



Society for
Personality
Assessment

2023 SPA Convention

March 28 - April 2, 2023 | Austin, TX



Welcome to Austin, Texas!

On behalf of the Board of Directors of the Society for Personality Assessment, I am pleased to welcome you to this year's conference. We are so happy to have you join us as we gather together, in-person and virtually, for the 85th anniversary of the Society for Personality Assessment. This year's program is full of a wide range of content that brings forth the world's leading experts on personality assessment with those interested in learning and networking each year. With over 100 CEU credits to choose from, there is certainly something for everyone.

We are so honored to have as our featured speakers Drs. Apryl Alexander and James Pennebaker who will speak about the importance of accurate assessment of racial and cultural trauma as well as the role of text analysis in personality assessment, respectively. Dr. Yossi Ben-Porath will offer reflections on the history and future of self-report measures as he receives the Bruno Klopfer Award for Lifetime Achievement. And finally, specifically for this year, we are excited for both our Career Development Panel to forge even stronger connections between SPA's junior and senior members and our special keynote regarding the Utility of Clinical Assessment.

This year, our conference is being held in the hometown of The Center for Therapeutic Assessment. In special recognition, we have partnered with the Therapeutic Assessment Institute as they celebrate their 30th year. Consider meeting and learning with other CTA folks on Tuesday for a pre-conference event as we reflect on the value collaborative assessment has brought to our clients over the years and for years to come.

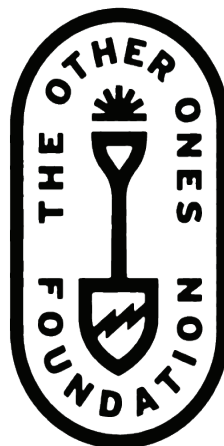
Don't forget to check out the exciting student work being presented throughout the conference. It is your chance to get a glimpse of where the field is heading as you mingle with future thought leaders in the field. And please join us for our receptions on Thursday, Friday and Saturday evenings for opportunities to meet and greet your colleagues.

Whether this is your first time attending or your 21st, I know you'll find your experience worthwhile.



Best Wishes,
A. Jill Clemence, Ph. D.
President, Society for Personality Assessment

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Sessions that will be Live Streamed will be indicated with a **■**.
Sessions that have been indicated as an EISJ Track will be indicated with a **◆**.

For the most updated information, please access our online convention app.



Schedule at a Glance

The SPA Convention will be held between March 28th - April 2nd, and workshops will be held on March 28th, 29th, 30th, and April 2nd in-person ONLY. Please note, the listed times below are in the Central Standard Time Zone and are subjective to change.

TUESDAY | MARCH 28TH

8:00 AM - 5:30 PM Full-Day Workshops
7:00 PM - 10:00 PM CTA Celebration

WEDNESDAY | MARCH 29TH

7:30 AM - 5:30 PM Registration Desk Open
8:30 AM - 12:15 PM Half-Day Workshops
8:30 AM - 5:30 PM Full-Day Workshops
10:30 AM - 10:45 AM Coffee Break**
12:00 PM - 5:00 PM Board of Trustees Meeting*
12:15 PM - 1:30 PM Lunch Break
3:15 PM - 3:30 PM Coffee Break**
5:30 PM - 6:15 PM First Time Attendee Orientation

THURSDAY | MARCH 30TH

7:30 AM - 11:30 AM Board of Trustees Meeting*
7:30 AM - 5:30 PM Registration Desk Open
8:00 AM - 12:00 PM Half-Day Workshops
8:00 AM - 12:00 PM Exhibitors Set-Up
10:15 AM - 10:30 AM Coffee Break**
11:45 AM - 12:45 PM SPAGS Board Meeting Lunch*
11:45 AM - 12:45 PM JPA Editor/Associate Editor Lunch*
11:45 AM - 1:00 PM Lunch Break
12:00 PM - 6:00 PM Exhibitors Open
1:00 PM - 2:30 PM Opening Plenary Session
(President's Address & Plenary)
2:30 PM - 2:45 PM Transition Break
2:45 PM - 4:15 PM Concurrent Sessions
4:15 PM - 4:30 PM Coffee Break
4:30 PM - 6:00 PM SPA Awards & Bruno Klopfer
Lecture
6:00 PM - 6:30 PM Book Signing
6:00 PM - 7:00 PM Poster Sessions I
6:00 PM - 7:15 PM President's Welcome Reception

* This event is invite only.

** Coffee Break is only for individuals taking a workshop during this time.

FRIDAY | MARCH 31ST

7:00 AM - 7:45 AM Fun Run
7:30 AM - 5:30 PM Registration Desk Open
7:45 AM - 8:45 AM Coffee & Donuts/Interest Group Meetings (Forensic, Health Psychology, and Collaborative/Therapeutic Assessment)
8:00 AM - 9:00 AM JPA Editorial Board Breakfast Meeting*
8:00 AM - 5:30 PM Exhibitors Open
9:00 AM - 10:30 AM Concurrent Session 2
10:30 AM - 11:00 AM Exhibitor Coffee Break
11:00 AM - 12:00 PM Carving Your Path Career Panel
12:00 PM - 1:30 PM Lunch Break
12:00 PM - 1:30 PM FREE Headshots
12:15 PM - 1:15 PM SPA Practitioners & Trainees of Color Lunch*
1:30 PM - 3:30 PM Concurrent Session 3
3:30 PM - 4:30 PM Break and Networking
3:45 PM - 4:15 PM Flash Sessions
4:30 PM - 5:30 PM Dr. Apryl Alexander
5:30 PM - 6:15 PM SPA Business Meeting
6:15 PM - 7:15 PM International/ Diversity & Social Justice Social
7:30 PM - 8:30 PM Society for Personality Assessment Graduate Students Social

SATURDAY | APRIL 1ST

7:30 AM - 5:30 PM Registration Desk Open
7:45 AM - 8:45 AM Coffee & Donuts/Interest Group Meetings (Education & Training/ Psychoanalytic Assessment)
8:00 AM - 3:00 PM Exhibits Open
9:00 AM - 10:30 AM Concurrent 4
10:30 AM - 10:45 AM Coffee Break
10:45 AM - 11:45 AM Dr. James Pennebaker
11:45 AM - 1:00 PM FREE Headshots
11:45 AM - 1:00 PM Lunch Break
1:00 PM - 3:00 PM Concurrent Session 5
3:00 PM - 4:00 PM Coffee Break and Networking
3:00 PM - 6:00 PM Exhibitor Breakdown
3:15 PM - 3:45 PM Flash Sessions II
4:00 PM - 5:30 PM Concurrent Session 6
5:30 PM - 6:30 PM Poster Session II
5:30 PM - 7:00 PM JPA Reception

SUNDAY | APRIL 2ND

7:30 AM - 5:30 PM Registration Desk Open
8:30 AM - 5:30 PM Full-Day Workshops
10:30 AM - 10:45 AM Coffee Break**
12:15 PM - 1:30 PM Lunch Break
3:30 PM - 3:45 PM Coffee Break**

Featured Lectures

Advancing the Concept of Applicability of the Treatment Utility of Clinical Assessment

Dr. Jan Kamphuis | University of Amsterdam
Dr. Arjen Noordhof | University of Amsterdam
Dr. Christopher Hopwood | University of Zurich

March 30 | 1:30 - 2:30 pm | 1 CE | Waterloo Ballroom 3-4

Utilizing the article “When and How Assessment Matters: An Update on the Treatment Utility of Clinical Assessment (TUCA)” as a starting point, this interactive plenary will provide attendees the opportunity to think about how to advance and study the Treatment Utility of Clinical Assessment (TUCA; or the extent to which clinical assessment enhances subsequent treatment benefits for patients), and what this might mean for SPA. Following a brief introduction lecture, a subsequent panel discussion will engage the membership in thinking about concrete ways how the SPA community might advance this concept and its practice. With defining TUCA and then communicating its value as a strategic focus for the 2023 calendar year, we encourage all research teams interested in applying for the Treatment Utility of Clinical Assessment grant to attend and contribute to this plenary.

Please see the (adapted) public significance statement of the article below for more information: Public Significance Statement: The degree to which clinical assessment has treatment utility, i.e., the extent to which clinical assessment enhances subsequent treatment benefits for patients has long been controversial. We suggest specifying and examining more closely the conditions under which assessment can—or cannot—contribute to treatment process and ultimately patient benefit. Clear thinking about this important topic can contribute to improved research as well as more efficient practice of clinical assessment. We distinguish direct and indirect benefits of assessment and advocate the implementation of some form of stepped assessment in clinical practice.



Featured Lectures

Bruno Klopfer Award Lecture - Personality Assessment by Self-Report: Where Have We Been? Where Are We Now? And Where Do We Go from Here? ■

Dr. Yossef S. Ben-Porath | Kent State University

March 30 | 5:00 - 6:00 pm | 1 CE | Waterloo Ballroom 3-4

The science-based technology of personality assessment by self-report is approximately a century and a quarter old. In this presentation, I review its historical foundations and evolution to contemporary approaches. I then discuss the strengths and challenges of these techniques and propose ways the field may advance.

Key points include the advantages of: Grounding self-report-based measures in empirically developed and supported personality and psychopathology models; considering setting-specific variables when interpreting test scores; incorporating diversity-sensitive practices; and capitalizing on the heretofore unrealized potential of computer technology.

Yossef Ben-Porath is a Professor of Psychological Sciences at Kent State University. He received his doctoral training at the University of Minnesota and has been involved extensively in MMPI research for the past 37 years. He is a co-developer of the MMPI-3, MMPI-2-RF, and MMPI-A-RF and co-author of test manuals, books, book chapters, and articles on the MMPI instruments. Former Editor-in-Chief of the journals *Assessment* and *Psychological Assessment*, Dr. Ben-Porath is a board-certified psychologist (American Board of Professional Psychology-Clinical) whose clinical practice involves supervision of assessments at Kent State's Psychological Clinic, consultation to agencies that screen candidates for public safety positions, and provision of consultation and expert witness services in forensic cases.



Featured Lectures

Carving Your Path: Career Development Panel ■

Dr. Anita Boss | Clinical & Forensic Consulting, PLC

Dr. Nicole Cain | Rutgers University

Dr. A. Jordan Wright | New York University

Dr. Christina Biedermann | Adler University

Dr. Ron Ganellen | Northwestern University

Dr. Ali Khadivi | Albert Einstein College of Medicine



**March 31 | 11:00 - 12:00 pm |
Waterloo Ballroom 3-4**

We are excited to announce the inaugural SPA Career Development Plenary, a new take on the plenary session, empowering attendees to learn and grow with each other as we explore the complexities of careers in personality assessment. The Plenary's innovative format is being designed to facilitate communion, collaboration, and inspiration, with the majority of the session taking place in five small group interactions, each focused on a different personality assessment career:

- Personality assessment science in academic psychology,
- Personality assessment training,
- Applied practice,
- Large governmental/medical organizations, and
- Forensics.

Free to move to and from different groups as suits your focus and interest, the conversations will cover the full range of careers in personality assessment, exploring the considerable diversity and distinctions within each. The goal of the experience is for SPA members and conference attendees to further their understanding of the career landscape in personality assessment through the experience and wisdom of senior personality assessors facilitating the discussions and sharing lessons from the navigation of their unique professional paths.

In addition to the above facilitators, please visit the website for a full list of field experts within each group.



Featured Lectures

Psychological Assessment of Racial and Cultural Trauma

Dr. Apryl Alexander | University of North Carolina at Charlotte

March 31 | 4:30 - 5:30 pm | 1 CE | Waterloo Ballroom 3-4

Racism, discrimination, and prejudice harm People of Color's physical and mental health and well-being and are potentially traumatic incidents. However, racial, cultural, intergenerational, and/or historical trauma are rarely consistently considered in the assessment of trauma along with other common forms of trauma, such as physical abuse, sexual abuse, and intimate partner violence. Racial trauma refers to traumatic events related to real or perceived experiences of racial discrimination, which can include threats of harm or injury, humiliation, or witnessing harm to People of Color (Carter, 2007; Comas-Díaz et al., 2019). Psychologists have also suggested that cultural factors, such as cultural mistrust and exposure to police violence, should also be considered in evaluations (Dixon et al., in press; Isen, 2022). This aligns with other recent calls for anti-racist psychological assessment. Indeed, Byrd et al. (2021) note, "An antiracist psychology will consistently identify, accurately label, and directly address racism as it is encountered" (p. 280). From daily microaggressions to contacts with law enforcement, it is important for psychologists to capture these incidents in the process of their evaluations. Dr. Alexander will discuss how assessment tools can be used to evaluate racial and cultural trauma to engage in better anti-racist psychological practice.



Apryl Alexander, PsyD is the Metrolina Medical Foundation Distinguished Scholar in Health and Public Policy at UNC Charlotte. She received her doctorate in clinical psychology from the Florida Institute of Technology with concentrations in forensic psychology and child and family therapy. Dr. Alexander's research and clinical work focus on violence and victimization, human sexuality, and trauma-informed and culturally informed practice. She is an award-winning researcher and her work has been published in several leading journals. Dr. Alexander has been interviewed by numerous media outlets, including The New York Times, USA Today, and NBC Nightly News, about her research and advocacy work. Recently, she received the 2021 Lorraine Williams Greene Award for Social Justice from Division 18, 2022 Outstanding Teaching and Mentoring awards from SPSSI and AP-LS, and the 2022 Dr. Sarah Burgamy Citizen Psychologist Award from the Colorado Psychological Association.

Featured Lectures

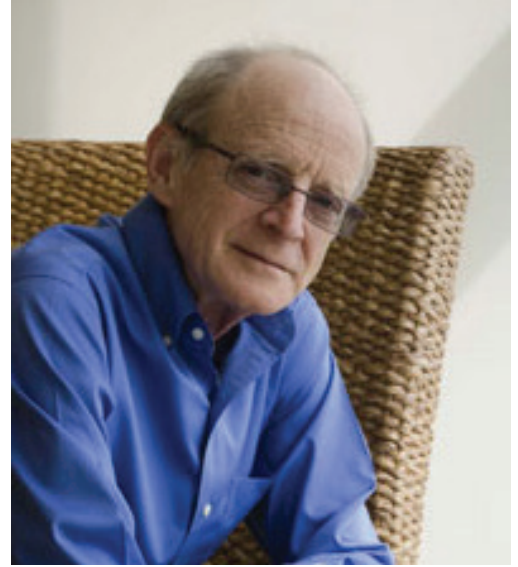
Language as Personality ■

[Dr. James Pennebaker](#) | University of Texas at Austin

April 1 | 10:45 - 11:45 am | 1 CE | Waterloo Ballroom 3-4

The ways people express themselves in everyday language is consistent across time and context. These linguistic fingerprints are most visible in people's use of function words (e.g. pronouns, prepositions) rather than in the content of their speech. Multiple studies point to the power of text analysis in the assessment of personality and in the prediction of important social, emotional, and cognitive behaviors in people's lives. Self-reports certainly have their role but it's time to expand our thinking.

James W. Pennebaker is the Regents Centennial Professor of Liberal Arts and Professor of Psychology. He and his students are exploring natural language use, group dynamics, and personality in both laboratory and real world settings. His earlier work on expressive writing found that physical health and work performance can improve by simple writing and/or talking exercises. His cross-disciplinary research is related to linguistics, clinical and cognitive psychology, communications, medicine, and computer science. Author or editor of 12 books and over 300 articles, Pennebaker has received numerous research and teaching awards and honors.



Pricing

SPA views the workshops and the Convention as separate entities. There is a registration fee for each workshop; and there is a separate registration fee for the Convention (held Wednesday through Saturday). One can attend any number of workshops and choose not to attend the convention, or attend the convention and not participate in any workshops.

The SPA Board of Trustees explored many options regarding registration rates for the Convention. The Board recognizes that institutional and personal funds are limited at this time, so the final prices for the convention balance the need to cover a portion of SPA's expenses while still creating an affordable yet well-produced convention that you have come to expect. These expenses include online conference software, development of software and apps, video editing, staff salaries, and contract staff to help produce this event. Cancellation Policy - Cancellations will be accepted for the Annual Convention and/or a workshop, less a \$75 administrative fee, until February 28, 2023. After that date no refunds will be granted.

In-Person Tickets

Member Type	Early Registration	Regular Registration	Late Registration
Student	\$99	\$124	\$164
Early-Career	\$159	\$184	\$224
Member/Fellow/Associate	\$259	\$309	\$359
Non-Member Student	\$129	\$154	\$194
Non-Member Early-Career	\$214	\$239	\$279
Non-Member	\$334	\$385	\$434

Virtual Tickets

Member Type	Early Registration	Regular Registration	Late Registration
Student	\$49	\$59	\$79
Early-Career	\$74	\$94	\$134
Member/Fellow/Associate	\$124	\$144	\$184
Non-Member Student	\$79	\$89	\$109
Non-Member Early-Career	\$129	\$149	\$189
Non-Member	\$199	\$229	\$269

Half-Day Workshop Tickets

Member Type	Early Registration	Regular Registration	Late Registration
Student	\$59	\$84	\$124
Early-Career	\$104	\$129	\$169
Member/Fellow/Associate	\$129	\$179	\$229
Non-Member Student	\$89	\$114	\$154
Non-Member Early-Career	\$159	\$184	\$224
Non-Member	\$204	\$254	\$304

Full-Day Workshop Tickets

Member Type	Early Registration	Regular Registration	Late Registration
Student	\$99	\$124	\$164
Early-Career	\$154	\$179	\$219
Member/Fellow/Associate	\$199	\$249	\$299
Non-Member Student	\$129	\$154	\$194
Non-Member Early Career	\$209	\$234	\$274
Non-Member	\$274	\$324	\$374

Workshops

Tuesday, March 28th

8:30 AM - 5:30 PM

Collaborating in the Past, Present, and Future: Pre-Conference Institute on Therapeutic Assessment | 5.5 CEs

Location: Waterloo Ballroom 5-6

Stephen Finn | Center for Therapeutic Assessment

For a full list of presenters & authors, please visit convention app.

Presented by the Therapeutic Assessment Institute with the Society for Personality Assessment This year the Therapeutic Assessment Institute (TAI) is celebrating the 30th anniversary of the founding of The Center for Therapeutic Assessment (CTA) in Austin, TX. Since that time Therapeutic Assessment (TA) has contributed to a paradigm shift in psychology and to increasing numbers of clients around the world being included as collaborators in their psychological assessments. In this Pre-Conference Institute, held in conjunction with SPA, TAI faculty and practitioners will reflect on the development of TA over the last 30 years, discuss TA's implementation in different settings around the world, and consider the future of training in Collaborative/Therapeutic Assessment. In keeping with the core values of TA, we aspire to involve attendees as active participants and collaborators in considering these topics. Finally, in the evening, we will host a dinner party celebrating this special anniversary of the CTA. (Registration for the dinner will be handled separately.) For a full schedule, please visit this webpage: <https://www.personality.org/events/2023-therapeutic-assessment-pre-con>

Skill Level:

All Levels of familiarity with Therapeutic Assessment are welcome.

Wenesday, March 29th

8:30 AM - 12:15 PM

Personality Assessment Consultation Opportunities with the Federal Administration: An Orientation to Practices and Standards, v.2 | 3.5 CEs

Location: RM 605

Ray King | Federal Aviation Administration

Individuals who work within safety-sensitive positions must meet high standards of psychological health. A subset of assessment psychologists engage in forensic psychology, assessing candidates for police departments and other public safety agencies. Another area of practice that psychologists can consider is consulting with the Federal Aviation Administration (FAA). The FAA screens all candidates for Air Traffic Control Specialist (ATCS) positions with the MMPI-2, after a conditional offer of employment is extended in accordance with the Americans with Disabilities Act. Those who do not clear this screening are referred to independent practice psychologists, at the expense of the FAA. The FAA continues to seek clinical psychologists who are skilled in personality assessment to serve in this role. This workshop is designed to prepare such psychologists to ethically perform these pre-employment assessments as well as fitness for duty evaluations. Psychologists are also called upon to assess pilots to ensure they meet aeromedical standards during the course of their flying careers. Participants in this workshop will be afforded an introduction to the world of aviation and its unique demands. Participants will be introduced to FAA regulatory standards of aeromedical

fitness, which diverge somewhat from DSM nosology. Personality testing norms for ATCSs and pilots will be explored and applied in case vignettes. Assessment methods to be explored include psychosocial history, mental status exam, clinical interview, collateral information, and, of course, psychological testing. Teaching methods include PowerPoint presentations, video demonstrations, and case examples.

Goals and Objectives:

1. Participants will gain an understanding of the unique demands of working in aviation.
2. Participants will appreciate that the person sitting in front of them is not the client in an assessment for a safety-sensitive position.
3. Participants will gain an understanding of the need for aviator testing norms and learn how and when to apply them

Skill Level:

Participants should be at least at the intermediate level.

8:30 AM - 5:30 PM

MCMII-IV and MACI-II: Operationalizing the Millon Inventories from Adolescence through Adulthood | 7 CEs

Location: RM 604

Seth Grossman | Center for Psychological Freedom
Robert Tringone | Private Practice

This workshop focuses on operationalizing the Millon Clinical Inventories (MCMII-IV and MACI-II) through an exploration of the guiding theory, developmental/attachment considerations, and psychometric properties. Participants will engage in a primer in both instruments, including an overview of their structures and scales, psychometric properties, relationship to diagnosis and treatment, and responsible use/limitations on use based on population and mental health status. Topics include using the guiding theory and developmental markers in concert with assessment results to engage individuals in the clinical alliance, examine conflicts, response style, and unexpected results to understand deeper motivations, and building meaningful interventions based around the person's improved self-understanding from the assessment process. Adult and adolescent case examples will provide interactive opportunities for participants to practice skill sets enhanced by the theory.

Goals and Objectives:

1. Articulate core elements of Millon's Evolutionary Theory as relevant to the constructs of each instrument.
2. Discuss key concepts in development and attachment as they relate to Millon's conceptions and instruments.
3. Describe the structures and scales of the MCMII-IV and MACI-II.
4. Develop therapeutic language based on theory and instrument scale composition.
5. Operationalize assessment results for treatment guidance and clinical alliance building, as guided by the theory.
6. Integrate assessment content in context with demographics and identity matters.

Skill Level:

Participants should be adequately versed in objective personality assessment and common psychometric concepts; exposure to Millon theory and instrumentation is helpful but not required.

A. Jordan Wright | New York University

Hadas Pade | California School of Professional Psychology - San Francisco

This intermediate workshop will focus on evidence-based techniques for working with multi-method and multi-informant assessment data to support clinical decision making in clinical psychological assessment. Topics will include being methodical about aggregating and integrating data across methods in order to mitigate confirmation bias, reconciling discrepant data from different methods and different informants, and being deliberately diversity-sensitive and attuned to person-context interactions in assessment work.

Goals and Objectives:

1. Identify the reasons integrated, multi-method psychological assessment is so critical to the field.
2. Describe core components of effective multi-method assessments.
3. Increase integration of all assessment data available (interview, observations, testing, etc.) into a meaningful psychological assessment.
4. Identify some of one's own biases that emerge from their own cultural history, background, and context.
5. Describe deliberate person-context interactions to consider when conceptualizing cases.
6. Explain methods for reconciling discrepancies in data that arise from different measures, methods, and/or informants.

Skill Level:

Participants can be of any level, though basic knowledge of assessment principles and widely used measures is useful.

Filippo Ascheri | European Center for Therapeutic Assessment

Pamela Schaber | Center for Therapeutic Assessment

Maintaining a healthy couple relationship has always been a challenge for humankind but, after the pandemic and its related health policies, it became ever harder. Forced co-habitation, limited individual freedom, and increased levels of stress made it more likely to engage in fights and problems in communication between partners. Plus, the increasing availability of dating apps provides the illusion of almost endless availability of potential partners. When couples realize they may need professional help to sort out their relational difficulties, long-term treatments may not meet their sense of urgency for solutions and support. TA with couples (TA-2) is a short-term, focused intervention that helps couples to address their issues, and, through the use of assessment tools, process both individual and relational problematic dynamics. The goals of a TA-2 are to increase self- and mutual understanding in the couple, find a more compassionate narrative of each other and their relationship, and of the origin of their difficulties. They will also be able to experiment with new ways of relating to each other. This workshop provides the description of TA-2, shows TA-2 techniques to work with couples, and challenges participants with exercises based on the assessment results of a real couple. Participants will receive materials on TA-2 theory, on the steps of TA-2, and will observe excerpts of TA-2 cases with video clips of real sessions. Unique to this workshop is the possibility to work in small groups on materials of a TA-2 to complete a case formulation and define the following steps of the process.

Goals and Objectives:

1. List the steps of TA-2
2. List the principles of TA-2 case conceptualization

3. Describe the interplay between individual TA and TA-2 processes
4. Discuss and critique video examples of TA-2
5. Apply case conceptualization to cases and design the following steps of the assessment process

Skill Level:

Introductory but with experience of testing, assessment, and work with couples' relationships.

Therapeutic Assessment with Children: A Brief Intervention to Address the Current Mental Health Crisis in Children and Families | 7 CE

Location: RM 603

Stephen Finn | Center for Therapeutic Assessment
Marita Frackowiak | Center for Therapeutic Assessment
Dale Rudin | Center for Therapeutic Assessment

The COVID pandemic created huge stresses on children and families, and subsequently, mental health providers are searching for cost-effective ways to address the needs of children and families. This workshop introduces attendees to Therapeutic Assessment with Children (TA-C), an 8-step, empirically supported family-centered intervention that uses psychological assessment both to support parents and increase their empathy for their children. In this introductory workshop, Drs. Finn, Frackowiak, Rudin, and Tharinger will discuss the rationale and research on TA-C, and then lead participants through each step of the intervention. Video tapes of actual client sessions will be used to illustrate the steps of TA-C. Particular attention will be given to ultra-brief TA-C, assessments of diverse clients, and how to adapt TA-C to different settings.

Goals and Objectives:

1. At the end of the workshop, participants will be able to: • explain how TA-C is particularly suited as a mental health intervention at this moment in history
2. list the steps in the full TA-C model
3. describe how TA-C can be shortened and adapted to diverse practice settings
4. enumerate 5 ways that TA-C respects clients from diverse backgrounds
5. explain how TA-C practitioners build alliance with children and parents
6. describe how TA-C promotes systemic thinking among parents and children

Skill Level:

This is an introductory workshop, but attendees should have basic experience with major psychological assessment instruments for children.

1:30 PM - 5:15 PM

From SPSS to R, Why and How to Make the Transition | 3.5 CE

Location: Waterloo Ballroom 5

Ruam Pimentel | University of Toledo
Gregory Meyer | University of Toledo

This is an introductory level workshop that introduces current users of SPSS to R. Participants will learn the basics of R through direct comparisons with SPSS. This workshop aims to provide an initial foundation and resources for SPSS users to learn how to navigate R programming, R packages, and the R community. Participants will learn the basics of programming with R, the basics of generating graphs, and the basics of statistical analysis by comparing inputs and outputs with SPSS. Participants will need a personal computer during the workshop. We ask participants to install R and Rstudio on their computers before the workshop. Here is a tutorial on how to do that for Windows, Mac, and Linux user: <https://rstudio-education.github.io/hopr/starting.html>

Goals and Objectives:

1. At the conclusion of this workshop, participants will be able to use basic R functions to manipulate data, run descriptive statistics, run common statistical analyses, and visualize data.
2. At the conclusion of this workshop, participants will be able to explore R resources and make use of R community member forums so they can keep learning and improving their skills.
3. At the conclusion of this workshop, participants will be able to read documentation for R packages so they can learn new packages and troubleshoot their syntax.

Skill Level:

This training requires basic statistical knowledge but no previous knowledge of R.

Using the Personality Assessment Inventory-Adolescent in Clinical and Forensic Settings | 3.5 CE

Location: RM 605

Nora Charles | University of Southern Mississippi
Paula Floyd | University of Southern Mississippi

We will provide an overview of the development and use of the PAI-A including appropriate clinical questions/populations, scoring, and interpretation. Specific case examples and information from research with the PAI-A will be covered.

Goals and Objectives:

1. Understand the purpose of the PAI-A and what information can be gained from it during an evaluation
2. Able to interpret scales and subscales of the PAI-A as they apply to clinical and forensic questions
3. Be prepared to explain research support for the PAI-A to clinical and legal professionals

Skill Level:

Moderate- some understanding of personality assessment and psychometrics.

Thursday, March 30th

8:30 AM - 12:00 PM

Assessing Multicultural Clients with Bipolar Disorder: Challenges, Implications and Solutions | 3.5 CEs

Location: RM 602

Linda McGhee | Good Mental Health and Steve Fund

This workshop will explore how clinicians assess clients from various cultures for bipolar disorder. We will begin with the state of research on the assessment of differences based on gender, race and sexual orientation. The role of clinician bias will be addressed as it relates to the misdiagnosis of marginalized populations. The implications of missing the correct diagnosis of bipolar are far-reaching in terms of treatment options, psychopharmacological ramifications and well as the prognosis of the client. Finally, we will address how clinicians can move forward in evaluating diverse clients for bipolar. These solutions include addressing bias and systemic changes that are needed to help cut down on diagnostic/assessment mistakes.

Goals and Objectives:

1. The participant will be able to analyze the state of research in assessing diverse populations for bipolar disorder.
2. Clinicians will understand the implication of misdiagnosing diverse bipolar patients with other disorders.
3. The participant will gain knowledge of systemic and individual changes necessary to eliminate clinician bias and identify solutions that support ethical multicultural assessment practices,

including test instrument selection. Develop therapeutic language based on theory and instrument scale composition.

Skill Level:

Participants should have some knowledge of assessment and bias.

Clinical Application of the DSM-5 Alternative Model for Personality Disorders (AMPD) | 3.5 CEs

Location: RM 601

Bob Krueger | University of Minnesota
Tanya Freedland | ARCS Institute

This workshop provides an overview of the history and development of the DSM-5 Alternative Model for Personality Disorders (AMPD) and the Personality Inventory for DSM-5 (PID-5), with a focus on clinical utility for specific applied scenarios.

Goals and Objectives:

1. Describe the history of personality disorders in the DSM.
2. Apply clinical skills and assessment strategies using the AMPD criteria.
3. Discuss the benefits of the AMPD in terms of treatment targets and care planning.

Skill Level:

This workshop is appropriate for all practitioners.

Recent Developments with the PAI | 3.5 CEs

Location: RM 603

Les Morey | Texas A&M University

The PAI continues to be the focus of research extending its application into a myriad of areas. This workshop discusses some of the most important developments for PAI interpretation. Included are a number of innovations that have been incorporated into the PAI-Plus Interpretive Software, as well as the integration of the Personality Assessment Screener - Observer (PAS-O) into PAI interpretation. Finally, promising developments and targets for future research will be discussed.

Goals and Objectives:

1. Understand the origin and use of the different sections of the PAI-Plus software
2. Be able to integrate different supplemental indices that are provided by the PAI-Plus software
3. Understand how the PAS-O is scored and how to use it with the PAI

Skill Level:

Some familiarity with the PAI would be helpful.

Risk Assessment of People Convicted for Sexual Offenses; Where are We and Where Do We Go from Here? | 3.5 CEs

Location: RM 604

Wineke Smid | Van de Hoeven Kliniek

This intermediate-level half day workshop provides a thorough update on the current status of research with risk assessment instruments for people convicted for sexual offenses. In this workshop we will discuss how to choose the most appropriate instrument for the referral question, and the advantages and disadvantages of structured professional judgment (SPJ) versus actuarial tools will be discussed. Extensive consideration will be given to the question which instruments perform the best, and what this 'best' really means, and how the results are best communicated. Lastly,

desired future developments will be discussed. Practical examples will be provided throughout the workshop; however, the workshop will not provide training in the use of any specific instrument.

Goals and Objectives:

1. Upon completion of this educational activity, learners should be better able to choose an adequate instrument for the risk assessment of people convicted of sexual offenses.
2. Upon completion of this educational activity, learners should be better able to understand the strengths and limitations of the assessment.
3. Upon completion of this educational activity, learners should be better able to understand the challenges of the communication of the results of risk assessment.

Skill Level:

It is preferable if participants are familiar with the concept of risk assessment and have some experience in working with people convicted for sexual offenses.

Using the AAP in an Adolescent Therapeutic Assessment: The Lingering Effects of a Mother's Attachment Trauma on Her Daughter's Failed Mourning | 3.5 CEs

Location: RM 605

Carol George | Mills College at Northwestern University
Melissa Lehmann | Center for Therapeutic Assessment

This collaborative workshop will demonstrate how using the Adult Attachment Projective Picture System (AAP, George & West, 2012) during an adolescent therapeutic assessment led to a deeper understanding of the teen's failed mourning and uncovered the need to address the lingering transgenerational effects parental attachment trauma had on her during treatment. The workshop begins with a discussion of failed mourning, its identification using the AAP, and the mental health risks of this particular form of incomplete pathological mourning. The presenters provide the case of an adolescent being seen for a Therapeutic Assessment. A unique feature of this workshop is integrating the AAPs of the adolescent and her mother to demonstrate their representations of walled-off attachment trauma and shame and how these representations manifest in mother-daughter interaction. The workshop then allows participants to collaborate in small groups to plan a summary discussion session that would include talking with the client about her AAP results and her relationship with her mother. The workshop ends with the presenters describing the case follow-up and the attachment breakthroughs that helped the teen mourn, get angry and release her from some of the shame she had been experiencing for years. The workshop gives participants a deeper developmental understanding of the challenges of treating adolescents who are classified as failed mourning and practical ideas for how to talk with clients about attachment and their AAP results.

Goals and Objectives:

1. Become aware of attachment theory conceptualizations of the failure to mourn attachment trauma, its defenses, and the embedded shame that influences treatment planning.
2. Identify how to use the AAP to help clinicians understand the relationship implications of failed mourning for adolescent clients.
3. Become aware of the vulnerability effects of parentified and role reversal in Failed Mourning.
4. Use this foundation as a path for formulating how to talk with clients about their AAP results and conceptualize key goals for treatment.
5. Design client feedback that is appropriately relevant and respectful so that the clinician and adolescent client can co-create a path to help disentangle teens from parental impediments to their grieving.

Skill Level:

Intermediate; participants should have some knowledge of attachment theory.

Sunday, April 2nd
8:30 AM - 5:30 PM

Introduction to the MMPI-3 for Psychology Practice | 7 CEs

Location: RM 603

Martin Sellbom | University of Otago
Dustin Wygant | Eastern Kentucky University

This workshop introduces the 335-item MMPI-3, the most recent version of the MMPI instruments, to psychologists. Topics include the rationale for, and methods used to develop the instrument and understanding the nature of the new normative sample. We will cover details on the psychometric functioning of the MMPI-3 scales, including a review of recent literature and areas of particular utility. We will next discuss administration, scoring, and interpretative framework for the test, including the materials and resources available for applied use. Attendees will have an opportunity to practice the recommended strategy for MMPI-3 interpretation with clinical case examples. Case illustrations will be derived from a variety of settings.

Goals and Objectives:

1. Assess the rationale for and methods used to develop the 52 MMPI-3 Scales
2. Describe the 52 scales of the MMPI-3
3. Utilize the MMPI-3 materials and documentation
4. Become familiar with psychometric findings available to guide MMPI-3 interpretation
5. Become familiar with the MMPI-3 interpretative framework

Skill Level:

This is a beginner's level workshop, but some background in psychometrics and personality assessment would be helpful.

Therapeutic Assessment (TA) in Clients with Personality Disorder(s): Pitfalls and Adaptions | 7 CEs

Location: RM 604

Hilde De Saeger | De Viersprong
Jan Kamphuis | University of Amsterdam

Kamphuis and De Saeger will share empirical research but especially clinical experience on doing Therapeutic Assessment in patients with (severe) PD, and illustrate these learnings with video clips and role-plays. Accordingly, this training will be particularly useful for therapists who work with patients with significant personality pathology. The Alternative Model of Personality Disorder (AMPD) will be briefly discussed along in the context of its relevance for Therapeutic Assessment. Differences between the more restricted versus the emotionally overwhelmed clients will be discussed vis a vis the steps / phases of the Therapeutic Assessment Model. Special attention will be given to going back and forth between the levels (1-2-3) depending on the client's emotional state, how to enlist the client, and more general considerations regarding the promotion of appropriate Epistemic Trust. Specifically, participants will be introduced to and when opportune practice adapted versions of the initial interview, the assessment intervention session, and the feedback session.

Goals and Objectives:

1. be able to explain how principles and features of TA are specifically suited to the clinical needs of patients with personality pathology;
2. be able to describe how each phase of TA can be optimally adapted for working with clients with different (severe) PD;
3. be able to analyze how TA in this client population can lead to treatment selection;
4. be able to apply an epistemic trust perspective to their TA planning

Skill Level:

Introductory workshop, for participants of all levels; a basic understanding of the general principles and features of TA will be helpful.

Thursday MARCH 30, 2023 | 2:45 PM - 4:15 PM

Assessment of Adolescents and Young Adults with Emerging Symptoms

Location: Waterloo Ballroom 5

Are Neuroticism and Extraversion Modified through Treatment in Individuals with Early Psychosis?

There is meta-analytic support that basic personality dimensions, particularly levels of neuroticism and to a lesser degree extraversion, can change through psychotherapy (Roberts et al, 2017). However, this has been investigated in individuals with mostly internalizing disorders. It is unknown whether the same holds for individuals with psychosis. Acceptance and Commitment Therapy for psychosis (ACT-DL; Reininghaus et al, 2019) was developed to decrease psychotic symptom distress and enhance reward-motivated action in individuals with early psychosis. These aims seem to be clear examples of areas in which the constructs of psychopathology and personality overlap, which could make ACT-DL suitable for studying the effect of psychotherapy on basic personality dimensions in individuals with early psychosis. For the current presentation, I would like to present our findings on changes in neuroticism and extraversion levels over an 18-month period in individuals with early psychosis receiving either ACT-DL (N=71) or treatment as usual (including CBT, N=77) in the INTERACT study (for study details, see: Myin-Germeys et al, 2022). Similar to Roberts et al (2017) meta-analytic findings in internalizing disorders, we found a fast and quite longstanding decrease of neuroticism. Extraversion increased, although at a slower and lesser rate. There was no difference for type of therapy. The current results were corrected for baseline psychotic symptom levels, baseline neuroticism and extraversion levels, clinical group status, gender, age and IQ. I would like to discuss potential interpretations of our findings in the current presentation.

Lindy Boyette | University of Amsterdam

Assessment of PTSD Symptoms with the MMPI-A-RF Restructured Clinical Scales

Approximately 90% of youth in residential treatment have a history of trauma (Briggs et al., 2012) and identifying youth experiencing symptoms of posttraumatic stress disorder (PTSD) is a key component of implementing trauma-informed treatments in these settings (National Child Traumatic Stress Network, 2016). Given the structural similarities between the Restructured Forms of the Minnesota Multiphasic Personality Inventory used with adults and adolescents (i.e., MMPI-2-RF [Ben-Porath & Tellegen, 2011; Tellegen & Ben-Porath, 2011] and MMPI-A-RF [Archer et al., 2016]), as well as findings in the adult literature suggesting the MMPI-2-RF is effective in detecting PTSD symptoms (e.g., Sellbom et al., 2012), we hypothesized the Restructured Clinical (RC) scales of MMPI-A-RF would be useful for assessing trauma-related symptoms in adolescents. However, no published studies have examined this possibility. As such, in a sample 83 youth (M_{age} = 15.20, SD = 1.14; 68% male; 77% white), we examined the ability of select RC scales to assess various conceptualizations of PTSD symptomatology. As part of a comprehensive psychological evaluation conducted upon each youth's placement in residential treatment, participants completed the MMPI-A-RF, in addition to self-report and interview-based measures of PTSD symptoms. As hypothesized, results indicated scores on RCd were the best individual predictor of interview-based estimates of global PTSD symptoms ($\beta = .58$), as well as interview-based estimates of dysphoria and arousal symptoms ($\beta = .69$ and $.73$, respectively). Scores on RC7 were demonstrated to be the best predictor of re-experiencing and avoidance symptoms assessed via interview ($\beta = .67$ and $.88$, respectively). Self-reported global PTSD symptoms were best predicted by scores on RCd and RC2 ($\beta = .79$ and $-.35$, respectively). Overall, these findings are similar to those demonstrated in adult samples with the MMPI-2-RF and suggest scores on RCd and RC7 are likely to be particularly

useful in detecting PTSD symptoms in adolescents. Uniquely, however, in our study lower levels of low positive emotions (as assessed by RC2) were related to self-reported global PTSD symptoms. Future studies should seek to replicate this finding in other adolescent samples as it may reflect the assessment of an externalizing expression of youth trauma-reactions (Blaustein & Kinniburgh, 2019). Further, adult studies have demonstrated MMPI-2-RF Specific Problems (SP) scales are useful in assessing trauma symptoms (Arbisi et al., 2011; Gottfried et al., 2016; Sellbom et al., 2012). We were precluded from examining the SP scales due to our small sample, but future studies should examine their effectiveness in adolescent trauma assessments.

Tayla TC Lee | Ball State University

Janay B Sander | Ball State University

Traumatic Stress, Substance Use, and Mood Symptoms: Examining Emotion Regulation as a Mediator in a Sample of “at-risk” Adolescents using the PAI-A

Adverse Childhood Experiences (ACEs) and traumatic stress are known risk factors in the development of problematic substance use and has been shown to relate to emotion dysregulation and mood symptoms. However, the relationship of how each of these interact has rarely been explored and has not yet been examined among “at-risk” adolescents, who are likely to benefit from early intervention strategies. The current study examined the mediating role of the emotion regulation (BOR scale) on the relationship between traumatic stress (ARD-T subscale) and drug problems (DRG scale), alcohol problems (ALC scale), or depressive symptoms (DEP scale) as measured by the Personality Assessment Inventory for Adolescents (PAI-A) in a sample of “at-risk” youth. A sample of 462 adolescents (ages 16-18; M = 16.76 years; 79.9% male; 63.6% Caucasian) in a National Guard Youth ChalleNGe Program site located in the Southeastern United States completed the PAI-A as part of a larger research study (collected from Fall 2015 to Spring 2019). Findings showed positive moderate to strong associations ($\alpha = 0.27$ to 0.74) among each PAI-A scale indicating individuals who have experienced more traumatic stress use substances more frequently, have more depressive symptoms, and more emotion dysregulation. Further, simple mediation analyses indicate that emotion regulation mediates the relationship between traumatic stress and each outcome variable (i.e., drug problems, alcohol problems, or depressive symptoms), accounting for 14%, 13%, and 50% of the variance, respectively. Given these findings, future research could examine the implementation of short-term treatment intervention programs that focus on emotion regulation skills among “at-risk” youth populations that have had traumatic stressful life events as they may be effective in reducing problematic substance use and depressive mood symptoms.

Stephanie Strong | University of Southern Mississippi

Chloe O’Dell | University of Southern Mississippi

Chris Barry | Washington State University

Nora Charles | University of Southern Mississippi

Culturally Responsive Personality Assessment

Location: RM 603

An Examination of MMPI-3 Profiles of International Saudi Arabian College Students

The recent release of the MMPI-3 prompts a need to examine possible differences in scale scores between various cultural backgrounds, particularly those shown to be more vulnerable to discrimination. The current study aimed to develop reference group data for Saudi Arabian international college students, as well as investigate the role of cultural background, acculturation and perceived prejudice on their MMPI-3 scores. The primary sample consisted of 47 Saudi Arabian international college students (n= 35 men, n= 12 women; M age= 26.70; SD= 5.18; range= 21-41). The comparison sample consisted of 71 Caucasian American college students (n= 36 men, n= 34 women; M age=21.73; SD= 6.50; range= 18-45). We hypothesized that Saudi Arabian students would score significantly higher on several MMPI-3 substantive scales and that their scale scores will be correlated with perceived prejudice scores. Results showed significant differences between

MMPI-3 substantive scale scores between the two samples for THD, RC8, COG, SUB, DSF, PSYC, and INTR, with Saudi Arabian students scoring higher on all except the COG and SUB scales. Perceived prejudice scores were moderately correlated with EID, RCd, SUI, FML, and INTR scores among the Saudi Arabian sample, and the relationship between perceived prejudice and MMPI-3 scores was not mediated by acculturation level. These preliminary findings are consistent with the literature indicating a tendency for many ethnic minority groups to score higher on various MMPI scales and for those who perceive high levels of prejudice to also experience higher levels of emotional stress, lower self-esteem, and greater feelings of isolation. Implications and future directions of these findings will be discussed.

Emily Leonard | Florida Institute of Technology

Radhika Krishnamurthy | Florida Institute of Technology

Personality, Acculturation, and Religious Beliefs and Practices: A Comparative Study of Characteristics Associated to Barriers to Seeking Mental Health Services Among Hmong Americans and Non-Hmong Populations

The Hmong people have immigrated to the U.S. following the end of the U.S. led American and Vietnam War in the 1970s. Consequently, as refugees who have settled in the U.S., historical war-related traumas, new cultural contextual-related stress, and adjustment problems created risks that many Hmong would experience various challenges accessing mental health services and finding them beneficial. This study aims to investigate potential factors related to that, including varying levels of intrinsic and extrinsic barriers to help-seeking which may open the avenue toward increasing utilization and initiation in mental health services. The data found determined there are different factors that influenced barriers to mental health help-seeking behaviors for Hmong compared to non-Hmong population above and beyond demographic information. Hmong Americans reported fewer intrinsic barriers while there was no difference for extrinsic barriers compared to the other ethnicities. Aspects of personality factors suggested that Hmong experienced lower level on the traits of Neuroticism, but higher on the traits of Openness, Agreeableness, and Conscientiousness compared to the other ethnicities. There were no differences in Extraversion personality traits among the ethnicities. Aspects of personality configurations showed differences among Hmong Americans and non-Hmong populations with Openness and Extraversion personality traits predicted intrinsic and extrinsic barriers to seeking services for the Hmong compared to the other ethnicities. For the Hmong, acculturation did not explain any variance with respect to barriers to seeking mental health services. However, general religiosity and traditional beliefs and practices contributed to understanding barriers to help-seeking for professional psychological services.

Ethan Xiong | University of Detroit Mercy

The Influence of Language on Thematic Apperception Test Assessment of Defenses in International Spanish-Speaking College Students

The influence of language is particularly relevant in story-telling measures such as the Thematic Apperception Test (TAT; Morgan & Murray, 1935). The purpose of this study was to analyze TAT narratives delivered in English and Spanish to assess the application of defense mechanisms scored with the Defense Mechanism Manual (DMM; Cramer, 1991) among Hispanic international students. No study to date has provided insight into Hispanic individuals' use of language with the TAT, specifically on scores for the defenses of Denial, Projection, and Identification. The current study utilized a sample of international Hispanic students from a private university in the southeastern United States. The sample consisted of 21 bilingual participants (Spanish sample: N=10; M age = 22.50; SD = 2.92; English sample: N=11; M age = 23.36; SD = 3.41). Interrater reliability results using ICCs showed consistent and reliable scores among six randomly-selected narratives for denial (.91), projection (.72), and identification (.94). MANOVA results demonstrated that the use of defenses was significantly dependent on the language used ($F(3, 17) = 5.122, p < .05$; Pillai's Trace = .475). Univariate analyses demonstrated a significantly higher mean score for Projection for TAT

stories narrated in English ($F(1, 19) = 4.632, p < .04$; English $M = 13.55, SD = 4.43$; Spanish $M = 8.00, SD = 6.38$), and a trend in the same direction for Denial ($F(1,19) = 8.29, p < .010$; English $M = 8.82, SD = 4.64$; Spanish $M = 3.90, SD = 2.89$). A Chi-square analysis of homogeneity was conducted to evaluate for significant differences in the frequencies of words related to stress, emotional distress, conflict, fear, and guilt among English and Spanish narratives. Results indicated a significant association between the language used by participants and distress words ($p = <.001$). Specifically, words classified in the emotional distress category in English narratives (60.2%) were significantly higher in frequency than those in Spanish narratives (46.0%). On the other hand, words in the conflict and fear categories in Spanish narratives (32.3% and 8.9%, respectively) were significantly higher in frequency than those in English narratives (21.3% and 4.6%, respectively). Implications of this study will be discussed.

Ilenia Perez-Palen | Florida Institute of Technology

Radhika Krishnamurthy | Florida Institute of Technology

Exploring Potential Ethnic Bias among the MMPI-3 Scales in Assessing Personality Psychopathology

Background and Purpose: In recent years, the Latinx population in the United States has grown exponentially. To address the increasingly diverse national landscape, the MMPI-3 (Ben-Porath & Tellegen, 2020) includes updated norms for the first time since 1989. The current study compares the MMPI-3 across bilingual Latinx and predominantly English-speaking Caucasian individuals to explore potential measurement bias across race/ethnicity in the prediction of personality dysfunction.

Method: The current study used 287 participants from two ongoing undergraduate studies, including 187 Latinx participants (81.8% female; $M_{age}=20.6$) and 100 Caucasian/Non-Latinx participants (85% female; $M_{age}=21.4$).

Participants completed the Personality Inventory for DSM-5 Short Form (PID-5-SF) and the English version of the MMPI-3. Step-down hierarchical regressions were used to examine slope and intercept bias in the MMPI-3 scale measurement of personality psychopathology. Analyses focused on scale relationships that were expected to show at least moderate associations (e.g., MMPI-3 RC7, and NEGE with PID-5-SF Negative Affectivity). A Bonferroni correction was used ($p < .01$) to test the significance of possible biases.

Results: In the total sample, 44 out of 51 conceptually predicted associations were of at least moderate effect size. Of the 51 conceptually expected relationships, only one indicated statistically significant bias; intercept bias was found for PID-5-SF Negative Affectivity's prediction of ANP scores ($\Delta R^2 = .022, p = .004$), indicating that White individuals scored higher than Latinx individuals on anger proneness regardless of their score on the PID-5-SF Negative Affectivity domain. No additional slope or intercept bias was found across the remaining expected scale associations.

Conclusions: Given the increasingly diversifying population, it is important to determine if psychological instruments are ethnically biased. Although these findings are preliminary, analyses from the current study suggest most MMPI-3 scales are unbiased in their measurement of personality psychopathology among a Latinx population. However, additional research should be conducted in a sample that is more generalizable by gender and in overall population (i.e., non-undergraduates).

Nicole Schumaker | Sam Houston State University

Tessa Long | Sam Houston State University

Andy Torres | The University of Texas Rio Grande Valley

Frances Morales | The University of Texas Rio Granda Valley

Alfonso Mercado | The University of Texas Rio Grande Valley

Ryan Marek | Sam Houston State University

Jaime Anderson | Sam Houston State University

Chair : Luciano Giromini | University of Turin

Discussant : Nancy Kaser-Boyd | Geffen School of Medicine at UCLA

Three extremely interesting legal cases are discussed in this session. Each case helps to demonstrate the unique perspective from which the Rorschach test can provide the evaluator with insight into the psychological functioning of the person being evaluated. Dr. Corine de Ruiters will begin the session by presenting the case of a 17-year-old girl who violently assaulted an 82-year-old woman by stabbing her with scissors. Dr. Madeleine Starin will then discuss the case of a 15-year-old boy charged with an alleged hate crime with the aggravated penalty of threat of death or serious bodily injury. Next, Dr. Abraham Loebenstein will describe the case of a 27-year-old man who was alleged to have killed his roommate's dog, physically restrained his roommate against her will, and assaulted her. Finally, Dr. Nancy Kaser-Boyd will lead the discussion and provide insight into the usefulness of a psychological assessment that takes a multi-method approach.

Borderline Personality Disorder or Autism Spectrum Disorder in an Adolescent: A Forensic Case Study including R-PAS

Seventeen-year old Anna violently assaulted an 82-year old woman by stabbing her with a pair of scissors. She was psychotic at the time, and reports a history of bullying in elementary school and multiple sexual assaults as a teenager. Four experts appointed by the court have concluded that Anna is suffering from borderline PD, or perhaps even schizophrenia. She was diagnosed with Autism Spectrum Disorder as a child. The prognosis and treatment plan would obviously be related to her diagnosis. R-PAS, but also the MMPI-2 and TAT, were used to obtain insight into her underlying psychological vulnerabilities.

Corine de Ruiters | Maastricht University

Comorbid Autism Spectrum Disorder, Level 2 Diagnosis in a Forensic Testing Practice with a Special Focus on R-PAS

A fifteen-year-old boy charged with felony criminal threats of death or great bodily harm with enhanced penalties of an alleged hate crime out of San Diego, California was evaluated using multi-method assessment practices. Four behavioral measures completed by a collateral source provided clear evidence of Autism. Positive impression management influenced the results of a self-report measure (PAI-A) while R-PAS yielded clinically significant findings, which will be highlighted and discussed in detail.

Madeleine Starin | Alliant International University- San Diego

Psychological Assessment of a Mental Health Diversion Candidate Using MMPI-2-RF and R-PAS
"Jake," a 27-year-old male who was alleged to have killed his roommate's dog, physically restrained his roommate against her will, and engaged in assault against her. He was being charged with PC597(a), Animal Cruelty, PC236\237(a), False Imprisonment, and PC245(a)(4), Assault with force likely to cause great bodily injury (GBI) with a deadly weapon. The assessor was asked by the defense to see if Jake would be a good candidate for Mental Health Diversion. The assessment thus aimed at evaluating the extent to which Jake had a mental health disorder, his mental health disorder contributed, that he was treatable, willing to participate, and was not dangerous to the community. Besides having a good history and collateral sources, the assessor administered an MMPI-2-RF and a Rorschach. The MMPI-2-RF captured more of Jake's past severe pathology at his worst while the R-PAS captured his current pathology, which showed significant improvement with medication. The assessor also used the R-PAS to help guide his answers regarding dangerousness to the community. The assessor's findings were challenged in court and the other side hired a psychologist whose job was to find flaws in the assessor's work so the cross examination was grueling. The jury/court agreed with the presenter's opinion that Jake was a good candidate for Mental Health Diversion.

Abraham Loebenstein | Private Practice- San Diego

“Why Have I Always Wanted to be Dead? When Did that Start?” The Importance of the Early Memories Procedure in a Multi-Method Collaborative Therapeutic Assessment of a Chronically Suicidal Young Woman Who “Failed” Dialectical Behavior Therapy | 1.5 CEs

Location: RM 602

Chair : Diane Santas | The Wright Institute

Discussant : Raja David | Minnesota Center for Collaborative/Therapeutic Assessment

Discussant : Jessica Lipkind | Private Practice

This case presentation illustrates the centrality of the Early Memories Procedure in understanding a young woman’s dilemmas of change and chronic suicidality. The client had felt strongly since childhood that she was “not meant to live,” a feeling that became more acute in adolescence. She spent years in residential treatment and DBT, emerging feeling more “in control” and stable but less hopeful and still suicidal. Even with high quality treatment, her feelings and their origins remained puzzling to her; there was no apparent history of trauma, she was outwardly successful and it was her identical twin sister who was the “problem child”. While my client was functioning well on the outside at the time of the assessment, succeeding academically in college, making friends and holding a job, she was fighting daily with overwhelming depression, hopelessness and wishes to die, most of which she hid effectively. Her DBT therapist referred her for a collaborative therapeutic assessment. While this was a multi-method assessment, using an MMPI, Rorschach, Trauma Symptom Inventory and story cards, the Early Memories Procedure was the key that unlocked what felt to her like the mystery of her early depression and suicidality. This presentation involves a discussion of the nature of early memories, as well as the contribution of the EMP measure itself, the experience of being a twin, and early attachment issues. The Discussants for this case include Dr. Jessica Lipkind, who was also my consultant on the Rorschach and R-PAS, and Dr. Raja David, who uses the EMP frequently in his therapeutic assessment work. This assessment did not accomplish a dramatic shift; the client found the results uncomfortable but also went to great lengths to open up to me, even when it cost her. Surprisingly, she gave me permission to share the results with her parents, who contributed some critical early memories of their own, even as they grappled with their intense guilt, burn-out and sadness. In the end, the client and her family had a better understanding and some possible answers to her assessment question: “Why have I always wanted to be dead?”

Collaborative Assessment Symposium: Developments in Research and Practice

Location: RM 604

Chair : Patrick McElfresh | Duquesne University

Drawing on the theory, research, and instruction of Constance Fischer, Ph.D. (1985/1991) at Duquesne University, participants will present a variety of developments and applications of Individualized Collaborative Assessment. Papers focus on applications to unique training experiences with relevance to practice, applications in specific clinical environments, and development of theory and application to special populations. The panel are all doctoral candidates or recent graduates of Duquesne University’s Clinical Psychology Department. Kaitlyn Abrams will present of model of treatment within the Collaborative Assessment tradition as applied in the unique environment of a VA hospital. Michelle Browne will discuss the benefit of a collaboratively engaged psychological assessment in the context of forced termination at the conclusion of training to emphasize the power of such a practice with patients. Garry Hovhannisyan will present research he has undertaken to situate quantitative trait approaches for use in a qualitative research informed life-world context. Finally, Anna Lampe will present a meta-analysis of the literature on Collaborative Assessment with geriatric populations with directions for practice.

A New Paradigm: Personality as Lived Experience

Garry Hovhannisyan | Duquesne University

Development and Implementation of a Collaborative Assessment Clinic for Veterans at the Memphis VAMC

Kaitlyn Abrams | Memphis VAMC

Parting Gifts: Individualized Collaborative Assessment at the End of Treatment

Michelle Browne | Duquesne University

Collaborative Assessment and Engagement with Life Stage Dynamics: An Attempt to Fill the Gap in Geriatric Individualized Therapeutic Assessment through an Eriksonian Lens

Anna Lampe | Duquesne University

ICD-11 Model and Instruments for Dimensional Assessment of Personality Disorder | 1.5 CEs

Location: Waterloo Ballroom 3-4

Chair : Gina Rossi | Vrije Universiteit Brussel

Discussant : Aaron Pincus | Pennsylvania State University

Abundant critiques of the categorical approach to personality disorders (PDs) resulted in the launch of the Alternative Model for PDs (AMPD) in DSM-5's Section III for emerging measures and models. Despite weak empirical support for categorical PD diagnoses, a categorical-dimensional hybrid approach was taken to soften the transition to a fully-dimensional model. The two core criteria of this dimensional model are impairment in terms of personality functioning and maladaptive trait domains and facets. Since their introduction, the AMPD model and AMPD measures have been well established empirically. In 2022, the ICD-11 model for PDs was published and clearly advocated a dimensional approach, completely overhauling the use of types (i.e., categories). The ICD-11 model, similar to the AMPD, conceptualizes PD by level of severity and maladaptive traits. In ICD-11, severity (mild-moderate-severe) is conditional for making a PD diagnosis while trait levels of Negative Affectivity, Detachment, Dissociality, Disinhibition, and Anankastia (and a Borderline pattern) are applied to portray stylistic differences in PD expression. Empirical evidence about the ICD-11 model and ICD-11 measures has begun to accumulate, but is limited compared to the amount of AMPD research (likely due to the former's more recent release). In aim of facilitating ICD-11 research, this symposium will introduce attendees to the ICD-11 model and several ICD-11 compatible instruments, with discussions focused on the ICD-11 as a framework for the dimensional assessment of personality and PDs. Gina Rossi (Chair) will discuss the age-neutrality of multiple ICD-11 measures originally developed using younger adult populations (SASPD, PiCD, BPS) and present research on whether these instruments accurately assess personality disorders in older adults. Joshua Oltmanns will address self-other agreement and the validity of an informant version of the PiCD (the IPiC), specifically in older adults. Martin Sellbom will then present on the development and validation of the PDS-ICD-11, a recently developed scale designed to adhere to the current guidelines for assessing personality impairment using the ICD-11 severity level approach. Finally, Adam Natoli (co-Chair) will present a study of the incremental validity of defense mechanisms and discuss evidence pertaining to whether defense mechanisms should be included in the ICD-11 model of PDs. This symposium will conclude with Aaron Pincus, serving as discussant, offering an integrative conclusion about the utility of the ICD-11 model, potential value of ICD-11 compatible measures for PD assessment, and how ICD-11 research can evolve to address pertinent assessment and clinical implications for the PD field.

Examining Differential Item and Test Functioning of ICD-11 Personality Disorder Inventories in Younger and Older Adults: Are the SASPD, PiCD and BPS Age-Neutral Assessment Tools?

The contested categorical personality disorder (PD) criteria are not well suited to inform PD diagnoses in older adults. Categorical criteria were developed in younger age groups and are not attuned to living situations and experiences of older adults: 29% of the criteria actually contain measurement bias resulting in misestimation of presence of PD pathology at older age. Yet the

classification of PDs is undergoing a critical transition phase with a paradigm shift to a dimensional approach of diagnosing PDs. Both the ICD-11 model, and DSM-5 alternative model (AMPD) conceptualize PD by level of severity and maladaptive traits. Neither the AMPD, nor the ICD-11 PD model gave specific attention to the expression of personality pathology in older age. Yet, the dimensional approach seems promising for accurate screening for PDs in older adults in terms of age-neutral assessment possibilities. The SIPP-SF is a brief measure of personality dysfunction aligned with the AMPD severity, and the AMPD's maladaptive traits can be measured using the PID-5 measures. Research on the age-neutrality of these instruments is generally encouraging, but the age-neutrality of existing ICD-11 measures has not yet been explored.

Therefore the present study will examine the age-neutrality of ICD-11 measures in a sample of Dutch 104 younger (age range 18-64) and 104 older (age range 65-93) community-dwelling adults matched on gender (N = 208, M age = 54.96, SD = 21.65). If a collective large level of differential item functioning (DIF) exists in a group of items of an instrument (i.e. 25% or more with DIF), the instrument is considered not to be age-neutral. An item is said to show DIF when younger and older adults with a similar position on the underlying construct of interest do not have the same probability of endorsing the item. We set out to detect possible DIF in the ICD-11 self-report measures that were available in Dutch at the start of the study: the Standardized Assessment of Severity of Personality Disorder (SASPD), the Personality Inventory for ICD-11 (PiCD) and the Borderline Pattern Scale (BPS). DIF analyses were conducted using a non-parametric odds ratio approach. Impact of DIF at scale level was examined by way of differential test functioning (DTF). In terms of DIF analyses all tools appeared age-neutral with less than 25% of items showing and no DTF effect on scales.

These results of age-neutrality of the SASPD, PiCD and BPS are promising. With a rapidly aging population, age-neutrality of psychological instruments is becoming ever more important. Accurate assessment across the entire adult life span, including older age, is a prerequisite for adequate detection of PDs. Yet we have to note the SASPD was developed on an early draft of the ICD-11 model. Recently the PDS-ICD-11 was developed to provide an up-to-date measure of ICD-11 severity. Age-neutrality of PDS-ICD-11 remains to be examined.

Gina Rossi | Vrije Universiteit Brussel

The Self- and Informant- Personality Inventories for ICD-11: Agreement, Structure, and Relations with Health, Social, and Satisfaction Variables in Older Adults

The International Classification of Diseases—11th Edition (ICD-11) includes a dimensional model of personality disorder and the Personality Inventory for ICD-11 (PiCD) is the only self-report measure to date that has been developed specifically for its assessment. The present study examines the validity of an informant-report version of the PiCD, the Informant-Personality Inventory for ICD-11 (the IPIc), and also is the first study to test self-other agreement, ratings from close others, and the criterion validity of both the IPIc and the PiCD for several popular and well-validated measures of life functioning including life and romantic relationship satisfaction, depressive symptoms, physical and mental health, insomnia symptoms, and cognitive decline. The present study is also the first to examine the IPIc and PiCD in a sample of older adults in the community (n = 714 target participants, M age = 69.8 years, SD = 2.8) and their informants (n = 569). Results suggest that the IPIc and the PiCD show moderate self-other agreement, are associated significantly with several important life functioning areas, and have structural validity even at the item level. Further replication and validation is necessary for these instruments, but the IPIc and the PiCD have shown strong validation evidence to date, now including evidence of consensual and criterion validity, in addition to structural validity.

Joshua Oltmanns | Xavier University

Thomas Widiger | University of Kentucky

Developments and Validation of the ICD-11 Personality Disorder Severity Scale (PDS-ICD-11)

The ICD-11 Personality Disorder (PD) diagnosis has adopted an entirely dimensional model

with diagnoses according to personality impairment severity. Until recently, there has not been a quantitative measure available for the assessment of PD severity from this perspective. The Personality Disorder Severity ICD-11 (PDS-ICD-11; Bach et al., 2021) scale was recently developed to measure symptoms of the ICD-11 model of PD severity. The current presentation will briefly describe the development of this new measure, its psychometric properties, and clinical utility in community and mental health samples. We specifically report on 428 adults representative of the U.S. population according to the projected 2020 U.S. census demographics. These individuals were administered several personality impairment measures. IRT analyses supported the general integrity and reliability of the measure. Correlations with other impairment measures were of large magnitude. We also report on 204 individuals undergoing mental health treatment in the Dunedin, New Zealand community who completed the PDS-ICD-11. About 53% of this sample met ICD-11 criteria for at least mild PD. Clinicians rated them on various structured clinical interviews. PDS-ICD-11 total scores exhibited a large correlation with clinician-rated ICD-11 PD diagnosis severity level, as well as moderate to large associations with DSM-5 Alternative Model of PD total and facet level impairment scores. Clinical utility analyses showed support for cut scores for PD vs. No PD, as well as very preliminary cut scores for different PD severity levels. In conclusion, the PDS-ICD-11 shows promise as a useful tool for the brief assessment of personality impairment according to the current ICD-11 PD severity guidelines.

Martin Sellbom | University of Otago

Tiffany Brown | University of Otago

Bo Bach | Slogelse Psychiatric Hospital

Should Defense Mechanisms be Included in the ICD-11? Associations with Personality Traits and Incremental Validity

Background: Several scholars have discussed overlaps between psychoanalytic theories and the dimensional models of personality disorders included in the ICD-11 and DSM-5. Interestingly, there has been little discussion regarding the place of defense mechanisms in these dimensional models despite defensive functioning having once been a proposed category/axis in recent iterations of these diagnostic systems. Defense mechanisms can be understood as processes used by individuals to push threatening thoughts and feelings out of conscious awareness and to help maintain core beliefs about the self, others, and the world. Understandably, relationships between defense mechanisms and personality have been extensively explored, including research on their association with the DSM-5's maladaptive trait domains. Past studies revealed divergent relationship patterns across traits, offering another possible component by which to describe personality disturbance and guide intervention decisions. The connection between defense mechanisms and the trait domains enumerated in the ICD-11 have not been explicitly studied, nor have defense mechanisms' relationships with the trait facets underlying these domains. More importantly, researchers have yet to test the incremental validity of defense mechanisms over ICD-11 traits in predicting relevant outcomes. Accordingly, the current study investigates associations between defense mechanisms and ICD-11 trait domains and facets, and then tests defense mechanisms' incremental validity when explaining variance in psychological well-being, quality of life, and history of mental health treatment.

Subjects: Data collection is ongoing with participants being recruited from a university student convenience sample. The expected sample size will be larger than 250 participants.

Method: Following informed consent, study participants are asked to complete a battery of tests including the Modified Personality Inventory for DSM-5 and ICD-11 – Brief Form Plus (PID5BF+ M), Defense Style Questionnaire – 40 (DSQ-40), World Health Organization's Quality of Life Scale – Brief (WHOQOL-BREF), Schwartz Outcome Scale (SOS), and questions about past mental health treatment.

Planned Analyses: Descriptive statistics will be obtained prior to the main analysis to describe the sample. Zero-order correlation coefficients will be calculated to describe relationships between

defense mechanisms and ICD-11 trait domains and facets. Structural equation modeling (SEM) will then be used to evaluate the incremental validity of defense mechanisms over personality traits in predicting (a) psychological well-being, (b) quality of life, and (c) history of receiving mental health treatment in two steps. Step one will consist of using confirmatory factor analysis to confirm the separateness of our predictor variables, and step two will use SEM to test for incremental validity by examining whether defense mechanisms explain variance in a given outcome after accounting for ICD-11 trait domains. An estimate of the path coefficient between a given defense mechanism and a given outcome significantly different from zero when ICD-11 trait domains are included in the model as covariates will be interpreted as evidence of incremental validity.

Discussion: Results will be discussed with regard to the value of assessing defense mechanisms and their potential place in future iterations of the ICD.

Adam Natoli | Sam Houston State University

Using Ecological Momentary Assessment to Evaluate Personality Constructs | 1.5 CEs

Location: Waterloo Ballroom 1

Chair : Michael Roche | West Chester University

Ecological momentary assessment (EMA) is an increasingly popular assessment method used to understand how personality constructs manifest in daily life. Such research is useful in enhancing external validity, limiting retrospective biases, and matching the data sampling frequency to the timescale (e.g. event-contingent, hours, days) the phenomenon is presumed to occur. This symposium brings together four presentations where EMA data is used to illuminate dynamic processes related to personality constructs. Julianne Wu presents a 14-day diary study to examine the day-to-day stability of identity concepts (e.g. self-reflection, self-rumination, differentiation vs. enmeshment) and how vacillations in identity coincide with maladaptive outcomes in daily life. Brooke Tompkins and colleagues use two 14-day diary studies to examine how narcissistic grandiosity and vulnerability at baseline relate to daily measures of interpersonal sensitivities and daily measures of pathological personality traits. Dr. Kevin Meehan and colleagues employ an event-contingent design to examine within-person linkages among interpersonal perceptions and affects, and then examines how dimensions of narcissism strengthen these linkages. Finally, Sydney Neil and colleagues measures psychological defenses and cognitive distortions at baseline and as temporally-dynamic constructs through three event-contingent EMA samples. They examine how baseline and temporally-dynamic assessed defenses/distortions relate to psychopathology in daily life. Taken together, this collection of research talks demonstrates the potential of EMA to understand personality constructs. In particular, these talks highlight the importance of thinking through timescale (e.g. daily versus event-contingent) in measuring maladaptive processes resulting from personality dysfunction, whether and how to capture personality processes themselves as temporally-dynamic entities, and what limitations remain from using EMA methods to capture a person's experience in daily life.

Self Differentiation versus Fusion and Self Reflection versus Rumination from the Perspective of Interpersonal Theory: Examining Associations with Psychopathology and Interpersonal Processes Using Ecological Momentary Assessment

A foundational component of personality across many theories, identity has been an important consideration for psychologists (Uliaszek et al., 2022). Many theories of personality take into consideration self and other factors, including how identity processes shape individuals' unique goals and ability to differentiate themselves from others while maintaining a sense of connection at the same time. These identity processes are inherently rooted in individual differences in balancing tensions between agency and communion. This is consistent with interpersonal theory, which operationalizes these two dimensions into an empirically-derived circular structure (the interpersonal circumplex [IPC]) and can provide a valuable lens from which to examine identity

processes. Thus, the first part of the study investigates into identity-related processes including self-differentiation versus fusion (assessed using the Differentiation of Self Inventory) and self-reflection versus rumination (assessed using the Self-Reflection and Self-Rumination Scales). We project these elements of identity onto various IPC surfaces, relating them to profiles of interpersonal problems, strengths and sensitivities from the perspective of interpersonal theory. Identity disturbance and psychopathology often involves seeing the self in all or nothing ways, such that individuals' self-concept vacillates over time to produce an inconsistent self-view (Kernberg, 1967). Disruptive life events can similarly drive changes in self-concept, highlighting the importance of taking into consideration context and time to examine vacillation and consistency in identity processes. Ambulatory assessment can be used to capture temporal dynamics in various contexts. Therefore, in the second part of the study (n= 278, daily diary records = 14), individuals report on daily aspects of their identity for two weeks. We examine how daily measures of constructs from the Differentiation of Self Inventory and Self-Reflection and Self-Rumination Scales relate to psychopathology and interpersonal processes and discuss how ecological momentary assessment (EMA) methods can be useful in capturing temporally-dynamic theories of self.

Julianne Wu | West Chester University

Michael Roche | West Chester University

Examining the Relationship Between Narcissism, Personality Functioning, and Interpersonal Problems

Narcissism has been well researched and remains a topic of interest for psychologists and other behavioral scientists. In recent studies, pathological narcissism involves two key features: narcissistic grandiosity and narcissistic vulnerability. Narcissistic grandiosity is characterized as an exaggerated sense of uniqueness, immodesty, and a desire for high praise by others (Cain, Pincus, & Ansell, 2008; Miller, Lynam, Hyatt, & Campbell, 2017). Narcissistic vulnerability involves experiences of deep shame regarding needs, expectations, and threats to self-esteem (Dickinson & Pincus, 2003; Pincus & Lukowitsky, 2010). At its core, narcissism conveys a sense of psychopathology through maladaptive behaviors as well as difficulties in relating with others.

Equally important, the DSM-5 Section III Alternative Model for Personality Disorders (AMPD) distinguishes general personality impairment from trait-based descriptions of personality disorder expression. The AMPD joins two domains of personality pathology. The first domain involves disturbances in self (i.e., Identity and Self-direction) and interpersonal functioning (i.e., Empathy and Intimacy), and the second involves a dimensional model of maladaptive personality traits (i.e., Negative Affectivity, Detachment, Antagonism, Disinhibition, and Psychoticism).

Clinical theory and research also indicate that compromised self-awareness and distorted interpersonal perceptions are particularly prominent in individuals exhibiting pathological narcissism and Narcissistic Personality Disorder. Often, narcissism has been viewed through the lens of pathological personality traits (mainly antagonism), and research has also shown how interpersonal bothers may be uniquely related to narcissistic personality (Hopwood et al., 2011). These studies are often completed cross-sectionally, and few research studies have examined how narcissism relates to personality pathology in daily life and interpersonal bothers occurring in a person's daily life. Thus, our research examines both baselines and daily level patterns of associations among narcissism dimensions and measures of daily personality pathology and interpersonal bothers. Across 2 studies (n=248, 278, both 14-day diary studies), measures of narcissism are related to daily levels of interpersonal bothers and pathological personality traits. We contrast different elements of narcissism (e.g., grandiosity, vulnerability) in how it relates to these key domains in daily life. Understanding how personality functioning and interpersonal bothers of narcissism each contribute to dysfunction will help inform the conceptualization, prognosis, and treatment recommendations alike.

Brooke Tompkins | West Chester University

Julianne Wu | West Chester University

Michael Roche | West Chester University

Narcissistic Features and Affect Stability in Daily Life

The present study evaluated narcissistic features in terms of affective response to perceptions of others' interpersonal behaviors using experience sampling of interpersonal events over a two-week period. A total of 192 students at a multicultural, urban university completed baseline measures of narcissistic features and experience samples of interpersonal interactions and associated affects 3 times per day for 14 days. Multilevel modeling was used to estimate both within- and between-level associations of interpersonal and affective perceptions, moderated by level of narcissistic features. Those with high narcissistic features evidenced distinctive signatures of affective instability in the context of other's interpersonal behaviors. Clinical and research implications of these findings are discussed.

Kevin Meehan | Long Island University

Nicole Cain | Rutgers University

Michael Roche | West Chester University

Julia Sowislo | Weill Cornell Medical College

John Clarkin | Weill Cornell Medical College

Interpersonal Manifestations of Cognitive Distortions and Psychological Defenses in Daily Life

Psychological defenses and cognitive distortions are key elements of psychodynamic and cognitive-behavioral theories to explain how thinking processes relate to problems for the individual. Individual differences in personality may relate to differential use of defenses/distortions, and some research has identified interpersonal problem styles related to unique defenses being employed (Joyce et al., 2013). To expand this, we examine how self-report measures of cognitive distortions and psychological defenses are related to several interpersonal circles (e.g. values, strengths, sensitivities, problems) which can capture both severity and stylistic differences of interpersonal functioning.

It is also challenging to capture cognitive distortions and defenses as they are inherently invoked in response to contexts in daily life. Thus, using ecological momentary assessment may be a more useful approach to capturing how defenses and distortions are enacted in real time.

The present research includes three event-contingent ecological momentary assessment studies (S1 sample=70, M records = 45; S2 sample = 180, M records = 18; S3 sample = 186, M records = 18). These studies capture cognitive distortions and defenses within the context of social interactions, and we demonstrate how the use of defenses/distortions relate to daily life outcomes. We conclude by discussing the opportunities for examining these phenomena in daily life.

Sydney Neil | West Chester University

Michael Roche | West Chester University

Friday

MARCH 31, 2023 | 9:00 AM - 10:30 AM

New Research on the MMPI-2-RF

Location: RM 604

The SZT Scale: A Three-Dimensional Measure of Schizotypy for MMPI-2-RF/MMPI-3

Background: Studying individuals with schizotypy may increase knowledge and understanding surrounding the etiology, pathogenesis, progression, and manifestations of schizophrenia. Although there has been debate regarding the structure of schizotypy, many have suggested that its clinical features are most effectively organized into positive, negative, and disorganized factors, which parallel the organization of schizophrenia symptomology (Brunelin et al., 2011; Polner et al., 2019; Reynolds et al., 2000).

Psychometric identification of schizotypy can occur with broadband measures of personality and psychopathology such as the MMPI-2 (e.g., Bolinsky & Gottesman, 2010) or MMPI-2-RF (e.g., Hunter et al., 2014; Schuder et al., 2016), along with specialized instruments such as the Schizotypal Personality Questionnaire (SPQ; Raine, 1991), the Chapman Psychosis Proneness Scales (Chapman, Chapman, & Raulin, 1976; Chapman, Chapman, & Raulin, 1978; Eckblad & Chapman, 1983; Eckblad, Chapman, Chapman, & Mishlove, 1982), The Oxford-Liverpool Inventory of Feelings and Experiences (O-LIFE; Mason, Claridge, & Jackson, 1995) or the newer Multidimensional Schizotypy Scale (Kwapil et al., 2018).

Current Study: The purpose of the current study was to create a new measure of schizotypy from the MMPI-2-RF item pool. It was desired that the scale would reflect a conceptual understanding of the construct of schizotypy and be psychometrically sound. Thus, the scale was created using a combination of rational selection and psychometric methods.

In the first phase of scale construction, 13 master's and doctoral-level psychologists well-versed in the construct of schizotypy individually reviewed the MMPI-2-RF item pool and identified items which they judged to indicate schizotypy. Items identified by a majority of raters comprised the potential item pool for the new scale and were subjected to further analyses.

Next, subscale level exploratory factor analyses were performed for the combined CPPS, SPQ, and O-LIFE using a participant pool of 797 individuals. A three-factor structure, reflecting positive, negative, and disorganized dimensions, was judged to be the best fit. Factor scores were derived for each individual in the sample and item-total correlations were computed for each of the potential items in the initial pool and the derived factor scores. Only those items correlating at $\geq |.40|$ with one of the factors were retained; items correlating at $\geq |.40|$ with more than one factor were dropped in the interest of subscale specificity.

A 23-item parent scale was created, along with positive, negative, and disorganized subscales, having 8, 8, and 7 items, respectively. Cronbach's alpha for the full scale was estimated at .82, with values of .70 (positive), .83 (negative), and .74 (disorganized) for the subscales. Average interitem correlations were .16 for the parent scale, and .22 (positive), .38 (negative), and .29 (disorganized) for the subscales. One week test-retest coefficients were .87 for the parent scale, with values of .75 (positive), .90 (negative), and .71 (disorganized) for the subscales.

Correlations were estimated for the new scales and relevant external scales for both the derivation and a replication sample. Correlations were in the anticipated directions.

Item content of the scale will be discussed, as well as plans for further replication.

Madyson Morris | Indiana State University

Marcus Thomas | Indiana State University

Cartherine Ebarb | Indiana State University

The MMPI-2-RF and Performance Validity in Adults Being Assessed for ADHD

Background: Response bias occurs when an individual approaches a test, questionnaire, rating scale, or survey attempting to create a specific impression that could be either overly positive or negative. It can be intentional or it can be a subconscious process that reflects other psychological processes, and can occur either through exaggeration/fabrication of symptoms or the portrayal of deficits on measures of neuropsychological abilities. The former are assessed with symptom validity tests (SVTs), such as validity scales on MMPI measures, whereas the latter are assessed with performance validity tests (PVTs).

The use of PVTs and SVTs has a long history in neuropsychological, forensic, and disability evaluation settings. More recently, there has been an increased emphasis on the use of PVTs in

ADHD evaluations. Part of this is due to the dramatic increase in diagnosis of ADHD in recent years. It has been estimated that approximately 20% of disability accommodations in US universities are for ADHD and one study claimed that close to one-fourth of students at elite universities receive some form of academic accommodations (Suhr, 2020).

Although there is a growing body of literature on the use of PVTs in ADHD assessment, there is a dearth of research on incorporating the MMPI-2-RF as an indicator of response bias in ADHD evaluations; and this has focused primarily on the F family of scales. Shura et al. (2017) found that veterans being evaluated for ADHD failing the Test of Memory Malingering (TOMM) had significantly higher scores on F-r, FBS-r, RBS, Fp, and Fs. Harp et al (2011) found that Fp-r discriminated ADHD simulators from non-simulators, although the remaining F scales did not. Robinson and Rogers (2018), using a combination of simulators and known groups, however, found that none of the MMPI-2-RF F scales discriminated feigned ADHD.

Present Study: Participants. This study incorporated a known-groups design. Participants consisted of 131 individuals (54 males, 77 females) ranging in age from 18 to 72 years ($M = 33.5$, $SD = 12.4$) referred for ADHD evaluation and who were administered the MMPI-2-RF, the WAIS-IV, the Connors Continuous Performance Test, 3rd Edition (CPT-3), and the Wisconsin Card Sorting Task (WCST) as part of their assessment battery.

Measures. PVTs included in the current study consisted of the Reliable Digit Span (RDS) from the WAIS-IV, an embedded validity index from the CPT-3 (CVI-5A; Erdodi et al., 2014), and an embedded validity index from the WCST (Suhr & Boyer, 1999). In addition, the RDS-WM and RDS-R, alternatives to the RDS developed for WAIS-IV, were also examined for their relationship to MMPI-2-RF scales.

Results. Non-credible responding was defined as failing two or more of the PVTs. Of the 131 participants, 36 failed the RDS, 29 failed the WCST, and 26 failed the CPT-3. When these failures were combined, 25 participants failed two or more PVTs.

Among the validity scales, only L demonstrated a significant relationship with classification of non-credible responding. An ROC analysis was significant, with 91% specificity and 27% sensitivity at a T score of 64 or above.

Kevin Bolinsky | Indiana State University

Katherine Barton | Indiana State University

Abigail Macomber | Indiana State University

MMPI-2-RF Correlates of Childhood Trauma in College Students

Background: Childhood trauma has a strong association with adult mental health. This relationship is particularly evident for exposure to bullying, emotional abuse, maltreatment and parental loss (c.f., McKay et al., 2021). Although many studies have addressed the effects of trauma on MMPI-2 scores, fewer studies have incorporated the MMPI-2-RF. Results from this latter research have shown that individuals with trauma history tend to score significantly higher on multiple MMPI-2-RF scales than those without. Further, most research has focused primarily on adult trauma, rather than the relationship of childhood trauma to adult MMPI profiles.

Arbisi et al. (2011), compared MMPI-2-RF scores of combat veterans with and without PTSD and found significant differences on 39 of 52 tested scales (RBS omitted). Effect sizes ranged from medium to very large, with the largest effects for substantive scales seen on EID, RCd, RC1, RC4, RC7, MLS, GIC, HPC, STW, AXY, SUB, AGG, and NEGE.

Sellbom et al. (2012) employed a structural model to explore symptomology in PTSD. They found that RCd was the best global predictor of PTSD, with AXY predicting the reexperiencing of trauma,

avoidance and hyperarousal; SFD and SAV also predicting avoidance; and ANP also predicting hyperarousal.

Gottfried et al. (2016) examined the relationship of posttraumatic symptoms and self-reported abuse on the MMPI-2-RF among 212 incarcerated women. They reported significant relationships with multiple scales of the MMPI-2-RF; the strongest consistent relationships observed for EID, RC4, GIC, JCP, FML, DSF, and DISC-r.

Finally, McManus et al. (2018) investigated the MMPI-2-RF characteristics of 33 veterans seeking treatment for military sexual trauma who produced valid MMPI-2-RF protocols. They reported modal elevations above 70 on EID, RCd, RC1, RC7, RC8, COG, HLP, SFD, STW, AXY, and SAV.

Present Study: The goal of the present study was to compare MMPI-2-RF scores in a sample of college students who self-reported experiencing childhood trauma to those who did not. For the purpose of this study, an operational definition of childhood trauma was derived from Varese et al. (2012) and included the experience of sexual, physical, or emotional abuse; physical or emotional neglect, or bullying as a child.

Participants. Participants included 144 individuals (25 males, 127 females) ranging in age from 18 to 25 years ($M = 18.8$, $SD = 1.1$) who completed semi-structured interviews and produced valid MMPI-2-RFs as part of a study of liability to mental illness.

Results. The mean profile of individuals with no reported history of childhood trauma evidenced a mild clinical elevation on Fr ($M = 65.8$), but was otherwise below the threshold for clinical elevation. The mean profile of individuals with a self-reported history of childhood trauma evidenced elevations on several validity and substantive scales. Significant between-groups differences were found on 3 of 9 validity scales and 21 of 44 substantive scales. Effect sizes ranged from medium to large, with the largest effect sizes observed for RC7, STW, AGG, and NEGE. Results are discussed in relation to those of previous studies, clinical implications, and directions for future research.

Alexandra Duklis | Indiana State University

Abigail Frosina | Indiana State University

Abigail Macomber | Indiana State University

MMPI-2-RF Juvenile Conduct Problems Scale Scores of Male Defensive Sex Offenders

The Juvenile Conduct Problems (JCP) scale of the MMPI-2-RF is reported to be empirically correlated with a history of criminal offending, problematic and conflictual interpersonal relationships, problems with authority figures, and difficulties with trust (Ben-Porath, 2012). Research studies have also shown higher JCP scores to be associated with various negative features and outcomes in adult samples including premature treatment termination (Anestis et al., 2015) and noncompletion of drug court treatment (Mattson et al., 2012). Of note, higher JCP scores have been reported for child maltreatment vs. non-maltreatment samples (Pinsoneault & Ezzo, 2012). In a study of male sex offenders ($N = 142$) previously deemed defensive through cluster analysis of their MMPI-2-RF scores, Glauner and Krishnamurthy (2022, March) reported a significantly higher JCP mean score for this group ($M = 52.6$, $SD = 11.3$) relative to a community comparison sample of adult men ($N = 135$; $M = 49.5$, $SD = 10.7$), in contrast to other substantive scale scores in which the defensive sex offender sample scored lower significantly than the comparison sample. The current study represents follow-up research to determine if JCP might be particularly useful when MMPI-2-RF profiles of sex offenders are defensively suppressed. We conducted a series of hierarchical logistic regression analyses to determine the effectiveness of JCP scores in predicting the presence vs. absence of legal history in the sex offender sample. Results demonstrated JCP alone predicted legal history group membership significantly, Model fit $X^2 = 16.96$, $B = .07$, $R^2 = .16$, $OR = 1.07$, $p < .001$. The addition of externalizing scales RC4, BXD, and DISC-r individually and in a collective block

did not contribute significantly to the prediction of group membership. Our findings suggest the utility of JCP in interpreting defensive sex offenders' MMPI-2-RF results.

Katie Glauner | Florida Institute of Technology

Grant Decker | Florida Institute of Technology

Cultural Mistrust and Psychological Assessment: A Nuanced Look at Paranoia Scores | 1.5 CEs

Location: Waterloo Ballroom 5

Chair: Jennifer Laney | Private Practice

The reluctance of Black parents to disclose information to psychological treatment providers is often interpreted as dishonesty, lack of trustworthiness, or an attempt to hide egregious wrongdoing. On psychological assessment measures, such reluctance is captured as guardedness, impression management, defensiveness, grandiosity, and paranoia. Interpreting such scale elevations as an indictment of moral character or evidence of wrongdoing inflicts further harm on the Black community. In this case discussion, we will explore the roots of cultural mistrust. We will focus specifically on how healthy cultural wariness presents on psychological tests, and we will address the social justice imperative to situate these test scores in context when interpreting test results and writing assessment reports utilizing a selection of cases.

Margo Townley | Private Practice

Annual Update on Experimental and Neurophysiological Rorschach Research | 1.5 CEs

Location: Waterloo Ballroom 1

Chair: Luciano Giromini | University of Turin

This session aims to provide an overview of recent research using an experimental and/or neurophysiological approach to improve our understanding of the Rorschach response process. First, Dauphin et al. report an eye-tracking study that aims to replicate and extend the findings of Ales et al. (2020), who showed that Complexity reflects increased cognitive engagement and effort and that vague responses are associated with an eye-tracking measure of information processing. Second, Ales et al. describe a study in which an experimental manipulation and an eye-tracking device were used to examine the response process underlying the R-PAS variable CritCont%. Next, Pimentel and Meyer describe a newly developed Rorschach variable for assessing depressive traits and present the results of a series of studies focusing on its validity. Finally, Gorner et al. conclude the session by presenting their research efforts aimed at investigating the utility of automated coding for natural language processing to assess thought disorder.

Complexity and Cognitive Engagement on the Rorschach Again: Replication and Extension of the Findings of Ales et al (2020)

The replication crisis in psychology and the social sciences (Open Science collaboration, 2015) has raised questions about the stability of many research findings. In light of these concerns, the present study replicates and extends the findings of Ales et al (2020) which showed Complexity to reflect increased cognitive engagement and effort and Vg% (Vague) responses to be associated to an eye tracking measure of information processing. In the process, the present study demonstrates the relevance of additional eye tracking variables to this area.

Barry Dauphin | University of Detroit Mercy

Harold Greene | University of Detroit Mercy

Mindee Juve | Appleton VA Clinic

Mellisa Boyle | University of Toledo

Ellen Day | Louis Stokes Cleveland VA Medica Center

Eyes Say More than Words: An Eye Tracking Study on Critical Contents

Rorschach responses contents reflect what one thinks about the world and the meaning they

attributes to it. Specifically, Critical Contents (CritCont) represent what one usually censors or inhibits in social interactions. As such, the variables CritCont% represent the failure in the censorship process in delivering Rorschach responses. This study aimed at examining the response process underlying CritCont% by analyzing eye movements, which represent an automatic bio-behavioral measure. Sixty-four subjects were recruited and administered the Rorschach Performance Assessment System (R-PAS). Then, all participants were asked to complete an experimental procedure in which they had to choose a target stimulus over a distractor stimulus as quickly as possible. The procedure consisted of 140 trials: half of them presented a neutral content as distractor (e.g., a landscape); the other half presented a potentially arousing content as distractor (i.e., something that would be classified as critical at the Rorschach, e.g. an X-ray). During the experimental procedure, reaction times and eye-tracking indices were measured. It has been hypothesized that individuals presenting a higher percentage of CritCont at the Rorschach would have more difficulty (or would be slower) in identifying correctly the target stimulus and would pay more attention to the critical stimulus when presented along the target.

Francesca Ales | University of Turin
Alessandro Lorenzoni | University of Turin
Luciano Giromini | University of Turin
Alessandro Zennaro | University of Turin

Rorschach and Depressive Behaviors: Potential Depressive-Related Behaviors Discriminating Patients with and without Depressive Symptoms and Controls

Investigating depressive manifestations is relevant because of the alarming consequences that symptoms such as self-depreciation and self-criticism, guilt, hopelessness, and general displeasure with life can entail. Initially, we investigate whether new and recently developed Rorschach scales comprising Self-Critical and Helpless Behavior (SCHB), Pleasant or Appealing Expressions (PAE), and Elevated Mood States (EMS) would differentiate patients with depression from other patients and correlate with depressive-related symptoms assessed via the Positive and Negative Syndrome Scale (PANSS) and the Brief Psychiatric Rating Scale (BPRS) in psychiatric patients. Secondly, we investigate whether these Rorschach scales differentiate patients with depressive disorders from matched healthy controls. We hypothesize that depressed patients versus controls will have less EMS and PAE and more SCHB. Lastly, we anticipate that the depressed vs. control effect sizes will be higher than the depressed vs. non-depressed patient effect sizes. The patient group consists of 70 protocols from inpatient archival data (M age = 41.7, SD = 7.3), with the diagnosis of depression, schizoaffective with depressive or bipolar symptoms, and schizophrenia. The control group consists of 70 matched protocols from the Rorschach Performance Assessment System norms (M age = 38.7, SD = 16.7) matched by education level and R. SCHB hypotheses were supported. Also, SCHB was the strongest variable to discriminate all groups. Its effect was even higher than MOR – currently the variable with the highest validity to identify depressive patients. We discuss the reliability and validity of these Rorschach scales and indicate how they may help clinicians and future directions.

Ruam Pimentel | University of Toledo
Ciselle Pianowski | Universidade São Francisco
Gregory Meyer | University of Toledo

Using Natural Language Processing to Assess Disorganized Speech on the Rorschach

Background: Automated speech analysis using natural language processing (NLP) has shown to be highly beneficial for predicting transition to first episode psychosis (FEP) and diagnosing psychotic disorders. Research in the past few years has also focused on assessing thought disorder with NLP; however, that research is plagued by small sample sizes and the use of unstandardized methods of gathering the speech sample. The recent studies conducted with standardized measures to elicit speech suggest this method is more reliable. The Rorschach Performance Assessment System (R-PAS) provides a structured procedure for gathering a speech

sample to Rorschach inkblots and meta-analytically supported reliable (Schneider et al., 2020) and valid (Mihura et al., 2013) measure of disordered thinking. First, we evaluate the magnitude of relationships between the traditional measures of disorganized thinking on R-PAS (WSumCog, DR2) and the clinician ratings of disorganized thinking on the Positive and Negative Syndrome Scale (PANSS) for schizophrenia. Subsequently, we investigate whether NLP of the raw data of Rorschach responses provides incremental validity over R-PAS and scores of disordered thinking in predicting disorganized thinking ratings on the PANSS.

Methods: Patients (N = 90) were recruited from a maximum-security inpatient forensic hospital, ranging in age from 19 to 80 years-old (M = 40) and predominantly male (89%). R-PAS protocols were coded for thought disturbance using the R-PAS language and reasoning Cognitive Codes. The patient's primary clinician and psychiatrist provided PANSS ratings. The natural language processing (NLP) tools, Latent Semantic Analysis (LSA), Smooth Inverse Frequency (SIF), and Speech Graphs, will be used to code the raw data of the R-PAS protocols (i.e., the verbal responses) and compared to each other regarding clinical utility. Hierarchical regression analyses will be used to assess whether the NLP indices provide incremental validity over the R-PAS scores of disordered thinking (WSumCog, and DR2 in particular) in predicting PANSS ratings.

Results: Rater agreement was excellent for the R-PAS WSumCog (ICC = 0.76) and good for the PANSS P2 Conceptual Disorganization ratings (ICC = 0.70). The R-PAS WSumCog and DR2 variables were significantly correlated with PANSS Conceptual Disorganization ratings ($r = 0.39$, $r = 0.41$, respectively). For the presentation, the intercorrelation matrix with R-PAS WSumCog, DR2, PANSS P2, and NLP variables will also be reported. Incremental validity using hierarchical regression analyses will also be used to test whether Rorschach protocols coded by the NLP measures provide incremental validity over the WSumCog and over the DR2 ratings in predicting the clinician ratings of disorganized thinking using the PANSS Conceptual Disorganization scale.

Discussion: Our findings hope to provide clinicians with a more efficient and objective alternative to hand-scoring Rorschach protocols for disordered thinking as well as discover an NLP tool that targets positive formal thought disorder. In all, we hope to contribute to the creation of an overarching framework for the use of automated speech analysis in clinical assessment of emerging psychosis.

Kim G rner | University of Toledo

Gregory Meyer | University of Toledo

Joni Mihura | University of Toledo

Clinical Advances with the Social Cognition and Object Relations Scale-Global Rating Method (SCORS-G) | 1.5 CEs

Location: Waterloo Ballroom 3-4

Chair: Michelle Stein | Massachusetts General Hospital and Harvard Medical School

The Social Cognition and Object Relations Scale Global Rating Method (SCORS-G: Stein & Slavin-Mulford, 2018; Westen, 1995) is a clinician-rated narrative-based measure with a strong theoretical foundation that assesses eight dimensions of object relations. The SCORS-G has steadily increased in popularity over recent years. This symposium will highlight how the SCORS-G is being used in research across a variety of settings and the paths we are taking to translate this knowledge into the clinical realm (thus enhancing its real-world utility). The first paper is focused on the psychometrics of the SCORS-G. An oddity of this scale is that select dimensions are provided default/middle ratings when it is not present. This middle rating is not linked to the anchor points surrounding it and as such may impact clinical findings. The first paper sets out to understand this phenomenon psychometrically and clinically by replicating Stein et al. (2020) study to develop standards for interpretation using a 7 Card TAT protocol. The second paper explores how test administration and

use of re-prompting impacts narrative length and richness. That is, the Thematic Apperception Test (TAT) is the second most used performance-based task in clinical practice. However, traditional TAT administration is time-consuming and raises accessibility issues. As such, this study examines how administration modifications (i.e., examiner handwriting versus typing, examiner recording versus participant recording, and re-prompting versus no re-prompting) impacts SCORS-G ratings of TAT narratives. This study will help inform the optimal administration type when clinicians use the SCORS-G to rate TAT narratives and increase standardization practices. Researchers using the Social Cognition and Object Relations Scales – Global Rating Method (SCORS-G) have traditionally generated person-level ratings by averaging scores across narratives. Recent investigators have found some alternative scoring procedures to effectively predict clinical phenomenon (e.g., severity of pathology). The third study extends this work by comparing effect sizes between alternative and traditional SCORS-G scoring approaches across measures of interpersonal problems, self-esteem, and life satisfaction. The ability to function adaptively in interpersonal contexts is dependent upon a broad range of social cognitive abilities. While these domains have been examined recently in the context of in-depth individual case studies, to date no study has examined between-subject comparisons of social functioning using these multimethod approaches. As such, the final paper will offer preliminary findings concerning the relevance of poor interpersonal functioning, as assessed using the SCORS-G method, on facial emotion recognition skills and interpersonal problems in a sample of adult patients enrolled in residential treatment. Together, these papers highlight the research and clinical implications of the SCORS-G rating method.

Determining the Interpretability of the Social Cognition and Object Relations Scale-Global Ratings on Thematic Approach Test Narratives: Replication with a Seven-Card Protocol

The Social Cognition and Object Relations Scale Global Rating Method (SCORS-G; Stein & Slavin-Mulford, 2018; Westen, 1995) measures the quality of object relations in narrative material. The reliability and validity of this measure has been well established. However, a psychometric oddity of this scale is that default ratings are given to select dimensions when the relevant construct is not present. It is less clear how percentage of default ratings per protocol may attenuate findings and reduce effect sizes. More recently, Stein et al., (2020) and Ridenour et al. (2022) have begun to empirically study this phenomenon. Stein and colleagues called for more research examining further how percentage of default ratings per protocol psychometrically impact findings using an increasing number of cards and this study meets this call. The primary goal of this study is to replicate Stein et al.'s (2020) study using a seven-card protocol. We examined how percentage of formal default ratings for Emotional Investment in Values and Moral Standards (EIM), Experience and Management of Aggressive Impulses (AGG), Self-Esteem (SE), and Identify and Coherence of Self (ICS) impacted robustness of correlations across tests of intelligence, psychopathology, and normal personality functioning. Participants were 148 outpatients who were referred for psychological assessment in the department of psychiatry within an academic medical center in the northeastern USA between 2008 and 2018. Their mean age was 40.6 (SD=14.65) and had 14.5 (SD=3.0) years of education. Information from this study will help inform cutoff points to maximize SCORS-G interpretability for a seven-card protocol. Psychometric and clinical implications are discussed.

Michelle Stein | Massachusetts General Hospital and Harvard Medical School

A Comparison of Different Thematic Apperception Test (TAT) Administration Methods on Narrative Length and Story Richness as Measured by the Social Cognition and Object Relations Scale Global Rating Method (SCORS-G)

The Thematic Apperception Test (TAT) is the second most commonly used performance-based task in clinical practice. However, traditional TAT administration is time-consuming and raises accessibility issues. This study examines the effect of administration modifications (i.e., examiner handwriting versus typing, examiner recording versus participant recording, and re-prompting versus no re-prompting) on narrative length and richness as measured by the Social Cognition and

Object Relations Scale Global Rating Method (SCORS-G). A four-card TAT protocol was administered to 150 college students under one of five conditions. The resulting narratives were scored using the SCORS-G by two trained raters. Two MANOVAs showed a) no significant differences between examiner handwriting versus typing; b) the shortest, blandest narratives were produced when the examiner recorded the narratives without re-prompting; and c) the longest, richest narratives were produced when the participant typed the narratives with re-prompts on the computer screen. Clinical implications and future directions will be discussed.

Savanna Coleman | Augusta University

How Long Do You Go: Further Exploration of Alternative Scoring for the Social Cognition and Object Relations Scales - Global Rating Method

Researchers using the Social Cognition and Object Relations Scales – Global Rating Method (SCORS-G) generate person-level ratings by averaging scores across narratives. Recent investigators have found some alternative scoring procedures to effectively predict clinical phenomenon (e.g., severity of pathology). Another study found alternative scoring procedures to generate larger associations between SCORS-G ratings (generated to TAT responses) and interpersonal problems in college students compared to traditional scoring approaches. This study extends this work by comparing effect sizes between alternative and traditional SCORS-G scoring approaches using interpersonal narratives. A sample of 154 college students provided narratives and self-report ratings for interpersonal problems, self-esteem, and life satisfaction. Four experts rated narratives with the SCORS-G. Inter-rater reliability for scales ranged from good to excellent. Traditional scoring (averaging across narrative) was compared with alternative approaches, such as maximum score, minimum score, and score range. Consistent with prior results, effect sizes for some scales were consistently larger when alternative scoring was employed. Alternative approaches also entered into regression models more often. Alternative scores likely complement traditional approaches in some contexts. Results are contextualized within broader theory, limitations of the study are noted, and implications for future research and practice are described.

Caleb Siefert | University of Michigan-Dearborn

Facial Emotion Recognition and Interpersonal Problems Associated with Adaptive vs. Maladaptive SCORS-G Profiles

The ability to function adaptively in interpersonal contexts is dependent upon a broad range of social cognitive abilities. Multimethod approaches to personality assessment aim to provide an integrative picture of an individual across domains of interpersonal functioning, which may include underlying beliefs and expectations for relationships (e.g., object relations), accuracy of interpretation of social cues (e.g., facial emotion recognition), and awareness of disruptions in interpersonal relationships (e.g., self-reported interpersonal problems). While these domains have been examined recently in the context of in-depth individual case studies (Lewis & Ridenour, 2020; Lewis et al., 2021), to date no study has examined between-subject comparisons of social functioning using these multimethod approaches. This presentation will offer preliminary findings concerning the relevance of poor interpersonal functioning, as assessed using the SCORS-G method, on facial emotion recognition skills and interpersonal problems in a sample of adult patients enrolled in residential treatment (n=55). Results will highlight the relevance of the SCORS-G cognitive dimensions in understanding perceptual errors and biases in facial emotion recognition and in awareness of different manifestations of interpersonal problems. The implication of these findings for both personality assessment and psychotherapy will be explored.

Katie Lewis | Austen Riggs Center

Chair: Adam Natoli | Sam Houston State University

Discussant: Les Morey | Texas A&M University

Dimensional models of personality have gained increased attention and demonstrate superiority over categorical models in both validity (Zimmermann et al., 2019) and clinical utility (Bornstein & Natoli, 2019). A central feature of dimensional models existent in current classification systems (e.g., DSM-5, ICD-11) is the importance of assessing severity of personality impairment (i.e., level of personality functioning impairment). Professional practice guidelines for personality assessment (Krishnamurthy et al., 2022) emphasize the benefits of multimethod assessment and strongly advise psychologists to use “multiple methods of measurement to simultaneously quantify the latent construct(s) of interest” (p. 10). Taken together, knowledge of the diverse methods available for measuring personality functioning appears paramount for the practice of personality assessment and research. This symposium will present four distinct methods available for measuring personality functioning: (1) self-report, (2) interview, (3) ecological momentary assessment, and (4) performance-based methods. Following introduction of a given method, each presenter will discuss the method’s empirical support, strengths and limitations, and the unique information (incremental validity) made available when the method is added to an assessment battery. A clinical case will be presented and the symposium will conclude with an expert discussant sharing their views of the diverse measurement methods, important considerations for integrating multimethod data in effort to gain a comprehensive understanding of an individual’s personality functioning, and their recommendations for future research and practice.

Performance-Based Measures of Personality Functioning Impairment and the Development of a Novel Instrument for Assessing Level of Personality Functioning

Self-report methods are overwhelmingly used to measure personality constructs in both research and clinical settings. Despite numerous strengths over other types of tests, self-report methods also suffer from many limitations (Huprich et al., 2011). Performance-based measures can offer incremental validity and allow for a more accurate and comprehensive assessment of individuals’ personality when paired with self-report tests (Krishnamurthy et al., 2022). Researchers have thus far investigated the Rorschach’s (e.g., Valkonen et al., 2012), Thematic Apperception Test’s (e.g., Stein et al., 2018), and other performance-based instruments’ potential for assessing personality functioning impairment, but their conceptualizations of personality functioning impairment diverge from those of the DSM-5’s Alternative Model for Personality Disorders (AMPD) and the ICD-11. After reviewing these efforts, I introduce a novel performance-based measure that directly parallels the AMPD’s Level of Personality Functioning Scale and report initial findings from research examining the psychometric properties of this new instrument. I then discuss the strengths and limitations of performance-based measures of personality functioning impairment, including the unique information (i.e., incremental validity) made available when these types of tests are added to an assessment battery or to an empirical study, and then conclude with recommendations for future research.

Adam Natoli | Sam Houston State University

Using Ecological Momentary Assessment to Capture the Temporally-Dynamic and Context-Dependent Patterns of Personality Functioning

Ecological Momentary Assessment (EMA) is an increasingly popular method to assess psychopathology as it has the potential to capture dysfunction in daily life (Roche et al., 2014). Personality dysfunction in particular is replete with temporally-dynamic and context-dependent descriptions of psychopathology that can be captured well using EMA designs (e.g. Miskewicz et al., 2022). There have also been efforts to leverage EMA designs to inform clinical assessment and

ongoing therapy processes (e.g. Piot et al., 2022; Roche, 2022; Wright & Zimmermann, 2019). We first review the strengths/limitations of EMA designs generally and related to capturing personality functioning. We then summarize research on how personality functioning assessed at baseline relates to psychopathology measured using EMA designs. Next, we examine the few studies that measure personality functioning itself as a temporally-dynamic process across different timescales (e.g. daily, event-contingent). We close by providing a case example using EMA data to demonstrate the potential of assessing personality functioning as a temporally-dynamic and idiographic process.

Michael Roche | West Chester University
Brooke Tompkins | West Chester University
Melanie Somppi | West Chester University
Nicole Cain | Rutgers University
Kevin Meehan | Long Island University

Multi-Method Assessment of Impairment: Student Training and Case Example

A growing amount of work supports the clinical utility of multi-method assessment (Krishnamurthy et al., 2022; Natoli, 2019), though relatively limited work has been applied to AMPD impairment ratings. This paper will address self- and interview-rated impairment. Following a review of the strengths and limitations of each method, we will discuss a student training protocol for interview ratings on the AMPD.

Next, we will discuss a clinical case completed by a trained student in our university psychological services center, with a particular emphasis on assessment of AMPD Criterion A. The client will be administered the SCID-AMPD, the Personality Assessment Inventory (PAI), the Personality Inventory for DSM-5, and the Levels of Personality Functioning-Self Report (LPFS-SR). AMPD trait and impairment scales will be scored from the PAI. We will discuss the impact of multiple sources of impairment data from a clinical utility perspective, including how we integrated impairment information to inform diagnostic impressions, generate treatment recommendations, and address the referral question. We will also explain our approach to providing AMPD-based feedback to clients. Finally, we will discuss feedback from the student and our perspectives as supervisors regarding the training to clinical application process.

Jared Ruchensky | Sam Houston State University
Jaime Anderson | Sam Houston State University
Nicole Shumaker | Sam Houston State University

SPAGS Presents: From Supervision to Classrooms- Where Do We Go When Conversations on Diversity Go Awry?

Location: RM 603

Chair: Sarah Gottlieb | William James College

Talking about controversial subjects is an inherent part of many disciplines, including personality assessment. From our assessment classes to supervision, diversity-related topics like culture, politics, discrimination, ethics, and more can arise and lead to charged discussions. How we manage those discussions underlies the impact of our goals, bonds, and cultural competence/humility in the assessment field. Even more so, it can feel like so much emphasis is put on not making a mistake that we're left confused about how to repair the damage when one is made. SPA Graduate Student (SPAGS) Diversity, Equity, and Inclusion committee is organizing a symposium on the student and supervisee experience with challenges of managing bias and difficult conversations in the realm of personality assessment. Often, these conversations lack the benefit of a student perspective, despite students typically bearing the brunt of the harm - whether seen or unseen. Therefore, this session will highlight students' experiences with professors, supervisors, and/or professional associations that did or did not manage "hot topics" safely and successfully. Framing the dialogue around these perspectives, the presenters will provide a framework for better handling these conversations and

how to repair harm already committed. Attendees will be provided with various resources which can be applied to the classroom and which can translate beyond academic applications. With the benefit of insight from those most affected by how the issues are managed by professors, supervisors, or others in roles of power within their institutions, attendees will gain a more nuanced perspective and applicable understanding than they would from purely didactic approaches.

Jennifer Boland | Sam Houston State University

Sarah Gottlieb | William James College

Walking a Fine Line: Talking with Clients About Attachment | 1.5 CEs

Location: RM 602

Chair: Carol George | Mills College at Northeastern University

Discussant: Melissa Lehmann | Center for Therapeutic Assessment

This symposium uses clinical cases to examine approaches to discuss the attachment assessment results of the Adult Attachment Projective Picture System (AAP) with clients and their families. The AAP is used worldwide and, increasingly, the most frequent question when using this measure is, "How do I present the results to my client?" Paper 1 describes using the AAP in a large hospital setting where adolescents and their parents or providers are socialized to view problems within a medical framework. The paper addresses how using the AAP "breaks the frame" of concrete symptom- and diagnosis-oriented inquiry. This paper illustrates these aims and processes in one particularly challenging case involving attempts to engage an adolescent and her medically-accultured parents. The collaborative and therapeutic assessment process is discussed and strategies to facilitate growth under such "arid" conditions are proposed. Paper 2 explores using the AAP to connect with repressed affect in the case of a 19-year-old female college student. In a client presenting with anxiety and depression, the AAP helped the client begin to understand her patterns of minimizing needs and affect. The use of the AAP attachment concepts supported the process of exploring the neutralization of affect both in the client's life and within the therapy process. Paper 3 describes using the AAP with a 62-year-old woman with Complex Post-Traumatic Stress Disorder (CPTSD). The client had difficulty with the AAP but found that closely reviewing her stories and following her associations to them deepened both the client's and the assessor's understanding of her experience. Themes from her stories became metaphors for her experience to which the therapy could return and enriched her engagement in therapy. The discussion highlights how there is a fine line between finding a way to talk about attachment, which is so vulnerable because it lies at the core of who we think we are, and the truth. The knowledge of attachment and defensive processing patterns helps set the course for psychotherapy and discussions with parents when clients are minors.

Planting Seeds in Arid Soil: Raising Awareness of Attachment Status Using the AAP in Highly Medicalized Contexts

The Adult Attachment Projective (AAP) is an easily-administered, engaging, and relatively intuitive method that allows assessors to identify and name patterns of developmental experiences as meaningful and relevant for understanding current problems of living. When used in a large hospital setting where adolescents and adults (and their accompanying parents and providers) have typically been socialized to conceptualize their problems within a medical framework, the inclusion of the AAP in a test battery provides an opportunity to "break the frame" of concrete symptom- and diagnosis-oriented inquiry. However, in cases where a) symptom-oriented thinking serves a defensive function or b) when insecurely-attached parents continue to be actively involved in providing care to the individual (e.g., adolescents and children), efforts to shift the frame toward developmental attachment concerns may be experienced as Level 3 (Finn, 2007) material by the caregiver(s) and/or the client, thus activating defensive processes that impede understanding and opportunities for growth. To illustrate these aims and processes, one particularly challenging case involving attempts to engage an adolescent and her medically-accultured parents in a

collaborative and therapeutic assessment process is discussed and strategies to facilitate growth under such “arid” conditions are proposed.

David York | Christiana Care Health Services

There's No Sense in Being Mad: Using the AAP to Explore the Use of Dismissing Defenses in the Case of a 19-year-old Female

This paper explores the use of the adult attachment projective to connect with repressed affect in the case of a 19-year-old college student. In a client presenting with anxiety and depression, use of the adult attachment projective helped the client begin to understand her own style of minimizing needs and affect. The use of the AAP supported the process of exploring the neutralization of affect both in the client's life and within the therapy process.

Stephen Seger | Edward Jenny & Associates and Immaculata University

Only the Cat Got Away: Discussing Attachment Trauma in Complex PTSD Using AAP Stories

This paper describes using the AAP with a 62-year-old woman with Complex Post-Traumatic Stress Disorder (CPTSD). The client had difficulty with the AAP but found that closely reviewing her stories and following her associations to them deepened both the client's and the assessor's understanding of her experience. Themes from her stories became metaphors for her experience to which the therapy could return and which enriched her experience in therapy.

Edward Jenny | Edward Jenny & Associates

March 31, 2023 | 1:30 PM - 3:30 PM

PAI Papers

Location: Waterloo Ballroom 6

The Composite Factor Structure of the Personality Assessment Inventory and Its Convergence with the Personality Inventory for DSM-5

Although the scales from the Personality Assessment Inventory (PAI) were not developed to reflect a particular composite factor structure based on all scales together (Morey, 2007), several studies have examined this issue among various populations, and emergent factors have been consistent across the studies. The PAI has three replicable and robust factors: (a) general distress, (b) elevated mood and dominance, and (c) substance abuse and psychopathy. When removing invalid participants (i.e., above ICN, INF, NIM, PIM thresholds), a fourth replicable factor emerges: (d) interpersonal detachment vs. warmth (Hoelzle & Meyer, 2009). The primary aim of this study is to analyze the composite structure of the PAI in a sample of Brazilian adults. Secondarily we create a single model that includes factors from the PAI with factors from the Personality Inventory for DSM-5 (PID-5). The base sample consists of 1319 community-residing Brazilian adults (age $M = 28.6$, $SD = 9.31$). For the first goal, we will start by removing participants that don't fit the validity criteria for PAI (i.e., above the threshold item omissions, ICN, INF, NIM, and PIM). We will run EFA using the PAI scales as observable variables and employ parallel analysis supplemented by minimum average partial correlations as the extraction criteria to decide among the three vs. four-factor model. We anticipate that a four-factor solution will provide the best fit, with the first three factors being the most robust. For the final solution, we will use oblique rotation. As a result, we will report fit indexes, number of factors, factor loadings, and interpretation of the factors. For the secondary aim, we will create an Exploratory Structure Equation Model (ESEM) with factors from the PAI and PID-5 in order to observe the associations of those constructs, reporting the same fit and factor output as the first analysis. This study will contribute to the literature on the validity and utility of the PAI and demonstrate its cross-cultural applicability.

Ruam Pimentel | University of Toledo

Lucas de Francisco Carvalho | Universidade São Francisco

Giselle Pianowski | Universidade São Francisco

Gregory Meyer | University of Toledo

Deriving Transdiagnostic Scales from the PAI and SPECTRA: Indices of Psychopathology

The Diagnostic and Statistical Manual of Mental Disorders, now in its fifth edition (DSM-5-TR APA 2022), has dominated mental health research, clinical practice, and professional training. Despite its authoritative status, the DSM suffers from serious limitations that decrease its clinical and research utility (Hyman, 2011). Recently, contemporary transdiagnostic dimensional models of psychopathology have become viable alternatives to the traditional DSM classification of psychopathology. These hierarchical dimensional models allow for a more coherent, efficient, and multi-level analysis of psychopathology. Unfortunately, the majority of broadband assessment inventories used in clinical practice predate the emergence of these contemporary models. Only the MMPI-3 (Ben-Porath and Tellegen, 2020) and MMPI-2-RF (Ben-Porath and Tellegen, 2008) contain scales and a higher-order structure that align with transdiagnostic models.

The present study explores the extent to which scales from the SPECTRA: Indices of Psychopathology (SPECTRA; Blais & Sinclair, 2018) and the Personality Assessment Inventor's (Morey, 1991) Alternative Model of Personality Disorders (AMPD) scales map onto the hierarchical transdiagnostic structure of psychopathology. We hypothesize that the combined SPECTRA and PAI scales will capture the five primary group dimensions; internalizing, antagonism, disinhibition, thought disorder, and detachment, and replicate the integrated hierarchical structure. We also illustrate how composite transdiagnostic scales can be created.

Using a clinical sample of 212 subjects, we conducted an exploratory factor analysis (EFA) on the joint PAI AMPD traits and SPECTRA clinical scales. The EFA revealed five clear factors consistent with the transdiagnostic group dimensions. Goldberg's (2006) "bass-ackward" factor method indicated a hierarchical structure consisting of an overarching general factor (p-factor) and two broad Internalizing and Externalizing factors, consistent with transdiagnostic models. Factor scores were saved for use in subsequent analyses. Composite scales were created for the five group dimensions and three higher-order dimensions by summing the highest loading PAI and SPECTRA scales and dividing by the number of scales summed. This allowed the composite scales to be expressed as familiar T-scores. McDonald's (1999) omega indicated that the composite scales had adequate internal consistency. Correlations between the composite scales, saved factor scores, and the NEO-FF-3 Five-Factor Model (FFM) normal personality domains and the saved factor scores were obtained.

The composite group and higher-order scales strongly correlated with their corresponding saved factor scores. The p-factor scale and first "bass-ackward" factor had the highest correlation (.984), while the Thought Disorder scale and factor had the lowest (.900). The mean scale to factor correlation was .942. Four of the composite scales also had meaningful correlations with the conceptually similar FFM domains: internalizing & neuroticism (.80), detachment & low extraversion (-.72), and antagonism & low agreeableness (-.69). Disinhibition was significantly correlated with low conscientiousness (-.34), but its highest correlation was with agreeableness (-.55). The thought disorder scale was not significantly related to Openness to Experience ($r = .04$). These findings demonstrate that scale-level data from available self-report inventories can be reorganized into a transdiagnostic measure. Potential clinical applications will be discussed.

Mark Blais | Massachusetts General Hospital and Harvard Medical School

ACEs and Substance Use: Examination of Personality Assessment Inventory Profiles Inparenting Capacity Assessments

Parental capacity assessments (PCAs) present a challenging and high stakes context in which psychologists are often asked to assist child welfare agencies and the court system in determining an individual's ability to parent, and has the potential to lead to the termination of parental rights (Budd, 2001). Substance use and parental mental illness are often involved in such referral questions regarding parental capacity (Budd, 2005). Despite the magnitude of the potential outcome, a dearth of literature exists specific parental capacity assessments, and on the assessment tools used in this context. The Personality Assessment Inventory (PAI) is a self-report measure of personality and pathology commonly used within forensic assessment, and in PCAs, with a growing literature

base (Harper et al., 2014). This study explored the substance use scales of the PAI within a local PCA sample, their relation to scales associated with the experience of trauma, and explored ACE exposure in this population. Results showed differences on mean substance use scores for this sample compared to established PCA samples. Only the Drug Problems scale was associated with clinical elevations associated with trauma exposure. ACEs were found to be prevalent within this sample; however neither alcohol nor drug problems were found to moderate the relationship between ACEs and PCA outcome. This study builds upon the growing literature base for the use of the PAI in the context of PCAs, and seeks to better understand the influence of early traumatic experiences and substance use on the population.

Mariah Laster | Kean University

David Branddwein | Kean University

Donald Marks | Kean University

Using a Novel Index for Personality Assessment in Parental Capacity Assessments

Legal and child welfare systems utilize a parental capacity assessment (PCA) to determine a parent's ability to provide for the current and predicted needs of a child secondary to a claim of abuse or neglect. PCA is a challenging forensic assessment task with far reaching implications related to child welfare. The Personality Assessment Inventory (PAI) is an empirically supported assessment measure which contains relevant scales and indices that are often used as part of a multimethod assessment approach to PCA. However, the scales and indices are derived from normative PAI data may not be representative of the PCA population and its propensity to engage in positive impression management. The present study analyzed PAI scores relevant to PCA evaluator recommendations: Violence Potential Index (VPI) and Aggression (AGG) in a sample of PCA litigants. VPI and AGG were not significantly correlated with PCA evaluator recommendations. Additionally, the Parental Capacity Violence Potential Index (PCVPI), a novel PAI index, was developed based on PCA population characteristics to better capture PCA litigant risk factors. PCVPI scores were significantly correlated with a PCA evaluator's recommendations. These findings suggest that PCVPI is a valid quantitative tool when screening for risk in a PCA.

David Brandwein | Kean University

Jacob Stier | Ancora Psychiatric Hospital

Donald Marks | Kean University

Detecting Attention Deficit Hyperactivity Disorder and Identifying Feigning Using the Personality Assessment Inventory

Attention Deficit Hyperactivity Disorder (ADHD) is a common and often debilitating disorder in adults. However, feigning ADHD symptomatology is both easy and relatively common. We explored the most effective strategies for A) identifying individuals who had been diagnosed with ADHD based on existing Personality Assessment Inventory (PAI) symptom indicators, and B), discriminating between feigned and genuine ADHD symptoms using PAI negative distortion indicators. Our sample consisted of adult participants who reported being diagnosed with ADHD (n = 60), participants who were asked to feign ADHD (n = 71), and a nonclinical sample (n = 333). We first compared two PAI-derived indicators, the PAI-ADHD scale and the Inattention scale, and one commonly used ADHD index for reference (the CAARS-S: E scale) to determine which best differentiated between our ADHD group and our nonclinical group. Next, we compared seven negative distortion indicators to determine which could most effectively distinguish between real and feigned ADHD symptoms. Our results revealed that the PAI-ADHD was most effective at identifying ADHD symptoms, while the Inattention scale and the CAARS-E performed appreciably less well. Further, while four of the seven negative distortion indicators were valid for identifying feigners, the Negative Distortion Scale (NDS) was the most effective. This remained true even in comparison to a strategy of using all indicators in concert to look for any one, two, or three elevations. Our results suggest that, when assessing ADHD based on the PAI, practitioners should use the PAI-ADHD scale to gauge the presence of symptomatology, and the NDS to rule-out

feigning.

Joseph Maffly-Kipp | Texas A&M University

Les Morey | Texas A&M University

Advocacy within Psychological Assessment: Addressing Client Concerns and Challenging Beliefs of Clinicians and Systems | 2 CEs

Location: Waterloo Ballroom 3-4

This roundtable discussion will promote open conversation, revisit the concept of advocacy, and discover ways to advocate for clients throughout the assessment process. These concepts are essential to multicultural assessment because the unique challenges faced by diverse populations are sometimes ignored, misunderstood, and subject to bias. This series of assessment miscues often lead to misdiagnosis and poor treatment and medication outcomes. This roundtable discussion will identify issues and practical solutions to apply at various stages of the assessment process. This discussion will also promote discovery and reflection of client diversities, as well as guidance to help implement individual and systemic change.

Linda McGhee | Clinical Psychologist

Tanisha Drummond | Multicultural Assessment Community

Shalena Heard | Purposeful Assessment, Consultation & Training Services, LLC

From Assessment Coursework to Clinical Work: The Intricacies of Graduate Assessment Training

Location: Waterloo Ballroom 1

Transitioning from assessment coursework to clinical work is a difficult and demanding process that can often feel overwhelming to all those involved. Well informed preparation is critical for students, instructors, trainees, supervisors, and by default clients. While most of us broadly recognize this topic, identifying and managing the many details of this complex process is necessary. This symposium will focus on the multiple intricacies when preparing students toward clinical assessment work. The core foundational components will be identified along with the benefits, limitations, and challenges of various aspects of assessment teaching and training, as well as recommendations for actual implementation and utility considering different program realities. This will include the role of advanced student support such as teaching assistants and peer supervisors; gathering, and incorporating cultural identity data; developing context driven conceptualization; direct interactions throughout the assessment process; and of course producing written and verbal feedback. Such aspects and direct experiences will be described via several graduate health service psychology students across levels of training from two different programs including students, TAs, clinical trainees, and peer supervisors. Graduate students/trainees and clinical supervisors will discuss their own experiences with the learning/teaching process and overcoming various challenges when transitioning from classwork to clinical work. Reflections, lessons learned, and suggestions for future research and clinical training will be provided

Hadas Pade | California School of Professional Psychology San Francisco

Andrew Wright | New York University Steinhardt School of Culture, Education, and Human Development

Lisa Vassiliadis | California School of Professional Psychology San Francisco

Elizabeth Kwong | California School of Professional Psychology San Francisco

Jen Ying Zhen Ang | New York University Steinhardt School of Culture, Education, and Human Development

Victoria Alvarado | California School of Professional Psychology San Francisco

Aakriti Prasai | New York University

Pei-Ying Lo | California School of Professional Psychology San Francisco

Brittany Matthews | New York University

This collection of submissions will examine the projections of different forms of psychopathology onto interpersonal circumplex measures. Martin and Dowgwillo will present projections of HiTOP dimensions onto interpersonal circumplex measures. Molina and Dowgwillo will present projections of empirically and theoretically derived defense mechanism factors onto the interpersonal circumplex. Rodriguez et al. will present projections of psychopathy measures onto interpersonal circumplex measures, including interpersonal influence tactics. Paez et al. will use circumplex measures to examine gender differences in interpersonal presentations of the triarchic model of psychopathy. This symposium will provide an overview of how the interpersonal circumplex is useful as a conceptual and practical anchor across psychological constructs and disorders.

Comparing DMRS-SR-30 Defensive Categories and Defensive Factors Utilizing the Interpersonal Circumplex

Defense mechanisms are unconscious coping strategies that help an individual respond to anxiety-provoking environments and intrapsychic conflict. Notably, these strategies vary in their degree of maturity and are useful for understanding personality functioning and the quality of interpersonal relationships. Despite the clinical and interpersonal relevance of defense mechanisms, psychometrically sound self-report measures of defensive functioning are limited. The Defense Mechanisms Rating Scales-Self-Report-30 (DMRS-SR-30) is a newly developed self-report measure of defense mechanisms. The measure provides scores for theoretical groups of defenses (Defensive Categories) and empirically derived groupings of defenses (Defensive Factors). Due to the novelty of the measure, research on the validity of these scores is limited. Given the interpersonal impact of defense mechanisms, the interpersonal circumplex (IPC) is an important lens that can be used to examine the construct validity of the DMRS-SR-30. To that end, the current study uses self-report data from 403 participants recruited from Amazon Mechanical Turk (MTurk) to examine the interpersonal characteristics of these defensive scores using the problems, sensitivities, and efficacies interpersonal circumplex surfaces. By examining the structural summary parameters and associated bootstrapped confidence intervals, we can better understand the differences between the theoretical groupings and empirical groupings of defenses. Clinical and measure implications of these findings will be discussed.

JoAnna Molina | University of Detroit Mercy

Emily Dowgwillo | University of Detroit Mercy

Integrating the Hierarchical Taxonomy of Psychopathology (HiTOP) with Interpersonal Theory Using the Interpersonal Circumplex

The Hierarchical Taxonomy of Psychopathology (HiTOP) is an empirically-derived model of psychopathology, which conceptualizes mental health dysfunction in terms of data-driven, transdiagnostic dimensions. Although research on the HiTOP model is growing, few researchers have examined the model's clinical utility. Thus, the proposed study uses self-report data from 394 community participants to examine the relationship between HiTOP dimensions and important constructs from clinical theory using the interpersonal circumplex. To examine these associations, exploratory factor analytic methods were used to compute factor scores that align with the spectra and general psychopathology levels of the HiTOP hierarchical structure. To examine the association between HiTOP dimensions and the interpersonal circumplex, structural summary method parameters (prototypicality/R², amplitude, angular displacement, and elevation) with bootstrapped confidence intervals were computed for the problems, sensitivities, and efficacies surfaces. In this way, the current study examines the interpersonal characteristics associated with HiTOP dimensions and bridges the research and clinical literatures. Clinical implications of these findings will be discussed.

Heidi Martin | University of Detroit Mercy

Emily Dowgwillo | University of Detroit Mercy

Comparing Psychopathy Measures Using the Interpersonal Circumplex

Background and Purpose: Psychopathic personality disorder (psychopathy) remains a hotly debated topic within the field (West, 2022). Several measures of psychopathy exist, such as the Triarchic Psychopathy Measure (TriPM; Patrick, 2010), the Expanded Levenson Self-Report Psychopathy Scale (ELSRP; Christian & Sellbom, 2016), the Elemental Psychopathy Assessment – Short Form (EPA-SF; Lynam et al., 2013), and the Comprehensive Assessment of Psychopathic Personality – Self-Report (CAPP-SR; Sellbom et al., 2019). However, these measures were informed by varied conceptualizations of psychopathy and could differ in meaningful ways, variations important to understand when any one of these measures is used. One way to examine differences across these measures is by comparing their projections onto the Interpersonal Circumplex (IPC; Bakan, 1966; Wiggins & Broughton, 1985; Wiggins, 2003). The IPC conceptualizes interpersonal relations as occurring across dimensions of Dominance and Affiliation, such that psychological constructs often manifest as blends of the two (Bakan, 1996). This study examined whether there are meaningful interpersonal differences across common self-report psychopathy measures.

Subjects: Participants were 500 undergraduate students recruited from a medium-sized public university in the southern United States. Participants were on average 21.48 years old (SD = 4.831) and predominately female (82.8%). Thirty-four percent of participants were Hispanic or Latine; regarding race, 64% of participants were White or Caucasian, 19.2% were Black or African American, 2.4% were Asian, 5.6% were mixed race, 5.4% were other, and 1.2% were missing.

Method: Participants completed a self-report survey hosted on Qualtrics. Measures included: CAPP-SR, TriPM, EPA-SF, and ELSRP to measure psychopathic personality and Interpersonal Influence Tactics Circumplex (IIT-C), Inventory of Interpersonal Problems – Short Circumplex (IIP-SC), Circumplex Scales of Interpersonal Efficacy (CSIE), Circumplex of Interpersonal Values (CIV), Interpersonal Sensitivities Circumplex–64 (ISC-64), and Inventory of Interpersonal Strengths–32 (IIS-32) to measure interpersonal tendencies.

Analyses and Results: We calculated circumplex structural summary method parameters associated with scores derived from four measures of psychopathy (CAPP-SR, TriPM, EPA-SF, ELSRP) on six interpersonal surfaces (problems, influence tactics, sensitivities, strengths, values, efficacy). We then used a bootstrapping methodology to compare interpersonal profiles across the four psychopathy measures (Zimmerman & Wright, 2017). Several contrasts revealed significant differences between psychopathy measures on each interpersonal surface.

Conclusions: This study offers evidence suggesting that the studied psychopathy self-report measures differ with regard to how interpersonal elements manifest in their test scores, based on their locations on multiple interpersonal circumplexes. This opens up a broader discussion about how to best conceptualize and measure psychopathy. Limitations of this study include the sole use of a college sample, which likely presented with less psychopathy than other relevant populations (e.g., forensic); future studies should aim to test whether the current findings generalize to other relevant populations. Nevertheless, present findings are encouraging and call for further investigation into the differences between psychopathy self-report measures.

Chloe Rodriguez | Sam Houston State University
Jared Ruchensky | Sam Houston State University
Adam Natoli | Sam Houston State University

Examining Gender Differences on the Triarchic Model of Psychopathy through the Interpersonal Circumplex

Background: The triarchic model of psychopathy has generated substantial discussion regarding the conceptualization of psychopathic personality disorder (psychopathy; Patrick et al., 2009; Patrick, 2022). There is some evidence that these traits may vary across gender (Anestis et al.,

2019; Drislane & Patrick, 2017; Poy et al., 2014; Sica et al., 2021). One approach to examining gender differences is comparing projections onto the Interpersonal Circumplex (IPC; Bakan, 1966; Wiggins & Broughton, 1985; Wiggins, 2003). The IPC characterizes interpersonal interactions as occurring along two dimensions (Dominance, Affiliation; Bakan, 1996). Previous findings have shown connections between non-triarchic psychopathy instruments and IPC measures, but found projections on IPC measures were similar across men and women (Dowgwillo & Pincus, 2017). This study examined whether there are meaningful interpersonal differences across participants identifying as men and women on a triarchic model measure using a wider array of IPC measures.

Subjects: Data collection is ongoing and occurring at a medium-sized public university in the southern United States. There are currently 500 participants that are predominately women (82.8%), although results will be presented using a larger sample size with a sufficient number of men for comparison.

Method: All participants completed the Triarchic Psychopathy Measure, Interpersonal Influence Tactics Circumplex, Inventory of Interpersonal Problems – Short Circumplex, Circumplex Scales of Interpersonal Efficacy, Circumplex of Interpersonal Values, Interpersonal Sensitivities Circumplex–64, and Inventory of Interpersonal Strengths–32. We used a circumplex structural summary method and a bootstrapping methodology to compare interpersonal profiles across on six interpersonal surfaces (problems, influence tactics, sensitivities, strengths, values, efficacy; Zimmerman & Wright, 2017).

Discussion: This study will contribute to discussions regarding the interpersonal presentation of psychopathy across gender, particularly within the context of ongoing discussions about the triarchic model of psychopathy. Limitations of this study include the sole use of a college sample and the availability of results only for individuals who identify as men or women. Future research should investigate gender differences using a more gender diverse sample.

Monica Paez | Sam Houston State University
Chloe Rodriguez | Sam Houston State University
Adam Natoli | Sam Houston State University
Jared Ruchensky | Sam Houston State University

Interpersonal Assessment at Multiple Timescales: Applications and Implications | 2 CEs

Location: RM 603

Chair: Aaron Pincus | Pennsylvania State University

Intensive repeated assessments of the interpersonal behavior based on the interpersonal circumplex dimensions of dominance (agency) and warmth (communion) can be collected at multiple timescales using ecological momentary assessment (EMA) and objective coding via Continuous Assessment of Interpersonal Dynamics (CAID). Timescales range from moment-to-moment behavioral exchanges, to social interactions occurring across days or weeks, to multiple bursts of intensive repeated assessments over months or years. Such assessments identify temporally dynamic patterns of interpersonal perception, interpersonal behavior, and social exchange that have associations with motivation, affect, well-being, symptomology, personality, and psychotherapy. The current symposium presents four studies employing distinct applications of intensive repeated interpersonal assessment at different timescales that have implications for clinical diagnosis, treatment evaluation, and personality functioning. First, Nicole Cain presents the case of a female patient diagnosed with BPD and malignant narcissism who completed 18-months of Transference Focused Psychotherapy. Two-week bursts of EMA were collected at baseline, 9-months into treatment, and termination. Results show shifts in her perceptions of self and other in daily life are linked to significant changes in the transference in session and to reductions in self-directed and other-directed aggression over the course of treatment. Second, Michael Roche

presents research on a new measure to comprehensively operationalize the interpersonal situation, the Concomitants of Interpersonal Relationship Communications: Longitudinal Examination (CIRCLE), using two samples (n=180, n=186) where participants completed a multi-day EMA study of social interactions in daily life. The CIRCLE captures elements of the self-system (agentic and communal motives, private emotions, self-mentalization), other system (perception/construal of other's agentic and communal motives, private emotions, and mentalization capacities), and interpersonal field (self-reported agentic and communal behaviors and displayed emotions, perception of other's agentic and communal behaviors and displayed emotions). Associations among these dimensions and their correlations with psychopathology are examined at the within- and between-person levels to evaluate validity and provide an example of how to use CIRCLE for interpersonal case conceptualization. Third, Xiaochen Luo presents results based on the assessment of moment-to-moment interpersonal patterns in 103 psychotherapy sessions from 26 therapy dyads using CAID. Group Iterative Multiple Model Estimation identified data-driven subgroups of sessions with shared patterns of interpersonal dynamics and subgroup membership was related to patients' interpersonal problems, symptom severity, and working alliance at baseline. Fourth, Alexandra Halberstadt presents the results of a 21-day EMA study (N = 227) of social interactions in daily life. Results indicated that communal and agentic complementarity were associated with affect valence and arousal in nuanced ways. For example, while complementary patterns were positively associated with positive affect valence, this association was stronger for communal complementarity. Also, agentic complementarity impacted affect in cold interactions, while communal complementarity impacted affect in warm interactions, indicating that there are potentially more agentic motives driving cold interactions and communal motives driving warm interactions. Finally, an increase in communal complementarity was associated with an increase in affect arousal, while an increase in agentic complementarity was associated with a decrease in affect arousal, indicating affect arousal may communicate something other than satisfaction/frustration of interpersonal motives.

Examining Changes in Perceptions of Self and Other Using Repeated Interpersonal Assessment During Transference-Focused Psychotherapy

Transference-Focused Psychotherapy (TFP) for borderline personality disorder (BPD) addresses self-other difficulties by understanding and articulating the patient's mental representations of self, their mental representations of other, and predominant affect. As such, TFP provides a unique opportunity to examine how shifts in mental representations of self and other within treatment are linked to changes in interpersonal functioning outside of session. This talk will present data on the case of a female patient diagnosed with BPD and elevated levels of malignant narcissism who completed 18-months of TFP. Ecological momentary assessment (EMA) methods were used for 14-days at baseline, at 9-months in treatment, and at termination to obtain a repeated interpersonal assessment of this patient in her daily life over the course of treatment. Results show notable shifts in how the patient perceives her own dominance and the dominance of others over the course of treatment. Interestingly, these shifts in her perceptions of self and other in daily life are also linked to significant changes in the type of transference exhibited in session as well as reductions in self-directed and other-directed aggression over the course of treatment. Discussion will focus on the clinical importance of using repeated interpersonal assessments during treatment to address self and other dysfunction.

Nicole Cain | Rutgers University

Kevin Meehan | Long Island University

Julia Sowislo | Weill Cornell Medical College

John Clarkin | Weill Cornell Medical College

Describing Social Interactions in Daily Life Using the CIRCLE

The interpersonal situation (Pincus, Hopwood, & Wright, 2020) is a comprehensive framework that identifies the salient variables relevant to describing social exchanges. Support for this model has been published in the form of clinical case studies, momentary coding of in-lab

social exchanges, as well as ecological momentary assessment (EMA) using event-contingent designs. Most EMA studies only test a portion of this framework, and several key elements of the interpersonal situation model have not been operationalized into EMA items. Thus, the present research presents a new measure to comprehensively operationalize the interpersonal situation, using two samples (n=180, n=186) where participants complete an event-contingent EMA of social interactions (mean = 18 per participant) in their daily life.

The Concomitants of Interpersonal Relationship Communications: Longitudinal Examination (CIRCLE) is a newly designed measure which captures elements of the self-system (agentic and communal motives, private emotions, self-mentalization), other system (perception/assumption about other's agentic and communal motives, private emotions, and mentalization capacities), and interpersonal field (self-report of agentic and communal behaviors and displayed emotions, perception of other's agentic and communal behaviors and displayed emotions). We examine how these dimensions relate to each other at the within-person and between-person level to develop a better understanding of the normative connection between these dimensions. We correlate these dimensions to measures of psychopathology to demonstrate validity, and provide an example of how to use this data for interpersonal case conceptualization.

Michael Roche | West Chester University

Sidney Neil | West Chester University

Nicole Cain | Rutgers University

Kevin Leehan | Long Island University

Associations between Network Patterns of Temporal Interpersonal Dynamics in Psychotherapy and Baseline Interpersonal Characteristics of Patients

Introduction: Understanding patterns of in-session interpersonal transactions between patient and therapist have been theorized as critical in psychotherapy to personalize therapeutic strategies and promote changes. However, few studies examined whether these momentary interpersonal patterns can be identified empirically for each dyad. In this study, we sought to understand whether patterns of in-session interpersonal dynamics can be identified using a data-driven method for each therapeutic dyad and examine how these patterns may be related to patients' baseline interpersonal characteristics and self-report working alliance.

Methods: A total of 103 psychotherapy video sessions from 26 therapy dyads were selected, featuring trainees working with patients with interpersonal problems using psychodynamic psychotherapy. The Continuous Assessment of Interpersonal Dynamics (CAID) was used to measure dominance and warmth for patient and therapist for the middle 10 minutes in each session. The Subgrouping within Group Iterative Multiple Model Estimation (s-GIMME) was used to identify data-driven subgroups of sessions with shared patterns of interpersonal dynamics. Patient was assigned to the subgroup to which their highest percentage of tapes belong. Mann-Whitney U-tests were used to compare the elevation and styles of patient's self-report interpersonal problems, symptom severity, and working alliance at baseline across subgroups.

Results and Discussion: We expect to see that therapy tapes from the same therapeutic dyads were more likely to be categorized into one subgroup. We also expect that subgroups of sessions exhibit unique patterns of interpersonal dynamics between patient and therapist that are informative for therapeutic strategies. We expect to see that these patterns can be distinguished based on working alliance and patient's self-reported interpersonal problems at baseline. This information would inform us the kinds of momentary interpersonal patterns for therapeutic dyads with specific baseline interpersonal profiles.

Xiaochen Luo | Santa Clara University

Alytia Levendosky | Michigan State University

Evan Good | Michigan State University

Joshua Turchan | Michigan State University

Interpersonal Complementarity and Affect in Daily Life: New Insights

The current study examines the associations between interpersonal complementarity and affective reactions during social interactions in daily life, as well as contextual moderators of these associations. This research aims to understand how satisfaction/frustration of interpersonal motives (operationalized as interpersonal complementarity) impacts affect, using Contemporary Integrative Interpersonal Theory (CIIT) as a guiding framework. A first analysis of this data was presented in SPA in 2021, but there have been further analyses conducted and more insights gained since that time. Participants (N = 227) rated actor and partner agency and communion in interpersonal interactions in 6 prompted surveys per day for 21 days. Results suggested that communal and agentic complementarity was associated with more positive affect valence, though this association was stronger for communal complementarity. Additionally, agentic complementarity impacted affect in cold interactions, while communal complementarity impacted affect in warm interactions, indicating that there are potentially more agentic motives driving cold interactions and communal motives driving warm interactions. An increase in communal complementarity was associated with an increase in affect arousal, while an increase in agentic complementarity was associated with a decrease in affect arousal, indicating affect arousal may communicate something other than satisfaction/frustration of motives. The moderating role of type of interaction partner was also explored. Overall, this study supports the importance of exploring personality at the temporal resolution of interactions and supports the fundamental assumptions of CIIT.

Alexandra Halberstadt | Pennsylvania State University

Aaron Pincus | Pennsylvania State University

Jacqueline Moge | Clemson University

Emily Ansell | Pennsylvania State University

Second Rorschach History Symposium: SPA 2023

Location: RM 602

Chair: Marvin Acklin | University of Hawaii

This second Rorschach History Symposium extends history research following the debut at SPA and ISR in 2022. The aim of the symposium is to showcase on-going research by the Rorschach Historiography Research Group on the origins, milieu, influences, and successors of Rorschach's inkblot test utilizing original, previously untranslated documents. The symposium includes papers on the Jung's word association test at the Burgholzli, the Hens and Behn-Eschenburg dissertations, the Oberholzer-Levy-Beck axis in the transfer to the test to the U.S in the 1920's, Bruno Klopfer's sojourn in Zurich where he learned the Rorschach before coming to the US in 1934, and the two decades of developments in Switzerland following Rorschach's untimely death.

Introduction to the Rorschach Historiography Research Group

This second Rorschach History Symposium extends history research following the debut at SPA and ISR in 2022. The aim of the symposium is to showcase on-going research by the Rorschach Historiography Research Group on the origins, milieu, influences, and successors of Rorschach's inkblot test utilizing original, previously untranslated documents. The symposium includes papers on the Jung's word association test at the Burgholzli, the Hens and Behn-Eschenburg dissertations, the Oberholzer-Levy-Beck axis in the transfer to the test to the U.S in the 1920's, Bruno Klopfer's sojourn in Zurich where he learned the Rorschach before coming to the US in 1934, and the two decades of developments in Switzerland following Rorschach's untimely death.

Marvin Acklin | University of Hawaii

“The Most Obvious Development of the Basic Idea”: The Relationship between H. Rorschach’s Inkblot Test and C.G. Jung’s Word Association Test

In a 1955 letter, Bruno Klopfer, Rorschach teacher and editor of *The Journal of Projective Techniques*, wrote to C.G. Jung to tell him of the plan for journal to celebrate Jung’s 80th birthday with a series of articles about Jung’s enduring influence “in the field of projective techniques.” Jung thanked Klopfer for giving him credit for, as Jung put it, “the first feeble attempt to examine complex mental attitudes by an experimental method.” Jung went on to say that Rorschach’s method represented “the obvious development of the basic idea.” In this article we explore the possible meanings of “the basic idea” of Jung’s word association test and the relationship of it to Rorschach’s inkblot test.

Phillip Keddy | Wright Institute

The Oberholzer-Levy-Beck Axis

Emil Oberholzer was called Rorschach’s “spiritual heir” and strongly articulated a Freudian psychoanalytic approach to the test. Based on new translations of the Rorschach-Oberholzer correspondence and new archival research, the presentation examines Levy’s stay in Zurich, followed by Samuel Beck, who brought the test to the U.S.

After Rorschach’s death, Oberholzer completed portions of Rorschach’s unfinished psychometric research and provided explanation on how to quantify Rorschach’s observations. The “Application of the Interpretation of Form to Psychoanalysis” was published in 1924 with both psychiatrists Rorschach and Oberholzer as co-authors. This same year Oberholzer published Rorschach’s work in English in the *American Journal of Nervous and Mental Disease* (1925). Oberholzer’s publication was the first in the United States to describe the method.

David Levy, MD of New York was intrigued with the method and crossed the ocean from America to Switzerland to study with Oberholzer. During their work together in Switzerland, a friendship was established, which lasted for decades. Dr. Levy brought the first set of Rorschach blots to the United States with the intention of sharing the method with others in 1924. He was the first to use the test in the United States. Levy had hope that the Rorschach could be applied in both clinical and research populations in the United States. Dr. Levy spoke about the use of the measure with several individuals in both New York and in Chicago.

Dr. Levy shared his enthusiasm for the method with a graduate student who was searching for a meaningful dissertation topic. That student was Samuel Beck, who began working with Dr. Levy in applying the diagnostic method to children in 1927. Beck completed his dissertation in 1932. As their work evolved, Dr. Beck produced the first dissertation whereby he codified elements of the data into empirical analysis. Beck completed his dissertation in 1932 (*The Rorschach Test as Applied to A Feeble-minded Group*).

Reneau Kennedy | Independent Practice

The Hens and Behn-Eschenburg Dissertations

The Hens and Behn-Eschenburg dissertations. These inkblot research projects were supervised by Eugen Bleuler (Hens) and Hermann Rorschach (Behn Eschenburg). Hermann Rorschach was influenced by the Hens dissertation going to great lengths to distinguish his inkblot theory from Hens. Behn Eschenburg’s *Psychodiagnostics for children* was supervised by Hermann Rorschach and published simultaneously to Rorschach. This presentation is based on a translation of the dissertations and provides new insights into Rorschach’s thinking context and before his death.

Marvin Acklin | University of Hawaii

Phenomenological Explorations of Rorschach's Milieu and Theory of the Test

This paper examines the scientific and phenomenological milieu of Rorschach's development of the inkblot test, including his use of terminology in developments of his ideas about perception and kinesthesia.

Patrick McElfresh | Duquesne University

The First 20 Years of Rorschach Test in Switzerland

his presentation describes the second generation of Rorschach clinical and research following Rorschach's death in 1922 including the veritable boom of the practical use of Rorschach's test in Swiss military examinations, psychotechnical examination, and psychiatric institutions. The second generation includes progeny of Swiss luminaries including Morgenthaler's stepson, Bleuler's son, Binswanger's son, and the Swiss psychiatrists Binder, Zolliker, and Kuhn.

Angela Graf-Nold | Swiss Licensed Psychotherapist

Using Visual Content to Enhance Therapeutic Assessment | 2 CEs

Location: RM 604-605

Chair: Catherine Thomas | Center for Therapeutic Assessment

Discussant: Stephen Finn | Center for Therapeutic Assessment

We know from research as well as experience that some clients have stronger visual reasoning than verbal comprehension, and that some people learn better through visual information than verbal information. Additionally, we know that combining verbal information with visuals can enhance learning for all. Despite knowing this, a lot of us favor, or default to, primarily or even exclusively communicating concepts, information, and results in psychological assessment verbally. Therapeutic Assessment (TA) was designed to provide a client-centered experience, and in our symposium we highlight ways we have used visual information to enhance client learning and self-knowledge in TA. Dr. Arrillaga will discuss how he has used visual imagery as a tool to assist children throughout the psychological assessment and feedback process. His presentation will highlight how the use of individualized fables with tailored clipart within can help children gain new self-awareness about their own strengths, forms of resiliency, and possibilities for future growth. He will also share ways he has integrated clients' test data, like the Fantasy Animal drawing, in sharing tailored TA letters and stories. Dr. Sapozhnikova will talk about challenges of writing and reading letters, respectively for both assessors and clients. Drawing on theories of visual learning, she will highlight how figures and graphs can communicate psychological concepts and complex information about unique client experiences more efficiently than text alone. Her talk will discuss ways we can make use of the many figures, graphs, maps and charts that already exist in our libraries to support letter writing. Dr. Thomas will discuss ways she has integrated verbal and visual information in TA. She will share ways of graphing test scores, using visuals to convey theories, and engaging in interactive drawing and tracking tasks to enhance learning and personalize TA findings. She will also consider clients who especially benefit from visual feedback as well as ways that graphing data can cause confusion, overwhelm, or dissociation in sharing assessment findings. Dr. Finn will serve as our discussant and highlight how using visual information is consistent with core principles in TA and can enhance clients' experiences of the TA.

The Power of Visual Imagery within Therapeutic Assessments with Children & Adolescents

Visual imagery can serve as a powerful therapeutic tool to assist children in gaining psychological awareness within the psychological assessment feedback process. This presentation will review how the use of individualized fables with tailored clipart within feedback sessions can help children gain new self-awareness about their own strengths, forms of resiliency, and possibilities for future growth. Additionally, this talk will explore how to adapt feedback letters for middle school and high school age adolescents to include more visual aides to facilitate deeper self-understanding while addressing and answering their initial assessment questions.

Christopher Arrillaga | Center for Therapeutic Assessment

Not Just Words: Using Graphical Displays in Assessment Letters

Assessment letters can be challenging to write and equally challenging for clients to read. As assessors, we are tasked with the complex job of creating a narrative about a client's unique way of being in the world and how they got to where they are; to contextualize our client's narrative in a set of theoretical frameworks in order to normalize as well as add coherence and universality to their experience; and lastly, to offer a reasonable path forward. The sheer quantity of information covered can be daunting for all. Theories of visual learning remind us that graphical displays can communicate complex information more efficiently than text alone and can facilitate learning by storing information in two modalities (verbal and visual) instead of verbal alone. In this talk I will discuss how we can make use of the many figures, graphs, maps and charts that already exist in our libraries to support letter writing.

Anna Sapozhnikova | Private Practice

Integrating Verbal and Visual Information in Therapeutic Assessment

In this talk I will present ways I have integrated narrative and visual information to help clients understand themselves and complex concepts more clearly. Using examples from several psychological tests like the CWS, MMPI-3, NEO-PI-3, RPAS and others, I will share graphs and visual information I have used to help clients contextualize their test scores and better understand themselves in relation to others. I will also talk about ways we can create powerful learning opportunities "in the room" using different tasks and techniques like mapping genograms, or graphing where clients would rate their Picture Frustration responses on the interpersonal dimensions of assertiveness to passivity and warmth to coldness. In discussing how we can incorporate visual information into our summaries and written feedback to clients, I will consider populations that seem to especially benefit from visual information and feedback, as well as ways that graphing data can cause confusion, overwhelm, or dissociation in sharing assessment findings.

Katherine Thomas | Center for Therapeutic Assessment

Saturday

April 1, 2023 | 9:00 AM - 10:30 AM

Looking Ahead: Conversations on the Past, Present, and Future of the Personality Assessment Inventory (PAI)

Location: RM 603

The purpose of this roundtable discussion is to share perspectives on the history, current status, and future of the Personality Assessment Inventory (PAI). The session will include two distinct parts; first, a brief discussion between panelists, and second, a longer informal dialogue between the audience and the panelists. We hope to provide attendees with a unique networking opportunity as well as an open discussion forum centered around the PAI.

PAI Session

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Les Morey | Texas A&M University

Paul Ingram | Texas Tech University

Sierra Iwanicki | PAR, Inc

John Kurtz | Villanova University

Coordinator: Scott Schwartz | University of North Carolina School of Medicine

Continuing the discussion that began at SPA's conference in 2022 on successful assessment training (Mulay et al, 2022), the Education and Training Interest Group is excited to sponsor and present a roundtable of supervisors and supervisees engaged in an open discussion about their experience in recent assessment supervision. The need for competent and quality personality assessment supervision grows due to the continuing decline in assessment training in many graduate programs. As such, it is more important now than ever to continue to develop best practices in assessment to further advance – and to simply maintain – the profession. While there have been advances in developing guidelines for personality assessment (Krishnamurthy et al, 2022; Wright et al., 2021), it will be important to gain further understanding of the experiences of both supervisors and supervisees in efforts to implement these guidelines into practical and accessible practices. Two members of the Education and Training Committee, Scott Schwartz, Ph. D. and Adam Natoli, Ph. D. who represent the developmental continuum of experience in supervision of personality assessment (20 years vs 1 year) will discuss their strategies and challenges in conducting supervision alongside two of their recent supervisees, Madeline Farber, M. A. and Kelci Davis, M. A., who will share the experience from the trainee side. Through this candid and unscripted discussion, the panel will help highlight successful (and unsuccessful) strategies that were incorporated into training, advantages and challenges based on clinical setting in conducting such training, as well as gain insights into the trainee experience and needs as we continue to tailor training efforts. Attendees will have opportunities to ask questions as well as share their own experiences so that all participants will hopefully gain new strategies and approaches for conducting personality assessment supervision, increased awareness of the challenges to be able to avoid common missteps that can occur, and steps that they can take to maximize the effectiveness of their training and learning. Krishnamurthy, R., Hass, G. A., Natoli, A. P., Smith, B. L., Arbisi, P. A., & Gottfried, E. D. (2022). Professional practice guidelines for personality assessment. *Journal of Personality Assessment*, 104(1), 1-16. doi: 10.1080/00223891.2021.1942020. Mulay, A. L., Natoli, A. P., Pincus, A. L., Schwartz, S., Biedermann, C., David, R., Kennedy, R. C., Laney, J. M., Marek, R. K., Martin, H., Molina, J., Porcerelli, J. H. & Villanueva, A. W. (2022, March). SPA's Education and Training Interest Group presents: Common pitfalls and roadblocks to successful assessment training. Roundtable discussion at Society of Personality Assessment Conference. Wright, A. J., Chávez, L., Edelstein, B. A., Grus, C. L., Krishnamurthy, R., Lieb, R., Mihura, J. L., Pincus, A. L., & Wilson, M. (2021). Education and training guidelines for psychological assessment in health service psychology. *American Psychologist*, 76(5), 794–801.

Scott Schwartz | University of North Carolina School of Medicine

Adam Natoli | Sam Houston State University

Madeline Farber | University of North Carolina- Chapel Hill School of Medicine

Kelci Davis | Sam Houston State University

Abby Mulay | Medical University of South Carolina

Aaron Pincus | Pennsylvania State University

Meet Journal of Personality Assessment Editors

Location: RM 602

Martin Sellbom | University of Otago

Joye Anestis | Rutgers University

Nicole Cain | Rutgers University

Tayla Lee | Ball State University

Corine de Ruiter | Maastricht University

Chair: Daniela Escobedo Belloc | Universidad Autónoma de Nuevo León

We present collaborative and interdisciplinary assessments of three clinical cases from the practice in a Mexican Psychiatry Department, emphasizing the usefulness of a culturally sensitive and relational trauma perspective.

Clinical Manifestations of Relational Trauma in a Patient with Ileostomy and its Differential Diagnosis from Psychosis: A Collaborative Assessment Perspective

This work describes the value of a collaborative, interdisciplinary and multi-method assessment of a patient with medical and psychiatric comorbidities. Ileana, a 33-year-old woman, was hospitalized after needing an emergency ileostomy for having a serious car collision with a road divisory wall. She argued that she lost control of the car when she felt pressured by her boss to get to work quickly and also had the impression that she had witnessed a criminal pursuit. After surgery, Ileana began with symptoms of an adjustment disorder with depressive and anxious symptoms; where she experimented death fantasies that progressed to suicidal ideation with a semi-structured plan to make a suicide attempt by drug overdose. After her discharge, she was referred to an interdisciplinary evaluation team by the liaison psychiatry service due to a diagnostic doubt centered on her coping mechanisms, as she started to “have a bond” with her ileostomy, which she named “Colly”, and assigned it a role within the family dynamics. Subsequently, Ileana personified Colly with clothing, moods and behavioral reactions in order to defend her against relational threats and even matched its care to that of a relative. In light of the foregoing, the assessment’s aim was to understand more about her psychological functioning and to determine the optimal psychiatric and psychotherapeutic mode of intervention for her individual and family follow-up, as well as to propose an adequate feedback strategy.

Her differential diagnosis ranged from a prodromal picture of Schizophrenia to Schizotypal and Borderline Personality Disorders. By integrating the approach of chronic relational trauma and contemplating psychosocial adversity, it was possible to make sense of the psychiatric manifestations (dissociative symptomatology, suicidality) which, combined with a physical pain, implied a challenge in the patient’s communication with the therapeutic staff and with the significant people in her environment.

Ileana formulated her evaluation questions revealing doubts and fears: “I don’t want to live like this. What am I? What do I have? I fail people and I don’t want to fail”, referring to her aggressiveness and concern about being a danger to her social context, as well as a fear of having a diagnosis of Schizophrenia given her heredofamilial background. The Wechsler Adult Intelligence Scale (WAIS-IV) was used to assess her IQ and problem-solving style. In addition to self-report measures such as the Personality Assessment Inventory (PAI), performance measures were implemented such as the Rorschach Inkblot Test (Rorschach Performance Assessment System), the Adult Attachment Projective Picture System (AAP) and cards from the Thematic Apperception Test (TAT). Integrating the test data and observations with the clinical history and information from the extended surveys and discussing the findings with the rest of the assessment team (psychiatrist, clinical psychologist, family therapist and general surgeon) was critical in order to clarify the big picture and conceptualize the case in a comprehensive and compassionate manner.

Ana Paula Laria | Universidad Autónoma de Nuevo León

Collaborative Assessment in a Patient with Temporal Lobe Epilepsy and Interictal Psychosis: A Relational Trauma Perspective

This report describes the case of a 30-year-old man who attended the Psychiatry Department. Ulises recounted how at the age of 21 two female neighbors (mother and daughter) invited him to

dinner. When he entered their home he realized that they were doing folk magic after noticing a roomspace full of candles and photographs of strangers. Ulises said that he felt “as if something had entered his body” and from there, he could not return to his home, despite living only a few houses away. During this period of time, he was exposed to psychological abuse by them and remained completely isolated from his family.

After three years, the neighbors threw him out of the house and Ulises managed to return to his home. From there, his psychosocial functioning deteriorated significantly, since he experienced several crises, in which a combination of post-traumatic manifestations (nightmares, hypervigilance, sleep disturbances and shock responses) and neurological symptoms (epileptic seizures) led the family to consult with neurologists. His electroencephalograms reported activity suggestive of an interictal pattern of focal seizures in the right temporal lobe.

Along with the neurological treatment, the family decided to receive advice from curanderos, a group of traditional healers. They also performed different religious rites on him. Despite all these efforts, his clinical condition showed an inconsistent improvement. Therefore, an interdisciplinary assessment by a team of psychiatrists, clinical psychologists, family therapists and neurologists, was recommended.

The psychological evaluation was carried out from a collaborative and multimethod approach where Ulises proposed wanting to focus on the following assessment questions: “What type of ailment do I have?”, “What has impacted for good and for worse in my life”, and “How can I gain strength to move forward.” The test battery included projective drawing techniques: House-Tree-Person, Person in the Rain, Family Drawing, the Most Pleasant and Unpleasant Concepts. The Wechsler Adult Intelligence Scale (WAIS-IV) and the Brief Neuropsychological Test (NEUROPSI), helped to evaluate his cognitive skills. The Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF) and an autobiographical questionnaire were used; as well as performance instruments such as the Rorschach Inkblot Test (Rorschach Performance Assessment System) and the Thurston Cradock Test of Shame (TCTS).

This assessment describes the interplay of factors that lead to an extremely complex condition characterized by neuropsychiatric, acute and relational trauma manifestations, along with the impact of religious and alternative healing practices.

Finally, the case report emphasizes the usefulness of a collaborative, interdisciplinary and culturally sensitive evaluation, when medical and psychiatric comorbidities are present, implying a challenge for the patient’s communication with their support network and also, with the therapeutic staff.

Adriana Mendoza Hinojosa | Universidad Autónoma de Nuevo León

Collaborative Assessment and Clinical Manifestations of Relational Trauma: The Impact on Self Identity and Body Image

We present the case of Arely, a young female who, at the age of 19, after failing the university admission exam and confirming that she had been adopted, began to experience anxious and depressive symptoms, accompanied by obsessive ideas, as well as compulsions. At the same time, she started consuming marihuana and inflicted self-lacerations. At that time, she started pharmacological treatment after a psychiatric consultation, but abandoned it shortly after.

She managed to finish her professional studies at the age of 24, but still presented significant symptoms. She attended the psychiatry department and was diagnosed with obsessive-compulsive disorder. However, a comprehensive and interdisciplinary (psychiatric, psychological and systemic) evaluation was recommended, as the presence of dissociative symptomatology and traumatic relational experiences throughout her life was suspected.

The psychological evaluation was carried out from a collaborative approach in which Arely was able

to propose assessment questions regarding her relationship with others and with herself: “I would like to know why I cannot make strong emotional bonds and why I can’t accept myself physically.” The battery of tests included a first approximation with projective drawing techniques: House-Tree-Person, Person in the Rain, Family Drawing, the Most Pleasant and Unpleasant Concepts. Also, self-report measures such as The Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF), the Dissociative Experiences Scale (DES), and an autobiographical questionnaire were implemented. Performance instruments were included such as the Rorschach Inkblot Test (Rorschach Performance Assessment System), the Adult Attachment Projective Picture System (AAP), and the Thurston Cradock Test of Shame (TCTS).

Combining the analysis of the tests with the clinical observation allowed the interdisciplinary team to delve into the patient’s conditions and thus comprehensively address the coexistence of psychiatric comorbidities and a psychological functioning permeated by dissociative manifestations and relational trauma. Arely’s obsessive compulsive disorder was better explained taking into consideration the impact of chronic relational trauma in her autobiographical narrative, her way of relating, as well as her self perception and body image.

Finally the case describes how a collaborative approach to the assessment and the close communication between an interdisciplinary team, enables them to join the patient’s process of constructing a compassionate narrative in order to understand their complex conditions.

Priscilla Cañamar Decanini | Universidad Autónoma de Nuevo León

Evidence on the Comparative Reliability, Validity, or Utility of Rorschach Systems | 1.5 CEs

Location: Waterloo Ballroom 6

Chair: Gregory Meyer | University of Toledo

This session provides an overview of evidence and issues associated with using the Rorschach Performance Assessment System (R-PAS), Exner’s Comprehensive System (CS), or other systems and approaches that authors have studied or written about in the last 50 years. Pianowski et al. begin by presenting the latest data exploring how R-PAS and the CS differ in their structure of responses, validity, and utility in practice. Meyer then addresses complexity in Rorschach responding; covering its history beginning with Rorschach’s own views though contemporary data on it as a formally scored variable and in the process corrects and refutes false assertions from the literature. Subsequently, Meyer et al. provide a succinct summary of all the available data comparing R-PAS to the CS in terms of internal structure, reliability, validity, and utility. Finally, van den Hurk et al. review the main trends in Rorschach research over the past five decades, calling for a more unified and collaborative approach to advancing research in the future.

Comparing the Validity of the Rorschach Performance Assessment System (R-PAS) and Exner’s Comprehensive System (CS) to Differentiate Patients and Nonpatients

Replicating and extending Pianowski et al.’s (2021) research, we examined how psychiatric patients respond to the Rorschach task when assessed by the Rorschach Performance Assessment System (R-PAS) or the Comprehensive System (CS). We examined 50 nonpatients and 50 patients per system (N = 200). For the first time using patients, we document how R-PAS produced more protocols having an optimal number of responses (R) for interpretation than the CS. The R-PAS assessors also never had to ask for additional responses because of low R (< 16), but CS assessors had to have 10 people complete a full second administration because of low R (< 14), after which two protocols did not reach minimum productivity for interpretation. The R-PAS protocols were much less variable in R than the CS protocols, despite having about 2.5 more responses. We also extend the previous research by documenting that the primary markers of psychopathology in each system validly differentiate patients from nonpatients. However, the R-PAS versions of each variable produced stronger results (large to very large effects) than the CS (medium to large

effects). Finally, secondary to very large differences in average years of education, the patients produced simpler Rorschach protocols. For R-PAS, the Complexity variable thus added to validly discriminate patients and nonpatients; for the CS, it did not. The more erratic variability in R for the CS produced larger Complexity SDs that obscured these genuine differences in people. We discuss implications for research and applied practice, as well as directions for future research.

Giselle Pianowski | Universidade São Francisco

Anna De Villemor-Amaral | Universidade São Francisco

Gregory Meyer | University of Toledo

Understanding Complexity on the Rorschach as a Construct and as a Formally Scored Variable

This presentation addresses three primary issues. First, I review complexity in Rorschach responding. As a construct, complexity illuminates ways people differentially register experiences, which produces distinct patterns of expressed behavior when completing the task. Rorschach first described this dimension, creating novel terminology for it, and it was central to Rapaport, Gill, and Schafer's system and Schachtel's classic text. As a scored variable, Viglione and Meyer first defined it when Exner brought them together to work on advancing the Comprehensive System (CS) through his Rorschach Research Council; later the Rorschach Performance Assessment System (R-PAS) adopted it. Second, I provide data to document how Complexity is an excellent marker of the first unrotated principal component when factoring individually assigned CS or R-PAS variables. Third, I correct a large number of false and highly misleading assertions published about Complexity using explanation and statistical results from three datasets. I close by offering 10 basic conclusions about complexity as a construct and scored variable.

Greg Meyer | University of Toledo

Summary from Studies Comparing the Reliability, Validity, or Utility of R-PAS and Exner's CS

Building on the presentation just given by Pianowski et al., we provide a concise guide to the findings from all available studies comparing R-PAS related findings to their CS counterparts. The review includes evidence on the internal structure of each system, as well as comparative evidence on reliability, validity, and utility. Studies contributing data include Dean et al. (2007), Dzamonja-Ignjatovic et al. (2013), Hosseininasab et al. (2019), Meyer et al. (2011, 2020), Pianowski et al. (2016a, 2016b, 2021, 2022), Su et al. (2015), Viglione et al. (2011, 2014).

Greg Meyer | University of Toledo

Joni Mihura | University of Toledo

Donald Viglione | Alliant University

Luciano Giromini | University of Turin

Past 50 Years of Rorschach Research: All for One and One for All

This presentation reviews the past half century of Rorschach research to determine changes over time, the most popular areas of focus now and over time, and other important trends. Specifically, we address the following questions: (a) What are popular areas of focus in the past 10 years? How has this changed across the past half century? (b) What countries are doing the most Rorschach research in last 10 years and how has this changed over time? (c) How long after contemporary Rorschach systems are published or revised is research published in peer-reviewed journals, including that from the test developers as well as other research labs? and (d) What is the nature of the research published in peer-reviewed journals by contemporary Rorschach system developers (e.g., R-PAS, CS, CS-R)? Initial results show that most Rorschach research conducted in the past 10 years used either the Comprehensive System (CS) or the Rorschach Performance Assessment System (R-PAS). In recent years, eleven years after the publication of R-PAS, an increasing proportion of studies are being published using this system, especially in countries such as the U.S., Italy, and Brazil, but not in other countries such as India, Japan, and France, which also have their own Rorschach systems for use. Eleven years after the publication of the Comprehensive System (Exner, 1974), most research was still being published using other

Rorschach systems or scales. Popular content areas in the past 10 years are psychosis, trauma, depression, and brain-behavior studies (e.g., fMRI). A much smaller proportion of Rorschach studies are being conducted with explicit psychoanalytic focus than was the case 30-50 years ago. We found no research published in journals using the newer Comprehensive System-Revised. We also report the results for other areas of interest and discuss the implications of our findings, such as having several different Rorschach systems in the context of less Rorschach research being published over time. We call for greater collaboration across researchers using a common set of contemporary Rorschach variables.

Alicia Villanueva van den Hurk | University of Dayton

Kim Grörner | University of Toledo

Madeleine Starin | Alliant International University

Joni Mihura | University of Toledo

Multi-Method Assessment with Narratives: Integration of Narrative-Related Data and Respondent Self-Report to Clarify Facets of Functioning | 1.5 CEs

Location: Waterloo Ballroom 1

Chair: Caleb Siefert | University of Michigan-Dearborn

The multi-method model of personality encourages clinicians to integrate multiple types of data when assessing individuals. Many clinicians collect narrative data and self-report data as part of their personality assessments. The research studies in this symposium all explore the utility of using expert-rated systems for assessing narratives in conjunction with respondent-rated personality assessments to predict important outcomes. The chair will present a brief paper describing the multi-method model of assessment generally and will review briefly a study that explores the utility of expert-ratings and respondent-ratings of interpersonal narratives to predict functioning in college students. In this study, narratives were rated by experts using the Social Cognition and Object Relations Scale-Global Method (Stein & Slavin-Mulford, 2018) and by respondents using the recently developed Self-Other Narrative Evaluation Scale (Siefert, 2019). As predicted by the multi-method model of assessment, variance in interpersonal functioning and well-being were best predicted using a combination of SONES and SCORS-G scales. The first presentation explores the utility of expert-rated defenses and respondent-rated coping to predict life satisfaction in a primary care sample. In this study, life story narratives were collected and rated using the Defense Mechanism Rating Scale (DMRS; Perry, 1990) and respondents rated their coping using the Brief COPE (Carver, 1997). The second presentation examines expert-ratings of self-other differentiation and respondent-rated attachment style can be used to predict positive psychological traits, healthcare utilization, and the quality of patient-doctor relationships in a sample of patients from an outpatient medical clinic. In this study, experts coded Self-Other Description Interviews using Blatt's Differentiation-Relatedness Scale (DRS; Diamond et al., 1991) and respondents rated attachment style using the Relationship Questionnaire (Bartholomew & Horowitz, 1991). The third presentation explores the utility of expert-rated defenses and respondent-rated coping for predicting pathological traits and distress from Covid-19 among primary care patients at two separate outpatient clinics. These data were gathered during the Covid-19 pandemic. In this study, experts coded defenses using the DMRS from life chapter narratives. Respondents rated the Brief COPE to assess coping, the PID-5-BF (Krueger et al., 2015) to assess pathological traits, and provided a rating of 1-100 to assess Covid-19 related distress. The fourth presentation examines the contributions of expert-rated defenses and respondent-ratings of warmth and dominance for predicting features of borderline personality disorder in a sample of patients receiving care in a hospital setting. In this study, experts rated defenses from TAT narratives using the DRMS, respondents provided ratings of warmth and dominance using the Personality Assessment Inventory (PAI; Morey, 1991), and respondents rated the PAI borderline features scale. Together, these papers all explore how expert-ratings and respondent-ratings can be productively integrated to understand several aspects of functioning. Each paper discusses how integrating data across assessment methods can help clinicians understand individuals.

Conscious Coping, Unconscious Defense, and Life Satisfaction

Conscious coping mechanisms and unconscious defense mechanisms are both considered ways in which individuals cope with distressing internal and external experiences. However, there are only a few studies that have explored the relationship between self-reported coping mechanisms and expert-rated defense mechanisms. This study compares the relationship between adaptive and maladaptive coping mechanisms and defenses in 97 community-dwelling adults (64 women and 33 men) with a mean age of 33 (SD = 12), 71% White, 58% college graduates, 55% single, and 56% with incomes less than 60k per year. Participation in the study involved meeting with a research assistant to complete a life story interview (McAdams, 2013). After completing the interview, participants then completed a series of self-report measures which included the Brief COPE (Carver, 1997) and an index of life satisfaction. Expert raters coded the Life Story Interview narratives using the Defense Mechanisms Rating Scale 5th edition (DMRS-5; Perry, 1990). This study will explore associations between self-reported coping style and expert-rated defenses. In addition, adaptive and maladaptive coping and defense scores will be used to predict self-reported life-satisfaction ratings.

John Porcerelli | University of Detroit Mercy

Trisha Zimmerman Tanis | Grand Valley State University

Khrystyna Melnyk | John Dingell VA Medical Center

Theresa Wyatt | University of Detroit Mercy

Multimethod Assessment in Primary Care: Relatedness, Wellbeing, and Healthcare Utilization in the Age of COVID-19

The Covid-19 pandemic challenged individuals in several different ways and required a number of interpersonal adjustments. Object-Relations theory argues that one's capacity to adjust adaptively to changing interpersonal contexts is impacted by one's degree of self-other differentiation. Similarly, attachment theory suggests that one's attachment status affects how well one can navigate changes to one's social world. Adaptive adjustments are likely to result in more positive psychological well-being and fewer health-related issues. In contrast, poor adjustment may reduce positive character traits and increase risk for health-related concerns. Participants in the present study were 123 individuals who were being seen at an outpatient primary care clinic during the Covid-19 pandemic. Involvement in the study required completion of a Life Stories Interview (McAdams, 2008, 2013) and completion of the following measures: the Relationship Questionnaire (RQ; Bartholomew & Horowitz) to assess attachment status, the PERMA profiler (Butler & Kern, 2015) to assess positive psychological characteristics, an index of Covid-19 distress, and an index of the quality of the patient-physician relationship. Additionally, all participants gave permission for the researchers to review their chart to create an index of healthcare utilization. At the completion of data collection, expert raters coded narratives from the Life Stories Interview using the Differentiation-Relatedness Scale (DRS; Diamond et al., 1991). While data has been collected for this study, analyses are not complete. As part of this paper, we will report associations between DRS scores and RQ scores. We will then explore the unique contributions of expert-rated DRS scores and RQ scores for predicting variance in positive psychological traits (PERMA profiler), healthcare utilization, and patient-physician relationships. Results will be discussed in terms of how self-report attachment status and expert-rated relatedness and differentiation can be used in conjunction with one another to understand health-related behaviors and psychological adjustment during periods of heightened distress (i.e., Covid-19 pandemic). Limitations of the study will be noted and next steps for this line of research will be presented.

Mark Blanchard | University of Detroit Mercy

Callie Jowers | University of Detroit Mercy

John Porcerelli | University of Detroit Mercy

William Murdoch | ProMedica Regional Hospital

Pierre Morris | Oakland University

Eleanor King | Ascension Providence Rochester Hospital Academic Family Medicine
David Kazanowski | Ascension Providence Rochester Hospital Academic Family Medicine
Imannol Lozano | University of Detroit Mercy

Does Defensive Functioning and Coping Predict Pathological Traits and Distress During the COVID-19 Pandemic? A Multi-Method Study

The Covid-19 pandemic required individuals to make numerous life adjustments and deal with a wide range of stressors. Psychoanalytic theory would assert that individuals' capacity to adaptive adjust to these stressors would be dependent, in part, on their ability to employ adaptive psychological defenses to manage their distress. The purpose of the present study is to determine if individual differences in psychological distress impacted distress and functioning during the Covid-19 pandemic. Participants for this study were a sample of primary care patients (N = 123) who were seen during the Covid-19 pandemic. Potential participants were informed of the study after they had a clinic visit with their primary care physician. Those who agreed to participate completed an online series of self-report measures that included an item assessing overall distress from Covid-19 and the Personality inventory for DSM-5-Brief Form (PID-5-BF; APA, 2013; Krueger et al., 2015). Participants also completed the Brief COPE (Carver, 1997). Additionally, the participants scheduled a time to meet with a research assistant to complete a 45-minute structured interview that involved describing key events and key people from their life. Participants were given \$20 gift cards as compensation for their time. At the end of data collection, interview data was coded by two expert raters using the Defense Mechanisms Rating Scale (5th edition; Perry, 1990). Results indicated that defenses were coded reliably from the interview narratives. Both expert-rated defenses and self-reported coping showed associations with pathological traits and distress during COVID-19. Regression analyses suggested that some pathological traits were best predicting using both expert-rated defenses and self-rated coping. Results are discussed in terms of how multiple assessment methods can be useful for understanding how individuals will react to situations that involve high levels of stress. We also discuss ideas for follow up research and we describe the limitations of our study.

Callie Jowers | University of Detroit Mercy

Mark Blanchard | University of Detroit Mercy

John Porcerelli | University of Detroit Mercy

Steven K. Huprich | University of Detroit Mercy

Pierre Morris | Oakland University

William Murdoch | ProMedica Regional Hospital

Eleanor King | Ascension Providence Rochester Hospital Academic Family Medicine

David Kazanowski | Ascension Providence Rochester Hospital Academic Family Medicine

Imannol Lozano | University of Detroit Mercy

Defenses and Personality: Using the DSM-IV Defensive Functioning Scale and the PAI Interpersonal Scales as Predictors of Borderline Features

The Defensive functioning scale, as measured from TAT Narratives, looks at automatic psychological processes that protect the individual against anxiety and from the awareness of internal or external dangers. Interpersonal functioning, identity, coping, and defenses are seen as primary phases of personality organization and functioning. The Borderline scale (BOR) on the Personality Assessment Inventory (PAI) assesses a number of facets of severe personality disorder and level of personality functioning as it relates to neurotic, borderline, and psychotic levels. The present study uses a multimethod approach of defenses and interpersonal functioning to predict borderline variables. Two primary interpersonal variables on the PAI, Warmth and Dominance, will be paired with the healthy, neurotic, and pathological defenses of the DSM-IV defensive functioning scale to predict self-reported borderline functioning. The BOR full scale and its subscales (affective dysregulation, identity, negative relationships and self-harm) will be the outcome measures. The hypothesis is that the multimethod approach including defenses and interpersonal functioning

will account for greater variance of BOR scales than either one alone. Further, the pairing of defenses and interpersonal variables will support the research that the self and other nature of these variables are strong predictors of borderline characteristics, especially negative relationships and identity. Patients were referred for neuro-cognitive and psychological assessments in an outpatient setting within an academic medical hospital. There are 75 participants in the study with a mean age of 39.

Laura Richardson | Massachusetts General Hospital

John Porcerelli | University of Detroit Mercy

Michelle Stein | Massachusetts General Hospital and Harvard Medical School

Jenelle Slavin-Mulford | Georgia Regents University

Christina Massey | Massachusetts General Hospital and Harvard Medical School

Danielle Moskow | Massachusetts General Hospital and Harvard Medical School

Shangyun Zhou | Massachusetts General Hospital and Harvard Medical School

Mark Blais | Massachusetts General Hospital and Harvard Medical School

Psychological Assessment in a Milieu-Based Psychotherapeutic Inpatient Hospital | 1.5 CEs

Location: RM 604-605

Chair: Saba Masood | University of Texas Southwestern Medical Center

Discussant: Lindsey Hogan | The Menninger Clinic and Baylor College of Medicine

This session focuses on developments in the empirical study and practice of psychological assessment at an inpatient psychotherapeutic hospital. First, Masood will describe how the principles of collaborative/therapeutic assessment can be integrated in this setting, with special attention to the use of a measure of hope to give patients opportunities to share their narratives about hope and hopelessness. Next, through an illustrative case study, Berry will describe clinical implementation of the DSM-5 Alternative Model of Personality Disorders (AMPD) in the inpatient setting, with considerations for communicating AMPD formulations across medical disciplines and theoretical orientations. Rucker will then outline avenues for greater interpretive and clinical use of the Rotter incomplete sentences blank in an inpatient setting with a case example illustrating change over time in affectively mediated narrations after milieu-based treatment. Finally, Masood and Berry describe the unique opportunities for assessment offered by team-based milieu treatment, where data can be integrated across many relationships and time points in addition to testing methods.

Integrating TA into an Inpatient Psychiatric Setting to Examine Hope in Young Adult Patients with Active Suicidal Ideation

Saba Masood | University of Texas Southwestern Medical Center

Clinical Implementation of the DSM-5 Alternative Model of Personality Disorders

Benjamin Berry | The Menninger Clinic and Baylor College of Medicine

“In Their Own Words”: Using the Rotter Incomplete Sentences Blank in Inpatient Assessment

John Rucker | Florida Institute of Technology

Integrating Behavioral and Relational Observations in Milieu-Based Psychological Assessment

Saba Masood | University of Texas Southwestern Medical Center

Momentary Assessment of the Relation between Narcissistic Traits, Interpersonal Behaviors, and Aggression

The study explores the associations among narcissistic traits, interpersonal behaviors, and aggression using repeated, situation-based measurements. Specifically, we examine narcissism's relations across three levels of its hierarchy (level 1: narcissism; level 2: grandiose vs. vulnerable narcissism; level 3: interpersonal antagonism, agentic extraversion, and narcissistic neuroticism). Using an experience-sampling approach, the current study examined the effects of narcissism and its fine-grained components on daily affective experiences and aggressive behaviors in the context of interpersonal interactions. Data were collected from 478 undergraduate students who were instructed to complete four prompts a day for 10 consecutive days.

Results showed that narcissism at the global level positively predicted multiple indices of episodic aggression (i.e., aggressive temper, aggressive urge, verbal aggression). At the dual-dimension level, grandiose narcissism specifically predicted aggression, and then at the trifurcated level, interpersonal antagonism predicted aggression by itself and in interaction with event-level negative affect. Negative affect exhibited both within- and between-person effects on aggression.

The study highlighted that in real-life social interactions, narcissism dimensions differentially affect the way individuals experience social interactions and process negative affect, and thus in both research and clinical practices, narcissism is the best assessed as a heterogeneous, multidimensional construct.

Tianwei Du | Purdue University

Sean Lane | University of Missouri

Joshua Miller | University of Georgia

Donald Lynam | Purdue University

Investigating the Transdiagnostic Potential of Rumination in Relation to Cluster B Personality Disorder Symptoms

Background: Antisocial, borderline, histrionic, and narcissistic personality disorders are overlapping forms of personality pathology grouped together within the Diagnostic and Statistical Manual for Psychological Disorders (DSM-5) as Cluster B personality disorders. Cluster B personality disorders are characterized by conceptual similarities in maladaptive emotion regulation strategies and engagement in dysregulated behaviors. The high symptom overlap between these disorders has led to issues with differential diagnosis and construct validity, which highlights the need to identify potential cognitive mechanisms that are shared and unique to each disorder. Repetitive negative thinking (RNT), specifically rumination, may be a transdiagnostic cognitive process contributing to the engagement in dysregulated behaviors among Cluster B personality disorders. However, research has examined rumination almost exclusively in relation to borderline symptoms. Research has yet to compare how various forms of RNT differentially contribute to Cluster B personality pathology. This study examined several forms of RNT in relation to categorical and dimensional measures of Cluster B disorders to identify unique and cooccurring cognitive mechanisms contributing to these symptoms.

Method: Participants (N = 757; 53% men; 77% White) were recruited using Amazon Mechanical Turk, and oversampling strategies for elevated personality disorder symptoms were applied to help obtain a clinically relevant sample. Participants completed measures assessing DSM-5 personality disorder diagnostic criteria, dimensional trait-based measures of Cluster B symptoms, and six measures of RNT.

Data Analyses: Two models examining RNT measures as predictors of Cluster B symptoms were tested using path analyses in AMOS. The first model examined six forms of RNT as predictors of categorically based measures of Cluster B symptoms, whereas the second model used dimensional measures of Cluster B symptoms.

Results: Anger rumination emerged as a robust positive predictor of categorical and dimensional measures of all four Cluster B personality disorders. Similarly, rumination on sadness was positively predictive of all four Cluster B personality disorder symptoms across both models. Worry negatively predicted antisocial, narcissism, and histrionic features across both models Cluster B. However, worry was not significantly associated with measures of borderline symptoms after accounting for other Cluster B disorders. Notably, self-critical rumination was a unique positive predictor of borderline symptoms within both models and was unassociated with any other Cluster B disorders. Additionally, depressive rumination consistently emerged as a positive predictor of borderline symptoms across both models. Controlling for the effects of other RNTs, rumination on interpersonal offenses was unassociated with any Cluster B personality pathology in either model.

Conclusion: Findings expand previous research by highlighting anger rumination as a probable transdiagnostic cognitive process contributing to the presentation of Cluster B personality pathology. Further, findings from the present study highlight self-critical rumination as a salient unique predictor of borderline symptoms. Future research investigating these relations within outpatient and inpatient samples may provide avenues for the development of effective intervention strategies for treating these symptoms.

Kren Kelley | Mississippi State University

Julie Anne Miller | Mississippi State University

Hilary DeShong | Mississippi State University

Courtney Mason | Mississippi State University

Exploring the Link between Racial Microaggressions and AMPD Personality Traits

Background: Microaggressions are subtle, brief forms of discrimination, often occurring daily, which disproportionately affect marginalized people (Lui & Quezada, 2019; Torres & Taknint, 2015; Lui et al., 2020). High frequency of microaggressions have been linked to decreased quality of life and physical health (Douds and Hout, 2020) as well as internalizing symptoms, low self-esteem, and stress (Lui & Quezada, 2019). Broadly, discrimination is associated with negative physical health outcomes as a consequence of elevated cortisol levels from social stressors (Pascoe & Richman, 2009). Increase in traumatic stress symptoms has also been connected to racial discrimination (Torres & Taknint, 2015). However, the exact link between personality traits, as conceptualized by the Alternative Model for Personality Disorders (AMPD), and microaggressions is unclear despite conceptual links suggesting higher personality pathology (e.g., emotional lability, intimacy avoidance) confers greater risk of negative consequences associated with microaggressions and discrimination (Friedlaender, 2018). The current study aims to establish associations between the AMPD traits and racial microaggressions, discrimination, and trauma from racial discrimination.

Method: Participants included 272 undergraduate, racial and ethnic minority students from a southern university who completed a battery of self-report measures via Qualtrics. Participants completed the Personality Inventory for DSM-5 (PID-5, Krueger, 2012), the Racial and Ethnic Microaggressions Scale (REMS-45, Nadal, 2011), the General Ethnic Discrimination Scale (GEDS, Landrine et al., 2006), and the Trauma Symptoms of Discrimination Scale (TSDS, Williams et al., 2018). The PID-5 inconsistency scale (Keeley et al., 2016) was used to screen out potentially careless responders (n=17). The majority of participants were female (N=215) and approximately 20.98 years old. Race and ethnicity were categorized as Asian (N=10), Black or African American (N=73), Hispanic (N=117), Middle Eastern or North African (N=1), and Multiracial (N=54). Bivariate correlations were run using SPSS and analyses were conducted with the entire sample, excluding careless respondents.

Results: At the domain level, the PID-5 correlated positively with the REMS-45, GEDS, and TSDS. For example, reported instances of microinvalidation correlated with all five AMPD domains (r 's=.23-.38, with psychoticism demonstrating the strongest association. Recent and lifetime discrimination correlated with Negative Affectivity (r 's=.20-.22) and Detachment (r 's=.20-.22). Recent discrimination also correlated with Psychoticism (r =.20). All five PID-5 domain scores significantly correlated with subscales from the TSDS including "Uncontrollable distress and hyperarousal" (r =.25-.40) and "Worry about safety and the future" (r =.25-.40). Significant correlations at the PID-5 facet level were also detected.

Conclusion: These preliminary results suggest an association between maladaptive traits and racial microaggressions, discrimination, and trauma from racial discrimination. Minority individuals who reported greater scores on general discrimination, microaggressions, and trauma symptoms from discrimination tended to have higher scores on PID-5 domain facets. We found patterns of associations linking Psychoticism domain and facet scores to experiences of microaggressions. The presentation will discuss the implications of these findings for personality assessment in research and clinical contexts, including concerns regarding the AMPD conceptualization of personality disorders within populations marginalized for racial identity. We will also discuss directions for future research to clarify the link between discrimination/microaggressions and personality pathology.

Sarah Hernandez | Sam Houston State University

Jared Ruchensky | Sam Houston State University

Variability in Psychopathy Assessment: The Implications of Sociosexuality in Diverse Populations

BACKGROUND AND PURPOSE: Sociosexuality, which measures a person's willingness to engage in casual and/or uncommitted sexual encounters (Penke & Asendorpf, 2008), has been found to be positively associated with psychopathy (Mouilso & Calhoun, 2012). Even so, it remains unclear how much this construct impacts the variation in scores on instruments commonly used in psychopathy assessment. This gap could be particularly problematic in establishing equitable applications of psychopathy assessment. For example, high-risk sexual behavior is well established as more prevalent in sexual minority populations (Ellis, Collis, & King, 1995; Northey et al., 2016). Moreover, preliminary literature indicates higher levels of psychopathic traits in this population (Semenya et al., 2018; Jonason & Luoto, 2014). It therefore remains possible that sociosexuality could present as a significant confounding variable in the assessment of psychopathy in diverse populations, as the culture of historically marginalized groups was not considered in the construction of traditional psychopathy instruments. Thus, the present study explored the contribution of sociosexuality to three commonly used psychopathy measures, serving as an initial step to establishing the degree to which this construct should be considered in cross-cultural psychopathy assessment.

METHODS: Participants ($n = 814$) were recruited through both a collegiate and community sample. Of the sample, 52% were cisgender female (52%), most were heterosexual (52%), and they averaged 23.5 years old. Additionally, the sample was primarily White (58.6%), Latine/x (23.5%), and Black/African American (16.5%).

Psychopathy was assessed using three measures: the Triarchic Psychopathy Measure (TriPM), Comprehensive Assessment of Psychopathic Personality – Self Report (CAPP-SR), and Levenson Self-Report Psychopathy Scale (LSRP). Demographic information was collected alongside sociosexuality, which was measured by the Sociosexual Orientation Inventory (SOI-R).

RESULTS: Sociosexuality was moderately correlated with the LSRP, CAPP and their respective subfacets, with correlations ranging from $r = .21$ to $.38$. However, it was negatively correlated with the TriPM ($r = -.38$) and its subfacets. Sociosexuality accounted for a significant amount of the variance in the total scores across all three measures, ranging from 7.5% in the LSRP up to 14.8%

in the CAPP. Because significant group differences in sociosexuality were found based on gender and sexual orientation, regressions were rerun to control for these variables. Sociosexuality still accounted for a significant amount of the variance, adding an additional 5.2% (LSRP) up to 9.2% (CAPP) of the variance beyond the controlled factors.

CONCLUSIONS: This study analyzed the role of sociosexuality in psychopathy assessment, as previous literature indicates sociosexuality may drive variations in psychopathy scores due to cultural variables not considered by the instruments. Results indicated sociosexuality is a significant factor that should be particularly considered when using the LSRP and CAPP for psychopathy assessment. However, the construct's inconsistent connection to psychopathy (i.e., a negative association with the TriPM) raises concerns for the implications on psychopathy assessment as a whole, particularly in diverse populations that present sociosexual cultural differences (i.e., sexual minority populations). A future area of exploration will be to better understand the role of sociosexuality in the model of the Tri-PM specifically.

Kelci Davis | Sam Houston State University

Nicole Shumaker | Sam Houston State University

Jaime Anderson | Sam Houston State University

An Examination of Gender Differences on an Object Relations Measure for the Rotter Incomplete Sentences Blank

The Rotter Incomplete Sentences Blank (RISB) is a commonly used sentence-completion measure of (mal)adjustment, particularly in assessing interpersonal relationships. In a previous research report, Rucker and Krishnamurthy (2022, March) discussed the development and initial psychometric evaluation of an object relations (OR) scale based on 15 RISB items, demonstrating satisfactory OR score reliability and construct validity. The current study represents follow-up research to determine if OR scores differ by gender. Using our original outpatient clinic sample (N = 123), we conducted t-tests comparing OR Total-, Self-representation, and Other-representation scales scores of men (n = 53) and women (n = 70). Results showed a significant difference by gender for the Other-representation subscale, $t(117) = 2.87, p < .01$, with higher mean scores for women (M = 23.91, SD = 4.56) than men (M = 21.14, SD = 5.99), but not for the Self-representation subscale or the Total scale. We further examined associations between OR scale scores and selected Rorschach indices and MMPI-2 scales shown in our previous research to be significantly correlated with OR scores, to compare effect sizes by gender. Significant correlations were as follows: OR Total scale with [H]+Hd+[Hd], LSE, SOD, Pd4, Pd5, and Si for men and MOR, LSE, SOD, Pd4, Pd5, FAM and Si for women; the Self-representation subscale with [H]+Hd+[Hd], LSE, SOD, Pd4, Pd5, and Si for men and LSE, SOD, Pd4, Pd5, FAM, and Si for women; and the Other-representation subscale with SOD, Pd4, and Si for men and with MOR, LSE, SOD, Pd4, Pd5, FAM, and Si for women. Effect sizes were generally larger for women than men. Implications of these findings will be discussed.

John Rucker | Florida Institute of Technology

Karina Guerra-Guzman | Florida Institute of Technology

Radhika Krishnamurthy | Florida Institute of Technology

Comparing Predictive Validity of the Pathological Narcissism Inventory and the Narcissistic Personality Inventory using Intensive Repeated Measures in Daily Life

Previous cross-sectional studies on assessment of narcissism by self-report suggested that the Narcissistic Personality Inventory (NPI) and the Pathological Narcissism Inventory (PNI) exhibit distinct nomological nets. Intensive repeated measurement allows for examination of prospective associations between different conceptions of narcissism and various emotions, self-states, and behaviors in daily life, as well as prospective associations with variability and instability of these state variables. This study uses a data set collected from 88 Penn State undergraduate students with 48.9% male and 51.1% female. Baseline assessment included the brief PNI (BPNI) and a short version of the NPI (NPI-16). State assessment measures were administered via a study specific

smartphone app seven times a day over the course of 10 days to assess fluctuations in participants' emotional experience (pleasant mood, arousal, shame, pride, and stress), self-states (self-esteem, superiority), and behaviors (posted about themselves on social media, checked appearance, used substances, showed off to others, and bragged with others). A series of linear regression analyses were applied to examine the predictive validity of NPI-16, BPNI-G, BPNI-V, and BPNI on prospective means, variability, and instability of each state assessment construct. A multivariate approach (BPNI-G+BPNI-V) was adopted to control for the shared variance between BPNI-G and BPNI-V. Results revealed that NPI-16 and BPNI-G tended to predict similar prospective means, whereas BPNI and BPNI-V each had some unique predictions in addition to their shared prediction on prospective means, largely consistent with previous research. However, predictions of variability and instability of the state variables presented critical information that differ from previous cross-sectional studies and limited longitudinal studies. Implications, study limitations, and future directions are discussed.

Leila Wu | California Pacific Medical Center

Forensic-Related Papers

Location: Waterloo Ballroom 6

Virtuous Victims: Disability Claimants Who Over and Under-Report

Assessing for response styles is critical, particularly in forensic assessments. Forensic examinees have external incentives to engage in overreporting, or the exaggeration or fabrication of symptoms. They may also be motivated to underreport by endorsing virtuous qualities. The Minnesota Multiphasic Personality Inventory (MMPI) instruments are among the most commonly used in forensic assessments, and the most recent version of the test, the MMPI-3 (Ben-Porath & Tellegen, 2020), includes several scales for measuring these response styles. The MMPI-3 response styles indicators have received substantial research support since its release (Burchett & Bagby, 2021; Morris et al., 2021; Reeves et al., 2022; Whitman et al., 2021).

Some forensic examinees will both overreport and underreport on the MMPI-3. Qualitatively, this approach has been described as an attempt to indicate that bad things happened to a good person, a virtuous victim. On the MMPI-3 this may manifest as elevated scores on one or more of its overreporting scales, including Infrequent Responses (F), Infrequent Psychopathology Responses (Fp), Infrequent Somatic Responses (Fs), Symptom Validity Scale (FBS), and the Response Bias Scale (RBS), as well as elevated scores on the underreporting scale, Uncommon Virtues (L). No research to date has investigated the presentation or performance of individuals who over- and under-report on the MMPI or any other commonly used psychological test.

The present study sought to address this gap by investigating rates of over-and-underreporting in a forensic disability claimant ($n = 863$) sample, and comparing scores on the MMPI-3 and collateral measures across individuals who produced elevations on $F \geq 75T$, $Fp \geq 70T$, $Fs \geq 100T$, or FBS or $RBS \geq 90T$ with (i.e., OR+L group) or without (i.e., OR-only group) elevations on $L \geq 65T$. Of those who produced non-content-based valid protocols ($n = 848$), 38.6% engaged in OR-only, and 4.6% engaged in OR+L. The OR+L group scored meaningfully higher than the OR-only group on Fs , FBS , RBS , L , and $INTR$, and meaningfully lower on nearly all externalizing scales.

We compared means on the PAI, DAPS, MCI, PCSQ-R, RDS, WMT, NV-MSVT, CVLT-II, WRAT-5, WCST-64, and TMT across the OR-only and OR+L groups with independent samples t-tests and Cohen's d effect sizes. The OR+L group consistently produced scores on criterion measures that indicated greater dysfunction than the OR-only group. We found significant group mean differences on several PAI scales; DAPS Positive and Negative Bias; MCI Pain Interferes with Memory; PCSQ-R Total Negative Impression and sum scores; RDS; WMT Delayed Recognition, Consistency, Multiple Choice, Paired Associates, and Free Recall; NV-MSVT Consistency, Delayed Recall Archtype, and Delayed Recall Variation; WRAT-5 Reading, Sentence Comprehension, and Reading Comprehension; WCST-64 Categories Completed, Total Errors, Perseverative Responses,

Perseverative Errors, and Nonperseverative Errors. The OR+UR group was also significantly more likely to several PVTs. Overall, the results of this study indicate that overreporters who also underreport are likely engaging in greater levels of impression management, and scores on psychological testing are less likely to be valid representations of their true standing, relative to individuals who only overreport symptoms. Limitations will be discussed.

Megan Whitman | Kent State University

Incremental Validity of MMPI-3 and NEO PI-3 Scores in Public Safety Candidate Preemployment Psychological Evaluations

The Commission on Peace Officer Standards and Training (POST) has identified ten psychological screening dimensions (POST-10) for use in pre-employment screenings of police officers, which are required in many states (Spilberg & Corey, 2014/2022). The POST Psychological Screening Guidelines also require the use of at least two psychological tests that cover both a normal and abnormal range of personality characteristics. The NEO Personality Inventory-3 (NEO PI-3) and Minnesota Multiphasic Personality Inventory-3 (MMPI-3) measure normal and abnormal range personality constructs, respectively.

This study aims to evaluate how these measures can be used in conjunction to assess the POST-10 dimensions, and whether they provide complimentary information. The present sample included 754 public safety candidates (620 men and 132 women) who completed the MMPI-3 and NEO PI-3 during preemployment psychological evaluations. Trained coders reviewed the psychological report that was provided to the referring agency, and rated each candidate on the POST-10 dimension as having “No problems,” “Some/possible problems,” or “Significant problems” indicated in the report.

We calculated correlations between NEO PI-3 and MMPI-3 scores, and between scores on each test and the POST-10. We found several meaningful correlations between MMPI-3 and NEO PI-3 scores, particularly in the Neuroticism and Extraversion domains. We observed meaningful correlations between MMPI-3 scores and seven POST-10 dimensions, and meaningful correlations between NEO PI-3 scores and six POST-10 dimensions. The conceptually expected pattern of associations supported the convergent and discriminant validity of MMPI-3 and NEO PI-3 scores in public safety preemployment contexts.

Next, we evaluated the incremental utility of each test beyond the other in predicting POST-10 ratings. We conducted hierarchical ordinal logit regression analyses, in which we entered scales for which we had found meaningful associations with the POST-10 dimension. For the first set of regression analyses, NEO PI-3 scores were entered in Step 1, followed by MMPI-3 scores in Step 2. For the second set of analyses, MMPI-3 scores were entered in Step 1 and NEO PI-3 scores were entered in Step 2. For nearly all models, scores on the second test significantly incremented scores from the first test in predicting POST-10 ratings, demonstrating that the two measures provide complementary information. Conceptually expected predictors yielded statistically significant and clinically meaningful odds ratios for the prediction of POST-10 dimensions. Assessment implications and limitations will be discussed.

Kelci Holmes | Kent State University

Megan Whitman | Kent State University

Laura Sue Elias | Clinical Associates, P.A.

Bruce Cappo | Clinical Associates, P.A.

Yossef Ben-Porath | Kent State University

An Examination of Cluster B Personality Traits within a Forensic Sample

The DSM-5-TR (APA, 2022) currently uses a categorical approach to diagnose personality disorders, separating them by using three clusters. Although this type of classification can be helpful in some contexts, there are limits to practicality and it has been debated whether this

classification captures the “true nature” of this form of psychopathology (Trull & Durrett, 2005). As such, there is an increasing need to move towards a dimensional approach to diagnosis in order to more accurately capture this type of psychopathology. Within forensic populations, the prevalence of personality disorders ranges from 34% to 60% (Hart, 2002), though these numbers may underestimate the percentage of individuals who experience personality pathology but do not meet full diagnostic criteria for a traditional DSM-diagnosis. Due to the high prevalence of Cluster B personality disorders in forensic populations (Timmerman & Emmelkamp, 2001), as well as the movement towards a dimensional approach to diagnosis (see Hopwood et al., 2019), further research examining these diagnoses at the criterion-level in forensic populations is warranted. The proposed study will therefore examine traditional DSM-5 borderline and antisocial personality disorder diagnoses at the criterion level to identify the most prevalent traits within a forensic sample. The data for this study comes from a larger project on competency to stand trial evaluation. Within that data set, 90 individuals were diagnosed with a personality disorder at the time of evaluation. Trained research assistants will code the forensic evaluation reports of those 90 people to identify the specific symptoms/criterion for each cluster B personality disorder diagnosis that are present. Reports will also be double coded to capture interrater reliability. We will report both the prevalence of these traits and associations between relevant variables of interest (e.g., offense type). The results of this study will provide more information about the prevalence of different cluster B symptoms at the criterion level within forensic populations. These results will help to inform professionals about which symptoms/traits are most likely to be seen within this population. In addition, results will shed light on justice-involved individuals who may not meet full diagnostic criteria for Cluster B personality disorder as they are currently defined (i.e., those diagnosed with other specified personality disorders), which may offer further support for the dimensionalization of personality disorder diagnoses within this population.

Sophie Bella | The Citadel

Emily Gottfried | Medical University of South Carolina

Abby Mulay | Medical University of South Carolina

The Development of a Parental Fitness Comparison Group for the Minnesota Multiphasic Personality Inventory-3

The goal of this study was to develop a parental fitness examinee comparison group for the newly revised and re-normed Minnesota Multiphasic Personality Inventory-3 (MMPI-3). While there have been parental fitness examinee comparison groups for prior versions of the MMPI, no such comparison group has been provided for the MMPI-3. While data collection is still ongoing, the researchers currently have 32 protocols for analysis from individuals that were referred for court-ordered parental fitness evaluations. The researchers expect to have roughly 65 protocols for analysis by February 2023. An initial analysis of the 32 protocols reveals that the parental fitness comparison group score profile for the MMPI-3 is similar to that of the parental fitness comparison group for the MMPI-2-RF. The results of this study should begin to inform forensic psychologists use of the MMPI-3 with individuals who present for parental fitness evaluations.

Mariah Laster | Kean University

Shancharee Debnath | Kean University

David Brandwein | Kean University

An Inventory of Problems (IOP) Study of Symptom and Performance Validity in a Sample of Driver’s License Renewal Applicants

Assessing the credibility of presented psychological problems is a key component of forensic mental health assessment. To this end, professionals are encouraged to include multiple symptom validity tests (SVTs) and performance validity tests (PVTs) in their battery of tests. To save time for both professionals and test takers and to improve the cost-benefit ratio, Giromini et al. (2020) recently introduced the Inventory of Problems - Memory module (IOP-M), a short, 34-item forced-

choice PVT that is administered in conjunction with the Inventory of Problems - 29 (IOP-29), a short, self-administered 29-item SVT. While the IOP-29 and the IOP-M have been widely studied using a simulation design, there have been relatively fewer studies that have examined their validity and utility using real-world samples with a criterion-group research design. The current study aims to fill this gap by examining the IOP-29 and IOP-M results of 122 individuals who had applied for renewal of their driver's license after their license had been revoked. These individuals had no reason to exaggerate their symptoms; rather, they were likely motivated to inflate their positive traits because adequate cognitive functioning was required to obtain the requested driver's license renewal. The results showed that a nontrivial percentage of these individuals suffered from moderate or mild cognitive impairment, such that some of them could not obtain the renewal they applied for. Nevertheless, with few exceptions, the IOP-29 and IOP-M of these protocols appeared entirely credible. Taken together, these results suggest that the presence of mild cognitive impairment is not a likely explanation for failure on the IOP-29 and/or IOP-M. More broadly, this study thus contributes to the growing body of evidence supporting the validity and efficacy of these brief symptom and performance validity tests.

Domenico Laera | Clinical Psychology Service

Giuseppina Barbara | Clinical Psychology Service

Maria Carucci | Clinical Psychology Service

Dora Chiloira | Clinical Psychology Service

PAI-A Papers

Location: Waterloo Ballroom 5

The PAI Violence Potential Index: Utility in Adolescents

The VPI, or Violence Potential Index, of the Personality Assessment Inventory (PAI; Morey, 1991) has been found to be a useful indicator for predicting dangerousness in adults. The VPI incorporates 20 features most associated with violence and dangerousness from the scales of the PAI, but is not included in the Personality-Assessment Inventory – Adolescent (PAI-A; Morey, 2007) manual and has not been utilized in adolescent populations with the PAI-A. The scales of the PAI and the PAI-A are identical and the measures are closely related; therefore, calculation of VPI can theoretically be done using the PAI-A. Translating the VPI to adolescent populations is warranted given the significant benefit of identifying youth who may become violent.

This study examined the Violence Potential Index in a sample of 463 at-risk youth (M age = 16.75, 64.1% white, 80% male) participating in a residential style bootcamp program. It compared adolescent VPIs to adult PAI thresholds and normative data; 37 youth (8%) met criteria for moderate or greater risk for violence and mean VPI in this sample ($m = 3.29$, $SD = 2.98$) exceeded adult norms in college and census matched standardization samples but not clinical samples. This study also examined associations between adolescent VPI and an external measure of aggression (the forms and functions of aggression via the Peer Conflict Scale; Marsee & Frick, 2007). Adolescent VPI was weakly to moderately correlated with all forms and functions of aggression, with the strongest links emerging between reactive overt aggression and VPI. VPI was also examined respective to in-program disciplinary infraction data for a subset of youth ($n = 133$). These analyses revealed that VPI was not significantly correlated with total number of infractions for peer verbal aggression, peer physical aggression, defiance, or rule-breaking infractions, but was weakly correlated with disruptive behavior infractions.

Analyses also revealed evidence of racial group differences in violence potential (such that White youth had significantly higher average VPI than Black youth), infractions (such that Black youth had significantly more infractions than White youth overall as well as in specific infraction types), and the forms and function of aggression in this sample (such that Black youth reported greater proactive overt, proactive relational, and reactive relational aggression). Racial group differences were also revealed in associations between these constructs; for example, although VPI was not significantly linked to physical aggression infractions for either Black or White youth, VPI was

significantly correlated with total infraction count and all other infraction types for Black youth, but not White youth.

A more thorough discussion of these results, as well as additional potential implications of these findings and study limitations, will be discussed. These results provide grounds for further investigation of the Violence Potential Index in adolescents, which could be a useful tool for identifying youth who may pose a risk of violent behavior. However, determining normative data for the VPI on the PAI-A (vs. comparing to adult norms) is critical and the racial differences observed here warrant additional attention.

Chloe O'Dell | University of Southern Mississippi

Nora Charles | University of Southern Mississippi

Chris Barry | Washington State University

Malingering Detection with the Rorschach Performance Assessment System (R-PAS): A Simulation-Design Study on Feigned Schizophrenia

Malingering is a critical issue in both clinical and forensic settings. Especially in the latter, individuals may be driven to lie in order to be adjudicated incompetent to stand trial or to reduce their criminal culpability. Therefore, assessment of malingering is crucial for making appropriate decisions on the credibility of symptoms presented. In fact, failure in detecting malingering places an economic burden on mental health services and correctional facilities. On the other hand, classifying an honest individual as a malingerer could undermine their ability to receive adequate legal representation or the treatment they deserve. Given these premises and being the Rorschach one of the most widely used test in forensic settings, this study aimed at investigating the impact of malingering on test itself, and specifically, on the variables included in the Perception and Thinking Problems Domain. To accomplish our goal, we evaluated the extent to which Rorschach scores assessing psychotic-like symptoms and manifestations are able to differentiate feigners (i.e., healthy individuals attempting to appear insane) from genuine patients suffering from schizophrenia and honest non-clinical controls. We collected a sample of 60 participants: 20 non-clinical subjects (i.e., Controls), 20 patients affected by schizophrenia, and 20 non-clinical subjects who were asked to feign schizophrenia (i.e., Feigners). All participants were administered the Rorschach Performance Assessment System (R-PAS) remotely, by means of the newly developed online app. Our results showed that cognitive codes associated with psychotic-like disturbances are significantly higher in the Feigners group compared to genuine patients, and that protocols of patients suffering from schizophrenia presented significantly higher levels of cognitive codes compared to healthy Controls. As such, our results support the validity of the R-PAS variables assessing schizophrenia and psychotic-like disorders. These findings will be discussed in terms of the ability of the R-PAS to distinguish between feigners and patients genuinely affected by schizophrenia.

Francesca Ales | University of Turin

Sara Pasqualini | University of Turin

Luciano Giromini | University of Turin

Salvatore Zizolfi | Private Practice

Daniele Zizolfi | University of Insubria

Alessandro Zennaro | University of Turin

Personality Assessment Inventory-Adolescent Profiles of Incarcerated Adolescents

The Personality Assessment Inventory- Adolescent (PAI-A; Morey, 2007) has excellent potential as a broadband self-report measure of personality and psychopathology that can be useful for psychologists working in the juvenile justice system. Research using the Personality Assessment Inventory for adults has identified correctional norms and demonstrated utility for psycho-legal questions such as violence potential and need for psychological treatment. However, relatively little work has examined the PAI-A among youths in the juvenile justice system. The present

study is ongoing and currently has data for 59 valid PAI-A profiles collected from justice-involved adolescents (64% Black; 75% male; Mage= 15 years) held in a juvenile detention center.

Average scores on the clinical scales of the PAI-A were higher than those observed in the community standardization sample for the PAI-A (Mean Clinical Elevation [MCE] = 59T). Additionally, there were notable average elevations (> 60T) on the Infrequency (INF), Drug Problems (DRG), and Aggression (AGG) scales along with the Antisocial Behaviors (ANT-A), Aggressive Attitude (AGG-A), and Physical Aggression (AGG-P) subscales. Although the Violence Potential Index (VPI) of the PAI for adults is not included on the PAI-A, the similarities between the measures make it possible to calculate the VPI for the PAI-A and this, too, was above average (M = 63T) in this sample. These results suggest the primary areas in which incarcerated adolescents depart from community adolescents and indicate that difficulties related to substance use and aggression are likely to be important areas for intervention. Full PAI-A profiles for average results as well as specific cases (time permitting-paper vs. flash talk) will be presented. A subset of youths evaluated for this study went on to receive treatment through the research group and follow-up information on these individuals is available.

Beyond average profiles, comparisons among subsets of adolescents were examined. A slight majority (52.5%) were incarcerated for a violent crime. On the primary scales, adolescents with violent index offenses (reason for current incarceration) had significantly higher scores on INF and DRG and lower scores on Stress (STR) than did adolescents incarcerated for a non-violent offense. Most of the sample identified as White (27%) or Black (64%) and when these groups were compared, Black adolescents scored significantly higher on INF and Nonsupport (NON) and lower on Alcohol Problems (ALC), DRG, and Warmth (WRM) than did White adolescents. Lastly, girls in the sample scored significantly higher on average (MCE = 62T vs. 57T), with specific relative elevations on Negative Impression (NIM), Somatic Concerns (SOM), Anxiety (ANX), Schizophrenia (SCZ), and NON. There was a nonsignificant trend ($p = .058$) for girls to score lower than boys on Treatment Rejection (RXR). Additional group differences on subscales will be presented. Although these subgroup comparisons currently involve relatively small sample sizes, they point to potential nuances among groups of incarcerated juveniles that could suggest variability in treatment needs and levels of risk for re-offending and other negative outcomes.

Nora Charles | University of Southern Mississippi

Paula Floyd | University of Southern Mississippi

An Examination of the Construct Validity of the Anxiety (ANX) and Depression (DEP) Scales of the Personality Assessment Inventory, Adolescent Version (PAI-A) in an Inpatient Adolescent Psychiatric Sample

Anxiety and depression are the two most common psychiatric problems of adolescence. Both tend to be persistent, can be quite severe, are associated with significant functional impairment in multiple domains, are strongly associated with anxiety and depression in later adulthood, and carry an increased risk for suicide. Since there are a range of effective treatments for both conditions, and those treatments are somewhat distinct, early and accurate identification is important. The Personality Assessment Inventory, Adolescent Version (PAI-A) is a broadband instrument designed to assist in the detection and differential diagnosis of common psychiatric disorders in adolescents. It includes a Depression scale (DEP) to detect the presence of major depressive episodes and an Anxiety scale (ANX) designed to detect clinically significant anxiety. Given the importance of these conditions, these scales are potentially quite valuable in a wide variety of settings and, given the popularity of this instrument, it is reasonable to believe that they are often used for this purpose. However, the only data currently available concerning the validity of these scales are those reported in the manual for the test. Given the critical nature of the questions that these scales are designed to address and the inherent challenge of differentiating the problems of anxiety and depression from one another, determining the construct validity of these scales is especially important. The current study examined both the convergent and discriminant validities

of the PAI-A ANX and DEP scales by examining their relationships to other self-report measures (e.g., PAI-A scales, MMPI-A), observer ratings (e.g., HPRS), and a performance-based measure (e.g., Rorschach CS), while controlling for the effects of response bias on these measures. The sample consisted of the records of the psychological assessments of adolescent inpatients between the ages of 13 to 17. There is strong evidence for convergent and discriminant validity between PAI-A ANX and DEP scales as results demonstrated that PAI-A scales correlated strongest with self-report, followed by therapist rating scale, and then performance-based measures. Various strengths of the PAI-A for the assessment of anxiety and depression are discussed.

Sylvia Ryszewska | Fairleigh Dickinson University

David Pogge | Fairleigh Dickinson University

John Stokes | Pace University

Assessing Personality Psychopathology

Location: RM 604-605

Mentalization and Within-Person Covariation of Agentic and Communal Perceptions

Background: Interpersonal theory identifies agency and communion as uncorrelated (i.e., orthogonal) dimensions of interpersonal behavior, largely evidenced by research examining between-person analyses of single-occasion measures. However, longitudinal studies of interpersonal interactions have demonstrated that for some individuals, within-person association (i.e., covariation) of agentic and communal interpersonal perception of others is not orthogonal across time and individual differences in personality such as dependency, narcissism, and identity impairment moderate covariation of agentic and communal interpersonal perception (Bliton, 2022; Roche et al., 2013).

Method: A sample of 226 participants completed the Movie for the Assessment of Social Cognition (MASC; Dziobek et al., 2006) and Reading the Mind in the Eyes (RMET; Baron-Cohen, 1997) tasks to assess mentalization ability. Subsequently, participants reported on their interpersonal interactions over 21 days, rating their perception of their interaction partner's agentic and communal behavior on a sliding-scale. Responses were analyzed using multilevel modeling.

Results: In the overall sample, agentic and communal interpersonal perceptions were orthogonal dimensions. However, the strength of the within-person association between agentic and communal perceptions was moderated by between-person scores of total correct answers on the MASC and the RMET. On the MASC, this moderation effect was only significant for errors based on non-mental state inferences, and nonsignificant for errors based on hypermentalization and under-mentalization. On the RMET, this moderation effect was significant for both positive and negative emotion recognition errors.

Conclusions: Lower mentalization ability impairs differentiation of agentic and communal features in perceptions of others. Undifferentiated perceptions are specifically associated with relying on non-mental state inferences and impaired basic emotion recognition.

A. Essie Asan | Pennsylvania State University

Aaron Pincus | Pennsylvania State University

Emily Ansell | Pennsylvania State University

Network Analysis of the Triarchic Psychopathy Measure (TriPM)

Psychopathy is a multifaceted construct comprised of behavioral deviance along with reduced emotional reactivity and resilience to stress. Currently, solutions derived from network analyses differ in their explanation of the causal interactions between symptoms depending on sample characteristics and the psychopathy measure used. This is a likely consequence of the differing operationalizations of psychopathy across measures.

In three separate U.S. forensic samples, Vershuere et al. (2017) and Preszler et al., (2018) each found that callousness items were most central to the Psychopathy Checklist Revised (PCL-R), although Vershuere et al. also found that irresponsibility and parasitic lifestyle were central in an inpatient Dutch sample. Similarly, studies using the Levenson Self-Report Psychopathy Scale (LSRP) found callousness and egocentricity are central characteristics in both Chinese and U.S. forensic samples (Tsang & Salekin, 2019; Wang et al., 2022; Zhang et al., 2022). The centrality of callousness has been replicated with the Self-Report Psychopathy Scale—II (SRP-II; Tsang & Salekin, 2019) and the Youth Psychopathic Traits Inventory (YPI) in adolescent offenders (McCuish et al., 2021)

Despite agreement among the aforementioned studies on the centrality of callousness, other scales provide disparate solutions. Tsang and Salekin (2019) found that sensation seeking items were central in the Personality Assessment Inventory-Antisocial Features Scale (PAI-ANT), whereas impulsivity items were most central to the Psychopathic Personality Inventory-Short Form (PPI-SF). Importantly, Tsang and Salekin also conducted a combined network analysis using subscales from each of the measures. The latter model revealed that scales assessing all three domains (sensation seeking, social deviance, affective traits) were most central to the psychopathy network.

The centrality of psychopathic trait domains (Tsang & Salekin, 2019) resembles the triarchic conceptualization of psychopathy (Patrick, Fowles, & Krueger, 2009) as assessed using the Triarchic Psychopathy Measure (TriPM; Patrick, 2010). The triarchic model is an integrative framework intended to reconcile various conceptualizations of psychopathy across different measures. According to this model, psychopathy is comprised of three dimensions: disinhibition (e.g., impulsivity, irresponsibility, hostility), meanness (e.g., manipulateness, lack of empathy, cruelty), and boldness (e.g., dominance, emotional stability, sensation seeking). No study to date has investigated the psychopathy network from the framework of the triarchic model.

Many of the aforementioned inventories serve as indicators of constructs subsumed within the triarchic model (Drislane et al., 2014). Thus, including the TriPM in network analyses of psychopathic traits may help to resolve obscurity resulting from alternative operationalizations and assessment instruments used in previous studies. In the present study, we conduct a network analysis on the TriPM using pre-existing data for 618 undergraduate psychology students (Mage = 18.80, SD = 1.65; 56.20% female; 76.20% White). Based on the centrality of callousness found in previous studies, we hypothesize that items measuring trait Meanness will be most central to the network, thus indicating that trait Meanness is most influential in the broader psychopathy network. Likewise, Meanness and Disinhibition items are hypothesized to have stronger and closer associations than with items assessing Boldness. Boldness items are hypothesized to be less central to the network and have modest associations with Meanness items.

Ky Bray | Sam Houston State University

Laura Drislane | Sam Houston State University

Development and Initial Validation of the SPECTRA: Indices of Psychopathology Short Form

Contemporary transdiagnostic models of psychopathology, such as the Hierarchical Taxonomy of Psychopathology (HiTOP), are becoming acceptable alternatives to the DSM in mental health research. These empirically based models conceptualize psychopathology as being organized into a few hierarchically arranged dimensions with an overarching general factor (p-factor) at the apex. The SPECTRA is one of the few clinical inventories specifically designed to psychopathology based on the transdiagnostic model. The SPECTRA provides an integrated hierarchical measurement of 12 clinical syndromes, 3 higher-order dimensions (internalizing, externalizing, and reality impairing), and a global psychopathology index (p-factor). Research has supported the SPECTRA's hierarchical structure, construct validity, and sensitivity to change. The development of a brief or short-form version of the SPECTRA would likely have utility as a mental health screener in general medical settings, college counseling centers, a wide range of mental health research, and as a broad but brief treatment monitoring tool.

The present paper describes the development and initial validity of the SPECTRA-Short Form (SF). Using both the normative and clinical samples, we will identify 2 to 3 items for each syndrome scale with strong item-to-scale correlations that replicated the hierarchical dimensional structure (e. g., Internalizing, Externalizing, Reality Impairing, p-factor) and 2 validity items. We will present internal consistency for the 3 higher-order dimensions and the p-factor scale, along with correlations between the SF scales and their parent scale. In addition, we will explore the ability of the SF to differentiate groups based on self-rated physical health, past mental health treatment, and current clinical status. Lastly, validity correlations with other standard psychological inventories and select demographic variables will be present.

The availability of a brief psychometrically sound measure aligned with contemporary transdiagnostic models of psychopathology may facilitate the translation of these important advances into clinical practice.

Mark Blais | Massachusetts General Hospital and Harvard Medical School

Samuel Sinclair | Massachusetts General Hospital

Affective Neuroscience Personality Scale (ANPS) and Clinical Implications: A Systematic Review

Affective neuroscience (AN) theory assumes the existence of seven basic emotional systems (i.e., SEEKING, ANGER, FEAR, CARE, LUST, SADNESS, PLAY) that are common to all mammals and evolutionarily determined to be tools for survival and, in general, for fitness. These emotional systems were characterized by specific neuroanatomical and neurotransmitter components, which are combined with genetics and environmental elements in constituting human personality. Based on the AN approach, the Affective Neuroscience Personality Scales (ANPS) questionnaire was developed to examine individual differences in the defined basic emotional systems. This tool allows to detect a distinctive individual endophenotype, which could represent a neurophysiological, biochemical, endocrinological, neuroanatomical, or cognitive and neuropsychological marker of human personality. Moreover, these “emotional endophenotypes” could represent the evolutionary oldest part of personality, anchored in the subcortical brain. Within this framework, personality is considered to be the product between the basic emotional systems and the interaction with the environment. This interaction is mediated and guided by the specific individual primary emotional systems resulting in a differential susceptibility to the environment. Thus, by studying endophenotypes, it is possible to understand the mechanisms of neuroanatomical and neurochemical circuitry, and pathways related to the interaction between genome and behaviors that underlie mental suffering. Moreover, because the conceptualization of primary emotional systems is based on neurobiological findings, assessing individual differences in the primary emotions underlying particular personality traits could lead to assumptions about which neurotransmitter systems or brain regions are involved in particular emotional personality dimensions. Thus, using the ANPS scales could be helpful in providing the basis for a more comprehensive study of human personality and, consequently, mental disorders. The current systematic review aims to examine the use of ANPS in clinical contexts attempting to define those behavioral elements associated with underlying stable personality traits. The systematic review was conducted following the PRISMA statements. PubMed and PsycInfo were used for research literature from March 2003 to November 2021. Forty-four studies including ANPS were identified from 1763 studies reviewed. Sixteen studies met the inclusion criteria. Specific endophenotypes and/or patterns of emotional/motivational systems were found for several mental disorders. Specifically, endophenotypes emerged for the Depressive (high SADNESS, FEAR, and ANGER, and low PLAY and SEEKING) and Autism Spectrum (high FEAR and low PLAY) Disorders, Borderline (high ANGER, SADNESS, and SEEKING) and Antisocial Personality (high ANGER, FEAR, and CARE) Disorders, type I and II Bipolar Disorders (high SADNESS and high ANGER, respectively), and the Obsessive-Compulsive Disorder (high SADNESS). The endophenotypes can provide useful reflective elements for both psychodiagnosis and intervention. Indeed, since the primary emotional systems constitute the emotional basis of personality, their investigation and measurement might

help to identify the particular features of vulnerability and resilience in clinical patients. This could have a significant impact on clinical practice enriching diagnostic formulations with elements emerged from the use of the ANPS. Moreover, the use of the ANPS in clinical contexts could help to conceptualize psychopathological phenomena in terms of strength and weakness factors that might contribute to the development of these forms of psychopathology.

Enrico Vitolo | University of Turin
Lorenzo Brienza | University of Turin
Agata Ando | University of Turin
Alessandro Zennaro | University of Turin

An Investigation of the MMPI-A-RF Ideas of Persecution (RC6) Scale

Scores on the Ideas of Persecution (RC6) scale of the Minnesota Multiphasic Personality Inventory-Adolescent-Restructured Form (MMPI-A-RF; Archer et al., 2016) have been associated with antagonistic externalizing disorders and psychotic symptoms (Archer, 2016). However, research on adolescent persecutory ideation suggests it should be associated with internalizing factors, interpersonal difficulties, and adverse child experiences or traumas (e.g., Barragan et al., 2011; Bird et al., 2017; Carvalho et al., 2019). The current study sought to expand on current understandings of the construct validity of the RC6 scale by investigating its associations with these kinds of difficulties. As hypothesized, results indicated that RC6 scores were significantly associated with measures of externalizing behaviors, including reactive anger ($r = .46$ to $.49$) and bullying ($r = .29$). However, results indicated no significant relations between RC6 and conduct related disorders. Supporting our hypotheses, RC6 scores were positively associated with measures of depression ($r = .31$ to $.57$) and anxiety ($r = .37$ to $.41$), and they were negatively associated with high scores on a measure of self-esteem ($r = -.36$). As hypothesized, the RC6 scale was negatively associated with a measure of good interpersonal relations ($r = -.39$) and positively associated with negative views of others ($r = .25$) and social withdrawal ($r = .40$). No meaningful differences were found between individuals with a specific trauma history and scores on RC6. Lastly, there was a discrepancy in RC6 association with psychosis as there were significant associations with measures of psychosis ($r = .28$ to $.30$) and negative associations with other measures of psychosis ($r = -.50$). The results suggest that scores on RC6 are associated with interpersonal distress and dysfunction, but put into question their relationship with measures of psychosis and conduct related difficulties. Future research should investigate what is driving the relationships between specific externalizing difficulties and RC6, as well as the reason for the discrepancies in its association with psychosis symptoms in adolescence.

Tayla Lee | Ball State University
Ramzi Maarouf | Ball State University
Janay Sander | Ball State University
Tayla T.C. Lee | Ball State University

Clinical Cases that Illustrate the Power of Using the Rorschach and Thurston Cradock Test of Shame (TCTS) Together | 2 CEs

Location: RM 602

Chair: Julie Cradock O'Leary | Private Practice

This symposium will examine how two stimulus card-based performance-based measures, the Rorschach and Thurston Cradock Test of Shame (TCTS; Thurston and Cradock O'Leary, 2009) work together to help assessors better understand their clients. An international panel of clinicians will present adolescent or adult cases that used both the Rorschach and TCTS. These clinicians used either the Comprehensive System (CS) or Rorschach Performance Assessment System (R-PAS) to score the Rorschach, and had a test author score the TCTS. Some of the cases presented will illustrate how the testing data came together to clarify complex clinical phenomena, or pinpoint a client's key struggle. A particular focus is how the Rorschach and TCTS data combine to provide a

more nuanced understanding of a client's affective reaction, attempts to defend against emotion, and the impact of those efforts on cognitive processing. Some cases will demonstrate how the sequential administration of these instruments provided helpful data that shaped post-assessment therapy either from the beginning, or in retrospect. Attendees of this symposium will gain a greater understanding of specific test scores and variables that, when examined together, provide a more integrated and comprehensive view of the client.

Using the Rorschach and TCTS to Highlight Shame-Based Hypervigilance in a Therapeutic Assessment with a 19 Year Old Male

The case presented is a 19-year-old male with suspected ADHD, who was struggling in college during the pandemic. The Rorschach (R-PAS) suggested highly inefficient processing and cognitive slippage along with significant dysphoria. The TCTS was used to explore the role of shame in his presentation and highlighted significant shame content along with an over-elaborated style of expression similar to his Rorschach responses. These results were explored collaboratively with the client to help him understand the role of shame and hyper-vigilance in contributing to his symptoms.

Edward Jenny | Edward Jenny & Associates

“What Else Can Happen?”: Using the TCTS and the Rorschach to Help a 17 Year Old Girl Make the Transition from High School to University

This paper will discuss an adolescent girl who has been in long term therapy with the same therapist for many years. COVID complicated her already difficult adolescence, which was full of family, medical and social difficulties. The presentation will demonstrate how the TCTS and Rorschach were used to help her better understand how her defensive processes were impacting her self-esteem and feelings about her future.

Carol-Jane Parker | The Willow Centre- Toronto

“Stay with the Pretty Picture, People are Hard”: Using the Rorschach and TCTS to Clarify Defensive Processing

The case presented is a 50-year-old female struggling to understand her emotions and come to terms with the loss of her parents. On the TCTS she struggled to incorporate competent adults and became dysregulated when memories of her parents were evoked by the cards. The Rorschach was able to illuminate her defensive attempts to isolate affect while at the same time express her conflicted desire for support. Her AAP suggested that she had not yet grieved the loss of attachment experiences of support and safety. The presentation will highlight how each measure complimented and clarified the clinical picture.

Stephen Seger | Edward Jenny & Associates and Immaculata University

Shame in Hikikomori Symptoms: Identification of Shame by the Rorschach and TCTS

Shame feelings are often hidden behind the symptoms of hikikomori, but it is difficult to talk about and identify such topics with clients. The case of a Japanese adolescent male will be presented. The assessor was able to begin discussing shame with his client after reviewing the Rorschach (Comprehensive System) results. The subsequent administration of the Thurston Cradock Test of Shame (TCTS) provided a deeper understanding of the client's shame.

Mitsugu Murakami | Asian-Pacific Center for Therapeutic Assessment Tokyo

In Hindsight: Realizing the Rorschach and TCTS held the Connecting Piece to Complete a Puzzle

The case presented is a 35-year-old Asian woman who was self-referred for a TA due to feelings of extreme self-consciousness, inferiority, and general unhappiness. She was cautious and defensive, often intellectualizing and rationalizing feelings. Her R-PAS and TCTS scores suggested helplessness and shame. During post-assessment therapy, the client began to slowly reveal a history of sexual and emotional abuse. Looking back, her R-PAS and TCTS scores provided

subtle indications of trauma. While the client was not yet ready to reveal information during the evaluation, her process clarified how both instruments provided the missing puzzle piece leading back to the source of her pain.

Donna Kelley | Private Practice and Immaculata University
Cassandra Parrish | Immaculata University

“How Can I Feel Emotions More Deeply? Or Do I Even Want?”: Using the Rorschach and the TCTS to Highlight this Adolescent’s Dilemma of Change

This paper will discuss a Therapeutic Assessment with a 15-year-old adolescent boy. In particular, how the combined use of the Rorschach Performance Assessment System (R-PAS) and the Thurston Cradock Test of Shame (TCTS) helped the assessor understand his dilemma of change. The R-PAS suggested restricted affect with painful feelings underneath, including shame. The TCTS highlighted just how much shame this client carried with him and how he used deflation to defuse feelings of shame. His shame defenses help him keep his emotional light switch to “off.” In the summary-discussion session, the assessor and the client discuss the side effects of an “off” switch and what it would mean to use a dimmer switch instead so he could feel emotions more deeply.

Pamela Schaber | Center for Therapeutic Assessment

Integrating Multicultural Competencies and Social Justice into Assessment through Use of the Wright-Constantine Structural Cultural Interview | 2 CEs

Location: Waterloo Ballroom 1

Discussant: Andrew Wright | New York University

Although multicultural counseling competencies and social justice are becoming an emerging cornerstone of psychological assessment, there are few structured clinical tools to assess a client’s cultural context and lived experiences with privilege and oppression. Understanding a client’s experience with cultural context is necessary to understand their psychological functioning and is key to conceptualizing their case through a holistic and culturally sensitive approach. In an increasingly diversifying field, it is also crucial that clinicians are provided tools and support to build their own reflexivity and self-awareness skills to consider multiculturalism and social justice throughout the psychological assessment process. This symposium is made up of 3 key components: (1) Reflections from assessment supervisors about integrating culture and social justice into assessment training, (2) Findings from a qualitative study about the Wright Constantine Structured Cultural Interview (WCSCI), and (3) A case study about integrating culture into assessment through the use of the WCSCI.

A Qualitative Study of Counselor Experiences Using the WCSCI

Through a qualitative approach, this study examines the impact of the recently developed Wright-Constantine Structured Cultural Interview (WCSCI) on trainee clinicians’ multicultural and social justice competencies throughout the psychological assessment process. The WCSCI builds upon the ADDRESSING framework proposed by Hayes (2001) to support clinicians to better identify and understand a client’s cultural identities. In this framework, the dimensions of identity that are included are: Age, Developmental and acquired Disabilities, Religion, Ethnicity, Socioeconomic status, Sexual Orientation, Indigenous Heritage, National Origin, and Gender. Participants who have been trained on the WCSCI and have had experience administering it to at least 3 clients were interviewed on their experience with using the WCSCI in their psychological assessment batteries using a semi-structured interview protocol. A thematic analytic approach is being conducted to draw themes from the interviews about how clinicians experienced using the WCSCI. In the interview, they were specifically asked if they felt that the WCSCI impacted their (1) self-awareness, (2) self-reflection, (3) how the trainee understood the client’s worldview, (4) their counseling or assessment relationship, and (5) interventions that the trainee recommended or delivered.

Participants will also be asked to consider how their own identities may impact their use of the WCSCI and if there were aspects of the structured interview that were more or less difficult for them to administer. As we are currently in the process of data coding and analysis, findings from these questions will be further discussed.

Aakriti Prasai | New York University

A Qualitative Study of Counselor Experiences Using the Wright-Constantine Structured Cultural Interview

Although multicultural counseling competencies and social justice are becoming an emerging cornerstone of psychological assessment, there are few structured clinical tools to assess a client's cultural context and lived experiences with privilege and oppression. Understanding a client's experience with cultural context is necessary to understand their psychological functioning and is key to conceptualizing their case through a holistic and culturally sensitive approach. In an increasingly diversifying field, it is also crucial that clinicians are provided tools and support to build their own reflexivity and self-awareness skills to consider multiculturalism and social justice throughout the psychological assessment process. This symposium is made up of 3 key components: (1) Reflections from assessment supervisors about integrating culture and social justice into assessment training, (2) Findings from a qualitative study about the Wright Constantine Structured Cultural Interview (WCSCI), and (3) A case study about integrating culture into assessment through the use of the WCSCI.

Jen Ying Zhen Ang | New York University

A Clinical Case Study Using the WCSCI

The WCSCI is a new structured clinical tool developed for clinicians to comprehensively evaluate how cultural identit(ies) have shaped the client's worldview alongside their presenting issues and augments existing processes in psychological assessment. It has the potential to provide greater nuance and depth in understanding the client when included in the assessment battery, thereby providing more accurate assessment findings. It can also aid the clinician in their own reflective processes about the role that multiculturalism plays in his professional identity, translating to stronger therapeutic skills and efficacy of their intervention.

This presentation will be led by a clinician who has used the WCSCI in clinical assessment practice as they present a case presentation. The presenter will discuss their process of integrating culture into case conceptualization and compare and contrast this method with other methods of assessment practice.

Brittany Matthews | New York University

Experiences Training Students through the Use of WCSCI

This presentation will describe the incorporation of the WCSCI into early assessment coursework and clinical assessment training. This will include various considerations towards actual implementation from the instructor/supervisor perspective as well as student/trainee input. The benefits and challenges associated with the learning process and utilizing the WCSCI will be discussed along with thoughts about the future of diversity aware graduate clinical training in assessment.

Hadas Pade | California School of Professional Psychology San Francisco

Introduction to the Model, Measures, and Methods of the Hierarchical Taxonomy of Psychopathology (HiTOP): Relevance for Psychological Assessment | 2 CEs

Location: Waterloo Ballroom 3-4

Discussant: Leonard Simms | SUNY Buffalo

The Hierarchical Taxonomy of Psychopathology (HiTOP) consortium has proposed an alternative,

evidence-based, and dimensional classification for psychopathology that focuses on the empirical structure of psychopathology rather than consensus judgements of psychiatric experts. HiTOP provides psychometrically robust targets for research and clinical practice that have resulted in a robust body of literature related to the assessment and classification of mental health conditions. In this symposium, we introduce the model, measures, and methods of HiTOP, with an eye toward elements most relevant to the psychological assessment community. Kotov will introduce the HiTOP model and describe the consortium of scholars and practitioners who have aligned to build and disseminate the HiTOP model. Ruggero will describe the efforts to translate the HiTOP model into clinical practice, including the development of a network of clinics that have been working to build an assessment infrastructure for HiTOP. Simms will introduce the HiTOP self-report measure (HiTOP-SR), including evidence of reliability and structural validity collected from a large, diverse sample of 4,079 participants who span a range of psychiatric patients and community adults. Note that this will be the first public unveiling of the HiTOP-SR measure. Levin-Aspenson then will describe the HiTOP semi-structured interview that is under development. Wright will describe the revisions process that has been developed to systematize changes to the HiTOP model and ensure that HiTOP is a nimble psychiatric classification that is responsive to new evidence. Finally, ample time will be reserved for discussion with the audience regarding the clinical and research utility of the measure, including the implications for assessment research and practice.

Introduction to the Hierarchical Taxonomy of Psychopathology

The Hierarchical Taxonomy of Psychopathology (HiTOP) has emerged out of the quantitative approach to psychiatric nosology. This approach identifies psychopathology constructs based on patterns of co-variation among signs and symptoms. The initial HiTOP model, which was published in 2017, is based on a large literature that spans decades of research. HiTOP is a living model that undergoes revision as new data become available. In this symposium, I discuss advantages and practical considerations of using this system in psychiatric practice and research. We especially highlight limitations of HiTOP and ongoing efforts to address them. We describe differences and similarities between HiTOP and existing diagnostic systems. Next, we review the types of evidence that informed development of HiTOP, including populations in which it has been studied and data on its validity. I also will consider implications for public health programs, prevention of mental disorders, and the science and practice of psychological assessment.

Roman Kotov | Stony Brook University

Translation of the HiTOP Model into Clinical Practice

Diagnosis is a cornerstone of clinical practice for mental health care providers, yet traditional diagnostic systems have well-known shortcomings, including inadequate reliability in daily practice, high comorbidity, and marked within-diagnosis heterogeneity. The Hierarchical Taxonomy of Psychopathology (HiTOP) is a data-driven, hierarchically based alternative to traditional classifications that conceptualizes psychopathology as a set of dimensions organized into increasingly broad, transdiagnostic spectra. Prior work has shown that using a dimension-based approach improves reliability and validity, but translating a model like HiTOP into a workable system that is useful for health care providers remains a major challenge. To this end, the present talk describes the core principles to guide the integration of the HiTOP model into clinical practice. We review potential advantages and limitations for clinical utility, including case conceptualization and treatment planning. We illustrate what a HiTOP approach might look like in practice relative to traditional nosology. We describe the development of a clinical network of clinics who have been implementing HiTOP-consistent assessments into their practice. Finally, we discuss common barriers to using HiTOP in real-world healthcare settings and how they can be addressed.

Camilo Ruggero | University of North Texas

Introduction of Self-Report Measures of the HiTOP Model: Reliability and Structural Validity of the HiTOP-SR

The Hierarchical Taxonomy of Psychopathology (HiTOP) consortium has proposed an alternative, evidence-based, and dimensional classification for psychopathology that focuses on the empirical structure of psychopathology rather than consensus judgements of psychiatric experts. HiTOP promises to provide psychometrically robust targets for research and clinical practice, but this promise cannot be fully realized until HiTOP-specific measures are developed. To that end, in this presentation I will (a) describe the steps we have taken toward the development of the HiTOP measure, (b) introduce for the first time the HiTOP self-report (HiTOP-SR) measure and discuss its reliability and structural validity in a sample of 4,000 psychiatric patients and community adults, and (c) discuss current and future projects aimed at maximizing the clinical utility of the HiTOP measure. A summary of HiTOP scales will be presented. Discussion will focus on clinical and research utility of the measure, including the implications for psychological assessment.

Leonard Simms | SUNY Buffalo

Development of a Semi-Structured Interview to Assess the HiTOP Model

In addition to self-report measures described by Simms, the HiTOP consortium is building an interview-based measure of HiTOP constructs to facilitate research and practice in settings that require clinician-based ratings. Interview methods are useful for clinical constructs that are complex or for which patients lack adequate insight to provide valid self-ratings. To that end, in this presentation I will describe the development of a semi-structured interview of the HiTOP model and the efforts to date to study the psychometric features of the interview. Results of pilot testing and inter-rater reliability in psychiatric patients will be presented. Discussion will focus on clinical and research utility of the interview, including the implications for psychological assessment.

Holly Levin-Aspenson | University of North Texas

Revising the HiTOP Model in an Evidence-Based Yet Nimble Manner

The Revisions Workgroup was formed to ensure that the HiTOP model remains up-to-date with current research, and changes to the model are empirically based. Indeed, HiTOP is intended to be a living model, which requires an ongoing revision process. In this presentation, I describe the framework that the Revisions Workgroup has developed and implemented to standardize the process of proposing and making changes to the HiTOP model. The HiTOP revisions protocol includes the following elements: (a) Proposals for changes to the model may be initiated by anyone, providing the team includes at least one consortium member; (b) The proposal is completed in standardized format, and requires a thorough review of structural and external validity evidence, designed as a systematic review whenever possible; (c) Proposals are shared with the entire consortium to benefit from the broad expertise of its members; (d) The proposal is reviewed using standardized criteria by a panel of experts in the topic recruited among consortium members; (e) Based on consensus among members of the review panel, the Revisions Workgroup makes a recommendation; and (f) Ratification of the proposal by representatives of consortium members results in formal change to the model. The specific criteria used to evaluate proposals are based on the Grading of Recommendations Assessment, Development, and Evaluation (GRADE; Guyatt et al. 2008) system, which is widely used in medicine to rate the quality of evidence for clinical practice recommendations. Ultimately, this process is intended to be nimble enough to keep pace with a rapidly growing literature on the structure of psychopathology, but not so fickle as to result in numerous changes without substantiated support.

Aidan Wright | University of Pittsburgh

Amplifying Therapeutic Assessment with Emotional Writing in Patients with Personality Pathology: Two Cases

Therapeutic Assessment (TA) and emotional writing (Pennebaker; keynote lecture SPA2022) bear notable similarity in their conceptual frame in that they depart from a humanistic perspective and operate on the narrative identity of patients to help them improve their lives. Arguably, both aim for the gradual rewriting of aspects of a person's narrative identity, advancing coherence, functionality, and self-compassion. Both interventions span about 4 sessions, which makes integration readily feasible. We present two cases of patients seen at a specialized clinic for patients with personality disorders in the Netherlands (de Viersprong), whom we invited to do emotional writing after each TA session, vis a vis their assessment questions and the content covered. We observed elaboration of the original set of assessment questions; e.g., additional questions emerged and/or the original questions were revised in light of insights due to writing. It appears that emotional writing may amplify Therapeutic Assessment, and we therefore recommend further testing in broader and diverse samples.

Jan Kamphuis | University of Amsterdam

Hilde De Saeger | De Viersprong

How Does Personality Change Across Psychotherapy? It Depends Who You Ask

Current research evidence suggests that clients report robust changes of personality functioning towards more adaptive levels quickly into treatment. However, current studies to date that have examined such changes are limited by a.) the sole reliance on self-report measures and b.) an inability to account for changes in state-level distress. Using a naturalistic dataset of 128 client-therapist dyads, the present case series examined the longitudinal trajectory of client and therapist ratings, including their agreement, throughout the first 12 weeks of intervention. This was done using multi-level modeling and while accounting for state-level distress. Results showed meaningful fluctuations in client-therapist agreement that occurred across treatment, particularly for openness to experience and neuroticism. Mean-level results provided evidence for significant decreases in neuroticism that were reported by clients, but not by therapists. When distress was entered into the model, clients no longer showed significant decreases in neuroticism. Findings highlight the importance of taking clients' levels of distress into account when tracking changes in personality functioning, particularly when examining changes in trait-level neuroticism. Results also provide continued support for utilization of an informant, such as the therapist.

Meredith Bucher | Knox College

Douglas Samuel | Purdue University

Understanding the Self and Others: Potential Relationships Between Metacognition and Personality Disorders

The integrated theory of metacognition describes a multidimensional set of processes that broadly include the ability to form ideas about oneself and others and use this knowledge to respond to problems and challenges within the flow of life (Flavell, 1979; Moritz & Lysaker, 2018; Semerari et al., 2003). Intact metacognitive functioning is thought to promote the integration of discrete experiences into a more complex understanding of self, others and the surrounding world, which evolves and changes as new information becomes available. Within this framework, metacognition has primarily been studied in psychotic disorders with these individuals found to have impaired metacognition in comparison to healthy controls, individuals with other psychiatric disorders, and individuals with medical illnesses (Lysaker et al., 2019; 2020). Greater deficits in metacognition have been found to be related to poorer functioning, both concurrently and prospectively (Arnon-Ribenfeld et al., 2017). In addition, metacognitive functioning has been

linked to subjective and objective outcome, including emotional expression (Austin et al., 2019), self-compassion (Hochheiser et al., 2020), intrinsic motivation (Luther et al., 2017), social function (Fisher et al., 2020), and empathy (Bonfils et al., 2019).

Though some work has explored metacognitive deficits in specific personality disorders conceptually related to schizophrenia (e.g., schizotypal personality disorder), few studies have attempted to establish metacognitive deficits across a broader range of personality disorders. As the field moves towards a dimensional conceptualization of personality disorders, understanding personality dysfunction in terms of varying levels of metacognitive deficits could promote increased understanding of these disorders, new methods of assessing personality dysfunction and novel treatments for these individuals. Thus, the purpose of this paper is to explore the presence, or lack thereof, of metacognitive deficits in a population of individuals with varying levels of personality disorder traits as measured by the Structured Clinical Interview for DSM-5 (SCID-5). Metacognition was measured using the Metacognition Assessment Scale-Abbreviated (MAS-A). The MAS-A includes four subscales, including self-reflectivity, understanding the mind of the other, decentration, and mastery.

Our sample consists of 34 individuals diagnosed with personality disorder(s). As stated above, personality traits were assessed using the SCID-5. Number of traits, with a “trait” defined as scoring a “3” on a SCID-5 criterion question, ranged from 13 to 41 in this sample. Given the limited research focused on metacognitive deficits in personality disorders, initial analyses were completed using K-means clustering with each MAS-A subscale and number of traits entered as variables. We ultimately forced three clusters for each analysis which revealed non-linear relationships between number of personality traits and metacognition. Generally, we observed two expected clusters for each analysis, including a “healthier” group (i.e., lower traits, higher metacognition) and a more pathological group (i.e., higher traits and lower metacognition). Interestingly, the third cluster revealed a group which displayed both lower traits and lower metacognition. Further analyses, including moderation and mediation analyses, will be completed to better explain the relationship between personality disorder traits and metacognition. Potential variables of interest for these analyses for which we have data include childhood trauma, substance use, attachment style, and symptoms.

Courtney Wiesepepe | Indiana University School of Medicine

Aubrie Musselman | Indiana State University

Audra Biermann | Fulton State Hospital

Effects of COVID-19 Emergency and Related Lockdown Policies on the Normative Expectations for the Personality Assessment Inventory (PAI) and the Rorschach Performance Assessment System (R-PAS)

Standardized personality tests compare the test taker's scores to those of a large sample of individuals representing normative expectations. However, what is psychologically normal in one historical context may not be similarly normal in another, and the recent spread of a new coronavirus, namely SARS-Cov-2 (COVID-19), may indeed have implications for what should normally be expected of a nonclinical person taking a personality test in these difficult times. To address this research question, we administered the Personality Assessment Inventory (PAI) and the Rorschach Performance Assessment System (R-PAS) to sixty nonclinical volunteers from Italy and compared their scores with the official normative reference values of the two tests, which had been established before COVID-19. The results of a series of one-sample t-tests indicated that our newly collected sample appeared somewhat less psychologically healthy compared with normative expectations, and these discrepancies were more pronounced on the PAI than on the R-PAS. Implications and future perspectives are discussed.

Giulia Pascarella | Università Cattolica del Sacro

Filippo Aschieri | European Center for Therapeutic Assessment & Università Cattolica del Sacro

Aurora Milesi | Università Cattolica del Sacro

Luciano Giromini | University of Turin

Integrating LIWC Computer Text Analyses of TAT Stories into Multimethod Personality Assessments

Statement of Problem: Practice research networks (PRNs) have been recommended for training evidence-based assessment (EBA) and evidence-based treatment outcomes (EBT). However, most EBA and EBT PRNs have used domain-specific CBT measures and occasionally objective personality measures (e.g., MMPI-2) and intellectual ability measures (e.g., WAIS-IV), and have not included projective / performance-based tests such as the Thematic Apperception Test (TAT). Although reliable and valid scoring protocols for the TAT exist (e.g., SCORS-G), these still usually involve subjective ratings by judges requiring lengthy training. The present research study provides a preliminary report of the utility of using computer text analyses of the language categories of TAT stories using the Linguistic Inquiry Word Count 2015 version (LIWC 2015; Pennebaker et al., 2015).

Method/Procedure and Subjects Used: 180 adult clients' (76 males, 103 females, 1 transgender) de-identified data were archived in a PRN established at a nonprofit community training clinic in this IRB approved study. The PRN measures included the MMPI-2 clinical, content, and supplemental scales, the WAIS-IV summary indices and subtest scores, the Treatment Outcome Package (TOP) clinical scales, and the Myers-Briggs Type Indicator, Form F (MBTI). A subsample of 78 clients' (25 males, 52 females, 1 transgender) transcribed and cleaned TAT stories were computer text analyzed using LIWC 2015.

Results: Preliminary analyses revealed few gender differences in the 56 LIWC2015 language categories, but that the mean scores on 38 of the 56 categories did differ significantly from the baseline grand means from the LIWC2015 manual, with moderate to large effect sizes. Relationships of the TAT LIWC2015 language categories with the MMPI-2 scales, the TOP clinical scales, and the MBTI continuous score dimensions were explored using Pearson correlations and canonical correlations. The TAT LIWC categories of interest were hypothesized to group into particular personal pronouns (I vs. we), positive vs. negative emotion words, agentic drives (e.g., achievement, power, and "clout" and "work" word frequency) and communal drives (affiliation, reward, and "social", "family", "friend", and "home" word frequency). As hypothesized, "I" pronoun frequency and negative emotion words were significantly positively correlated with MMPI-2 clinical and content scales (e.g., MMPI-2 D, MMPI-2 Pt, MMPI-2 ANG) and with the TOP clinical scales (e.g., Depression, Sleep Problems, Panic), while affiliation and achievement drives were significantly negatively correlated with these MMPI-2 and TOP scales. Agentic and achievement word categories were significantly associated with MBTI extravert vs. introvert continuous scores (in the extravert preference direction) and judging vs. perceiving continuous scores (in the judging preference direction).

Conclusions: These preliminary findings indicate that TAT stories computer analyzed objectively using LIWC-2015 are meaningfully related to client self-report measures (MMPI-2, TOP, MBTI). As a performance-based measure, the TAT interpersonal stories can yield objective indices of positive and negative emotion, as well as agentic and communal drives that can have clinical training as well as research utility.

Raymond Hawkins II | University of Texas at Austin

Use of Social Cognition and Object Relations Scale-Global to Evaluate the Impact of Parental Divorce on College Students' Interpersonal Functioning

Research has shown parental divorce to have long-term impacts on various domains of children's interpersonal functioning, extending into young adulthood and beyond. The purpose of this study was to assess the potential impacts of parental divorce in college students using the Social

Cognition and Object Relations Scale-Global (SCORS-G) with narratives derived from the Thematic Apperception Test (TAT). Two additional variables of rejection sensitivity, which has been shown to be impacted by parental divorce, and perceived social support, which may mitigate maladaptive outcomes in interpersonal functioning, were also assessed. The sample for this study consisted of 82 college students subdivided into divorce (n = 41) and no-divorce (n = 41) subsamples. ANOVA results showed statistically significant differences between the subgroups for SCORS-G mean scores on Affective Quality of Representations (AFF), Emotional Investment in Relationships (EIR), Experience and Management of Aggressive Impulses (AGG), Self-Esteem (SE), Self Factor, Affective-Relational Factor, and the Composite score, with the divorce group scoring significantly lower (i.e., in the more pathological direction). Rejection Sensitivity Questionnaire (RSQ) mean scores were unrelated to SCORS-G scores for both groups. However, multiple small-to-medium effect size correlations were found between SCORS-G dimension and factor scores (COM, Understanding of Social Causality (SC), SE, ICS, Cognitive Factor, and Self Factor) and the Multidimensional Scale of Perceived Social Support's (MSPSS) Significant Other and Family subscales (EIR and SE) for both groups. Implications of these findings will be discussed.

Rachel Davenport | Florida Institute of Technology

Radhika Krishnamurthy | Florida Institute of Technology

Psychological Adjustment in Adolescence: A Matter of Intra- and Inter- Personal Issues

Supportive and close maternal relationships act as protective factors for adolescents' psychological adjustment. Self-control, defined as the ability to control thoughts, emotions, and impulses is linked to psychological well-being as well. To date, there is scant research investigating the association between supportive and close maternal parenting, self-control, and psychological difficulties in adolescence. The current study is aimed to fill this gap by assessing 290 Italian high school students ranging from 14 to 18 years old (Mean Age=16.46, SD=1.67; 39.6 % males). Participants filled in the support and closeness scales of the Adolescent Family Process; the Brief Self-Control Scale and the Strength and Difficulties Questionnaire to assess the psychological adjustment. Mediation analysis showed that closeness and supportive relationships foster self-control which in turn is linked to less psychological maladjustment. These results suggest the protective role of positive maternal relationships in this specific phase of life, during which self-control abilities are still-maturing and the risk to face psychological maladjustment is high. This contribution informs researchers and professionals about the need to develop interventions that focused on intra- (i.e., self-control) and inter-personal (i.e., maternal relationships) aspects to promote psychological adjustment.

Adriana Lis | Universidad de Padova

Maria Mirandi | University of Perugia

Claudia Mazzeschi | University of Perugia

Elisa Delvecchio | University of Perugia

Developmental Cascades from Early Childhood Attachment Security to Adolescent Level of Personality Functioning Among High-Risk Youth

There is widespread recognition that level of personality functioning, defined in terms of quality of relationships with the self and others, impacts development toward positive adaptation or pathology (e.g., Bender, 2019). Affective expectations of the self, others, and the environment form in the context of attachment relationships in infancy and continue to develop over the course of the lifespan through ongoing transactions between individuals and their environments (Sroufe et al., 1999). This project examined associations between early childhood attachment security and adolescent personality functioning in a high-risk sample within a developmental psychopathology framework, taking into account transactional and cascade effects among separate but interrelated constructs – emotional and behavioral dysregulation, negative parenting attitudes and behaviors, and social competency – and across multiple levels of analysis – cellular, individual, and environmental. Data from 2,268 children (1165 male; 1103 female) and caregivers

participating in Fragile Families and Child Well-Being Study (FFCWS; Reichman et al., 2001), a longitudinal study following a high-risk cohort, were used to examine (1) the effect of genetic polymorphisms of the serotonin transporter (5-HTTLPR) and dopamine D4 receptor (DRD4) genes and adverse childhood experiences (ACEs) attachment security and emotional and behavioral dysregulation in early childhood, (2) the longitudinal associations and transactional relationships among attachment security, dysregulation, negative parenting attitudes and behaviors, and social competence, and (3) the relationships among dysregulation, negative parenting attitudes and behaviors, and level of personality functioning in adolescence. Results revealed that ACEs was a significant predictor of attachment security at age three over and above sex or the genetic risk factors examined, and the gene x environment interaction did not increment prediction. Results of cascade models showed good fit for all models for males and females, and model fit improved when cross-lagged pathways were included in models. Local path coefficients within models supported significant longitudinal and concurrent relationships between some variables among individuals. Total autoregressive effects for dysregulation, negative parenting, and social competency in males and for dysregulation and negative parenting in females were significant. In males, total cross-lagged effects of dysregulation on negative parenting and social competency and of social competency on dysregulation were significant. In females, total cross-lagged effects of dysregulation and negative parenting on social competency were significant. Finally, results revealed that, among males, greater attachment security at age three predicted more adaptive personality functioning at age 15 via lower emotion dysregulation and higher social competency. Among females, greater attachment security at age three predicted more adaptive personality functioning at age 15 via lower emotion dysregulation and less negative parenting across childhood. Findings concerning the relative influence of genetics and environment can be interpreted in the context of Bronfenbrenner's (Bronfenbrenner & Morris, 2006) bioecological model. Findings of cascade models provide broad support for cascading relationships among emotional and behavioral dysregulation, negative parenting attitudes and behaviors, and social competency. Implications for personality development and assessment and future research directions are discussed.

Emily O’Gorman | John Hopkins School of Medicine
Gregory Meyer | University of Toledo

New Insights About Rorschach Data from Nazis

Location: RM 602

A Psychoanalytic Reading of the Rorschach Tests of Hermann Goring

Hermann Wilhelm GORING (12/01/1893-15/10/1946), Reichfeldmarschall, founder of the Sturmabteilung (SA), creator of the first concentration camps, head of the Luftwaffe, president of the Reichstag and designed heir of Hitler, was the prominent figure of the high-echelon Nazi administrators, politicians and officers imprisoned in Nuremberg in 1945-1946, undergoing the first of 13 Nuremberg trials (20 novembre 1945-1 ottobre 1946). He was administered twice the Rorschach test: the first time by KELLEY Douglas McGlashan, the second by GILBERT Gustav Mark (December 9, 1945). The two protocols were scored according to both SRR (Scuola Romana Rorschach) and R-PAS (Rorschach Performance Assessment). In addition, a sequential analysis was performed of responses verbalizations and behaviours, card by card and response by response, sensitive to interpersonal dynamics between subject and examiner, combining attention to formal aspects of the perceptual experience with symbolic and dynamic interpretation of the apparent and the hidden content of the responses, in the light of the knowledge of the distinctive stimulus value of each card, of biographical informations and of psychoanalytical acquisitions on the internal world of different personality structures. At this regards, some suggestions of French psychoanalysis on perversion have proved to be particularly enlightening. According to Chasseguet-Smirgel (1983, 1990, 1999), perversions (are) not just disorders of a sexual nature affecting a relatively small number of people: perversion is a dimension of the human psyche

in general, a tentation in the mind common to us all, one of the essential ways and means man applies to push forward the frontiers of what is possible and to unsettle reality; the perverse world implies the erosion of the double difference between the sexes and the generations; the pleasure connected with perversion, is sustained by the fantasy that, in breaking down the barriers which separate man from woman, child from adult, mother from son, daughter from father, brother from sister, the erotogenic zones from each other, and, in the case of murder, the molecules in the body from each other, the perverse subject has destroyed reality, thereby creating a new one, that of the anal universe where all differences are abolished. The two Rorschach tests of Hermann GORING appear to be quite fully 'normal' from a quantitative point of view, as regards localizations, principal and additional determinants, contents, indexes and ratios, times, and so on, according both SRR and R-PAS methods. In contrast, when we turn to the sequential analysis of responses as previously outlined, inspired to suggestions of French psychoanalysis, we are able to identify recurring and suggestive contents, outlining, as a whole, a perverse structure of personality. Particularly enlightening, in this regard, are the aggressive content responses, mostly hidden and masked, and three key responses: 'Whirling dervishes' in the second card, 'Trolls from Peer Gynt' in the ninth card, 'Witches sabbath' in the tenth card.

Salvatore Zizolfi | Private Practice

Revisiting the Rorschach Tests of Hermann Goring by Means of Rorschach Performance Assessment System (R-PAS)

The trial of Germans in Nuremberg (1945-1946) may be considered as the dawn of modern criminological psychodiagnosis. In fact, it was the very first time that the Rorschach test was adopted with the purpose of studying the personality of individuals charged with war crimes.

The paper illustrates the two Rorschach records administered to Hermann Goring, number two of the third Reich and heir apparent of Adolf Hitler. The protocols were scored according to SRR (Scuola Romana Rorschach) (Rizzo, Parisi, & Pes, 1980) and rescored by means of R-PAS (Rorschach Performance Assessment System) (Meyer et al., 2011).

Although formal data appear quite 'normal', a comprehensive analysis of the response sequence, including content, determinants, and the specific verbalizations and behaviors used during test-taking, provides information about how Goring copes with, defends against, and recovers from conflicting impulses, relational needs, states and memories and offers new insights into a deeply perverse personality structure.

Some 'key responses' ('Whirling Dervishes', 'The Trolls from Peer Gynt', 'Witches Sabbath') depict an internal world with no rules and no differentiation between sexes, species, generations, good and evil: the cheering personality of Goring conceals the laugh of Satan.

Sara Pasqualini | University of Turin

Reneau Kennedy | Private Practice

Daniele Zizolfi | University of Insubria

Salvatore Zizolfi | Private Practice

The Rorschach of Nazi Leaders: 76-Years History (1946-2022)

The Rorschach tests administered to Nazi Leaders during the Nuremberg trial (1945-1946) are perhaps the most studied protocols in the history of the Rorschach test: more than 25 scientific papers are dedicated to this subject from 1946 to 2022, in search for the 'Nazi Personality' (Kelley, 1946; Miale & Selzer, 1975; Harrower, 1976; Zillmer et al., 1995; Zizolfi, 2016a).

The paper retraces in details the various moments of this thriller story, from the long years of silence by the two clinicians collecting the tests, Douglas Kelley and Gustave Gilbert, to the illusions and methodological pitfalls of early researchers; from the fortuitous recovery, by Reneau Kennedy, of records believed lost, to the modern reanalysis using current scoring and interpretation practices (Ritzler, 1978; Zillmer et al., 1989).

Until to-day, with the re-scoring and re-interpretation of original protocols by means to the Rorschach Performance Assessment System (R-PAS) (Meyer et al., 2011) (Pasqualini et al, this congress) and the new look from a psychoanalytic prospective inspired by suggestions of French school on perversion (Chasseguet-Smirgel, 1983, 1990, 1999) (Nielsen & Zizolfi, 2005; Zizolfi, 2016b).

Reneau Kennedy | Private Practice

Sara Pasqualini | University of Turin

Daniele Zizolfi | University of Insubria

Salvatore Zizolfi | Private Practice

New Research on the MMPI-3

Location: Waterloo Ballroom 6

Development and Validation of the MMPI-3 Personality Disorder Spectra Scales

The purpose of the current study was to revise and update the MMPI-2-RF Personality Disorder (PD) Spectra scales (Sellbom, Waugh, & Hopwood, 2018) for the MMPI-3 (Ben-Porath & Tellegen, 2020). Although the field of personality disorder science is correctly moving towards dimensional models (e.g., Hopwood et al., 2018), the clinical practice reality remains with the traditional constructs. The original MMPI-2-RF PD spectra scales were initially developed as a bridge; focused on traditional constructs but from a dimensional perspective and anchored in contemporary trait research. The MMPI-3 versions aim to continue to serve this purpose.

The current paper describes the development of the MMPI-3 PD spectra scales in three separate samples of community participants (n=1,591), university students (n=1,660), and outpatient mental health patients (n=1,537). The authors independently evaluated each of the 72 new MMPI-3 items and rated them for appropriateness for scale inclusion. Items with majority consensus were evaluated together with the remaining original MMPI-2-RF items for each individual PD spectra scale through both internal consistency analysis and by ensuring that a candidate item for a particular scale was more strongly correlated with the target scale than the other scales. Ultimately, all 10 scales were revised, with nine incorporating items that were new to the MMPI-3.

We subsequently validated the new MMPI-3 PD spectra scales against traditional PD measures as well as impairment and trait measures of the Alternative DSM-5 Model of Personality Disorders (AMPD) in an independent sample of 475 university students. Participants were administered the MMPI-3, two measures for the traditional PD model (Personality Diagnostic Questionnaire-4 [PDQ-4; Hyler, 1994]; Assessment of Disordered Personality-IV [ADP-IV]; Schotte & deDoncker, 1994), and two measures for the AMPD (Computerized Adaptive Test for Personality Disorders [CAT-PD; Simms et al., 2011] for traits; Levels of Personality Functioning Scale – Short Form [LPFS-SF; Morey, 2017] for impairment). The PD Spectra scales showed large correlations with their corresponding traditional PD measure as expected ($r_s = .40 - .81$; median = $.70$), with the exception of Histrionic PD ($r = .20$). In terms of the AMPD, the PD Spectra scales also showed moderate to high correlations with most hypothesized CAT-PD trait scales and were further meaningfully correlated with the LPFS-SF impairment scales ($r_s > .30$), with the exception of the Histrionic and Narcissistic PD scales ($r_s < .30$).

In conclusion, with the clear exception of Histrionic PD, the MMPI-3 PD Spectra scales showed good evidence for criterion-related, convergent and discriminant validity in assessing personality pathology across both traditional and contemporary models. Further continuous validation of the scales is needed, especially in clinical samples, but the findings to date are generally promising.

Martin Sellbom | University of Otago

Tiffany Brown | University of Otago

Mark Waugh | Oak Ridge Psychotherapy Practice

Christopher Hopwood | University of Zurich

An Examination of the Construct Validity of the MMPI-3 PSY-5 Scales

The Personality Psychopathology Five (PSY-5) is a dimensional model of personality disorder-related psychopathology. Its five traits, aggressiveness, psychoticism, disinconstraint, negative emotionality/neuroticism, and introversion/low positive emotionality, represent major individual differences domains that can be conceptualized as the basis of a wide range of psychological dysfunction. PSY-5 Scales have been included on successive versions of the Minnesota Multiphasic Personality Inventory (MMPI) since their addition to the MMPI-2, providing a link to other contemporary personality/psychopathology models. A current assessment of the PSY-5 model is offered by the PSY-5 Scales of the MMPI-3. However, most of the validity evidence for these scales is found in the MMPI-2-RF literature. Ben-Porath and Tellegen (2020) demonstrated that such MMPI-2-RF findings generalize to the MMPI-3. Nevertheless, there is a need to further examine the construct validity of the current version of these scales. The current study was conducted for this purpose, using four college student samples ($N = 355-1,066$). Zero-order correlations between MMPI-3 PSY-5 Scale scores and scores on construct relevant collateral measures were calculated. Broadly, we hypothesized we would find meaningful associations between Aggressiveness (AGGR) and measures of antagonistic externalizing dysfunction; Psychoticism (PSYC) and measures of thought dysfunction; Disconstraint (DISC) and measures of disinhibited externalizing dysfunction; Negative Emotionality/Neuroticism (NEGE) and measures of fear and negative affect-related dysfunction; and between Introversion/Low Positive Emotionality (INTR) and measures of detachment-related dysfunction. Associations were interpreted as meaningful at $r \geq .15$ if such associations were hypothesized. Non-hypothesized associations were interpreted as meaningful at $r \geq .30$. Follow up regression and dominance analyses were conducted to identify the unique predictive contributions of each of the PSY-5 Scales. Results of the correlational analyses largely supported our hypotheses, providing evidence for the convergent and discriminant validity of the MMPI-3 PSY-5 Scales. Follow up hierarchical regression analyses and dominance analyses clarified the distinct contributions and relative importance of each of these scales. The current study provides evidence of the construct validity of the MMPI-3 PSY-5 Scales. Broad implications for practice, as well how the MMPI-3 PSY-5 Scales can inform contemporary psychopathology science will be discussed.

Jacob Brown | Kent State University

Yossef Ben-Porath | Kent State University

Assessing the UPPS-P Facets of Impulsivity Using the MMPI-3

Impulsivity is one of the most widely used criteria in the Diagnostic and Statistical Manual, 5th edition (APA, 2013). Although instruments used to investigate impulsivity in research settings are well established, these instruments are not suitable for use in practice because they do not meet ethical and practice guidelines, such as those outlined in the Standards for Educational and Psychological Testing (AERA, 2014). As such, the goal of this project was to examine whether the UPPS-P (Lynam et al., 2009) facets of impulsivity—an experimental measure—could be assessed with a widely used, broadband measure of personality and psychopathology; the Minnesota Multiphasic Personality Inventory-3 (Ben-Porath, 2020a; Ben-Porath, 2020b).

The UPPS-P captures five distinct but related facets of impulsivity: Negative and Positive Urgency, Lack of Perseverance, Lack of Premeditation, and Sensation Seeking. In a sample of 216 college students, we hypothesized MMPI-3 scales that may be associated with each UPPS-P facet based on a thorough review of the literature and scale content. Next, we examined associations of MMPI-3 scales with relevant collateral measures to select the scale that best captured the UPPS-P facet. Finally, we investigated the predictive and discriminant validity of each selected MMPI-3 scale.

Contrary to hypotheses, the MMPI 3 Emotional/Internalizing Dysfunction (EID) scale was significantly and most strongly associated indicators of Urgency (p 's $< .05$; UPPS-P Negative Urgency $r = .51$, UPPS-P Positive Urgency $r = .21$, IPIP Neuroticism $r = .83$, PANAS Negative Affect $r = .64$, IAQ $r = .23$). Likewise, the Inefficacy (NFC) scale was the best marker of lack of Perseverance (p 's

< .05; UPPS-P Lack of Perseverance $r = .35$, IPIP Conscientiousness $r = -.41$, PANAS Positive Affect $r = -.34$, PANAS Negative Affect $r = .51$, Impulsive Action Questionnaire [IAQ] $r = .17$). As hypothesized, the Antisocial Behavior (RC4) scale was the best marker of Lack of premeditation (p 's < .05; UPPS-P Premeditation $r = .24$, IPIP Conscientiousness $r = -.30$, IAQ $r = .47$). Finally, as hypothesized low scores on the PSY-5 Introversion (INTR) scale were the best indicator of Sensation Seeking (p 's < .05; UPPS-P Sensation Seeking $r = -.48$; IPIP Extraversion $r = .48$, PANAS Positive Affect $r = .24$, IAQ $r = .27$).

In line with hypotheses, we found that EID was the best predictor of Negative Urgency ($R^2 = .29$; $\beta = .68$, $p < .001$) and low INTR was the best predictor of Sensation Seeking ($R^2 = .23$; $\beta = -.48$, $p < .001$). Contrary to hypotheses, RC4 was only significantly associated with Negative Urgency and NFC was significantly associated with all facets of impulsivity, but with Negative Urgency most strongly. Taken together, assessing the UPPS-P facets with the MMPI-3 appears to be less cleanly delineated than anticipated. Future research should continue to better understand how we can best capture these important traits in clinical settings.

Colette Delawalla | Emory University

Tayla Lee | Ball State University

Examining the Construct Validity of the MMPI-3 Eating Concerns Scale

The current investigation explores the criterion validity and utility of the MMPI-3 Eating Concerns (EAT) Specific Problem scale utilizing data collected from three independent college student samples. The first includes 286 participants, mostly (65.4%) women and was predominately White (88.1% White, 9.8% Black or African American, 3.1% Asian, 2.4% Hispanic or Latino, 1.7% American Indian or Alaska Native, 1.7% Native Hawaiian or Other Pacific Islander, and 1.4% another ethnicity), with an average age of 19.3 ($SD = 3.0$). The second includes 878 participants, predominately women (73.2%) and White (80.2% White, 13.7% Black or African American, 4.3% Asian, 4.3% Hispanic or Latino, 1.6% American Indian or Alaska Native, less than 1% Native Hawaiian or Pacific Islander, and 2.6% another race), with an average age of 19.5 ($SD = 2.0$). The third sample includes 318 participants, predominately female (71.4%) and White (77.7% White, 8.5% Black or African American, 6% Asian, 3.1% Hispanic or Latino, 1.6% American Indian or Alaska Native, 0.6% Native Hawaiian or Other Pacific Islander, 1.9% another ethnicity), with an average age of 20.2 ($SD = 3.0$). MMPI-3 scores were derived from the expanded version of the MMPI-2-RF, which was used to develop the MMPI-3.

We identified additional self-report measures related to eating pathology that were administered to each sample. We used subscales contained in these measures to better understand associations between EAT scores and more narrowly defined eating pathology-related constructs. We calculated zero order correlations between each identified criterion and EAT. To account for shared method variance, we interpreted correlations with $r \geq |.30|$ as meaningful. In the first sample, EAT scores were meaningfully associated with maladaptive concern with weight, weight gain, and calorie consumption, preoccupation with food and frequent bingeing/purging behavior, restricting food intake and following a diet, eating for emotion regulation, and not relying on satiety cues to determine eating behavior. In our second and third samples, EAT was meaningfully correlated with food restriction and creating dietary rules, preoccupation over food and guilt surrounding eating, concerns and dissatisfaction over one's body shape and weight, and loss of control of eating. EAT was also meaningfully correlated with food binges, social/occupational impairment due to disordered eating, continued maladaptive behavior despite negative consequences, tolerance and withdrawal effects related to food, and significant distress and impairment related to food use.

We conducted multiple regression analyses to determine which specific eating pathology constructs are related uniquely to EAT scores. Eating for emotion regulation, restricting food intake, following a diet, preoccupation with food, bingeing/purging, guilt about eating, loss of control over eating, substantial time to obtain, use, and recover from food, food binges, and dissatisfaction

over one's body shape significantly predicted EAT scores.

Finally, we conducted hierarchical regression analyses to determine the incremental contribution of EAT scores in predicting eating pathology over other MMPI-3 Specific Problems scales. Results indicated that EAT significantly increments prediction of relevant criteria beyond other MMPI-3 Specific Problems scales. Implications of these findings will be discussed.

Keefe Maccarone | Kent State University
Yossef Ben-Porath | Kent State University

SPAGS Presents: Working with the Personality Disorders- A How-To Guide and Case Discussion | 1.5 CEs

Location: Waterloo Ballroom 3-4

Chair: Callie Jowers | University of Detroit Mercy

Continuing its commitment to the professional development of graduate students, the Society for Personality Assessment Graduate Student (SPAGS) Education Committee is organizing a case presentation to discuss the Alternative Model of Personality Disorders (AMPD) and its application. This symposium aims to provide a comprehensive introduction to the holistic application of the AMPD for students and professionals who may have limited experience with the model. Featuring a panel of experts, the case presentation will walk attendees through a case example and discuss how the model can be used in case formulation. Abby Mulay will first present a fictional case. Nicole Cain will discuss Criterion A and how it applies to the fictional case. Hilary DeShong will then discuss Criterion B and its application to the case. Following, Sharon Nelson will discuss the retention of a few categorical diagnoses and how they apply to the case. Finally, Sierra Iwanicki and Emily Dowgwillo will present the psychometric properties of the model. Graduate student and early career professional attendees who have varied levels of training and experience will have the opportunity to ask experts their questions pertaining to how they can incorporate the AMPD into their clinical training.

Abby Mulay | Medical University of South Carolina
Sharon Nelson | Ann Arbor VA
Nicole Cain | Rutgers University
Hilary DeShong | Mississippi University
Sierra Iwanicki | PAR, Inc
Emily Dowgwillo | University of Detroit Mercy

You're Invalid? A Case Discussion Highlighting the Complications When Diversity, Identity, Cognitive Decompensation, and Validity Measures Collide | 1.5 CEs

Location: Waterloo Ballroom 5

Performance validity, impression management, and malingering are vital evaluation points in any assessment. But what happens when measures suggest varied interpretations of a client's behavior? Moreso, how do you therapeutically approach an examinee who desperately wants answers and insists being honest, but elevates multiple validity scales while other scales suggest valid responding? We must inquire about these results. But, when a client has life-long trauma and marginalization, how can we without further invalidating their experience? With this case discussion, we propose that when the symptoms of concern become enmeshed with test invalidation, the invalidation itself becomes diagnostic. This case centers around Leo (a pseudonym), a 23-year-old Hispanic college student assigned male at birth. Following treatment discord and minimal progress, Leo and his therapist requested an assessment to clarify diagnoses; provide insight into Leo's strengths, weaknesses, and personality dynamics; and inform strategies for therapeutic intervention. Concerns regarding psychosis, personality dysfunction, trauma, and impression management were prevalent. Gender identity and sense of self emerged as additional critical aspects during the evaluation. The integrative assessment process involved semi-structured and structured interviews, self-report and performance-based measures, and informant-rated inventories. Leo's case, unique approach

to testing, and interactions with the examiners are rooted in crucial issues relevant to all evaluators: validity, rapport, diversity, and clinician adaptability and humility. Attendees will be walked through Leo's case, particularly how his response style to impression management and performance validity measures across multiple methods of measurement (i.e., MMPI-3, PAI, Rorschach, SIRS-2) generated insights beyond those pertaining to test performance, and ultimately improved our case conceptualization. Using the M-axis of the Psychodynamic Diagnostic Manual – 2 (PDM-2), we will review how Leo's testing behaviors provided information about the 12 essential areas of mental functioning. Issues regarding diversity, rapport in assessment, and ethical considerations will be integrated throughout the case discussion.

Kelci Davis | Sam Houston State University

Adam Natoli | Sam Houston State University

Disambiguating the “Right” Voice from the “White Voice” When Teaching Report Writing

Location: Waterloo Ballroom 1

Coordinator: Sarah Hedlund | George Washington University

Traditionally, the writing of assessment reports has followed a structured format that uses language that the field has historically deemed professional -- that is it uses not only technical, psychological-based language but also a style of Standardized English that conveys authority and competence. As psychology as a field seeks to broaden the base of practitioners to look more like the world, a question arises: how do we convey content authority without also reinscribing other constructs of power in our writing? This panel will examine the tension which arises between the necessity of teaching the technical aspects of report writing and the ways in which requiring students to learn and implement the accepted “voice” replicates colonialism, ableism, and the cis het white patriarchy, rather than encouraging a range of diverse competent voices.

Katherine Marshall Woods | George Washington University

Helen Devinney | George Washington University

Kara Adams | George Washington University

Bryan Becerra | George Washington University

Posters

March 30, 2023 | 6:00 PM - 7:00 PM

All Posters will be located in Moontower Hall

Re-Kindling Interest in Computerised Adaptive Tests (CAT): A Modern, Efficient, and Scalable Method of Personality Assessment

Researchers often wish to investigate individual differences using a wide range of instruments. Unfortunately, high precision often requires lengthy surveys or removing key variables to reduce participant burden. Shorter measures often come at the cost of reduced psychometric performance or sacrificing subscales. Computerised adaptive testing (CAT) iteratively administers items for each participant based on their previous responses. To demonstrate its usefulness, we developed a Sliderbar Inventory (Pettersson et al., 2014) CAT to capture variation in bipolar maladaptive personality. Simulation analysis demonstrated scale length savings of one half while retaining correlations $> .90$ with the original scales (depending on participant trait level). We then demonstrate similar accuracy and even larger time savings with the Level of Personality Functioning scale (Morey et al., 2017) and the Big Five Inventory (Soto & John, 2017). Beyond scale length reductions that reduce participant burden and engagement, items could be developed to target specific ranges of the underlying construct (for example, either very high or very low), leading to scales with higher accuracy than their longer cousins employing classical test theory. CAT testing has an exciting future within personality and individual differences research, enabling previously-unattainable research questions (particularly for intensive longitudinal / environmental sampling). We will show

how these techniques can be implemented for free with minimal IRT and R statistics knowledge using a brief guide and interactive example.

Conal Monaghan | Australian National University

Psychological Assessment Training in Counseling Psychology Doctoral Programs: Trends in Curriculum, Measure Coverage, & Assessment Use

Assessment training varies greatly between programs while still meeting APA guidelines. Variations in training experiences impact student outcomes and the field more broadly (Bergquist et al., 2022). Some previous work has documented training trends in APA-accredited doctoral programs, but has largely focused only on Clinical Psychology (Mihura et al., 2017). Training Directors from APA-accredited Counseling Psychology doctoral programs have not yet been similarly surveyed despite these programs representing an important part of health psychology and producing psychologists who provide equitable professional services. While research suggests robust similarities between clinical and counseling psychology programs, several important differences in assessment training remain. For example, previous research has suggested that counseling students go on to conduct more vocational assessments and less projective and intellectual assessments than clinical students (Norcross et al., 2020). We surveyed training directors of APA-accredited counseling psychology doctoral programs to determine current training trends in the field and provide a comparison to existing clinical psychology programs.

Directors of clinical training (DCT) from the 74 APA-accredited counseling psychology programs were contacted by e-mail. Of the 51% (n = 38) of programs who provided responses, most used a Scientist-Practitioner model (74%), although Practitioner-Scholar/Scientist (18%) and other models (e.g., Practitioner-Scholar; 8%) were also represented. Respondents reported their personal research lines as largely being related to Vocational (42%) and Personality (32%) assessment.

Respondents reported curriculum coverage of diagnostic systems, assessment domains (e.g., personality, cognitive), and specific measures. In our sample, the DSM was a required component of all programs. The ICD was the second most covered diagnostic system (69%). Programs rarely covered PDM, AMPD, and HiTOP diagnostic models (13% to 22%). Additionally, nearly all programs (97%) reported requiring training on clinical interviewing and the WAIS-IV. Most programs also covered the WISC-V, the Strong Interest Inventory, the PAI, and the MMPI family of instruments (not covered: 3% to 16%). Adolescent-specific assessments and performance-based measures were the least likely to be included in required or elective curricula, highlighting an under-covered population frequently in need of assessment services

Respondents also indicated the average assessment competence of students graduating from their program across several domains (e.g., intelligence testing) as well as the estimated proportion of their graduated students who participate in various fields of assessment based on data collected for APA accreditation. On average, respondents estimated that their students went on to conduct diagnostic/personality (47%) and intelligence (32%) testing regularly. Career outcomes involving developmental disorder, health-related, and vocational assessments were uncommon (M = 16% - 19%). All programs indicated that they believed their students graduated with at least average competence in self-report measures and, on average, indicated that they believed they possess average to above-average competence in intelligence testing and vocational assessment. Below-average competence was reported in the areas of health, neuropsychological, performance, and forensic assessment.

In general, these patterns are consistent with those in clinical programs and in the professional literature more broadly. Counseling programs seemed to include more vocational assessment training and less child and performance-based assessment training than do clinical programs.

Megan Keen | Ball State University

Paul Ingram | Texas Tech University

Comparing Scores of Latinx and Non-Latinx Justice-Involved Youth on the MMPI-A-RF: A Pilot Study

Justice-involved youth often undergo psychological assessments at each intercept with the legal system (DeMatteo et al., 2016). One of the most utilized broadband personality assessments for adolescents is the Minnesota Multiphasic Personality Inventory (MMPI) family of instruments (Cashel, 2002), of which the MMPI-Adolescent-Restructured Form (MMPI-A-RF; Archer et al., 2016) is the most recent version intended for youth. While research into the MMPI-A-RF grows, the representativeness of racial and ethnic minorities during its validation, development, and norming provides little assurance of generalization within these populations given the changing census needs (see Ben-Porath & Tellegen, 2020). This underrepresentation has numerous clinical and forensic implications, such as failure to detect differing symptomology presentation and responding styles which are culturally bound. Therefore, this study evaluated differences among Latinx and non-Latinx justice-involved youth on the MMPI-A-RF. We hypothesized scale scores on the MMPI-A-RF will generally differ negligibly between Hispanic/Latinx and Non-Hispanic/non-Latinx Youth; however, medium effect differences are expected on scales measuring somatic/cognitive complaints (Hispanic/Latinx > Non-Hispanic/Non-Latinx), consistent with common symptom presentation patterns across ethnicity (e.g., Angel & Guarnaccia, 1989).

Participants are juveniles on probation, deferred status, or detained at a local detention center in the southwest United States ($n = 58$), with age ranges 14 to 17 ($M = 15.4$; $SD = .92$). Participants were mostly male (61.7%) and self-identify as Hispanic/Latinx ($n = 18$; 38.3%), Black, ($n = 13$; 30.2%), White ($n = 8$; 17%), or other ($n = 4$; 8.5%). Participants were excluded based on the standard valid profile recommendations on the MMPI-A-RF (TRIN, VRIN, CRIN, F, L, or K), resulting in 43 valid cases (74%). Twenty-nine valid cases (62%) were from detained youth.

Mean scores of the overall sample were relatively comparable to comparison groups in the technical manual (T-score difference $< |5|$); however, notable variations were evident on several internalizing, somatic, and interpersonal scales (e.g., EID, STW, HPC, RC3, etc.), as evidenced by less than a medium effect size (\geq T-score 5-point difference). Differences between Hispanic/Latinx ($n = 18$) and Non-Hispanic/Non-Latinx ($n=25$) were assessed across each MMPI-A-RF substantive scale. Contrary to expectation, the Hispanic/Latinx group endorsed modestly more pathology (e.g., $g = .25$ [THD], $.33$ [BXD]), particularly on externalizing scales ($g = .26$ [NSA] to $.40$ [AGG]). Examination of substantive scale elevation rate ($T \geq 60$) found most scales had negligible to small differences; however, two scales had larger differences ($\psi \geq 60 = -.49$ [NUC] to $-.65$ [FML]). Conversely, there were a greater range of differences at $T \geq 70$, ranging up to moderate effects ($\psi = .31$ [AGG, SUB]).

In general, results support the idea that scales on the MMPI-A-RF generally differ with small/negligible effects between Hispanic/Latinx and Non-Hispanic/Non-Latinx youth. Implications for the multicultural appropriateness of the MMPI-A-RF will be discussed, as well as next steps in expanding the Hispanic/Latinx comparison data for incarcerated juveniles.

Keegan Diehl | Texas Tech University

Sarah Hirsch | Texas Tech University

Becca Bergquist | Texas Tech University

Adam Schmidt | Texas Tech University

Paul Ingram | Texas Tech University

Associations between the Brazilian Versions of the MMPI-2-RF and the PID-5 in Psychiatric Patients

We aimed to investigate associations between the scores of the Minnesota Multiphasic Personality Inventory – 2 - Restructured Form (MMPI-2-RF) scales and the alternative model of personality disorders (DSM-5) using the Personality Inventory for DSM-5 (PID-5) in a sample of Brazilian

psychiatric patients. We recruited 369 adults in public psychiatric outpatient clinics and private mental health clinics. We removed 103 participants (27.9%) from the data analysis because the MMPI-2-RF protocols were deemed invalid due to excessive inconsistent or overreported responses. The final sample was composed of 266 patients, mostly men (55.6%), with a mean age of 36,5 years old (SD = 12,7), from the Southeast region of the country (60.9%), white (60.5%), and single (56.4%). The sample was diagnostically heterogeneous, including most anxiety disorders (43.3%), mood disorders (35.1%), substance and alcohol disorders, pathological gambling and personality disorders (13.2%), and psychotic disorders (5.2%). We administered the Brazilian version of the MMPI-2-RF and PID-5. We performed a Pearson correlation between the MMPI-2-RF and PID-5 scores. We further examined associations between MMPI-2-RF scales and PID-5 facets using exploratory structural equation modeling (ESEM) to understand better the organization of the PID-5 and MMPI-2-RF constructs in a conjoint fashion. We conducted distinct ESEM, replicating the structure of previous studies. The correlations of the Higher-Order (H-O) scales were mostly moderate and strong and generally aligned with expectations. For instance, the EID (Emotional / Internalizing Dysfunction) strongly correlated with Negative Affectivity and Detachment. Our findings are in line with the literature that highlights the internalizing nature of some Specific Problems scales, except for the MSF scale, as found in the Brazilian sample, which had a strong association with the Negative Affectivity Domain and its facets of the PID-5 (Anderson et al., 2015). We found significant correlations between the Internalizing Scales and the Detachment and Disinhibition domains. The MMPI-2-RF Cognitive Complaints scales had a large association with PID-5 Detachment, Disinhibition, and Psychoticism domains. Suicidal/Death Ideation, Helplessness, and Anxiety MMPI-2-RF scales showed a large correlation with the PID-5 Depressivity facet. Externalizing scales, in general, were correlated with corresponding domains and facets in PID-5. Social Avoidance, Shyness, and Disaffiliativeness MMPI-2-RF scales also revealed a large correlation with the PID-5 Detachment domain, mainly with the Withdrawal facet. Through the ESEM, the MMPI-2-RF RC Scales more clearly revealed a four-factor model consistent with Introversion, Psychoticism, Extraversion, and a fourth factor most loaded with Detachment aspects of Introversion. We discuss the suitability of the findings with the Brazilian version of the MMPI-2-RF.

Lucas de Francisco Carvalho | Universidade São Francisco

Sergio Baxter Andreoli | UNIFESP

Latife Yazigi | Federal University Sao Paulo

André Pereira Gonçalves | Universidade Federal da Bahia

Tatiana Lerman | UNIFESP

Associations between Problematic Eating Behaviors, the MMPI-A-RF and Interpersonal Dimensions in Healthy Adolescents

Up to 29% of adolescents engage in disordered eating behaviors (e.g., unhealthy weight control behaviors, binge-eating; Yoon et al., 2020). Eating disorders account for 3.3 million deaths a year, with the onset of these problems typically starting in adolescence (Slane et al., 2014). Thus, it is critical we identify risk factors, develop effective assessments to capture these behaviors, and put preventative measures in place. The Minnesota Multiphasic Personality Inventory-Adolescent-Restructured Form (MMPI-A-RF; Archer et al., 2016) is a measure of psychopathology and personality widely used in adolescent assessments, though it has no scale designed to capture eating behaviors. The recently updated adult counterpart to the MMPI-A-RF (i.e., the MMPI-3) includes the Eating Concerns (EAT) scale, which assesses for disordered eating patterns; however, the MMPI-A-RF has yet to add such scale despite the prevalence and developmental trajectory of these concerns in adolescence. Moreover, there are no studies which examine the relationship between disordered eating pathology and the MMPI-A-RF, and there is limited information about sibling closeness and its relationship to problematic eating behaviors. Despite the evidence that adolescents undergo significant changes in regulatory abilities (Cracco et al., 2017) and family relationships (Lam et al. 2012), and that these shifts affect their adjustment (Farley & Kim-Spoon, 2017), it is unclear how

developing regulation and family factors relate to eating behaviors during adolescence. Thus, we investigated associations between problematic eating behaviors and MMPI-A-RF scales, and associations between problematic eating behaviors and other salient factors including family closeness, family conflict, and emotion regulation.

Adolescent sibling dyads (N=15 adolescents) reported on problematic eating behaviors (EDE-QS), mood (PANAS), emotion regulation (DERS), parent and sibling closeness (URCS), behavioral affect (BARS), family adaptability/cohesion (FACES), and family conflict (Family Conflict). Older adolescent siblings (n=7) completed the MMPI-A-RF. Problematic eating behaviors were positively and meaningfully related to MMPI-A-RF scales assessing internalizing (RCd, RC7, OCS, STW, AXY, ANP, NEGE-r; $r=.30-.85$) somatic (RC1, NUC; $r=.33-.43$), and asocial/antisocial dimensions (RC9, ASA, NPI, AGG, AGGR-r, FML, DSF; low scores on IPP & SHY; $r=.29-.83$). Negative relations were demonstrated with thought dysfunction dimensions (RC8, PSYC-r; $r=.28-.53$) and specific fears (BRF; $r=.49$). In addition to relationships with reported disordered eating, additional correlates of the MMPI-A-RF scales will also be presented, including for self-esteem (e.g., LSE/RC9; $r=.42$), anxiety (GAD7/RC7; $r=.95$) and depression (PHQ-9/RCd & RC7; $r=.76$ & $.93$, respectively). Regarding family context variables, eating problems demonstrated significant and positive correlations with emotional functioning issues ($r=.29-.59$), sibling support and closeness ($r=.37-.48$), and family conflict ($r=.40-.71$). These findings suggest the need to further develop assessments and investigate moderating factors involved in family relationships and problematic eating. Data collection is ongoing and final analyses will be presented at the conference.

Ashlinn Petes | Texas Tech University

Megan Keen | Texas Tech University

Derek Morgan | Texas Tech University

Tina Greene | Texas Tech University

Paul Ingram | Texas Tech University

Christy Rogers | Texas Tech University

Use of Thematic Apperception Test (TAT) with Diverse Populations: Exploring Trainee Psychologists' Experiences

The Thematic Apperception Test (TAT) is a staple tool in the collaborative assessment training of clinical psychologists at Duquesne University. Rooted in the psychoanalytic tradition (Ballak & Abrams, 1993), Murray and Morgan believed that the TAT was an “effective means of disclosing a subject’s preoccupations and some of the unconscious trends which underlie them” (Murray & Morgan, 1981, as cited in Miller, 2015) through the use of “imaginative ability” to compose narratives based on illustrations of ambiguous situations (Miller, 2015). There are two crucial points to note when considering the history of the TAT and how culture is taken up. First, consider claims made by Anderson (1999): One quickly notes how personal experiences cannot be separated from history or culture. While TAT images can pull for universal concepts like sadness, the experiences of sadness are culturally situated and may vastly differ in physical posturing and emotional expression than what is represented in the images. As such, the quality of sadness being elicited necessitates an appreciation of cultural practices and narratives. Second, it becomes apparent that the images (or cards) in the TAT are sampled from a homogenous source, namely the depiction of White individuals in the U.S. of the 20th century (Morgan, 1995). This is problematic not simply because it is an issue of representation but rather because of what it assumes about humanity—the transcendence of White experience, bodies, and postures. This also leads us to question how billions of people around the world would relate to these cards. Unfortunately, these conversations have been neglected in the field of psychological assessment using the TAT. Therefore, the overarching purpose of this research project is to explore the experiences of diverse training psychologists in relation to the TAT with their racially, sexually, and gender-diverse clients. More particularly, we wish to examine informal guidelines that these therapists instinctively utilize to honor the experiences of their clients and themselves. We are looking to hear from the trainee clinicians about what the clinical and assessment

settings can do to accommodate and advocate for the assessment needs of diverse clients in ways that are empowering and not further marginalizing clients. Additionally, we wish to explore the trainee psychologists' perceived challenges/barriers in the use of the current and adapted versions of TAT. For this project, we will interview eight trainee clinicians enrolled in a clinical psychology doctoral program at an APA-accredited university. We plan to conduct a thematic analysis of the interviews; we hope that by doing so, we will be able to frame some overarching guidelines for training psychologists using the TAT in the current milieu.

Cristina Culler | Duquesne University

Prathma Sharma | Duquesne University

Casey Lee | Duquesne University

Toward a More Nuanced Perspective on Detachment: Differentiating Schizoid and Avoidant Personality Styles Through Qualities of Self-Representation

Following the introduction of avoidant personality disorder (PD) in DSM-III (American Psychological Association [APA], 1980) controversy ensued regarding the clinical utility of having two separate diagnoses—avoidant PD and schizoid PD—to describe the “detached personality”. Since then, relatively little research has explored similarities and differences between these two personality styles. The present study addressed this issue through examination of self-descriptions provided by people who score high on schizoid versus avoidant traits and symptoms. Using MTurk, we collected information from 229 community adults regarding their avoidant and schizoid traits and symptoms, as well as their self-concept. The International Personality Disorder Examination (IPDE) screening module (Loranger et al., 1994) was used to assess trait and symptom severity, while the Object Relations Inventory (ORI; Blatt et al., 1979) was used to gain qualitative information pertaining to self-concepts. Each participant's ORI self-description was scored using established rubrics, including the Assessment of Qualitative and Structural Dimensions of Object Representations Assessment (AOR; Blatt et al., 1988), the Differentiation-Relatedness Scale (D-R; Diamond et al., 1991), and the Assessment of Self-Descriptions (ASD; Blatt et al., 1993). The relationships between avoidant and schizoid trait severity and self-concept dimensions were assessed, with focused comparisons of effect size used to examine the significance of differences between schizoid and avoidant correlation coefficients. Of the 28 self-concept scoring dimensions, 8 were significantly correlated with avoidant trait scores, whereas 1 was significantly correlated with schizoid trait scores. Focused comparisons identified significant differences between ORI-IPDE effect sizes for avoidant versus schizoid traits for 10 dimensions: affectionate, warm, constructive involvement, positive ideal, nurturing, successful, ambition, self-reflectivity, tolerance of contradictory aspects of the self, and anxiety. Overall, the self-concept of individuals with avoidant personality style showed an understanding of the self as non-affectionate, cold, being uninterested and/or overinvolved with others, not admired, non-nurturing, dissatisfied with life, and anxious. The self-concept of individuals with schizoid personality style was characterized by low tolerance for contradictory aspects of the self. These results provide insight on how self-representations may differ between schizoid and avoidant personality styles and provide support for the notion that they are distinct constructs.

Shannon Thomson | Adelphi University

Robert Bornstein | Adelphi University

Lauren Nandoo | Adelphi University

Edward McDermott | Adelphi University

Aisha Hussain | Adelphi University

Development of Clinical Indicators for the Dimensional Clinical Personality Assessment 2: Screenings for Antisocial Traits, Psychopathy, and Dark Triad

The Dimensional Clinical Personality Inventory 2 (IDCP-2) is a self-report scale for pathological traits assessment. The IDCP-2 is based on section III DSM-5 and is aligned with current mental

health proposals based on dimensional latent structures, such as the Hierarchical Taxonomy of Psychopathology (HiTOP). It comprises 210 items grouped into 47 factors, each designed to measure specific pathological traits. In the last few years, IDCP-2-based screenings have been proposed; for instance, screenings for substance dependence risk and suicide risk. Similar to previous studies, we present three new screenings developed from factors and items of the IDCP-2, focused on antisocial behavior and a dark traits core: the antisocial (ASPD screening), the psychopathy (PSY screening), and the dark triad (DT screening) screening scales. Although some factors are similar for the three screenings, they present specific factors and even new factors designed to assess traits for each construct (e.g., we explicitly created the fearlessness-dominance factor for the PSY screening). We investigated the validity of the scales in samples of Brazilian adults who also responded to external measures. The IDCP-based screenings presented coherent associations with the external measures. Tested in distinct samples, these screening tools showed a good discriminative capacity to people high in antisocial personality disorder traits (ASPD screening), psychopathy traits (PSY screening), and the traits composing the dark triad (DT screening). We discuss the practical applications of the three screening tools for research and professional practice.

Lucas de Francisco Carvalho | Universidade São Francisco

Gisele Magarotto Machado | Universidade São Francisco

Ariela Lima Costa | Universidade São Francisco

Bruno Bonfá-Araujo | Universidade de Mogi da Cruzes

Incremental Validity of Measuring Both Player and Avatar Personality in Predicting Players' Video Game Experiences: Implications for Cyberpsychology and Personality Assessment

BACKGROUND: In cyberpsychology, the tie between an individual's personality and avatar is considered because individuals typically create avatars that represent their actual-self, ideal-self, or ought-self. As such, we may be able to better understand variations in players' video game enjoyment and satisfaction by assessing the personality of players' avatars. With this in mind, given video game experience has already shown to be linked to a player's personality, the current study aims to test the incremental validity of measuring the personality of video game players' avatars in predicting players' video game experiences. The current study also has implications for personality assessment. Significant results would suggest utility in providing context-specific instructional sets before completing self-report personality tests (e.g., rate your personality as it is when you are your avatar). Although one's personality is relatively stable, an individual's personality can also vary across contexts; contextual variations in personality might be measurable using instructional sets with self-report tests. For example, unique information might emerge by asking an individual to complete a self-report personality test and then having them complete the same test with the additional instruction to rate their personality as it is at work, at home, or in another context or situation.

SUBJECTS: Data collection is ongoing with participants being recruited through posts on video game message boards, listservs, and other platforms. Minimum sample size will be 200 players.

METHOD: Following informed consent, study participants are asked to complete the Level of Personality Functioning Scale – Brief Form 2.0 (LPFS-BF 2.0) and Big Five Inventory – 2 – Extra Short Form (BFI-2-XS). Participants are then asked to describe their video game avatar in detail before being asked to complete the two personality measures a second time, but to do so as their avatar. Finally, participants complete the Game Experience Questionnaire (GEQ) and the Player Experience Inventory (PXI) as well as additional measures and an extended demographic questionnaire.

PLANNED ANALYSES: Descriptive statistics will be obtained prior to our main analyses to describe our sample and check assumptions. Structural equation modeling (SEM) will be used to evaluate the incremental validity of assessing avatar personality over player personality when explaining variance

in video game experience. After first using confirmatory factor analysis to confirm the separateness of our predictor variables, we will use SEM to test for incremental validity by examining whether a latent avatar personality factor explains variance in video game experience after accounting for the corresponding latent player personality factor. An estimate of the path coefficient between the avatar personality factor and video game experience significantly different from zero when the corresponding player personality factor is included in the model as a covariate will be interpreted as evidence of incremental validity.

DISCUSSION: Results will be discussed with regard to implications for understanding video game experiences and the possible utility of using contextual instructional sets while measuring personality.

Brooklyn Lesure | Sam Houston State University

Adam Natoli | Sam Houston State University

Interpersonal Valence of Ethnocultural Empathy

Understanding and accepting others who are racially and ethnically different from oneself (i.e., ethnocultural empathy) facilitates connectedness. Although levels of ethnocultural empathy differ across racial and ethnic groups, whether the interpersonal meaning of ethnocultural empathy also differs is less clear. One way of examining this is by using the interpersonal circumplex (IPC), which locates the interpersonal valence of psychological constructs across interpersonal space defined in terms of warmth and dominance. In this study we examined how ethnocultural empathy projected across the IPC both in general and for different racial and ethnic groups in a sample of U.S. residents (N = 443) using a bootstrapped structural summary method. Results suggest that ethnocultural empathy generally represents interpersonal warmth across people of all racial groups; however, for Native Americans, ethnocultural empathy also includes an element of interpersonal dominance. Further, ethnocultural empathy has a comparative less warm projection for people who identify as Latinx. These findings clarify the interpersonal nature of ethnocultural empathy and have implications for how we might try to get along with people different from us.

Kyara Mendez Serrano | Palo Alto University

Desheane Newman | Palo Alto University

Malia Moreland | Palo Alto University

Matthew Yalch | Palo Alto University

Examining the Relationship Between Juvenile Delinquency and MMPI-A Alienation Subscales

Possibly one of the most pressing questions among the fields of criminal justice and psychology remains: 'How can mental health professionals detect and explain criminal behavior at its early stages?' The United States Department of Justice published a study on Juvenile Delinquency as a Symptom of Alienation which views delinquency as a way for adolescents to resist alienation as self-estrangement. Amongst other studies that suggest a link between delinquency and alienation, this reiterates the need for research and sufficient validation of commonly used personality assessment tools in forensic settings. The MMPI-A is among the most widely used assessment tools in these settings and includes many alienation subscales, some of which, such as the Pd subscales, have been linked to criminal behavior in adolescents. The current study aimed to examine MMPI-A alienation related subscale scores (Pd4, Pd5, Sc1, Sc2, Si3) through a comparison between juvenile delinquent and non-delinquent samples. Archival data were collected from case files of all adolescents who were administered the MMPI-A at a university based psychological services center between the years 2005 and 2019. The subjects consisted of 88 male and 48 female adolescents between the ages of 12 and 18 years old who completed a valid MMPI-A. The subjects in the delinquent sample were referred for an evaluation by the local court services unit while the non-delinquent subjects presented to the center with their parents or guardians for evaluation of clinical concerns. The sample was primarily

White (60%), with 87 participants referred by a local court services unit. A Record Review Form (RRF) approved by the university's ethics review committee was used to obtain demographic data from the case files. Independent-samples t-tests revealed no significant differences in mean alienation T-scores between the samples. Additionally, the subscales were found to be very highly correlated with each other. Further research is needed to more fully understand how the five alienation scales differ from each other and may be used in the assessment of delinquent youth. Studying the ability of commonly-used assessment tools to measure distinct types of alienation, such as social and emotional alienation, may offer important implications regarding criminal behavior.

Megan Canalichio | Regent University

Linda Baum | Regent University

Psychopathic Traits and Sensation Seeking as Predictors of Happiness: A Five-Factor Model of Personality Proposal

Recent empirical research has highlighted some patterns between psychopathic personality traits and well-being features (e.g., Berg et al., 2013; Durand, 2016; Love, & Holder, 2014). The present study investigates the relationship between psychopathic traits, sensation seeking, and happiness from a Five-Factor Model of personality perspective. A total of 310 participants from the general population with ages understood between 20 and 50 years old (M=30,22, SD=5,85) were assessed. Of those 170 were women and 140 were men. Data collection included a sociodemographic data questionnaire, the Levenson's Self-Report Psychopathy Scale (LSRP, Levenson, Kiehl & Fitzpatrick, 1995), the Sensation Seeking Scale form V (SSS-V; Zuckerman, 1994), the Mini-IPIP Five-Factor Model Personality Scale (Mini-IPIP; Donnellan, Oswald, Baird, & Lucas, 2006; Oliveira, 2017, 2019), and the Oxford Happiness Questionnaire (OHQ; Hills, & Argyle, 2002). Correlational analysis and multiple regression analyses were conducted to evaluate the importance of psychopathy, sensation seeking, and the Big Five traits when predicting levels of happiness. In order to better understand these associations, a Structural Equation Model (SEM) was tested. The Structural Equation Model proposed gives a clear picture of the links between psychopathic traits, sensation-seeking dimensions, Big Five personality traits, and happiness. Results showed that extraversion, agreeableness, conscientiousness, thrill and adventure seeking, and experience seeking were found to be positive predictors of happiness. On the other hand, secondary psychopathy, neuroticism, disinhibition and boredom susceptibility were found to be negative predictors of the trait. Psychopathic traits and sensation-seeking dimensions were able to account for an amount of variance in happiness. The findings have implications for the study of well-being and satisfaction with life and may contribute to the field's theoretical understanding of psychopathy, sensation seeking, and happiness.

Joao Oliveira | Universidade Lusofona

Socio-Cognitive Differences in Grandiose and Vulnerable Narcissism

Background and Purpose: Narcissism in general manifests most obviously within interpersonal interactions, although attempts to conceptualize and study narcissism as a homogenous phenomenon have resulted in contradictions within the literature. Two subtypes of narcissism measured by the Pathological Narcissism Inventory (PNI; Pincus et al., 2009), grandiose narcissism and vulnerable narcissism, are similar in their development and possess some shared behaviors, but associated characteristics of the forms (e.g., self-esteem regulation, interpersonal style) appear to be different. This study was designed to determine the relative contribution of several interpersonal processes to grandiose and vulnerable narcissism as measured by the PNI. Problems with domineering, impaired empathy, and hostile attributional biases (HAB) were hypothesized to predict grandiose narcissism. Social inhibition problems, envy/jealousy of others, impaired empathy, and HAB were hypothesized to predict vulnerable narcissism.

Subjects: The sample was recruited via Prolific and consisted of 169 participants (Cisgender man = 42.0%, Cisgender woman = 36.1%, Agender = 5.9%, Non-binary = 3.6%, Multiple identities = 3.0%, Questioning or unsure = 1.2%, Transgender woman = 1.2%, Other identity = 1.2%, Demigender = .6%, Genderqueer or genderfluid = .6%, Transgender man = .6%). Ethnicities were Caucasian 66.9%, African American 20.1%, Multiethnic 5.9%, Hispanic or Latinx 3.0%, Asian American 2.4%, Native American 1.2%, Middle Eastern .6%). The mean age was 34.5.

Methods and Materials: The PNI (Pincus et al., 2009) assesses both grandiose and vulnerable narcissism with 52 self-report items. The Inventory of Interpersonal Problems (IIP; Horowitz et al., 2003; Alden, Wiggins, & Pincus, 1990) self-reports eight dimensions of interpersonal problems. The Interpersonal Reactivity Index (IRI; Davis, 1980) assesses empathy. The Social Information Processing–Attribution and Emotional Response Questionnaire (SIP-AEQ; Coccaro et al., 2009) consists of ten vignettes of relational aggression or direct aggression and assesses participants' emotional and attributional responses to each.

Analyses: Hierarchical regressions controlled for demographic variables while determining which socio-cognitive variables predicted significant variance in grandiose and vulnerable narcissism.

Results: With demographic correlates controlled, Domineering interpersonal behaviors ($t(10, 151) = 3.93, p < .001, \beta = .247$) and the IRI Fantasy subscale ($t(10, 151) = 3.64, p < .001, \beta = .265$) predicted significant unique variance in grandiose narcissism. Envy ($t(9, 159) = 5.91, p < .001, \beta = .426$), the IRI Fantasy subscale ($t(9, 159) = 3.57, p < .001, \beta = .238$), and hostile attributional biases ($t(9, 159) = 5.14, p < .001, \beta = .306$) predicted significant unique variance in vulnerable narcissism.

Conclusions: At its core, grandiose narcissism appears to consist of behaviors designed to dominate and control other people, as well as fantastical imaginings regarding one's own experiences and achievements. Vulnerable narcissism shares this focus on grandiose fantasies, but also includes an individual's envy of other people, theoretically due to low self-esteem and an unstable sense of self. The greater understanding of the nuanced distinctions between the two subtypes of narcissism provided by this study will help resolve much of the uncertainty present in the field of personality assessment regarding this topic overall.

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Testing the Interpersonal Theory of Suicide: Comparing the MMPI-3 to the Interpersonal Needs Questionnaire

Background: In 2020, suicide was the second leading cause of death among youth and young adults (CDC, 2021). Suicide ideation (SI) and suicide attempts (SA) are even more prevalent and continue to rise among young adults relative to other age groups (SAMHSA, 2021; Twenge et al., 2019). The Interpersonal Theory of Suicide (ITS) is a framework for understanding suicidal behavior and proposes that suicidal desire arises from the combination of perceived burden (PB; i.e., feelings of self-hate and liability on others) and thwarted belonging (TB; i.e., loneliness and lack of reciprocal caring relationships; Joiner, 2005; Van Orden et al., 2010). These constructs have been primarily measured using the 15-item Interpersonal Needs Questionnaire (INQ; Van Orden et al., 2012; Chu et al., 2017). Some scholars have also created proxies of TB and PB using the Minnesota Multiphasic Personality Inventory (MMPI; Anestis et al., 2018). However, there is a lack of rigorous research comparing the best measurement strategies for these constructs. Aims: We will directly compare the concurrent validity of TB and PB assessed by the MMPI-3 (i.e., M3-TB and -PB) and INQ-15 (i.e., INQ-TB and -PB) among college students with elevated depressive symptoms. We hypothesize

that M3-TB and -PB will be more strongly associated with concurrent SI, SA, and MMPI-3 SUI scale scores than INQ-TB and -PB. Methods: Data collection has been completed using a cross-sectional design of 123 full-time college students who were pre-screened for at least moderate depressive symptoms (score ≥ 10 on the PHQ-9) with valid MMPI-3 profiles. M3-TB and -PB will be derived following a scale weighting procedure adapted from Anestis et al. (2018). Lifetime and past two-week history of SI and lifetime SA were assessed at baseline. The sample included 76% who had SI, 17% who had planned for suicide, and 17% who had at least one prior SA in the past year. Point-biserial and Pearson correlations, odds ratios, and areas under receiving operating characteristic (ROC) curves will be calculated. We will directly compare the strength of the associations between the INQ variables, the MMPI-3 variables, and the suicide-related outcomes. Results and Expected Findings: Participants ranged from 18–26 years old ($M = 20$; $SD = 1.84$) and were primarily cisgender women (70%). Participants were primarily White (85.5%), and of those participants, one-quarter identified as Hispanic/Latinx (25%). Based on literature, higher TB and PB indexed by the INQ-15 and MMPI-3 will be significantly positively associated with lifetime SI and SA (Chu et al., 2017). Models including TB and PB as simultaneous and separate predictors will be significant, though PB is expected to have a stronger relationship with SI and SA, consistent with prior work (Chu et al., 2017). Finally, although never tested, we predict M3-TB and -PB will demonstrate improved classification accuracy over INQ-TB and -PB for past two-week SI and SUI scale elevations, as the MMPI-3 includes greater content coverage of ITS constructs than the INQ (Anestis et al., 2018). These data have been collected, and final analyses will be presented.

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Are They Fake? Relationships Between Desirable Responding and Personality Dysfunction

Background: The core of personality disorders is impairment in self- and interpersonal functioning, which could contribute to varied presentations of the self. These “misrepresentations” may involve unintentional or purposeful efforts to present in a certain way. Within the context of personality assessment, this could manifest as desirable responding, which can interfere with the accuracy of assessment data. Thus, this study is using a multimethod approach to investigate personality functioning impairment’s plausible association with socially desirable responding.

Subjects: Data collection is ongoing. Study participants consist of diverse college student convenience sample. We expect a sample size of 500 or larger based on past studies.

Method: Recruited participants complete an anonymous online study, wherein they are administered self-report (Level of Personality Functioning Scale – Self-Report) and performance-based (Level of Personality Functioning Scale qIAT) measures of personality functioning impairment, as well as the Balanced Inventory of Desirable Responding-16 (BIDR-16) along with other measures not used in the current study.

Planned Analyses: This study will apply a two-step approach using structured equation modeling to assess associations between a latent personality function impairment factor, derived from self-report and performance-based measures, and two forms of socially desirable responding (self-deceptive enhancement and impression management). In Step 1, we will specify a latent personality functioning measurement model. Model fit will be examined and compared to commonly accepted criteria. Step 2 will involve adding the impression management and self-deceptive enhancement observed scores as individual covariates to separate models. Paths between the latent personality

functioning impairment factor and a given socially desirable responding variable will be examined and interpreted as an estimate of the association between personality functioning impairment and desirable responding.

Discussion: The clarification of links between personality functioning impairment and desirable responding would have implications for both research and clinical work. For research, significant results would suggest that personality functioning impairment measures could serve as secondary resources for minimizing measurement error associated with socially desirable responding. In clinical work, significant results would encourage personality assessors to consider the impact of desirable responding and could indicate a novel intervention target when working with those diagnosed with personality disorders.

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Trait Personality and Psychopathology in Two Adolescent Clinic Samples

Despite similar care and treatment in inpatient units, patient outcomes often vary widely. Early identification of those patients at greater risk of complicated admissions can enhance treatment planning and improve clinical responsiveness. Personality traits can make significant contributions to functioning and are not assessed often in medical settings. Therefore, this study aims to look at the relationship between trait personality, interpersonal styles, symptom outcomes, and overall well-being in an adolescent inpatient sample. Trait personality was measured using a short 32-item version of the Inventory of Interpersonal Problems (IIP-32), and interpersonal styles were measured using the Relationship Profile Test (RPT). Additionally, the severity of psychiatric symptoms at discharge was determined using the Brief Symptom Measure (BSM-25) alongside a measure of overall psychological well-being using the Schwartz Outcome Scale (SOS-10). All four measures were given at admission and discharge to study if specific personality traits reported at admission could predict patient outcomes and symptoms at discharge. Research hypotheses include (1) there will be a change in symptom severity and overall well-being over times T1 and T2 and (2) personality traits and interpersonal styles at admission will predict symptom outcomes at discharge. An archival sample of 75 adolescent patients admitted to the psychiatric unit at the Nassau University Medical Center (NUMC) was used in this IRB-approved study. The specific inferential analyses to test the study hypotheses will then be conducted, which will include paired sample t-tests to determine changes in symptom severity and well-being over T1 and T2. Regression analyses will examine whether trait personality or interpersonal dependency variables are related to symptom change toward the end of admission. This study advocates for the use of brief-symptom measures and personality assessment tools and their effectiveness in predicting treatment outcomes. Personality traits and interpersonal styles can make patients more susceptible to the expression of certain psychiatric symptoms, thereby highlighting the importance of utilizing personality measures in conducting comprehensive evaluations of adolescents in inpatient psychiatric settings. It is imperative that clinicians take into consideration personality traits and interpersonal styles to provide them with a better idea of how a patient might respond to treatment, allowing for further understanding of possible interventions. Limitations and future directions are discussed.

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Examination of the Relationship between PDM-2 Ratings and Pathological Narcissism

The Psychodynamic Diagnostic Manual (PDM Task Force, 2006) and subsequently the 2nd edition (PDM-2; Lingardi & McWilliams, 2017) were developed to assist clinicians in understanding their patients beyond the symptom-focused classifications of the DSM by providing a framework of personality, mental functioning, and symptoms. Because the PDM-2 is a newer diagnostic system, it is important to examine its relationship with existing measures of personality pathology. This poster presentation will examine the relationship between the PDM-2 and a measure of pathological narcissism. Specifically, using data from an ongoing 18-month psychotherapy trial for Transference-Focused Psychotherapy for Borderline Personality Disorder, we will examine how therapist ratings on the Psychodiagnostic Chart-2 (PDC-2; Gordon & Bornstein, 2015) relate to patient self-reported scores on the Pathological Narcissism Inventory (PNI; Pincus et al., 2009). To date, 38 patients have completed the PNI and their therapists have also filled out the PDC-2 on their functioning at the start of treatment. Results will show the relationships between the PDC-2 dimensions and PNI total score, PNI grandiosity, and PNI vulnerability, extending our knowledge of how the PDM-2 relates to existing personality pathology measures. Results will be discussed in terms of clinical implications and directions for future research.

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Influence of Trauma and Personality on Posttraumatic Cognitions in Military Veterans

Veterans are exposed to a number of traumatic stressors (relating both to combat and non-combat related events). These traumatic stressors are associated with negative mental health consequences, in part due to the meaning veterans make of the event. One way of measuring these meanings is in terms of posttraumatic cognitions involving self-blame, other negative thoughts of the self, and negative thoughts about the world. Although trauma is associated with each of these posttraumatic cognitions, it is not the only contributing factor. Personality also plays a role. Personality is most often conceptualized as the Five Factor Model (FFM), consisting of agreeableness, conscientiousness, extraversion, neuroticism, and openness. However, the differential influence of trauma and personality on veterans' posttraumatic cognitions has yet to be examined. In this study, we examined the influence of trauma (i.e., combat trauma and other negative life events), and FFM personality traits on posttraumatic cognitions in a sample of veterans (N = 93) using a Bayesian approach to multiple linear regression. Results suggest that neuroticism has the most consistent association with each posttraumatic cognition. Results further suggest that combat and negative life events had small associations with negative thoughts of the self and the world, respectively. These findings highlight the role of personality in posttraumatic cognitions, and underscore the importance of targeting neuroticism in clinical treatment.

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Relative Associations Between Maladaptive Personality Traits and Mindset on Disordered Drug Use

Drug use is a common problem in the U.S. and worldwide. One factor is associated with drug use is personality. Specifically, there is a strong association between the maladaptive traits of the Alternative Model of Personality Disorder (especially disinhibition) on the disordered use of drugs as well as alcohol. Another factor that may influence level of drug use is whether or not a person believes they have control over their use, which recent researchers have operationalized in terms of mindset about drug use (i.e., the more growth-oriented vs. fixed one's mindset is about drugs, the less disordered their drug use will be). However, it is unclear whether mindset about drugs

influences drug use over and above maladaptive personality traits. In this study, we examined the relative associations between five maladaptive personality traits and mindset about drugs on level of disordered drug use in a sample recruited online (N = 362) using a Bayesian approach to multiple regression. Study results indicated that maladaptive traits and mindset accounted for a large amount of variance in disordered drug use. Results further suggested that drug mindset has the strongest association with drug use, with disinhibition having a more modest effect. Findings suggest that even more than personality, if someone believes that they can change their level of drug use, they can.

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Using the Minnesota Multiphasic Personality Inventory-3 (MMPI-3) to Assess Individuals with Posttraumatic Stress Disorder (PTSD) Using a Clinical Interview

This study examined the ability of the recently released Minnesota Multiphasic Personality Inventory-3 (MMPI-3)'s ability to differentiate individuals diagnosed with posttraumatic stress disorder (PTSD) from those without such a diagnosis. Previous research has provided robust support for earlier versions of the MMPI in PTSD assessment. Emerging work on the MMPI-3 suggests similar levels of support; however, research has not yet examined the MMPI-3's classification accuracy of PTSD groups derived from formal diagnostic criteria. This study expands previous work on PTSD classification from the MMPI-2-RF (Sellbom et al., 2012; Wolf et al., 2008) and the MMPI-3 (Keen et al., in review). College students were recruited via SONA and given the MMPI-3, collateral measures, and the Clinician Administered PTSD Scale-5 (CAPS-5) structured interview, from which PTSD/no-PTSD groups were created.

Data collection started September 2022 and we have already achieved a sample size of 11 (Age M = 18.27, Life Events Checklist [LEC] = 73% met Criterion A [physical assault = 45%, Sexual Assault = 18%], CAPS-5 M = 12.36, SD = 9.31, Range = 1 - 27; PCL-5 M = 23.82; SD = 16.56, Range = 6 - 53). Of these, one met diagnostic criteria for PTSD (CAPS Score = 27, PCL-5 Score = 39). We have prescreened 1,087 college aged individuals, of which 230 (21%) met screening Criteria for PTSD based on the PCL-5 (score \geq 33). CAPS-5 interviews were completed by a graduate student with a masters' degree, following the completion of training by the National Center for PTSD. A secondary coder who also completed the training was present for each interview and instances of scoring disagreement were resolved through discussion and consultation (K = .94). We are scheduling 5 individuals per week for assessment to fill both the PTSD and no-PTSD groups, and college student data collection is anticipated to be completed by December 2022.

Preliminary results indicate large positive relationships between internalization scales and both self-report PTSD symptoms (e.g., $r = .81$ [ARX], $r = .85$ [RC7], $r = .64$ [RCd], $r = .20$ [RC2]) and clinician endorsed clinical interview score (e.g., $r = .71$ [ARX], $r = .72$ [RC7], $r = .64$ [RCd], $r = .26$ [RC2]). Correlations between ARX (M = 61.09, Range = 48 - 81, %T65 \geq 36%) and CAPS-5 PTSD clusters were moderate in effect size ($r = .44$ [cluster B] to $.62$ [cluster E]). Sensitivity, specificity, and predictive utility of the MMPI-3 scales will be presented, along with mean substantive scale differences between the PTSD/no-PTSD groups. Additionally, the poster will present results from a series of incremental analyses (i.e., binary hierarchical logistic regression for diagnostic condition and linear hierarchical regressions for symptom severity and total symptom endorsement), contrasting ARX to other internalizing scales. Funding was recently secured to recruit a separate, community-based Veteran group, with recruitment starting in January of 2023. Preliminary analyses for that sample will also be included to evaluate the generalizability of findings.

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Hierarchical Structure of Psychopathy

Psychopathy is characterized by callousness, social potency, reduced capacity for empathy and remorse, and aggression. There are several models of psychopathy, including those that specify it in terms of three broad dimensions, as eighteen different “elemental” traits, and as a manifestation of a more general set of “dark” personality characteristics. However, it is unclear how these different models relate to each other. In this study, we examine the conjoint structure of three different models of psychopathy in a sample of men and women recruited online (N = 286) using a hierarchical principal components analysis. Results yielded a seven-echelon hierarchy beginning with a general psychopathy factor at the top of the hierarchy and seven more specific dimensions of psychopathy (callous manipulation, fearless dominance, emotional detachment, lack of concern for others, grandiosity, distrust, and impulsivity) at the bottom. Findings provide a concise and consolidated integration of disparate models of psychopathy, which may inform future theoretical formulations about the nature of psychopathy.

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Confirming the Measurement Model of the CAPP-SR and Examining its Validity

Background: Research on psychopathy has been ongoing for decades. The Comprehensive Assessment of Psychopathic Personality-Self Report (CAPP-SR; Sellbom & Cooke, 2020), a recently developed measure, is designed to assess 33 symptoms of psychopathy that seemingly fall into higher order factors of Antagonism/Meanness, Disinhibition, and Fearless Grandiosity (Sellbom et al., 2021). The goal of this study was to confirm the empirically identified factor structure of the CAPP-SR and then examine its concurrent validity with a measure of deviance (Normative Deviance Scale; NDS), given the strong relationship supported throughout the literature between deviant, criminal behavior and psychopathic traits.

Subjects: A total of 974 participants (75.6% female, 23.1% male, 1.2% other/I wish not to respond) with a mean age of 21.29 years (SD=5.34) were recruited from a medium-sized public university in the Southern United States. Of these participants, 35.8% identified their race as Hispanic or Latine, 66.2% participants identified as White or Caucasian, 18.3% as Black or African American, 1.7% as Asian, 1.2% as American Indian or Alaska Native, .2% as Native Hawaiian or Other Pacific Islander, as 6.6% mixed race, and 5.1% as other.

Method: All participants completed the CAPP-SR, NDS, and additional self-report measures, hosted on Qualtrics, as part of a larger data collection project. The CAPP-SR was used to assess for psychopathic traits and the NDS was used to identify mild to moderate norm-violating behaviors the participants have engaged in.

Results: A confirmatory factor analysis of the CAPP-SR was conducted using Sellbom et al.'s (2021) reported three-factor structure of the measure. When evaluating the fit of this model, results indicated some divergence in fit indices, with some indices suggesting poor fit (CFI = .748) and other indices suggesting reasonable fit (RMSEA = .084, 90% CI [.081, .087]; SRMR = .100).

Given these mixed results and previous support for this factor structure, we decided to tolerate the less than acceptable fit and proceeded to examine the concurrent validity of the CAPP-SR by individually adding NDS scales to the CAPP-SR model as endogenous variables. Results indicated that the CAPP-SR's second factor reflecting Disinhibition and third factor reflecting Fearless Grandiosity significantly predicted general deviance, vandalism, alcohol use, drug use, school misconduct, and theft as measured by the NDS. Assault was the only variable significantly predicted by the CAPP-SR's first factor, Antagonism, as well as the second and third factors.

Discussion: Our analysis failed to fully confirm the fit of Sellbom et al.'s (2021) identified factor structure of the CAPP-SR in the current sample. However, some fit indices indicated reasonable fit and the CAPP-SR measurement model evidenced concurrent validity with the NDS, showing that Disinhibition and Fearless Grandiosity factors significantly predicted all deviance scales. Interestingly, the Antagonism factor demonstrated incremental validity when the more severe deviant behavior of assault was predicted. Future directions include examining whether Antagonism helps differentiate risk for more severe versus less severe forms of deviance in populations where these behaviors are more prevalent, such as correctional facilities and forensic hospitals, as it appears to have done in our college sample.

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Exploring Potential Behavioral Indicators of Personality Functioning Impairment

BACKGROUND: The use of multiple methods of measurement to quantify analogous constructs during personality assessment is an aspiration moving toward standard practice. With personality functioning impairment understood as the core of personality pathology, there is substantial value in the availability of diverse methods of measuring this construct. One possible, novel approach to measuring personality functioning impairment is a combination of self-report and behavioral observation wherein individuals are asked to report objectively quantifiable behaviors, opposed to relatively subjective internal and external experiences commonly included on most self-report measures. Before the validity and utility of this strategy can be evaluated, researchers must first identify objective behaviors that may be the strongest indicators of personality functioning impairment. Thus, the current study investigated the concurrent validity of numerous objective behaviors identified by experts as potential indicators of personality functioning impairment against both self-report and performance-based measures of personality functioning impairment.

SUBJECTS: A total of 564 participants (83.2% female, 15.6% male, 0.7% other/I wish not to respond) with a mean age of 21.4 (SD=4.85) were recruited from a medium-sized public university in the southern United States. Of these participants, 30.9% identified their ethnicity as Hispanic or Latine, with 35.6% identifying as a race other than White (2.1% missing).

METHOD: All participants completed a series of self-report and performance-based measures as part of a larger data collection project, and provided accounts of approximately 50 potential behavioral indicators of personality functioning impairment. The validated measures of personality functioning impairment to which these were assessed included the Level of Personality Functioning Scale – Brief Form 2.0, Level of Personality Functioning Scale – Self-Report, and a recently developed performance-based version of the Level of Personality Functioning Scale (LPFS-qIAT).

RESULTS: Correlation analysis using a robust bootstrapping approach was used to investigate associations between the behavioral indicators and each validated measure of personality functioning impairment. Several behavioral indicators significantly correlated with both self-report and performance-based measures of personality functioning impairment, with correlation coefficients ranging from $r = .08$ - $.43$, which is consistent with levels commonly observed between different methods of measurement.

DISCUSSION: Several behavioral indicators significantly correlated with both self-report and performance-based measures of personality functioning impairment in predicted directions, with multiple indicators demonstrating moderate sized effects. These initial findings are promising and reveal the potential for developing a set of objectively quantifiable behaviors that can be easily

added to assessment batteries in research and clinical work, allowing for an easy supplement to other methods of measuring personality functioning impairment. Current findings are discussed in the context of these potential benefits.

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Convergent Validation of the PAI Levels of Personality Functioning Scales

The Levels of Personality Functioning Scale (LPFS) is used to assess Criterion A of the Alternative Model of Personality Disorders (AMPD; American Psychiatric Association, 2013). The LPFS is composed of two self functioning scales, Identity and Self-Direction, and two interpersonal functioning scales, Empathy and Intimacy. Several standalone measures of the LPFS have been introduced (e.g., Hutsebaut et al., 2016; Morey, 2017), but the derivation of LPFS scales from established personality inventories has many advantages for research and practice. LPFS scales have been derived recently using items from the Personality Assessment Inventory (PAI; Morey, 2007). This study examines the convergent validity of these new PAI-LPF scales using basic measures of self and interpersonal functioning that are widely used in mainstream personality science. A sample of 245 undergraduate students completed the PAI-LPF, Dimensions of Identity Development Scales (DIDS; Luyckx et al., 2008), Self-Concept Clarity Scale (SCC; Campbell et al., 1996), and Experiences in Close Relationships Scales (ECR; Brennan et al., 1998). The four element scores on the PAI-LPF were highly intercorrelated ($r = .53$ to $r = .68$). Multiple regression analyses predicting each of the basic personality measures from the four PAI-LPF element scores showed significant convergence with the SCC ($R = .74$), Identity Resolution from the DIDS ($R = .59$), ECR Anxiety ($R = .65$), and ECR Avoidance ($R = .37$). SCC was uniquely related to PAI-Identity and PAI-Intimacy. DIDS Identity Resolution was uniquely related only to PAI-Identity. ECR Anxiety was uniquely related to PAI-Identity, PAI-Empathy (negatively), and PAI-Intimacy, while ECR Avoidance was uniquely related only to PAI-Intimacy. These results provide further support for the validity of the PAI-LPF scales to assess personality functioning as defined in Criterion A of the AMPD.

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Adverse Childhood Experiences and Adult Defensive Functioning

Introduction: Childhood abuse and maltreatment have a negative effect on adult (conscious) coping and overall functioning. Few studies have explored the relationship between childhood maltreatment and adult defensive functioning. This study will explore the relationship between two types of childhood maltreatment – Household Dysfunction and Maltreatment – and observed defense mechanisms assessed from life story interviews.

Methods: Study data were collected as part of the Life Story Project at the University of Detroit Mercy (UDM) and included a mixed community sample of 93 adults (61 females and 32 males) with a mean age of 32.58 (SD = 12.53). Participants were recruited from an urban university campus, an urban primary care clinic, and a suburban counseling center. The majority of participants (71%) were Caucasian, 56% had a bachelor's degree or higher, 66% were single, and 56% had income below \$60k per year. The study was approved by the UDM IRB and participants received a \$35 honorarium for their involvement. Participants completed the Life Story Interview (McAdams, 2007), Adverse Childhood Experiences scale (WHO, 2018), and several other self-report measures not reported in this study. The Life Story Interview Key Scenes were transcribed and coded using the Defense Mechanisms Rating Scale (Perry, 1990).

Results: Partial correlations with word count held constant revealed significant associations between adult Intermediate and Immature level defenses and two types of adverse childhood experiences (Maltreatment and Household Dysfunction). Adult Obsessional-level defenses were significantly correlated with childhood Maltreatment, and Minor image-distorting and Disavowal defense levels were significantly correlated with both Maltreatment and Household Dysfunction. At the level of individual defense mechanisms, Isolation of Affect was significantly correlated with both childhood Maltreatment and Household Dysfunction, Idealization and Devaluation were significantly associated with Household Dysfunction, Denial was significantly associated with Maltreatment, Rationalization was significantly associated with Maltreatment and Household Dysfunction, and Splitting of the Self was significantly associated with Maltreatment. Regression analyses predicting levels of defensive functioning indicated that Intermediate defenses were predicted by both Household Dysfunction and Maltreatment while Immature defenses were predicted by Household Dysfunction.

Conclusion: Adults who suffer from various types of adverse childhood experiences tend to exhibit greater use of Intermediate (neurotic) and Immature (maladaptive) defense mechanisms when describing important scenes from their life story that were unrelated to their abuse experiences. These findings underscore the importance of assessing defense mechanisms to better understand ways in which adult survivors of childhood maltreatment cope with their trauma.

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Value of Assessing Defense Mechanisms Among Those with Sexual Trauma History

BACKGROUND: Defense mechanisms are typically used by people to help cope with distressing internal/external experiences, including potentially traumatic events, and the degree to which defense mechanisms are adaptive or maladaptive varies. Posttraumatic growth (PTG) is a term referencing the phenomenon of trauma survivors showing positive 'growth' within themselves following the adverse experience. As people respond to trauma in different ways, it is important to understand how a given individual is responding to a potentially traumatic event and what psychological characteristics facilitate PTG. Accordingly, it may be beneficial to include measures of defense mechanisms in personality assessment when working with individuals with trauma history. In a recent report, 81% of women and 43% of men in the United States reported that they have experienced some form of sexual harassment or assault in their lifetime, making sexual trauma a very prominent type of trauma in the country and, therefore, an experience many clients undergoing personality assessment might possess. Thus, the proposed study seeks to explore whether there is value in assessing defense mechanisms among those with sexual trauma history by investigating bivariate correlations between several defense mechanisms and PTG among individuals with self-reported history of sexual trauma.

SUBJECTS: Data collection is ongoing. Study participants consist of diverse college student convenience sample. We expect a sample size of 200 or larger based on past studies and prevalence of sexual trauma observed in similar data collections.

METHOD: Recruited participants complete an anonymous online study, wherein they are administered two self-report measures of adverse experiences (Adverse Life Experiences Scale; ALES) and potentially traumatic events (Life Events Checklist for DSM-5; LEC-5), Posttraumatic Growth Inventory (PTGI), and the Defense Style Questionnaire – 40 (DSQ-40) along with other measures not used in the current study.

RESULTS: Following data collection, participants' responses will be reviewed and those endorsing history of sexual trauma will be extracted to create the dataset to be used for the proposed analyses. Descriptive statistics will be obtained prior to our main analyses to describe this subsample and check assumptions. Finally, correlation analysis using a robust bootstrapping approach will be used to investigate associations between specific defense mechanisms and multiple areas of PTG, as measured by the PTGI.

DISCUSSION: The clarification of associations between defense mechanisms and PTG among individuals with sexual trauma history would have implications for both research and clinical work, including personality assessment. Regarding research, studies of this kind identify patterns of adaptation within specific populations that can guide future explorations of intervention targets. There are also direct clinical benefits of this research, such as the possible identification of defense mechanisms that might be particularly important to assess when working with victims of sexual trauma. Study findings will be discussed in the context of these potential benefits.

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A Factor-Analytic Investigation of Personality Pathology Among Patients Diagnosed with MDD Using Three Different Methods of Personality Disorder Diagnosis

Major depressive disorder (MDD) is a clinically complex syndrome with different underlying symptom dimensions. In addition to a general depressive symptom factor, MDD is often comorbid with personality disorders (PD). Personality pathology in patients with major depressive disorders results in significantly reduced quality of life and increased treatment complexity. As such, a complete picture of MDD must take into consideration the structure of personality pathology. However, the distribution of PDs among individuals diagnosed with MDD can often vary depending on the personality disorder diagnostic system involved. This exploratory, factor analytic study will examine the degree to which clinician ratings of personality pathology are differentiated among patients with MDD utilizing three prototype personality disorder diagnostic systems: the Shedler-Westen Assessment Procedure (SWAP-II; Shedler & Westen, 1998), the DSM-5 Section III Personality Disorders prototype proposals (APA, 2011), and the Psychodynamic Diagnostic Manual (PDM; PDM Task Force, 2006). A total of 329 graduate student clinicians across the country were presented with each of the diagnostic methods in randomized order (Nelson et al., 2016). For the SWAP-II, participants were asked to rate how well each of the 11 prototype diagnoses (depressive, anxious-avoidant, dependent-victimized, schizoid-schizotypal, antisocial-psychopathic, paranoid, narcissistic, borderline-dysregulated, obsessional, hysteric-histrionic, and personality health) matched their client's symptomology. When presented with the DSM-5 Section III specific PD Model, participants rated to what extent their client met the diagnostic criteria for each of the six PDs described in Section III (antisocial, avoidant, borderline, narcissistic, obsessive-compulsive, and schizotypal), which included the specific traits associated with each PD, as well as the kinds of impairments in client's level of functioning. Ratings using the Axis P of the PDM required participants to rate to what extent the descriptions of each of the 15 PDs described their client. For the purposes of the current study, only clients with a primary DSM-IV-TR major depressive disorder diagnosis were included in the factor analysis (n = 82). Results yielded four to five interpretable factors, which were composed mainly of specific personality prototypes derived across methods.

Schichie Kuribayashi | University of Detroit Mercy

Psychological Flexibility, the Five Factor Model, and the Section-III Alternative Model of Personality Disorders: A Quantitative Analysis

Introduction: Over the last 30 years, the field of psychotherapy has witnessed the emergence of a new transdiagnostic approach to mental health treatment – Acceptance and Commitment Therapy (ACT). Moreover, ACT has been described as a 6-factor model of psychological flexibility; yet some authors suggest that a 3-factor model may offer a more parsimonious conceptualization. Further, limited research has examined the relationship between psychological flexibility, the Five Factor Model (FFM), and the Section-III Alternative Model for Personality Disorders (AMP). The proposed study has three aims: (1) evaluate the factor structure of psychological flexibility, (2) test the linear association between psychological flexibility the FFM, and (3) test the linear association between psychological flexibility the AMPD.

Method: Data collection took place from January 2021 to January 2022, and all procedures were approved by the University Protection of Human Subjects. Descriptive statistics revealed that 559 participants completed the study, with the average age of participants being 21.97 years. Additionally, the majority self-identified as female (79.6%), never married (91.9%), White (47.8%), and currently enrolled in school (99.8%). Due to the timing of a dissertation proposal defense, additional analyses were unable to be completed prior to submission. Future analyses will include data from the Multidimensional Psychological Flexibility Inventory (MPFI), International Personality Item Pool-NEO-60 (IPIP-NEO-60), Big Five Inventory-2 (BFI-2), and Personality Inventory for the DSM-5-Short Form (PID-5-SF).

Data Analytic Plan: All future data analyses will be completed in Mplus, and it will be completed by the conference date. An ESEM will be conducted to satisfy each of the corresponding research aims. Initially, the factor structure of psychological flexibility will be examined according to the MPFI. Specifically, a CFA will be conducted to compare the 6-factor and 3-factor models of psychological flexibility. If neither model adequately fits, a follow-up EFA will be conducted to better understand the factor structure according to the MPFI and allow for the cross loading of items. Next, a CFA will be conducted on the scales of the IPIP-NEO-60 and BFI-2 to create a 5-factor model. After, these scales will be correlated with the factors derived from the MPFI. Finally, a CFA will be administered on the facet scales of the PID-5-SF to create a 5-factor AMPD model. Following this, these scales will be correlated with the factors derived from the MPFI. Results will be available during a future presentation.

Discussion: This will be the first study to examine the relationship between psychological flexibility, the FFM, and the Section-III AMPD. Findings from this study may have clinical implications for the use of ACT as a transdiagnostic treatment approach. Specifically, for the assessment and treatment of dimensional personality disorders, and whether changes in psychological flexibility can have a measurable impact on both normal and pathological personality traits. Findings from this study will also provide support for either the 6-factor or 3-factor conceptualization of psychological flexibility, and how this relates to the FFM and Section-III AMPD.

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The Influence of Personality Organization on Right-Wing Authoritarianism

Right-wing authoritarianism (RWA) is on the rise in the U.S. and globally, which has coincided with increases in political turmoil and communal violence. One factor associated with RWA is personality

pathology. A common model of pathological personality organization includes three dimensions: primitive defenses (developmentally immature means of coping with stress and anxiety), reality testing (the ability to differentiate fantasy from reality), and identity diffusion (difficulty distinguishing self from others). Among these, primitive defenses may most influence RWA, with authoritarian leaders functioning as a container of projected fantasies and a protector against real or imagined dangers. RWA in the U.S. in particular also relies on denial of science and basic facts, which also suggests an association with problems in reality testing. However, there is little research on the influence of pathological personality organization on RWA. In this study, we examined the association between primitive defenses, problems in reality testing, and identity diffusion on RWA in a sample of adults in the U.S. (N = 392) using a Bayesian approach to multiple regression. Results indicated that primitive defenses had the strongest effect on RWA, although problems in reality testing also had a small positive effect. These findings underscore the roots of RWA in an underdeveloped and somewhat view of the world and people in it, which has implications for how we might better understand and intervene with RWA as a social movement.

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Diagnostic Efficiency of the PAI Negative Distortion Indicators to Detect Feigned Head Injury

The Personality Assessment Inventory (PAI) has several procedures for detecting negative response distortion and malingering. Three standard indicators have been the subject of empirical study: Negative Impression Management (NIM), Malingering Index (MAL), and the Rogers Discriminant Function (RDF). Recently, three additional indicators have been introduced in the new PAI-plus manual supplement (Morey, 2020): the Negative Distortion Scale (NDS), Hong Malingering Index (HMI), and the Multiscale Feigning Index (MFI). The current study is a dissimulation analysis of the validity of the standard and supplemental indicators to detect feigned head injury. Undergraduate students (n = 113) responded to the PAI in a litigation role-play scenario to convince the evaluator that they had sustained a serious head injury in an automobile accident. These PAI results were compared to cases of actual head injury (n = 86) of documented mild to high severity. The dissimulating student group had elevated mean scores (T > 60) on all three standard indicators of negative distortion: NIM, MAL, and RDF. Elevations on Infrequency (INF) in the dissimulating group revealed that the dissimulating respondents were generally unsophisticated in their approach to the feigning task. The three supplemental indicators, NDS, HMI, and MFI, did not show greater discrimination of the two groups than the standard indicators. Diagnostic efficiency statistics showed most indicators to be highly sensitive to the dissimulating cases at the recommended cut scores. Specificity was considerably lower, consistent with previous research. Dissimulators tended to emphasize emotional and behavioral problems, whereas actual head injury patients focus on somatic and cognitive symptoms in their responses to the PAI.

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Self-Other Knowledge Asymmetry for DSM-5 Levels of Personality Functioning versus Basic Personality Traits

The Alternative Model of Personality Disorders (AMPD; APA, 2013) Criterion A introduced a core dimension of impairment in self and interpersonal functioning. Because clinicians often do not have sufficient information to accurately rate these functioning concepts, structured clinical interviews and self-report measures of the Criterion A functions have been developed. However, there are limitations to self-reports caused by unconscious defenses, response biases, and deliberate distortion (Paulhus & Vazire, 2007). These limitations are further compounded among individuals

with personality disorders who often lack insight into the self and their effect on others (Klonsky & Oltmanns, 2002). The present study examines the personality functioning constructs of identity and empathy assessed using self-report and ratings by informants. Vazire (2010) proposed a model of self-other knowledge asymmetry (SOKA) that states different traits are more accurately judged by the self versus informants. This study applies the SOKA model to personality functions (empathy and identity), comparing them to personality traits (extraversion and conscientiousness) that have been the subject of previous SOKA investigations. Reciprocal self and informant ratings will be collected from 80 peer dyads who will complete self and informant versions of the Self-Concept Clarity Scale (Campbell et al., 1996), Interpersonal Reactivity Index (Davis 1980), and the Big Five Inventory-2 (Soto & John, 2017). It is hypothesized that BFI-2 Extraversion will have the highest self-other agreement and BFI-2 Conscientiousness will have higher self-other agreement than SCC (identity) and IRI (empathy). It is also hypothesized that self-rated acquaintanceship between the dyad members will moderate self-other agreement for identity more than the other three variables. Due to the expected dependence in dyad acquaintanceship ratings, multilevel modeling will be conducted to test the hypotheses.

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Associations Between MMPI-3 Scales and Dialectical Behavior and Acceptance and Commitment Therapy Constructs

Dialectical behavior therapy (DBT) and acceptance and commitment therapy (ACT) are two behavior therapies emphasizing mindfulness, acceptance, and effective behavior. These interventions are commonly used in to treat various types of psychopathology. The Minnesota Multiphasic Personality Inventory (MMPI) family of instruments, including the MMPI-3 (Ben-Porath & Tellegen, 2020), are commonly used in clinical settings to measure personality and psychopathology and have been investigated in the context of treatment planning and outcomes (i.e., Anestis et al., 2015; Patel & Suhr, 2020; Tylicki et al., 2019). However, no previous study has examined associations between the MMPI-3 and measures of DBT or ACT constructs (i.e., use of DBT skills, engagement in valued action, mindfulness, etc.). Establishing these associations can expand the utility of the MMPI-3 as a tool for treatment planning and/or monitoring progress. The goal of the current study was to examine associations between scores on MMPI-3 substantive scales and measures of DBT and ACT constructs.

METHOD: After excluding 26 participants with invalid MMPI-3 protocols, 157 undergraduate students (79.6% female; Mage = 19.37, SD = 2.98; 79.6% White) completed the MMPI-3, DBT Ways of Coping Checklist (DBT-WCCL; Neacsiu et al., 2010) and Comprehensive Assessment of Acceptance and Commitment Therapy Processes (CompACT; Francis et al., 2016). Zero-order correlations between MMPI-3 substantive scales and DBT-WCCL and CompACT subscales were calculated for the full sample, as well as a subsample of students reporting current or previous experiences receiving mental health treatment (n = 71). Correlations of a medium effect size or greater (i.e., $r > |.30|$) were considered meaningful.

RESULTS: Among the DBT-WCCL subscales, Dysfunctional Coping was most strongly related to all internalizing MMPI-3 scales (excluding Behavior Restricting Fears [BRF]), while also demonstrating meaningful associations with somatic (Somatic Complaints [RC1], Malaise [MLS], Neurological Complaints [NUC], Cognitive Complaints [COG]), thought dysfunction (Thought Dysfunction [THD], Aberrant Experiences [RC8]), and select externalizing (Substance Abuse [SUB], Impulsivity [IMP], Aggression [AGG], Disconstraint [DISC]) and interpersonal scales (Shyness [SHY]). In contrast, DBT Skills Use was negatively associated with scales reflecting low positive affect (Low Positive Emotions [RC2], Introversion/Low Positive Emotionality [INTR]) and helplessness (Helplessness/Hopelessness [HLP]) and positively associated with self-importance (Self-Importance [SFI]). Blaming Others was

uniquely associated with scales indexing anger and negative emotionality (Dysfunctional Negative Emotions [RC7], Anger Proneness [ANP], Negative Emotionality/Neuroticism [NEGE]).

Among CompACT subscales, Openness to Experience was negatively associated with select internalizing (Emotional/Internalizing Dysfunction [EID], Demoralization [RCd], RC7, Self-Doubt [SFD], Inefficacy [NFC], Stress [STR], Worry [WRY], Anxiety-Related Experiences [ARX], NEGE) and somatic scales (RC1, MLS, COG). Behavioral Awareness was meaningfully correlated with a combination of internalizing (EID, RCd, RC2, RC7, SFD, NFC, WRY, ARX, ANP), thought dysfunction (THD, RC8, Psychoticism [PSYC]), externalizing (Behavioral/Externalizing Dysfunction [BXD], Hypomanic Activation [RC9], IMP, AGG), and somatic scales (MLS, NUC, COG). Valued Action was negatively associated with select internalizing (EID, RCd, RC2, HLP) and somatic scales (MLS, COG). Results were generally consistent across the full sample and treatment-seeking subsample.

DISCUSSION: Clinical implications of these findings are discussed, followed by an acknowledgement of the limitations of this study and suggestions for future research.

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Understanding How Different Personality Models Can Predict Non-Suicidal Self-Injurious Tendencies

BACKGROUND: Nonsuicidal self-injury (NSSI), or the deliberate, express damage to one's body tissue without the intent to commit suicide, is present across a range of personality disorders (PDs) and amongst individuals who do not meet diagnostic threshold for any psychological disorder. There is a significant body of research suggests personality traits are relevant in predicting NSSI (Claes et al., 2010; Lynam et al., 2011; Mullins-Sweatt et al., 2013). This suggests that personality traits seen across PD's may explain engagement in NSSI behaviors. The current study examined the role of personality traits (maladaptive and normative) and personality functioning's relationship with non-suicidal self-injury engagement and suicidal behavior. Specifically, this study evaluated the utility of the Alternative Model of Personality Disorders (AMPD) in predicting historical and prospective self-harm behavior in comparison to the Five Factor Model (FFM).

SUBJECTS: This study recruited 314 female participants, aged 18-24, from Amazon Mechanical Turk and an undergraduate subject pool at a Midwestern university.

METHODS: Participants completed an initial battery of measure that included the Level of Personality Functioning Scale-SR (Morey, 2017), Personality Inventory for the DSM-5—Short Form (PID-5-SF; Maples et al., 2015), Big Five Inventory-2 (BFI-2; Soto & John, 2016), and Inventory of Statements about Self-Injury (ISAS; Klonsky, 2007). Two weeks after the initial assessment, participants completed a follow-up survey that consisted of the ISAS, modified to ask about NSSI behaviors within the past two weeks.

ANALYSES: Criterion A and all the maladaptive traits from Criterion B of the AMPD were significantly related to self-harm historically (p values $< .001$). Neither Criterion A nor B were associated with prospective NSSI. Through a series of binary logistic regression analysis, the AMPD was significant in predictive historical NSSI ($X^2(6) = 42.239$, $p < .001$) and compared to the FFM, the AMPD was the best fitting model for historical NSSI engagement (AMPD: AIC= 352.45, BIC= 378.52, AUC= .715; FFM: AIC= 373.48, BIC= 395.98, and AUC= .668). Neither the AMPD nor the FFM were able to predict prospective NSSI engagement. In addition, we found that adding Criterion A to the FFM traits was significant in predictive historical NSSI ($X^2(6) = 40.072$, $p < .001$) and, when compared the AMPD, the combined Criterion A and FFM trait model was the best fit model for lifetime prevalence of NSSI behavior (combined: AIC= 358.45, BIC= 384.58, and AUC= .707).

CONCLUSION: Both the AMPD components were significantly related to historical NSSI engagement and the AMPD was able to predict historical NSSI engagement above the FFM traits. When combining personality functioning with the normative FFM traits (combined model), there was a significant increase in explained variance. The combined model was also the best fit model for historical NSSI engagement. Neither the AMPD, FFM, or the model were significant in predicting prospective NSSI. Overall, the AMPD and combined model were able to account for historical NSSI, but the combined model had a slight advantage and supports recent proposals for the use of normative traits and Criterion A (Hopwood, 2022).

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Sara Lowmaster | University at Buffalo

Associations Between Somatic and Thought Dysfunction via the Minnesota Multiphasic Personality Inventory- Adolescent-Restructured Form (MMPI-A-RF) and Perceived Problem-Solving in Sibling Dyads

Background: Executive functions rapidly develop during adolescence. Subjective executive function performance can be measured in adolescents via the MMPI-A-RF somatic/cognitive complaint scales as well as scales measuring dysfunctional thoughts. Given that adolescence is also characterized by increased social sensitivity, examining problem-solving in salient social environments may broaden our understanding of EF development. Although a plethora of research points to peer evaluation and support as influential on adolescent wellbeing, one developmentally salient relationship for adolescents also includes the sibling relationship. Navigating conflicts within sibling dyads provides a safe and opportune space for adolescents to practice and learn EF strategies. As part of an ongoing study, we examined how sibling dyads respond to common conflicts and problem solve those conflicts. This pilot study explored associations between scores on MMPI-A-RF scales measuring somatic/cognitive complaints and thought dysfunction and older sibling's perceived dyadic problem-solving effectiveness.

Method: At Time 1 during a longitudinal study, we administered the MMPI-A-RF to older adolescents and presented sibling dyads with a 15-minute conflict task that displayed contentious topics they both highly ranked as highly contentious and problematic (e.g., chores). Dyads discussed conflicts and how to solve the problem during this task. After, they rate how they performed on this task—including questions about how positive they felt in response to the other adolescent sibling's body language, facial expressions, vocal tone, and content of their words. Siblings also complete the Sibling Problem Solving Scale, which identifies constructive and destructive problem-solving behaviors. For this pilot study, we weighted results from 10 adolescents aged 15.3 years old (SD = 1.6) to a sample size of 40. We conducted correlation analyses between MMPI-A-RF scales and indicators of problem-solving.

Results: We observed large, positive associations between destructive social problem-solving and thought dysfunction ($r = .81$), cynicism ($r = .77$), and ideas of persecution ($r = .81$). Conversely, we found large, negative correlations between constructive problem solving and those same thought scales. Somatic/cognitive complaints, and malaise specifically, had large, negative correlations with perceiving positive sibling body language, facial expression, and vocal tone during problem-solving. We observed large, negative associations between thought dysfunction and perceiving positive vocal tone ($r = -.54$) and word content ($r = -.55$). Likewise, positively perceived wording has a large, negative correlation with cynicism ($r = -.76$). These results suggest that MMPI-A-RF scales measuring thought dysfunction and somatic/cognitive complaints associate with adolescent problem-solving behaviors in sibling dyads, such that constructive problem-solving and perceiving positive verbal and nonverbal social cues during problem-solving associates with less cognitive and somatic problems in adolescents.

Discussion: Findings suggest that the MMPI-A-RF scale scores are associated with destructive problem-solving behaviors and conflict resolution perceptions in sibling dyads. As we continue collecting data, we will monitor how these correlations change and if other scales (e.g., COG) correlate with problem-solving behaviors. Relationships with the interpersonal scales will also be presented and explored. The completed study will examine associations between social problem solving in sibling dyads and executive functions both perceptually (as reported here) and behaviorally.

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Meanness and Affective Processing: A Meta-Analysis of EEG Findings on Psychopathy and Emotional Face Processing

The triarchic model (Patrick, Fowles, & Krueger, 2009) conceptualizes psychopathic personality as a multidimensional construct encompassing three distinct but interrelated dimensions: meanness, boldness, and disinhibition. Additionally, the triarchic model asserts these constructs can be assessed across multiple domains of analysis (e.g., physiological indicators, performance on cognitive tasks, self-report, etc.). For example, disinhibition can be conceptualized at the self-report level using instruments like the Triarchic Psychopathy Measure or Externalizing Spectrum Inventory, at the physiological level by brain response indicators such as the P300 event-related potential (ERP), and at the behavioral level by poor performance on inhibitory control cognitive tasks such as the Stroop task. Notably, indicators of meanness at the psychophysiological level are currently less well elucidated than for boldness or disinhibition (Patrick & Drislane, 2015). Meanness, which reflects the core affective features of psychopathy such as callousness, low empathy, and lack of remorse, is of particular interest to researchers as it plays a central role in most if not all conceptualizations of psychopathy and measures for assessing it (Drislane et al., 2014). At the behavioral level of analysis, meanness is associated with decreased accuracy on tasks involving facial and emotion recognition (Brislin et al., 2018). These deficits in emotional face processing can be examined at the physiological level through EEG research. Several event-related potential (ERP) components, which are small voltages in brain activity evoked in response to a particular stimulus or event, have been identified that are specifically relevant to emotion processing and face processing, such as N170, P200, and late positive potential (LPP) (Shannon et al., 2013). Research indicates the magnitude of these ERP responses may be modulated by psychopathic meanness (Clark et al., 2019); however, discrepant findings have also been reported. Therefore, the current study performed random-effects model meta-analyses of nine studies meeting study inclusion criteria to provide an overall effect size for the association between trait meanness and emotional face-evoked ERPs (specifically, the N170, P200, and LPP). Results of the meta-analysis indicated a significant effect for N170 amplitude and meanness when processing fearful faces ($r = .18$) such that individuals with high levels of meanness showed a blunted (i.e., less negative) N170 amplitude when viewing fearful facial expressions. No significant effects were found for N170 amplitude when processing angry or happy faces, nor when examining other ERP components (i.e., LPP and P200 amplitudes) when processing fearful faces. Additionally, meta-regression analyses indicated the type of facial stimuli utilized across studies was significant in explaining some between-study heterogeneity of the N170-fear meta-analysis model. Specifically, processing of natural faces yielded greater effect sizes than manipulated (i.e., inverted) faces. Based on the results of the current study, it seems plausible to conceptualize meanness through the domain of psychophysiological response. However, continued research is necessary in order to identify robust neurobiological correlates of psychopathic trait dimensions. Ultimately, work along these lines will allow for the assessment and conceptualization of psychopathy personality through the integration of multiple domains of measurement.

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A Meta-Analysis and Literature Synthesis of the MMPI-2-RF Over-Reporting Scales in Veterans and Active-Duty Samples

Active-duty service members and Veterans (ADaV) face unique mental health needs, including higher and more severe rates of numerous forms of psychopathology. Moreover, validity scales of the MMPI-2-RF are less effective in ADaV populations, because of not just the elevated scale scores (Ingram et al., 2021) but also the scales moderation by frequent forms of psychopathology (e.g., PTSD; Ingram & Ternes, 2016). Seven studies (Veteran=4; Active-Duty=3) have examined the MMPI-2-RF validity scales with ADaV individuals, with effect sizes for the over-reporting scales varying greatly: Munweighted = 1.17 [Large], Range = .3 [Negligible; F-r] to 1.95 [Large; Fp-r]. We expand research on the MMPI-2-RF by synthesizing literature on the over-reporting scales of the MMPI-2-RF with ADaV populations using Fixed and Random Effects meta-analyses, including analysis of potential moderators specific to ADaV populations (e.g., era of service, evaluation setting, handling of cases undergoing disability evaluation, etc.).

To identify studies for the meta-analyses, we searched Social Sciences databases via Google scholar and Psych Info using keywords (“mmpi*”, “mmpi-2-rf”, “malinger*”, “Veteran”, “Active Duty”, “Minnesota Multiphasic Personality Inventory”, “overreport*”, “feign*” or “faking”). We also conducted a forward and backward search of prior MMPI-2-RF meta-analyses. Means, standard deviations, and sample sizes were collected for studies and, in most cases (k=7), means use MMPI-2-RF linear t-scores. A minority report raw scores: however, calculation of d using raw scores were still usable and produce viable standard effect metrics. Fixed effect meta-analyses for each of the over-reporting scales range in effect from .75 [95% Confidence Interval = .60 to .90; Fp-r] to .93 [95% Confidence Interval = .80 to 1.05; FBS-r], with effects falling in the medium to large effect range (80% large effects; $d \geq .8$; Cohen, 1988). Observed effects are lower than those typically seen in prior meta-analyses (e.g., Fp-r gpoolede= ; Ingram & Ternes, 2016) which include broader population sampling.

This study underscores the contextual and population specific needs of ADaV populations. Means for AD were substantially lower than Veteran means across both Pass and Failed groups, however, subgroup analysis is not possible within mixed (random) effects because of low group counts for AD individuals. Lower AD means coincide with substantial variation in study effects across scales ($d\Delta$ Mean=.79), ranging from F-r with a medium effect ($d\Delta$ =.43) to RBS with a large effect ($d\Delta$ =1.03) differences. Further study with AD is needed. Some other moderators will also not be possible within random effects model due to an insufficient number of studies for those moderators. Despite this difficulty, random effect models will also be calculated and presented as part of this project. We will also present frequencies of ADaV specific moderators which did not have sufficient study for inclusion, but which should be listed in future studies with these populations. Results suggest a need for increased focus on conducting studies with ADaV populations and evaluating assessment validity and utility of the over-reporting scales distinctly from other populations. Implications of findings, as well as moderator coding feasibility and findings, will be presented in the poster.

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Factorial Structure of the Adult Attachment Projective Picture System

Attachment theory states that individuals develop internal working models of attachment during childhood based on the availability of their attachment figures and the extent with which they can rely on them for reassurance when feeling distressed (Bowlby, 1988). These cognitive and affective mental representations of attachment will guide their behaviors with others throughout their life. In adulthood, attachment representations can be assessed with the Adult Attachment Projective Picture System (AAP; George & West, 2012), which allows adults to be classified as Autonomous/Secure, Dismissing, Preoccupied or Unresolved according to seven continuous scales. Of these seven

scales, four assess attachment related variables and three evaluate unconscious defensive processes associated with corresponding insecure states of mind. Most of the research in the developmental field of attachment has relied on this four-category scheme to validate attachment measures and examine correlates of attachment states of mind, such as psychological functioning. However, when different measures of attachment are used, the level of convergence is weak, suggesting that researchers would gain from clarifying the constructs precisely assessed by these attachment measures (Strauss et al., 2022). In that purpose, an examination of the factorial structure of the Adult Attachment Interview (AAI; Main et al., 1985), the most widely used attachment measure in developmental psychology, has led to the identification of two latent factors. The first factor represents the dismissing state of mind and the second includes scales about attachment preoccupation and traumatic material (Raby et al., 2020). To our knowledge, no study has investigated the AAP's latent structure using a factor analysis. Thus, the aim of the present study is to explore the factor structure of the AAP for the identification of underlying dimensions on which individuals vary. Participants were 205 women (mean age = 36.31, SD = 6.71) from two convenience samples of participants recruited in Quebec (Canada) and for which the AAP was administered. A Principal component analysis with direct oblimin rotation was conducted using SPSS Statistics 25. The Kaiser-Meyer-Olkin index was $KMO = .60$. Bartlett test was statistically significant, $\chi^2(15) = 130.39, p < .001$. Three factors were extracted from the analysis: a first factor representing attachment security including three scales assessing security (Agency, Connectedness and Synchrony), a second factor including the attachment preoccupation scale (Cognitive disconnection) and traumatic material (Segregated systems), and a third factor including only the personal experience scale which represents intrusions of autobiographical experiences in the fictive stories. The cumulative variance for the three factors was 69.72%. The first factor explained 31.91% of variance (eigenvalue of 1.92). The second factor explained 21.07% of variance (eigenvalue of 1.26). The third factor explained 16.78% of variance (eigenvalue of 1.01). These results show that three underlying dimensions can be found in the AAP's classification system. Further studies should examine if this factorial structure can be reproduced with larger samples and how these dimensions are associated with the AAI's dimensions. Moreover, we need to gain knowledge about the clinical relevance of using these dimensions and how they may relate to other psychological functioning variables.

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Predictive Validity of Rorschach R-PAS Variables in the Stress and Distress Domain: A Study on Salivary Cortisol Concentrations During Oral Examination

In psychoneuroendocrinology, acute stress refers to a cascade of neurohormonal and metabolic responses to situations that are characterized by unpredictability and uncontrollability (Koolhaas et al., 2011), leading to a rapid activation of the sympathetic nervous system and to an activation of the hypothalamic-pituitary-adrenal (HPA) axis. This typically causes the release of stress hormones such as cortisol (Takahashi et al., 2005), and causes changes in physiology (e.g., heart rate, skin temperature and perspiration). Even if the stress response of the HPA is rather complex and modulated by numerous factors (Hellhammer et al., 2008), salivary cortisol assays offer a reliable, increasingly accessible and affordable method for quantifying psychological stress (Pisansky, 2016). Research suggests that university exam stress is the most significant source of stress experienced by undergraduate students and it seems to be a good inducer of cortisol and psychological responses to stress (Weekes et al., 2006). This research project thus aims to investigate the predictive validity of Rorschach R-PAS variables in the Stress and Distress domain by testing whether they could predict increased sympathetic reactivity and vulnerability to stress.

At the baseline (T1), saliva samples from 89 student volunteers were collected into 2 ml polypropylene microtubes (SARSTEDT®), using the passive drool method (Gröschl, 2008). Next, all 89 volunteers were administered the Rorschach, using R-PAS method. At T2, about one month after, saliva samples were collected during an oral examination for an university exam. Because it takes approximately 10 minutes for cortisol produced by the adrenal glands to manifest in saliva (Kirschbaum et al., 1993), samples were 10 minutes after the start of the exam session.

Data analyses focused on the extent to which R-PAS variables could predict cortisol level changes from T1 to T2. Results partially confirmed a-priori formulated hypotheses, with some of the variables located in the Stress and Distress interpretive domain of R-PAS (PPD, Y) showing correlations in the expected direction with cortisol level changes and average cortisol concentrations.

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Examining the Relationship Between Social Dominance and Aversive Mate Retention Tactics: The Influence of Everyday Sadism

Background: Research has shown that dark personality traits can negatively impact intimate relationships (Clemente & Espinosa, 2021; Ferreiros & Clemente, 2022). Those with dark personality traits may be particularly prone to employing aversive mate retention tactics in their intimate relationships, including aggression towards their partner, self-enhancement, and resource display (Jonason et al., 2010; Lambart & Lopez, 2017). Another study found that sadism, psychopathy, and narcissism significantly predict forms of desired control in romantic relationships (Hughes & Samuels, 2021). Research has examined how sadism may influence short- and long-term mating orientations (Tsoukas & March, 2018), but has not yet investigated how sadism may influence mate retention tactics. The current study aims to investigate whether everyday sadism mediates the relationship between social dominance and aversive mate retention tactics.

Hypothesis: We hypothesized that everyday sadism will significantly mediate the relationship between social dominance and aversive mate retention tactics.

Methods: A national sample of United States male participants (N = 704) collected on Amazon's Mechanical Turk (MTurk). Everyday sadism was measured using the Comprehensive Assessment of Sadistic Tendencies (Buckels & Paulhus, 2014), a self-report measure that assesses individuals' dispositional tendency to hurt others. The measure assesses facets of verbal, physical, as well as vicarious sadism. Aversive mate retention tactics were assessed using the Mate Retention Inventory – Short Form (Buss et al., 2008), and social dominance was assessed using the Social Dominance Orientation Scale (Ho et al., 2015).

Results: A structural equation model was constructed to test our hypotheses. Aversive mate retention tactics was the outcome, social dominance was distal, and everyday sadism was proximal in the model. Everyday sadism fully mediated the relationship between social dominance and intersexual manipulation tactics $\chi^2(7, 704) = 9.587, p = 0.213, RMSEA = 0.23, NFI = .996, CFI = .999$. Everyday sadism also fully mediated the relationship between social dominance and intrasexual negative inducement tactics $\chi^2(4, 704) = 5.299, p = 0.258, RMSEA = .021, NFI = .996, CFI = .999$.

Discussion: These results suggest that socially dominant men may express their social dominance in sadistic ways when it comes to maintaining their intimate relationships. Furthermore, the similar strength of both models of intersexual and intrasexual manipulation suggests that men may employ

mate retention tactics towards other men and their partners in similar ways. To our knowledge, this is the first study to examine how everyday sadism influences the relationship between social dominance and aversive mate retention tactics. More research is needed to clarify the etiology and mechanism underlying this relationship.

Taylor Johnson | Sam Houston State University

Brittany Cameron | Sam Houston State University

Tiffany Russell | Sam Houston State University

Association Between OCPD Traits and Feelings of Emptiness

Emptiness is a debilitating, if uncommon, aspect of personality dysfunction. The bulk of research on emptiness and personality pathology has concerned borderline personality disorder. However, emptiness may also be associated with other forms of personality pathology. One example of this may be obsessive-compulsive personality disorder (OCPD), in which the preoccupation with perfectionistic and ritualized behavior may leave a person with an absence of internal experience. Within a trait-based model of personality disorders, OCPD consists of four traits: rigid perfectionism, perseveration, intimacy avoidance, and restricted affectivity. Two of these traits may be particularly associated with feelings of emptiness. First, restricted affectivity may be associated with emptiness because the absence of emotions may yield an experiential void, which in turn may lead to feelings of emptiness. Second, intimacy avoidance precludes connection with other people and the positive experiences associated with this connection, similarly leading to loneliness, disconnection, and emptiness. However, there is little research examining the relative influence between OCPD traits and emptiness. In this study, we examined this in a sample of women and men recruited online (N = 300) using multiple regression. Results indicated that OCPD traits accounted for a large amount of variance in feelings of emptiness. Findings further suggested that perseveration had the strongest association with emptiness, with intimacy avoidance and restricted affectivity having more modest effects. These findings suggest that clinicians should assess for feelings of emptiness in patients in treatment for OCPD, especially in those with high levels of perseveration.

Margaret Froehlich | Palo Alto University

Matthew Yalch | Palo Alto University

The Influence of Boldness, Meanness, and Disinhibition on Aggression

Aggression is an increasingly common problem in the U.S. today. Research suggests three types of aggressive behavior: physical aggression, social aggression, and rule-breaking behavior. One factor associated with aggressive behaviors is psychopathy. The predominant model of psychopathy similarly suggests three dimensions: boldness (the nexus of social dominance, emotional resiliency, and venturesomeness), meanness (aggressive resource-seeking without regard for others), and disinhibition (difficulty controlling impulses). Of these dimensions, two are most closely associated with aggression. Meanness is likely associated with all three forms of aggressive behavior because it inherently entails an attitude of hostility toward other people, which in turn may make aggression more likely. Disinhibition may be more specifically associated with rule-breaking behavior since rule-breaking often stems from an inability to constrain impulses, which is the essence of disinhibition. In contrast, boldness is generally not associated with aggression or other maladaptive aspects of psychopathy. However, there is little research on the relative association between the three types of aggressive behaviors and the three dimensions of psychopathy. In this study, we examined this in a sample of men and women recruited online (N = 286) using multiple regression. Across all three regression models, dimensions of psychopathy accounted for a large amount of variance in aggressive behavior. More specifically, both meanness and disinhibition were positively associated with all three types of aggression, whereas boldness was not associated with any. Findings are consistent with meanness and disinhibition being the maladaptive aspects of psychopathy and boldness being adaptive.

Dominic Ceroni | Palo Alto University
Abbey Robbins | Palo Alto University
Matthew Yalch | Palo Alto University

Identification of Rorschach Determinants that Correlate with Shame Dynamics on the Thurston Cradock Test of Shame (TCTS): A Pilot Study

The Rorschach “assesses a broad range of personality, perceptual, and problem-solving characteristics, including thought organization, perceptual accuracy and conventionality, self-image and understanding of others, psychological resources, schemas, and dynamics” (Meyer and Viglione, p. 281). Shame, a deep sense of feeling inadequate and defective, is understood to be at the core of psychopathology (Lewis, 1987; Miller, 1996). It is likely that shame affect and the defenses people engage to protect against it can impact nearly all of the phenomena that the Rorschach measures.

A recent symposium (Cradock O’Leary, 2022) addressed how data from the Rorschach and the only performance-based measure of shame, the Thurston Cradock Test of Shame (TCTS), can work together to clarify a client’s diagnostic picture, defenses, and interpersonal dynamics. As noted in the symposium, it would be helpful to better understand how specific Rorschach determinants might indicate shame and shame defenses. Unfortunately, the literature is sparse regarding the issue. Yalof and Rosenstein (2014) noted several authors who used case studies to examine the link between Vista (Comprehensive System) to guilt, shame and humiliation.

The current study empirically examines the correlation between the specific summed TCTS scores and Rorschach Performance Assessment System (R-PAS) determinants. Positive correlations are expected between the following TCTS scores and R-PAS determinants: TCTS Direct shame is expected to have a positive correlation with MOR and V. TCTS Indirect shame is expected to have a positive correlation with Y. The TCTS shame defense Deflation is expected to positively correlate with Y, C’, MOR, and ODL. TCTS shame defense Inflation/Contempt is expected to positively correlate with AGC, AGM, and SR.

The current study, still in progress, uses archival assessment data from 30 assessment cases where individuals completed the Rorschach, which was scored with the R-PAS, and the TCTS. The results, implications of the findings, and limitations to the study will be presented in detail. Of particular interest to the authors is the usefulness of using a summed score for TCTS variables, which cannot fully capture the depth and breadth of shame dynamics, versus another method. In this way, the current project will serve as a pilot study in preparation for a larger, future study.

Edward Jenny | Edward Jenny & Associates
Cassandra Parrish | Immaculata University
Julie Cradock O’Leary | Private Practice

Interpersonal Decentering Versus LIWC Word Use as Correlates of Depression

Statement of the Problem: Interpersonal decentering, a narrative measure of perspective-taking, is linked to interpersonal problems and cognitive developmental level (Jenkins, Dobbs, & Leeper, 2008; Jenkins, Fondren, & Herrington, 2022; Feffer, 1959), and might be linked to depression via its contribution to good relationships (Jenkins, Dobbs, & Leeper, 2015) and thus to social support. Because word production elucidates information organization patterns, language use could indicate depression as well (Bozanoğlu et al., 2019). Fondren (2019) and Straup (2022) compared negative emotion words (NEW) to narrative predictors of self-reported depression, finding that interpersonal decentering and negative event interpretations better predict depression than do NEW (Fondren, 2019; Straup, 2022). However, both studies used all NEW, whereas sad words are

manifestly connected to sad mood, and psychoanalytic theory has viewed depression as 'anger turned against the self'. The present study determined whether individual NEW categories (sad, anxious, angry) predict depression better than interpersonal decentering, and evaluated gender differences, expecting this relationship will be stronger in women than in men.

Participants: Participants' archival data were taken from outpatient clinic files of a large southwestern university (covered by informed consent releases) that included TATs (Cards 1, 2, 3BM, 4, and 13MF) and the MMPI-2 (N=85). The sample was 52% women and 48% men, 8% Black, 8% Hispanic, 75% White, 1% Mixed Race, and 7% Other.

Procedure: TAT responses were scored by reliable trained coders and analyzed for negative emotion word content with the Language Inquiry and Word Count (LIWC) software. Hierarchical multiple regressions predicting MMPI-2 Scale 2 (Depression) entered interpersonal decentering (step 1) and proportions of sad, anxious, and angry words (step 2), split by gender.

Results: Zero-order correlations were nonsignificant for men, but for women Scale 2 was correlated with sad ($r=-.30$) and angry words ($r=.42$, both $p<.05$). Model 1 was nonsignificant overall. Model 2 was nonsignificant for both genders, but approached significance for women, $F(3, 28)=2.674$, $p=.066$; angry words had a significant effect on depression for women, $\beta=.409$, $t(30)=2.216$, $p=.035$.

Conclusion: First, our findings indicate the importance of examining gender differences in studies of depression, given the known gender differences in prevalence rates and common correlates that might be related to the tendency for men to underreport depression symptoms. Second, distinguishing subcategories of NEW is shown by the counterintuitive finding of a negative association for sad words and a positive association with angry words with Scale 2 for women, which would average to nonsignificance when combined into the general NEW. Third, the significant unique variance for angry words for women supports the psychoanalytic conceptualization of depression as 'anger turned against the self.' Gender social role theory (Eagly, 1987) suggests that women may be especially prone to anger suppression in the service of traditional femininity, in which case they might deny angry feelings when queried directly, but express them by their word choices when asked to tell stories about pictures. Such indirect measurement approaches are thus uniquely valuable in the clinical assessment of depressed women.

Jacqueline Miller | University of North Texas

Riley Corder | University of North Texas

Sharon Jenkins | University of North Texas

Adverse Childhood Experiences and Antagonistic Personality Traits: An Initial Investigation and Exploration of Machiavellianism, Psychopathy, and Narcissism

Adverse childhood experiences (ACEs) are associated with clinical and subclinical levels of antagonistic personality traits. While most research assesses ACEs in relation to personality disorder characteristics (e.g., borderline personality disorder, antisocial personality disorder, cluster C personality traits), recent research has identified relations between subclinical personality traits associated with heightened antagonism (i.e., Machiavellianism, narcissism, and psychopathy). Recent studies have found that ACEs broadly contribute to the development of non-clinical levels of vulnerable narcissism, while other studies have found that specific types of ACEs, such as childhood maltreatment and exposure to violence relate to Machiavellianism and psychopathic traits, respectively. Understanding how ACEs contributes to subclinical personality features such as psychopathy, Machiavellianism, and narcissism is important because a plethora of research indicates that both personality disorders and subclinical features can lead to a variety of negative outcomes (e.g., interpersonal dysfunction, suicidal thoughts and behaviors, criminality, risky behaviors). This literature is especially limited due to the use of subclinical trait measures that lack construct

validity, especially measures of Machiavellianism, with research indicating that early measures of Machiavellianism were functioning as proxy measures of psychopathy. The present study advances the current literature by investigating how various ACEs differentially contribute to dimensional, five factor model representations of psychopathy, Machiavellianism, and narcissism. We hypothesized that psychopathy would positively correlate with childhood abuse and Machiavellianism would positively correlate with childhood neglect. However, given the limited literature in this area, no specific hypotheses could be given for the additional adverse experiences on the new assessment measure (e.g., collective violence; community violence). Participants (N = 919) were undergraduate students who predominantly identified as White (75%) and as women (65.8%). Correlation analyses and linear regressions were conducted to assess the relations between ACEs, psychopathy, Machiavellianism, and narcissism. Machiavellianism was only negatively correlated with childhood sexual abuse. Psychopathy and narcissism were positively correlated with physical abuse, emotional abuse, emotional neglect, physical neglect, community violence, and collective violence. Narcissism was also positively correlated with childhood sexual abuse. During regression analyses, physical neglect and community violence were both predictive of narcissism and psychopathy. Emotional neglect predicted both psychopathy and Machiavellianism. The regression models accounted for a significant amount of variance for psychopathy ($R^2=76\%$, $p<.001$), narcissism ($R^2=41\%$, $p = .001$), and Machiavellianism ($R^2=29\%$, $p=.025$). Overall, results demonstrate small relations between adverse childhood events and these antagonistic personality constructs. Given these weak relationships, it may be beneficial to investigate other childhood factors that are often associated with ACEs and antagonistic personality traits (e.g., parental invalidation, parental validation, attachment style). This exploratory study paves the way for future studies examining childhood and community factors associated with the development of antagonistic personality traits, which could lead to prevention strategies for those who experience these adverse events in childhood.

Chandler McDaniel | Mississippi State University

Kren Kelley | Mississippi State University

Hilary DeShong | Mississippi State University

Evaluating Response Bias Scales on the Computerized Adaptive Assessment of Personality Disorder (CAT-PD)

The Computer Adaptive Test of Personality Disorder (CAT-PD) has demonstrated the reliability and validity of its primary content scales across a number of empirical studies. There has been much less research evaluating the CAT-PD's response bias scales: the Positive Impression Management (PIM), Infrequency (INF), and Inconsistency (INC) scales. In this study, we evaluate these three scales using a combination of deliberate feigning (faking good and bad for the PIM and INF scales, respectively) conditions and computer simulation (random responding for INC) with a sample of men and women recruited online (N = 547). Results of Receiver-Operating Characteristic (ROC) curve analysis suggested that all scales produced a statistically significant area under the curve. However, results further suggested that although all three scales demonstrated moderate sensitivity in detecting invalid responding, specificity was weaker (i.e., suggesting a relatively high false positive rate). These findings suggest the need for further evaluation and potential refinement of the CAT-PD response bias scales.

Kaleigh Newcomb | Palo Alto University

Matthew Yalch | Palo Alto University

April 1, 2023 | 5:30 PM - 6:30 PM

Predictive Invariance of a Measure of Perfectionism Across Race When Predicting Mistake Rumination

BACKGROUND: Perfectionism is a component of multiple disorders, necessitating valid measurement. As sociocultural factors can influence perfectionistic tendencies, the validity of perfectionism measures might vary across different races and evaluation of their predictive bias is necessary. For instance, mistake rumination is a negative consequence of perfectionism and common measures of perfectionism (e.g., Big Three Perfectionism Scale; BTPS) could show bias across races when used to predict mistake rumination. Given the importance of predictive invariance across populations with whom a measure is used, the current study investigated variability in the BTPS's prediction of ruminating on past mistakes across different racial groups.

SUBJECTS: A total of 792 participants (75.1% female, 14.9% male, 2.3% nonbinary, and 7.4% prefer not to answer) with the mean age of 21.53 (SD=5.71) were recruited from a public university in the southern United States. Among the participants, 43.4% identified their ethnicity as White or Caucasian, 13.1% as African American or Black, 25.9% as Hispanic/Latine, 16.2% as mixed race, and 1.3% as other.

METHOD: Participants completed a series of self-report measures as part of a larger online data collection, including the Big Three Perfectionism Scale, a measure of three factors of perfectionism (rigid perfectionism, self-critical perfectionism, narcissistic perfectionism) and the Mistake Rumination Scale (MRS).

RESULTS: The predictive invariance of the BTPS across race when predicting mistake rumination was evaluated using a multilevel modeling approach with observed scores and restricted maximum likelihood estimation. We first fit three baseline models (one for each BTPS scale) wherein mistake rumination was regressed on a given BTPS scale. Rigid perfectionism ($b = 0.205$, $t = 10.78$, $p < .001$), self-critical perfectionism ($b = 0.206$, $t = 20.32$, $p < .001$), and narcissistic perfectionism ($b = 0.043$, $t = 2.27$, $p = .024$) each had a significant effect on the tendency to ruminate about a past personal mistake (mistake rumination). A random intercepts model was then fitted and revealed that, although variations in intercepts across race on two of three BTPS scales were significantly different from zero, the vertical shifts in regression line intercepts, as indicated by estimates of their standard deviations, were small. We then fitted a random intercepts and slopes model, which also suggested variations in slopes across race to be significantly different from zero but small in size. Model comparisons indicated no improvement in fit when slopes were freed to vary across race.

DISCUSSION: The evaluation using multilevel modeling indicated some variance of intercepts for different races when the BTPS's rigid perfectionism, self-critical perfectionism, and narcissistic perfectionism scales were used to predict ruminating on past mistakes. However, the overall variance across race was very small, demonstrating minimal bias in predictability of mistake rumination across race. This evidence corroborates the validity of the BTPS scales to predict mistake rumination among various racial population with a limited amount of variability.

Saniyya Rahman | Sam Houston State University

Adam Natoli | Sam Houston State University

An Examination of the Convergent Validity of the STIPO-R

Objectives: The Structured Interview for Personality Organization (STIPO) is a clinical interview that was developed to assess for personality pathology and is based on Kernberg's object relations theory, viewing personality organization as having different levels according to identity integration,

defensive operations, and reality testing. The STIPO was recently revised (STIPO-R) to be more streamlined and also to include a scale assessing pathological narcissism, thus it is important to examine its convergent validity with other measures of narcissism as well as measures known to correlate with narcissism such as self-esteem, empathy, shame, and guilt. Methods: We collected data on a racially diverse sample of 152 undergraduates at an urban university. The participants completed the STIPO-R, the Pathological Narcissism Inventory (PNI), the Narcissistic Personality Inventory (NPI), the Questionnaire Measure of Emotional Empathy (QMEE), the Rosenberg Self-Esteem Scale (RSES), and the Test of Self-Conscious Affect (TOSCA). Results: Analyses showed STIPO-R narcissism was positively associated with all PNI scores (total, grandiosity, and vulnerability). STIPO-R object relations, primitive defenses, and higher order defenses were all positively associated with PNI total and vulnerability scores. STIPO-R narcissism, object relations, primitive defenses, and higher order defenses were all negatively associated with self-esteem and positively associated with shame. Conclusion: Overall, results offer support for the validity of the STIPO-R in assessing pathological narcissism. We will discuss clinical implications as well as steps for future research.

Audrey Stephenson | Rutgers University

Nicole Cain | Rutgers University

Testing Invariance of Social Support Measures' Predictions of Psychological Distress between First- and Continuing-Generation College Students

Background: Research has shown that increased social support from family, friends, and significant others leads to lower levels of psychological distress. First- and continuing-generation college students have differing levels of support during their college experience. This support can include directive guidance, nondirective support, tangible assistance, and positive social exchanges. Taken in combination, psychological distress and level of social support should be regularly examined when conducting psychological assessments with college students. However, the ability of social support measures to predict levels of psychological distress might differ when assessing first- and continuing-generation college students. Therefore, the purpose of this study is to test the invariance of social support measures' predictions of psychological distress between first- and continuing-generation college students.

Subjects: Data collection is ongoing (almost completed) with participants being recruited from two university student convenience samples. The expected sample size will be larger than 1,500 participants prior to data cleaning.

Method: Following informed consent, study participants are asked to complete a battery of tests including the Brief Symptom Inventory (BSI), Interpersonal Support Evaluation List 12-item (ISEL-12), and the Inventory of Socially Supportive Behaviors (ISSB), and then complete a series of demographic questions.

Planned Analyses: Descriptive statistics will be obtained prior to the main analysis to describe the sample. The predictive invariance of the ISSB and ISEL-12 between first- and continuing-generation students when predicting severity of global psychological distress, as measured by the BSI, will then be evaluated using a multilevel modeling approach with observed scores and restricted maximum likelihood estimation. We will first fit eight baseline models (one for each ISSB and ISEL-12 scale) wherein psychological distress is regressed on a given ISSB or ISEL-12 scale. In step two, we will fit random intercepts models wherein intercepts are allowed to vary between first- and continuing-generation students. Finally, random intercepts and slopes models will be fitted wherein both intercepts and slopes are freed to vary across first- and continuing-generation students. Each model will be evaluated against its corresponding prior model by examining change in two goodness-of-fit measures (BIC, AIC), the results of a likelihood ratio test (after re-estimation with maximum likelihood), and by comparing models' path coefficients with respect to their

confidence interval estimates. Should any predictive noninvariance be indicated, random effects and their associated confidence intervals will be examined and compared to identify specific group differences.

Discussion: Results will be discussed with regard to the diversity of first- and continuing-generation students and the potential value of assessing social support during personality assessment in this population.

Lauren Allen | Sam Houston State University

Tyler Barnes | Sam Houston State University

Adam Natoli | Sam Houston State University

Enhancing Student Belonging During a Global Pandemic

Identity threat is the experience of psychological stress that results from the possible devaluation of one's group. In the United States, students from racial minority groups are often stereotyped as performing poorly in academic settings. These stereotypes, and the resulting identity threat, offer a partial explanation for the racial achievement gaps seen at nearly every level of education in the U.S. An achievement gap is an accustomed framework of how the school systems fail to distinguish the difficulty of tasks that would need to provide the necessary accommodations to assure all students achieve a sense of mastery. Many minoritized students become disengaged, which puts them at a heightened risk of diverging from being able to master levels of proficiency. As students struggle to manage the challenges of the covid-19 pandemic, policy-makers and educators worry that these struggles will exacerbate existing racial and socioeconomic gaps in academic achievement. For first-year students especially, the pandemic has created additional challenges in acclimating to college and developing a sense of belonging. The present research was conducted at a small, ethnically diverse midwestern liberal arts college with a high population of first-generation college students. Based on the work of Walton and Cohen (2011), we specifically targeted a social belonging intervention to 62 first-year college students that emphasized both the challenges of the transition to college and the fact that a sense of belonging in college does develop over time. Students in the belonging intervention condition read statements, attributed to juniors and seniors, describing their experiences adjusting to the college environment when they were first year students, as well as what that adjustment period looked like for them. Our participants read these statements and wrote essays about their own experiences, including challenges they faced, how they overcame these challenges, and positive aspects of their transition experiences. We hypothesized that students in this belonging group, compared to the control group, would show improvement in their sense of belonging, stress levels, mental well-being, and academic performance.

Mishka Kapoor | St. Catherine University

MMPI-2-Restructured Form (MMPI-2-RF) Cognitive Complaints (COG) Scale in an Active-Duty Sample with mTBI

Background: Research on the Somatic/Cognitive scales of the MMPI-2-RF is limited. Past studies on the cognitive complaints (COG) scale primarily explore its potential to discern between epileptic and non-epileptic seizures as well as the scale's relationship with non-credible neurocognitive performance. One simulation study found a higher percentage of COG elevations in participants simulating head injury than controls with no association between the COG scores and neuropsychological performance. This study builds on the literature by providing expanded neuropsychological testing correlates of the somatic/cognitive scales in an active-duty military sample with and without mild traumatic brain injury (mTBI), and focuses extensively on COG given its specific focus on attention, concentration, and the type of executive processing commonly assessed in neurocognitive evaluations.

Methods: Following standard validity exclusions, we compared MMPI-2-RF somatic/cognitive complaints scales scores in 125 active-duty service members across (1) those with (n=87) and without (n=38) mTBI and (2) those with (n=62) and without (n=63) elevations on COG. Our sample was predominately male (93.6%), white (80%) and 34.5 years old (SD= 8.6). Participants had 15.3 years of education (SD= 2.3), an average of 4 concussions (SD= 5.5), with 60.7 months (SD= 52.4) since last TBI. T-tests, correlational, and Chi Square analyses were conducted between groups (mTBI/no-mTBI and COGelevated/COGnotelevated) on somatic/cognitive scale scores, standalone cognitive SVTs and PVTs, and neurocognitive testing performance.

Results: We found more elevations on Somatic/Cognitive scales and a higher percentage of performance validity test failure in those with mTBI (44.8% RC1≥ T65; 16.% NV-MSVT; 22.9% MSVT; TOMM Trial 2 15.2%) and the COG≥T65 group (48.4% RC1≥ T65; 18.5% NV-MSVT; 23.3% MSVT; TOMM Trial 2 20%). Results focused on COG are presented in this abstract to demonstrate some observed patterns. Correlations between COG and neuropsychological testing were generally negligible in effect, and evidenced small/moderate negative relationships in a minority of cases (e.g., $r = -.03 - -.42$). Relationships between standalone cognitive SVT were moderate to large ($r = .36-.71$) while PVT relationships were modest ($r = .07-.17$). Correlations for the remaining MMPI-2-RF Somatic/Cognitive scales will be presented in the poster. Elevations on the Somatic/Cognitive scales were associated with mTBI and other somatic/cognitive complaints; however, elevations on the Somatic/Cognitive scales do not relate to neurocognitive testing performance. Implications for use of the MMPI-2-RF in mTBI and active-duty personnel are discussed.

Tristan Herring | Texas Tech University

Paul Ingram | Texas Tech University

Patrick Armistead-Jehle | Munson Army Health Center

Incremental Validity of Traits and Personality Functioning in Predicting Physical Aggression in College Students

BACKGROUND: The alternative model of personality disorder (AMPD) conceptualizes personality pathology in terms of severity (personality functioning impairment) and style (maladaptive traits). Past studies have demonstrated links between personality pathology and physical aggression, and the AMPD provides distinct advantages in forensic evaluations. Aggression and violence are increasingly prevalent in college populations, increasing the relevance of violence risk evaluations. Therefore, the current study investigated the potential value of the AMPD for predicting violence in college populations by testing the incremental validity of personality functioning impairment and personality traits.

SUBJECT(S): Data were collected from 974 undergraduates. The present sample had a mean age of 21.29 (SD=5.34). Of these participants, 75.64% identified as female, 35.95% identified as Hispanic/Latine, and 32.77% identified as a race other than White.

METHOD: Participants completed the Big Five Inventory – 2 – Short Form (BFI-2-SF), Level of Personality Functioning Scale – Brief Form 2.0 (LPFS-BF 2.0), and the Normative Deviance Scale.

ANALYSES: Standard multiple regression can result in inflated Type I error rates when examining incremental validity. Thus, structural equation modeling (SEM), which can remedy these limitations, was used to evaluate the incremental validity of personality traits and personality dysfunction when explaining variance in past physical aggression. After using confirmatory factor analysis (CFA) to confirm separateness of our trait and personality dysfunction variables, we used SEM to test for incremental validity by examining whether a given latent trait factor predicted variance in aggression after accounting for latent self- and interpersonal functioning impairment. An estimate of the path coefficient between the trait factor and aggression significantly different from zero

when self- and interpersonal dysfunction were included in the model as covariates was interpreted as evidence of incremental validity.

RESULTS: CFA supported the separateness of our variables. All SEMs evidenced reasonable to good fit based on commonly accepted thresholds. Support for incremental validity differed across traits, with only agreeableness, conscientiousness, and openness demonstrating incremental validity over self- and/or interpersonal dysfunction. Interestingly, despite CFA results confirming separateness of self- and interpersonal functioning, there was no SEM wherein both domains significantly predicted physical aggression (although, an argument can be made regarding the agreeableness model).

CONCLUSIONS: Based on these findings, agreeableness, conscientiousness, and openness may be valuable to consider during violence risk evaluations in college populations, whereas the variance explained by the remaining traits (neuroticism and extraversion) appears redundant with personality dysfunction. Past research evidenced links between aggression and both personality traits and dysfunction, and current findings suggest considering both in combination can offer novel insights. Findings are discussed within the context of the value in predicting violence using the AMPD and recommendations for future research are offered. Notably, future studies must reexamine our findings using longitudinal designs and should take contextual variations in personality traits and functioning into consideration.

Jacy Murdock | Sam Houston State University

Adam Natoli | Sam Houston State University

Jared Ruchensky | Sam Houston State University

Assessment of Interpersonal Traits of Codependency

Codependency has been a relevant psychological construct since the 1980s that has been mostly measured and assessed in terms of static personality characteristics. However, there is a dearth of research that critically examines the interpersonal constructs that comprise the experience of codependency, particularly in applying well-established statistical procedures and assessment instruments. One such assessment instrument is the Interpersonal Circumplex (IPC; Leary, 1957), which mapped personality across two orthogonal dimensions of dominance and love/warmth. As such, all personality traits could be understood as weighted mixtures of these two dimensions and mapped as vector coordinates. The octants include: assured-dominant (PA), gregarious-extraverted (NO), warm-agreeable (LM), unassuming-ingenuous (JK), unassured-submissive (HI), aloof-introverted (FG), cold-hearted (DE), and arrogant-calculating (BC). The current study sought to bridge this gap by mapping codependency on the IPC and assessing its relationship to certain interpersonal traits and qualities. Specifically, it was hypothesized that: higher levels of codependency would be significantly associated with greater interpersonal distress within the NO and LM octants; gender would be a significant covariate. A sample of undergraduates and adults from an urban community (N = 178) were recruited and asked to complete self-report measures on interpersonal difficulties. Findings showed that high codependency was generally associated with problems related to unassuredness and exploitability on the IPC. Men high in codependency reported greater interpersonal distress around coldness/aloofness while women high in codependency reported greater interpersonal distress around having their nurturance exploited. Taken together, these findings suggest that male participants higher in codependency (as measured by the HCI) experience significantly more interpersonal difficulties related to submissive coldness while female participants higher in codependency experience more interpersonal difficulties related to submissive friendliness.

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Christine Anerella | Long Island University- Brooklyn

Sara Haden | Long Island University- Brooklyn

Marie Brown | Long Island University- Brooklyn

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Reliability Generalization of the TriPM

Psychopathy is a severe form of personality pathology conceptualized as a tendency toward impulsive, antisocial behaviors in combination with a collection of affective and interpersonal traits, such as social dominance, callousness, and a lack of planning (Cleckley, 1976; Hare, 2003). A number of instruments have been developed to assess psychopathy, such as the Psychopathy Checklist-Revised (PCL-R; Hare, 2003) and the Triarchic Psychopathy Measure (TriPM; Patrick, 2010). However, the extent to which psychopathy can be reliably assessed by self-report measures has been a longstanding matter of debate (Hart et al., 1994). Many have argued individuals high on psychopathy are incapable of reliably or truthfully answering self-report measures (See Sellbom et al., 2018 for a review). A meta-analytic approach that evaluates the reliability of self-report psychopathy measures may contribute substantively to this discourse.

Internal consistency, typically reported as Cronbach's alpha (α), reflects the consistency of scores among items (Geisinger, 2013). High alpha indicates good reliability as evidenced by the uniformity of item scores, which suggests a scale's ability to represent the true score on a variable of interest. One approach to demonstrate this reliability within an instrument in a more robust manner is a reliability generalization (RG) study. RG studies provide a unique meta-analytic technique to find the average reliability coefficient across the published literature using a given instrument. RG can also evaluate possible study characteristics (i.e., moderators) that may influence variation in reliability.

One self-report psychopathy measure that may be useful to submit to RG analysis is the TriPM (Patrick, 2010). The TriPM is a 58-item self-report measure designed to measure three phenotypic dimensions outlined by the triarchic model of psychopathy: boldness, meanness, and disinhibition (Patrick et al., 2009). Overall, the TriPM shows evidence of high construct validity with psychopathy measures such as the LSRP, PPI, and SRP (Drislane et al., 2014). A comprehensive look into the TriPM's reliability coefficient may ease concerns surrounding its use to identify psychopathic individuals and contribute to important broader discussions about the validity of measuring psychopathy in the domain of self-report, given that reliability is a critical prerequisite to demonstrating validity.

Using an RG approach, the current study examines the average Cronbach's alpha among published studies ($k = 219$) that administered the TriPM. Meta-analytic alphas were high for TriPM Total and subscale scores, alphas = .80-.87. Moderator analyses will be performed to establish if the reliability coefficient differs as a function of study characteristics, such as gender, age, or the nature of the sample (forensic or community). The results of this study provide strong evidence that the TriPM measures coherent, internally consistent constructs and thus may be a viable, cost-effective mechanism for measuring psychopathy across a broad range of samples. Further, RG is an under-utilized method in personality research. Thus, results of the current study may also provide a basis for the utility of conducting RG analyses of other personality measures in future studies.

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Rebekah Brown Spivey | Sam Houston State University

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Internal Structure of the Brazilian Version of the Personality Assessment Inventory (PAI): Factor Structure of Each Composite Scale and Reliability of All Scales and Subscales

Researchers have investigated the internal and external validity of translated versions of the Personality Assessment Inventory (PAI) in languages such as Spanish, German, Greek, and Italian. Our team is currently translating and adapting the PAI into Brazilian Portuguese. We investigate

the internal validity and reliability estimates of the Brazilian version of the PAI in an adult sample. Specifically, we conducted confirmatory factor analysis (CFA; WLSMV estimator) for the ten PAI scales designed with a conceptual framework of subscales. SOM, ANX, ARD, DEP, MAN, PAR, SCZ, ANT, and AGG have three subscales, while BOR was designed with four subscales. We employed the CFA to examine the likelihood between the hypothetical conceptual structure of the PAI subscales and the observed intercorrelations pattern. To investigate the PAI internal consistency estimates, we computed alpha, omega, and the mean inter-item correlation of items on each scale and subscale. We examined intercorrelations of the PAI scales and subscales in 1319 community residing adults, which revealed a pattern of associations consistent with expectations derived from previous studies, including the original version (US) and the Spanish version. Overall, we observed good fit indices confirming the original structure of each of the 10 composite scales. Reliability values were consistently satisfactory, with a median alpha for scales of .75. Values were low for validity scales, in which high cohesion between items is not expected. Furthermore, our findings are similar to what was found in previous studies. We discuss the suitability of the results for using this translation of the PAI in Brazil. Overall, this study contributes to the empirical evidence on the validity of the PAI by demonstrating its cross-cultural applicability.

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The Development of the Schedule for Intimacy Interview

Objectives Transference-Focused Psychotherapy (TFP) for borderline personality disorder (BPD) focuses on understanding and articulating patients' representations of self and other. Individuals with BPD often experience volatile relationships, use splitting, and oscillate between idealizing and devaluing romantic partners. TFP aims to improve patients' functioning in this domain, thus, it is important for measures to adequately assess changes throughout treatment. As such, TFP researchers developed the Schedule for Intimacy Interview (SII) to assess therapists' perceptions of the sexual and romantic capacities of patients diagnosed with BPD. This presentation will describe the development of the SII and its associated rating scale. Method Items related to sexual and romantic functioning were generated by two TFP researchers to capture aspects of these domains for patients with BPD (e.g., capacity for sexual pleasure, trust, dependency, etc.), and assess therapists' perceptions of changes throughout treatment. Three doctoral level students then interviewed experienced TFP therapists about their patients with BPD currently enrolled in an 18-month study of TFP. All interviews were audio/video recorded. Subsequently, three experts in TFP reviewed the recordings of six SII's and created a rating scale for the SII, assessing changes in love relations. Results Inter-rater reliability of the SII rating scale, along with example items from the SII and its rating scale will be presented. Case material from the interviews will be highlighted. Conclusion Challenges with assessing therapists' perceptions of love relations in their patients and the clinical utility of the SII will be discussed, along with steps for future research.

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Julia Dobre | Rutgers University

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Measuring Adaptive Sadness: Introducing the Forms of Sadness Questionnaire

Aims: According to an evolutionist perspective, sadness is adaptive as it is designed to help individuals process loss. However, when measured with self-report questionnaires, sadness is indistinguishable from distress or high negative affectivity or depression. Sadness is thus reduced to the level of experienced painful affect. In order to get at potential productive properties of sadness, an attempt was made to evaluate the form of experience/expression of sadness, instead of the intensity of felt dysphoria (quality instead of quantity of suffering).

Methods: The Forms of Sadness Questionnaire (FSQ, or Questionnaire sur les Formes de la Tristesse: Lecours, 2018) was created, based on items generated from a wide literature search based on emotion theory, research on depression and normal/pathological grief. The participant is asked to recall a typical very intense experience of sadness and to judge the relevance of the items on a seven-point (not at all – extremely) Likert scale: “When I experience very intense sadness...”. The questionnaire contains 32 items and includes six scales in all: four scales obtained through factor analyses (tolerable sadness, 6 items: “I tell myself that my sadness is only sadness, that it will pass”; self-critical sadness, 6 items: “I feel inadequate and worthless”; sadness expressed through crying, 3 items: “I get teary more easily”; facilitated cognitive functioning associated with sadness, 4 items: “I analyse my problems more carefully”) and two from a conceptual analysis of items (adaptive sadness, 9 items: “I become sad only when I think of what made me sad”; pathological sadness, 9 items: “I get almost no pleasure doing things that I usually like doing” – some items overlap with the empirical scales). The validation sample was composed of 254 graduate students (mean age = 22.3, 17-62 years; 88.5% female). Pruning of the initial 102 items was achieved through multiple iterations of exploratory factor analyses.

Results: Internal consistency of the scales was satisfactory (alphas: .74 to .91). For a subsample of 191 participants, all FSQ scales were correlated with measures of: life satisfaction (SWLS), resilience (Ego-resiliency), health (SF-12); depression (BDI-2), trait sadness (DES-IV), neuroticism (TIPI). The two adaptive sadness scales (tolerable sadness and theoretical adaptive scales: $r = .80^{**}$) were positively correlated with the positive, health-related, constructs (from $.24^{**}$ to $.38^{**}$) and negatively with the dysphoric constructs (from $-.35^{**}$ to $-.50^{**}$). The reverse was true for the two pathological sadness scales (self-critical sadness and theoretical pathological scales: $r = .83^{**}$) (health-related constructs: from $-.37^{**}$ to $-.57^{**}$; dysphoric constructs: from $.44^{**}$ to $.59^{**}$). Interestingly, a widely used measure of trait sadness was the most strongly correlated with pathological sadness ($.59^{**}$) and it was negatively related to adaptive sadness ($-.39^{**}$).

Discussion: Adaptive sadness as measured by the FSQ does not behave like the usual self-report assessment of sadness. It is positively related to health-related constructs. Thus, this self-report assessment of the form of experience/expression of sadness appears to make possible an exploration of the adaptive properties of sadness beyond its dysphoric phenomenology.

Serge Lecours | Universite de Montreal

Interpersonal Nature of Ethical Value

Although ethics is often considered a personal matter, the effects of ethical virtue are interpersonal. Namely, colloquial understanding of the ethically virtuous person is someone who is compassionate, giving, and helpful towards other people and who stands up for what they believe. This would suggest that ethical virtue involves interpersonal agency and engagement. However, the interpersonal nature of ethical virtue has not yet been examined empirically, although we can use the tools of personality assessment (namely, the interpersonal circumplex [IPC]) to do so. In this study, we project ethical virtue across the IPC in a sample of women and men in the U.S. recruited via Prolific (N = 327). Results suggest that ethical virtue has a strong and consistent association with interpersonal warmth. These findings add to our understanding of the interpersonal nature of ethical virtue and suggest directions for future research.

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Matthew Yalch | Palo Alto University

Cary Watson | Santa Clara University

Pre-Performance Evaluations with Division I Student Athletes: Examining the MMPI-3's Prediction of Treatment Use Following Assessment Feedback

Approximately 16% of undergraduate and 13% of graduate students experience mental health concerns, and athletes accounting for a substantial 4% of all students. College athletes undergo additional stressors (i.e., increased academic pressures, longer playing seasons, pressure from coaches) and are more susceptible to mental health issues due to the demands of athletic participation (Torstveit, 2004). To help early identification and treatment of mental health among athletes, the National Collegiate Athletic Association (NCAA) requires pre-season mental health screening of new and transfer athletes, and recommends athletes regularly meet with a multidisciplinary team to discuss mental and physical health (Hong et al., 2018). The mental health screening (i.e., preperformance evaluations [PPE]) are an important resource for recognizing health conditions that preclude safe participation in sports (Seto, 2011), and should use a standardized and validated instrument to screen for mental health concerns.

Given the requirements for mental health screening, this study expands the limited research on effective evaluation and monitoring of these needs. While past work has focused primarily on screening measures (e.g., PHQ, GAD; Survey questions), we examine the utility of the MMPI-3 and provide preliminary comparison groups to enable effective use in student athlete populations. One prior study has similarly examined student athletes using the MMPI-2-RF (Leonelli et al., 2020), with findings indicating more frequent under-reporting and a tendency for pathology to predict service utilization. With new scales and revised norms, this study expands data on the feasibility and utility of the MMPI-3 in PPEs.

All incoming student athletes (n=105) underwent the PPE process at a large Division I university in the southwestern United States. Following exclusion for invalid responding, participants (n=105 remaining) were mostly male (63.8%). Participants included all university sports, but were primarily Football (n=23), Track and Field (n=27), or Baseball (n=20). Around 20% had a single elevation on a MMPI-3 substantive scale, 12% had two elevations, and 53.3% had 3+ scale elevations. Only 14.3% did not have a single elevation. On average, respondents demonstrated a small to medium effect difference (2 to 5 t-points) above the MMPI-3 normative sample across scales; however, scores were also somewhat lower than those observed on the MMPI-2-RF (Leonelli et al., 2020).

In a subsample (n = 59), we evaluated associations between MMPI-3 substantive scale scores and those who scheduled and attended (n = 13) or did not use (n = 46) mental health services following services being offered during assessment feedback. Several scales demonstrate large differences (e.g., Cohen's d EID = 1.49, RCd = 1.45, DOM = 0.88). Notably, the Cynicism scale (RC3 on MMPI-2-RF) was not associated with increased treatment engagement following the assessment, in contrast to prior work on the MMPI's prediction of treatment in college students. Risk ratios will also be presented for scales with predictive utility of treatment utility. Implications for use of the MMPI-3 in student athlete PPEs are discussed, as well as how research on treatment prediction aligns with past literature on student athletes with the MMPI-2-RF and treatment seeking literature more broadly.

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Kassidy Cox | Texas Tech University
Megan Keen | Ball State University
Paul Ingram | Texas Tech University
Tyler Bradstreet | Texas Tech University

Maladaptive Adult Attachment Styles and Borderline Personality Disorder: Investigating Differential Relations to Childhood Risk Factors

Background: Previous research has shown that childhood factors like emotional vulnerability and parental invalidation can predict future symptom presentations of borderline personality disorder (BPD). Additionally, BPD has been linked to anxious and avoidant adult attachment styles. As such, investigating childhood risk factors as they relate to maladaptive attachment styles and BPD traits in adulthood may provide insight into potential prevention and intervention strategies. Specifically, childhood emotional sensitivity and parental invalidation might have differential relations in the development of adult maladaptive attachment styles and BPD. Furthermore, some research suggests the potential for parental validation to be a protective factor against BPD. Notably, these childhood risk factors have not been directly assessed in relation to attachment styles. Thus, the current study aimed to investigate the relations between childhood factors (parental validation, parental invalidation, and emotional sensitivity), maladaptive adult attachment styles, and BPD. **Participants:** Participants (n = 245) were recruited via Amazon's MTurk and compensated \$6.50 for their participation in the study.

Method: Participants completed the following measures online: Highly Sensitive Person Scale (HSPS), Experience in Close Relationships-Revised (ECR-R), Five-Factor Borderline Inventory-Short Form (FFBI-SF), and the Socialization of Emotion Scale (SES).

Analyses: Conducted model trimming in AMOS using a theory-driven model. Specifically, childhood sensitivity (HSPS; childhood biological factor) was entered as the predictor variable, parental validation (SES) and parental invalidation (SES; childhood environmental risk/protective factors) as mediators followed by adulthood attachment style (ECR-R; adult adjustment) as a secondary mediator, and BPD as the outcome variable. We examined all direct and indirect pathways between each variable (e.g., sensitivity directly to BPD and indirectly through parental invalidation).

Results: Overall, the final model had excellent fit (TLI = 1.04; CFI = 1.00; RMSEA = .00) and accounted for 60.6% of the variance for BPD, 30.4% of the variance for adult attachment, 15% of the variance for parental invalidation, and 0% of the variance for parental validation. Adult attachment styles ($\beta = .481, p < .001$) and sensitivity ($\beta = .297, p < .001$) were significant direct predictors of BPD. Additionally, sensitivity was a significant direct predictor of adult attachment styles ($\beta = .437, p < .001$). Sensitivity was a significant indirect predictor of BPD through parental invalidation and adult attachment styles ($\beta = .318, p < .001$). Parental invalidation was also a significant indirect predictor of BPD through adult attachment styles only ($\beta = .099, p < .001$).

Conclusion: Consistent with the literature, parental invalidation and childhood sensitivity were significant predictors of BPD. Contrary to previous research, parental validation did not emerge as a protective pathway for BPD. Therefore, an individual who is genetically predisposed to be more sensitive to stimuli might be at a higher risk for developing BPD, and this may be exacerbated by growing up in a consistently invalidating environment. Future research should further investigate how childhood factors and experiences may affect the presentation of BPD.

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Jada Brinner | Mississippi State University

Courtney Mason | Mississippi State University

Hilary DeShong | Mississippi State University

Sadistic Masculinity: Masculine Honor Ideology Mediates Sadism and Aggression

Masculine Honor Ideology (MHI) is the mindset that men must respond aggressively to perceived threats or insults to be considered masculine and respectable (Barnes et al., 2012), and its role in aggression has not garnered much attention despite researchers' focus on precedents for violent behavior. Sadism, the enjoyment of other people's suffering and pain, and its relationship with violence has been well established; however, sadism research has focused primarily on more egregious outcomes such as sexual violence and other extreme criminal behaviors. The concept of everyday sadism captures the more typically acceptable enjoyment of suffering and pain that falls below the clinical threshold, such as watching violent sports and media (Buckels et al., 2013; Paulhus & Dutton, 2016). There is limited research on everyday sadism in relation to hypermasculinity, however, it has been associated with trait aggression and past aggressive behavior toward strangers, intimate partners, and sexual partners (Thomas & Egan, 2022), and it also indirectly and directly predicts sexual violence perpetrated by men and women, hostility towards women, and rape myth acceptance (Russell & King, 2016; Russell & King, 2017). Further research is needed to understand everyday sadism's relationship with aspects of masculinity. The present study aimed to address the dearth of research exploring MHI, aggression, and personality. Participants were collected using Amazon's Mechanical Turk (MTurk) and the final sample (N = 740) was comprised of adult men living in the United States. Participants were 36.39 years old on average. Most participants were White (71.8%), and the remaining participants were Black (8.9%), Hispanic/Latino (7.8%), Asian (7.6%), Multiracial (1.8%), Native American (1.1%), Middle Eastern (0.3%), Native Hawaiian or Pacific Islander (0.1%), or "Other" (0.7%). Participants were asked to complete a survey that included an MHI measure called the Honor Ideology for Manhood Scale (HIM; Barnes et al., 2012), the Personality Inventory for the DSM-5 (PID-5; Krueger et al., 2012), and the Comprehensive Assessment of Sadistic Tendencies (CAST; Buckles and Paulhus, 2013). Aggression was measured using the Lifetime Aggressive Acts index, which is one of the four indices within the Lifetime Acts of Violence Assessment (LAVA; King et al., 2017). It was expected that MHI would be a strong, direct predictor of aggression in a structural equation model (SEM), and it would mediate the relationship between everyday sadism and aggression. This hypothesis was largely supported, and the model fit the data well, $\chi^2(4) = 19.67, p = .001, CFI = .988, NFI = .985, RMSEA = .073, RMSEA\ 90\% \text{ CI} [.043, .106]$. These findings have important implications for clinical practice as well as aggression intervention and prevention efforts.

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Hadley McCartin | Sam Houston State University

Tiffany Russell | Sam Houston State University

Daniella Cash | Sam Houston State University

Alan King | University of North Dakota

A Multi-Surface Circumplex Assessment of Empathy

Objectives: Empathy is a multimodal construct which can broadly be defined as the way in which individuals process, and react to, the experience of others. Subsumed under this construct are four aspects of empathy. Perspective taking (PT), Empathic concern (EC), Personal Distress (PD), and Fantasy (FS). Each of these aspects describe individuals' reactions to the experience of others, yet they all differ in important ways. One of these is in social functioning, where High PT scores were negatively correlated with social dysfunction while High PD scores were positively correlated with social dysfunction. While a multitude of differences such as this exist between these four aspects of empathy, their interpersonal profiles and potential variations in these profiles are less clear. Thus, it is the purpose of this study to examine the specific interpersonal correlates of these four aspects of empathy. **Methods:** This presentation will report data on the interpersonal problems, sensitivities, and values of high and low PT, EC, PF, or FS in a sample of 365 community adults. **Results:** Analyses showed that those with high PT, EC, or FS scores reported interpersonal problems with being exploited in relationships, valued approval by others and feeling genuinely connected to

others, and were highly sensitive to antagonism in others. Those with low PT or EC scores reported interpersonal problems with being vindictive and domineering in relationships, value appearing forceful in relationships, and are sensitive to dependent interpersonal behavior in others. Conclusion: Overall, results suggest that varying levels in PT, EC, PD, and FS are associated with differences in interpersonal profiles. We will discuss these differences, as well as clinical implications and future research.

Che Harris | Rutgers University
Nicole Cain | Rutgers University

Interpersonal Profile Differences Between Interpersonal Dependency and Attachment

Background: Research has shown interpersonal dependency to overlap with insecure/anxious attachment and a healthy variant of interpersonal dependency (healthy dependency) to overlap with secure attachment. Conversely, interpersonal dependency's distinctiveness from attachment styles has been presented both conceptually and empirically. Since interpersonal dependency and attachment are predominantly defined in terms of interpersonal tendencies and functioning, it might be possible to differentiate these constructs by their interpersonal profiles. This raises the question, how do the interpersonal characteristics of dependent individuals and insecurely (or anxiously) attached individuals compare? Understanding how interpersonal dependency and attachment differ in interpersonal tendencies could help further clarify these similar constructs. Presumably, facilitating more precise assessment and allowing for more accurate research and better-informed treatment decisions. The proposed study aims to investigate this question by contrasting interpersonal dependency (both maladaptive and healthy variants) and attachment on four interpersonal circumplex surfaces: interpersonal problems, interpersonal strengths, interpersonal sensitivities, and interpersonal influence tactics.

Subjects: Data collection is ongoing with participants being recruited from a university student convenience sample. The expected sample size will be larger than 300 participants.

Method: Following informed consent, study participants are asked to complete a battery of tests including the Relationship Profile Test (RPT), Experiences in Close Relationships Scale – Revised (ECRS-R), Inventory of Interpersonal Problems – 32 (IIP-32), Inventory of Interpersonal Strengths – 32 (IIS-32), Interpersonal Sensitivities Circumplex (ISC), Inventory of Influence Tactics Circumplex (IIT-C), and several demographic questions.

Planned Analyses: Descriptive statistics will be obtained to describe the sample prior to the main analysis. The main analysis will include two steps. First, we will calculate circumplex structural summary method parameters associated with interpersonal dependency, as measured by the RPT, and attachment anxiety and avoidance, as measured by the ECRS-R, on IIP-32, IIS-32, ISC, and IIT-C surfaces. These parameters will then be compared between interpersonal dependency and attachment style factors, and the distinctiveness of their interpersonal profiles will be analyzed using a bootstrapping methodology.

Discussion: Results will be discussed with regard to the value of differentiating interpersonal dependency and attachment style in assessment, case conceptualization, treatment, and research.

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Destiny Hernandez | Sam Houston State University
Adam Natoli | Sam Houston State University

Triarchic Psychopathy, Gender, and Reactions to Rejection

BACKGROUND AND PURPOSE: Externalizing features of personality psychopathology are associated with increased sensitivity to interpersonal rejection (Meyer et al., 2005; Basha et al., 2014). Gender appears to moderate these associations, with men displaying higher levels of aggression in the face of rejection (Sansone et al., 2011; Algeria et al., 2013). Psychopathy is associated with coercive behaviors in interpersonal relationships (Brewer et al., 2018) and increased distress following the dissolution of romantic relationships (Moroz et al., 2018). However, it is unclear which facets of psychopathy drive these behaviors and reactions. This study investigated whether measuring facets of psychopathy improves prediction of maladaptive responses to rejection, and specifically investigated gender as a potential moderator.

METHOD: Participants included 433 university and community individuals (M age=28.6) who primarily identified as female (74.6%) and white (58.4%).

Participants completed the Triarchic Psychopathy Measure (TriPM; Patrick et al., 2009) and responded to brief questionnaires after watching three clips of parental, peer, and romantic rejection online through Amazon Mechanical Turk and a university research platform. Participants were asked about hypothetical reactions to rejection categorized as normative, internalizing, externalizing, and aggressive reactions.

RESULTS: Pearson correlations demonstrated associations between the three triarchic domains and overall reactions to perceived rejection (r 's=.31 [Disinhibition & internalizing] - .53 [Disinhibition & externalizing]). Multiple regression analyses revealed several significant effects. Disinhibition (β =.46), and Meanness (β =.12) predicted externalizing reactions to rejection. Boldness (β =-.32) predicted decreased internalizing reactions to rejection, whereas Disinhibition (β =.28) predicted increased internalizing reactions. Meanness (β =.20) and Disinhibition (β =.40) predicted aggressive reactions to rejection. No significant moderation effects of gender were identified.

CONCLUSIONS: Results support that individuals higher in the triarchic components of psychopathy, specifically Meanness and Disinhibition, are more likely to experience pronounced adverse and aggressive reactions to interpersonal rejection. Assessing facets of psychopathy improves understanding of maladaptive reactions to interpersonal rejection.

Kelsey Priebe | Sam Houston State University

Jaime Anderson | Sam Houston State University

Assessing the Relationship Between Trauma and Personality Dysfunction

BACKGROUND AND PURPOSE: Maltreatment and other adverse childhood experiences increase the risk for personality psychopathology (e.g., Boland et al., 2021). The current study assessed associations between trauma and BPD/ASPD measures across prisoner and undergraduate samples using multiple assessment tools, with particular emphasis on differences across population and disorder.

METHODS: Our sample included of 200 female prisoners (M age = 34.38) and 187 female students (M age = 21.31) who were mostly White/Caucasian (88.1%), Black/African American (5.7%), and other ethnicities (6.3%).

BPD was assessed using the BPD scale of the Personality Diagnostic Questionnaire (PDQ-4), the Zanarini Rating Scale for BPD (ZAN-BPD), the BOR scale of the PAI, and BPD traits by the Comprehensive Assessment of Traits Relevant to Personality Disorder (CAT-PD). ASPD was assessed

using the ASPD scale of the PDQ-4, the Self-Report Psychopathy Scale-Fourth Edition (SRP-IV), the Triarchic Psychopathy Measure (TriPM), and ASPD traits using the CAT-PD. Participants also completed two self-report measures of trauma: the Child and Adolescent Trauma Screen (CATS) and the Life Events Checklist for DSM-5 (LEC-5).

RESULTS: Correlation analyses in the undergraduate sample demonstrated moderate associations between BPD measures and trauma ($r_s = .22$ [PDQ-4 BPD and CATS] - $.44$ [CAT-PD BPD and LEC-5]). ASPD measures demonstrated small to moderate associations with trauma ($r_s = .19$ [TriPM Disinhibition and LEC-5] - $.42$ [SRP-4 Factor 2 and LEC-5]). In the prison sample, BPD measures showed small to moderate associations with trauma ($r_s = .15$ [ZAN-BPD and LEC-5] - $.34$ [ZAN-BPD and CATS]). ASPD measures also demonstrated small to moderate associations with trauma ($r_s = .17$ [CAT-PD ASPD and CATS] - $.24$ [PDQ-4 ASPD and CATS]).

CONCLUSIONS: Results showed relatively similar associations between trauma and BPD/ASPD instruments across populations; however, these were stronger for BPD measures. Measures that showed the strongest associations with trauma were CAT-PD BPD and SRP-4 factor 2 for ASPD. Broader implications will be discussed.

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Jaime Anderson | Sam Houston State University

PAI Scale Predictors of Mental Health Treatment Seeking Attitudes, Expectations, and Stigma Among College Students Experiencing Psychological Distress

Approximately half of college students meet criteria for a mental health disorder (Zivin et al., 2009), and 75% of all mental health disorders start by age 25 (Kessler et al., 2005). Despite the prevalence and opportunity for early intervention among this population, many college students with mental health difficulties do not seek treatment (e.g., Eisenberg et al., 2007). To address this underutilization of services, it is important to characterize those who may have negative attitudes toward treatment, stigma, or expectations that could hinder help seeking. Extant literature has demonstrated that personality traits are relevant predictors of these factors (e.g., Kakhnovets, 2011; Park et al., 2018). As an extension of this work, the current study utilizes the Personality Assessment Inventory (PAI; Morey, 1991) to identify predictors of college students' treatment seeking attitudes, expectations, and stigma.

College students who scored 1.5 standard deviations above the mean ($>65T$) on the following scales were included in the study: Depression (DEP), Anxiety (ANX), Anxiety-Related Disorders (ARD), and Suicidal Ideation (SUI). The final sample was 197 students (mean age=21.15, $SD=4.92$; 83.2% female; 72.1% White). Approximately one-fourth of the sample (26.9%) was in mental health treatment at the time of participation, while 58.9% utilized services in their lifetime. Participants completed two measures of help seeking attitudes, two measures of expectations, and two measures of stigma (self and social). The following PAI scales were examined as potential predictors: Treatment Rejection (RXR), Dominance (DOM), Warmth (WRM), Nonsupport (NON), Stress (STR), Mania-Grandiosity (MAN-G), and Depression-Cognitive (DEP-C). A series of regressions were conducted with the PAI scales (T-scores) entered simultaneously as predictors of each treatment seeking variable. Mental health service utilization history variables were entered as covariates.

For the Mental Help Seeking Attitudes Scale (Hammer et al., 2018), higher scores on STR ($B=.20$, $p=.01$) indicated a more positive attitude. For the Attitudes Toward Seeking Professional Help-Short Form (Fischer & Farina, 1995), higher scores on RXR ($B=-.48$) and DEP-C ($B=-.32$) indicated more negative attitudes ($p<.01$). Similarly, participants with higher scores on RXR ($B=-.27$) and DEP-C ($B=-$

.24) had less expectations that therapy would be comfortable and supportive ($p < .01$). Higher scores on DEP-C ($B = -.28$, $p < .05$) predicted less expectations for positive treatment outcomes. WRM was a positive predictor of outcome expectations ($B = .20$, $p < .05$). WRM was also associated with greater expectations for a supportive and reassuring provider ($B = .19$, $p < .05$), while DOM was negatively associated ($B = -.18$, $p < .05$). STR was a positive predictor ($B = .19$, $p < .05$) of expectations for initiating conversations in therapy. STR ($B = .21$) and WRM ($B = .18$) predicted expectations for a trusting and open relationship with a provider ($p < .05$). Higher scores on RXR ($B = .18$) indicated less concern that help-seeking is a threat to self, while DEP-C ($B = .29$) scores were associated with more self-stigma. NON emerged as a positive predictor ($B = .22$, $p < .05$) of the belief that help seeking will lead to judgment or discrimination from others.

Personality and psychopathology measured via the PAI are important predictors of attitudes and perceptions of treatment seeking among college students experiencing psychological distress. Implications of these results will be discussed.

Taylor Rodriguez | Rutgers University

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Joye Anestis | Rutgers University

Is it 'Normal' Routine or 'Clinical' Compulsivity?: Assessing Student Athlete Pre-Performance Evaluation Results with the MMPI-3

As a previously overlooked domain of student-athlete wellness, associated entities have begun emphasizing best care practices for mental health over the last decade. One of these “best practices” required by the National Collegiate Athletic Association (NCAA) is pre-participation evaluations (PPE) that include mental health screenings for all incoming student-athletes (NCAA Sport Science Institute, 2016).

Limited research has been conducted on psychological assessment effectiveness in student-athletes PPE evaluations. Most studies, and best practice guidelines, use screening measures rather than clinical assessment instruments (Gouttebauge et al., 2021). However, one study (Leonelli et al., 2020) examined the MMPI-2-RF and found its scales were useful for predicting mental health treatment need and use, particularly for RCd, RC1, RC8, and RC3 scales. While impactful to clinical use, elevation frequencies on the substantive scales were not provided, nor did this study contrast performance across sport despite variance in financial and stress levels related to NIL funding and national visibility. Finally, given the recent renorming of the MMPI-3 as well as the novel scales included on the measure (e.g., Eating Concerns, Compulsivity, etc.), this study expands the extant literature by using a mixed-methodology to provide preliminary comparison group data on the MMPI-3 with student-athletes and explore reasons for elevations on the Compulsivity [CMP] scale, which elevated in 45.7% of cases. This study included all athletes undergoing evaluations as part of standard NCAA PPEs at a large Division 1 university in the southwest United States. Following exclusion for invalid responding using standard MMPI-3 interpretive guidelines, participants ($n = 105$) belonged to all university sports, but were primarily Football ($n = 23$), Track and Field ($n = 27$), or Baseball/Softball ($n = 27$).

Around 20% had one MMPI-3 substantive scale elevation, 12% had two, and 53.3% had 3+. Only 14.3% did not have a single elevation. On average, respondents demonstrated a small to medium effect difference (2 to 5 t-points) above the MMPI-3 normative sample across scales; however, scores were also somewhat lower than those observed on the MMPI-2-RF (Leonelli et al., 2020). Moderate to large effect differences were observed between combined gender sport groups (football [male], Baseball/Softball [male/female], Track & Field [male/female], and Basketball [male/female]) on externalizing scales (e.g., BXD $\eta^2 = .09$, RC4 $\eta^2 = .15$, JCP $\eta^2 = .14$), as well as SUI ($\eta^2 = .12$), CMP ($\eta^2 = .12$), and others. Football athletes have the most elevated scores of evaluated groups. Given that Compulsivity (CMP)

was the most frequently elevated scale ($M = 58.7$, $T65 \geq 45.7\%$, $T75 \geq 13.3\%$), feedback from a subset of individuals elevating only that scale was gathered for inductive qualitative thematic analysis methods. Those who elevated only CMP and no other MMPI-3 scales were otherwise comparable to those without other elevations. Reasoning for item-level endorsement were gathered and coded, with preliminary coding indicating themes of general/normative organization patterns, sport-related behaviors (double checking practice times, schedule referencing), and some instances of superstitious compulsion. Explanations of item-level trends will be presented. Results support the use of the MMPI-3 for PPEs but suggest that modified interpretation for CMP is warranted.

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Connecting the MULTIdimensional Model of Boldness with the Alternative Model for Personality Disorders

Introduction: The triarchic model of psychopathy (Patrick et al., 2009; Patrick 2022) is a widely researched and debated model of psychopathic personality disorder (psychopathy). The triarchic model characterizes psychopathy with three traits: boldness (low social anxiety, social dominance), meanness (interpersonal exploitation), and disinhibition (poor impulse control; Patrick et al., 2009). Recently, Patrick and colleagues (2019) published a multidimensional measure of boldness that generates scores along nine specific boldness facets. Although prior research has connected the triarchic traits to the DSM-5 Alternative Model for Personality Disorders (AMPD; APA, 2013; Strickland et al., 2013), no research has examined the convergence of specific boldness facets with the AMPD. This gap in research is problematic because reliance on a total score for a multidimensional measure obscures potentially diverging or discrepant associations with external correlates. The purpose of the current study is to examine the connection between different operationalizations of boldness, such as total versus facet scores, and the AMPD. We will emphasize connections with the AMPD model for Antisocial Personality Disorder.

Method: Participants ($n = 313$) were recruited from Sam Houston State University via the Psychology Research Participation (PeRP) system. On average, participants were 21 years old. The majority of participants identified themselves as white (59.4%) and predominately women and heterosexual. Participants completed the Multidimensional Boldness Inventory (MBI; Patrick et al., 2019); Level of Personality Functioning Scale-Self Report (LPF-SR; Morey, 2017); The Personality Inventory for DSM-5 (PID-5; APA, 2013). Our data analytic plan includes completing descriptive statistics, regressions, and correlations using SPSS software.

Results: Our analyses show that the general boldness higher-order factor of the MBI has positive associations with the manipulativeness and risk-taking facets of the PID-5 antisocial PD diagnosis (r 's = .31, .40), and a negative association with the irresponsibility facet ($r = -.16$). The emotional stability subfactor of the MBI had a positive association with the risk taking facet ($r = .15$), and negative associations with the callousness, deceitfulness, hostility, impulsivity, and irresponsibility facets (r 's = -.17 to -.36). The venturesomeness subfactor of the MBI had positive associations with the manipulativeness, callousness, deceitfulness, risk taking, impulsivity and irresponsibility facets (r 's = .12-.66). The general boldness high-order factor had a positive association with the PID-5 antisocial PD facet total score ($r = .12$), the emotional stability subfactor had a negative association with the total score ($r = -.22$), and the venturesomeness subfactor had a positive association with the total score ($r = .34$). general boldness, emotional stability, and venturesomeness all had positive associations with the DSM-5 psychopathy specifier (r 's = .55, .56, .32, respectively). We also found

some differences in associations comparing the typical scoring approach for boldness with the multidimensional model.

Discussion: Results demonstrated a more complex relationship between boldness and normal and abnormal personality traits. The presentation will provide a more detailed examination of results, including associations after controlling for meanness and disinhibition. We will discuss implications for ongoing conversations surrounding the conceptualization of psychopathy using the triarchic model as a framework.

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The Relationship Between Pathological Personality Characteristics and Alcohol Use Disorder Using the PID-5-BF and SMAST

The Personality Inventory for DSM-5—Brief Form (PID-5-BF; Krueger et al., 2013) is a 25-item self-report questionnaire that was created out of its 220-item predecessor, the PID-5 (Krueger et al., 2012). While the brief form has shown a lower range of internal consistency in comparison to the long form (Bresin et al., 2022; Cavicchioli et al., 2020), the brief form is more feasible to use on a consistent basis due to its size and simplistic administration process. Overall, the PID-5-BF (Krueger et al., 2013) was cultivated in order to assess and quantify five pathological personality characteristics that are in the DSM-5 Alternative Model of Personality Disorders (AMPD), including Psychoticism, Negative Affect, Detachment, Disinhibition, and Antagonism (Anderson et al., 2018; Bresin et al., 2022; Hyatt et al., 2021; Krueger et al., 2013). While the PID-5-BF (Krueger et al., 2013) has been utilized to measure specific pathological personality characteristics and their association with personality disorders, such as obsessive-compulsive disorder (Cooper et al., 2022) and borderline personality disorder (Creswell et al., 2016 & Eaton et al., 2011), other research has evaluated its association with alcohol use disorder (AUD). For instance, prior research has indicated mixed results with some studies finding alcohol use was not shown to be significantly correlated to any of the subscales of the PID-5-BF (Bresin et al., 2022), while other studies found Disinhibition had a stronger correlation to alcohol usage than Antagonism (Hyatt et al., 2021). However, these studies have only used the Alcohol Use Disorders Identification Test (AUDIT; Saunders et al., 1993) to evaluate participants for alcohol use disorder. None, currently, have evaluated participants using the 13-item Self-Administered Short Michigan Alcoholism Screening Test (SMAST; Selzer et al., 1975), a shortened version of the original Michigan Alcoholism Screening Test (MAST; Selzer, 1971). Thus, the current study aims to examine if scores on specific domains of the PID-5-BF (Krueger et al., 2013) are associated with scores on the Self-Administered Short Michigan Alcoholism Screening Test (SMAST; Selzer et al., 1975). The study was conducted using 732 male participants with an age range of 18 to 83 ($M = 36.37$; $SD = 11.39$) and with 68.2% Caucasian/White, 13% Black, 6.7% Asian, and 5.9% Hispanic. A one-tailed, bivariate correlation was conducted to assess the Pearson correlations between each of the five domains and the SMAST (Selzer et al., 1975). Results indicated Disinhibition ($r = 0.440$, $p = <0.001$), Negative Affect ($r = 0.334$, $p = <0.001$), Detachment ($r = 0.347$, $p = <0.001$), Antagonism ($r = 0.417$, $p = <0.001$), and Psychoticism ($r = 0.380$, $p = <0.001$) all had significant positive moderate correlations with SMAST (Selzer et al., 1975) scores. These results convey important clinical implications as they suggest that other screening tools other than the AUDIT (Saunders et al., 1993) can be used to assess AUD in those with elevated domain scores in the PID-5-BF (Krueger et al., 2013). Overall, the results encourage researchers to diversify their usage of screening tools.

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Classification Accuracy of the MMPI-3's Eating Concerns (EAT) Scale using the Eating Disorder Examination as the Criterion

Eating disorders are prevalent and highly impactful on both individuals and the general population with an estimated 3.3 million global deaths a year (Streatfield et al., 2020). The early detection of eating pathology is one of the best methods to mitigate the individual and public health impacts (Moessner & Bauer, 2017). Until the recent release of the MMPI-3, broadband measures of personality and psychopathology have neglected to assess for eating pathology. Thus, the validity of the MMPI-3's Eating Concerns Scale (EAT) has attracted researchers' attention, with findings generally supporting EAT as an effective predictor of dysfunctional eating behaviors in college students (Merek et al., 2021; Morris et al., in review; Vaňousová et al., 2021). These studies have generally relied on correlations to describe relationships between EAT and self-reports of eating, health, and diet behaviors. Conversely, research evaluating EAT's classification accuracy and diagnostic utility for possible eating disorders is limited (Morris et al., in review), as are relationships to non-self-report criteria. There are no studies on EAT's validity with clinical interview, despite clinical interviews serving as a gold standard criterion for diagnostic groups. This study uses the EDE, a widely used clinical interview for disordered eating, to differentiate those who have an eating disorder (ED) and those who do not as well as examine the classification accuracy.

College students (BMI $M=24.31$) were recruited from a study research pool and administered the MMPI-3, the EDE, and collateral measures of eating and health behaviors, then classified based on the EDE as having an ED/no-ED. Clinical interviews were conducted by a trained graduate student, with a second trained researcher also present for the interview ($K = .98$). Preliminary results based on ongoing data collection ($n = 15$) have identified 8 individuals (53%) with disordered eating (1=Bulimia Nervosa, 7=Anorexia sans BMI criteria; a pathology level like Atypical Anorexia). EAT ($M=54.6$, $SD=16.9$, Range=44-95) is moderately associated with meeting disordered eating criteria ($r=.49$), and those with an ED have substantially higher scores ($d=1.12$; $MED=62.4$, $SD=20.1$, $M_{no-ED}=45.7$, $SD=4.5$). Correlations between EAT and health behaviors are generally moderate, but include some large effects (e.g., BMI=.57, regional fatness=.60, repeated weighing=.29, upsetting weight gain value=.40, desire for flat stomach=.16). Receiver operator curve ($AUC=.745[.473-1.00]$) provided moderate effects with T65 indicating high specificity (1.0, due to lack of false positive elevations on EAT) and moderate sensitivity (.63).

Exploratory analysis evaluating social media use and its relationship to disordered eating was also examined, with results indicating of those who use social media ($n=15$), 73% ($n=11$) reported social media making their self-image worse, consistent with research on thin beauty ideal and western beauty standards.

Follow-up analysis examining different forms of disordered eating are planned as samples grow. Additionally, funding for a community sample screening positively for problematic eating has been secured. Recruitment for that sample will start in January 2023 and this community data will also be presented. Thus far, our research using clinical interviews support the EAT scale. Results will be contextualized within existing literature on ED assessment on the MMPI.

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Assessing TAT Narratives Using ICD-11 Personality Functioning Severity

The 11th version of the World Health Organisation's International Classification of Diseases (ICD-11) has adopted a dimensional approach to personality disorder (PD). This includes an assessment of degree of severity, which can be classified into one of five categories. The ICD-11 PD model is largely similar to Criterion A of the DSM-5 Alternative Model for Personality Disorders (AMPD), which also focuses on self and interpersonal functioning. The Thematic Apperception Test (TAT) is a performance-based measure requiring participants to explain what is happening in cards depicting ambiguous scenes. Participants' responses have often been assessed using the Social Cognition and Object Relations Scale (SCORS; Westen & Lohr 1990) which makes suggestions about the level of impairment and functioning of the examinee. However, TAT responses have not yet been assessed directly using ICD-11 PD severity ratings. This study aims to assess the utility of directly using ICD-11 PD severity ratings to code TAT responses, as well as assessing whether these severity codes can predict personality disorders. TAT responses were gathered from 76 participants who endorsed a clinical diagnosis of borderline personality disorder, depressive personality disorder, comorbid diagnoses, and healthy controls. Participants' TAT responses will be coded using ICD-11's PD severity descriptors. The researchers planned analyses include intra-class correlations to assess coding reliability, as well as an analysis of variance (ANOVA) to determine mean differences in severity codes between participant groups. Finally, discriminant function analyses are planned to establish whether severity ratings of participants' TAT responses are predictive of their diagnosis. We expect that there will be significant differences in mean severity ratings between diagnostic groups. Specifically, we anticipate that healthy controls will have the lowest PD severity ratings, followed by those with depressive personality disorder, and borderline personality disorder. The group that holds comorbid diagnoses of borderline personality disorder and depressive personality disorder will have the highest PD severity ratings.

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Development and Validation of the Five Factor Borderline Inventory Super Short Form

The Five Factor Borderline Inventory (FFBI; Sweatt et al., 2012) was created to assess borderline personality disorder (BPD) through the Five Factor Model. The FFBI has demonstrated convergent and discriminant validity across student samples with a history of NSSI (DeShong et al., 2015). There was a short form of the FFBI (FFBI-SF) created that exhibited similar convergent and discriminant validity among student, community, and inpatient samples, while maintaining the original factor structure of the FFBI (DeShong et al., 2016). Furthermore, the FFBI-SF has demonstrated predictive validity (Helle et al., 2018). Recently, an informant version of the FFBI was created to increase the validation of BPD assessment (Min et al., 2021). However, there are still utilization and validation limitations with these measures. The current study aims to increase the utilization and validity of the FFBI by creating a super-short form (FFBI-SSF) based on multidimensional item response theory. The FFBI-SF was administered across two samples, specifically a Southern university student sample and an Amazon Mechanical Turk community sample. Within the student sample ($n = 1,300$), the mean age was 19.21 ($SD = 1.43$) and consisted of primarily men (61.10%) and White individuals (75.80%). Within the community sample ($n = 602$), the mean age was 36.16 ($SD = 10.79$) and consisted of primarily men (55.60%) and White individuals (79.60%). The graded response model will be used to evaluate items to create the FFBI-SSF with the student sample. Items will be selected based on slopes and maintaining high information at the higher level of the scale (e.g., by selecting items with higher thresholds), maintaining the clinical utility of this scale. Additionally, items will be evaluated for differential item functioning by sex, gender, race, ethnicity, and age. Items with high differential

item functioning will be dropped. The resulting FFBI-SSF will be administered to a Southern university student sample ($n \sim 500$). The overall model will be evaluated for fit and correlations between the full and reduced measure. Following this, the community sample will be utilized to assess convergent and discriminant validity with the Personality Assessment Inventory (Morey, 2014), the Personality Disorder Questionnaire- 4 (Bouvard, 2002; Hyler, 1994), the International Personality Item Pool – 120 (Maples et al., 2014), and the MSI-BPD (Zanarini et al., 2003). The FFBI-SSF will be a useful alternative measure that can more easily be included in large battery studies and as a potential clinical screener for BPD traits.

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Intersecting Identities: Masculine Gender Norm Values and MMPI-3 Pathology Endorsement

Gender is an important consideration for psychological assessment with most research focusing on how the rates and symptoms of psychopathology vary between men and women (Hartung & Lefler, 2019). Research has identified important trends in psychopathology based on categorical gender differences (e.g., sex or binary gender; Eaton et al., 2012); however, these findings omit the known impact of gender socialization and conformity to norms in our understanding of psychopathology (Hartung & Lefler, 2019). For instance, certain masculine gender norms, such as being self-reliant, is associated with negative mental health outcomes and avoidance of help seeking (Wong et al., 2017). No research has linked the impacts of gender norm conformity to commonly used psychological assessment instruments such as the Minnesota Multiphasic Personality Inventory-3 (MMPI-3; Ben-Porath & Tellegen, 2020), leaving a gap in our understanding of how gender norms are related to observed mental health trends on the MMPI-3.

Following exclusions based on standard MMPI-3 validity scales ($n = 72$), participants were between 18 to 56 years of age ($M = 19.97$) and mostly women (69.7%), heterosexual (85.9%), and White (74.1%). Two separate sets of Latent Class Analyses (LCA) on (1) the MMPI-3 and (2) the conformity to masculine norms inventory (i.e., CMNI-30; Levant et al., 2020) were conducted in a sample of 347 college students. LCA models used the MMPI-3 Higher-Order and Restructured Scales (11 indicators) and CMNI-30 for each traditional masculine norm scale (10 indicators). Across both sets of analyses, results suggested 3-class solutions. The 3-class MMPI-3 model indicated normative symptomology (44%), high internalization (20%), and high activation and aberrant experiences (36%) classes. For the CMNI-30, classes were characterized by an average engagement with traditional norms (13%), low sexuality, power over women, and emotional control/self-reliance (37%), and lower sexuality and power over women but higher emotional control/self-reliance (50%).

Following LCA analyses, cross-tabulations were conducted to identify patterns of combined pathology and gender norm endorsement. There were notable overlaps between group membership for each LCA. Groups and LCA analyses will be presented in the poster. The high emotional control class is more distributed across symptom patterns but was the most common in the high internalization and normative symptom groups. Low emotional control was fairly equally distributed across the high activation/aberrant symptoms and normative symptom groups, but less evident for the high internalization group. The average masculine norms group tends to have more activation and aberrant thought experiences.

Results provide context about how gender norms correspond with patterns of pathology endorsement on the MMPI-3; however, research validating these symptom patterns through

external ratings remain needed (e.g., non-self-report). Findings are congruent with research on masculine norms, with distinct patterns of masculine norm adherence predicting differences in self-reported psychopathology symptoms. These findings can inform clinical practice and assessment recommendations as certain masculine gender norms provide risk for mental health difficulties. Results have implications for effective, integrative assessment practice and will be discussed. The study sample is anticipated to increase as data collection is ongoing.

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Preliminary Evaluation of a Perseverance Self-Report Questionnaire

Background and Purpose: Perseverance is an individual's ability to balance skills, motivation, and self-control to successfully evaluate one's capacity to achieve a goal. A literature review did not reveal a self-report questionnaire that adequately captured perseverance, so we undertook the task of creating one. Prior to item generation, we hypothesized that perseverance is a multidimensional trait, given that other facet-level traits (e.g., perfectionism) have been demonstrated to be multidimensional (e.g., Frost et al., 1990). We hypothesized perseverance would include adaptive manifestations (i.e., persistence) as well as two maladaptive manifestations-- giving up prematurely and unproductive perseveration. A two-stage item generation procedure designed to maximize content validity was employed to generate 155 candidate items. The purpose of the present study is to examine the internal structure of the candidate item pool with the aim of identifying a subset of items we can use to create a preliminary self-report questionnaire.

Subjects: 304 participants (113 male, 189 females, 1 other, and 1 excluded for missing data); age 18-24 (mean = 19.18, SD = 1.14; one participant excluded for missing data); 74.7% White, 8.6% Asian, 5.3% Black or African American, 4.9% Hispanic/Latino, 0.3% Native Hawaiian or Pacific Islander, 0.3% American Indian or Alaskan Native, 4.6% Two or more of the above options, 1.3% Preferred not to answer.

Methods and materials: Participants completed a 155-item inventory that gave examples of ways in which perseveration played a role in participants' approaches to problems in life. Subjects responded using a 5-point Likert scale, rating how much the prompt related to their experience (1= not at all, 5= nearly always)

Analyses: Exploratory item-level factor analysis was conducted in an attempt to identify an underlying factor structure inherent to the candidate item pool. Multiple Exploratory Factor Analyses (EFAs) were performed in an attempt to identify the initial best-fitting solution.

Results: A three-factor solution using Maximum Likelihood and Direct Oblimin rotation was initially performed to investigate the hypothesized factor structure we targeted during item creation. The three factor solution was rejected because the model failed to rotate to simple structure-- specifically, the third factor was underidentified. Inspection of the scree plot suggested a six factor solution, although a four factor solution also appeared plausible. We also examined a two factor solution as the first two factors in our three-factor EFA each had a number of items that loaded strongly, [.40]. The two, four, and six EFAs were also completed using Maximum Likelihood and Direct Oblimin rotation.

Conclusions: All of the factors from the two, four, and six factor solutions included an adequate number of strongly loading items that did not cross-load onto another factor. Our next steps will be to carefully read the items for each of these factor solutions and conduct additional internal analyses to identify a structure and set of candidate items that best align with our definition of

perseverance. These analyses are ongoing, and results will be presented in the final poster.

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Personality Change Across Four Years in World Trade Center Responders

Domain-level findings of personality change are fairly consistent across middle to older age; however, less agreement exists on personality change at the lower-order facet-level for this age group. The present study investigated personality change at both the domain and facet-level over the course of a four-year longitudinal study in $N = 452$ older adults who responded to the 9/11 attacks on the World Trade Center (Mage = 55 years, $SD = 0.41$). Participants completed the Faceted Inventory of the Five-Factor Model (FI-FFM, Watson et al., 2019) and the Big Five Inventory-2 (BFI-2, Soto & John, 2017) at four waves across four years. Latent growth modeling showed significant mean level decreases in Openness, Neuroticism, and Extraversion at the domain level. At the facet-level, significant decreases were found for Aesthetic Sensitivity, Creative Imagination, Intellectual Curiosity, Anxiety, Anger Proneness, Positive Temperament, Venturesomeness, Ascendence, Empathy, Trust, and Achievement Striving. Regressions from exposure level, age, and sex on personality change were examined and significant effects were also observed. Results highlight the importance of facet-level analysis, as significant change was found only for certain facets within domains—sometimes when the domains showed no change. WTC responders have a shared unique trauma and personality change findings may allow for clinically useful information on the mental health problems that responders experience.

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Examining the Initial Elevation Phenomenon with MMPI-2 and MMPI-2-RF Items Administered in a Forensic Inpatient Setting

Shrout et al. (2018) described the “initial elevation phenomenon” as the idea that an examinee’s initial exposure to a self-rating scale will be biased upward (i.e., report more severe concerns) as compared to subsequent administrations. Support for the phenomenon has been mixed with Arslan et al. (2021) and Cerino et al. (2022) finding limited support but Anvari et al. (2022) finding evidence for the effect. These validating studies were conducted with non-clinical research participant samples, which may limit the generalizability of results to settings where individuals experience significant levels of self-reported psychiatric symptoms and are administered a battery of tests during a single testing session with real-life implications. The current study uses a between-subjects approach to extend this work by examining True/False Minnesota Multiphasic Personality Inventory (MMPI) items administered in single sessions in a real-world forensic evaluation context ($n = 763$). Specifically, because most items were retained in the transition from the 567-item MMPI-2 to the 338-item MMPI-2 Restructured Form (MMPI-2-RF), with many reordered, we were able to identify over 60 items that were administered at notably different points in the test administration depending on test type (i.e., they sit at least 100 items apart on the two test versions). After using standard procedures to eliminate invalid protocols, we compared these selected MMPI-2 versus MMPI-2-RF item frequencies to examine whether there was evidence of the initial elevation phenomenon within a single lengthy test that includes many items about diverse psychiatric symptoms. We found no support for the initial elevation phenomenon in this context. Of the over 60 items examined, only a few exhibited statistically significant differences in between-groups

endorsement rates when administered earlier versus later on the test, and none of the differences were present for items administered very early in the test (i.e., within the first 25 items). Further, for items that exhibited statistically significant differences, endorsement rates were sometimes higher when the item was administered later rather than earlier on the instrument. These results suggest that the initial elevation phenomenon may not be likely during longer clinical omnibus tests in clinical assessment contexts. However, we recommend exploring the phenomenon further using within-groups test-retest data from clinical settings and examining whether inconsistent responding may play a role when the effect occurs.

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The Comparability and Validity of the Remote and In-Person Administrations of the PAI, IOP-29, and IOP-M

The recent COVID -19 pandemic has disrupted the professional routine of clinical psychologists who deal with assessment services and mental health evaluations: given the need for physical distance, several assessors have had to switch from face-to-face interactions to remote assessment. Therefore, studies on the equivalence between face-to-face testing and tele-testing should be warranted for all published tests. Very few studies have addressed the potential differences between remote and face-to-face administration methods and this gap in the literature becomes even more apparent when considering the validity of computerized and/or remotely administered tests that assess the credibility of reported symptoms and response styles.

To address these issues, we collected new data by administering the PAI, IOP-29, and IOP-M under three different conditions: (a) online/computerized, (b) in-person/computerized, and (c) in-person/paper-and-pencil. In the online condition, participants were supervised with the aid of a teleconferencing application, while the two face-to-face conditions were monitored using an on-site examiner. In addition, we adopted a simulation study design such that participants were randomly divided into two groups for each condition: the honest responders group, in which participants were asked to take the tests honestly, and the experimental feigners group, in which participants were instructed to feign psychopathology (e.g., depression, PTSD) while completing the tests. Mean scores on indicators of negative response bias produced in the three conditions were compared using a one-way ANOVA. Next, we focused on classification accuracy and examined whether sensitivity and specificity values differed across the three conditions.

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How Does the HiTOP Framework Shed Light on the Relationship between Rumination and Psychopathology? A Systemic Review

Mental rumination is a complex and multifaceted construct that refers to a persistent and intrusive thought process that focuses on one's negative emotions and experiences of failure. Rumination is a transversal construct that has been investigated in its emotional, cognitive, interpersonal, and neurophysiological components in both clinical and non-clinical samples. Moreover, it could represent a transdiagnostic factor that may predispose to psychopathological conditions, such as anxious and/or depressive symptomatology, eating disorders, PTSD, substance use, personality and thought disorders. In the current work, we focused on rumination as a trait (i.e., a stable and

persistent ruminative process usually associated with psychopathology and, therefore, with different mental disorders) rather than considering rumination as a state. We systematically reviewed the recent literature to shed light on the relationship between rumination and mental disorders based on the Hierarchical Taxonomy of Psychopathology (HiTOP) model. As a modern type of quantitative nosology, signs, symptoms, maladaptive traits, and behaviors are intended as psychopathological phenomena and accordingly classified using factor analysis. Electronic research literature databases included PubMed and PsycINFO from the publication of the HiTOP model (2017) - which provided a research-based (updated) framework for organizing psychopathology - to June 2022, and PRISMA guidelines were followed. Three hundred and three studies were identified from a pool of 939 studies, of which one hundred and sixty-five met the inclusion criteria. Although ruminative processes are recognized to be transdiagnostic factors, most studies in the literature have focused on investigating the relationship between rumination and psychopathological phenomena belonging to the Emotional Dysfunction superspectrum. Several studies included in the present work seem to relate with the depressive rumination, while other forms of rumination (i.e., angry rumination, positive rumination) receive less empirical attention. Among other superspectra, the Externalizing superspectrum was configured by both recourses to the depressive and angry rumination, which appeared to be a strong predictor of aggression. Also, about the Psychosis superspectrum it was worthy to highlight that the occurrence of rumination was found to be as a predictor of both paranoia, derealization and depersonalization. Rumination occurred at all HiTOP levels: it suggested that a general form of negative repetitive thinking might be an endophenotype associated with all psychopathological forms at a global and higher level. This point allowed us to assume that a repetitive thought process exists at a higher, transversal level, which consequently might be characterized by specificity and type in relation to specific phenotypes in a typical manner. The present study could provide additional support for various studies emphasizing the evidence and validity of the HiTOP model, precisely because of the specific associations found between ruminative forms and HiTOP dimensions. Noteworthy, our results outlined how different declinations of rumination could be associated to several psychopathological forms (e.g., angry rumination in SUD and in Emotional Dysfunction Superspectrum or positive rumination as a protective factor). Addressing a complex phenomenon as rumination in a comprehensive framework, such as the HiTOP model, could provide useful insights at both broad and narrow levels regarding psychopathological functioning.

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Agata Ando | University of Turin

Cognitive Heuristics and Personality: What is the Relationship? An Investigation with the Rorschach Test

This study is based on the idea that the use of cognitive heuristics may play an important role in the response process to the Rorschach test. When individuals are exposed to the Rorschach card and trying to find the answer to the question "What might this be?" they are likely to actively scan certain areas of the inkblot. It can be assumed that there is a first phase in which the automatic bottom-up process proceeds from the sensory input provided by exposure to the Rorschach stimulus, and a second phase in which a top-down process "voluntarily" directs attention to specific locations or features of the Rorschach cards. During this top-down process, input data are selected and filtered by ambiguous visual Rorschach stimuli subjected to encoding and decoding processes, and adapted and readapted to pre-existing cognitive schemas; it is at this moment that heuristics can intervene leading to the verbal production of the Rorschach responses. Thus, the aim of this study was to investigate whether the performance and underlying personality features assessed by the

Rorschach test can be related to the use of the three main cognitive heuristics, i.e., representativeness, availability, and anchoring. Availability leads one to judge the frequency of a class or the probability of an event based on the number of occurrences one can recall. Representativeness is considered a means of assessing the likelihood that an object is present. Anchoring involves making estimates of quantities by starting with a specific value (the anchor) and adjusting it up or down. Sixty-one participants (43 women) ranging in age from 18 to 64 years ($M = 29.66$; $SD = 11.40$) were included in our study. To assess the heuristics, we created an ad hoc questionnaire. For this purpose, we selected slightly modified well-known heuristics tasks from the manuals of Kahneman (2011) & Tversky (1973, 1982) and related scientific articles. The questionnaire was created based on an agreement between different experimenters on the tasks to be used (and the relative variation from the original versions of the tasks) after a careful review of the literature on the subject. In addition to the heuristic questionnaire, the Ten-Item Personality Inventory (TIPI)- a 10-item measure of the Big Five dimensions of Extroversion, Agreeableness, Conscientiousness, Emotional stability, and Openness to experience- and the Rorschach (R- PAS, Meyer et al., 2011) were included. The questionnaires were completed online, while the R- PAS was administered in presence. The results showed that the use of heuristics seems to have an adaptive role. Indeed, inverse correlations emerged between heuristics and some Rorschach variables assessing dysfunctional aspects in thinking processes (e.g., SevCog), emotional reactivity (e.g., SR, R8910%), and impaired problem solving (e.g., Y), as well as positive associations between heuristics and the dimensions of Conscientiousness and Openness to experience. Reference to an information store may indicate a personality functioning characterized by organized thinking that helps make decisions under conditions of extreme uncertainty e.g., the Rorschach setting. This is the first study to relate personality features to the use of heuristics by R-PAS.

Agata Ando | University of Turin

Claudia Pignolo | University of Turin

Marzia Di Girolamo | University of Turin

Meaning Making Surpasses LIWC in Breakup Narratives Predicting Depression

Background & Purpose: Although expressive writing (Pennebaker, 1989) has shown promise as an intervention for both daily and traumatic stressors (Fratarolli, 2006), relatively little attention has been paid to its use for clinical assessment. Analyses of the content of the writing typically rely on Pennebaker's (2001) Linguistic Inquiry and Word Count (LIWC), which identifies linguistic markers of psychological processes. However, word-count measures eliminate the context of language use (Jenkins et al., 2013), whereas narrative scoring systems preserve narrative and narrator meaning. Straup et al. (2022) found that for participants writing about a recent breakup, Feffer et al.'s (2008) interpersonal decentering scoring system predicted lower depressive symptoms, whereas LIWC word counts of negative emotion words did not. Another global rating system for narratives, Meaning Making (MM), was developed by Boals et al. (2011) to show how individuals make sense of a stressful event. This system codes essays for the presence of distress and rumination, lack of closure, and a search for understanding. Boals et al. (2011) suggested MM can be beneficial because individuals create a narrative aligning with their existing schemas, which facilitates healthier adjustment. We hypothesized that higher MM scores would predict lower self-rated depressed mood, whereas LIWC proportions of negative emotion words (NEW) would be unrelated to depression scores.

Subjects: Young adults ($N = 161$; 118 women, 43 men) participated if they reported distress from a relationship breakup within the last 12 months. Participants ranged in age from 17 to 29 ($M = 19.49$, $SD = 1.83$). Self-reported ethnicities were White (59.4%), Hispanic (24.4%), Asian (9.4%), African American (1.9%), Native American (2.5%), and other (2.4%).

Methods & Materials: Participants completed Beck et al.'s (1996) Beck Depression Inventory – Second

Edition (BDI-II) and participated in a Stream of Consciousness (SOC) task by talking continuously into a recorder about their breakup for four minutes in an expressive writing paradigm. SOC responses were transcribed for scoring by LIWC for NEW and by a reliable (average ICC = .81) team of human scorers for MM.

Analyses & Results: Hierarchical regression compared MM and NEW to predict depression symptoms (BDI-II). NEW ratings on step 1 explained no significant variance (F change=0.154, $Beta$ = -.031, p =.695). On step 2 MM scores significantly predicted higher BDI-II scores (F =4.54, $Beta$ = .231, p =.012) over and above NEW.

Conclusions: Higher MM efforts uniquely predicted depression symptoms with NEW controlled, but NEW had no effect. Our findings support the usefulness of human-scored narrative measures to understand individuals' distress and how they process that distress through expressive writing narratives. In contrast to Straup et al.'s (2022) finding, higher MM related to more reported depression. While higher decentering scores may assist coping with a stressor, higher levels of MM may signify the beginning stages of processing a stressful event when emotional distress is still present. Our study suggests different global scoring systems may be helpful for identifying different aspects of cognitive processing of an interpersonal stressor.

Maddie Straup | University of North Texas

Sharon Jenkins | University of North Texas

The Role of Borderline Personality Disorder Features in the Relation Between Self-Injury and the Pain Experience

BACKGROUND: Evidence demonstrates chronic pain and borderline personality disorder features are frequently comorbid and associated with heightened symptoms of both disorders including pain-related interference in daily activities (Sansone & Sansone, 2012). Additionally, individuals with borderline personality disorder features are more likely to report somatic symptoms (Sansone et al., 2001) and pain-related interference (Rothrock et al., 2007) compared to individuals with chronic pain without borderline personality disorder features. Although pain-related interference is increasingly reported by individuals with borderline personality disorder, increased pain severity is not as consistently reported across contexts (Sansone & Sansone, 2007). In fact, in cases of chronic pain, individuals with borderline personality disorder features report increased sensitivity to pain, in both severity and pain-related interference. In cases of acute pain, such as non-suicidal self-injury, individuals with borderline personality disorder may report lower pain severity or increased pain tolerance (McCoy et al., 2010). Further, both clinical and nonclinical samples demonstrate an increase in pain tolerance while remaining affectively instable (Gratz et al., 2011). The relation between greater borderline personality disorder features, such as affective instability, and increased pain tolerance may be influenced by an unwillingness to experience emotional distress (Carpenter & Hepp, 2021; Gratz et al., 2011). Therefore, contributing to further non-suicidal self-injury behaviors while maintaining heightened affective instability. Although, evidence demonstrates a strong association between borderline personality disorder features, self-injury, and the pain experience, less is known about the severity of non-suicidal self-injury and pain when affective instability is increased. Therefore, this study seeks to examine the role of borderline personality disorder features in the relation between non-suicidal self-injury and the pain experience. Specifically, this study will examine the relation between non-suicidal self-injury and reported pain-related interference versus pain severity.

SUBJECT: Data collection is ongoing. We have recruited 235 participants and have a targeted sample size of 300. Participants are undergraduate students at a midwestern university.

METHODS: Participants who provide informed consent complete a battery of questionnaires

including the Brief Pain Inventory - Short Form (Cleeland & Ryan, 1994), Inventory of Statements about Self-Injury (Klonsky, 2007), and Personality Assessment Inventory - Borderline Personality Disorder Features (Morey, 1991).

ANALYSES: Moderation analyses examining the role of borderline personality disorder features in the relation between non-suicidal self-injury severity and pain severity and pain-related interference will be conducted.

CONCLUSION: Though data collection is preliminary, it is expected that borderline personality disorder features will moderate the relation between non-suicidal self-injury severity and pain-related interference but not pain severity. The results of this study could lead to improved clinical assessment of those with borderline personality disorder features who may report pain-related interference but lack reporting of pain severity and borderline personality disorder features. Moreover, indicating the need of conducting further personality assessments and identify appropriate interventions when individuals present with non-suicidal self-injury and pain-related interference.

Morgan Maples | University of South Dakota

Sara Lowmaster | University at Buffalo

S. Jean Caraway | University of South Dakota

Examining the Relations Between Parental Pathological Narcissism and Child Emotional and Behavioral Mental Health Problems

The mental states of parents and their attitudes towards their children play a crucial role in children's psychosocial adjustment. Narcissistic features in parents have been suggested to predict maladaptive parenting behaviors and biases associated with ensuing childhood mental health problems in a plethora of theoretical literature and opinion articles. Most studies that have examined these links empirically have used assessment of Diagnostic Statistical Manual Narcissistic Personality Disorder despite its poor discriminant validity and limitations in capturing narcissistic vulnerability. To address these gaps, the present study examines narcissistic grandiosity and vulnerability in parents simultaneously in predicting child emotional and behavioral problems, with the aims of capturing the nuanced and complex nature of parental narcissism and its links with child mental wellbeing as well as the independent contributions of each form of narcissism in these associations. To explore underlying mechanisms, the present study also examines whether emotion dysregulation moderates the potential mediating effect of parental minimization reactions in the association between parental pathological narcissism and child emotional and behavioral problems. Parents were invited to complete a battery of self-report questionnaires. 308 parents were included in analyses after exclusions. Findings revealed parental pathological narcissism significantly predicted internalizing and externalizing child emotional and behavioral problems ($b = 0.62$, $SE = 0.04$, $t[306] = 15.50$, $p < .001$, $95\% CI = [0.44, 0.81]$ and $b = 0.63$, $SE = 0.03$, $t[306] = 15.65$, $p < .001$, $95\% CI = [0.45, 0.82]$, respectively), with the grandiose component becoming non-significant when the vulnerable component was added to the model ($b_{vul} = 0.86$, $SE = 0.05$, $t[305] = 17.20$, $p < .001$, $b_{grand} = 0.12$, $SE = 0.05$, $t[305] = 2.40$, $p = .93$). Findings also demonstrated that emotion dysregulation moderated the mediating effect of parental minimization reactions in the relation between parental pathological narcissism and child emotion and behavioral problems ($IMM = 0.22$, $SE = 0.05$; $bootCI: 0.15, 0.29$), with different combinations of parental pathological narcissism and emotion dysregulation having distinct effects on parental minimization reactions: $b = 0.29$, $SE = 0.05$, $95\% BCa CI = [0.20, 0.39]$ at high levels of emotion dysregulation, compared to $b = 0.26$, $SE = 0.04$, $95\% BCa CI = [0.19, 0.35]$ at average levels, and $b = 0.24$, $SE = 0.05$, $95\% BCa CI = [0.20, 0.29]$ at low levels. Overall, findings provide new insight on the pathways in which parental pathological narcissism impacts child emotional and behavioral outcomes using a contemporary conceptualization of narcissism.

Catherine Li | Pennsylvania State University

Aaron Pincus | Pennsylvania State University

Object Relations and Interpersonal Decentering in Self-Defining Memories

Background and Purpose: To what extent might healthy object relations correspond to mature interpersonal perspective-taking as seen in self-defining memories? Feffer's interpersonal decentering is a process-focused narrative scoring system that measures maturity of perspective-taking and mentalization. The current study examined whether interpersonal scales on the Social Cognition and Object Relations Scales – Global Rating Method (SCORS-G; Stein & Slavin-Mulford, 2018; Westen, 1995) predicted interpersonal decentering outcomes (Feffer, Leeper, Dobbs, Jenkins, & Perez, 2008) that were scored from individual reports of personal self-defining memories (McLean & Thorne, 2003). It was hypothesized that the more interpersonal scales on the SCORS-G (i.e., complexity of representations of people, affect tone, emotional investment in relationships, and aggressiveness) would predict maturity of decentering, whereas less interpersonal scales (i.e., self-esteem and identity coherence) would not predict decentering.

Subjects: The study included a multiethnic sample of 56 undergraduate students (18 to 31 years; 41.9% male, 55.6% female, 1.7% non-binary, and .9% other).

Methods and Materials: Participants were asked to recall three memories with five components: (1) An event that occurred before entering college, (2) Clear, familiar, and has been thought about several times, (3) Emotionally important, (4) Helps the individual understand who they are, and (5) The individual is acting with another person or group. These memories were then scored using the Social Cognition and Object Relations Scales – Global Rating Method (SCORS-G; Stein & Slavin-Mulford, 2018; Westen, 1995), a global rating, and the Interpersonal Decentering Scoring Manual (Feffer et al., 2008). The SCORS-G includes eight scales rated by clinicians on a 7-point Likert scale; lower scores represent more pathological responses, and higher scores represent more adaptive responses. Six of the eight were included in the current study: (1) Complexity of Representation of People (COM), Affective Quality of Representations (AFF), Emotional Investment in Relationships (EIR), Management of Aggressive Impulses (AGG), Self-Esteem (SE), and Identity and Coherence of Self (ICS). The interpersonal decentering scoring system requires the scorer to identify interpersonal interaction units in the participant's narrative and assign a decentering maturity score to each unit; these are averaged within memory, then across memories.

Analyses and Results: In Study 1, linear regression analysis revealed COM ($F(1,54) = 8.95, p = .004, R^2 = .14; B = .69$), AFF ($F(1,54) = 7.64, p = .008, R^2 = .12; B = -.47$) and AGG ($F(1,54) = 7.55, p = .008, R^2 = .35; B = -1.01$) significantly predicted decentering maturity. EIR also predicted decentering scores but was marginally significant ($F(1,54) = 3.57, p = .064, R^2 = .06; B = -.36$). Self-esteem ($F(1,54) = .03, p = .854, R^2 = .025; B = -.06$) and identity coherence ($F(1,54) = .01, p = .946, R^2 = .01; B = -.02$) were not significant predictors of decentering. Study 2 will replicate these analyses on a similar sample.

Conclusions: Theoretically, COM and decentering share an aspect of mentalizing, consistent with these findings. The results highlight the usefulness of implementing narrative analyses to further understand the interpersonal memories of young adults.

Katayoun Violet Tehrani | University of North Texas

Sharon Rae Jenkins | University of North Texas

Hannah Rafferty | University of North Texas

Using the Personality Assessment Inventory to Predict Recidivism in Offenders with Serious Mental Illness

Recidivism is a significant concern for the criminal justice system, with two-thirds of inmates re-offending within three years (Antenangeli et al., 2021). Being able to identify individuals at risk can be

important when deciding on possible interventions. Self-report measures, such as the Personality Assessment Inventory (PAI; Morey, 1991) have been used to identify factors that place individuals at increased risk for misconduct while incarcerated and recidivism post-release. A number of studies have found the antisocial features (ANT), aggression (AGG) scale, and violence potential index (VPI) are significant predictors of misconduct and recidivism in general offender populations (see Gardner et al., 2015 for review). The current study sought to extend this work to determine if the same PAI factors were associated with recidivism in offenders with serious mental illness. Further, we examined the role of response style scales (ICN and INF, PIM, and NIM) as predictors of recidivism. The sample consisted of 98 incarcerated males (M_{age} = 35.5 years; M_{edu}=11.6 years) diagnosed with a serious mental illness and assigned to a specialized psychiatric treatment unit. Participants' primary diagnosis included schizophrenia (32.7%), schizoaffective disorder (31.6%), bipolar disorder (25.5%), and major depression (10.2%). Approximately 54% of participants self-identified as Black-non-Hispanic, 45% as White-non-Hispanic, and 1% as other.

Participants completed Mini Neuropsychiatric Interview (MINI; Sheehan et al., 1998) to screen for eligibility for the unit. Participants then completed a battery of assessments including the Personality Assessment Inventory (Morey, 1991) within a week of admission to the unit. Recidivism was coded by reviewing inmate records one-year post-release. Recidivism data were not available for 11 inmates as they either remained incarcerated or did not meet the follow-up timeframe.

Point-biserial correlations between PAI scales (ANT, AGG, VPI) and recidivism at one year were not significant (p 's >.05). Examining the impact of validity and response bias scales, we found that offenders who produced invalid protocols (ICN and INF) were more likely to recidivate post-release (48%) compared to those who produced valid protocols (22.5%; $\chi^2=5.494$, $df =1$, $p =.019$); however, there was no relationship between NIM or PIM and recidivism.

Overall, the current findings indicate there are some consistent predictors of negative outcomes across general offender populations and offenders with serious mental illness. Specifically, our results suggest recidivism is much higher in offenders with serious mental illness who respond in a careless or random manner on the PAI compared to those who are more attentive. This pattern is consistent with previous research predicting institutional misconduct in offenders (Reidley et al., 2016) providing additional support for examining invalid protocols as meaningful sources of information. Further, among the valid protocols, we did not find significant associations between PAI clinical (ANT) or treatment consideration (AGG, VPI) scales and recidivism. While previous research has generally found smaller effects for PAI scales predicting recidivism compared to other outcomes (Gardner et al., 2015), the serious and pervasive nature of the mental health difficulties in the current sample may complicate the prediction further.

Sara Lowmaster | University at Buffalo
Stephanie Ficarro | University at Buffalo
Corey Leidenfrost | University at Buffalo
Daniel Antonius | University at Buffalo

Utilization of Five Factor Model Data to Inform Psychotherapeutic Processes: Clinician Considerations for Treatment Planning, Volitional Trait Change, and Adherence Improvement

Dimensional models of personality, like the Five Factor Model (FFM), are widely utilized for research purposes and have demonstrated associations between the personality traits of Neuroticism and Conscientiousness and impactful life outcomes, including mental health symptoms. Efforts to improve the degree of translational science regarding clinical application of the FFM have been made, yet a gap remains in the understanding of how FFM data can inform and improve psychotherapeutic processes. This dissertation aims to outline the brief history of dimensional personality models and varied conceptualization of personality today; genetic and environmental influences on personality;

empirical connections between Neuroticism, Conscientiousness, and mental health symptoms; and current research demonstrating the use of FFM data to inform treatment, including volitional personality change. Based on this review, a practical guide intended for clinicians is developed to provide evidence-based suggestions to clinically apply FFM data to inform conceptualization and treatment planning; guide volitional personality change intervention; and treatment adherence improvement. Clinical implications, limitations, and future directions are then discussed.

Kirstie Pysher | Immaculata University

Measurement Invariance Across Sexual and Gender Identity for the Brief Fear of Negative Evaluation Scale

BACKGROUND: Construction of a psychological measure requires a validation process to make sure that the measure works the same way in different populations. That is, the instrument must be shown to measure the same latent variable in the same way for each population in which it's used (i.e., the instrument must demonstrate measurement invariance). Overlooking this step could allow a measure to be misused in populations, which is most likely to affect underrepresented populations. The Brief Fear of Negative Evaluation 2.0 (BFNE) is a measure designed to test the extent to which a person fears and avoids situations where they might experience being negatively evaluated by peers or others in social situations. Concerns of negative evaluation held by members of minority groups likely differ from the fears observed among members of majority groups. Thus, it's reasonable to question whether the BFNE performs differently in these populations. LGBT individuals represent a diverse population that could be impacted by fear of negative evaluation in a different way than their heterosexual or cisgender peers. The minority stress theory suggests that LGBT people will be at a higher baseline of mental health concerns merely by living in a society that does not fully affirm LGBT individuals, which might lead to a disparity in the way LGBT people perceive social situations wherein they might be evaluated. Therefore, the BFNE's measurement invariance between LGBT and non-LGBT individuals needs to be investigated.

SUBJECTS: Data collection is ongoing. Study participants consist of diverse college student convenience sample. We expect a sample size of 1,000 or larger based on past studies.

METHOD: Recruited participants complete an anonymous online study, wherein they are administered a series of self-report measures, including the BFNE and questions regarding sexual and romantic orientation.

PLANNED ANALYSES: Descriptive statistics will be obtained prior to the main analysis to describe the sample, as well as the LGBT and non-LGBT subsamples. Then, to meet the aims of this study, confirmatory factor analysis (CFA) will be used to examine a single multigroup model in the full sample by specifying a one-factor model using a robust maximum likelihood estimator. We will then evaluate a series of increasingly stringent model comparisons to test three aspects of measurement invariance (configural, metric, scalar). Finally, should partial or full scalar invariance be supported, we will examine latent mean differences between LGBT and non-LGBT groups on the BFNE by calculating Cohen's *d*, as an estimate of effect size, and their associated 95% confidence intervals.

DISCUSSION: Results will be discussed with regard to the diversity of sexual and gender identity groups and the potential value of accurately assessing fear of negative evaluation while conducting personality assessment with LGBT and non-LGBT individuals.

Jules Merguie | Sam Houston State University

Adam Natoli | Sam Houston State University

Clinical Profiles of Justice-Involved Youth Based on Reactive and Proactive Aggression

Aggression is heightened among youth with a history of maltreatment and is related to increased mental health problems; it is also elevated among justice-involved (JI) youth. However, different aggression types are associated with different etiologies and outcomes. Reactive aggression refers to an impulsive, aggressive response to a perceived threat whereas proactive aggression refers to a premeditated, hostile act motivated by external reward (Hoeve et al., 2015). Reactive aggression is more strongly related to substance use (Fite et al., 2021), school adjustment problems, and peer rejection (Mash & Barkley, 2014). Further, reactive aggression relates more strongly to childhood trauma and mental health problems, though this relationship may differ for detained youth (O'Dell et al., 2022). Thus, youth exhibiting reactive aggression and youth exhibiting proactive aggression may demonstrate differing personality characteristics and constellations of psychiatric symptoms and thus may benefit from different interventions. We used the Minnesota Multiphasic Personality Inventory-Adolescent-Restructured Form (MMPI-A-RF) to evaluate differing clinical profiles of JI youth with more reactive aggression from youth with more proactive aggression to better define clinical targets for youth at risk for offending due to aggressive tendencies.

Our sample included 64 juveniles detained in a local juvenile detention center in a Southwestern state. Youth (Age $M=15.05$) were predominantly male (68.8%) and primarily Latino (47.5%), African American (26.2%), or White (13.1%). Eighteen youth were excluded for missing variable information, and six were excluded based on standard valid MMPI-A-RF profile exclusion criteria. The remaining 40 youth were split into two groups: more reactive aggression ($n=23$) and more proactive aggression ($n=17$). Difference scores between reactive and proactive aggression were calculated based on the Reactive-Proactive Aggression Questionnaire (RPQ), and the median was used as the cut-off between the two groups. Scores falling directly on the median were designated as reactive aggression to reflect the increased variance and commonality of reactive aggression. Between-group differences were examined using independent samples t-tests for scale means and Chi square for scale elevation frequency ($score \geq T60$). Mean differences are summarized for this abstract. Groups differed meaningfully across several scales with youth with more reactive aggression exhibiting greater malaise symptoms (MLS; $d=0.75$) than youth with more proactive aggression. Conversely, youth with more proactive aggression exhibited more antisocial attitudes (ASA; $d=0.66$) and negative school attitudes (NSA; $d=0.72$). Medium-to-large effect sizes were observed across all effect size differences.

Findings suggest distinct clinical profiles for youth with different patterns of aggressive behavior. MMPI-A-RF scales differentiating aggression types may warrant expanded interpretation highlighting these differences. Most clinical instruments do not specifically measure reactive/proactive aggression, but understanding the relations between aggression type and well-normed, valid clinical measures could aid treatment planning. Support in physical health and school adjustment may benefit youth with reactive aggression. Alternatively, changing maladaptive attitudes may be more relevant for youth with proactive aggression. Given that proactive aggression is associated with more severe aggression, and is motivated by external reward, contingency management interventions may aid symptom management. Yet, our research suggests that developing more adaptive attitudes towards school and others may also be a worthwhile treatment target.

Alexandra Bammel | Texas Tech University

Becca Bergquist | Texas Tech University

Paul Ingram | Texas Tech University

Adam Schmidt | Texas Tech University

Flash Sessions

March 31, 2023 | 3:45 PM - 4:15 PM

All Flash Sessions will be located in Waterloo Ballroom 3-4

Associations between the Brazilian Versions of the MMPI-2-RF and the PID-5 in Psychiatric Patients

We aimed to investigate associations between the scores of the Minnesota Multiphasic Personality Inventory – 2 - Restructured Form (MMPI-2-RF) scales and the alternative model of personality disorders (DSM-5) using the Personality Inventory for DSM-5 (PID-5) in a sample of Brazilian psychiatric patients. We recruited 369 adults in public psychiatric outpatient clinics and private mental health clinics. We removed 103 participants (27.9%) from the data analysis because the MMPI-2-RF protocols were deemed invalid due to excessive inconsistent or overreported responses. The final sample was composed of 266 patients, mostly men (55.6%), with a mean age of 36,5 years old (SD = 12,7), from the Southeast region of the country (60.9%), white (60.5%), and single (56.4%). The sample was diagnostically heterogeneous, including most anxiety disorders (43.3%), mood disorders (35.1%), substance and alcohol disorders, pathological gambling and personality disorders (13.2%), and psychotic disorders (5.2%). We administered the Brazilian version of the MMPI-2-RF and PID-5. We performed a Pearson correlation between the MMPI-2-RF and PID-5 scores. We further examined associations between MMPI-2-RF scales and PID-5 facets using exploratory structural equation modeling (ESEM) to understand better the organization of the PID-5 and MMPI-2-RF constructs in a conjoint fashion. We conducted distinct ESEM, replicating the structure of previous studies. The correlations of the Higher-Order (H-O) scales were mostly moderate and strong and generally aligned with expectations. For instance, the EID (Emotional / Internalizing Dysfunction) strongly correlated with Negative Affectivity and Detachment. Our findings are in line with the literature that highlights the internalizing nature of some Specific Problems scales, except for the MSF scale, as found in the Brazilian sample, which had a strong association with the Negative Affectivity Domain and its facets of the PID-5 (Anderson et al., 2015). We found significant correlations between the Internalizing Scales and the Detachment and Disinhibition domains. The MMPI-2-RF Cognitive Complaints scales had a large association with PID-5 Detachment, Disinhibition, and Psychoticism domains. Suicidal/Death Ideation, Helplessness, and Anxiety MMPI-2-RF scales showed a large correlation with the PID-5 Depressivity facet. Externalizing scales, in general, were correlated with corresponding domains and facets in PID-5. Social Avoidance, Shyness, and Disaffiliativeness MMPI-2-RF scales also revealed a large correlation with the PID-5 Detachment domain, mainly with the Withdrawal facet. Through the ESEM, the MMPI-2-RF RC Scales more clearly revealed a four-factor model consistent with Introversion, Psychoticism, Extraversion, and a fourth factor most loaded with Detachment aspects of Introversion. We discuss the suitability of the findings with the Brazilian version of the MMPI-2-RF.

Lucas de Francisco Carvalho | Universidade São Francisco

Sergio Baxter Andreoli | UNIFESP

Latife Yazigi | Federal University Sao Paulo

André Pereira Gonçalves | Universidade Federal da Bahia

Tatiana Lerman | UNIFESP

Comparing Scores of Latinx and Non-Latinx Justice-Involved Youth on the MMPI-A-RF: A Pilot Study

Justice-involved youth often undergo psychological assessments at each intercept with the legal system (DeMatteo et al., 2016). One of the most utilized broadband personality assessments for adolescents is the Minnesota Multiphasic Personality Inventory (MMPI) family of instruments (Cashel, 2002), of which the MMPI-Adolescent-Restructured Form (MMPI-A-RF; Archer et al., 2016) is the most recent version intended for youth. While research into the MMPI-A-RF grows, the representativeness of racial and ethnic minorities during its validation, development, and norming provides little assurance of generalization within these populations given the changing census needs (see Ben-Porath & Tellegen, 2020). This underrepresentation has numerous clinical and forensic implications, such as failure to detect differing symptomology presentation and responding styles which are culturally bound. Therefore, this study evaluated differences among Latinx and non-Latinx justice-involved youth on the MMPI-A-RF. We hypothesized scale scores on the MMPI-A-RF will generally differ negligibly between Hispanic/Latinx and Non-Hispanic/non-Latinx Youth; however, medium effect differences are expected on scales measuring somatic/cognitive complaints (Hispanic/Latinx > Non-Hispanic/Non-Latinx), consistent with common symptom presentation patterns across ethnicity (e.g., Angel & Guarnaccia, 1989).

Participants are juveniles on probation, deferred status, or detained at a local detention center in the southwest United States ($n = 58$), with age ranges 14 to 17 ($M = 15.4$; $SD = .92$). Participants were mostly male (61.7%) and self-identify as Hispanic/Latinx ($n = 18$; 38.3%), Black, ($n = 13$; 30.2%), White ($n = 8$; 17%), or other ($n = 4$; 8.5%). Participants were excluded based on the standard valid profile recommendations on the MMPI-A-RF (TRIN, VRIN, CRIN, F, L, or K), resulting in 43 valid cases (74%). Twenty-nine valid cases (62%) were from detained youth.

Mean scores of the overall sample were relatively comparable to comparison groups in the technical manual (T-score difference $< |5|$); however, notable variations were evident on several internalizing, somatic, and interpersonal scales (e.g., EID, STW, HPC, RC3, etc.), as evidenced by less than a medium effect size (\geq T-score 5-point difference). Differences between Hispanic/Latinx ($n = 18$) and Non-Hispanic/Non-Latinx ($n=25$) were assessed across each MMPI-A-RF substantive scale. Contrary to expectation, the Hispanic/Latinx group endorsed modestly more pathology (e.g., $g = .25$ [THD], $.33$ [BXD]), particularly on externalizing scales ($g = .26$ [NSA] to $.40$ [AGG]). Examination of substantive scale elevation rate ($T \geq 60$) found most scales had negligible to small differences; however, two scales had larger differences ($\psi \geq 60 = -.49$ [NUC] to $-.65$ [FML]). Conversely, there were a greater range of differences at $T \geq 70$, ranging up to moderate effects ($\psi = .31$ [AGG, SUB]).

In general, results support the idea that scales on the MMPI-A-RF generally differ with small/negligible effects between Hispanic/Latinx and Non-Hispanic/Non-Latinx youth. Implications for the multicultural appropriateness of the MMPI-A-RF will be discussed, as well as next steps in expanding the Hispanic/Latinx comparison data for incarcerated juveniles.

Keegan Diehl | Texas Tech University

Sarah Hirsch | Texas Tech University

Becca Bergquist | Texas Tech University

Adam Schmidt | Texas Tech University

Paul Ingram | Texas Tech University

Psychological Assessment Training in Counseling Psychology Doctoral Programs: Trends in Curriculum, Measure Coverage, & Assessment Use

Assessment training varies greatly between programs while still meeting APA guidelines. Variations in training experiences impact student outcomes and the field more broadly (Bergquist et al., 2022). Some previous work has documented training trends in APA-accredited doctoral programs, but has largely focused only on Clinical Psychology (Mihura et al., 2017). Training Directors from APA-accredited Counseling Psychology doctoral programs have not yet been similarly surveyed despite these programs representing an important part of health psychology and producing psychologists who provide equitable professional services. While research suggests robust similarities between clinical and counseling psychology programs, several important differences in assessment training remain. For example, previous research has suggested that counseling students go on to conduct more vocational assessments and less projective and intellectual assessments than clinical students (Norcross et al., 2020). We surveyed training directors of APA-accredited counseling psychology doctoral programs to determine current training trends in the field and provide a comparison to existing clinical psychology programs.

Directors of clinical training (DCT) from the 74 APA-accredited counseling psychology programs were contacted by e-mail. Of the 51% (n = 38) of programs who provided responses, most used a Scientist-Practitioner model (74%), although Practitioner-Scholar/Scientist (18%) and other models (e.g., Practitioner-Scholar; 8%) were also represented. Respondents reported their personal research lines as largely being related to Vocational (42%) and Personality (32%) assessment.

Respondents reported curriculum coverage of diagnostic systems, assessment domains (e.g., personality, cognitive), and specific measures. In our sample, the DSM was a required component of all programs. The ICD was the second most covered diagnostic system (69%). Programs rarely covered PDM, AMPD, and HiTOP diagnostic models (13% to 22%). Additionally, nearly all programs (97%) reported requiring training on clinical interviewing and the WAIS-IV. Most programs also covered the WISC-V, the Strong Interest Inventory, the PAI, and the MMPI family of instruments (not covered: 3% to 16%). Adolescent-specific assessments and performance-based measures were the least likely to be included in required or elective curricula, highlighting an under-covered population frequently in need of assessment services

Respondents also indicated the average assessment competence of students graduating from their program across several domains (e.g., intelligence testing) as well as the estimated proportion of their graduated students who participate in various fields of assessment based on data collected for APA accreditation. On average, respondents estimated that their students went on to conduct diagnostic/personality (47%) and intelligence (32%) testing regularly. Career outcomes involving developmental disorder, health-related, and vocational assessments were uncommon (M = 16% - 19%). All programs indicated that they believed their students graduated with at least average competence in self-report measures and, on average, indicated that they believed they possess average to above-average competence in intelligence testing and vocational assessment. Below-average competence was reported in the areas of health, neuropsychological, performance, and forensic assessment.

In general, these patterns are consistent with those in clinical programs and in the professional literature more broadly. Counseling programs seemed to include more vocational assessment training and less child and performance-based assessment training than do clinical programs.

Megan Keen | Ball State University

Paul Ingram | Texas Tech University

Re-Kindling Interest in Computerised Adaptive Tests (CAT): A Modern, Efficient, and Scalable Method of Personality Assessment

Researchers often wish to investigate individual differences using a wide range of instruments. Unfortunately, high precision often requires lengthy surveys or removing key variables to reduce participant burden. Shorter measures often come at the cost of reduced psychometric performance or sacrificing subscales. Computerised adaptive testing (CAT) iteratively administers items for each participant based on their previous responses. To demonstrate its usefulness, we developed a Sliderbar Inventory (Pettersson et al., 2014) CAT to capture variation in bipolar maladaptive personality. Simulation analysis demonstrated scale length savings of one half while retaining correlations $> .90$ with the original scales (depending on participant trait level). We then demonstrate similar accuracy and even larger time savings with the Level of Personality Functioning scale (Morey et al., 2017) and the Big Five Inventory (Soto & John, 2017). Beyond scale length reductions that reduce participant burden and engagement, items could be developed to target specific ranges of the underlying construct (for example, either very high or very low), leading to scales with higher accuracy than their longer cousins employing classical test theory. CAT testing has an exciting future within personality and individual differences research, enabling previously-unattainable research questions (particularly for intensive longitudinal / environmental sampling). We will show how these techniques can be implemented for free with minimal IRT and R statistics knowledge using a brief guide and interactive example.

Conal Monaghan | Australian National University

April 1, 2023 | 3:45 PM - 4:15 PM

Testing Invariance of Social Support Measures' Predictions of Psychological Distress between First- and Continuing-Generation College Students

Background: Research has shown that increased social support from family, friends, and significant others leads to lower levels of psychological distress. First- and continuing-generation college students have differing levels of support during their college experience. This support can include directive guidance, nondirective support, tangible assistance, and positive social exchanges. Taken in combination, psychological distress and level of social support should be regularly examined when conducting psychological assessments with college students. However, the ability of social support measures to predict levels of psychological distress might differ when assessing first- and continuing-generation college students. Therefore, the purpose of this study is to test the invariance of social support measures' predictions of psychological distress between first- and continuing-generation college students.

Subjects: Data collection is ongoing (almost completed) with participants being recruited from two university student convenience samples. The expected sample size will be larger than 1,500 participants prior to data cleaning.

Method: Following informed consent, study participants are asked to complete a battery of tests including the Brief Symptom Inventory (BSI), Interpersonal Support Evaluation List 12-item (ISEL-12), and the Inventory of Socially Supportive Behaviors (ISSB), and then complete a series of demographic questions.

Planned Analyses: Descriptive statistics will be obtained prior to the main analysis to describe the sample. The predictive invariance of the ISSB and ISEL-12 between first- and continuing-generation generation students when predicting severity of global psychological distress, as measured by the BSI, will then be evaluated using a multilevel modeling approach with observed scores and

restricted maximum likelihood estimation. We will first fit eight baseline models (one for each ISSB and ISEL-12 scale) wherein psychological distress is regressed on a given ISSB or ISEL-12 scale. In step two, we will fit random intercepts models wherein intercepts are allowed to vary between first- and continuing-generation students. Finally, random intercepts and slopes models will be fitted wherein both intercepts and slopes are freed to vary across first- and continuing-generation students. Each model will be evaluated against its corresponding prior model by examining change in two goodness-of-fit measures (BIC, AIC), the results of a likelihood ratio test (after re-estimation with maximum likelihood), and by comparing models' path coefficients with respect to their confidence interval estimates. Should any predictive noninvariance be indicated, random effects and their associated confidence intervals will be examined and compared to identify specific group differences.

Discussion: Results will be discussed with regard to the diversity of first- and continuing-generation students and the potential value of assessing social support during personality assessment in this population.

Lauren Allen | Sam Houston State University

Tyler Barnes | Sam Houston State University

Adam Natoli | Sam Houston State University

An Examination of the Convergent Validity of the STIPO-R

Objectives: The Structured Interview for Personality Organization (STIPO) is a clinical interview that was developed to assess for personality pathology and is based on Kernberg's object relations theory, viewing personality organization as having different levels according to identity integration, defensive operations, and reality testing. The STIPO was recently revised (STIPO-R) to be more streamlined and also to include a scale assessing pathological narcissism, thus it is important to examine its convergent validity with other measures of narcissism as well as measures known to correlate with narcissism such as self-esteem, empathy, shame, and guilt. Methods: We collected data on a racially diverse sample of 152 undergraduates at an urban university. The participants completed the STIPO-R, the Pathological Narcissism Inventory (PNI), the Narcissistic Personality Inventory (NPI), the Questionnaire Measure of Emotional Empathy (QMEE), the Rosenberg Self-Esteem Scale (RSES), and the Test of Self-Conscious Affect (TOSCA). Results: Analyses showed STIPO-R narcissism was positively associated with all PNI scores (total, grandiosity, and vulnerability). STIPO-R object relations, primitive defenses, and higher order defenses were all positively associated with PNI total and vulnerability scores. STIPO-R narcissism, object relations, primitive defenses, and higher order defenses were all negatively associated with self-esteem and positively associated with shame. Conclusion: Overall, results offer support for the validity of the STIPO-R in assessing pathological narcissism. We will discuss clinical implications as well as steps for future research.

Audrey Stephenson | Rutgers University

Nicole Cain | Rutgers University

Aggression is heightened among youth with a history of maltreatment and is related to increased mental health problems; it is also elevated among justice-involved (JI) youth. However, different aggression types are associated with different etiologies and outcomes. Reactive aggression refers to an impulsive, aggressive response to a perceived threat whereas proactive aggression refers to a premeditated, hostile act motivated by external reward (Hoeve et al., 2015). Reactive aggression is more strongly related to substance use (Fite et al., 2021), school adjustment problems, and peer rejection (Mash & Barkley, 2014). Further, reactive aggression relates more strongly to childhood trauma and mental health problems, though this relationship may differ for detained youth (O'Dell et al., 2022). Thus, youth exhibiting reactive aggression and youth exhibiting proactive aggression may demonstrate differing personality characteristics and constellations of psychiatric symptoms and thus may benefit from different interventions. We used the Minnesota Multiphasic Personality Inventory-Adolescent-Restructured Form (MMPI-A-RF) to evaluate differing clinical profiles of JI youth with more reactive aggression from youth with more proactive aggression to better define clinical targets for youth at risk for offending due to aggressive tendencies.

Our sample included 64 juveniles detained in a local juvenile detention center in a Southwestern state. Youth (Age $M=15.05$) were predominantly male (68.8%) and primarily Latino (47.5%), African American (26.2%), or White (13.1%). Eighteen youth were excluded for missing variable information, and six were excluded based on standard valid MMPI-A-RF profile exclusion criteria. The remaining 40 youth were split into two groups: more reactive aggression ($n=23$) and more proactive aggression ($n=17$). Difference scores between reactive and proactive aggression were calculated based on the Reactive-Proactive Aggression Questionnaire (RPQ), and the median was used as the cut-off between the two groups. Scores falling directly on the median were designated as reactive aggression to reflect the increased variance and commonality of reactive aggression. Between-group differences were examined using independent samples t-tests for scale means and Chi square for scale elevation frequency ($score \geq T60$). Mean differences are summarized for this abstract. Groups differed meaningfully across several scales with youth with more reactive aggression exhibiting greater malaise symptoms (MLS; $d=0.75$) than youth with more proactive aggression. Conversely, youth with more proactive aggression exhibited more antisocial attitudes (ASA; $d=0.66$) and negative school attitudes (NSA; $d=0.72$). Medium-to-large effect sizes were observed across all effect size differences.

Findings suggest distinct clinical profiles for youth with different patterns of aggressive behavior. MMPI-A-RF scales differentiating aggression types may warrant expanded interpretation highlighting these differences. Most clinical instruments do not specifically measure reactive/proactive aggression, but understanding the relations between aggression type and well-normed, valid clinical measures could aid treatment planning. Support in physical health and school adjustment may benefit youth with reactive aggression. Alternatively, changing maladaptive attitudes may be more relevant for youth with proactive aggression. Given that proactive aggression is associated with more severe aggression, and is motivated by external reward, contingency management interventions may aid symptom management. Yet, our research suggests that developing more adaptive attitudes towards school and others may also be a worthwhile treatment target.

Alexandra Bammel | Texas Tech University

Becca Bergquist | Texas Tech University

Paul Ingram | Texas Tech University

Adam Schmidt | Texas Tech University

Predictive Invariance of a Measure of Perfectionism Across Race When Predicting Mistake Rumination

BACKGROUND: Perfectionism is a component of multiple disorders, necessitating valid measurement. As sociocultural factors can influence perfectionistic tendencies, the validity of perfectionism measures might vary across different races and evaluation of their predictive bias is necessary. For instance, mistake rumination is a negative consequence of perfectionism and common measures of perfectionism (e.g., Big Three Perfectionism Scale; BTPS) could show bias across races when used to predict mistake rumination. Given the importance of predictive invariance across populations with whom a measure is used, the current study investigated variability in the BTPS's prediction of ruminating on past mistakes across different racial groups.

SUBJECTS: A total of 792 participants (75.1% female, 14.9% male, 2.3% nonbinary, and 7.4% prefer not to answer) with the mean age of 21.53 (SD=5.71) were recruited from a public university in the southern United States. Among the participants, 43.4% identified their ethnicity as White or Caucasian, 13.1% as African American or Black, 25.9% as Hispanic/Latine, 16.2% as mixed race, and 1.3% as other.

METHOD: Participants completed a series of self-report measures as part of a larger online data collection, including the Big Three Perfectionism Scale, a measure of three factors of perfectionism (rigid perfectionism, self-critical perfectionism, narcissistic perfectionism) and the Mistake Rumination Scale (MRS).

RESULTS: The predictive invariance of the BTPS across race when predicting mistake rumination was evaluated using a multilevel modeling approach with observed scores and restricted maximum likelihood estimation. We first fit three baseline models (one for each BTPS scale) wherein mistake rumination was regressed on a given BTPS scale. Rigid perfectionism ($b = 0.205$, $t = 10.78$, $p < .001$), self-critical perfectionism ($b = 0.206$, $t = 20.32$, $p < .001$), and narcissistic perfectionism ($b = 0.043$, $t = 2.27$, $p = .024$) each had a significant effect on the tendency to ruminate about a past personal mistake (mistake rumination). A random intercepts model was then fitted and revealed that, although variations in intercepts across race on two of three BTPS scales were significantly different from zero, the vertical shifts in regression line intercepts, as indicated by estimates of their standard deviations, were small. We then fitted a random intercepts and slopes model, which also suggested variations in slopes across race to be significantly different from zero but small in size. Model comparisons indicated no improvement in fit when slopes were freed to vary across race.

DISCUSSION: The evaluation using multilevel modeling indicated some variance of intercepts for different races when the BTPS's rigid perfectionism, self-critical perfectionism, and narcissistic perfectionism scales were used to predict ruminating on past mistakes. However, the overall variance across race was very small, demonstrating minimal bias in predictability of mistake rumination across race. This evidence corroborates the validity of the BTPS scales to predict mistake rumination among various racial population with a limited amount of variability.

Saniyya Rahman | Sam Houston State University

Adam Natoli | Sam Houston State University

Awards

The Society is dedicated to the development of methods of personality assessment, the advancement of research on their effectiveness, and the exchange of ideas about the theory and practice of assessment.

Bruno Klopfer and a group of his students founded the Society for Personality Assessment (SPA) in Essex County, New Jersey. The Society is a collegial organization dedicated to the advancement of professional personality assessment, to the development of procedures and concepts for personality assessment and to the ethical and responsible use of these techniques.

Initially incorporated as the Rorschach Institute, Inc., in 1938, the organization was renamed the Society for Personality Assessment in 1971 to reflect the Society's interest in the entire spectrum of issues present in contemporary personality assessment and to focus the Society as a special interest group, concerned with promoting the exchange of ideas and information about personality assessment in research and practice.

The Society organizes and conducts an Annual Convention as partial fulfillment of the incorporator's objective "to provide an annual assembly of sharing research findings and clinical experiences". In addition, the Society publishes the Journal of Personality Assessment and a newsletter, the SPA Exchange. The following awards are presented by the Society:

The **BRUNO KLOPFER MEMORIAL AWARD** is given for outstanding, long-term professional contribution to the field of personality assessment. The recipient gives an acceptance presentation.

The **JOHN E. EXNER SCHOLAR AWARD** honors the memory of John E. Exner, Ph.D., a pioneer in personality assessment, by supporting the research of a young personality assessor. Dr. Exner was committed to advancing the science of personality assessment by empirical research in the development and application of assessment instruments. This award honors that commitment by recognizing and supporting a young investigator examining any method of personality assessment.

The **SAMUEL J. and ANNE G. BECK AWARD** is given for outstanding early career research in the field of personality assessment. The award is presented in conjunction with the University of Chicago. The recipient gives an acceptance presentation.

The **SPA MID-CAREER SCHOLAR AWARD** is bestowed annually for outstanding mid-career impact and scholarship in the field of personality assessment. The award honors scholars who are 15-25 years beyond their graduate degree and whose work has contributed substantially to the body of knowledge to the field of personality assessment and psychological test development.

The **WALTER G. KLOPFER AWARD** is bestowed annually by the Society for Personality Assessment for distinguished contribution to the literature in personality assessment. Eligible contributions focus on statistically based research projects. The Journal for Personality Assessment Editor invites all Consulting Editors to nominate outstanding articles from the previous year, each of which is then rated by the Editor and Associate Editors. In the event of a tie, two awards may be given.

The **MARTIN MAYMAN AWARD** is bestowed annually by the Society for Personality Assessment for a distinguished contribution to the literature in personality assessment. Eligible contributions may consist of an outstanding case study, qualitative research project, or theoretical development. The JPA Editor invites all Consulting Editors to nominate outstanding articles from the previous year,

each of which is then rated by the Editor and Associate Editors. In the event of a tie, two awards may be given.

The **MARGUERITE R. HERTZ MEMORIAL** is a tribute to Dr. Hertz for her long-term professional contributions to personality assessment. The memorial is presented by a distinguished member of the Society in honor of a deceased eminence from the field of personality assessment. At times, the presenter also invites other members to join in relating anecdotes of their personal contact with the honoree.

The **MARY S. CERNEY STUDENT AWARD** is awarded to the best personality assessment research paper submitted by a student. This award carries a small stipend to help defray the cost of attending the Annual Convention.

The **DISTINGUISHED SERVICE AND CONTRIBUTION TO PERSONALITY ASSESSMENT AWARD** honors individuals promoting personality assessment through excellence in teaching, outreach, advocacy, or practice. Recipients are those whose work has made a meaningful contribution to the practice of personality assessment by way of direct service, policy development and implementation, innovation, teaching, training, professional publications, leadership, or advocacy for the profession.

Bruno Klopfer Memorial Award



Dr. Yossef S. Ben-Porath

Dr. Yossef S. Ben-Porath is a Professor of Psychological Sciences at Kent State University. He received his doctoral training at the University of Minnesota and has been involved extensively in MMPI research for the past 37 years. He is a co-developer of the MMPI-3, MMPI-2-RF, and MMPI-A-RF and co-author of test manuals, books, book chapters, and articles on the MMPI instruments. Former Editor-in-Chief of the journals *Assessment* and *Psychological Assessment*, Dr. Ben-Porath is a board-certified psychologist (American Board of Professional Psychology-Clinical) whose clinical practice involves supervision of assessments at Kent State's Psychological Clinic, consultation to agencies that screen candidates for public safety positions, and provision of consultation and expert witness services in forensic cases.

John E. Exner Award



Dr. Abby Mulay

Dr. Mulay is a licensed clinical psychologist and Assistant Professor in the Community and Public Safety Psychiatry Division in the Department of Psychiatry and Behavioral Sciences of the Medical University of South Carolina (MUSC). She first earned a Bachelor's of Music in Jazz Voice Performance from the Manhattan School of Music and worked as a professional singer for several years in New York City. Dr. Mulay then obtained her Ph.D. in clinical psychology from Long Island University (Brooklyn Campus). She completed her pre-doctoral internship in clinical psychology (forensic track) at the University of North Carolina School of Medicine/Federal Correctional Complex (Butner, NC). After internship, she completed a postdoctoral fellowship in clinical forensic psychology at MUSC. In her current role at MUSC, Dr. Mulay conducts forensic evaluations (e.g., competency to stand trial, criminal responsibility, pre-employment/fitness for duty, psychological autopsy) and supervises trainees in their forensic work. She also maintains a small outpatient psychotherapy practice,

where she specializes in the treatment of personality and interpersonal dysfunction. She uses an integrative approach to psychotherapy, drawing upon the principles of Dialectical Behavior Therapy (DBT) and Cognitive Behavioral Therapy (CBT), as well as the relational psychodynamic tradition. In addition to her clinical work, Dr. Mulay has several research projects underway examining issues related to forensic evaluation. She also studies the clinical utility of the Alternative DSM-5 Model for Personality Disorders (AMPD). Dr. Mulay was also a co-editor of a book that outlines the use and research support of the AMPD, entitled, *The DSM-5 Alternative Model for Personality Disorders: Integrating Multiple Paradigms of Personality Assessment*. She is an active member of the Society for Personality Assessment and the American Psychology-Law Society, and she serves as a reviewer for several personality and criminal justice journals. In her spare time, Dr. Mulay is a volunteer Exhibit Educator at the South Carolina Aquarium and takes care of her four snakes and three cats.

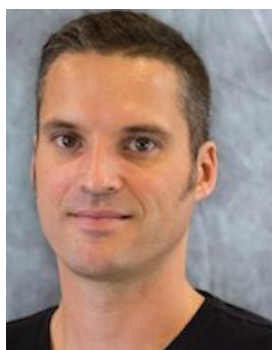
Samuel J. and Anne G. Beck Early Career Award

Dr. Tess Neal



Tess Neal, PhD is an associate professor of psychology, a founding faculty member of Arizona State University's Law and Behavioral Science Initiative, and inaugural director of ASU's Future of Forensic Science Initiative. She is a scientist; a licensed clinical psychologist trained to assess, diagnose, and treat mental and behavioral disorders; and a forensic psychologist trained to bring psychology into legal contexts. She studies the nature and limits of expertise. Her basic work focuses on understanding and improving human judgment processes – especially among trained experts, and her more applied work focuses on improving forensic and legal experts' judgments in particular. Her work has been funded by multiple grants from the National Science Foundation, she has published more than three dozen scientific papers, and she serves as an associate editor for two journals, including SPA's *Journal of Personality Assessment*. She recently completed a Fulbright Scholarship in Australia.

SPA Mid-Career Scholar Award



Dr. Christopher Hopwood

Dr. Chris Hopwood is a professor of psychology at the University of Zurich. He has been an SPA member since the first year of his PhD program. He has served on the SPAGS and SPA boards and as an editor for JPA and the SPA newsletter, and is very grateful to the many good things and great people SPA has brought him throughout his career.

Walter G. Klopfer Award - Detecting Idiographic Personality Change



Emorie Beck

Dr. Emorie Beck is an Assistant Professor of Personality and Individual Differences at the University of California, Davis. She received her PhD (2020) and MA (2019) from Washington University in St. Louis and her BA (with honors; 2016) from Brown University. Dr. Beck's research focuses on what personality is, which has consequences for how we measure personality, what those measures predict both short- and long-term, and how personality is thought to change. She studies how to understand the personality of an individual relative to only themselves, relative to some others, and relative to all others. To do so, she uses a mix of methods, including experience sampling methods, passive sensing, survey data, panel data, cognitive tests, and more measured across time intervals from moments to years along with an array of statistical approaches, including time series analysis and forecasting, hierarchical modeling, machine learning, network psychometrics, structural equation modeling, and more.



Joshua Jackson

Jackson's current research focuses on identifying the antecedents – such as genetic and environmental factors – that are responsible for changes in personality, with a particular focus on educational experiences. His work also examines the ways in which different assessment methods can influence how personality development is estimated. For example, some of his current studies examine the overlap and discrepancies between different modalities of personality assessment (e.g., self-reports, observer-reports, behavioral and physiological measures) across the lifespan.

Martin Mayman Award - Professional Practice Guidelines for Personality Assessment



Radhika Krishnamurthy

Dr. Krishnamurthy teaches the Psychological Assessment sequence (Intellectual and Personality Assessment) in the Psy.D. program. Her teaching experience also includes courses in clinical and community psychology, child psychology, child and adolescent development, child and adolescent personality assessment, research methods, abnormal psychology and introductory psychology. She has been a member or chair of the School of Psychology's Diversity Committee for 27 years.



Giselle Hass

Dr. Hass earned a Doctorate in Clinical Psychology from Nova Southeastern University (NSU) in 1992 and she is a Diplomate by the American Board of Assessment Psychology. For 25 years, she worked in Virginia and the District of Columbia as a forensic psychologist in criminal, juvenile, family and immigration cases for local and national attorneys, non-profit and government agencies. She worked with The Assessment Center, DC Department of Behavioral Health,

and was a Senior Evaluator with The Ainsworth Attachment Clinic, Virginia. She was an Associate Professor in the Clinical Psychology Program of Argosy University, Washington DC Campus and an Adjunct Professor of Law at Georgetown University Law Center, Center for Applied Legal Studies. Dr. Hass worked in federally funded research projects regarding interventions for immigrant women in abusive relationships and the legal and policy aspects of domestic violence. The findings from this project motivated Congress to include immigration relief in the Violence Against Women Act of 1994. She is a Fellow and was Secretary of the Society for Personality Assessment (2013-2019). She was a member of the Committee for the Advancement of Professional Practice of the American Psychological Association. She has participated in several task forces developing professional guidelines for APA, NLP and SPA, and is currently a member of the APA Committee on Psychological Tests and Assessment. She has co-authored two books, written numerous book chapters and journal articles related to immigration, gender violence, and psychological assessment.



Adam Natoli

Adam P. Natoli, Ph.D. is a Ronald E. McNair Scholar and an Assistant Professor in the Department of Psychology and Philosophy at Sam Houston State University. His main program of research draws upon multimethod research designs and diverse statistical tools to uncover how different assessment instruments measure what they purport to measure and to investigate personality's context-specific variability in everyday life. Dr. Natoli has been an active member of SPA since 2012, serving as President of SPAGS in 2017 and as a regular member on multiple SPA committees; he currently serves as co-chair of the Education and Training Interest Group and is the Treasurer of the Assessment Psychology Section of the Society of Clinical Psychology (APA Division 12).



Bruce L. Smith (1947-2020)

Professionally, Bruce served in private practice and as an Associate Clinical Professor at the University of California, Berkeley. His practice, both clinical and forensic, revolved heavily around assessment. His teaching has extended far beyond the United States, as he trained psychologists in the former Yugoslavia and at Tsinghua University in Beijing.

Bruce, one of the few individuals that was invited to join SPA with a Fellow distinction, has been a member since 1987. He served SPA in a variety of capacities up until his death, beginning with his service as the Representative-at-large and Chair of the External Affairs Committee to the SPA Board of Trustees in 1992. Since then, he has served as the SPA President from 1997-1999, SPA Public Affairs Director, member of the Professional Practice Guidelines, and as the inaugural SPA Foundation President from its inception in 2004 to when he rolled of his term in August 2020.

Within the broader field of psychology and personality assessment, Bruce gave much of his time through service, including as President and Board Member to the International Society of the Rorschach and Projective Methods, the Collaborative Assessment Association of the Bay Area, and as a reviewer for the Journal of Personality Assessment, Psychoanalytic Psychology, and Assessment.



Paul Arbisi

Dr. Paul A. Arbisi is a staff clinical psychologist at the Minneapolis VA Medical Center and Associate Professor in the Department of Psychiatry at the University of Minnesota.

He received his PhD in Clinical Psychology from the University of Minnesota in 1990. Dr. Arbisi consults with inpatient and outpatient psychiatric teams and conducts disability evaluations for veterans seeking benefits for PTSD. Dr. Arbisi has published extensively on detecting malingering with the MMPI-2 and using

the MMPI-2 in psychiatric settings. He has a private practice specializing in disability evaluations and fitness for duty examinations.



Emily Gottfried

Emily Gottfried, Ph.D. is a clinical forensic psychologist in the MUSC Community and Public Safety Psychiatry Division (CPSPD). In this capacity, Dr. Gottfried completes forensic evaluations for the courts, including competency to stand trial, criminal responsibility, and fitness for duty/preemployment psychological evaluations. She serves as the Director of the MUSC Sexual Behaviors Clinic and Lab (SBCL) and conducts evaluations of sexual behavior. She also provides expert testimony to the courts. As the Director of CPSPD Student Education and Research, she provides clinical and research supervision and mentoring to students. Dr. Gottfried is a licensed clinical psychologist in the states of South Carolina and Georgia and is a National Register Health Service Psychologist.

Dr. Gottfried obtained a Bachelor's Degree in Psychology from San Diego State University and a Master's Degree in Psychology from Teachers College of Columbia University in New York, NY. She then attended Florida State University, where she earned a Master's Degree and a Doctorate in Clinical Psychology. She completed her pre-doctoral psychology internship within the forensic track at Patton State Hospital in Southern California and a postdoctoral fellowship in forensic psychology at Georgia Regents University in a partnership with East Central Regional Hospital in Augusta, Georgia.

Mary S. Cerney Student Paper Award



Cole Morris

Cole Morris is a PhD student in the Psychological Sciences Department at Texas Tech University. Cole's research focuses on improving the use of broadband measures of personality for validity testing as well as the application of these tools amongst diverse populations, predominantly gender and sexually diverse populations.

Distinguished Service & Contribution to Personality Assessment Award



Dr. Philip Erdberg

Philip Erdberg, PhD, ABPP, is a diplomate in clinical psychology of the American Board of Professional Psychology and an internationally known expert in the assessment of personality disorders. He is a past-president of the Society for Personality Assessment and the 1995 recipient of the Society's Bruno Klopfer Award. In 2001, Dr. Erdberg received the William T. Rossiter Award, presented by the California Forensic Mental Health Association, for outstanding achievement in the field of forensic mental health. He serves as a clinical and research consultant in a variety of therapeutic, educational, and correctional settings and is on the Curriculum Evaluation and Consultation Committee of the

San Francisco Psychoanalytic Institute. Dr. Erdberg has conducted presentations on personality assessment and personality disorder throughout the world and is known for his clear organization, creative thinking, and sense of humor.

Equity, Inclusion, and Social Justice Track

The Society for Personality Assessment is responding to the call for action from our membership to foster equity, inclusion, and social justice in our work as assessment psychologists. Our goal is to encourage work that applies to groups who are not typically represented in assessment research, presentations, and dialogues. This special track will be a home base and a launchpad for infusing the entire conference with energy and momentum towards these goals. Please be prepared to present and/or attend with a curious, positive and non-shaming attitude. All are welcome to participate.

Programs requested will be proposals that include systematically oppressed groups in their study, that extend the application of a test to other populations such as through translation to another language or establishment of new/updated norms, theoretical programs based on assessment with non-dominant groups or proposals that foster discussion of equity, inclusion, and social justice values and issues as they apply to assessment psychology.

Equity means that everyone gets what they need to succeed (Project READY, 2021). Inclusion is reflected in “organizational strategies and practices that promote meaningful social and academic interactions among persons and groups who differ in their experiences, their views, and their traits” (Tienda, 2013, p. 467). Social justice “is the virtue which guides us in creating those organized human interactions we call institutions. In turn, social institutions, when justly organized, provide us with access to what is good for the person, both individually and in our associations with others. Social justice also imposes on each of us a personal responsibility to collaborate with others...[and] to design and continually perfect our institutions as tools for personal and social development” (Center for Economic and Social Justice, 2021).

Sessions that have been indicated as an EISJ Track will be indicated with a .

General Information

SPA Interest Groups

Interest Groups provide SPA members an opportunity to interact with other members who are engaged in personality assessment in similar venues. Interest Groups support the mission of SPA by fostering membership around similar interest and facilitate member’s networking and mutual support. The following interest groups are available at this time:

Education & Training

Co-Chairs: Abby Mulay & Adam Natoli

Saturday, April 1st | 7:45 am - 8:45 am | 603

The mission of this interest group is to improve the quality of assessment training and supervision in the field of psychology, through improving and disseminating resources, promoting best practices, and advocating for rigor. Members of this interest group include academic and field-based trainers, supervisors, students, and clinicians. Topics addressed include bridging the gap between what is being taught in graduate programs and expectations for internship, licensure, and future practice; how to best assess competency during training; and how to best support those teaching and supervising assessment given the similarities and differences of graduate programs. Finally, the group will also make an effort to increase exposure to personality assessment throughout the psychology education lifespan, from undergraduate through postgraduate settings.

Psychoanalytic Assessment

Co-Chairs: Anthony D. Bram & Jeremy Ridenour
Saturday, April 1st | 7:45 am - 8:45 am | RM 602

The mission of the Psychoanalytic Interest Group is to provide SPA members with a focused opportunity to discuss their interests in psychoanalytic approaches to personality assessment and to create a network of professionals to support each other's education, writing, and research. The group supports the mission of the SPA Board of Trustees by fostering membership interest in these topics, and by providing resources to support direct clinical service, supervision, teaching, and research. Recent initiatives have included collating a biannual summary of members' interests and initiatives and developing a list of significant publications that one might consult to learn and teach about this approach to assessment. We have also been piloting a mentorship program matching students and early-career clinicians with more senior assessors. The group also encourages scientific presentations, posters, continuing education workshops, and publications that integrate psychoanalytic theory with personality assessment. We welcome all colleagues to join us, particularly graduate students and early career psychologists seeking support in integrating their psychoanalytic and assessment interests.

Collaborative/Therapeutic Assessment

Co-Chairs: Hale Martin & Raja David
Friday, March 31st | 7:45 am - 8:45 am | RM 602

The Collaborative/Therapeutic Assessment (CTA) interest group offers the opportunity to meet with assessors thinking about, working to develop, and practicing this approach to psychological assessment and intervention. Developments, training and learning opportunities, ideas, research efforts and findings, and marketing issues involving CTA, as well as the successes and challenges our members experience, are central topics of discussion. This interest group offers support to those on the cutting edge as well as those just learning CTA and it fosters a collaborative community of assessors, promoting connections and friendships. Everyone is welcome! Students and assessors new to CTA are especially valued.

Forensic Psychology

Co-Chairs: Nancy Kaser-Boyd & Corine de Ruiter
Friday, March 31st | 7:45 am - 8:45 am | RM 601

The mission of the FIG is developing interest and momentum for the implementation of forensic psychology and personality assessment within the scope of SPA's overall mission and to disseminate findings to the membership and SPA Board: to develop membership and Board interests and resources, support forensically-relevant publications in JPA, forensic psychology presentations at Annual Conventions, and continuing education workshops. Starting in 2016, a presentation of topical interest to participants will be presented every year.

Health Psychology

Co-Chairs: Ryan Marek & John Porcerelli

Friday, March 31st | 7:45 am - 8:45 am | RM 603

The mission of the Health Psychology interest group is to provide SPA members (including students) with an opportunity to discuss their interests and experiences (direct service, supervisory, and research) of psychological and personality assessment in medical settings. These settings include general hospitals, primary care clinics (family medicine, internal medicine, obstetrics, and pediatrics), and specialty clinics (cardiology, surgery, physical medicine & rehab, neurology, oncology, etc.). The interest group will discuss the role of personality assessment in medical settings, share health psychology assessment experiences, distribute a list of health psychology references, and plan for future SPA symposiums focusing on assessment in medical settings.

GUIDELINES TO DEVELOP A NEW INTEREST GROUP

1. Any SPA member, fellow or student affiliate interested and willing to start a new interest group should bring the proposal to the Board of Trustees, including a mission for the group and proposed plan to attract members.
2. Interest groups shall change leadership every three years with the option of reelection.
3. Once the Board approves a new Interest Group, the Board will provide the following:
 - a. A meeting place will be assigned to meet during Convention,
 - b. A description in the website and Convention program
 - c. Assistance to recruit members and maintain connections outside Convention meetings.
 - d. Assistance to the group in achieving the goals they set for their group.

Diversity Scholarship

As part of its overall commitment to diversity, SPA is now offering diversity scholarships of up to \$1000.00 to support diverse professionals or students involved in personality assessment who seek to attend the 2023 SPA Convention and Workshops. This scholarship award includes a complimentary member early-bird rate registration, one night hotel, and up to \$500 for reimbursable expenses (travel, additional registration fees, additional hotel, food). Additional funds for expenses may be given if registering at a lower rate.

Winners

Anita Batuure	Shichie Kuribayashi	Aakriti Prasai	Taylor Renee Rodriguez
Cristine Culler	Casey Lee	Danna Ramirez	Ethan Xiong
Brianna Davis	Seiji Mabuchi	Bryce Robinson	Shangyun Zhou
Sarah Gottlieb	Ilenia Perez-Palen	Prathma Sharma	
Tina Greene	Ashlinn Peters	Stephanie Strong	

Early Career Scholarship

In an effort to encourage and support the training and education of early career psychologists in personality assessment, which are defined as individuals within 5 years of receiving their terminal degree, SPA has created scholarship opportunities to attend the 2023 SPA Convention and Workshops. This \$550.00 scholarship award includes a complimentary member early-bird rate registration, one night hotel, and \$150 for reimbursable expenses (travel, additional registration fees, additional hotel, food). International applicants may be awarded an additional stipend of up to \$800 depending on the stated need and the number of applications received.

Winners

JJ Boland	Tiffany D. Russell
Hilary Lea DeShong	Sylvia Ryszewka
Emily Ann Dowgwillo	Corby Thompson
Adam Paul Natoli	Courtney Wiespape

Student Scholarship

In an effort to encourage training of students and promote student participation in research and scholarly presentation in the area of personality assessment, SPA has created scholarship opportunities to attend the 2023 SPA Convention and Workshops. This \$340.00 scholarship award includes a complimentary member early-bird rate registration and one night hotel. International applicants may be awarded an additional travel stipend of up to \$400 depending on the stated need and the number of applications received.

Winners

Jen YZ Ang	Ashmista Ghosh	Michael LeDuc	Nicole Shumaker
Sophie Bella	Katie Glauner	Brooklyn Lesure	Shayon Tayebi
Hannah Beneman	Che Harris	Hadley McCartin	Brooke Tompkins
Lorenzo Brienza	Sarah Hernandez	Kirstie Pysher	Lisa Rose Vassiliadis
Rachel Davenport	Christine Hujing	Abbey Robbins	
Ezra Ellenberg	Megan Alexis Keen	Chloe Rodriguez	

Volunteers

These are the volunteers names at the time the Program was published. There may be others who signed up to volunteer after publishing. Please know what we appreciate your time and willingness to volunteer. We could not succeed without the help of our volunteers. Thank you!

Jen YZ Ang	Hadley McCartin	Abbey Robbins
Krista Brittain	Sydney Neil	Taylor Rodriguez
Meg Froehlich	Rebekah Nerenberg	Diane S Santas
Sarah Gottlieb	Kaleigh Newcomb	Brooke Tompkins
Sarah Hernandez	Chloe O'Dell	Shelby Zavala-Barajas
Christine L Hujing	Elizabeth Papagni	
Saba Masood	Grace Quinowski	

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