (quoted in Fischer, 1994, p. 13).

As proficient assessment psychologists, we provide feedback and write reports with the needs of particular audiences in mind, aim for descriptions that are both recognizable and meaningful to the persons assessed and to those who know them well, seek to minimize harm and intrusiveness while maximizing the usefulness of our findings and recommendations, and at all times, remember that we have just conducted an examination of a living, breathing, three-dimensional human being and not merely an autopsy of a preserved specimen.

Conclusion

Personality Assessment today is underappreciated, not just by the general public but by many of the colleagues with whom we rub elbows in our universities, hospitals, and private group practices. To be sure, there are historical reasons for this, but, from my perspective, one of the most powerful detriments to the growth and acceptance of our field is how poorly it is practiced every day by undertrained professionals. A powerful instrument in the

⁷ One might make an exception for some large-scale screening operations that are designed to flag certain individuals for a more thorough examination.

right hands; in the wrong hands, at best, it is useless, and at worst, it causes untold damage. As the learned society that has been entrusted to train current and future generations of professionals, to safeguard the standards and quality of practice, and to help the profession and the public identify those who are truly proficient in Personality Assessment, SPA has the opportunity and the responsibility to do great things.

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Special Topics in Assessment

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an independent attentional problem nor other notable cognitive issues.

The personality measures became extremely helpful in rounding out the assessment and providing some clarification about the patient's experience. Jennifer's MMPI-2 showed elevations on Scale 2 (T = 68) and Scale 5 (T = 72), and content scales that suggested anxious, negative thoughts about her sense of self and identity (Mt = 64, ANX = 65, GF = 48). Some findings were suggestive of the patient's reported restlessness (Sc3 = 67, TPA1 = 70), although the picture of a more dysphoric and ruminative young woman began to emerge. The Rorschach complemented these findings, revealing more chronic difficulties with coping (CDI = 5) intertwined with a sense of object loss and dependency (T = 2, Fd = 1). While there were no signs of major ideational difficulties or problems with reality testing, Jennifer appeared to spend a great deal of time in her own head (a:p = 2:4) with minimal processing efforts directed toward organizing her world (Zf = 7, W:D:Dd = 2:11:11). Echoing findings on the MMPI-2, Jennifer appeared to struggle with conceptions about her sense of self and others (Egocentricity Index = .17, H:(H)+Hd+(Hd) = 1:6). Her personalization on Card X ("Dust mites inside you") seemed to reflect the microscopic and negative consideration of her self-regard.

In discussing Jennifer's results with her, she quickly responded to the picture that emerged of a young woman whose job losses catalyzed what was a persistent, longstanding sense of self-dissatisfaction and transformed it into a state of restlessness, apathy, and emotional paralysis. While she did appear to have issues focusing on the life tasks at hand for her, they were better accounted for by emotional factors than attentional ones. She welcomed the prescription for psychotherapy to assist her in recalibrating her sense of self and her path forward.

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Special Topics in Assessment

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This case serves to illustrate some of the complexities and nuances inherent in the assessment of Adult ADHD. While the establishment of a formal diagnosis may be cursorily established with a comprehensive history and behavior rating scales—more so than our established measures—the addition of personality assessment measures often provides clarifications to a complicated picture.

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the government and electric power company are working hard hand-in-hand to control the situation. Although the situation is still in a state of flux, we believe that this critical state will eventually be well controlled. Overall, we believe at the present time that the current disaster will have little, if any, impact on the coming ISR 2011 Congress in Tokyo in July.

On 19th March 2011 the WHO announced that no restriction was needed for passengers visiting Japan, including Tokyo, at this moment. The only restrictions that may apply are for travel to the area 30 km around the Fukushima No. 1 Nuclear Power station. Tokyo is approximately 225 km from there.

Also on 19th March, 16 members of the organizing committee gathered in Tokyo to carefully review the situation. The Scientific Committee also went over 187 applied presentation summary applications, and our preparations for the Congress are going ahead. We will hold the Congress as planned and there will be no change in the dates or venue.

We are looking forward to meeting many of you in Tokyo. Your attending the Congress will be the best way to give us hope! We will keep you informed through the web site; let us keep in touch!

Sincerely yours,

1st Vice president of ISR
Chair of the 20th ISR Congress
Noriko Nakamura

spa exchange



Dr. Gregory J. Meyer (*left*) presents the 2010 Walter G. Klopfer Award to Dr. Joshua Miller (*right*), receiving on behalf of himself and Jessica Maples, Lauren R. Few, Jennifer Q. Morse, Kirsten E. Yaggi, and Paul A. Pilkonis.



Dr. Gregory J. Meyer (*right*) presents the 2010 Martin Mayman Award to co-winners Drs. Bridget A. Rivera (*middle*) and Donald J. Viglione (*left*).



Dr. Gregory J. Meyer (*left*) presents the 2010 Martin Mayman Award to co-winner Dr. Anthony D. Bram (*right*).

New SPA Fellows



Aaron L. Pincus, PhD, is a professor of psychology at The Pennsylvania State University where he teaches personality assessment and psychotherapy for the doctoral program in

clinical psychology. Dr. Pincus received his BS in psychology from U.C. Davis, his MA in personality psychology from U.C. Berkeley, and his PhD in clinical psychology from the University of British Columbia where he studied with Jerry S. Wiggins. Dr. Pincus's research includes the development of new assessment measures and methods based on the Interpersonal Circumplex Model, as well as the integration of personality, psychopathology, and psychotherapy using interpersonal assessment. He also developed the recently published Pathological Narcissism Inventory (PNI) and was the recipient of the 2007 American Psychological Association Division 12/American Psychological Foundation Theodore Millon Award for contributions to personality psychology.

SPA Personal

Marvin Eisenstadt, PhD, wrote a book titled *Everything Related to Being a Psychotherapist* (2010). The topic of the book is how to be a good psychologist or other professional and how to get better at working with clients and patients. Dr. Eisenstadt's book is offered on Amazon.com Kindle as an e-book (\$9.99). The book incorporates his experience of the last 45 years as a clinician, researcher, administrator, and supervisor.



Dr. David Nichols (*left*) presents the 2011 Bruno Klopfer Award to Dr. Stephen E. Finn (*right*).

From the Editor...

Jed A. Yalof, PsyD, ABPP, ABSNP



In this issue of the *Exchange*, Robert Erard's President's Message highlights the proficient assessor. Alan Schwartz presents the second part of his article on the assessment of ADHD. Chris Hopwood gets us thinking about whether mood states alter personality assessment. Bruce Smith provides updates on his work as SPA Public Affairs Director and SPAF President. Aidan Wright updates the membership on SPAGS. SPA President-Elect Radhika Krishnamurthy provides a perspective on the recent SPA Annual Meeting. Mark Blais, Chair of the Personality Assessment Proficiency Committee, describes the next stage in the proficiency process and presents an overview of the committee's charge. There are also photos of award winners and preliminary information about next year's conference. Until next time...

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