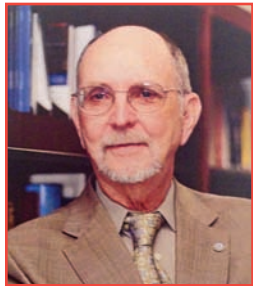


spa exchange

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The President's Message



Robert Archer, PhD
Bay Forensic Psychology and East Virginia Medical School

Dear Colleagues,

The SPA Conference held in Washington, DC from March 14 through March 18, 2018 was a great success with 500 attendees. The theme of the 2018 conference, Empirical Foundations of Personality Assessment, was reflected in this year's collection of posters, papers, symposiums, roundtables, and workshops that underscored the importance of research in the development and application of personality assessment methods. This year's Paul Learner Memorial Lecture, presented by Greg Meyer, was a provocative discussion of the theoretical and empirical base of personality assessment. Eric Zillmer presented an outstanding master lecture on the Psychology of Terrorists, including the characteristic differences observed

among prominent categories of terrorists. I would like to thank all those individuals who are responsible for the terrific SPA Conference. A debt of gratitude is owed to the Program Chair, John McNulty; our Continuing Education Committee Chair, Chris Hopwood; SPAGS President, Crista Maracic; and to Monica Tune, Sam Richardson, Susan Smith, and Saad Malik for organizing and implementing another great SPA conference.

The 2018 SPA conference also provided an opportunity to celebrate the accomplishments of individuals who have made significant contributions to personality assessment. This year's Marguerite R. Hertz Memorial Presentation for an individual who made a landmark contribution to personality assessment was in memory of Lee Cronbach and featured Noreen M. Webb as the presentation speaker. Tom Widiger received the Bruno Klopfer Award for Lifetime Achievement, and Anna Hartley and R. Michael Furr received the Walter G. Klopfer Annual Award for their research paper entitled "A Profile-Based Framework for Factorial Similarity and the Congruence Coefficient." The Martin Mayman Award for the outstanding qualitative work was presented to Robert Bornstein for his paper, "Evidence-Based Psychological Assessment." A Lifetime Achievement Award was presented to Gene Nebel for his over 30 years of dedicated service in recording the numerous presentations that occur at each of our annual conferences. Katherine Nordal, the retiring Executive Director for APA's Professional Practice Section, received special recognition for her sensitivity to, and support for, the area of Personality Assessment in the promotion of the professional practice of psychology. Steven Huprich was also recognized during our awards ceremony for his five years of outstanding service as the editor of the *Journal of Personality Assessment*. Steve's tenure ends of June 30, 2018, and Martin Sellbom will be assuming the JPA editor position on July 1, 2018. The Mary Cerney Award for the outstanding student research paper this year was presented to Trevor Williams, and the Samuel J. and Anne G. Beck Award to the outstanding early career researcher was presented to Aidan Wright.

The plenary presentation for the 2018 conference provided an overview of the strategic growth plan for SPA for 2018 through 2021. The SPA's strategic plan was the result of a collaborative process that involved a diverse mix of SPA leadership, membership, and staff. The multi-step process involved individual interviews with key internal and external stakeholders in the SPA, and an online survey of all current members of SPA. This process resulted in the identification of six overall goals, each of these goals associated with a variety of strategies for implementation. The plenary video presenting the SPA strategic plan will be made available in the near future on the SPA website.

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From the Editor	Back Cover

An important part of any SPA conference is the opportunity for attendees to meet with their colleagues from around the world, and for students and new professionals to chat with individuals who have helped define the field of Personality Assessment. This year, this process was facilitated through our gala reception that was held on March 16th at the Swedish Embassy in Washington, DC to celebrate the 80th anniversary of the Society of Personality Assessment and the publication of the 100th volume of the *Journal of Personality Assessment*. It was a wonderful venue for a memorable celebration.

SPA elections will be held soon, and I urge you to carefully review the list of excellent nominees to serve on the SPA Board of Trustees and to vote for your choice. Candidate statements are available now on the SPA website and voting was conducted between May 7th and June 15th. This year's nominees for the two representative-at-large positions (two to be elected) are Kevin Bolinsky, Nicole Cain, Jill Clemence, and Piero Porcelli.

Our next annual conference will take place in New Orleans, Louisiana, March 20–24, 2019, so please mark your calendars now and plan to attend. Our conference hotel is at the New Orleans Marriott, on 555 Canal Street. It is located within easy distance of the countless terrific restaurants and attractions available in the Big Easy. Take a Jazz Cruise down the Mississippi, spend an evening or two in the French Quarter, and sample from New Orleans' rich culinary adventures. Information on hotel and registration will be available soon on the SPA website.

Speaking of the 2019 conference, a few important deadlines should be noted. Submissions for the Mary Cerney Award for Best Student Paper

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are due July 1. Nominations for the Exner Scholar Award for the outstanding Early Career Researcher are due July 1. The call for workshop proposals opened on April 15, 2018, the deadline to submit workshop proposals for 2019 is July 15, 2018. Applications for Diversity Support Grants, Early Career Travel Grants, and International Early Career Travel Grants are due November 30, 2018. In terms of our student members, Research Grant and Dissertation Grant applications are due November 15. Student Travel, and International Student Travel Grant Proposals will be due on November 30, 2018.

On behalf of the Board of Trustees, we welcome your questions, input, and feedback concerning any SPA activities or projects. Thank you for making the 2018 conference in Washington, DC a wonderful success. We look forward to seeing you in 2019 in New Orleans.

Sincerely,



Robert P. Archer, PhD
SPA President □

Ethical Challenges in a New Area of Assessment



Linda K. Knauss, Ph.D., ABPP
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If you have taken a flight recently, you may have seen a dog, cat, or even a turkey sitting on someone's lap, or on the seat next to him or her (Ferrerias, 2016). This is the result of a growing trend of individuals wanting an Emotional Support Animal (ESA) to accompany them on an airplane, in a restaurant or other business, or live with them in housing that does not allow pets. The purpose of ESAs is to provide emotional support and comfort to their owners.

What does this have to do with psychology or assessment? In order for individuals to bring an animal on to an airline, they need documentation on the letterhead of a licensed mental health professional (for mental health conditions) "that the person is under his or her treatment, has a mental or emotional disability recognized in

the *Diagnostic and Statistical Manual of Mental Disorders* (fifth ed.[DSM-5] American Psychiatric Association, 2013), and is in need of the ESA as an accommodation for air travel and/or activity at the passenger's destination" (Boness, Younggren, & Frumkin, 2017, p. 217). Thus, one of your clients may want you to write such a letter, or a new client may come to you for such a letter. There are numerous and sometimes conflicting recommendations about what to do in these situations.

It is first important to know the difference between Emotional Support Animals and Service Animals. Originally, the only animals that were trained to assist individuals with a disability were dogs and they provided mobility assistance to people who were blind or had other visual disabilities. More recently, dogs have been used to help people with hearing difficulties and mobility impairments. There are also seizure-alert dogs, hypoglycemia-alert dogs, allergen-alert dogs, and dogs with specialized functions for those with mental health problems (Ensminger & Thomas, 2013). A Service Animal (SA) is defined by the Americans with Disabilities Act (ADA) as dogs (and occasionally miniature horses) that have been individually trained to do work or perform tasks for someone with a disability and the work performed must be directly related to the disability (Galietti, 2018; McNary, 2018; Younggren, Boisvert, & Boness, 2016). With regard to mental health disorders, a service dog may remind a person to take medication, turn on the lights for someone with post-traumatic stress disorder, or keep a disoriented person out of danger (Boness, Younggren, & Frumkin, 2017; Galietti, 2018; Younggren, Boisvert, & Bonnes, 2016).

The ADA allows SAs access to public places that otherwise restrict pets including all areas where the public is normally allowed to go (Galietti, 2018; United States Department of Justice, n.d.). In addition, the ADA allows only two questions to determine if an animal is an SA: Is the animal required because of a disability, and What work has it been trained to perform? Service dogs are usually highly trained and well behaved. However, the dog's handler must maintain control of the animal (Galietti, 2018; McNary, 2018).

In contrast to SAs, any animal, even a turkey, can be an ESA. These animals are not trained to assist with a disability but to provide comfort to their owners. ESAs are not recognized by the ADA and thus have more limited access to public places. However, two laws, the Fair Housing Act (FHA, 1968) and the Air Carrier Access Act (ACAA, 2003) do recognize ESAs as a reasonable accommodation for a person with a disability (Galietti, 2018). Therefore, landlords and airlines generally allow ESAs in housing and on airplanes without charge as long as the handler provides appropriate documentation as described above.

There are also some similarities between SAs and ESAs. Although many service animals are highly trained, there is no requirement for any type of formal training or certification for service animals or ESAs. There is also no requirement that either type of animal wear any special type of identification such as a vest or tag (McNary, 2018). This leads to the potential for fraud, both in terms of service animals and ESAs. Providing the documentation needed to take an animal on an airline or to obtain housing has become a growing industry. There are numerous online commercial entities that will provide certification as an ESA or a SA without ever having seen or evaluated the person or the animal (Younggren, Boisvert, & Boness, 2016). This has become such a problem that some states such as Texas and California have made it a crime to pretend that a dog is a service animal (McNary, 2018).

The following are reasons that more people are seeking documentation from their therapists or are turning to psychologists and other mental health professionals for documentation of an ESA even if they have never been in treatment: 1) any animal can qualify as an ESA, 2) there are no formal requirements for training or identification of ESAs, 3) the Fair Housing Act and the Air Carrier Access Act recognize ESAs as a reasonable accommodation for persons with a disability, and 4) allowing ESAs in housing and on airplanes without charge as long as the handler provides appropriate documentation. Although there is an assumption on the part of both clients and professionals that being in the presence of animals has a therapeutic effect on people, making them feel better, it is important to note that research has not clearly demonstrated the effectiveness of ESAs in reducing psychological distress. Peacock, Chur-Hansen, and Winefield (2012) concluded that many of the studies have methodological weaknesses and Ensminger and Thomas (2013) said that the empirical research that does exist is inconsistent, sparse and emerging. Many articles are primarily anecdotal or cite information from newspapers. Herzog (2011) said that positive media incorrectly leads people to believe that ESAs are effective in reducing mental health problems.

There are a number of things to consider if asked to provide documentation of a disability in order for someone to qualify to have an ESA. For example, if a psychologist writes a letter indicating that the client is disabled by a DSM disorder and the disorder requires an ESA, an important consideration in light of the lack of empirical evidence for ESAs is whether the psychologist could prove in a legal proceeding that the presence of the animal was necessary. Another consideration is whether this constitutes a forensic evaluation. Boness, Younggren, and Frumkin (2017) argue that these types of determinations are forensic in nature and should not be done by the treating clinician. They also

conducted a study to find out what is happening in the profession regarding the provision of these types of letters, how assessments are being conducted, who is conducting them, and whether psychologists agree with these authors regarding a conflict of interest when a treating professional provides these types of assessments.

The results of this study indicate that more clinical practitioners are providing ESA recommendations when compared with forensic practitioners. This is not unusual because clients ask therapists with whom they have an existing relationship for the assessment. In addition, the wording in the Air Carrier Access Act implies that treating mental health professionals should be writing these letters. In this study, 65.3% of forensic practitioners endorsed believing that it is appropriate for treating mental health professionals to make ESA recommendations. Forensic practitioners in this study were also more likely to choose more complex and forensically valid measures or a malingered assessment measure when making a recommendation about the need for an ESA in comparison to clinical practitioners (Boness, Younggren, & Frumkin, 2017).

An important finding in this study from both forensic and non-forensic practitioners was a recommendation to evaluate people requesting the ESA documentation in the presence of their animal. The reasons given included: evaluating the human-animal relationship, observing the way the person responds to stressful situations with and without the animal present, and observing whether the animal actually responds in a helpful way. However, according to Boness, Younggren, & Frumkin (2017), “most mental health professionals are not trained to evaluate animals alone or in the presence of their owner nor do standards for conducting this type of evaluation exist in the literature” (p. 221).

The most important consideration when providing a letter to document the need for an ESA is whether the therapist can be objective. Is there enough information and evidence to substantiate the psychologist’s findings? Is the ESA helpful to the client in achieving his/her treatment goals and is the need for an ESA part of the client’s treatment plan (McNary, 2018; Younggren, Boisvert, & Boness, 2016)? Although a client’s self-report may not be enough to justify a letter for an ESA, the psychologist may know that the client has anxiety due to fear of flying and traveling with a dog alleviates panic attacks, or having a dog in his/her apartment will lessen the severity of depression for a particular client (Galietti, 2018). It is important that the psychologist’s records support the conclusions expressed in the letter. Another issue to be considered is the impact on the therapeutic relationship if the psychologist does not believe that the ESA truly minimizes the client’s problems, and declines to write such a letter. If a

psychologist has reservations about writing such a letter, he or she should not do so.

If a treating psychologist is not able to be neutral or objective, then the psychologist should refer the client to a third party. This separates the treatment issue from the assessment or evaluation issue and avoids any possible role conflicts. If a psychologist does not have an existing therapeutic relationship with the person requesting the letter, regardless of whether the psychologist is a forensic psychologist, that psychologist will have less direct clinical knowledge about the client, so it will be important to obtain adequate information to support any conclusion. This information may include records review, consultation with treating professionals, an in-person interview, and possibly psychological testing (Younggren, Boisvert, & Boness, 2016). In any case, the determination of the need for an ESA is complex. Clients who come to a psychologist only to get a letter for an ESA need to know that the results of the evaluation may not result in a diagnosis to support their request for a letter for an ESA. Conversely, if a diagnosis requires it, the person may be referred for treatment (Galietti, 2018).

Whether the letter is written by the treating psychologist or a neutral third party, the APA Ethical Principles of Psychologists and Code of Conduct (APA, 2016) require the use of assessments that are “appropriate in light of the research” (9.02a) and valid and reliable for the population tested (9.02b). However, validity and reliability have not been established in the case of ESA assessments; therefore, psychologists must describe the strengths and limitations of test results and interpretations (9.02b).

Clients also need to know that the evaluation or assessment may result in a diagnosis that will be part of their health record, and may need to be disclosed in certain instances which could impact the client in unanticipated ways. In addition, by giving the letter to an airline employee or landlord, the client is revealing health information (Galietti, 2018).

Although there are differing opinions about whether letters regarding ESAs should be written by treating psychologists, forensic psychologists, or another neutral third party, there are certain things on which there is agreement. In order to qualify to have an ESA, clients must have a DSM diagnosis, they need to be significantly impaired by this psychological disorder, and the ESA has to have a significant impact on the psychological disorder such that without the ESA the client cannot function adequately (Younggren, Boisvert, & Boness, 2016). The psychologist who writes such a letter should conduct a thorough evaluation, and if the letter is written by the treating psychologist, the need for the ESA should be included in the treatment plan. Guidelines and evidence-based protocols are needed regarding how these types

of assessments are conducted and who should be conducting them. Finally, empirical studies are needed to determine whether the presence of an animal is helpful for psychological disorders (Boness, Younggren, & Frumkin, 2017).

Emotional Support Animals can serve an important role for people, but before writing a letter of support for an ESA, psychologists should be sure that the ESA minimizes the impact of the client’s problem and it is not just a way for a pet to live or travel with the client.

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The Teacher's Block



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The American Psychological Association's Standards of Accreditation (2018) has identified assessment as one of its core competency area. Assessment includes elements that address test selection, application, integration, interpretation, and both written and oral methods of communicating results. So, there is much to learn about the basic components of psychological assessment in the classroom during which time student evaluations are detailed, frequent, and consequential. This brings me to the main point of this article: There are certain experiences that an assessor has during education, training, and post-graduate school that teach us about assessment in ways that differ from the controlled classroom.

Let me explain further. I recently evaluated a medical student, who shared one of his experiences when learning how to draw blood. Apparently, students practice this on each other as part of a clinical lab experience. In my client's case, he was working with another student who had what my client termed as "a shaky hand," which, I think, was code for anxiety. No one wanted to work with this student, until my compassionate client agreed to be the passive recipient of "blood work" at the hands—no pun intended—of his classmate. It turned out that the classmate was actually quite good at the procedure, which was also good news for my client, and it made me think of other stories that stay with us throughout our professional lifetime as anecdotes. These anecdotes are what are shared in lighter moments during teaching or supervision, but they carry a lesson that cannot be taught in the classroom. In my client's case, the instructional value was that support can help ease a colleague and allow for the expression of a skill that others might overlook.

Taking this client's experience and searching for an analogue in the field of psychological assessment led me to "uncover," if you will, a few memories of my own that take us beyond the sterility of classroom learning and into the real world. These are the type of memories that are fun to share with students, if your repression barrier is soft enough to permit the memories to reach consciousness at the right time.

"Top-10" Countdown

#10: Testing an elementary school student in a nurse's office. The office was about eight

feet long and five feet wide. Fortunately, the school nurse was in an adjacent office. Still, talk about claustrophobia and dimensionality—it felt like a Hitchcock movie. Learning moment: Hitchcock was a great director and assessors have to adapt to context.

- #9: Having a spiral bound book entwined with test stimuli begin to unravel during testing. I now know the meaning of the word "undone." It made it harder to flip the Block Design pages and required deft motor dexterity. Learning moment: Don't blame the test publisher and learn to regroup under duress when a piece of equipment starts to unravel. Don't over-identify with the equipment!
- #8: Doing a classroom observation while sitting in a chair and at a table meant for an early elementary school child. This is what it must feel like to be seven-feet tall. Learning moment: Try to fit in with the culture of the work setting and don't get caught up in being stared at while you're trying to observe the student(s). I could have asked to stand or looked for a bigger chair. Learning moment: Characterological compliance has its limits.
- #7: Having a parent sit in during an auditory attention test to help settle a hyperactive child and wondering how to write it up in the report. Should the child take a picture of his parent to school and give it to the teacher, who can then flash it quickly as a "call-to-task" intervention each time the child seems to lose listening focus? Learning moment: Get creative when you qualify results and articulate conditions under which the child is likely to settle (e.g., when someone with whom the child feels comfortable is present or can be conjured up as an image, even if concrete prompts, such as a photo or, more realistically, an agreed upon and socially acceptable cue, are needed). Just tell it like it is.
- #6: Trying to coax a hospital patient out of bed to take a Rorschach. I guess this would be an example of oral dependency language as coded on the Rorschach-Performance Assessment System (Meyer, Viglione, Mihura, Erard, & Erdberg, 2011). Learning moment: Who wants to take a Rorschach early in the morning? Leave well enough alone. Plus, you can get more information from the time spent observing and talking to the patient than administering the test. There was a psychiatric tech with me, just to be on the safe side.
- #5: Having a supervisor sit in on a Rorschach administration when I was training. We were unable to disengage visually after the client gave a response to Card 9 of an object vomiting onto another object. Both of us learned another meaning of projectile

vomiting. Learning moment: Contain your fantasy life and be thankful that the patient's feelings were displaced onto the inkblot!

- #4: In contrast to #5, participating in a seminar with an outstanding teacher who never made eye contact with the group members. This was an awkward experience, to say the least. We were not that bad looking of a group! Learning moment: Appreciate what someone has to offer you. Everyone has their issues.
- #3: Taking copious notes when dealing with a potentially dangerous client, I thought that the case might trigger a duty to protect by warning. I took so many notes that I think it led to tendinitis. Fortunately, I concluded that there was no need to warn, following a lengthy consultation with a colleague, after the patient left my office. Learning moment: It pays to write things down carefully in real time and to consult. P.S. The tendinitis was short-lived, but I still checked the newspaper carefully for quite some time just to make sure that there were no crimes committed that involved an angry boyfriend doing harm to his girlfriend.
- #2: Have you ever evaluated a patient with recurrent gastro-intestinal issues during an assessment? The patient is proceeding as if nothing is going on. I keep glancing over at the Lysol spray. Learning moment: I'm still processing this one.

AND

- #1: Being told by an angry patient after testing was finished: "I have your card and I can find out where you live." I had enough ego strength not to put my house up for sale. Learning moment: Don't give your card out and let the authorities know what happened, which I did. I never heard back from the patient, but wonder if they still have my card! Even so, my office address has since changed, but now with the internet, even though it occurred about 20 years ago, maybe the patient can...Let me move on here before I get into deviant response, level II (i.e., rambling thoughts) territory.

I invite others to send along their experiences, which I can publish in another issue of the *Exchange*. Write to me at frame.break@verizon.net.

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The MAC Report: Components of Proficient Report Writing: Part II



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As noted in The MAC Report: Part I article (Pade, 2018), the education and training of competent professionals serves a public need, and in recent years there has been increased discussion about the importance of competencies in professional and health psychology (Hatcher et al., 2013; Larkin & Klonoff, 2014). The Proficiency in Personality Assessment and the idea of a MAC report are aligned with the goal and aspiration of developing competent psychologists who are conducting psychological assessments and writing reports,

As a quick reminder, the MAC report stands for Meaningful, Accurate, and Clear. These three overarching components are essential for effective reports. The Proficiency Report Review Form, readily available on the SPA website (www.personality.org), targets several primary areas (comprehensiveness, integration, validity, client-centered, and overall writing) that are considered to be critical and foundational components of assessment reports across most settings and populations. This article will focus on issues of validity and accuracy. Groth-Marnat and Wright (2016) discuss clinical judgement and the clinician's responsibility to accurately describe the client based on sources available, including testing data.

In the field of assessment psychology, validity generally refers to the degree of confidence we can place on the inferences we make on the basis of the results (Streiner, Norman, & Cairney, 2015) including a client's approach to testing. There are also several ethical considerations when writing about or explaining assessment results including the issue of validity and accuracy (Weiner & Greene, 2008). Blais and Smith (2014) suggest including a few statements early in the report specifically about the validity of test data and interpretations to clarify level of confidence in results. Weiner and Greene recommend that "...examiners should sharpen the precision of their reports by referring to the strength of evidence for the conclusions they are drawing and indicating how certain they are of them" (p. 42). This ties directly to the concept of accuracy in discussing findings.

The proficiency Report Review Form includes the following under the category of validity in report writing:

- 1. The validity of test findings and quality of data are discussed.** The report acknowledges potential limitations of measures used due to diversity or other factors. Measures with weaker psychometric foundations or lacking in relevant normative data are recognized as such in some manner (direct discussion of such issues, less emphasis in the discussion, etc.).
- 2. Test interpretations are consistent with the empirical literature and accepted clinical practice.** The narrative descriptions of test results in the report are generally consistent with what is known in the literature and what is generally accepted clinical practice. The report presents overall what would be considered evidence-based and generally accepted interpretations of tests. Any major variations from generally accepted practice are clearly, logically, and defensibly justified (for example, elevations on certain scales of a self-report are discussed accurately and appropriately versus over-pathologizing or not recognizing areas of concern based on testing data). This is considered a critical aspect of proficient report writing.
- 3. Assertions made from test results are consistent with the data collected.** The report presents findings that are in fact based on the entirety of data collected. That is, no major test results are omitted for any reason, the narrative explanation of what test results mean are consistent with the actual test results/scores, and the narrative explanations of all results are not in any way misleading to a reader. This is also considered a critical aspect of proficient report writing.
- 4. Test interpretations are sensitive to issues of culture and diversity, including ethnicity, race, gender, age, sexual orientation, age, religion, ability, etc.** Where appropriate, diversity issues are addressed, relating to test interpretations and overall interpretations of the evaluation. No instances of culturally inappropriate interpretations or assertions are presented in the report. Please note that culture reflects more than one's ethnicity and covers a wide array of diversity factors.
- 5. Diagnostic impressions and conclusions are reasonable based on the data presented.** The report presents conclusions that are reasonable, based on the client's history, test results, behavioral observations, culture, and any other relevant information. It is clear that the assessment fully justifies the conclusions. This is also considered a critical aspect of proficient report writing.

As noted in Part I, it is possible for reports to fulfill some but not all three main principles of a MAC report. There are a wide range of issues under the A for accuracy that may

significantly impact an assessment report and as a result, the client. This article will address only a few issues including describing strengths and weaknesses, cutoff scores, approach to testing, sources of information, and evidenced-based data. Examples include several widely known measures describing information and results from various part of a report (background, self-report measures, and performance-based measures). The brief examples below show the transformation from problematic or questionable validity when describing information about a client, testing data, or providing interpretations into a more accurate paragraph. Sometimes such accuracy issues would be apparent but not always.

One's personal style of writing is an important aspect of producing assessment reports, but it cannot interfere with an accurate reporting of findings. Along with utilizing valid and reliable measures and considering individual context, establishing rapport is an important aspect contributing to a valid and accurate assessment (Groth-Marnat, 2016). This article includes brief report writing samples that reflect problematic accuracy followed by a short discussion and a re-write to address the issue. To clarify, I am not suggesting that these rewrite examples are the best, right, or only way to write, but rather, these are some options of writing about test results that can lead to a MAC Report. The data used are based on fictional cases.

Example 1: Strengths and Weaknesses

David's verbal comprehension skills are an area of significant strength (WISC-V VCI 68th percentile). He displayed above average vocabulary (Vocabulary 63rd percentile) and general fund of knowledge (Information 58th percentile). His abstract verbal reasoning especially stood out as an impressive and exceptional skill (Similarities 75th percentile). Such results are consistent with his presentation at interview and his ease of carrying on a conversation as well as parent and teacher reports about his strong verbal and language skills. It is likely that his consistent academic background and reported love of reading played some part in developing such skills.

While the example above is written clearly, is person focused, and quite meaningful, there is an issue with accuracy. Validity and accuracy in this example may or may not be readily apparent to a reader, whether trained or not, although an assessment psychologist may have some questions related to the data provided and related descriptions. There are a couple of problems. The first is the use of language to describe certain skills that do not quite align with the scores. We don't often associate the term "exceptional" with an average or typically developed ability, unless the specific context called for it, which leads to the

second issue. It is important to clarify whether such a strength is normative or relative, and better yet, doing so in simpler reader-friendly language. A score of 12 is not considered a normative strength but it can certainly be a relative one, and an impressive and exceptional one at that, if David's other scores on the WISC-V were significantly lower. In this case, the rest of David's scores on the WISC-V were only slightly lower and not significantly so.

The main concern here is that the way the data are described, and the wording utilized is inaccurate and potentially misleading. Thus, while it's understandable that the writer wanted to emphasize some of the performance, likely meaning well, there is actually potential harm even though it's "positive" rather than "pathologizing" information. Finally, the inclusion of data as supporting evidence in this case allowed us to detect this issue. This may have been possible with a table of scores at the end of the report as well, but only if we looked at it. Either way, for a non-trained reader, the scores may nor may not have helped detect the issue. Thus, it is critical that we discuss the data in a valid, accurate and responsible manner. This example is fairly minor perhaps in terms of an impact, but you can imagine if a similar issue happened with a weakness or in a particular setting where such inaccurate and misleading discussion could have been far more damaging. A better way to describe the same information more accurately is as follows:

Example 1: Rewrite

David's verbal comprehension skills are in the average range compared to others his age (WISC-V VCI 68th percentile) and are slightly better developed than his other intellectual abilities discussed below. He displayed well-developed vocabulary (Vocabulary 63rd percentile) and a general fund of knowledge (Information 58th percentile). He performed his best on an abstract verbal reasoning task, where he seemed to identify meaningful relationships between words with a sense of ease, articulating his responses clearly (Similarities 75th percentile). Such results are consistent with his presentation at interview and his ease of carrying on a conversation as well as parent and teacher reports about his strong verbal and language skills. It is likely that his consistent academic background and reported love of reading played some part in developing such skills.

Groth-Marnat and Wright (2016) discuss the process of determining and discussing high and low scores, associated abilities and relative strengths or weaknesses. They suggest psychologists consider statistical pattern analysis as well as behavioral observations and other relevant information to make such determinations and discuss findings in an accurate manner.

Example 2: Approach to Testing

Roberta's responses on the Millon Adolescent Clinical Inventory (MACI) indicated severe anxiety and depressive symptomatology. She endorsed a multitude of items suggesting poor sleep and eating habits as well as low self-esteem and ongoing worries. This information helps explain her limited interpersonal relationships currently and reported difficulties at school. Such data suggested she meets diagnostic criteria for a clinical diagnosis including Generalized Anxiety Disorder and possibly a Major Depressive Episode.

One issue is considering a diagnosis based on results of one measure without consideration for additional sources of information and not necessarily providing sufficient information for it either. Another issue not apparent in the paragraph is a lack of consideration for the MACI modifying scales. Just as we do with all self-report inventories, before interpreting the Millon personality and clinical scales, psychologists must be assured that the client is not over or under reporting symptoms (Groth-Marnat & Wright, 2016). Roberta's profile included a highly elevated Debasement Scale suggesting she was particularly hard on herself when responding to items and that she tended to focus on negative experiences/aspects of self and symptomatology. Weiner and Greene (2008) noted that "In drawing conclusions from their data, personality assessors must be alert to the effects of impression management . . ." (p. 36). While concern about her anxiety and depression, sense of self, and related interpersonal relationships may still be relevant and need to be discussed, it would be important to clarify the context of her approach for increased accuracy and validity of our interpretations. This would of course be essential to consider when one's approach to testing is skewed in either direction and certain aspects such as defensiveness or minimization of problems are noted. One way to rewrite this paragraph is below:

Example 2: Rewrite

Roberta's MACI responses indicated severe anxiety and depression symptomatology. She endorsed a multitude of items suggesting poor sleep and eating habits as well as low self-esteem and ongoing worries. This information helps explain her limited interpersonal relationships currently and reported difficulties at school. It is important to note that Roberta's approach to this self-report inventory was significantly impacted by her tendency to view herself in a negative light. It is possible that she took the opportunity of this questionnaire to raise her concerns, which she was uncomfortable doing via direct interview. Considering information available from her parents and school, it does appear that she is experiencing a lot

of distress. Potential diagnostic considerations are discussed below.

It may be wiser to note Roberta's approach to the MACI (and other measures in the assessment process) earlier in the paragraph to provide such a context when reading the various interpretations and possible implications.

Example 3: Cut-off Scores

Hilda appeared to be consistent, candid, and accurate throughout this assessment and in her approach to the various personality measures utilized including an in-depth personality inventory (MMPI-A-RF). Her responses raised significant concerns regarding her antisocial attitudes and behaviors as well as aggression. These data were consistent with background and collateral information available from her current therapist. In addition, most of the stories Hilda told in response to the Roberts-2 cards entailed verbal and physical altercations between characters and an overall disregard for the well-being of others.

The information provided integrates some collateral information available suggesting consistency, thus supporting MMPI-A-RF results. However, her RC-4 scale was T=58, ASA was T=60, and her Psy5 AGGR-r was T=57. The MMPI-A-RF considers T scores above 60 as beginning clinical significance (while the MMPI-A considered scores of 60-64 as borderline). Thus, with only one of those scales mentioned being at the lowest clinically significant score and the others below that, it is inaccurate and misleading to note and imply these are significant elevations/concerns when they are in fact, not. Instead, considering there is additional information suggesting such areas are indeed problematic, a more accurate way to discuss results may be as follows:

Example 3: Rewrite

Hilda appeared to be consistent, candid, and accurate throughout this assessment and in her approach to the various personality measures utilized including an in-depth personality inventory (MMPI-A-RF). Her responses to items addressing antisocial behaviors and aggression were not clinically significant on the MMPI-A-RF. However, an antisocial attitude was a noted concern. In addition, such issues of problematic and at times even aggressive social interactions were consistent with background and collateral information available from her current therapist as well as other testing data. Most of the stories Hilda told in response to the Roberts-2 cards entailed verbal and physical altercations between characters and an overall disregard for the well-being of others.

Cut-off scores are in place for a reason and it is easy to fall into the temptation of discussing

scores near clinical significance as if they were significant. That said, overall data about a client are essential in understanding one's self-report profile. The following comment sums this up well: "After collecting and organizing the data, clinicians then need to make the final judgment regarding the client. Determining the relative accuracy of these judgements is crucial" (Groth-Marnat & Wright, 2016, p. 27).

Example 4: Background

Jose rarely completes his homework assignments and has failed most of his classes in middle school. He has a negative attitude towards school in general, disrespects his teachers, and doesn't get along with his classmates. He hangs out with students who are known trouble makers during recess and doesn't care about his grades or possibly not moving up to the next grade in the upcoming academic year.

I often find myself reminding students over and over to note where the information is coming from in the background section. Information gathered for this section is not necessarily a report of known facts about the client or situation. Rather, it is available via a filter of the one providing it, including past written documents. Clarifying the source is even more important when there are multiple sources of information. It is helpful to indicate whether there is corroborating evidence to what's reported or if there are certain circumstances that need to be considered and may skew what is provided in one way or the other. This may include a parent who can see no wrong in their child's actions no matter what, one who is overwhelmed and can only see the negative, or anyone in between. This may seem basic, minor, or tiresome, but it's a matter of accuracy and validity of the information provided in an assessment report. It's not only the summary section or when we answer referral questions directly that we make an impact with our writing, but rather throughout the report. Potential harm in the form of inaccurate negative impressions can be caused early on in a short statement rather than a conclusive diagnostic one at the end. This particular example is also a reminder of the importance of diversity factors and one's individual circumstances. One way to rewrite the paragraph above, while still including all the same information is included below:

Example 4: Rewrite

According to Mrs. X, José's foster mother, who has been quite frustrated with his conduct in recent weeks, he rarely completes his homework assignments and has failed most of his classes in middle school. She felt that José has a negative attitude towards school in general, disrespects his teachers, and doesn't get along with his classmates. When asked about the latter, Mrs. X stated that

he never invites kids from his class over or gets invited to their homes. Mrs. X further indicated concern that José hangs out with students that she referred to as "known trouble makers" during recess and she did not think he cares about his grades or possibly not moving up to the next grade in the upcoming academic year. Unfortunately, there was no information available from José's school at the time of this assessment to corroborate her report about his school functioning. José has shared limited details but indicated ongoing difficulties at school and trouble with peers. He appeared visibly sad when he spoke about such issues. He also reported that he does not get along well with his foster mother and he feels she doesn't like him.

Example 5: Evidence-Based

The House-Tree-Person (H-T-P) is a projective measure of personality used by clinicians to elicit information about how one experiences the self in relation to others and to the home environment. X completed the drawing of the house in about 5 minutes with no erasing. The house is relatively symmetrical, and lines are not sketched or overemphasized. The size of the house is medium and is placed towards the middle and right side of the paper. It has a double door with two doorknobs, two windows on the second floor and two windows in the garage. The house has a triangular roof on the house and a rectangle roof on the garage. The general feeling of the house is warm and welcoming with a pathway. The chimney, which signals masculinity, has smoke coming out of it showing a possibility of obsessive compulsive tendencies. The double doors show that he is hard to get close to. X completed the drawing of the tree in about 2 minutes. The side of the tree is large and is placed in the middle of the page; lines are not sketched or over emphasized. The tree has large circular style leaves throughout. The trunk has a thin to medium size width, with only two lines on the outside and no drawings within the trunk. The tree is rather large for the size of the page, suggesting that X may feel constricted by his environment. Light writing signals the feelings of insecurity and indecisiveness. The tree itself is solid showing a need for social connection. The large branches reveal the need of self-satisfaction and feelings of anxiety. Overall this drawing shows X's potential for personal growth and strong need to connect to others and the outside world. However, feelings of anxiety, insecurity, and indecisiveness prevent him from fulfilling these self-actualization needs.

"In the absence of supporting empirical data, examiners should always distinguish among speculative hypotheses by attending to the soundness of the rationale for them ... they should frame their conclusions in language that reflects how certain they are" (Weiner & Greene, 2008, p. 492). Weiner and Greene noted concerns about inferences made about certain aspects of drawings that have no rationale or evidence to support them. Furthermore, they stated that any possible accuracy of some interpretations that are more commonly supported must still be judged in light of information from other sources. Such recommendations provide the basis for the rewrite below.

Example 5: Rewrite

Assessment findings across measures utilized, including records reviewed, behavioral observations, self-report questionnaire (PAI-A and BASC-3), and performance-based data (R-PAS) indicated that X experiences ongoing anxiety that often translates into self-doubt and in turn, some difficulty establishing meaningful relationships with others. His response on a sentence completion task (RISB) as well as his projective drawings (HTP) further supported such findings.

Final Thoughts

"An accurate and effective psychological report requires that clinicians clarify their thinking and crystalize their interpretations" (Groth-Marnat & Wright, 2016, p. 32). Validity and accuracy of reports is a crucial component of assessment work. The principles of a MAC Report can hopefully provide a simple yet powerful reminder for this at any level of training or practice. Luckily, information regarding validity is readily available for the multitude of measures frequently used in personality and psychological assessment. However, it is up to psychologists to be fully informed and up to date and to apply that information accurately to our writing. Bram and Peebles (2014) discuss the demanding and difficult task of report writing. Their reminder that the most accurate findings will have little impact if they are not meaningful and usable for the reader is consistent with the MAC report philosophy.

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Innovating Personality Assessment Through Experience Sampling Methodologies



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The term “experience sampling methodology” (ESM) refers to study designs that (a) collect data in real-world environments as individuals experience their daily lives, (b) assess an individual’s current or recent state, and (c) ask an individual to provide multiple assessments over time (Ram, Brinberg, Pincus, & Conroy, 2017). This unique data structure provides interesting opportunities for personality assessment research and psychological assessment of the individual. In the following sections I will review this methodology, along with recent research applying it to personality disorders.

ESM is alternatively referred to as ecological momentary assessment, ambulatory assessment, intensive repeated assessment in natural settings, and daily diaries. There are nuances to these terms, but their commonality is in capturing experiences that naturally occur in

the individual’s daily life. Depending on the construct, researchers/clinicians may choose to sample behavior on a weekly, daily, or hourly basis, and may choose to make assessments fixed (e.g., end of each day), prompted (e.g., random or scheduled prompts to complete assessment), or event-contingent (e.g., after every social interaction, after self-harming).

While it seems the majority of ESM studies are designed to be self-reported, there have been interesting extensions into other methodologies. For instance, Martin Sliwinski and colleagues developed an ambulatory cognitive assessment that can be administered via smartphone multiple times per day (Sliwinski et al., 2018). The Electronically Activated Recorder (EAR; see Mehl, 2012) asks individuals to wear a device that can randomly turn on to capture audio information from their natural environment, which can then be coded for a variety of features. The former captures performance based data that involve maximal performance, while the latter captures performance based data of an individual’s typical life activities.

Dr. Gregory Meyer’s inspiring master lecture at SPA in 2018 suggested we think about person (client) by situation (testing features) patterns when conceptualizing method differences, and understand the process distinctions embedded in each method. In personality assessment, most psychological tests (self-report or performance based) are completed in the consulting room. As such, demand characteristics may lead to a variety of testing responses (e.g., social desirability, evaluation threat) that are less salient in an ESM design because the researcher is not present. An ESM design in theory maximizes external validity because the individual is reporting on the actual experiencing in daily life (e.g., my self-esteem today vs. how I view my self-esteem typically; my cognitive functioning this hour during my usual daily routines vs. a day I took off from work to complete cognitive testing). It may also reduce some imprecisions caused by retrospective biases such as memory bias (mood-congruent recall), memory heuristics (availability heuristic) and errors related to semantic knowledge (belief of how events should have unfolded; Reis, 2012). There is also an advantage for capturing a construct on the timescale with which it naturally occurs. For instance, a clinician hoping to accurately detect depression may prefer an individual reporting daily levels of sadness for two weeks rather than retrospectively reporting on their mood state. Indeed, research supports a retrospective bias for emotions with individual differences in personality impacting these biases (Mill, Realo, & Allik, 2016). There are several other meaningful personality constructs that suggest variability (e.g., affect instability, inconsistent sense of self) or if-then contingencies (e.g., rejection sensitivity) which can be captured using an ESM design. In fact, several theories of personality conceptualize traits within a density

distribution of states (whole trait theory; Fleeson & Jayawickreme, 2015), mediated by cognitive-affective mechanisms (cognitive affective personality system; Mischel & Shoda, 1995).

As with all other methods, there are also features embedded within the ESM testing environment that cause limitations or qualifications to the inferences available from the data. First, a self-reported ESM design holds many of the same self-report limitations (e.g., limited by introspection, ability or desire to report accurately on themselves and their perceived environment, etc.). This may become exacerbated for certain self-reported constructs. For instance, imagine a self-report completed directly after an argument with a spouse. The individual may provide more accurate data regarding what they really felt and experienced directly after (while several hours later they may be motivated to minimize the conflict). Conversely, they may also provide less accurate data regarding what the other person did (while several hours later and not in the heat of an argument they may be able to better reflect on what transpired). This is especially true if the self-report of the psychological environment is more subjective (e.g., my partner was dismissive) versus descriptive (my partner did not maintain eye contact when I expressed my ideas).

It may also be that the particular sampling period was not normative for them (e.g., unexpected life event occurred), rendering the results not generalizable to subsequent weeks. The results on a given timescale (e.g., across days) may not generalize to other timescales (across hours). Participant burden and compliance with study protocols is also a concern, especially if there is a systematic reason for non-compliance, such as not completing records on the weekend. There may also be reactivity to the study through the mechanisms of increased reflection, social desirability, or fatigue. Finally, a common statistical approach to ESM designs is multilevel modeling which makes assumptions about the “typical individual” that this assumed homogeneity may not be reasonable (see Ram et al., 2016 for a thorough review of threats to ecological validity in ESM designs). Ultimately, researchers and clinicians would benefit from a multi-method approach that leverages the unique features of ESM designs along with the other personality assessment methods completed in the consulting room.

Research on personality disorders using ESM designs

Many researchers assess personality constructs once and then demonstrate how personality moderates within-person processes seen in ESM designs. This includes the study of borderline personality disorder (Sadikaj, Moskowitz, Russell, Zuroff, & Paris, 2013; Trull et al., 2008), as well as other personality disorders such as narcissistic personality disorder (Wright et al., 2017). Other research designs capture

personality disorder symptoms over time, providing interesting nuances to distinguish odd or eccentric personality disorders from each other (Chun, Barrantes-Vidal, Sheinbaum, & Kwapil, 2017), examine which within-person triggers are unique (or cross diagnostic) among individuals with borderline personality disorder, major depressive disorder, or bipolar disorder (Mneimne, Fleeson, Arnold, & Furr, 2018), and how baseline levels of borderline symptomology moderates the link between situational triggers and borderline symptoms in daily life (Miskewicz et al., 2015). ESM designs have even been applied in prison settings to study antisocial behavior occurrence over time (Pihet, De Ridder, & Suter, 2017).

Other researchers have pursued a multi-method ESM design by combining self-report ESM designs with passive audio data collection via the electronically activated recorder (EAR). Brown, Tragesser, Tomko, Mehl, and Trull (2014) found significant discrepancies between self-reported emotions and emotions coded through EAR designs in a sample of borderline personality disorder participants. In contrast, convergence was found between self-reported ESM and EAR methods when examining negative affect in schizotypy (Minor, Davis, Marggraf, Luther, & Robbins, 2018).

Psychological instruments have also been developed to capture self-reported personality constructs longitudinally, such as interpersonal behaviors (Moskowitz, 1994), features of psychological situations (Rauthmann et al., 2014), and pathological personality traits (Wright & Simms, 2016) to name a few. Providing evidence of reliability and validity for longitudinal assessment instruments can be more challenging given that there is less standardization around which metrics of reliability and effect size are appropriate, though some guidance exists for multi-level reliability (Geldhof, Preacher, & Zyphur, 2014) and effect size (Rights & Sterba, in press).

Applications of ESM to understand individual patients

While the appeal of ESM is substantial for research designs, there is an equally exciting opportunity to apply ESM designs to individual patients. For instance, a clinician could ask their patient to complete a one-week ESM study in order to track their daily experiences. Clinicians could then identify the particular contexts or people in their life that are driving specific maladaptive dynamics which would aid in developing specific treatment plans. For instance, in my personality class I ask my students to complete a one-week ESM study, tracking their experiences across social interactions that week, and checking a box to indicate what type of person they were interacting with. Below is an example output from a hypothetical student:

Variables by Context	Overall	Z score	Male	Family	Friend	Room Mate	Romantic Interest
%	100%	100%	19%	21%	33%	0%	38%
Self-Esteem	-1.20	-1.35	--	lower	--		higher
Happy	0.38	-0.39	--	--	--		higher
Angry	0.89	1.01	--	higher	--		lower
Friendly	2.00	0.04	--	--	--		--
Dominant	0.31	-0.01	higher	--	--		--
Open-minded	1.20	0.04	--	--	--		--
Catastrophize	3.40	1.04	--	higher	--		--

Correlations	Self-Est	Happy	Angry	Friendly	Dominant	Open	Catas
Self-esteem	1.00						
Happy	0.40	1.00					
Angry	0.22	-0.30	1.00				
Friendly	0.24	0.03	-0.30	1.00			
Dominant	-0.24	0.05	-0.20	0.20	1.00		
Open-minded	0.10	0.04	-0.40	0.64	-0.77	1.00	
Catastrophize	0.20	0.11	0.70	0.12	-0.24	0.15	1.00

The overall column describes their within-person average for all social interactions reported on (ranging -4 to 4). The Z score evaluates their overall score against a distribution of other students that semester (treating Z scores < -1 or > +1 as significant). The next column indicated what proportions of their social interactions were with a male (e.g., 19% with a male, 81% with a female). Then, for each variable, an average is calculated for the interactions with a male versus a female, and a T-test is used to evaluate whether the average for that variable is different across the interaction partner category ("higher" indicated the student acted more dominantly with males compared to females). The same process was applied to the other variables ("higher" representing a higher average for interactions where that box was checked, "lower" representing a lower average, and -- representing no difference). Finally, the next table calculates correlations among variables (shaded/dotted indicated statistically significant correlation magnitude). All of these calculations are automated within Excel, and available upon request.

Looking at these data (Z scores), it appears this student reports lower self-esteem in daily life compared to his peers, but reports being angrier and more prone to using the catastrophizing thinking error. In his interactions with his girlfriend he feels higher self-esteem and happiness, along with lower anger, indicating a relatively positive relationship. In contrast, when he interacts with his family he reports lower self-esteem, more catastrophizing, and more anger. Unsurprisingly, happiness and anger are inversely correlated, and his anger is correlated with him being less friendly, less open minded, and more catastrophizing.

In this brief example we can identify the particular people who drive his self-esteem and anger (family)

and the impact of anger on his life (not problems with dominance, but being disconnected and catastrophizing). Treatment could target these patterns directly through coping ahead strategies for interacting with his family and cognitive restructuring around catastrophizing. Other interventions aimed at decreasing sadness and dominance would be less pertinent given this individual's profile.

After a time, he could complete another ESM study. This would allow for an ecologically valid marker of treatment progress, helping the clinician see if the interventions in session are translating to the patient's daily life. In the example given, we may hope for an overall increase in self-esteem, for the percentage of interactions with his family to remain constant (as to not avoid them), and for him to decouple anger and catastrophizing.

Although exciting, this approach generates increased time burden on the patient and clinician. Collecting the data may also prove challenging, though apps are being developed for just this purpose (see Thai & Page-Gould, in press, for an example of an app platform). Similarly, a program that calculates the results in a digestible output is needed to reduce the burden on the clinician (see Roche, Pincus, Rebar, Conroy, & Ram, 2014 for an output related to interpersonal processes and affect). Several other research papers have explored methods for person-specific psychological assessment (Fisher & Boswell, 2016; Wright & Zimmerman, in press) and hopefully in the coming years new approaches will become readily available.

Summary

In summary, ESM is a robust approach to studying personality processes unfolding in daily

life. As personality theories continue to emphasize the importance of context and situations to the expression of personality, ESM designs hold potential to capture these nuances. Research continues to use this approach to examine how personality and personality disorders influence daily life processes, and a few studies have considered how to apply ESM to a person-specific assessment of personality functioning.

The SPA membership likely has several interests in ESM designs. First, many in this group value the use of multi-method assessment, and ESM designs provide an interesting alternative to the other designs with unique benefits and qualifications. Second, many of us also value the principles of measurement construction including appropriate attention to reliability and validity. ESM designs provide challenges that our society may be uniquely qualified to consider (e.g., participant burden versus minimum number of items per construct to achieve reliability, the use of single items to capture a construct, the concern of response sets from answering the same items repeatedly, etc.). Third, ESM poses unique questions to our society, such as whether ESM is a paradigm of personality assessment into itself, or merely a new data approach that can be applied to other paradigms (e.g., interpersonal, trait, etc.). If it is just a new data approach, how might it be used to capture elements of other paradigms, such as life narratives or TAT stories influenced by daily contexts, or integrate with other testing data (e.g. Rorschach variables related to how an individual construes their daily environment)? Fourth, many of us in this society are both researchers and clinicians, and the clinical potential for ESM to provide more nuanced treatment plans is quite appealing and in need of further refinement. In total, it seems the ESM approach has a lot to offer to our society, and I'm looking forward to seeing the science of ESM progress.

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The Poet and the Projective Test (1958)



Alan L. Schwartz, PsyD
Christiana Care Health System

As a graduate student, I was intrigued by psychological assessment because of its ability to quantify the intangible aspects of mental life. The allure of this quantification was replaced with a deep dedication to learning personality assessment, and even more specifically, the projectives¹. I came to psychology via English and Creative Arts and thus the subject of creativity

¹Given that this review references a paper written in 1958, this quaint term will be used in lieu of the more modern *performance-based measures*.

was frequently on my mind as I learned the Rorschach, TAT, and other tests which relied on the interpretation of ambiguous figures for the purpose of understanding personality. My initial exuberance about the interplay between the projective and creativity literature was eventually tempered with the realization that while personality assessment is perfectly suited to help us understand a given unique, creative individual, it has been less convincing in what it has to say about creative individuals as a group. As Howard Gruber (Gruber & Wallace, 1989) described, creative individuals are like most people in many ways, like each other in some ways, and unique in many other ways. Research on how creative people as a group (setting aside the nettlesome question of how one defines the membership of such a group) respond to projective tests have subsequently yielded but a few reliable results. So, for example, while findings suggest that creative people tend to give more W responses on the Rorschach (Rawls & Boone, 1967), use more words for description when responding to the TAT (Wakefield, 1986), and that space responses (SR and SI in R-PAS) may be related to verbal and figural creativity (Mihura, Dumitrascu, Roy, & Meyer, 2018), patterns indicative of creative individuals are not reliably apparent on projectives.

From this present perspective, it is fascinating to look back on some of the literature that paved the road to this perspective. I recently came upon an article that somehow had eluded me during my rabid creativity phase. The article, entitled “The Poet and the Projective Test” was written by Robert N. Wilson and appeared in the June 1958 edition of the *Journal of Aesthetics and Art Criticism*. The article describes an experiment conducted while Wilson was pursuing his sociology degree at Harvard, during which time he worked under Henry Murray as part of a larger project examining the creativity of poets (White, 1963). Wilson set out to learn about the personalities of the poets by eliciting fantasy material from the group by way of an “audacious” artificial means: the TAT. Interestingly, for this experiment, Murray created an alternative set of stimulus cards, distinct from some of the other alternatives (i.e. Series A-D) described in history of the TAT (Morgan, 2003). This version, titled the TAT-II, was made up of 20 stimulus cards, the content of which was less structured, less realistic, and more varied than the standard set. The pictures included some tropical backgrounds, enlarged faces, and animals. In addition, some of the pictures were professionally colored by a painter. The test was given in Murray’s standard fashion though were administered in two, one-hour sessions, with 10 cards being given each session. Wilson described the rapport with the subjects as excellent. The subjects of the study were an “elite” sample of 20 well-known, American poets including William Carlos Williams, Marian Moore, Robert Lowell, and Charles Olson, the last of whom explored the poetry-projection nexus in his own 1950 essay (Butterick, 1980). Their responses were compared to a similarly sized

sample of undergraduates. Wilson wondered what type of responses the creative group would produce:

If projective tests elicit fantasy from ordinary individuals in many walks of life, should they not draw forth a much more vivid and complex response from persons who devote their lives to creative literary efforts? (Wilson, 1958, p. 319)

In discussing the results, Wilson candidly expressed the limitations of the study. He indicated that it lacked a framework for analysis, the responses were difficult to compare between the group members and difficult to score on the traditional elements of need and press. However, Wilson felt that the main obstacle to the study was that the responses “defeated the rationale of the test because the respondents refused (or were unable) to adhere to the test instructions” (p. 320). Essentially, the poets did not tell stories. Rather than responding with the typical narratives and attributions of thoughts and feelings to the characters, they free-associated, creating meandering verbal pictures of emotion. “Poets, however, found the narrative mold uncongenial and few of their responses conformed to conventional expectations of plot and action” (p.320). Their productions were more like deep descriptions of still frames rather than moving pictures which had a history and a future. Wilson describes this as an “interstitial” style—“an intensive examination of a trapped instant” (p.326). Despite this, the responses from the poets were sophisticated and eloquent as one might expect. Wilson noted the poets showed their “love of precision and virtuosity” in elements such as taking care to aptly name characters and searching for the most pointed and meaningful descriptions. Wilson suggested that the poets did not see themselves as storytellers and connected this with the state of modern poetry at the time, which was more focused on the emotions and ambiguities of specific moments and not storylines.

Wilson did describe some interesting findings through his thematic and formal analyses. Poets were more open to and more frequently represented the ubiquitous and realistic tensions and conflicts of life which are often unresolved. The central figures of the narratives were generally less successful in the poet group which Wilson interpreted not as a depressive bent, but as a more sobering view of reality and “the disenchantment of maturity.” There were no differences in the two groups’ need for achievement or autonomy. Summarizing these, Wilson indicated that “the thematic analysis of the tests, then, must be assessed as a failure, since few important uniformities of psychological disposition were uncovered” (p. 322).

Regarding the formal analysis, Wilson noted that the poets’ approach to the task was most notable. Firstly, most of the poets commented on the style of the cards and found them “aesthetically poor” and “contrived”; of particular bemusement was the description of “aesthetic animosity” toward

the cards. It appeared that this factor actually interfered with their ability to open up and provide valuable responses. The poets also engaged in what was termed “double commentary.” They were very aware of their own performance, commenting on it as it proceeded and asking for feedback from the examiner throughout. The poets’ responses were also replete with “private associations” and tangential verbalizations, reminiscent of Deviant Responses (DR) in the R-PAS/CS parlance. Finally, the poets appeared to be acute analyzers of their characters’ motivations. As the article closes, Wilson suggested attempts at replicating his findings given the idiosyncracies of the samples and procedures. Due to the ineffectiveness of the TAT to produce the desired responses (i.e., narratives), he suggested the creation of a new projective test for artists which would remove the artificial obstacles to fully unleash their creative productions.

Several thoughts jumped to mind about this article. First, I was impressed with the Murray and Wilson’s ability to recruit the creative literary elite of their time for his study—an amazing opportunity that seems a relic of that age². One wonders if such a gathering would be feasible in *this* day and age and, with the ebb of interest in poetry in popular culture, which artists might be parallel recruits. Second, I found the responses of the poets—their open disdain for the unsophisticated artistry of the stimulus cards—not only humorous but reflective of some of the comments I have heard from patients over the years, including the suggestion that the cards be updated. Wilson’s suggestion that this was a limitation in the study made me wonder if the limitation was partially the examiner’s difficulty encouraging the poets to stay on task; I imagine this could have been quite an intimidating group. The description of the poet group’s appreciation and consideration of the tensions and vicissitudes of daily living certainly resonates what we have come to learn about the association between creativity and openness to experiences (Kaufman & Gregoire, 2016). Their self-awareness and double commentary during the process may serve an interesting proto-editing, as if empathically putting themselves in the place of a prospective audience. These observations aside, I came away from this curiosity of an article with the thought that in the more than seven decades we have learned a great deal about creativity. There are wonderful descriptions of various elements and patterns of the creative process (Gardner, 1993; John-Steiner, 1985), of artists at work (Wallace & Gruber, 1989), and even its phenomenological “flow” (Csikszentmihalyi, 1996). Wilson’s call for a “new test” for artists has not come to pass. And the search for the singular creative personality appears to be a pursuit that we have appropriately set aside to be more focused on the personality of the individual, creative or otherwise, in our midst.

²Phobe Cramer described her involvement with a similar gathering of creative individuals, in particular, Truman Capote, at an SPA symposium in 2017.

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Public Affairs Corner



Bruce L. Smith, PhD, ABAP
Public Affairs Director

There is relatively little to report this time. The CPT (Current Procedural Terminology) revision process continues to move forward; however, no definitive news is available at the time of this writing. We are hopeful that more clarity will be available by the end of the summer. As you know, the CPT is the coding book for various medical and medical-allied services and the values set by the AMA committee charged with

developing and revising the codes determines Medicare/Medicaid reimbursement rates for psychological services. This in turn usually determines the rates paid by private insurers as well. Currently, there is a review/revision process for psychological assessment services that we hope will lead to more appropriate reimbursement rates for assessment.

There has not been any significant activity on the legislative front. This is an area in which “no news is good news,” since most of the legislative initiatives that we deal with involve loosening state regulations on who can conduct assessments.

One other development deserves mention. SIOP (Society of Industrial and Organizational Psychology), a division of APA, has been revising its guidelines for the conduct of assessments/evaluations in the context of industrial and organizational consultation. We have provided feedback to SIOP on their draft proposal as well as an invitation to collaborate on future projects. This could ultimately be a very positive development for SPA, as it is clear that personality assessment is increasingly being utilized in areas other than the strictly clinical.

Report from the Roundtable Discussion: Diversity-Minded Personality Assessment as a Tool to Make the World More Inclusive and Just



by
Crista Maracic, MA
Past President of SPAGS
Adelphi University



Giselle Hass, PsyD
Chair, SPA Diversity/Social Justice Committee

This article presents the notes derived from the diversity panel organized by the Diversity/Social

Justice Committee of SPA and the Diversity Committee of SPAGS. The Chair of the panel was Giselle Hass, and the panelists included:

- Radhika Krishnamurthy, Florida Institute of Technology, Melbourne, FL
Virginia Brabender, Widener University Center, Chester, PA
Crista Maracic, Adelphi University, Garden City, NY
Trevor Williams, University at Buffalo, Buffalo, NY
Discussant: Erlanger A. Turner, University of Houston-Downtown, Houston, TX

This panel focused on the role that personality assessment can play in an environment that is progressively showing more bigotry, discrimination, homophobia, transphobia and other expressions of social exclusion and injustice. As our society becomes more divisive, with growing economic inequality and systemic disempowerment, the short and long-term consequences for individuals can shape their personality and assessment data. Are personality evaluators ready to face this challenge in a way that is congruent with our moral and ethical obligations?

Why is it difficult to talk about diversity?

We wanted to understand the barriers to conversations that acknowledge and address the disempowerment of some groups in our society and its implications for our research, practice, and training regarding personality and overall human functioning. Therefore, the panel and the audience were posed this question in order to figure out as a group why the topic of inclusivity has not come up before and why it has not been an integral part of SPA’s mission.

Interestingly, the panel and the audience immediately brought up the statistics of membership that were presented in the Opening Plenary of the Convention. The power point presented by SPA President Robert Archer showed:

Gender		Race/Ethnicity	
Male	59%	Caucasian/white	81%
		Mixed race	7%
		Asian/Pacific	5%
Female	41%	Islander Hispanic/Latino	3%
		African American	1%
		Prefer not to state	6%
Age		Experience	
29 or under	4%	<5	7%
30-39	14%	6-10	10%
40-49	18%	11-20	15%
50-59	16%	21+	46%
60-69	31%		
70+	17%		

The panelists remarked that these data revealed that there is a stereotypical SPA member, and there is where the power of the organization resides. Clearly the perspective of SPA is congruent with the power and privilege of the majority of its members and the composition of the leadership. Virginia Brabender summed up the concern very well by saying “SPA as an organization replicates the structure of our society.” People who hold the power outside the elite do not have a recognized voice and their concerns are not considered in decision-making processes. Indeed, the society has an 80-year-old history of being structured in this way and the composition has not significantly changed over the years. There is much work to be done to bring the voices of minority groups to the SPA leadership table.

The true challenge when talking about diversity is to discuss privilege, remarked some panelists and audience. As inclusion was discussed, it became clear that power and privilege get to the core of peoples’ identities thus making it harder for those not afflicted by these social barriers to objectively analyze and internalize social unfairness. Language and its meaning get in the way, remarked Trevor Williams. The audience agreed that massive psychoeducation is the basis for sensitization in this issue. Students advocated that multiculturalism permeate all course work in doctoral programs and provocative discussion take place often and extensively. It follows that personality assessment, as a field, needs to pay attention to inclusion of diverse voices and perspectives in research, practice, and education. The consensus was that it has come time to pay greater attention to these issues.

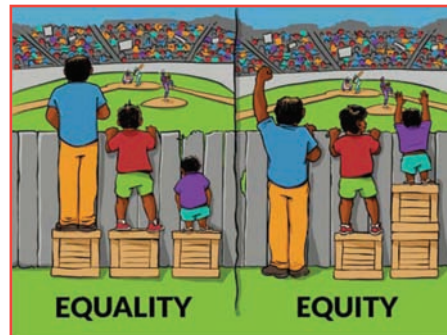
Addressing individual differences while recognizing and considering cultural factors

As psychologists, we cannot assume that others will adapt to our frame of reference. Likewise, it would be damaging to make assumptions about a client’s identity or cultural experience. Crista Maracic mentioned that the questions assessors ask can be very culturally based. Trevor Williams added that this intrinsically impacts the therapeutic relationship. Specifically, he highlighted the potential disadvantages of putting clients in a position to explain aspects of their cultural identity. The benefits of having patients act as collaborators in the assessment process, since they are recognized as experts in their culture, however, were also discussed. Virginia Brabender spoke to the importance of making appropriate referrals when an area is beyond the clinician’s scope of expertise. Discussant, Erlanger A. Turner, elaborated on Virginia Brabender’s recommendation stating that psychologists need to challenge their perceptions and beliefs and consider the impact of their recommendations. For example, he proposed that certain recommendations might hinder specific groups, keeping individuals in systems of oppression. He

furthermore reverberated the importance of using collaborative assessment to more comprehensively understand a patient’s perspective. Put simply yet scrupulously by Earl Turner: “psychologists can never be fully culturally competent. We are the experts in psychology, and clients are the experts in their culture and beliefs.”

What does it mean to include a social justice perspective in personality assessment?

One of the themes of this year’s panel was to address the critical challenges that we face to identify and support a humane, fair, and inclusive approach both within our field and in our interactions with the rest of society. The notion that equality is not fairness and that as long as systematic barriers exist some people are not going to get a fair chance without accommodations, was well validated among panelists and audience members.



Interaction Institute for Social Change | Artist: Angus Maguire. Accessed at: <http://www.interactioninstitute.org> and <http://www.madewithangus.com>.

However, the audience appeared very intrigued when we mentioned the need to integrate fairness and a social justice perspective. While we are very familiar with the notions of inclusion of diverse groups and perspectives, social justice is a more elusive concept and its application in personality assessment is frankly debatable. Social justice refers to taking active steps to pursue fairness and equality, freedom from oppression and domination, and in general attempt to reduce social problems. Giselle Hass has been emphasizing the intersection of social justice with multiculturalism and therefore, she explained the manner in which she conceptualizes these issues in the practice of personality assessment:

One example in which social justice is integrated in a psychological report is in forensic mitigation evaluations in capital punishment cases. The goal of these evaluations is to persuade the adjudicator to mitigate the penalty. These reports integrate the defendant’s background into his or her psychological functioning and what ultimately led to the crime. Both the nature of these evaluations and the manner

in which they are conducted follows a social justice ideology in two ways. First, the evaluation presents a compassionate and redeeming picture of the defendant without taking away from the culpability or psychopathology. Second, conducting evaluations that challenge a debatable punitive practice that has been shown to discriminate against racial minorities is a way of giving underserved individuals a chance to have a fairer outcome.

In fact, in death penalty cases the psychological examination as part of the defense team is tasked with the need to “investigate and present anecdotal details of the client’s life, portraying him as a member of the human community (Furman v. Georgia, 1972, p. 274; Brennan, J., concurring).” Anyone who has had the chance to conduct or read a good mitigating evaluation would be moved by its ability to paint the human being behind the crime in all of his or her complexity, portraying his or her dignity and worth. Psychological evaluations that pursue social justice aims support legally established notions of relief that were built to protect from further victimization and provide fairness, such as mitigation in capital punishment, immigration visa to victims of crimes, protection for victims of intimate partner violence in divorce cases, etc. This practice can be extended to many, if not all, of the areas where we practice personality assessment.

Personality assessments can help reduce stereotypes and preconceptions based on prejudice, inaccurate notions of equality, cultural blindness, and all other destructive values that rob patients from their humanity and reduce them to caricatures. When a psychological assessment pursues notions of social justice, obsessive care is paid to identify whether the individual has been victimized through ageism, homophobia, sexism, transphobia, racism, xenophobia, and all other prejudices aimed to alienate us from each other and discriminate a group of people. It is not only important to identify these traumatogenic experiences but also to educate readers about the reach of these negative influences in a person’s functioning.

Social justice aims are served when we refuse to treat patients as objects or simplify their experience. This is not to advocate that we abandon empirical knowledge, evidence-based psychological tests, or manipulate data to meet those goals, nor does it imply that we become blind advocates who blur boundaries with the patients to help them. However, we can and must in these times of confounding values, find the way to use our knowledge and skills to benefit those who are suffering from injustice. Giselle Hass remarked that psychologists are gatekeepers to benefits, services, and power; and Jordan Wright added that historically, psychology has been used to exercise and justify oppression. We agreed that as a field we need to confront this shameful history and transform.

How the intersectionality of social oppression, exclusion, and inequality impact personality and personality assessment and the difficulty in addressing these issues in assessment?

Other than trauma, there are not a lot of popular instruments that elicit information about how an individual's behavior, cognition, affect, and mental health are developed, enacted, and transformed by intersecting dimensions of difference and inequality. Psychological tests are not well suited to measure social relationships of power differentials and its dynamics. Although the research literature is identifying psychological consequences to insidious forms of social alienation, discrimination and injustice, intersection theories and tools do not effectively address the individual differences while recognizing and considering cultural factors. There are no templates as to how to interview or integrate this information, either. Furthermore, when diversity is overlooked during the assessment process, test interpretation is affected, which begs the question, "do test scores mean the same thing regardless of context?" The roundtable participants clearly argued "no." As evaluators we feel that we are on our own when we try to explore these issues in the interview and try to integrate them into a case conceptualization. Radhika Krishnamurthy stated that there is much advocacy to be done to make psychology step up to the plate of integrating diverse perspectives and value the experiences of minority groups.

Next steps

Panelists and audience members reflected on the ways in which assessors can recognize and address the compilation of social factors that impact personality and therefore personality assessment. For example, Crista Maracic mentioned the lack of empirical studies evidencing diversity work within personality assessment. Virginia Brabender echoed her claims stating that case studies are the major source of research. Moving forward, in order to learn about the relationship between diversity and personality assessment and ultimately work toward implementing diversity-minded personality assessment, more empirical research is warranted. SPA and SPAGS are working toward this goal through the creation of a research-based Diversity Award, which will be eligible for application for the 2019 annual convention.

Moreover, in an effort to change the field of assessment to reflect values of inclusivity and fairness, change must take place in SPA, which reflects the societal power differential and privilege. To highlight the disparities and implore members to consider factors of culture and diversity in their own research and practice, Radhika Krishnamurthy suggested an experiential exercise take place during the Opening Plenary of next year's convention. Additionally, Radhika

Krishnamurthy advocated for enhancing the credibility of psychologists, which would in turn increase the availability of competent psychologists for referrals. As previously stated, quality training at the doctoral level, and beyond, is imperative. This includes being asked provocative questions and getting comfortable with thinking differently. Importantly, it also speaks to the need for standardized training guidelines. Although, disappointingly, they do not currently exist; Jordan Wright and others are spearheading an APA task force to evaluate and develop APA training standards for assessment and culture. This is a significant step toward advocating for assessment guidelines and is nonetheless exciting news! The Diversity/Social Justice Committee of SPA and the Diversity Committee of SPAGS urge members of the SPA community to join us in continuing to advocate for change to promote social justice in the field of personality assessment, psychology, and more broadly, the world.

SPA Annual Convention
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New Orleans, LA

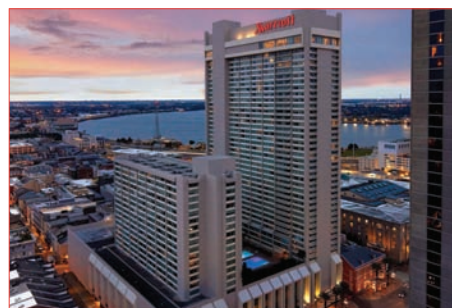
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2018 SPA Poster Award Winners

Thursday - First Place

Within Person Covariation of Narcissistic Grandiosity and Vulnerability in Daily Life

Emily Dowgwillo, The Pennsylvania State University, State College, PA
Sindes Dawood, The Pennsylvania State University, State College, PA
Chloe F. Bliton, The Pennsylvania State University, State College, PA
Aaron L. Pincus, The Pennsylvania State University, State College, PA

Honorable Mention

Construct and Paradigm in the DSM-5-III AMPD

Abby L. Mulay, Long Island University, Brooklyn, NY
Nicole M. Cain, Long Island University, Brooklyn, NY
Mark H. Waugh, University of Tennessee & Oak Ridge National Laboratory, Oak Ridge, TN
Christopher J. Hopwood, University of California, Davis, CA
Jonathan M. Adler, Ollin College of Engineering, Needham, MA

Evaluating New Supplemental Indicators for the Personality Assessment Inventory: Standardization and Cross-Validation

Morgan McCredie, Texas A&M University, College Station, TX
Leslie C. Morey, Texas A&M University, College Station, TX

Saturday - First Place

Cross-Walking Borderline Personality Disorder among Diagnostic Systems

Michael T. M. Finn, University of Tennessee, Knoxville, TN and SUNY Upstate Medical University, Syracuse, NY
Mark H. Waugh, University of Tennessee & Oak Ridge National Laboratory, Oak Ridge, TN
Nicole M. Cain, Long Island University, Brooklyn, NY
Abby L. Mulay, Long Island University, Brooklyn, NY
Mark F. Lenzenweger, SUNY Binghamton, Binghamton, NY & Personality Disorder Institute of Weill Medical College, Cornell, NY

Honorable Mention

Going Deep into the Assessment of Personality Disorders: The Clinical Utility of the MCMI-III Grossman Facet Scales

Claudia Pignolo, University of Turin, Italy
Margherita Lang, University of Bicocca, Italy
Agata Ando, University of Turin, Italy
Alessandro Zennaro, University of Turin, Italy

Not All Spaces are the Same: Differentiating Space Integration and Space Reversal with Eye Movement Variables

Ellen F. Day, University of Detroit, Mercy, Detroit, MI
 Mellisa A. Boyle, University of Detroit, Mercy, Detroit, MI
 Mindee Juve, University of Detroit, Mercy, Detroit, MI
 Barry Dauphin, University of Detroit, Mercy, Detroit, MI
 Harold H. Greene, University of Detroit, Mercy, Detroit, MI
 Cheryl Munday, University of Detroit, Mercy, Detroit, MI

2018 Award Winners

2018 Bruno Klopfer Award
 Thomas Widiger, PhD

2018 Samuel J. and Anne G. Beck Award
 Aidan Wright, PhD

2018 Mary Cerney Student Award
 Trevor Williams

2017 Walter Klopfer Award
 R. Michael Furr
 Anna Hartley

Paper: *A Profile-Based Framework for Factorial Similarity and the Congruence Coefficient*

2017 Martin Mayman Award
 Robert Bornstein, PhD

Paper: *Evidence-Based Psychological Assessment*

2018 Marguerite R. Hertz Memorial
 In memory of Lee Cronbach, PhD
 Presenter: Noreen M. Webb, Ph.D.

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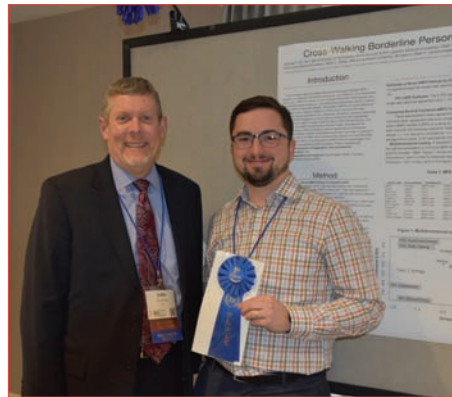
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John McNulty presenting the ribbon to SPA Poster Award Winner Emily Dowgwill.



John McNulty presenting the ribbon to SPA Poster Award Winner Michael T. M. Finn.



Beck Award: Jill Clemence presenting the plaque to the winner of the Samuel and Anne Beck Award, Aidan Wright.



Klopfer Award: Chris Hopwood presenting the plaque to the winner of the Bruno Klopfer Award, Thomas Widiger.



Cerney Award: Jill Clemence presenting the plaque to the winner of the Mary S. Cerney Award, Trevor Williams.



Hertz Memorial: David L. Striener presenting the plaque to Doreen Webb, who delivered the Marguerite Hertz lecture.

Abstracts of 2018 SPA Award-Winning Posters

Within Person Covariation of Narcissistic Grandiosity and Vulnerability in Daily Life

Emily A. Dowgwillo, Sindes Dawood, Chloe F. Bliton, and Aaron L. Pincus

Contemporary conceptualizations of pathological narcissism include both representations of narcissistic grandiosity (associated with an overriding orientation towards self enhancement that results in arrogant, entitled, exhibitionistic, and domineering behaviors and inflated self-esteem) and narcissistic vulnerability (associated with low self-esteem, internalizing pathology, social isolation, and emotion dysregulation when narcissistic needs are not met). Although researchers and clinicians have developed theories around how these different phenotypic expressions of narcissism function within an individual over time, there has been little research that explicitly examines this relationship. The current study seeks to address this by examining the within person covariation of narcissistic grandiosity and narcissistic vulnerability over time. To do this, approximately 89 undergraduate students were randomly prompted 7 times a day for 10 days to assess state narcissistic grandiosity and vulnerability in the course of their daily lives. Results suggest substantial variability in the within person correlation between state grandiosity and vulnerability. Further, this coefficient tends to decrease as a person's trait pathological narcissism increases. Additionally, associations with time variant emotions and behaviors (self-esteem, affect, shame, and pride) were examined to better understand the nature and impacts of oscillating states of narcissistic grandiosity and vulnerability within individuals. Results suggest that when participants experienced higher levels of state grandiosity than they typically did, they also reported higher levels of state vulnerability, self-esteem, pride, pleasant affect, and affective arousal and less shame than they typically did. Additionally, when participants experienced higher levels of state vulnerability than they typically did, they also reported higher levels of state grandiosity and shame and lower levels of self-esteem, pride, pleasant affect, and affective arousal than they

typically did. These findings largely replicate cross sectional findings at the within-person level and further suggest differential relationships between criterion variables and state grandiosity and vulnerability.

Cross-Walking Borderline Personality Disorder among Diagnostic Systems

Michael T. M. Finn, Mark H. Waugh, Nicole Cain, Abby L. Mulay, and Mark F. Lenzenweger

Background: There are many ways to configure Borderline Personality Disorder (BPD) diagnosis: by categories of polythetic criteria, dimensional models, and theoretically-based models. Criterion B of the DSM-5-III Alternative Model of Personality (AMPD) is a hybrid categorical-dimensional model, based on Criterion A (Levels of Personality Functioning) and Criterion B (25 traits), combined with specific algorithms of trait ratings (e.g., identifying narcissistic PD or BPD). Several published studies have examined the BPD diagnosis by the 25 traits of Criterion B cross-walked with traditional DSM approach of polythetic criteria. There remains a need to characterize the success of these efforts collectively, to compare with the ratings of BPD experts, and to identify their convergences and divergences. **Methods and Materials:** Ten psychologists with expertise with BPD were asked to characterize "prototypical" BPD via the traits. Associations were examined between this expert mean profile, published studies developed from clinician ratings (Anderson, Sellbom, & Shealy, 2018; Morey, Benson & Skodol, 2016); from patient self reports (Bach, Anderson, & Simonsen, 2017; Bach, Sellbom, Bo & Simonsen, 2016; Evans & Simms, 2018), the DSM-5-II hybrid categorical-dimensional algorithm, and expert ratings ($n = 2$) of three theoretical types identified by Lenzenweger, Clarkin, Yeomans, Kernberg, & Levy, (2008). **Analyses:** We characterized the interrelationships among these profiles with inter-rater reliability (ICC), multidimensional scaling (MDS) describing the data in two dimensions and agreement of how "essential" a given trait was using Content Validity Ratios (CVRs) based on raw ratings or correlation values. CVRs range from -1 (complete agreement as nonessential) to 1 (complete agreement as essential). **Results:** Although highly related, some differences were found among AMPD depictions of BPD. 10 experts showed fair single rater absolute agreement, ICC = .48, and excellent mean agreement, ICC = .90. There was excellent mean agreement across studies on the AMPD profile for BPD, ICC = .81.

At the individual level, agreement was poor (single measure ICC = .27), reflecting some divergence among trait profiles.

MDS was optimized with a stress value of .09, which can be considered a good fit (Kruskal, 1964). Amongst the studies sampled and novel data, the group of 10 BPD experts appeared to best capture the "essence" of all the other BPD profiles when considering all relationships among data.

The following traits had strong agreement on their essentialness to the BPD trait profile (CVR in parentheses): Suspiciousness (.43), Anxiousness (.71), Depressivity (1), Emotional Lability (1), Hostility (1), Impulsiveness (1), and Separation Insecurity (1). Among the most contested traits were Risk Taking (0.14), Anhedonia (-0.14), Cognitive and Perceptual Dysregulation (-0.14), Distractibility (-0.14), Eccentricity (-0.14) and Perseveration (-0.14). **Conclusion:** We described published studies and some novel data attempting to cross-walk the 25 traits of the AMPD. There was overall agreement among studies with the experts best capturing the central features of BPD. Further trait-based algorithms might include Suspiciousness, as the existing DSM algorithm was alone in indicating the absence of this trait. Risk Taking should be reconsidered as a core trait to BPD given mixed results on its importance.

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Construct and Paradigm in the DSM-5-III AMPD

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Background and Purpose: As personality assessment is moving toward a dimensional understanding, there is a need to determine if dimensional measures, such as the Alternative Model for Personality Disorders (AMPD) in Section III of the *DSM-5*, adequately capture personality constructs and paradigms. The purpose of this study was to examine whether the Level of Personality Functioning Scale (LPFS; Criterion A of the AMPD) and the 25 pathological personality trait-facets (Criterion B of the AMPD) represent the dispositional trait, characteristic adaptation, and narrative identity construct domains of McAdams and Pals (2006), as well as the psychodynamic, interpersonal, personological, multivariate, and empirical assessment paradigms outlined by Wiggins (2003). We hypothesized that the AMPD would adequately capture these construct domains and assessment paradigms. **Subjects:** Subjects were five clinical psychologists and four advanced-level doctoral students. **Methods and Materials:** Subjects rated the 60 items of the LPFS of Criterion A and the 25 trait-facets of Criterion B for coverage of the McAdams and Pals (2006) constructs and the Wiggins (2003) paradigms. **Analyses:** Ratings were analyzed for construct-type, paradigmatic representation, and level of inference within the full AMPD and Criterion A and B. Consistency intraclass correlation coefficients and a one-way analysis of variance (ANOVA) were conducted. **Results:** For Criterion A, all ICCs were good to excellent, except for dispositional traits (fair range). All ICCs were good to excellent for Criterion B. Criterion B showed generally higher rater agreement, when compared to Criterion A, and the interpersonal paradigm demonstrated the highest overall rater agreement (ICC = .91). Results of the one-way ANOVA suggest that all constructs and paradigm types differed significantly across Criterion A and B, with the exception of the construct of characteristic adaptations and the interpersonal paradigm. For constructs and paradigms that differed significantly from one another, effect sizes ranged from small to large. Overall, results suggest that Criterion A draws on psychodynamic concepts, relative to Criterion B, which incorporates dispositional traits and the multivariate and empirical paradigms. Finally,

results suggest that Criterion A requires a higher level of inference than Criterion B. **Conclusions:** The current study illustrates the construct and paradigm complexity of the AMPD, which has implications for the nomological net of the AMPD, as well as issues of learning and using the model. We argue that the AMPD supports theoretically-integrative PD diagnosis. Across Criterion A and B, the interpersonal paradigm and the construct of characteristic adaptations seem to be the common ground, which offers further evidence that PDs are fundamentally interpersonal (Hopwood, Wright, Ansell, Pincus, 2013). A limitation of this study is a relatively small number of raters were utilized. Future research might explore construct and assessment method implications of these findings for the AMPD.

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Going Deep into the Assessment of Personality Disorders: The Clinical Utility of the MCMI-III Grossman Facet Scales

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The Millon Clinical Multiaxial Inventory-III (MCMI-III; Millon, Millon, Davis, & Grossman, 2009) is a psychological assessment measure developed to provide information on clinical symptoms and personality disorders (PDs) based on Millon (1986)'s Evolutionary Theory. Recently, the Grossman Facet Scales were introduced to evaluate the most salient facets of each PD scale. In particular, three facet scales have been identified from the structural and functional domains to provide information about the examinee's true expression of personality functioning. Although

the Grossman Facet Scales have proved their utility in clinical and research settings, only few studies have examined their psychometric properties. The aim of the current study was to report on the convergent validity of the Grossman Facet Scales with the Personality Assessment Inventory (PAI; Morey, 1991, 2007) scales and subscales. The tests were administered to 298 Italian outpatients (53% females) recruited from private and public clinics in Italy: the mean age was 38.3 years ($SD = 12.5$), ranging from 18 to 77 years. We conducted a canonical correlation analysis (CCA), a useful approach to identify synthetic variables underlying observed variables by producing maximally, orthogonal correlated variables across two sets of variables (e.g., MCMI-III Grossman Facet Scales and PAI scales and subscales). The full model across all functions was statistically significant, Wilks $\Lambda < .001$, $F(1722, 6626.76) = 2.58$, $p < .001$. The first function ($R_c = .95$, $R_c^2 = .90$) identified two opposite self-related features: representing oneself as socially inadequate and experiencing little affect versus representing oneself as grandiose and provocative. The second function ($R_c = .92$, $R_c^2 = .87$) was characterized, on one end, by healthy functioning features (4-Histrionic, 5-Narcissistic, 7-Compulsive, PIM, RXR, and WRM), and, on the other end, by pathological characteristics related to: (a) somatic symptoms; (b) lability and impulsivity; (c) expressing emotion incoherently and irrationally; (d) being overwhelmed by emotions. The third function ($R_c = .85$, $R_c^2 = .72$) showed two opposite, interpersonal styles: an attention-seeking style (4-Histrionic, high WRM) versus an unengaged, apathetic style (1-Schizoid, SCZ-S, low WRM). The fourth function ($R_c = .82$, $R_c^2 = .66$) identified, in both tests, features of the 5-Narcissistic PD associated to the lack of reality testing capacity and to psychotic symptoms and projection mechanisms, so that others may be perceived as envious and, therefore, potential threatening. Finally, the fifth function ($R_c = .75$, $R_c^2 = .56$) showed that the hostile temperament of the 6B-Sadistic PD is related to frustration-responsive irritability (MAN-I). Overall, our findings contributed to enhance confidence in the validity and utility of the Grossman Facet Scales.

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¹Oak Ridge National Laboratory. This article represents the opinion of MHW and not of the U.S. DOE, ORNL, or UT-Battelle, LLC, for work partly supported by UT-Battelle, LLC under Contract No. DE-AC05-00OR22725 with the U.S. Department of Energy.

Free Software

Many research projects use Web-based questionnaires, but it is sometimes difficult to construct these in ways that are friendly to all operating systems. Fortunately, there are freely available sites that greatly simplify our lives. One of these is the Assessment Center (<https://www.assessmentcenter.net/>). It contains a number of tools in its library, and researchers can also create their own data collection tools.

And to repeat, if you've come across some freeware that you've found helpful, write to me at streiner@mcmaster.ca

Rorschach Coding Help Needed

I have written a 150-page Rorschach coding workbook and I'm looking for people who have passed the R-PAS coding proficiency test to help me check my coding. I have 24 coding exercises. You don't have to commit to helping me with all 24 exercises; if you want to help with just one exercise, that would be great! Most of the exercises take about 30 minutes or less to complete. I can compensate people for their time. Please contact me at: jdaly1@alliant.edu.

Jill Daly

From the Editor...



David L. Streiner, PhD, CPsych

There are many highlights of our annual convention, including the Master Lectures, the Beck, Mayman, and Cerney awards; the Hertz Lecture, numerous workshops, and more. The recipients of these awards are spotlighted in the column by our president, Bob Archer. It is also a time that members and students can showcase their research through talks and two evenings of poster presentations. SPA recognizes the best of the posters by giving four awards – two for each of the evenings. Unfortunately, not everyone attending the convention reads all of the posters (and we old timers may have trouble

remembering what we did read), and those not attending naturally don't see them at all. So, starting with this issue, the *Exchange* will print abstracts of the award-winning posters in order to recognize these contributions, most of which have been authored by our students. We also hope this will motivate them to write up their research as papers, to be submitted (naturally) to *JPA*.

In the previous issue, Giselle Hass wrote about an exciting new initiative by the organization, the Diversity/Social Justice Committee. In this issue, she and Crista Maracic, the outgoing president of SPAGS, have written a follow-up piece, reporting on a roundtable discussion of this important topic and how, paraphrasing their subtitle, to make diversity-minded personality assessment a tool to make the world more inclusive and just. We hope to make diversity and social justice a regular topic in the *Exchange*. In a like manner, Hadas Pade, who heads up the Proficiency Committee, continues her guidance regarding how to write reports that are meaningful, accurate, and clear – necessary components in a proficient report. But, a good report is based, naturally, on the assessment procedure. We all assume that the mechanics of the process are mundane, easily mastered, and don't require too much mental energy once they're learned. Jed Yalof's "Teacher's Block" column reminds

us that at times, things can go horribly wrong, and we have to be flexible in how we handle the situation. I'm sure many of us have heard about a recent incident in which a passenger was denied her request for a peacock to accompany her on a flight as an "emotional support animal." We may find this somewhat amusing or ridiculous, depending on our perspective, but psychologists are increasingly being asked to write reports justifying their use. Linda Knauss has written yet another excellent article that provides guidance for those asked to do so. One of our newer contributors, Michael J. Roche, writes about the promises and challenges of a novel way of gathering data about our clients, called "experience sampling methodologies." With the near ubiquity of smart devices, this promises to become an important tool in our assessment repertoire. In the realm of assessments, Alan Schwartz has written a fascinating article about a little-known research project that administered the Thematic Apperception Test to a number of well-known poets. Many years ago, Sigmund Freud said that psychoanalysts should also be knowledgeable about mythology, the literary classics, and the social sciences. To further this aim, he and Hanns Sachs started a journal called the *American Imago* in 1939, and Alan's article continues that often-neglected tradition.

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