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SPA appreciates the support of these organizations.

AFFILIATE PARTNERS

The American Psychology-Law Society (AP-LS) is Division 41 of the American Psychological Association. AP-LS members and the organization itself work to advance the contributions of psychology to the understanding of law and legal institutions through basic and applied research; promote the education of psychologists in matters of law and the education of legal personnel in matters of psychology, including the appropriate use of psychologists in the legal system; and inform the psychological and legal communities and the general public of current research, educational and service activities in the field of psychology and law. The AP-LS Practice Committee of AP-LS strives to meet the distinct needs of forensic clinicians who are members of AP-LS. AP-LS and SPA are excited about our partnership in 2022, and we look forward to more intentional partnerships in the future.

American Psychology-Law Society
APA DIVISION 41

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Board of Trustees</td>
</tr>
<tr>
<td>6</td>
<td>Schedule At A Glance</td>
</tr>
<tr>
<td>7</td>
<td>Featured Lectures</td>
</tr>
<tr>
<td>11</td>
<td>Pricing</td>
</tr>
<tr>
<td>13</td>
<td>Thursday, March 10th</td>
</tr>
<tr>
<td>20</td>
<td>Friday, March 11th</td>
</tr>
<tr>
<td>39</td>
<td>Saturday, March 12th</td>
</tr>
<tr>
<td>75</td>
<td>Flash Sessions</td>
</tr>
<tr>
<td>81</td>
<td>Posters</td>
</tr>
<tr>
<td>109</td>
<td>Workshops</td>
</tr>
<tr>
<td>114</td>
<td>EISJ Track Info</td>
</tr>
<tr>
<td>115</td>
<td>Awards</td>
</tr>
<tr>
<td>120</td>
<td>General Info</td>
</tr>
<tr>
<td>123</td>
<td>Volunteers</td>
</tr>
<tr>
<td>124</td>
<td>Exhibitors</td>
</tr>
</tbody>
</table>

For the most up-to-date information, please visit our interactive website, spa-convention.org.

Sessions that will be live streamed to our virtual attendees will be indicated with a live streamed icon.

For the most up-to-date information, please visit our interactive website, spa-convention.org.
The SPA Convention will be held between March 9th - 13th, and workshops will be held on March 9th, 10th, and 13th in-person only. Please note, the listed times below are in the Central Standard Time Zone.

### WEDNESDAY | MARCH 9TH

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<th>Time</th>
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<td>Half-Day Workshops</td>
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<tr>
<td>8:00 AM - 5:00 PM</td>
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</tr>
<tr>
<td>11:45 AM - 1:15 PM</td>
<td>Lunch Break</td>
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<tr>
<td>12:00 PM - 5:00 PM</td>
<td>Board of Trustees Meeting</td>
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<tr>
<td>5:15 PM - 6:15 PM</td>
<td>First Time Attendee Orientation</td>
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<td>7:30 AM - 11:30 AM</td>
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<tr>
<td>8:00 AM - 12:00 PM</td>
<td>Exhibitors Set-Up</td>
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<tr>
<td>10:00 AM - 10:15 AM</td>
<td>Coffee Break</td>
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<tr>
<td>11:45 AM - 12:45 PM</td>
<td>SPAGS Board Meeting Lunch</td>
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<td>11:45 AM - 12:45 PM</td>
<td>JPA Editor/Associate Editor Lunch</td>
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<td>Lunch Break</td>
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<tr>
<td>12:00 PM - 5:00 PM</td>
<td>Exhibitors Open</td>
</tr>
<tr>
<td>1:00 PM - 3:15 PM</td>
<td>Opening Plenary Session</td>
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<td>3:15 PM - 4:00 PM</td>
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<td>4:00 PM - 5:15 PM</td>
<td>Concurrent Sessions</td>
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<tr>
<td>5:15 PM - 6:15 PM</td>
<td>Poster Sessions I</td>
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<tr>
<td>5:15 PM - 6:30 PM</td>
<td>President’s Welcome Reception</td>
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<td>7:45 AM - 8:45 AM</td>
<td>Coffee &amp; Donuts/ Interest Group Meetings (Forensic, Health Psychology, and Collaborative/Therapeutic Assessment)</td>
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<td>3:15 PM - 3:45 PM</td>
<td>Flash Sessions II</td>
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<td>4:00 PM - 5:30 PM</td>
<td>Concurrent Session 6</td>
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<td>5:30 PM - 6:30 PM</td>
<td>Post Sessions II</td>
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<td>7:45 AM - 8:45 AM</td>
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<td>11:00 AM - 12:00 PM</td>
<td>Antoinette Kavanagh</td>
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<td>Break and Networking</td>
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<tr>
<td>3:45 PM - 4:15 PM</td>
<td>Flash Sessions</td>
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<tr>
<td>4:30 PM - 5:30 PM</td>
<td>Paul Lerner Memorial Lecture: Dr. Jennifer Tackett</td>
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<td>5:30 PM - 6:15 PM</td>
<td>SPA Business Meeting</td>
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<td>6:15 PM - 7:15 PM</td>
<td>International Social</td>
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<td>SPAGS Social</td>
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### SUNDAY | MARCH 13TH

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<th>Time</th>
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<td>8:00 AM - 5:00 PM</td>
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<td>Coffee Break</td>
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<td>11:45 AM - 1:00 PM</td>
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<tr>
<td>3:00 PM - 3:15 PM</td>
<td>Coffee Break</td>
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Theoretical accounts of psychopathology often emphasize social context as etiologically central to psychological dysfunction, and interpersonal impairments are widely implicated for many legacy diagnostic categories that span domains of psychopathology (e.g., affective, personality, thought disorders). Contemporary Integrative Interpersonal Theory (CIIT) seeks to explain the emergence, expression, and maintenance of socio-affective functioning and dysfunction across levels and timescales of analysis. I emphasize the importance of cohesively addressing the often-segregated challenges of establishing empirically supported structure, functional accounts of dynamic processes, and how together these facilitate theoretical and methodological consistency across levels of analysis ranging from biology to behavior. I illustrate CIIT’s potential to serve as an integrative theory for generating falsifiable hypotheses that support strong inference investigations into the nature of psychological dysfunction across a range of traditional diagnostic constructs and superordinate spectra of psychopathology.

Aaron L. Pincus, PhD is a Professor of Psychology and licensed psychologist at the Pennsylvania State University (USA). Dr. Pincus received his B.S. in psychology from the University of California—Davis, his M.A. in personality psychology from the University of California—Berkeley, and his Ph.D. in clinical psychology from the University of British Columbia. Dr. Pincus' has published over 200 articles and chapters on personality assessment, personality disorders, interpersonal functioning, and the structure of psychopathology. He is the former editor-in-chief of Assessment and a member of the APA task force on psychological assessment training in health service psychology. He is an author of the Inventory of Interpersonal Problems Circumplex Scales (IIP-C) and the Pathological Narcissism Inventory (PNI). Dr. Pincus is a Fellow of the Society for Personality Assessment, a recipient of the Theodore Millon Award for contributions to personality psychology, and a member of the Hierarchical Taxonomy of Psychopathology Consortium.
FEATURED LECTURES

The Elephant in the Room: Whiteness in Psychology and Law

Location: Great Lakes Grand Ballroom

Dr. Antoinette Kavanaugh

MARCH 11 | 11:00 AM - 12:00 PM

As a board-certified forensic psychologist, Dr. Kavanaugh will describe the concept of Whiteness; discuss how it applies to law and different aspects of forensic psychology, including education, research, and assessment; and discuss how it impacts marginalized people. Dr. Kavanaugh will offer suggestions for what psychologists can do to mitigate the impact of Whiteness.

Goals & Objectives
▶ Describe the concept of Whiteness.
▶ Describe ways Whiteness applies to law and forensic psychology.
▶ Describe the impact of Whiteness on marginalized people.
▶ Summarize three methods to mitigate the effects of Whiteness.

Antoinette Kavanaugh, PhD, ABPP is Board Certified in Forensic Psychology, is the former Clinical Director of the Juvenile Justice Division of the Cook County Juvenile Court Clinic, served as a clinical professor at Northwestern University’s School of Law for ten years, is a Lecturer at the Feinberg School of Medicine, Northwestern University, Chicago, IL, is an alumnus of the American Psychological Association’s Leadership Institute for Women in Psychology and a Fellow for APA’s Division 42, Psychologists in Independent Practice. She has authored several peer-reviewed articles and routinely educates lawyers and psychologists on issues related to obtaining and conducting forensic evaluations, adolescent development and the impact of racism and discrimination on mental health. In private practice since 1999, she evaluates juveniles and adults for civil cases, as well as criminal state and federal court cases. Dr. Kavanaugh and Dr. Thomas Grisso co-authored Sentencing Juveniles in Adult Court, which details a developmentally sensitive approach to conducting de facto life or Miller sentencing evaluations.
FEATURED LECTURES

Who are the Game Changers? Why We Need to Study Leadership in Adolescence

Location: Great Lakes Grand Ballroom

Dr. Jennifer Tackett

MARCH 11 | 4:30 PM - 5:30 PM

Although leadership research has flourished in recent decades, empirical investigations and theoretical advances have focused almost entirely on adults. The lack of focus on leadership in adolescence reflects a substantial gap, because leadership is a process that begins developing early in life. Many stakeholders (e.g., organizations, parents, policymakers) are highly invested in understanding, predicting, and enhancing leadership abilities early in life. Furthermore, focusing on developmental pathways would extend theories of leadership, especially those pertaining to antecedents of major adult leadership constructs, such as leadership emergence, group effectiveness, and satisfaction with the leader. Thus, devoting theoretical and empirical attention to leadership earlier in the lifespan – and to adolescence, in particular – has a range of important practical and theoretical implications. In this talk, I will outline a potential framework for the empirical study of adolescent leadership that integrates cutting-edge knowledge from the leadership literature with critical insights from developmental science and informs both theory and practice. I will focus on presenting preliminary data (present N~400 adolescent youth) from a study on adolescent leadership—the first of its kind—that aims to lay the groundwork for this new subfield in leadership research.

Goals & Objectives
▶ To discuss potential aspects of leadership emergence in children and adolescents.
▶ To discuss potential mechanisms by which leadership status is conferred in youth.
▶ To introduce potential interventions for early leadership development.

Skill Level
All junior- and senior-level psychologists are well equipped to engage with this presentation.

Dr. Jennifer Tackett received her Ph.D. in clinical psychology from the University of Minnesota with minors in statistics, personality, and behavior genetics. She is also a graduate of the Texas Academy of Math and Science and Texas A&M University, and has held previous faculty appointments at the University of Toronto and the University of Houston. She is an associate editor at the Journal of Abnormal Psychology. She is also a former associate editor at the Journal of Personality, Perspectives in Psychological Science, the Journal of Psychopathology and Behavioral Assessment, the Journal of Personality Disorders, Assessment, and the Journal of Research in Personality.
Psychologists are increasingly asked to evaluate students who have threatened violence. Traditional risk assessment methods have limited value because of their emphasis on predictive accuracy, which has little practical value when dealing with a specific threat case. In contrast, behavioral threat assessment and intervention is an approach that places more emphasis on assessment for the purpose of identifying interventions that reduce the risk of violence. In recent years, school-based threat assessment has become a widely used violence prevention strategy in U.S. schools. However, threat assessment was developed in law enforcement and must be adapted for use in schools. School threat assessment must advance the educational mission to help all students learn and it must operate from a developmental perspective that recognizes cognitive and social-emotional differences across youth.

The Comprehensive School Threat Assessment Guidelines (CSTAG) was developed at the University of Virginia in 2001 and disseminated through a standard training program and manual. CSTAG training prepares school-based multidisciplinary teams to take a problem-solving approach to violence prevention that involves gathering information, identifying problems or conflicts underlying a student’s threatening behavior, and taking actions to support the student and protect others from harm. The CSTAG model uses a five-step decision tree to distinguish transient threats that are not serious from serious substantive threats that require protective action. In the most serious cases, a mental health professional conducts an assessment to identify needed services to help the student as well as actions to reduce the risk of violence. Clinical interviewing of the threatening individual and corroborating sources is an essential component of the threat assessment process. Personality assessment instruments can help the team formulate an understanding of the student’s risk and protective factors and shape intervention strategies.

The safety and effectiveness of CSTAG has been supported by a series of field tests and controlled studies. One of the important benefits of threat assessment is that it gives schools an alternative to a zero tolerance approach, leading to reductions in the use of school exclusion and law enforcement actions. Furthermore, threat assessment can help reduce racial/ethnic disparities in discipline by prioritizing problem resolution over punishment. Several case examples illustrate the school threat assessment process.
FEATURED LECTURES

Dewey G. Cornell, PhD is a forensic clinical psychologist and Professor of Education in the School of Education and Human Development at the University of Virginia. He holds the Virgil Ward Chair in Education. Dr. Cornell is Director of the UVA Virginia Youth Violence Project and a faculty associate of Institute of Law, Psychiatry, and Public Policy. During his clinical and academic career, Dr. Cornell has worked with juvenile and adult violent offenders, testified in criminal proceedings and legislative hearings, and consulted on violence prevention efforts. He has authored more than 200 publications in psychology and education, including studies of juvenile homicide, school safety, bullying, and threat assessment. He is the principal author of the Comprehensive School Threat Assessment Guidelines, which is an evidence-based model of school threat assessment used in schools across the United States and Canada. He also led the development of the Authoritative School Climate Survey as a student and staff measure of school climate and safety conditions. He is currently directing studies of school climate and school threat assessment with funding from the U.S. Department of Justice. A major emphasis in his work is the elimination of racial inequities in school discipline and educational outcomes.

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. We hope that attendees will still see a significant overall cost reduction to attend and participate.

Convention Rates

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Early-Bird Rate (11/1/21-2/9/22)</th>
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## Virtual Convention Rates

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## Half-Day Workshop Rates

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“¿Me entiendes?”: The Complexity of Assessing Bilingual Youth with Trauma

Chair Information: Catherine Anicama, PhD | WestCoast Children’s Clinic
Discussant Information: Emmanuel Zamora, PsyD | University of California- Davis
Location: Great Lakes Ballroom

Assessing the Functions of Language: Language as a Tool to Create New Connections and to Distance from the Past

With approximately 17 percent of youth ages 5 -17 speaking a language other than English at home, there is a need to conduct bilingual assessments. Identifying language proficiencies in each language helps us identify which language to assess in, which measures to use, and whether language will impact our interpretation of findings (e.g., does youth have a learning disorder or lack English proficiency?). Language also provides critical information about youths’ identity and social-emotional functioning. Reflecting on the case of a 17 year old Central American youth, this presentation highlights the importance of understanding the function of language. Among immigrant youth in particular, language is critical to connecting with a new community. For this youth, who was not exposed to English until she immigrated at the age of 11, English was her preferred language. However, testing suggested that her Spanish language abilities were more developed. This youth seemed unaware and, surprised even, to consider how language may be impacting her learning. In addition, this youth experienced multiple traumas throughout her childhood in Central America, on her journey to the United States, and since her arrival to the US. However, she was adamant about not reminiscing about the past and only focusing on the future. This suggested that the youth’s preference for English also allowed her to distance herself from her past experiences, which were encoded and held in Spanish. This emotional distance was necessary for her to remain regulated and have the resources available to focus on school. This presentation stresses the importance of moving beyond language proficiency and assessing how bilingual youth use language as a way to regulate their emotions, make new social connections, and create new narratives.

Catherine Anicama, PhD | WestCoast Children’s Clinic

Regulating with Language: Using Bilingual Therapeutic Collaborative Assessment to Support a Parent-child Relationship

This presentation focuses on the power of the Therapeutic Collaborative Assessment (TCA) model and the impact of emotional language in the assessment of a 14-year-old Latinx youth struggling with mood related attenuated psychotic symptoms, depression, and symptoms of trauma. The presenter will explore the ways in which this youth used her bilingualism to regulate and organize her thoughts/feelings throughout testing. Her use of English and Spanish at different moments of the testing process played a distinct and important role in her understanding of her own mental health and her resulting communication with her mother. The TCA model used throughout testing allowed for mid-assessment repair of the child-parent relationship. This repair and increased attunement from the youth’s mother led to a decrease in the client’s stress level as well as a significant decrease in her overall symptom level. The progress of this youth and her family, highlights the power of placing a client’s experience and needs at the center of an assessment, the nuanced impact of language, and the possibilities for individual and family intervention during an assessment.

Vanessa Shafa, PhD | WestCoast Children’s Clinic

Our symposium demonstrates the importance of language when assessing bilingual Latinx youth's social-emotional functioning. We discuss two clinical cases of youth of differing ages and clinical presentations. In one case, a first generation immigrant youth demonstrates how she uses language to adapt to a new country by adopted English as her preferred language. She also uses language to distance herself from...
past traumas that are held in Spanish, and by doing so, is able to create a new narrative for herself. The second presentation demonstrates the power of the therapeutic collaborative assessment model in helping a client use language to strengthen communication of her emotional experience to her mother, regulate her body, and feel understood. This symposium, discussed by Dr. Emmanuel Zamora, will be an opportunity to emphasize the many complex and nuanced facets of language to consider when conducting assessments with bilingual children and families.

**SPAGS Presents | Applying to Internship: A How-To Guide Written by Successful Applicants**

**Coordinating Author Information:** Chloe Bliton, MS | Pennsylvania State University  
**Location:** Lincoln Park  

Continuing its commitment to the professional development of graduate students, the Society for Personality Assessment Graduate Student (SPAGS) Career Development Committee (CDC) is organizing a roundtable discussion focused on the clinical internship application and interview process. The majority of SPAGS members are enrolled in doctoral programs that require the successful completion of internship. However, the internship application and interview process can seem daunting, and specific guidance on assessment-focused sites and trajectories can be elusive. Thus, the roundtable panel will provide subjective insight into site selection, preparation of application materials, scheduling interviews, preparing for interviews, completing internship, and applying for postdoctoral training and/or employment after graduation. To achieve these aims, the SPAGS CDC is inviting 5 individuals from various stages of the internship process to ensure complete coverage. As such, panelists will include those who have recently completed the match process, are working towards completing internship, applied to postdoctoral positions while on internship, and applied to professional positions while on internship. In addition to the panelists describing their own paths and experiences, attendees of the roundtable discussion will have the opportunity to submit questions pertaining to internship and career development prior to the convention as well as ask questions during the live panel.

**“Do Other Kids Have Dark Thoughts?...Maybe I’m a Psychopath?!” Using Multi-Method Collaborative Assessment to “Sign Post” Results and Next Steps for Parents and Therapists in a Dialectical behavior Therapy Clinic**  
**Location:** Ontario

A case presentation of a lonely, troubled young teenager with intense revenge fantasies- and his worried parents- demonstrates the utility of multi-method collaborative therapeutic assessment to “sign post” results and recommendations, pointing in some directions and away from others. This complex assessment by Dr. Santas took place in the context of skillful therapy and skills training at a Dialectical Behavior Therapy (DBT) Clinic in Oakland, California, and involved close collaboration with the clinical team. The boy’s parents had initiated therapy several years prior to the assessment because of atypical aggressive behavior at home. Dr. Saks, the referring therapist, saw the mother in individual therapy and also worked with both the boy and his mother briefly to help with emotion regulation and to improve the parent-child relationship. At the time of the assessment, the teen had moved into a full DBT program with his own individual therapist, while Dr. Saks continued to consult with his mother.

Parents and multiple therapists together had a great deal of understanding of this young teen before the assessment took place, but progress was slow, there was confusion about who was right about what, what was most important, and intense fears that made it difficult to bring the diagnostic picture and next steps into clear focus. The assessment was very helpful in clarifying the many narratives, diagnostic questions and case formulations swirling around this teenager, including his own stories about himself and identity issues. By bringing order and clarity to the concerns, as well as pointing them in the right direction and prioritizing interventions, the assessment results and collaboration between assessor (Dr. Santas) and one of the therapists (Dr. Saks) served the purpose of creating “sign posts” in the road map. These sign posts provided much needed guidance, reduced anxiety, answered questions for the assessment, and reduced parents’ polarization. The teenager himself was a very verbal, engaged, collaborative and lively participant in the process; he had multiple questions about himself and was relieved by results.
A Noose is Tightening: Performance-Based Personality Data Associated with Sub-Intentioned Suicidal Behavior in Combat Veterans

Combat veterans (N=52) seeking treatment at a private psychological practice completed a variety of psychological tests as part of an intake procedure. Measures included the MMPI-2, MCMI-III, Rorschach, Thematic Apperception Test, Sentence Completion Test, etc. Twelve of these veterans (23%; age range = 24 to 51; 1 female) produced testing profiles with minimal-to-none suicidal endorsement on the “objective” tests (MMPI-2, MCMI-III), but strong suggestions of suicidal affect and/or cognitions on the performance-based tests. Clinical interviews, augmented by the test data and informed by the principles of Therapeutic Assessment (TA; Finn, 1996), elicited a wide range of reckless, life-threatening behaviors and recent near-fatal accidents among these veterans. Those who denied suicidal behavior on the forced-choice questionnaires but who produced suicidal content on the performance-based measures were more likely to engage in quasi-suicidal behaviors (OR = 1.46, 95% CI [1.21, 1.71]). In addition, these veterans were more likely than the larger sample (67% v. 30%) to report nightmares in which they themselves are murdered or executed. Entertaining the possibility that these dangerous post-deployment behaviors might be a form of sub-intentioned self-harm enabled these veterans to address critical issues involving guilt and shame.

Glenn Sullivan | Virginia Military Institute

Suicide Risk Screening in the Primary Medical Care Setting: A New Approach

For better or worse, the primary medical care clinic has become the de facto community mental health center for a majority of Americans (Rui & Okeyode, 2015). Thus, there is an important need for efficient, routine screening for behavioral health problems, including suicide risk, within the primary care setting. The Multidimensional Behavioral Health Screen (MBHS; McCord, 2020) is a very brief (3-minute) screening tool based on mid-level scales from the MMPI-3 that is designed specifically for primary care, which includes family medicine, pediatrics, and OB-GYN, among others. The MBHS has recently been updated and now includes a four-component algorithm that classifies suicide risk based on criteria found in the Interpersonal Theory of Suicide (IPTS; Van Orden et al., 2010). The IPTS, developed primarily by Thomas Joiner and many colleagues over the past quarter-century, is an “open theory” that continues to evolve based on new data. This extensive body of research has informed the development of a semi-structured clinical interview that specifies risk categorically, accompanied by a “decision tree” that aids the clinician in assigning risk category once the interview is completed. The initial version of this interview and flow-chart was published in 1999 (Joiner et al.) and has been widely used across mental health settings. It was updated in 2015 (Chu et al.) to incorporate empirical findings from hundreds of studies subsequent to 1999. Briefly, the four key components of this risk model are: (1) previous attempts – separating multiple attempters (2 or more) from non-multiple attempters (0 or 1); (2) determining elevation on capacity for suicide, plans and preparations, fearlessness about death; (3) determining elevation on suicidal desire and ideation; (4) presence of other risk factors, including other mental health issues. By modifying some of the suicide-related questions on the MBHS and adding two new ones, we have attempted to approximate the Chu et al. (2015) decision tree into a risk algorithm that classifies the patient as Low, Mild, or At Least Moderate in terms of suicide risk. In this presentation we will share new data on the accuracy of the MBHS suicide risk algorithm, using the clinical classification based on a full interview as the criterion variable. Preliminary data (n=200) indicate a level of precision that is far greater than most current depression and suicide screening methods used in primary care. Data collection is ongoing, and we anticipate a full sample of approximately 350 by February, 2022.

David M. McCord, Western Carolina University
Matthew C. Dodge, Western Carolina University
Adam D. Hicks, Western Carolina University
Adjusting for Defensiveness in MMPI-2-RF Substantive Scale Scores of Sex Offenders

Previous research has demonstrated that sex offenders often respond defensively on personality assessments by minimizing and denying their psychological problems, thus limiting the interpretability of the test results. The current study aimed to develop empirically-derived optimal cutting scores for the MMPI-2-RF substantive scales for sex offenders to adjust for defensiveness and denial of psychopathology. Archival MMPI-2-RF data from a sample of N=142 adult male sex offenders, previously deemed a defensive subgroup through cluster analysis, was compared to MMPI-2-RF data collected from a community sample of N=135 adult men. Compared to the sex offender sample, the community comparison sample produced higher mean scores on 36 of the 40 substantive scales. MANOVA results followed by a series of univariate analyses of variance (ANOVAs) demonstrated statistically significant differences in scores between the sex offender sample and the community comparison sample on 29 of the 40 substantive scales. Receiver Operating Characteristic (ROC) analyses produced AUC values of greater than 0.70 for three of the substantive scales (i.e., RC7, RC9, COG). With the exception of the RC6 and JCP scales that produced very low AUC values and exceptionally high optimal cutting scores, the optimal cutting scores for all other substantive scales fell between 40.5 (SHY) and 62.5 (AGGR-r). Specifically, three scales fell between optimal cutting scores of 40-44, 14 scales between 44-49, 13 scales between 50-54, seven scales between 55-59, and one scale between 60-64. These optimal cutting scores can potentially be used in clinical and forensic evaluations of sex offenders in order to adjust for defensive responding. Implications and future research directions will be discussed.

Katie Glauner, M.A. | Florida Institute of Technology, Radhika Krishnamurthy, Psy.D., ABAP, Florida Institute Technology

Assessing Defensive Functioning and Interpersonal Relatedness in an Outpatient Psychiatric Population

The Social Cognition and Object Relations Scale (SCORS-G) measures a degree of object relational/interpersonal functioning (Healthy to Unhealthy). The Defensive Functioning Scale (DFS) looks at automatic psychological processes that protect the individual against anxiety and from the awareness of internal and external dangers/stress. Interactions in our earliest years serve as cognitive and affective templates influencing one’s impulses, affects, drives, fantasies. Additionally, there is a continuum of overall psychological functioning from pathological to healthier with three phases of organization 1) Drive and Defense 2) Ego Development 3) Images of self and other that characterize them (Object relations). We are extending a previous presentation (SPA 2019) that found measures of interpersonal relatedness and defensive functioning to be similar, but distinct when predicting personality and psychopathology (Depression, Anxiety, Borderline). The present study is expanding on the 2019 study looking at variables of Borderline psychopathology (Self-harm behaviors, negative relationships, identity concerns) to assess specificity of social cognition and defensive functioning in predicting features of personality functioning. Thus, Multiple Regression analyses will reveal that SCORS-G and DFS variables will account for greater variance together than alone. Further, DFS and SCORS-G variables will predict factors of borderline personality functioning as assessed by the Personality Assessment Inventory (PAI) and interview data. The population is an outpatient psychiatric sample who are referred for neurocognitive and psychological assessments. There is an N of 65 for the current sample.

Laura Richardson, Ph.D., Massachusetts General Hospital
John H Porcerelli, Ph.D., University of Detroit Mercy
Michelle Stein, Ph.D., Massachusetts General Hospital
Mark Blais, PsyD, Massachusetts General Hospital

Assessing Demoralization with the Personality Assessment Inventory: Introducing the PAI-DEM-27

Background and Purpose: Demoralization is characterized by nonspecific existential despair, hopelessness, subjective incompetence, and/or a persistent inability to cope (de Figueiredo & Frank, 1982). Given the contemporary importance of demoralization within MMPI family of instruments, we
developed a demoralization scale from the PAI and provide initial predictive validity data of the PAI-DEM-27.

Subjects: A development sample (N = 1500) was formed by pooling 500 randomly selected persons from the PAI U.S. Census matched standardization sample of community-dwelling adults (N = 1,000), 500 randomly selected persons from the PAI clinical sample (N = 1,265), and 500 randomly selected university students (N = 1,051) (Morey, 2007). A clinical sample of adult psychiatric patients who underwent psychological testing at a midwestern adult inpatient psychiatric unit (N = 598) between 2014 and 2021 was used to cross-validate the factor structure and examine correlates external to the PAI.

Methods and materials: Following Jackson (1970), we employed a sequential iterative scale construction strategy. Similar to Tellegen et al. (2003) with the MMPI RC scales, we used theory to guide initial item inclusion. However, we broadened the conceptual range of demoralization by pooling items from the Anxiety (ANX), Depression (DEP), STRESS (STR), Treatment Rejection (RXR), and Nonsupport (NON) scales to capture non-specific psychological distress (Dohrenwend, Shrut, Egri, 1980). The first component (PCA) derived from this initial item pool was correlated with all PAI items to recruit additional highly correlated items. Item correlations with Positive and Negative Impression Management (PIM and NIM, respectively) were examined to control for social desirability. The resultant 73 items were independently rated for correspondence to the demoralization construct (Figueiredo, 2013). This yielded a pool of 33 items. Six highly redundant items were removed, producing the final 27-item scale. A subset of the independent clinical validation sample (n = 201) was used to calculate Pearson and partial correlations for PAI-DEM-27 and relevant external correlates: psychiatric admissions, suicide attempts, psychiatric provider encounters, and ER visits (while controlling for PAI-ANX and PAI-DEP). Analyses will be extended to the full sample and additional relevant variables with hierarchical regressions (pending).

Results: The PAI yielded a 27-item demoralization scale: ANX (4); DEP (9); BPD (2); SUI (4); ESTR (2); TXR (1); SCZ (1); ESU (1); ARD (3). The factor structure of the clinical sample was similar. Internal consistency was strong (Cronbach’s alpha = .94 and .95 for the scale development and clinical samples, respectively). Partial correlations showed statistical significance (all ps < .05) of PAI-DEM with psychiatric admissions (r = .21), suicide attempts (r = .27), and psychiatry provider encounters (r = .14) but not the number of ER visits (r = .08).

Conclusions: We demonstrate that the PAI item pool captures the construct of demoralization with strong psychometric integrity. The 27-item scale taps the construct at varying levels of severity from multiple facets. Partial correlation analyses provide initial predictive validity evidence for the PAI-DEM-27, with further analyses pending. Implications for the use of the PAI-DEM-27 scale will be discussed as well as limitations and directions for future research.

Darren J. Garcia, PhD | University of Kansas Medical Center
Mark H. Waugh, PhD, ABPP | University of Tennessee – Knoxville, Albert Buddy Poje, PhD | University of Kansas Medical Center
Gregory Maggio, DO | University of Kansas Medical Center

Behavioral Indicators to Detect Socially Desirable Responding
The tendency to give an overly positive self-description, presenting oneself in a more positive manner, is known as Socially Desirable Responding (SDR). SDR is one of the most widespread and pervasive sources of bias affecting the accurate outcome of the assessment in high-stake evaluative settings (e.g., parenting skills evaluation, admission in the army, and permission to obtain a driving license). In these contexts, where is often present an external incentive to distort one’s responses, SDR occurs with alarming frequency, with estimated prevalence rates ranging from 20 to 74% for child custody evaluations and from 30 to 50% for job applicants. Considering its social and economic costs as well, this field is of great interest for researchers and practitioners alike. Over the past years, experts have looked for methods to detect this phenomenon, but literature indicated that SDR is difficult to identify based on a clinical interview or through personality questionnaires’ validity scales (e.g., the MMPI-2 Lie scale, PAI Positive Impression Management scale, PPI-R Virtuous Responding scale). Furthermore, specific
instruments (i.e., The Marlowe–Crowne Social Desirability Scale, MCSDS; and the Paulhus Deception Scales, PDS) to identify SDR are limited and, moreover, all these measures have been criticized for the high face validity of their items. In an attempt to overcome these limitations, starting from the early ‘70s research has focused on exploring possible indirect methods for detecting SDR through the employment of techniques like time pressure and technologies such as mouse tracking and eye tracking. These new methods have proved, in our simulation studies, to be valuable instruments in the field of SDR detection, configuring themselves as accurate indicators of deception. The aim of this Paper is to illustrate how, in the administration of personality scales with dichotomic items or multiple-choice alternatives time pressure and response latencies, the implementation of machine learning models, mouse dynamics, and eye movements, could offer useful insight in the detection of SDR. Future directions will be discussed with a special focus on the converging and ecological validity of the promising results highlighted in this Paper.

Cristina Mazza, PhD | G. d’Annunzio University of Chieti-Pescara
Marco Colasanti, PsyD | G. d’Annunzio University of Chieti-Pescara
Eleonora Ricci, PhD | G. d’Annunzio University of Chieti-Pescara
Merylin Monaro, PhD | University of Padua
Alberto Di Domenico, PhD | G. d’Annunzio University of Chieti-Pescara
Paolo Roma, PsyD | University of Rome

Integrated Papers: Single Tests and New Scales
Location: Erie
C.W.S. (Crisi Wartegg System) and Early Psychosis (“First-Episode Psychosis” or “First-Break Psychosis”)
About two thirds of those who will later develop a psychosis present in the preceding two-three years, in some cases up to five years, affective warnings (deflected mood, anxiety, insecurity), negative symptoms (loss of energy, loss of interest, social withdrawal, cognitive difficulties) and/or positive symptoms (hallucinations and delusions) also in an attenuated way, behavioral and neurovegetative alterations.

In Italy, the Emilia Romagna Region has set up a diagnostic-therapeutic-assistance project called “Esordi Psicotici” (Early Psychosis), whose objectives concern the optimization of the case recognition system; the reduction of the time between the onset of symptoms and taking care; recovery support; the reduction of personal and social stigma, as well as support for social inclusion processes. Therefore, only people who respond to specific social and clinical conditions are listed (illustrated in the paper).

Within this project, a major role is played by the assessment phase. In fact, given the ambiguity and the diagnostic uncertainties of the initial phases together with the alternation and fluctuation of specific and non-specific symptoms, a comprehensive, articulated and reliable assessment structure is necessary, which considers the greatest possible number of affected variables. In association with specific tools (Cocchi, Meneghelli, 2004; CAARMS Yung et Al., 2000), the exploration of personality characteristics was facilitated using a manageable and unobtrusive instrument such as the Wartegg test, used according to the CWS (Crisi Wartegg System, Crisi A. 1998, 2007, 2018).

The research involved 43 Italian persons and 7 non-Italian persons during the 2015-2018 period. Non-Italian individuals were not included in the data processing due to the heterogeneity of the cultural origin, the disaggregation of migration times and the lack of reference standardization. At the time of administration, all individuals were in psychopharmacological therapy. In this paper the results of a comparison between the CWS main indices of the psychotic debut group, of a control group and of a group of deteriorated psychotic individuals are illustrated.

The control group was extracted in a randomized way from the normative sample of the CWS for Italy (2,300 individuals). The group of deteriorated psychotic individuals was created using a previous research of the Italian Institute of Wartegg on 450 psychiatric patients. The main hypotheses consisted of verifying whether the Wartegg indexes, according to the Crisi Wartegg System, were able to catch
the different degree of psychopathology among the three groups and to obtain therapeutic indications regarding the holding on of some areas of the personality that are fundamental for the purposes of treatment.

Bologna Maria, PhD | psychiatrist, Reggio Emilia, Italy
Zanchetta Agnese, PsyD | psychologist, Reggio Emilia, Italy
Crisi Alessandro, PsyD | Istituto Italiano Wartegg, Rome, Italy

Development and Evaluation of an Object Relations Measure for the Rotter Incomplete Sentences Blank

Meaningful and fulfilling interpersonal interchange is a consistent factor in psychological adjustment and functioning. The Rotter Incomplete Sentences Blank (RISB) is a commonly used measure of (mal)adjustment, particularly as it relates to interpersonal relationships. This study was focused on developing and conducting a psychometric evaluation of an object relations (OR) scale based on 15 RISB items involving sentence stems related to self and other representations. Inter-rater reliability coefficients for N = 50 outpatient clients were .80 (Self subscale), .88 (Other subscale), and .88 (Total scale). Internal consistency reliabilities (.77; .54; .77) for N = 123 outpatients demonstrated medium-to-large effect sizes. Test-retest reliabilities (.71; .65; .64) using an N = 20 college student sample demonstrated moderate temporal stability of the scales. External validity evaluations examined correlations between RISB OR scales and variables from N = 84 Rorschach profiles and scales from N = 111 MMPI-2 profiles of outpatient clients. Convergent validity correlations with Rorschach variables were minimal, but convergent correlations with several MMPI-2 interpersonal scales achieved small-to-large effect sizes. Discriminant validity was most clearly shown with Rorschach variables, but not MMPI-2 scales. RISB OR scales demonstrated significant differences in mean scores between N = 50 outpatient and N = 50 collegiate participants, but not between personality disordered and non-personality disordered outpatients (N = 45 each). The findings of this study are commensurate with prior internal reliability and construct validity studies of the RISB, suggesting adequate psychometric standing of the RISB OR scales as measures of self and other representations. Implications and future directions of these findings will be discussed.

John Rucker, MS | Florida Institute of Technology
Radhika Krishnamurthy, PsyD, ABAP | Florida Institute of Technology

How Starke Hathaway and William Estes Extracted Most of the Signal in the MMPI Psychasthenia Scale (Pt), While Retaining Most of the Noise

The construction of the MMPI Psychasthenia Scale (Pt) was problematic from the beginning. Because, “not many entirely satisfactory criterion cases of psychasthenia come into the closed wards of a psychiatric clinic (McKinley & Hathaway, 1942, p. 616),” Hathaway had to content himself with a “small and not entirely homogeneous (p.617),” criterion group of only 20 members. Following the usual criterion-normal group contrast procedure to identify discriminating items, he judged that the number of items yielded was insufficient to constitute a final scale. In consultation with one of his doctoral students, William K. Estes, it was decided to gather the tetrachoric correlations for each of the discriminating items against total scores on the preliminary scale for 100 normal and 100 randomly selected psychiatric patients, leading to the selection of the 48 Pt items. It is notable, and puzzling, that McKinley and Hathaway include in their description of Pt’s construction neither the items that discriminated the psychasthenics from the normals, nor even the number of these items! Even more disquieting is a third omission from their Pt report, the absence of any language that would inform the reader that those items that passed the initial discrimination comparison were among those items chosen for inclusion on the final Pt scale. Thus, the reader of the McKinley-Hathaway report has no basis for judgment as to the number of items on the final Pt scale that actually discriminated psychasthenics from normals, whether many, several, or none.

It would be some time before problems in the construction of Psychasthenia came to be recognized, including the Hathaway-Estes treatment of the discriminating items, a procedure that would have the effect of inflating Pt’s internal consistency. But in 1960, Dahlstrom and Welsh observed that “it seems clear that the variance of this scale [Pt] is more saturated with general maladjustment variance than
would have been the case in a scale formed by direct derivation on a select criterion group (1960, p. 69).” He further noted that “the combined selection procedure did not often lead to the inclusion of specific obsessions, compulsive rituals, or phobias (p. 70).”

The saturation of Pt with general maladjustment variance has been repeatedly confirmed in the MMPI/MMPI-2 literature, with correlations between Pt and markers for the MMPI First Factor typically in the mid-90s. As for Dahlstrom’s observation about relevant content omitted from Pt, item 193 (“In walking I am very careful to step over sidewalk cracks.”) constitutes a particularly telling case in point in that the symptom specifically referenced by this item 1: appears in the text of McKinley and Hathaway’s report on Pt (p. 615-616), and 2: does not appear on Pt!

This paper describes the construction of a revised version of Pt, using an item content strategy with a large diverse sample resulting in a new scale of relatively high internal consistency with both symptomatic and defensive content consistent with obsessive-compulsive disorder. Its Item overlap with Pt is low (3 items), and its saturation with the First Factor is considerably reduced (~ .50).

David S. Nichols, PhD
Roger L. Greene, PhD

Screening Air Traffic Control Specialists with the MMPI-2: Two New Scales to Increase Predictive Utility

The Federal Aviation Administration (FAA) began using the Minnesota Multiphasic Personality Inventory – 2 (MMPI-2) for the psychological screening of Air Traffic Control Specialists (ATCSs) in January 2008 after a research effort at the Civil Aerospace Medical Institute (CAMI) involving 1,014 participants (King, Schroeder, Manning, Retzlaff, & Williams, 2008). Subsequently, norms were compiled for the first 5,500 ATCS candidates who took the MMPI-2 as a screening test for operational purposes. This presentation will examine the operational use of the MMPI-2 from 2008 to 2020. During that time, the FAA administered the MMPI-2 to a total of 20,385 ATCS candidates. The present study had two goals: (1) To re-calculate MMPI-2 operational norms with the larger ATCS candidate sample in order to discover whether any updates to those norms were needed and (2) To empirically examine the MMPI-2 scales that have most frequently resulted in referrals for further psychological assessment with the aim of reducing the number of such referrals by improving the predictive utility of the MMPI-2 screenings. A reduction in false positive findings at the time of screening, without increasing false negatives, would reduce the number of referrals for complete psychological assessments, thereby maintaining aviation safety while contributing to a more efficient and cost-effective overall medical clearance process for ATCS candidates. The operational norms remained virtually unchanged. The resulting scales, FAA-L and FAA-RCTY, will serve to identify those applicants whose pattern of item endorsement warrants a closer review and will be adjusted as operational experience with them accumulates.


Ray King | Federal Aviation Administration
Roger Greene
David Nichols
Chris Front | Federal Aviation Administration
Building an Assessment Practice: Practical Applications and Real World Experience
Coordinating Author Information: Raja David, PsyD, ABPP, LP | Minnesota Center for Collaborative/Therapeutic Assessment
Location: Great Lakes Grand Ballroom
Sara Boilen, PsyD | Sweetgrass Psychological Services
Raja David, PsyD, ABPP, LP | Minnesota Center for Collaborative/Therapeutic Assessment
Melinda Kulish, PhD | Integrated Assessment Services, LLC

This roundtable discussion is designed to fill a void common in educational programs, conventions, and continuing education: how one can create and sustain an assessment practice in the real world. Drs. Boilen, David, and Kulish will share anecdotes and strategies from their diverse experience and efforts. The workshop will start with each presenter outlining their professional journey to provide context for the following discussion. Dr. Boilen will highlight her experience running a large group practice, hosting externs and post-doctoral trainees to create a more sustainable business model, and rural practice. Dr. David will walk participants through the realities of billing insurance and the importance of creating a niche in one’s community. Dr. Kulish will talk about creating a non-insurance based neuropsychological and psychological assessment practice. All three participants will talk about the importance of diversifying one’s work week, finding ways to ensure connectivity to other colleagues, and paths to sustainability and, hopefully, thriving.

Following the introductions and overview, workshop participants will be encouraged to engage in dialog with the presenters, affording them the opportunity to dig deeper into areas of interest and concern.

Utilization of a Culturally Focused Semi-Structured Interview (WCSCI) in Clinical Assessment Training: Input from Trainees, Supervisors, and Clients
Discussant Information: A. Jordan Wright PhD | New York University
Location: Lincoln Park

The Wright-Constantine Structured Cultural Interview (WCSCI)
This presentation will describe the importance of explicitly incorporating and considering diversity factors as part of psychological assessment toward context-driven conceptualizations. Acknowledgement of and sensitivity to a client’s unique cultural experiences can begin with the clinical interview. An overview of a specific measure, the Wright-Constantine Structured Cultural Interview (WCSCI) based on the ADDRESSING model (Hays, 2003) will be provided. The purpose, foundation, process, utilization, and potential benefits will be discussed.

A. Jordan Wright PhD | New York University

Using a culturally focused interview in assessment training: Trainees’ learning experiences with the WCSCI
This presentation will focus on the experience of graduate psychology assessment trainees learning to incorporate the culturally-focused interview (WCSCI) as part of their clinical assessment training at a university-based clinic. Trainees will reflect on their own experiences asking diversity-focused questions as part of the assessment process, challenges and rewarding aspects, impact on the relationships with clients, written reports, as well as lessons learned and recommendations for training and supervision. The presentation will focus on the implementation process of the WCSCI from initial introduction and practice with the measure to using it with clients when conducting assessments. The benefits of using such a culturally-focused interview, in terms of their own personal and professional growth as well as overall assessment skills, and specific to cases completed will be shared, along with suggestions for further utilization of such an interview in assessment training and practice.

Lisa Vassiliadis
Christine Chan
Using a Culturally Focused Interview in Assessment Training: Client Feedback and Lessons Learned

This presentation will include preliminary, informal feedback from assessment clients about their experience with the WCSCI, including participating in the interview in the context of the assessment relationship, process, and outcomes. Simple open-ended questions were used by trainees at the completion of the clinical interview, as well as at the end of the assessment. Trainees will tie client experience to their own clinical experience, share lessons learned, and offer recommendations for fellow trainees and assessment supervisors regarding incorporating a more culturally informed approach in assessment training.

Emily Crew
Manizeh Raza

This symposium will focus on a specific method of ensuring diversity-sensitive, context-informed psychological assessment, specifically during graduate level training, focused on the implementation and utilization of a culture-focused semi-structured interview. A specific measure, the Wright-Constantine Structured Cultural Interview (WCSCI; Wright & Constantine, 2020), based on the ADDRESSING model (Hays, 2003), will be introduced, including its purpose, foundation, process, utilization, and potential benefits in assessment training. The implementation of this measure in a small university-based assessment clinic offering low-cost assessments to a culturally-diverse population will be described via several graduate clinical psychology trainees. Trainees will discuss their own experiences with the learning process and overcoming various challenges when using this interview. This includes acknowledging personal bias, asking sensitive questions, and collaborating with clients to better understand their unique lived experiences as relevant to their referral questions and overall assessment process. The various benefits trainees identify in terms of their own personal and professional growth, assessment skills, and the overall assessment process, will be described along with insight toward future utilization of the WCSCI in assessment training based on such experiences. In addition, preliminary feedback from clients about their experience with this cultural interview and the related overall assessment process will be reviewed. Trainee reflections, lessons learned, and recommendations will be shared. Finally, input from supervisors will be offered about utilization of such a measure and suggestions for future research and clinical training will be provided.

Clinical Utility of the AMPD in a Specialized Clinic for Personality Disorder: Case-Conceptualization and Client Feedback

Chair Information: Hilde De Saeger | De Viersprong
Discussant Information: Jan Kamphuis | University of Amsterdam
Location: Washington Park II

A Brief Review of Research on Implementation and Clinical Utility of the AMPD

The traditional section II Personality Disorder (PD) model has been contested for its limited validity and lack of clinical utility. To counter these shortcomings, DSM-5 has introduced in its section III, Emerging Measures and Models, an Alternative Model for Personality Disorders (AMPD). In recent years, the research base for the AMPD has grown substantially. Most AMPD studies have focused on separate criteria of the new model, e.g. by designing new instruments to assess sections of the AMPD. Studies on the clinical utility of the full AMPD model or implementation of the model in clinical practice are scarce, even though utility and implementation might be what matters most to clinicians. This presentation will focus on clinical utility of the AMPD model. Several aspects of clinical utility will be discussed. First, definitions for clinical utility will be discussed. Second, the implementation of the full AMPD model in clinical practice will be discussed by presenting a standardized clinically feasible procedure for assessing personality pathology according to the AMPD model, using a multi-method approach. Lastly, a research design for a randomized controlled trial comparing the clinical utility of the AMPD model to the traditional Section II PD model will be presented.

Laura Weekers | De Viersprong
Inge van Laer | De Viersprong
Integrating the AMPD into the Standard Clinical Assessment Routine of a Specialized Clinic for PD: A Case Study

“In the day-to-day practice of a specialized institute for the diagnosis and treatment of clients with personality disorders, it is important to efficiently arrive at clear, clinically informative and, for the client, credible and acceptable case-formulations. In our clinical experience, clients sometimes reject feedback from the traditional model of PD, as they do not recognise themselves, or may even feel devalued or attacked by the symptom-based report. Clearly, this makes it difficult to arrive at credible joint treatment recommendations that clients feel hopeful and motivated about.

We observed that the AMPD appears to fare better, as it uses language that is more experience-near for the client. By integrating classificatory information with psychological dimensions and functions, it amplifies personalized case-conceptualizations which in turn facilitates offering feedback that clients can hear, accept, and use profitably. Clients often report that the feedback feels personal, as in “really about [them]”. We will illustrate this dynamic with a case-study of an adult patient with PD. We will step-by-step discuss the emerging case-conceptualization, the subsequent treatment selection, and the narrative the client and clinician co-constructed.”

Laura Weekers | De Viersprong
Inge van Laer | De Viersprong

How the AMPD helped frame feedback to an adolescent girl with pervasive interpersonal problems

A 17-year-old adolescent girl was referred to the Viersprong PD clinics for Therapeutic Assessment. She was experiencing ongoing pervasive (inter-)personal problems, which ranged from maintaining (positive) relationships with her peers, interacting with her (divorced) parents, and feeling unable to make her own decisions. In addition to the MMPI-A, Rorschach Inkblot Method (R-PAS) and Adult Attachment Projective (AAP), we administered the PID-5 (Personality Inventory for DSM-5), the LPFS-SR (Levels of Personality Functioning Scale-Self Report) and the STiP-5.1 (Semi-structured Interview for Personality Functioning DSM-5). Moreover, we also asked her parents to complete the PID-5 about their daughter, as well as the LPFS-SR and PID-5 about themselves. Accordingly, using a multi-method multi-informant approach, we were able to identify and understand the difficulties all the participants experienced in reflecting on their behavior and thoughts about the problems they experienced. The dimensional character of the model helped the assessor to make a shift in the families’ narrative from good vs. bad (white or black) behavior to more and less helpful behavior.

Laura Weekers | De Viersprong
Inge van Laer | De Viersprong

This symposium provides a brief introduction to the DSM5 Section III Alternative Model of Personality Disorder, particularly as relates to (research on) Clinical Utility. After a brief review of the pertinent literature that includes the description of a readily feasible strategy for assessing clients according to the AMPD model, we follow up with two case examples that illustrate how the AMPD has clinical- and client utility in a Dutch specialized clinic for the assessment and treatment of Personality Disorders. More specifically, we will present case material related to the standard intake procedure in the context of adult patients with severe personality pathology. Aspects of case-formulation and particularly client feedback are discussed. Next, we present the case of an adolescent client with pervasive interpersonal problems for whom the AMPD assessment included her parents. Collectively, theirs AMPD assessment served a critical role in acceptance of the feedback as well as subsequent compliance with recommendations. These larger significance of these presentations are subsequently discussed.
How Often Does that Happen? Insights from 20 years of Adolescent Rorschachs

Although reference samples and international reference norms have been developed for adolescents using Exner’s Comprehensive System (CS), there is less information pertaining to Rorschach findings for adolescents with more severe psychopathology. This presentation will examine the findings from an archival database of 2,687 Rorschachs administered to adolescents who were evaluated in an inpatient setting over a time period of more than 20 years. The focus will be on providing data pertaining to validity concerns, key elements of the key CS constellations, the Ego Impairment Index, and the combined frequencies that were obtained between these CS constellation elements. The mean number of responses (M=18.9) was generally adequate, though the incidence of high Lambda (L>1.0) protocols was somewhat more frequent than would be expected. Using CS cutoffs, the most prevalent finding was an elevated CDI score (46.8%), with lower incidences of occurrence for PTI (10.1%), DEPI (7.3%) and the Suicide Constellation (6.9%). Although the co-occurrence of significant DEPI and PTI occurred in only 4.1% of the sample, the combination of significant DEPI and CDI scores (12.0%) was more frequent. There were also some variables, such as CONTAM (2.6%) that had low rates of occurrence. Constellations will also be analyzed with respect to their frequency of occurrence for adolescents within the context of the HiTOP model including an exploration of variables and constellations in those identified by therapist (HPRS) ratings or self-report findings as belonging to Internalizing, Externalizing and Thought Disorder Groups. Discussion will focus on the utility of the Rorschach for diagnosis with adolescent inpatients.

John Stokes, PhD | Pace University
David Pogge, PhD | Four Winds Hospital, Katonah

Rorschach Introversive Style and Its Relation to Psychopathology and Symptom Presentation in Inpatient Children

Although Rorschach EB style is more unstable in children, there are indications that children who develop an introversive style in childhood may be continue to have an introversive style through adolescence and adulthood. However research exploring the role that an introversive style might play in children who present with more severe psychological disorders is limited. The current study explored the relationship between Introversive style and parent ratings on the Devereux Scales of Mental Disorders in a sample of 1,171 inpatient children ranging in age from 5-12 (379 females, 792 males). Introversive status was not related to gender (χ²=.297, ns) but was significantly related to age, characterizing 8.5% of the younger group as contrasted with 34.8% of the older group (χ²=.2041; p<.005). One-way ANOVA's were used to explore differences across other Rorschach variables (EII-3, PTI, DEPI, CDI) as well as differences across ratings of psychopathology at three age ranges. Differences across most age groups were most strongly related to discrete areas as opposed to general psychopathology dimensions. For instance, younger introversive children were consistently rated as having fewer problems with concentration. Pre-adolescent introversive children were rated as higher than other styles with respect to appearing unemotional, refusing to participate in activities they enjoyed, and as more likely to be taken advantage of by others. There will be some discussion of these features in a more limited sample of pervasively introversive children, though limited sample size precluded the same level of analysis. The presentation will attempt to integrate the findings from these age groups in terms of their clinical significance for diagnosis and intervention.

Emily Rebenstock, PsyD Candidate | Pace University
Marissa Diaco, Psy.D. Candidate | Pace University
Roni Sugarman, Psy.D. Candidate | Pace University
David Pogge, PhD | Four Winds Hospital, Katonah
John Stokes, PhD | Pace University

Multimethod Assessment of Psychosis

Chair Information: Joni L Mihura, PhD, ABAP | University of Toledo
Discussant Information: Ali Khadivi, PhD | Albert Einstein College of Medicine
Location: Ontario
Assessing Mild Psychosis with the Personality Assessment Inventory

Psychotic symptoms are associated with tremendous cost, burden, disability, and suffering. While psychotic symptoms take multiple forms, they can be conceptualized along two dimensions those that impact reality contact and that impairing thought quality. While frank psychosis is readily identified, milder presentations (e.g., residual, attenuated, prodromal) can be challenging to detect. Psychological assessment is typically requested when psychotic symptoms have “resolved” or diminished. To assess mild or residual psychosis, psychologists employ a multimethod test battery including self-report and performance-based instruments. The present paper explores the utility of the Personality Assessment Inventory (PAI, Morey, 1991) for assessing residual psychotic symptoms. The PAI is a popular broadband instrument with scales designed to measure two common psychotic conditions; schizophrenia (sub scales Psychotic Experiences, Thought Disorder, & Social Detachment) and paranoia (sub scales Resentment, Persecution, & Hypervigilance).

From an IRB-approved assessment database, we identified 1,359 subjects who completed the PAI as part of a standard clinical assessment. After screening for validity (see Morey, 1991), 1,047 subjects were entered into the study. The sample was 54% male, average age 41.9 (SD=15.29) and mean education was 14.7 years (SD=2.79). The sample identified as 84% white, 5% African American, 4% Asian & 6% Mixed / Other. All subjects completed a semi-structured interview (see Blais et al., 2021 for interview details) prior to the assessment. The interview captures demographics, current functioning, and life history data, including past psychotic symptoms. Previous research has shown the interview data to be sufficiently reliable. Interview psychosis data were organized into 3 composite variables: 1) Impaired Reality Contact (IRC; summed history of Auditory & Visual Hallucinations), 2) Impaired Thought Quality (ITQ; summed history of Paranoid Ideation, Ideas of Reference, Thought Insertion, Thought Blocking, & Thought Withdrawal), and 3) Total Psychotic Symptoms (summed total of all variables).

Data Analyses: Correlational analyses will explore the associations among the composite psychosis variables and the PAI Schizophrenia and Paranoia scales & subscales. Next, three subject groups will be composed: 1) subjects with only IRC symptoms, 2) only ITQ symptoms, & 3) subjects with both IRC + ITQ. ANOVAs will be conducted to explore for group differences on the target PAI scales.

The discussion will focus on the PAI’s utility for assessing residual or mild psychotic symptoms. The convergent and divergent performance of the PAI Schizophrenia and Paranoia scales & subscales will be reviewed. PAI scale / profile differences among 3 groups with different psychotic presentations examined. Potential clinical application of these findings will be highlighted. The paper will close with a discussion of limitations and possible future directions.

Mark Blais, PsyD | Massachusetts General Hospital

Improving the Reliability and Validity of the R-PAS Measure of Visual Misperceptions (FQ-)

** Please note that this is a ‘Completed Study’ in the sense that the data collection is complete; only the path for coding FQ and related statistical analyses remain.

Rorschach Form Quality (FQ) describes how well a response object fits a given inkblot location and is derived from how frequently it is reported in the reference sample. Currently, in most cases, to code FQ, it is sufficient for the assessor to look up the response object in the FQ Tables. However, some percepts seen by the examinee are so rare that they are not found in the FQ Tables. In these cases, the examiner must make an extrapolation from similarly shaped existing responses in the database or, in the most controversial cases, make a completely subjective judgment about how well the object fits the contours of the inkblot location to which the response is given. Previous literature indicates that making the latter judgment results in a lower interrater agreement than when the response object is in the FQ tables or can be extrapolated from the available objects in those tables. Therefore, our goal was to investigate other methods of assigning FQ levels when a response object is not in the FQ tables nor can it be extrapolated from existing objects. These methods include (a) adding a separate score to FQ0, FQu, and FQ- of FQ NIT (Not in Table), (b) coding the FQ NIT as FQ-, and (c) predicting the non-
tabled FQ level from the existing tabled and extrapolated FQs in a given protocol. We will assess the validity of these measures by their comparative associations to PANSS ratings of Hallucinations.

In order to test these hypotheses, we are using an unpublished R-PAS dataset in which FQ-% and WD-% were positively associated with the PANSS rating of Hallucinations (i.e., \( r = .51 \) and \( r = .50 \), respectively). Data collection took place at the maximum-security Michigan Center for Forensic Psychiatry in Saline, Michigan. The sample consisted of 91 valid R-PAS protocols. The 91 respondents had an average age of 40 (SD = 13, range 19-80). The sample was 89% male and predominantly European (41%) or African American (42%). Of the 91 respondents, 53 were adjudicated not guilty by reason of insanity and 38 were incompetent to stand trial. Forensic Center staff completed a rating of the PANSS for each patient. For each protocol, the FQ level (i.e., ordinary, unusual, minus), the coding process (i.e., tabled, extrapolated, judged), and the dichotomous variable FQ NIT will be coded. Another examiner will also blindly code these FQ’s and their decision paths for 20 of the protocols to assess interrater reliability. We will report the correlations between the validity criterion variable, the PANSS Hallucinations, and the different methods of coding responses when they are not listed in the FQ tables. We will also conduct hierarchical regression analyses to determine whether any of these methods of coding provided incremental validity in predicting PANSS Hallucinations ratings over the standard R-PAS method of coding FQ.

Francesca Ales, PhD | University of Turin- Italy
Gregory J. Meyer, PhD | University of Toledo
Joshua J. Eblin, PhD | Center for Family Psychiatry
Callie Jowers, MA | University of Detroit Mercy
Alicia W. Villanueva van den Hurk, BS | University of Dayton
Joni L. Mihura, PhD, ABAP | University of Toledo

Using the Rorschach to Assess Thought Disorder: The Effect of the Examiner’s Questions on Test Validity
Psychosis is perhaps one of the most functionally disruptive symptoms of many psychiatric, neurodevelopmental, neurological, and medical conditions (Arciniegas, 2015). While it is the hallmark symptom of the schizophrenia spectrum disorders, psychosis is also common in other mood disorders, as well as substance, degenerative neurological conditions, and medical ailments (Arciniegas, 2015). Formal thought disorder, or disorganized thinking, is a common feature of psychotic disorders.

One executive functioning deficit hypothesized to account for a range of cognitive deficits in schizophrenia, including disorganized thinking, is context processing deficits (CP; e.g., Cohen & Servan-Schreiber, 1992). Here, context is defined as “prior task-relevant information that is represented in such a form that it can bias selection of the appropriate behavior response” (Barch et al., 2004, p. 557). Examples of context include task instructions or a specific prior stimulus, such as Rorschach cards or Rorschach response queries. Experimental studies have found that individuals with schizophrenia display fewer instances of formal thought disorder in response to structured questions compared to unstructured questions (Barch & Berenbaum, 1997). Moreover, using only the response phase administration questions and omitting the clarification phase questions has been shown to reduce the levels of disorganized thinking on a Rorschach protocol (Ritzler & Nalesnik, 1990).

The aim of the present study is to examine whether Rorschach context variables (e.g., open/unstructured, closed/structured questions) influence the amount of disorganized thinking on Rorschach protocols using an archival dataset of 64 male inpatients from a California VA who have diagnoses of schizophrenia, schizoaffective disorder, and depression. This study used a range of different non-standard questions types. A scale was created to rate these questions along continua that included open/unstructured and closed/structured endpoints. The practical application of this study is to develop clarification questions for the short form Thought and Perception Assessment System (TPAS) that do not require examiners to know how to score the Rorschach. Authors hypothesize an association between question type and Rorschach Performance Assessment System (R-PAS) linguistic cognitive codes that tap disorganized thinking (Peculiar Logic [PEC] and Level 2 Deviant Response [DV2]), such that less structured questions

26 | 2022 SPA Convention & Workshops
will relate to greater numbers of PEC and DV2 on these protocols. Using the standard clarification, DR2 (.63), but not PEC (-.11) scores, correlated with an aggregate criterion measure of disordered thinking (the Conceptual Disorganization scale from the Brief Psychiatric Rating Scale [BPRS; Overall & Gorham, 1962] and a composite score of Loose Associations and Incoherence from the Structured Clinical Interview for DSM-III-Psychotic Disorders Version [SCID-PD; Spitzer & Williams, 1985]). After the non-standard questions are rated on the question-type scale, our goals are to determine if (a) less structured questions result in more disorganized thinking on the Rorschach, (b) if these less structured questions can increase the presence of the low base rate DR2 and PEC scores, and (c) whether question type will moderate the relationship between R-PAS DV2 and PEC codes and the criterion variables. Results from this presentation will highlight what type of examiner questions influence the type and amount of thought disorder during Rorschach administration.

Callie Jowers, MA | University of Detroit Mercy
Jeffrey S. Kline, PhD | Menlo Park Palo Alto VA Med Center
Alicia W. Villanueva van den Hurk, BS | University of Dayton
Francesca Ales, PhD | University of Turin- Italy
Gregory J. Meyer, PhD | University of Toledo
Joshua J. Eblin, PhD | Center for Family Psychiatry
Joni L. Mihura, PhD, ABAP | University of Toledo

This symposium is focused on the multimethod assessment of psychosis using self-report and performance measures. We start with a discussion of the symptoms of psychosis in the context of the HiTOP model followed by how R-PAS and the PAI assess different aspects of psychotic phenomena. Mark Blais presents the first paper on assessing milder psychotic symptoms with the PAI and the relationship between PAI SCZ Psychotic Experiences and the Paranoia scale with clinical ratings of psychosis. In the second presentation, using a forensic sample, Francesca Ales presents data on the R-PAS visual misperceptions variable (FQ) and its relationship to clinical ratings of hallucinations when using three different procedures to code response objects that are not in the FQ tables. The goal is to improve the FQ scale’s reliability and to save time for assessors in coding this variable as part of the upcoming short-form to assess psychosis, the Thought and Perception Assessment System (TPAS). In the third presentation, Callie Jowers presents the results of a study with male VA inpatients using nonstandard Rorschach clarification questions to determine whether more open-ended/unstructured questions result in more thought disorder and illogicality than more closed-ended/structured questions. The practical goal is to develop clarification questions for TPAS that assessors can use to administer the test even without knowing how to code responses. Finally, using a forensic sample, Angie Keene presents results of a study of the degree to which automated coding of Rorschach responses can serve as a substitute for human coding of disorganized thinking and the negative psychosis symptoms of inexpressivity. Again, the goal is to save assessors’ time in coding psychotic phenomena on TPAS. Finally, Joni Mihura will describe how these findings inform the development of TPAS and Ali Khadivi will serve as the discussant as to the applications of these findings to clinical practice.

Note: We also attempted to include MMPI-3 inpatient psychosis data but, due to the pandemic, most of these settings were not conducting assessments or not conducting research using assessments. One researcher, however, plans to start data collection in the next few months but cannot guarantee they will have data in time.

New Advances in Malingering Research and Symptom Validity Assessment
Chair Information: Luciano Giromini, PhD | University of Turin- Italy
Location: Washington Park I

Comparing Committed Forensic Inpatients to Non-Patients Instructed to Malinger Insanity or Not Using Scores from the Rorschach Task and Self-report
Malingering is described as “the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives” (APA, 2013, p. 726). To assess and distinguish
people attempting to malinger from patients and from healthy controls is particularly important in forensic contexts where assessors are trying to determine competency to stand trial, criminal responsibility, or the course of treatment for adjudicated individuals. Failure to assess for or identify malingering may result in multiples downside for justice, the assessor, the respondent, and, ultimately, society. Psychosis is one of the most common conditions feigned in criminal responsibility, and the Rorschach task is commonly used among the battery of tests to assess psychosis. The present study investigated whether selected scores derived from the Rorschach task can distinguish individuals attempting to appear insane (i.e., malingering) from forensic inpatients who suffer from psychosis and from healthy individuals completing the task under standard conditions. Netter and Viglione (1994) introduced a variable that differentiated malingerers from patients with schizophrenia, which is the behavior of creating “the impression that they [participants] were perceiving distortions of reality by relating to the response as if it were alive, saying things such as ‘this monster will get me’” (Netter & Viglione, 1994, p. 46). We built on their brief coding material to develop detailed coding guidelines with examples and named this variable ‘Breaking the Card Boundary’ (BCB; Meyer et al., 2021). We also investigated whether Rorschach variables provided incremental validity over self-reported symptoms of psychotic propensity. From the Rorschach task, we specifically tested five variables from the Rorschach Performance Assessment System (R-PAS; CritCont%, TP-Comp, FQ-%, WSumCog, and SevCog), BCB, a revised CritCont% that incorporated aggressive contents (AGC) and destructive relational representations (MAP), and revised versions of WSumCog and SevCog after accounting for BCB behavior. For self-reports, we used the Magical Ideation Scale (MIS) and Perceptual Aberration Scale (PAS). This study consisted of 185 participants: 47 nonpatient controls (age M=19.8, SD = 2.2) who completed standard R-PAS administration (S), 50 nonpatients asked to malinger (M; age M=19.2, SD=1.5), and 88 incarcerated forensic inpatients deemed not guilty by reason of insanity or incompetent to stand trial (P; age M=40.8, SD=13.5). Our main results showed that all variables contribute to distinguishing the three groups and the new scores (CritContR%, WSumCogNoBCB, SevCogNoBCB) showed a significant improvement to distinguish P vs. M. when compared to their original form. Also, we found that CritContR%, BCB, and WSumCogNoBCB presented incremental validity over self-report variables to distinguish the three groups. After discussing the response process behind each variable and commenting on the limitations of this study, we suggest practical implications for clinicians and researchers.

Ruam P. F. A. Pimentel, MA | University of Toledo
Andrea Kiss, PhD | University of Toledo
Joni L. Mihura, PhD, ABAP | University of Toledo
Gregory J. Meyer, PhD | University of Toledo
Nicole Kletzka, PhD | Center for Forensic Psychiatry
Joshua J. Eblin, PhD | Center for Forensic Psychiatry

Comparing Patients with Schizophrenia to Non-Patients Instructed to Malinger Insanity or Not Using Scores from the Rorschach Task and Self-Report

There are many instruments for assessing symptoms of schizophrenia, but not many assess when people are intentionally faking those symptoms. The latter description is also known as malingering. The Rorschach task is commonly used to assess psychosis symptoms. A previous study also submitted to this symposium (Pimentel et al., 2022) showed potential scales from the Rorschach Performance Assessment System (R-PAS; CritCnt%, TP-Comp, WSumCog, FQ-%, and SevCog) and new composites variables (CritCntR%, WSumCogNoBCB, SevCogNoBCB, and BCB) that could be used to distinguish Patients (P) and Malingerers (M). Their study used a variable proposed by Netter and Viglione (1994) and updated by Meyer et al. (2021), named ‘Breaking the Card Boundary’ (BCB). This variable is coded when individuals try to “create the impression that they were perceiving distortions of reality by relating to the response as if it were alive, saying things such as ‘this monster will get me’” (Netter & Viglione, 1994, p. 46), and it has shown potential to distinguish malingerers from patients with schizophrenia. Thus, this present study aims to replicate the results of Pimentel et al. (2022, also submitted to this symposium) in a different sample from a different country and language. Particularly, we aim to test whether we maintain the same effect sizes for the comparisons between Patients vs. Malingerers and whether...
the new composites and variables (CritContR%, WSumCogNoBCB, SevCogNoBCB, and BCB) would show a similar significant change in effect sizes when compared to their original form. In addition, we will test whether the new composites present incremental validity over self-reported variables to distinguish the groups. If we replicate these results, this would be one step closer to suggesting a malingering or validity scale composite for R-PAS. If we do not replicate Pimentel et al., we will compare the limitations and differences of both studies in order to understand their implications. This sample will be drawn from a study by Guimarães Neto et al. (in press) that contains 40 participants instructed to malinger symptoms of schizophrenia after being taught about them and 35 patients diagnosed with schizophrenia. R-PAS was administered in both groups, and participants also responded to the Magical Ideation Scale and the Inventory of Problems-29 (IOP-29).

Ruam P. F. A. Pimentel, MA | University of Toledo
Gregory J. Meyer, PhD | University of Toledo
Armante Guimarães-Neto, MA | Centro Universidade de Mineiros
Philipe Vieira, PhD | Instituto de Pós-Graduação e Graduação
Anna-Elisa de Villemor-Amaral, PhD | Universidade São Francisco

Utility of the MMPI-3 validity scales for detecting overreporting and underreporting and their effects on substantive scale validity: A Simulation Study

The current study utilized an experimental design to investigate the utility of the Minnesota Multiphasic Personality Inventory (MMPI)-3 Validity Scales for detecting overreporting and underreporting and the impact of these response sets on substantive scale scores. College students completed a battery of criterion measures before assignment to a Standard Instructions (SIs) Group (n = 288), an Overreporting Group (n = 250), or an Underreporting Group (n = 215). t tests demonstrated that scores on MMPI-3 over-reporting indicators and most substantive scales were higher among the Overreporting Group relative to the SI group with very large effect sizes, and scores on MMPI-3 underreporting indicators were higher and most substantive scales scores were lower among the Underreporting Group relative to the SI group, with moderate to large effects. Classification accuracy estimates documented the effectiveness of MMPI-3 Validity Scales in detecting overreporting and underreporting. Bivariate correlations between MMPI-3 substantive scale scores and criterion measures (which were completed under SIs for all three groups) were substantially attenuated for both simulation groups relative to the SI Group. Bivariate correlations were also attenuated for groups identified as overreporting or underreporting using MMPI-3 Validity Scale scores relative to individuals with valid MMPI-3 protocols, highlighting the need for and importance of appraising threats to protocol validity when assessing personality and psychopathology by self-report.

Megan R. Whitman, MA | Kent State University
Jessica L. Tylicki, PhD | The Neurobehavioral Institute, Independent Practice
Yossef S. Ben-Porath, PhD, ABPP | Kent State University

Symptom Coaching and SRVTs: Does Googling Symptom Enhance the Overreporting Tendencies Among Feigners on Structured Inventory of Malingered Symptomatology, Self-Report Symptom Inventory, and Inventory of Problems-29

We tested whether three relatively popular self-report validity tests (SRVTs) are vulnerable to symptom coaching of depression, with or without additional google-available information. Specifically, we divided our sample (N = 193) so that they either received the Structured Inventory of Malingered Symptomatology (SIMS; n = 64), Self-Report Symptom Inventory (SRSI; n = 66), or Inventory of Problems-29 (IOP-29; n = 63). Prior to responding to the test, some participants were told to respond honestly (truth tellers, nSIMS = 21; nSRSI = 24; nIOP-29 = 26), whereas others were told to feign depression. The feigning participants were given a vignette so as to increase their compliance with instructions. Besides the vignette, all feigners also received information about symptoms of depression (Coached feigners, nSIMS = 25; nSRSI = 18; nIOP-29 = 21), and some of them also received popular google links to check before filling out the test (Google coached feigners, nSIMS = 18; nSRSI = 24; nIOP-29 = 16). Overall, the results indicated that truth tellers obtained the lowest total scores on all three measures, whereas the two feigning groups did not significantly differ from each other. Looking at the detection rates, IOP-29 (AUC = .97) and SIMS (AUC = .85) outperformed SRSI (AUC = .72), and the false positive outcomes
Assessing the credibility of presented cognitive and psychological complaints is a core component of forensic mental health assessment. To advance knowledge in this field, this symposium describes a series of simulation studies (experimental malingering paradigm; ExpMAL) conducted using several different instruments. Pimentel, Kiss et al. will start off the session by presenting a study investigating whether selected scores derived from the Rorschach task can distinguish individuals attempting to appear insane from forensic inpatients who genuinely suffer from psychosis and from healthy individuals completing the task under standard conditions. Pimentel, Meyer et al. will then continue the session by presenting the results of a similar but independent investigation, conducted using the same research design and methods of the study described above, but on a different sample from a different country and language. Next, Whitman et al. will describe the results of a Minnesota Multiphasic Personality Inventory (MMPI)-3 study designed to investigate the utility of the MMPI-3 Validity Scales for detecting overreporting and underreporting, as well as the impact of these response sets on substantive scale scores. Rolfsen et al. will then describe the findings from a research project aimed at developing and validating a Norwegian version of the Inventory of Problems – 29 (IOP-29), a recently introduced symptom validity test designed to discriminate credible from noncredible clinical presentations. Lastly, Boskovic et al. will close the session by reporting on an ExpMAL study designed to evaluate the extent to which the Structured Inventory of Malingered Symptomatology (SIMS), Self-Report Symptom Inventory (SRSI), and IOP-29 are vulnerable to symptom coaching of depression, with or without additional google-available information.
Flourishing, Languishing, and Just Getting By: Applied and Empirical Perspectives on Personality and the COVID-19 Pandemic

Chair Information: Katie C. Lewis, PhD
Discussant Information: Kevin B. Meehan, PhD | Long Island University-Brooklyn
Location: Lincoln Park

Attachment, Social Contact, and Suicidality during COVID-19
The impact of reduced social contact on mental health during the COVID-19 pandemic has been identified as a major public health concern. While personality factors such as adult attachment have been associated with elevated psychological distress during the pandemic, the longitudinal relevance of these factors and the role of daily social contact in mitigating distress remains poorly understood. This presentation will explore the relevance of attachment for understanding emotional distress and suicidality during the COVID-19 pandemic, based on the findings of an 8-week experience sampling study conducted during the COVID-19 pandemic. A general adult sample (n=184) recruited online completed measures of adult attachment style, loneliness, and history of suicidal ideation (SI) via smartphone. Loneliness, SI, and daily social contact were then assessed twice per week for eight weeks, yielding 1,124 unique observations over a span of five months. During the experience sampling period, high anxious attachment and trait loneliness were associated with more frequent prospective reports of SI, while proximal increases in SI were associated with decreased daily in-person contact. Interaction effects were found for avoidant attachment traits and in-person social contact, such that individuals with greater avoidant attachment traits were more likely to report increased SI in the context of lower daily in-person social contact. In addition to these experience sampling findings, cross-lagged associations showing causal associations between greater suicidality at pandemic onset and an amplification of anxious attachment traits six months later will be described and explored in the context of understanding long-term adaptation to pandemic-related adversity and stress. These findings together highlight the relevance of both enduring personality characteristics and daily social behaviors as risk factors for SI during the pandemic, pointing to potential targets for clinical intervention and future empirical study.

Katie C. Lewis, PhD
Michael J. Roche, PhD

Interpersonal Problems in the COVID-19 Era
The COVID-19 era continues to be one of the most challenging events to cope with in many people’s lifetime. In addition to a health crisis, this pandemic has also led to confusion and disagreements about how to understand and mitigate the COVID-19 virus. Early research has suggested that personality plays an important role in understanding compliance with mandates and restrictions (Good, 2021; Zajenkowski et al., 2020). However, the full interpersonal impact of COVID-19 has not been adequately studied. Specifically, interpersonal problems may be exacerbated by a pandemic environment that has increased stress and uncertainty, along with fundamental disagreements among people about how to understand and implement science. The present study is an ongoing data collection (current n=387, 80% Caucasian, 75% female, recruited from a university subject pool) which examines how interpersonal style (problems, sensitivities) is related to covid related stressors. A published measure of COVID-19-related stressors includes scales for concerns about catching the virus (danger), xenophobia, resource scarcity, and anxiety related reactions (contamination fears, traumatic stress, checking behavior). Preliminary analyses indicate a small but significant correlation with interpersonal problems, with most COVID-19-related stressors associated with warm problems, but xenophobia related to cold-dominant problems. Concerns about catching the virus were associated with being bothered by domineering others, while xenophobia was related to being bothered by friendly-submissive others. The study also includes an EMA component (20 social interactions, part of a larger study on interpersonal processes), where participants endorse whether experienced a disagreement with someone about facts related to COVID-19 risk or appropriate safety measures. These items had a low endorsement rate (in spring 2021 data), likely due to most endorsing living at home with family (61%) who likely share their views. However, endorsement of these disagreements was related to increased negative emotions and interpersonal impairments. We plan to evaluate differences in the spring 2021 data (during virtual
learning and limited outside contact) and the fall 2021 data (in-person learning and likely a higher percentage of participants living outside of the home) to examine how interpersonal conflict related to COVID-19 has changed over time. Thus, our cross-sectional data examines how broad patterns of interpersonal problems relate to covid-19 stressors. Our EMA data aims to capture a more nuanced and temporally-dynamic pattern of how covid stressors and daily life covid related conflict impact a person’s emotions and interpersonal processes in their daily life.

Michael J. Roche, PhD
Sydney Neil, BS
Katie C. Lewis, PhD

Psychiatric Symptoms and Negative Emotions Among COVID “Long Haulers”
In addition to the immediate and sometimes long-term physical impact of COVID19, an increasing body of evidence suggests that COVID19 is a multidimensional stressor that also has significant and potentially long-term psychological consequences (Gueber, et al., 2020; Pfefferbaum & North, 2020). Less studied have been negative emotions such as shame and guilt and how they are associated with having contracted COVID19. Anecdotal summaries suggest that guilt and shame are common emotions experienced by those who have had COVID19 (Cavalera, 2020; Haller et al., 2020). Many COVID patients have reported guilt of not realizing they had the virus and possibly exposing it to others as well as shame associated with inferiority, weakness, and social rejection. The current study is a collaborative project between the Division of Pulmonology and the Department of Psychiatry at a large regional hospital. Patients presenting at a post-COVID care clinic at the Division of Pulmonology for persistent symptoms related to the virus were invited to participate in this IRB-approved study. In addition to assessing pulmonary problems, patients were assessed for psychiatric symptoms (e.g. depression, anxiety, PTSD, functional status) and negative self-conscious emotions (e.g. shame and guilt). We aim to present descriptive data on the physical, psychiatric, and emotional symptoms experienced by this patient population. Further, we hypothesize that patients who required hospitalization, admission in an ICU, being mechanically ventilated during hospitalization and/or requiring supplemental oxygen would also report more severe psychiatric symptoms and emotional distress characterized by shame and guilt. We also hypothesize that patients classified as “long haulers” (operationalized as having ongoing dyspnea and cough) would be associated with more severe psychiatric symptoms and feelings of shame and guilt. Results will be discussed with implications for assessing and treating patients with psychiatric and emotional distress associated with having been diagnosed with COVID19.

Mark R. Lukowitsky, PhD
Jeffrey Winseman
Victoria Balkoski
Anupama Tiwari
Marc Judson
Amit Chopra
Boris Shkolnik
Ali Al-Tarsheh

Assessment Psychology Takes on COVID-19
Psychologists have contributed to the greater good during the COVID-19 pandemic. Sometimes in innovative ways. This is the story of one assessment psychologist’s journey in pandemic-response. The skill set of and proficiency in assessment psychology includes “forensic, neuropsychological, and psycho-educational applications” as well as “differential diagnosis, treatment planning, and the measurement of treatment effectiveness” (APA, Division 12 Mission Statement; https://apadiv12secix.com/). This and the way of thinking requisite to assessment psychology and the scientist-practitioner (Shakow, 1942) model provided a platform for assuming a unique role in pandemic response. The mission of our COVID-19 defense program was to safeguard the health and safety of employees and contribute to continuity of operations at the United States’ largest National Laboratory. Along with performing traditional clinical psychological services in a multi-disciplinary occupational health team, I was tapped to serve variously as coordinator of a large-scale COVID-19 testing program, facilitate
team building, assist in adding antibody testing and vaccine administration to our suite of services, design and perform quality data analytics, provide ongoing management consultation, and develop scientific publications on the enterprises. Expertise in psychometrics and in evaluating scientific research can translate to domains such as our pandemic response program. Interpersonal attunement, group psychological principles, and the ability to flexibly communicate psychodynamically-informed inferences about people behaving under stress were essential. The skills of an assessment psychologist can inform evaluation of clinometric / statistical results of laboratory tests, the design of quality improvement studies, consulting on public health messaging, providing in-person and large group virtual education on coping with the pandemic, and rapid evaluation of emerging public health and infectious disease research on COVID-19, while also doing traditional clinical psychology.

Mark H. Waugh, PhD, ABPP

In addition to increased mortality risk and the general dangers posed to physical health, the COVID-19 pandemic has led to widespread disruptions in daily social functioning and adverse psychological outcomes for many members of the general public. Personality factors relevant to coping and resilience, affect regulation, and interpersonal functioning have emerged as constructs of considerable importance for both behavioral health intervention and predicting long-term adaptation and health outcomes. This panel will feature presentations by researchers and clinicians practicing across a wide range of institutional contexts, including academic medical centers, national research laboratories, university settings, and long-term residential treatment facilities. Presenters will offer diverse perspectives on the relevance of personality theory and assessment for understanding interpersonal functioning and mental health during the COVID-19 pandemic. Dr. Lewis will first report findings from a general adult sample that show different longitudinal trajectories of suicide risk for individuals with anxious versus avoidant attachment types, with a particular focus on the influence of daily social contact as a protective factor against suicidal ideation during periods of social distancing. Dr. Roche will then share empirical findings from a longitudinal study of university students examining associations between interpersonal problems, COVID-19-related stressors, and daily social conflict arising from disagreements about pandemic-related safety measures. Next, drawing on emerging findings from a multidisciplinary study of “long hauler” patients, Dr. Lukowitsky will report findings on the prevalence of psychiatric symptoms and negative affect within patients contending with persistent physical health impairment following resolution of a COVID-19 diagnosis, with consideration for how these experiences may impact long-term recovery and clinical outcomes. Finally, reporting from the front lines of risk management and systems-based intervention, Dr. Waugh will discuss the utility of assessment psychology skills and perspectives in the development of a COVID-19 defense program implemented at the largest National Laboratory in the United States, which has been nationally recognized for its excellence and innovation. In his Discussion, Dr. Meehan will consider the broad implications of these presentations and findings for understanding the unique contributions of personality assessment for post-pandemic recovery (broadly defined at both individual, institutional, and community levels).

Integrated Papers: Alternative Model of Personality Disorders
Location: Washington Park I

Associations between MMPI-3 Scale Scores and AMPD/ICD-11 Personality Disorder in a Community Mental Health Sample

Personality disorder (PD) science is at a crossroads. The DSM-5 continues to promote categorical diagnoses most of which are inconsistent with science (e.g., Hopwood et al., 2018). Many psychopathology scholars on the other hand are forwarding evidence-based approaches that rely on “bottom-up” approaches to understanding personal building blocks based dimensional maladaptive traits. One dimensional approach is now fully adopted by the ICD-11 and is under consideration for the DSM-5 (the Alternative Model for Personality Disorders [AMPD, APA, 2013]). Good clinical assessment tools are imperative for applied practice. The recently released Minnesota Multiphasic Personality Inventory – 3 (MMPI-3; Ben-Porath & Tellegen, 2020) theoretically maps onto contemporary models of psychopathology (e.g., Sellbom, 2019), including the AMPD and ICD-11. The current research evaluated the validity of MMPI-3 scale scores in the assessment of PD from the perspective of both the ICD-11 and...
DSM-5 AMPD in a community mental health context. We recruited 253 individuals (72% female, 76% New Zealand European; 14% as Maori) from the Dunedin, New Zealand community who were actively engaged with mental health treatment. These individuals completed the MMPI-3 and were rated by trained clinical psychology research assistants on structured clinical interviews (e.g., Semi-Structured Interview for Personality Functioning DSM-5 [STiP-5; Hutsebaut et al., 2015]) to assess for ICD-11 PD severity, DSM-5 Levels of Personality Functioning, and ICD-11/DSM-5 AMPD personality traits; they also completed corresponding self-report questionnaires (Severity Assessment Scale for Personality Disorders [Olajide et al., 2018], Levels of Personality Functioning Scale – Brief Form [Hutsebaut et al., 2016], Personality Inventory for ICD-11 [Oltmanns & Widiger, 2017], and Personality Inventory for DSM-5 – Short Form [Maples-Keller et al., 2015]). The MMPI-3 scales showed a conceptually expected pattern of associations with clinician- and self-ratings of both severity in impairment (both AMPD impairment and ICD-11 Personality Disorder Severity) and dimensional personality trait domains. For instance, all three MMPI-3 Higher-Order scales reflecting broad-based dysfunction correlated with ICD-11 PD severity (rs = .30-.51, ps < .001); the Personality Psychopathology Five (PSY-5) scales correlated with corresponding trait domains. More specifically, we observed correlations between PSY-5 Aggressiveness and Antagonism/Dissociality (.40 [clinician rated]/.65 [self-report]), PSY-5 Psychoticism with AMPD Psychoticism (.27/.56), PSY-5 Disconstraint with Disinhibition (.56/60), PSY-5 Negative Emotionality/Neuroticism with Negative Affectivity (.38/70), and PSY-5 Introversion/Low Positive Emotionality with Detachment (.53/59). The MMPI-3 scores align well with contemporary models of PD, which is useful information for psychologists who use the test in their practice, and specifically in contexts with high rates of personality disorders.

Martin Sellbom, PhD | University of Otago
Tiffany A. Brown, BSc. (Hons.) | University of Otago

Constructing an Item-Level Measure of Criterion A of the DSM-5 Alternative Model for Personality Disorders with the Personality Assessment Inventory (PAI)
Criterion A of the Alternative Model for Personality Disorders (AMPD), operationalized in the Levels of Personality Functioning Scale (LPFS; American Psychiatric Association, 2013; Bender et al., 2011), identifies basic personality functioning in two broad areas: intrapersonal (self) and interpersonal (other) functioning. Since the introduction of the LPFS in DSM-5, there has been interest in developing self-report measures for Criterion A. While several standalone measures have already been introduced, another approach to assess Criterion A levels of personality functioning is to use item pools from existing inventories. This study employed this approach by constructing Criterion A scales for the Personality Assessment Inventory (PAI; Morey, 2007). Three sources of data were used to select PAI items for scales to measure each of the four elements of Criterion A – identity, self-direction, empathy, and intimacy. First, conceptual ratings were gathered from a group of eight judges who rated the relevance of PAI items to each of the four elements of Criterion A. While several standalone measures have already been introduced, another approach to assess Criterion A levels of personality functioning is to use item pools from existing inventories. This study employed this approach by constructing Criterion A scales for the Personality Assessment Inventory (PAI; Morey, 2007). Three sources of data were used to select PAI items for scales to measure each of the four elements of Criterion A – identity, self-direction, empathy, and intimacy. First, conceptual ratings were gathered from a group of eight judges who rated the relevance of PAI items to each of the four elements of Criterion A. The candidate items identified by these ratings were then evaluated using two sets of empirical data – a university sample (n = 145) and a community adult sample (n = 236) recruited using Amazon’s MTurk platform. Both samples completed the self-report version of the LPFS (LPFS-SR; Morey, 2017) and the PAI. Correlations between the candidate items and the LPFS-SR were used to further refine item selection. The internal consistency and the convergent and discriminant validity of the four scales developed will be examined. Criterion A scales from an omnibus measure like the PAI have the potential for easy implementation in clinical practice, which could enhance the diagnosis of personality disorders in routine clinical assessment scenarios.

Allison K. Warner, BA | Villanova University
Ashmita Ghosh, BS | Villanova University
Julia B. Kearney, BA | Villanova University
John E. Kurtz, PhD | Villanova University

Trading Patients: Applying the Alternative Model for Personality Disorders to Two Cases of DSM-5 Borderline Personality Disorder Over Time and Across Therapists
Designed to improve upon the threshold-based categorical assessment of personality disorders, the DSM-5 Alternative Model for Personality Disorders (AMPD) dimensionally defines personality pathology using severity of dysfunction and maladaptive style. Although there exists a growing empirical
literature on the clinical utility of the AMPD, there is a need to examine changes in diagnostic profiles and personality expression in treatment over time. Assessing these changes in individuals diagnosed with borderline personality disorder (BPD) is complicated by the tendency for patients to cycle through numerous therapists over the course of treatment leaving the potential for muddled diagnostic clarity and disjointed case conceptualization. Following patient trajectories across therapists offers a unique opportunity to examine the AMPD’s sensitivity to and utility for capturing personality change over time for patients with BPD. As such, this project aims to highlight the utility of the AMPD assessment framework for clinical cases seen in a doctoral training clinic in three distinct ways: i) highlighting heterogeneity in BPD between patients, ii) comparing improvements in personality severity and style over time, and iii) demonstrating clinical utility across therapist ratings. We present two patients diagnosed with DSM-5 Section II BPD, crossing over between two therapists over the course of three years of psychodynamic psychotherapy. Patients’ diagnostic profiles are assessed using the Level of Personality Functioning Scale (LPFS), capturing severity, and the Personality Inventory for the DSM-5 (PID-5), capturing style, by each treating clinician for their respective time of treatment culminating in ratings across two phases of treatment. Aligning with the aims, we found that the AMPD diagnostic profile differentiates between patients with BPD in both severity and style. Further, results show that the AMPD profile captures within-patient change beyond within-therapist response bias through both treatment phases. Across therapist and time, results suggest greater improvements in personality severity while personality style remained more stable. Implications for the patients’ treatment progress and associated challenges through the lens of the AMPD profile will be discussed in addition to considerations and suggestions for the utility of the AMPD in the therapy room.

Lia K. Rosenstein, MS | Pennsylvania State University
Chloe F. Bliton, MS | Pennsylvania State University
Aaron L. Pincus, PhD | Pennsylvania State University

Use of Criterion A Elements to Discriminate Borderline and Antisocial Personality Features

Previous research suggests that approximately 10% of the adult population and as many as half of psychiatric patients meet the diagnostic criteria for at least one personality disorder (Volkert et al., 2018). Diagnoses of personality disorder (PD) show high rates of comorbidity with other PD's or Axis I disorders, with some studies suggesting up to 80% of those diagnosed with borderline personality disorder (BPD) are likely to meet the criterion for at least one additional PD (Barrachina et al, 2011; McGlashan et al., 2000; Skodol et al., 2005). Diagnoses of BPD, the most heavily researched and commonly assigned PD diagnosis, show especially high rates of comorbidity with antisocial personality disorder (ASPD) (Skodol et al., 2005). Despite having high rates of comorbidity, there are distinctive differences in the personality dysfunctions demonstrated by those with BPD and ASPD. BPD has been theoretically associated with disturbances of identity functions, whereas ASPD has been theoretically associated with deficits in empathy (Cleckley, 1951; Kernberg, 1984). The current study explored whether the alternative model of personality disorders (AMPD) introduced in DSM5 may have utility in addressing the comorbidity problems of the traditional categorical system. Specifically, we test whether the four elements of Criterion A effectively discriminate between borderline and antisocial personality traits. Participants (n = 236) were recruited using Amazon’s Mechanical Turk platform. Participants completed the Levels of Personality Functioning – Self-Report (Morey, 2017) and the Personality Assessment Inventory (PAI; Morey 2007). The results of this study demonstrate that differences in identity and empathy dysfunction significantly discriminate scores on the PAI Borderline Features and Antisocial Features scales, respectively. These findings could have particularly relevant clinical applications, as they suggest that criterion A measures like the LPFS-SR may substantially improve the clinician’s ability to differentiate between highly comorbid disorders such as ASPD and BPD and therefore improve prognostic decisions and treatment planning.

Julia B. Kearney, BA | Villanova University
Ashmita Ghosh, BS | Villanova University
Allison K. Warner, BA | Villanova University
John E. Kurtz, PhD | Villanova University
What's in a name: Can a dimensional trait model reduce bias against borderline personality disorder?

“Over time, a complex set of beliefs has arisen surrounding the borderline personality disorder (BPD) diagnosis, leading many mental health professionals to hold a bias against these clients. The current study investigated two questions: (1) Do mental health professionals view individuals with a BPD diagnosis more negatively than individuals with other diagnoses? (2) Would assessing the symptoms of BPD through a model of dimensional personality traits (i.e., removing the categorical diagnosis) mitigate this stigma?

Mental health professionals (n = 184) responded to clinical vignettes assessing clients through the traditional DSM-IV categorical model of diagnosis and through the DSM-5’s Alternative Model for Personality Disorders (AMPD). Attitudes were further assessed using the Revised Causal Dimension Scale (CDSII), Emotional Responses, and a modified version of the Attitude to Personality Disorder Questionnaire (APDQ).

Mental health professionals did not endorse strong negative responses or attitudes towards clients with BPD, nor did they endorse strong positive responses (e.g., compared to a schizophrenia diagnosis: lower positive reactions t(94) = -4.58; p < .001; d = .477, and equivalent negative reactions, t(94) = .43; p = .67)

However, believing in a more internal locus of causality for BPD symptoms was predictive of these professionals expressing less enjoyment ($\beta = -.224$; $p = .004$), security ($\beta = -.212$; $p = .006$), purpose ($\beta = -.291$; $p < .001$), and acceptance ($\beta = -.202$; $p = .010$) in working with clients with BPD. Discouragingly, presenting a client with BPD through the AMPD did not significantly affect professionals’ responses (CDSII subscales: $F(4, 316) = .32$; Wilks’ $\Lambda = .996$; $p = .862$; or emotional responses, $F(2, 324) = .31$; Wilks’ $\Lambda = .998$; $p = .734$)

Jennifer Boland, MA | Sam Houston State University
Jaime Anderson, PhD | Sam Houston State University

Reigniting the Flame of Hope: CTA Approaches to Attachment, Shame, Mistrust, and Suicide

Chair Information: Diane H. Engelman, PhD | Center for Collaborative Psychology, Psychiatry, and Medicine
Discussant Information: Stephen E. Finn, PhD | Center for Therapeutic Assessment
Location: Ontario

The Suicidal Stoic: From Failure to Mini-Steps Toward Hope

This presentation considers a 60-year-old man, a highly successful medical professional, whose lifetime of denied emotions backed up on him; they finally exploded into self-directed anger in a brutal, gory attempted suicide. His journey back from this precipice does not happen easily and requires ongoing intervention during and after the psychological assessment.

Diane H. Engelman, PhD | Center for Collaborative Psychology, Psychiatry, and Medicine
JB Allyn, MBA | Center for Collaborative Psychology, Psychiatry, and Medicine

Don’t Be Discouraged: Attachment Pathways to Hope

This presentation uses examples from two or three cases to demonstrate attachment assessment as strength-based assessment in the context of biologically-based conditional strategies. These strategies are evidenced by potential for integration and the defensive processing assessed using the AAP. The presenter demonstrates in the examples how explaining the results to clients from this perspective can help clients name what is not named and move forward – this is true for the therapist as well. This understanding combined with naming the client’s strengths can provide hope for future change.

Carol George, PhD | Mills College

When Shame Eclipses Hope: Finding, Holding, and Building Hope When Your Client Cannot

Shame and hopelessness are tightly connected, since feeling defective at one’s core can feel intractable. Hope can feel foreign and undeserved. This presentation will explore the presenter’s efforts to help

36 | 2022 SPA Convention & Workshops
a client with profound shame who lives in a highly critical environment. Empathy, mentalization, judicious self-disclosure, and metaphors will illustrate how the therapist/assessor sees, communicates and holds onto hope when the client cannot.

Julie Cradock O’Leary, PhD | Private Practice

The Scorpio-Man. An Unusual Extended Inquiry with the Wartegg Test

The Wartegg Drawing Completion Test (WDCT) is a semi structured, graphic projective technique that can be classified as a performance-based psychological test. The test consists of 8 boxes in each of which a small sign-stimulus is represented. The examiner is asked to use the sign-stimulus as a starting point to draw something. A very peculiar characteristic of the Wartegg test is represented by the evocative character of its boxes. The evocative character is for some way like the “pull card” described by Exner for the Rorschach. In the Wartegg test, evidence based data showed how each single box, thanks to its own evocative character, tends to facilitate the projection of specific contents. Thus box 1 is often linked to self-assessment and self-perception, box 8 to social relations, box 5 to the management of aggressive dynamics and so on. A new methodology of scoring and interpretation, the Crisi Wartegg System or CWS (Crisi 1998, 2007, 2018), has recently been developed to enhance its reliability and validity. In this work a case of collaborative assessment is presented during which it was possible to collect an interesting extended inquiry on the Wartegg test. The examinee, a 38-year-old man, at first had an extremely negative and suspicious approach to the assessment. In fact, he had come to the assessment more because of his partner’s insistence rather than his own internal motivations. After overcoming his resistance, the examinee was subjected to interviews and a battery of tests that included the Wartegg test. In this test, the man created highly personalized, original, and meaningful designs in each of the 8 boxes of the Wartegg. It is known that Wartegg stimulates the production of drawings with a strongly metaphorical meaning, but it is surprising how this happened in the present case. The examiner, in fact, captured the evocative character of each stimulus sign in the test with extreme precision and adherence. And in each box, in perfect agreement with the psychological area stimulated by the evocative character of the stimulus-sign, he produced drawings concerning his own life. As it is possible to imagine, such a metaphorical production has given rise to a truly unusual and profound extended inquiry. From the extended investigation, which lasted 5 meetings, extremely significant elements of the life and painful experiences experienced by the examiner emerged. Having dealt with these issues led, already during the extended investigation, to an alleviation of symptoms and an improvement in relationships within one’s family of origin. At the end of the assessment, the examiner decided to start a psychotherapeutic path aimed at deepening and further examining the elements that emerged during the assessment.

Alessandro Crisi, PsyD | Istituto Italiano Wartegg- Rome, Italy

SPA’s 2022 Call for Programs requests offerings that 1) give fresh perspectives on personality assessment and 2) connections to overall psychological assessment. Hope is not a new idea; its use and perspective in psychology goes back decades. Its “freshness” stems from the perspective it continues to give in confronting and surmounting life’s challenges. This symposium explores the critical importance of Hope in both theory and practice. Case discussions examine in detail the role of Hope in resolving issues surrounding attachment, shame, mistrust, and suicide. They discuss Hope as a key component in Collaborative Therapeutic Assessment (CTA), providing strong context and process for helping the client. Additionally, they address how the assessor can hold onto Hope, both for self and client, when the flame of Hope seems extinguished. Our first presentation considers a 60-year-old man, a highly successful medical professional, whose lifetime of denied emotions backed up on him. They finally exploded into self-directed anger in a brutal, gory attempt at suicide. His journey back from this precipice is not easy; it requires ongoing intervention post-assessment to move him toward Hope. Another presentation uses case examples to demonstrate attachment assessment as strength-based. Biologically-based conditional strategies demonstrate the potential for integration and the defensive processing assessed using the AAP. Explaining the results to clients from this perspective can help them name what is not named. Understanding and naming the client’s strengths can provide Hope for future change. A third presentation explores a client with profound shame, who lives in a highly critical environment. For such clients, Hope can feel foreign and undeserved. The use of empathy, mentalization, judicious self-
disclosure, and metaphors illustrates how the assessor/therapist sees, shares and holds onto Hope when
her client cannot. In a fourth presentation, a 38-year-old man at first had an extremely negative and
suspicious approach to the assessment. He arrived at the assessment completely lacking in confidence
in himself and in others as a result of painful physical experiences caused by a serious physical problem
in childhood. Finally, our discussant applies his unique perspective to integrate these presentations and
their focus on Hope.

Rorschach History Roundtable
Coordinating Author Information: Marvin Acklin, PhD | John A. Burns School of Medicine
Location: Erie

Marvin W. Acklin, PhD | John A. Burns School of Medicine
Reneau Kennedy, EdD | Independent Practice
Philip J. Keddy, PhD | Independent Practice and Wright Institute
James Kleiger, PsyD | Independent Practice
Nicola Dumitrascu, PhD | Danielsen Institute at Boston University
Donald J. Viglione, PhD | Alliant International University
Patrick J. McElfresh, PhD | Duquesne University

The upcoming centenary celebration of Rorschach’s Psychodiagnostics (ISR 2022), recent translations
of important historical documents, including Rorschach’s letters to his colleagues, and the forthcoming
newly translated and annotated 100th anniversary edition of Psychodiagnostics, promises to infuse new
interest and excitement into Rorschach historiography. This roundtable brings together a distinguished
panel of Rorschach scholars and researchers with demonstrated expertise in Rorschach psychology. Dr.
Marvin Acklin (roundtable chair and moderator) has presented and published on Rorschach history. He
has collected and translated a number of historiographic sources, has a paper in press at the History
of Psychiatry, and a manuscript under review at the Journal of the History of the Behavioral Sciences
focused on the Zurich School of Psychiatry and Swiss Psychoanalytic Society where Hermann Rorschach
was an officer, presenter, and beloved colleague. Dr. Acklin and Dr. Reneau Kennedy have been involved
in translation of Rorschach’s letters from the Briefwechsel. Dr. Kennedy is interested in Justinus Kerner
and Sam Beck’s translation of Rorschach’s test into American clinical psychology. Dr. Nicola Dumitrascu
translated Psychodiagnostics into Romanian from a French translation. Dr. Philip Keddy, with Rita Signer,
Dr. Phil Erdberg, and Arianna Schneider-Stocking, is completing a new, annotated English translation
of Psychodiagnostics. Dr. James Kleiger is a celebrated Rorschach scholar and author. He has published
articles on Rorschach history and psychology for over three decades. Dr. Don Viglione is a distinguished
Rorschach researcher and a co-developer of R-PAS. Dr. McElfresh is on the faculty at Duquesne University
and interested in phenomenology. The roundtable will provide an overview of recent developments,
stimulate dialogue and networking between American and international colleagues, set the stage
for the upcoming ISR 2022 in Geneva Switzerland, and serve as a catalyst for further explorations in
Rorschachlandia.

SPA’s Education & Training Interest Group Presents: Common Pitfalls and Roadblocks to
Successful Assessment Training
Coordinating Author Information: Abby Mulay, PhD | Medical University of South Carolina
Location: Washington Park II

Abby L. Mulay, PhD | Medical University of South Carolina
Adam P. Natoli, PhD | Sam Houston State University
Aaron L. Pincus, PhD | The Pennsylvania State University
Scott Schwartz, PhD | University of North Carolina School of Medicine
Christina Biedermann, PsyD, ABPP | Adler University
Raja David, PsyD, ABPP, LP | Minnesota Center for Therapeutic Assessment
Recent shifts in the fields of psychology and psychiatry, such as the proliferation of telehealth services stemming from the COVID-19 pandemic, emerging alternatives to the DSM/ICD, and the provision of assessment services by master’s level clinicians, result in the continuing need to evolve training across assessment domains and developmental levels. The Education and Training Interest Group is therefore excited to sponsor and present a roundtable discussion, focused upon the common pitfalls and roadblocks to successful assessment training. Members of the Education and Training (Abby L. Mulay, Adam P. Natoli, Aaron L. Pincus, and Scott Schwartz), Collaborative/Therapeutic Assessment (Raja David and Hale Martin), Psychoanalytic Assessment (Christina Biedermannn), Health Psychology (Ryan J. Marek and John H. Porcerelli), and Forensic (Abby L. Mulay) Interest Groups, as well as the SPA Diversity and Social Justice Committee (presenter to be determined) and the SPA Graduate Student Association (JoAnna Molina), will come together to offer their perspectives on training issues relevant to their areas of expertise, as well as supervision challenges that transcend assessment type. Domain-specific advice and proven strategies for circumventing these issues will be offered. A wide variety of assessment professionals will be represented on the panel and will include those working in academic settings, academic medical centers, private practice, forensic and correctional settings, and hybrid positions. Potential topics will include a discussion of foundational assessment skills required for future successful practice in these diverse subfields of assessment; common issues encountered in the supervisory setting and how to contend with them; strategies to promote comprehensive training at the graduate, internship, and postdoctoral levels; obtaining continued supervision and/or consultation in professional practice; ethics in the supervision of assessment; and general career advancement and growth. Individuals who attend the roundtable will also have the opportunity to ask experts in the field their questions related to assessment training and discuss any pertinent supervision and training challenges experienced in their own clinical practices. We hope attendees will gain real-world strategies that can be implemented in their positions and practices to promote successful training, supervision, and/or consultation services in the future.

**A Roundtable Discussion of the Professional Practice Guidelines for Personality Assessment**

**Coordinating Author Information:** Radhika Krishnamurthy, PsyD | Florida Institute of Technology
**Location:** Great Lakes Grand Ballroom

Radhika Krishnamurthy, PsyD | Florida Institute of Technology
Adam Natoli, PhD | Sam Houston State University
Giselle Hass, PsyD | Universidad de Iberoamerica (UNIBE)- Costa Rica
Paul Arbisi, PhD

This roundtable will present the recently published Guidelines for personality assessment developed by a work group formed by the Society for Personality Assessment (SPA), which are intended to serve as an aid for best practices specific to personality assessment for professionals, and a source of information for consumers and policy makers. The Guidelines were developed after a careful and systematic review of the literature on personality assessment and examination of practice patterns, and were refined through multiple rounds of input from stakeholders including members...
of SPA and other professionals routinely conducting personality assessment. The roundtable session will begin with a brief review of the scope of personality assessment and current practice trends, minimum education and training qualifications, ethical practices, diversity considerations, assessment procedures, and appropriate applications as addressed by the Guidelines. A guided discussion will follow focused on how these Guidelines can help psychologists practice ethically, competently, with appropriate attention to diversity, and to the highest standards of the profession, as well as how these Guidelines can function as a resource for professionals, educators, supervisors, and consumers of personality assessment. As these Guidelines represent a first step in what is hoped to be an evolution of ever improving personality assessment standards of practice, the roundtable session will conclude with an open discussion on how the current guidelines can and should evolve.

**Integrated Papers: Hierarchical Taxonomy of Psychopathology (HiTOP) and the MMPI-A-RF/ MMPI-2-RF/MMPI-3**

**Location: Lincoln Park**

**A Proposed HiTOP Classification System for the MMPI-A and MMPI-A-RF**

The interpretation of both the MMPI-A and MMPI-A-RF require integration of numerous clinical scales. The introduction of the MMPI-A-RF, obviated the use of code-types that had been used for classification of MMPI-A profiles. At the same time, the MMPI-A-RF provides a framework that readily matches a HiTOP model of psychopathology, with five dimensional traits (PSY-5 Scales) and three higher-order scales (EID, THD, BXD) that can also be easily extracted from MMPI-A protocols. This study explored the development of a possible classification system consistent with the HiTOP model in a sample of 3,203 adolescents in an inpatient setting through cluster analysis of profiles consisting of eight variables (AGGR-r, PSYC-r, DISC-r, NEGE-r, INTR-r, EID, THD, BXD). Preliminary analysis based on scale elevations identified 15 profile combinations with frequencies of at least 1.2% of the sample. 84% of the sample had at least one PSY-5 Scale Elevation (T>59), whereas 61.3% had at least one elevation on a Higher Order Scale. Only 23% of the profiles fell within normal limits, which is less than the 35% of WNL profiles obtained by using MMPI-A Code-type procedures. The most commonly occurring prototype (4.5%) was a combination of elevations on NEGE-R, INTR-r, and EID. The sample means for these prototypes were employed in a K-means iterative partitioning procedure, and Euclidean distance from the cluster center was used to remove profiles that were outliers from the clusters. The paper will discuss the empirically derived clusters and their relationship with both MMPI-A and other variables of interest. Finally, issues concerning management of response bias in developing and interpreting profiles will be discussed.

**Erin Dogan, PsyD Candidate | Pace University**

**Kendall Schellenger, PsyD Candidate | Pace University**

**David Pogge, PhD | Four Winds Hospital, Katonah**

**John Stokes, PhD | Pace University**

**Further Mapping of the MMPI-3 onto HiTOP in a Primary Medical Care Sample**

The Hierarchical Taxonomy of Psychopathology (HiTOP; Kotov et al., 2017, 2021) has been a major focus of contemporary psychopathology research efforts since the model’s conception (e.g., Conway et al., 2021; Kotov et al., 2020, 2021; Krueger et al., 2021; Ruggero et al., 2018). As the major dimensional constructs (super-spectra, spectra, and sub-factors) are reaching final form, HiTOP researchers have formed workgroups to begin the process of developing measurement instruments to assess these major dimensions. These worthwhile efforts are efficiently progressing, and the validating bodies of literature surrounding these instruments are accumulating. However, existing, well-validated instruments positing similar psychopathology structures as HiTOP are already available and can serve as vessels through which practical implementation of HiTOP can be accomplished in the much less distant future. Here, we suggest that the structural similarities between the HiTOP model and the Minnesota Multiphasic Personality Inventory-3 (MMPI-3; Ben-Porath & Tellegen, 2020) assessment model nominate the MMPI-3 as an instrument with a unique capability to bridge the gap between contemporary psychopathology research and practice, given its popularity in applied settings. Thus,
the convergence of these two frameworks is of great importance. Sellbom, Kremyar, and Wygant (2021) recently addressed this issue, using both confirmatory factor analysis and Goldberg’s sequential factoring approach to examine the hierarchical structure of the MMPI-3 Specific Problem scales as well as RC6 and RC8 in a mental health sample (n = 1,537) and a prison sample (n = 452). Most of the HiTOP spectra were replicated quite closely. The current study replicated these analyses in a primary medical care sample (n = 228). Generally speaking, results parallel those of Sellbom et al., 2021, with a similar structure emerging at the three-factor level. For example, in their mental health sample, Sellbom et al., 2021 found internalizing, detachment, and thought dysfunction/externalizing at the three-factor level, whereas we found thought dysfunction/fear, distress/detachment, and externalizing. Further analyses will utilize methods deemed more appropriate for our smaller sample size and unique sample characteristics (i.e., primary care setting).

Jacob R. Brown | Western Carolina University
Martin Sellbom | University of Otago
Adam D. Hicks | Western Carolina University
David M. McCord | Western Carolina University

Interpreting the MMPI-A-RF in the context of the HiTOP Psychosis Superspectrum: Findings from an adolescent inpatient sample

The HiTop Psychosis Superspectrum model is based on an understanding of indicators of Detachment and Thought Disorder, both of which have numerous trait and symptom measures on the MMPI-A-RF. The current study explored the relationship between the MMPI-A-RF and the psychosis Superspectrum in a sample of 729 adolescent inpatients. Therapist ratings on the Hopkins Psychiatric Rating Scale (HPRS) revealed that 19.9% had received ratings of “moderate” or above on the single HPRS psychosis dimension, contrasted with 6.8% at discharge. A unifactorial HPRS dimensional scale of psychosis (Psychosis + Paranoid Ideation + Conceptual Dysfunction + Abjection/Disinterest + Disorientation) was constructed to explore the relationships between MMPI-A-RF PSY-5 and Higher Order Scales at admission and discharge. Multiple Linear Regression results revealed that MMPI-A-RF PSY-5 and HO scales significantly predicted overall standing on the Psychosis dimension. They were consistent with the HiTOP model with respect to those at PSY-5 (INTR-r, PSYC-r) and HO (Thought Disturbance) scales that were related to therapist ratings on the unifactorial psychosis scale. However, higher ratings of psychosis at admission were also positively related to DISC-r and BXD, while being inversely related to AGG-r. This unexpected finding may indicate that a pattern of disruptive behaviors occurring within adolescents with low aggressiveness may also be contributing to therapist ratings of psychosis. The presentation will additionally focus on using the MMPI-A-RF PSY-5 and HO profiles as they relate both to commonly occurring combinations of MMPI-A-RF variables that may identify adolescents who are presenting with more persistent psychotic symptoms within the context of a brief hospital stay.

Kendall Schellenger, PsyD Candidate | Pace University
Erin Dogan, PsyD Candidate | Pace University
David Pogge, PhD | Four Winds Hospital, Katonah
John Stokes, PhD | Pace University

Somatoform’s Placement and Validity in the Hierarchical Taxonomy of Psychopathology (HiTOP) In Persons Seeking Treatment for Chronic Low Back Pain

Limitations of a polythetic-categorical classification system has sparked ongoing quantitative efforts to establish a valid and reliable method for diagnosing mental illness. Dimensional methods of classification, such as the Hierarchical Taxonomy of Psychopathology (HiTOP), have been found to ameliorate the limitations of a categorical approach. One such construct - somatoform – is understudied, likely due to the use of samples where indicators of somatization are limited. The current investigation sought to elucidate the placement of the somatoform spectrum within the HiTOP model, to explore discriminant and convergent validity of the somatoform spectrum, and further corroborate the MMPI-2-RF’s utility in mapping personality and psychopathological attributes onto dimensional classifications of psychopathology. Using a sample of patients seeking chronic low-back pain treatment (n = 200), a series of confirmatory factor analyses (CFAs) were computed using raw scale scores from the MMPI-2-RF to test whether the hypothesized factors (somatoform, fear, distress, externalizing) and a higher-
An Examination of Criterion B Traits within a Sample of Men Charged with/Convicted of Sexual Offenses

“Evaluations of sexual violence risk are routinely conducted in forensic and/or correctional settings and have been the subject of extensive research. A portion of this research has focused upon the relationship between DSM-personality disorder diagnoses and sexual offending (e.g., Bogaerts et al., 2008; Drury et al., 2020). However, as psychiatric diagnosis departs from traditional DSM categorical models of personality dysfunction, there is an increasing need to examine alternative dimensional models within this population. Specifically, the Alternative DSM-5 Model for Personality Disorders (AMPD) has emerged as a hybrid categorical-dimensional approach to categorical diagnoses and continues to gain traction in forensic/correctional contexts (e.g., Mulay & Waugh, 2019). The AMPD asks the clinician to rate the individual on their level of personality functioning (Criterion A), as well as on 25 pathological trait facets (Criterion B). Some recent research examining Criterion B suggests individuals in forensic populations exhibit disinhibition, irresponsibility, callousness, distractibility, and negative affectivity (Munro & Sellbom, 2021; Somma et al., 2020). Despite this research, the clinical utility of Criterion B within evaluations of sexual violence risk remains unexplored. The goal of the current study is to therefore examine relationships between the Personality Assessment Inventory (PAI; Morey, 1991), scored using a Criterion B-algorithm (described in Busch, Morey, & Hopwood), and other variables of interest relevant to evaluations of sexual violence risk.

Data will be collected from the forensic evaluation reports of approximately 126 men who underwent comprehensive evaluations of sexual behavior after being charged with or convicted of a sexual offense or professional sexual boundary violation. Evaluations include extensive clinical interviews and the administration of several assessment measures, to include the PAI (Morey, 1991) and the Hare Psychopathy Checklist-Revised (second edition; PCL-R [Hare, 2003]). The PAI (Morey, 1991) will be scored using a Criterion B-scoring algorithm (Busch, Morey, & Hopwood, 2016). Other variables of interest will include information obtained from the evaluation and collateral information, such as offense type (e.g., contact offenses, child pornography offenses), victim type (e.g., age, sex), and self-ratings of self-esteem. First, using the scoring algorithm for the PAI, we will provide descriptive statistics for each of the 25 pathological trait facets of Criterion B. Second, we will describe Criterion B ‘prototypes’ using the scoring algorithm. Using correlational analyses, we will also examine the traits’ relationships to other variables of interest that are relevant to personality functioning, including the PCL-R. The results of the study will serve as a basis for including the assessment of pathological traits using the AMPD within evaluations of sexual violence risk, which will assist in treatment intervention (e.g., identifying treatment targets) and prevention of future sexual offenses and/or sexual boundary violations.”

Natalie Guggino, Student | Clemson University
Abby L. Mulay, PhD | Medical University of South Carolina
Emily D. Gottfried, PhD | Medical University of South Carolina
Identifying meaningful subtypes in patients with BPD using the MMPI-2-RF: A Latent Profile Analysis approach to the BOOTS data

The present study aimed to detect meaningful subclasses of BPD individuals in a large sample of DSM5 diagnosed BPD individuals who participated in the BOOTS trial (Wibbelink et al., submitted; N = 198). Latent Profile Analysis was applied to the Minnesota Multiphasic Personality Inventory restructured Form (MMPI-2-RF) protocols at each of its respective hierarchical levels of psychopathology (i.e., Restructured Scales, Special problems Scales, Personality Psychopathology-5). Next, we attempted to validate the emergent classes by relating and comparing these types in terms of clinician-rated instruments assessing symptom profiles as assessed by the Dutch versions of the Borderline Personality Disorder Rating Scale (BPDRS) and the Structured Clinical interview for DSM5 Personality Disorders (SCID5-P_NL), and in terms of demographic and other clinical variables. Results are discussed from the perspective of the HiTOP model, and the larger effort of the BOOTS trial to derive empirically based treatment selection.

Jan H. Kamphuis, PhD | University of Amsterdam
Carlijn Wibbelink, MA | University of Amsterdam

Using Network Analysis to Understand Antisocial and Borderline Personality Disorder Across Race/Ethnicity in a Justice-Involved Sample

"Background: There is a high level of comorbidity and symptom overlap across Antisocial Personality Disorder (ASPD) and Borderline Personality Disorder (BPD) which is especially prevalent in forensic settings (Anderson, et al., 2021). While prior research suggests little difference in ASPD across race (Baskin-Sommers, et al., 2016), there is some evidence that BPD varies across racial identity (Selby & Joiner, 2008). One method of examining potential racial differences is through network analysis. Network analysis is a statistical technique used to identify direct relationships between observed variables (Costantini, et al., 2015). Prior research has investigated the network structure of BPD symptoms (Southward & Cheavens, 2018), however no research has examined the network structure of BPD and ASPD together especially considering potential racial and ethnic differences. The present study examined network structures of BPD and ASPD measured via PAI subscale scores for race and ethnicity differences in a sample of adjudicated youth. Method: This retrospective study analyzed data from 1289 young adult participants from The Pathways to Desistance study: a longitudinal study evaluating factors of adjudicated youth over a period of seven years as they transition to adulthood (Mulvey & Schubert, 2012). Of the 1289, the majority were male (N = 958) and were on average 22 ± 1.1 years of age. Race categories were divided as 274 (21%) white, 561 (44%) black and 454 (35%) Hispanic. PAI subscales for BPD and ASPD were collected at a single time point when participants were age 21 to 22. Networks were constructed in JASP and estimated using Extended Bayesian Information Criterion Graphical Least Absolute Shrinkage and Selection Operator (EBICglasso). Results: For white participants, the PAI subscale BOR-S (Self Harm) demonstrated the highest strength (z = 1.395). For black and Hispanic participants, ANT-E (Egocentricity) demonstrated the highest strength with respective z-scores of z = 1.569 for black participants and z = 1.432 for Hispanic participants. Notable differences in connections (or edges) between subscale scores were identified. White participants exhibited a higher connection between ANT-S (stimulus seeking) and BOR-S (r = 0.34) than black (r = 0.16) or Hispanic (r = 0.21) groups. In contrast, small connections between BOR-I (Identity problems) and ANT-E emerged for white (r = 0.19) and black (r = 0.07) participants, but was negligible for Hispanic participants. Conclusions: The preliminary data suggests that the structure of BPD and ASPD symptoms seem to vary depending on race and ethnicity differences in a forensic sample. Additionally, in evaluating edges between BPD and ASPD nodes, externalizing symptoms appeared to maintain stronger connections across the diagnoses especially for white participants as evidenced by higher connections between ANT-S and BOR-S for that group. Further research is necessary to understand the impact of environmental factors on symptom centrality and how network analysis can be applied to clinical practice.”

Sarah Hernandez, BS | Sam Houston State University
Jared Ruchensky, PhD | Sam Houston State University
Object Relations and Multi-Method Assessment
Chair Information: Mark Blanchard, MA | University of Detroit Mercy
Discussant Information: Steven Huprich, PhD | University of Detroit Mercy
Location: Washington Park I

Do Dimensions of Object Relations Mediate the Relationship Between Pathological Traits and Defenses?
Over the last decade, there has been a major paradigm shift in the way researchers and clinicians conceptualize and assess personality pathology (e.g., Herpertz et al., 2017; Waugh, 2019). New diagnostic systems have been developed (e.g., Alternative Model of Personality Disorders [AMPD; APA, 2013] and the Psychodynamic Diagnostic Manual, 2nd Edition [Lingiardi & McWilliams, 2017]) which include an evaluation of what is considered the core of personality pathology, namely dysfunction in one's experience of the self and of interpersonal relationships (e.g., Hopwood et al., 2011; Bender et al., 2011), in addition to other structural components of personality pathology. Common across these emerging models is object relations theory (ORT) as an organizing theoretical framework for the conceptualization of personality pathology. ORT suggests that a person's ability to adaptively navigate adulthood is shaped by early childhood experiences that influence one's sense of self (i.e., identity) and relationships with others (Greenberg & Mitchell, 1983; Siefert & Porcerelli, 2015).

Given the move toward dimensional models of personality assessment and questions about how best to capture personality pathology, the aim of this project is to assess areas proposed as important from an object relations model of personality assessment, including defensive functioning. The present study will explore object relations as measured by the Object Relations Inventory (ORI; Bers et al., 1993), a potential severity measure aligned with Criterion A of the AMPD (e.g., Bender et al., 2011), as a potential mediator between pathological traits and defensive functioning within a community sample from the United States. Previous research reports correlations between pathological traits and defensive functioning (e.g., Granieri et al., 2017) and personality severity/Criterion A of the AMPD and defensive functioning (e.g., Roche et al., 2018). No study has yet explored the relationship among the ORI and pathological traits, though there is a robust relationship between pathological traits and Criterion A (e.g., Widiger et al., 2019). To address the limitations of self-report methodologies from previous research, the present study will capitalize upon clinician-rated measures of object relations and defensive functioning.

Several hypotheses were devised based upon the extant literature and the ORT model of personality assessment (e.g., Kernberg, 1975; Blatt, 2008; Clarkin et al., 2020; Siefert & Porcerelli, 2015). First, it is expected that pathological traits as measured by the PID-5 domains will be inversely correlated with defensive functioning, such that higher scores on pathological trait domains will correlate with unhealthier levels of defensive functioning. Second, it is expected that poorer object relations will be correlated with less adaptive defensive functioning. Third, it is expected that object relations will mediate the relationship between pathological trait domains and defensive functioning. Results will be discussed in light of the current zeitgeist of personality assessment.

Callie Jowers, MS | University of Detroit Mercy
Mark Blanchard, MA | University of Detroit Mercy
Steven Huprich, PhD | University of Detroit Mercy
John H. Porcerelli | University of Detroit Mercy

Do Relatedness and Flourishing Predict Doctor-Patient Relationships and Healthcare Utilization?
Primary care practice has become a rapidly evolving and increasingly important facet of modern medicine. In the context of greater availability of primary care services and integrated care models, it is important to recognize and address the factors and potential barriers that affect compliance with treatment and positive patient experience and outcome. Understanding how various correlates of physical and mental health impact doctor-patient relationships are central to facilitating better health care utilization. Some predictors of the quality of doctor-patient relationships in primary care include self-reported evaluations of the doctor-patient relationship (Bennett, Fuertes, Keitel, & Phillips,
and measures related to object relations such as attachment (Cassedy et al., 2015) and interpersonal dependency (Porcerelli, Bornstein, Porcerelli, & Arterbery, 2015), though object relations themselves in the context of these relationships have not been thoroughly assessed. Similarly, associations between pathological personality and negative evaluations of relationships have been well documented; however, less is known about how measures of wellbeing, or flourishing, impacts the experience of others (Boyer, 2008; Oldham, 1994), especially with respect to giving and receiving care.

The aim of this study will be to explicate how a patient's attachment style and capacity for differentiation-relatedness impact their perceptions of doctor-patient relationships and their utilization of healthcare services. In this context, patients' scores on a measure of flourishing (PERMA Profiler; Seligman, 2011) will be included in order to illuminate individual strengths. This research is innovative in that it provides a deeper appreciation of how to better identify obstacles and barriers to health care utilization, with special consideration for doctor-patient relationships. Given that health care utilization is of global concern, in the interest of reducing overall healthcare costs, identifying these issues is important to clarify what aspects of self and relational functioning interfere with or aid to compliance with treatment. Several hypotheses were generated to assess attachment, object relations, and flourishing in healthcare. First, it is expected that healthier levels of differentiation-relatedness and more secure attachment styles will predict higher rated doctor-patient relationship quality and more appropriate levels of healthcare utilization, while more pathological levels of differentiation-relatedness and attachment security will predict lower-rated doctor-patient relationship quality and more inappropriate levels of healthcare utilization. Second, each of the five subscales of the PERMA Profiler will predict higher rated doctor-patient relationship quality and more appropriate levels of healthcare utilization while lower scores will predict lower rated doctor-patient relationship quality, as measured by the patient-doctor relationship scale (PDRQ; Van der Feltz-Cornelis, Van Oppen, Van Marwijk, De Beurs, & Van Dyck, 2004) and more inappropriate levels of healthcare utilization. Lastly, statistically significant scores on the subscales of the PERMA Profiler along with attachment styles and object relations (differentiation-relatedness) together will better predict doctor-patient relationship quality and healthcare utilization experienced among participants than either model along. Results and their implications will be discussed.

Mark Blanchard, MA | University of Detroit Mercy
Callie Jowers, MS | University of Detroit Mercy
John H. Porcerelli | University of Detroit Mercy
Steven Huprich, PhD | University of Detroit Mercy

A Multi-Method Approach to Rating Narratives: Could Respondent Ratings be Useful?
Narratives have a long history of use in personality assessment and research. Historically, researchers and clinicians have relied on expert rating systems to code for key aspects of personality. The present paper explored the utility of a multi-item self-rating scale, the Other and Self Impact Scales (OaSIS), allowing respondents to rate how events within narratives impacted their self view and view of others. In this study, 116 college students provide autobiographical narratives of interpersonal interactions. Narratives were generated under two instruction sets. Fifty-nine participants generated narratives using Luborsky’s Relational Anecdote Paradigm and 57 participants generated narratives using a self-defining memories recall task. All participants rated their narratives using the OaSIS. All narratives were also rated by expert raters using the Social Cognitions and Object Relations Scales – Global Method (SCORS-G). SCORS-G and OaSIS scales were then used to predict participant’s trait ratings for subjective well-being and interpersonal functioning. As expected, OaSIS scales were related to the relational-affective factor and self-functioning factor of the SCORS-G, but not the cognitive factor. OaSIS scales were also predictive of participant’s trait ratings for self-esteem, adult attachment, and interpersonal functioning. The overall pattern of results suggests that the OaSIS complements expert narrative ratings. Additionally, the findings support the theory that a multi-method approach to rating narratives may have much to offer those working with narratives.

Caleb J. Siefert | University of Michigan-Dearborn
Callie Jowers, MS | University of Detroit Mercy
Lena Rammouni
Jenelle Slavin-Mulford
Object relations, or self-other functioning, is recognized as an integral component of one’s personality (e.g., Kernberg, 2016). Object relations develop in childhood and endure into adulthood, forming the basis of one’s sense of self (i.e., identity) and relationships with others (Greenberg & Mitchell, 1983). Use of narrative data allows clinicians and researchers to assess the complex underlying processes that comprise one’s personality. As with all multimethod assessment, one is able to evaluate unique perspectives that might not otherwise be captured by self-reported objective measures (e.g., Hopwood & Bornstein, 2014; Shedler, Mayman, & Manis, 1993). The aim of this symposium is to demonstrate how multi-method approaches can be effective at explicating unique psychological constructs related to self-other functioning when using narrative data in personality assessment. Callie Jowers will present results from a study exploring the relationship between self-reported pathological traits and defensive functioning, with clinician-rated object relations as a potential mediator of this relationship. Particular attention will be paid to the Alternative Model of Personality Disorders and an object relations framework of personality assessment (Clarkin et al., 2020). Mark Blanchard will present results from an innovative project wherein patient-reported doctor-patient relationship quality and healthcare utilization are predicted by a multi-method assessment of a patient’s attachment style, level of differentiation-relatedness, and a measure of flourishing. This project will highlight how the unique interplay between a patients’ relational dynamics and individual strengths can provide a nuanced understanding of interpersonally difficult patients within the healthcare setting. Finally, Caleb Siefert will present a study that highlights the utility of using a multi-item self-rating scale along with expert scores of object relations to rate narrative data. Taken together, these perspectives were able to predict distinct and complementary patterns of self-esteem, interpersonal functioning, and subjective wellbeing. Steven Huprich will serve as the discussant, integrating findings of these three talks and emphasizing their clinical implications.

Self-Supervision and Psychological Testing: Second-and Third Looks
Chair & Discussant Information: Jed Yalof, PsyD, ABPP, ABAP, ABP, ABSNP | Austen Riggs Center
Location: Ontario

Just One More Test, Please?
This paper discusses how the assessor’s worked through a situation where he felt pressed to get more information and order more tests. The requests themselves were sensible and reflected a reasoned approach to psycho-diagnostic testing. It was the internal tension around the extra tests, and extending testing time beyond what was expected, that led to further self-inquiry. On reflection, the decision to “look again” at the initial feeling led to an understanding of a transference-countertransference dynamic. It also led to the assessor’s recognition that the evaluation was conducted proximal to the anniversary of the death of one of the assessor’s parents. This second-look led to a deeper, psycho-genetically based appreciation of the assessor’s reactions and their counter in the patient’s feelings about loss. Case material is presented to illustrate.

Jed Yalof, PsyD, ABPP, ABAP, ABP, ABSNP | Austen Riggs Center

Keeping Supervisors in Mind: A Psychoanalytic Lens on Assessment Supervision
Assessment supervision is intimate. Supervisees not only bring their knowledge of assessment instruments to the task, but also—in their efforts to integrate, formulate, and communicate about the data—they bring themselves as clinicians and writers. As such, in their engagement with supervisees, assessment supervisors play an immensely important and sensitive role, shaping their supervisees’ development and, consequently, the future of the field. This paper will examine, from a psychoanalytic perspective, the internalization process in assessment supervision, as well as the implications for what is carried forward in terms of diversity in the field.

Christina Biedermann, PsyD, ABAP|  Northside Chicago Psychology for Women, PLLC, Chicago Center for Psychoanalysis, and Adler University

The Allure of Chagall’s Birthday: Keeping One’s Feet on the Ground with Self-supervision
Navigating the relationship in psychological assessment can provide salient information which ultimately can inform the exploratory process and augment the data provided by standardized testing results. While awareness of transference and countertransference are commonly included in
psychodiagnostic assessment, strategies for self-supervision may additionally illuminate the role of an assessor’s history in understanding those they are assessing as well as themselves. As assessors, our personal and professional history can be brought to bear on this understanding. This includes our experiences as supervisors and mentors as well as the more ingrained presence of supervisory introjects. The use of self-supervision and personal reflection are discussed in a case of a young man whose history, presentation and thematic projective content provocatively invoke elements from the assessor’s (and the referring professional’s) personal history. Imagery from Marc Chagall’s The Birthday (1915), as referenced in the patient’s Rorschach, is discussed as an informative bridge in the assessment relationship.

Alan Schwartz, PsyD | Christiana Care Hospital, Behavioral Science Faculty- Psychologist, Family Medicine Residency- Christiana Care Health System, and Family Medicine Center at Foulk Road

One is the Loneliest Number: Aspects of Self-Supervision in a Solo Assessment Practice

This paper addresses the way in which the assessor copes with the loneliness of a solo practice, and uses insights from self-observation to gain a deeper understanding of the patient as part of the assessment process. Included are balancing nomothetic w idiographic, accuracy of interpretation, addressing referral questions and indirect countertransference, consideration of language for audience, and editing-typos and clarify of communication. The assessor integrates self-observation with clinical illustration.

James H Kleiger, PsyD, ABPP, ABAP | James Kleiger, PC

Discussant Comments

A integrative summary and reflection on each paper will be followed by a brief question-and-answer period.

Jed Yalof, PsyD, ABPP, ABAP, ABSNP | Austen Riggs Center

Self-supervisory strategies in psychological testing are typically discussed in relation to the assessor’s gaining awareness of transference-countertransference dynamics through different self-reflective/self-analytic methods. This symposium focuses on how experienced assessors reflect on their work and use this experience to derive new insights about the patient and themselves. The fullness of a self-supervisory experience includes examining the here-and-now transference-countertransference, but may also involve learning about oneself by revisiting one’s history and drawing on psychogenetic information during the process of self-reflection to understand the assessor-patient interaction. Four papers are presented to highlight these different points. The first paper, “Just One More Test, Please?”, discusses how the assessor’s initial reflection on pressure around ordering additional tests during an evaluation led not only to an understanding of transference-countertransference, but, on further reflection, to a recognition that the evaluation was conducted proximal to the anniversary of the death of one of the assessor’s parents. This second-look led to a deeper, psycho-genetically based, third-look appreciation of the assessor’s reactions and of the patient’s internal struggle. The second paper, “Keeping Supervisors in Mind: A Psychoanalytic Lens on Assessment Supervision,” examines, from a psychoanalytic perspective, the internalization process in assessment supervision, as well as the implications for what is carried forward in terms of diversity in the field. The third paper, “The Allure of Chagall’s Birthday: Keeping One's Feet on the Ground with Self-supervision,” also addresses experiences as supervisors and mentors as well as the more ingrained presence of supervisory introjects. The use of self-supervision and personal reflection are discussed in a case of a young man whose history, presentation and thematic projective content provocatively invoke elements from the assessor’s (and the referring professional’s) personal history. Imagery from Marc Chagall’s The Birthday (1915), as referenced in the patient’s Rorschach, is discussed as an informative bridge in the assessment relationship. The fourth paper, “One is the Loneliest Number: Aspects of Self-Supervision in a Solo Assessment Practice,” addresses the way in which the assessor copes with the loneliness of a solo practice, and uses insights from self-observation to gain a deeper understanding of the patient as part of the assessment process.
Personality Assessments in Legal Contexts: A Special Issue of the Journal of Personality Assessment

Chair Information: Tess M.S. Neal | Arizona State University
Discussant Information: Barry Rosenfeld | Fordham University
Location: Great Lakes Grand Ballroom

Introduction to, Rationale for, and Summary of the Special Issue on Assessments in Legal Contexts

A forthcoming, 11-paper special issue of the Journal of Personality Assessment focuses on scientific and legal issues for individual psychological assessment instruments, summarizing their psychometric science to date and highlighting research that is most urgently needed, as well as laying out the strengths and weaknesses of the tools for use in legal settings with attention to the admissibility issues that mental health practitioners and legal practitioners should be aware.

Hundreds of thousands of psychological assessments are used in court every year to aid judges in making legal decisions that profoundly affect people’s lives, and a large number of mental health professionals offer forensic services. However, recent work has shed light on the limitations of assessment tools in field settings, including legal contexts (see e.g., Edens & Boccaccini, 2017). Regarding other issues, serious questions have arisen about the use of the popular Hare Psychopathy Checklist-Revised in...
some forensic contexts (see e.g., DeMatteo et al., 2020). And the Rorschach Inkblot Test remains a subject of debate (e.g., Mihura et al., 2013 vs. Wood et al., 2015; but see Board of Trustees of the Society for Personality Assessment, 2005), which continues to be widely used in forensic settings (Neal et al., 2019).

Neal and colleagues (2019) investigated 364 assessment tools used in legal cases, finding that many may not meet legal admissibility criteria. The authors called for research, and also encouraged mental health practitioners to be more critical about the measures they use in forensic cases, and advocated attorneys to better scrutinize and challenge psychological assessment evidence. The current special issue will meet some of these needs.

Some papers in this special issue concern instruments that are heavily used but controversial (i.e., the Rorschach Inkblot Test), those that are newer but likely to be heavily used in forensic settings (i.e., Minnesota Multiphasic Personality Inventory-3), those that are perhaps appropriate for some psycholegal questions but inappropriate for others (e.g., the Psychopathy Checklist-Revised, Millon Clinical Multiaxial Inventories), and others (i.e., the Personality Assessment Inventory – including the adolescent version, Structured Inventory of Reported Symptoms-2, Historical Clinical Risk-20 Version 3, Trauma Symptom Inventory, Symptom Validity testing, MacArthur Competence Assessment Tool – Criminal Adjudication, Evaluation of Competency to Stand Trial-Revised, and the Competence Assessment for Standing Trial for Defendants with Mental Retardation).

We were successful in our aim to stimulate some adversarial collaborations, especially with regard to assessment instruments for which there has been a healthy debate in the literature and for which a dedicated collaborative effort to hammer out points of agreement and disagreement would be useful for psychology and for the law. For example, a successful adversarial collaboration model was used for the Rorschach, PCL-R, and MCMI papers.

We believe these papers will be important: they will advance psychological science by motivating the research that most needs to be done, and they will advance justice by educating mental health practitioners and lawyers about the strengths and weaknesses of commonly-used tools in legal settings. Finally, by publishing open-access, we hope this project will be broadly useful.

Tess M.S. Neal | Arizona State University
Corine de Ruiter | Maastricht University, Netherlands
Martin Sellbom | University of Otago, New Zealand

Panel Discussion & Interactive Discussion with Audience
A panel involving authors who contributed to this special issue will take turns briefly discussing their projects and highlighting the major take-away, and the panel will then discuss implications and future directions for the practice and science of psychology as well as for law. The session will then include an incisive discussant offering critical commentary about the value of this overarching project for mental health law and for psychology. Finally, we will end with an interactive audience discussion.

Authors involved in the special issue will serve on this panel (up to one author per paper - currently we have 6 papers represented with the confirmed panelists; it is possible that others could also join in if attending SPA). The issue will be finished and published in early 2022. Reproduced below are titles, authors, and excerpts from some abstracts, which will be featured (among others) during the symposium. Note that there are a few more papers in final stages of revision that are not listed here yet, but would be included in the symposium if accepted.

Legal Admissibility of the Rorschach and R-PAS: A Review of Research, Practice, and Case Law, by Donald Viglione, Corine de Ruiter, Christopher King, Gregory Meyer, Aaron Kivisto, Benjamin Rubin, and John Hunsley

“The goal of this ‘adversarial collaborative’ review is to answer: Does the Rorschach, and more specifically,
the Rorschach Performance Assessment System, meet legal standards for admissibility as evidence in court?"

Using the MMPI-3 in Legal Settings, by Yossef Ben-Porath, Kirk Heilbrun, & Madelena Rizzo

“When used properly...the MMPI-3 rests on solid empirical foundations that can withstand the scrutiny inherent in forensic evaluations.”


“We provide a comprehensive examination and review...of the PCL-R’s structural, predictive, and measurement properties for credibility in court.”

The Millon Clinical Multiaxial Inventory-IV (MCMI-IV) and Millon Adolescent Clinical Inventory-II (MACI-II) in Legal Settings, by Martin Sellbom, Jay Flens, Jonathan Gould, Rowena Ramnath, Robert Tringone, & Seth Grossman.

“The authors, representing a mixed perspective on the inventories, offer insights regarding theory, psychometric issues, limited peer-reviewed literature, appropriateness of the instruments in criminal and civil settings, admissibility, cross-examination, and future directions.”


Using the Personality Assessment Inventory-Adolescent in Legal Settings, by Nora Charles, Laura Gulledge, & Whitney Cowell

Structured Interview of Reported Symptoms-2nd Edition (SIRS-2): Use and Admissibility in Forensic Mental Health Assessment, by Dustin Wygant, Allison Connelly, & Laura Disney


Trauma Symptom Inventory, by Joseph Roberts, Paul Arbisi, Melissa John, Ksera Dyette, Rachel Seamans, Mariya Leyderman.

Yosef Ben-Porath
Jamie Anderson, PhD | Sam Houston State University
Paul A. Arbisi, PhD | University of Minnesota
Gregory Meyer, PhD | University of Toledo
Dustin Wygant, PhD | Eastern Kentucky University

This symposium shares with the SPA community a forthcoming special issue of the Journal of Personality Assessment, focusing on building a cohesive evidence base for legal admissibility considerations regarding commonly-used psychological assessment instruments. A credibility revolution is occurring in various fields, including in both psychology and in law, with a sharpened focus on the tenability of claims made by experts. Recent projects have raised some questions and concerns about the legal admissibility of various psychological assessment methods (e.g., DeMatteo et al., 2020; Edens & Boccaccini, 2017; Neal et al., 2019). The current special issue represents a systematic effort for the field to
answer some of these questions, respond to some of the concerns, and charter a path forward. As such, a set of articles offering a high-level review of some of the most common psychological assessment measures practitioners use in legal settings will be published, with attention to multiple audiences for each article: psychological scientists, mental health practitioners, attorneys and judges, and the public. This symposium will cover the special issue as a whole, with an introductory presentation outlining the entire special issue’s general findings and themes, followed by a panel discussion, and interactive audience conversation.

Using the Personality Assessment Inventory to Assess the Alternative Model for Personality Disorders
Chair and Discussant Information: Jared Ruchensky, PhD | Sam Houston State University
Location: Lincoln Park

Associations Among the SPECTRA: Indices of Psychopathology and the Personality Assessment Inventory Alternative Model for Personality Disorders Estimates
There is growing empirical evidence that psychopathology and personality disorders are best conceptualized as a few inter-related dimensions rather than as a multitude of unique individual conditions. Psychological assessment is beginning to incorporate these changing perspectives. The SPECTRA: Indices of Psychopathology (SPECTRA; Blais & Sinclair, 2018) is a broadband assessment inventory designed to measure psychopathology in a manner consistent with the Tri-Dimensional Hierarchical Model (T-DHM). The SPECTRA measures psychopathology along three higher-order dimensions (Internalizing, Externalizing, & Reality Impairing) and the over-arching global (p-factor) dimension. The T-DHM has been widely replicated using diverse (e.g., children, adolescents, and adults) samples and measures (e.g., self-report scales, semi-structured interviews, and DSM disorder counts). Likewise, the Alternative Model for Personality Disorders (AMPD; Section III DSM-5) re-conceptualizes personality pathology using a hybrid categorical-dimensional model containing 25 facets that form five broad domains (Negative Affectivity, Detachment, Antagonism, Disinhibition, & Psychoticism). A potential benefit of the contemporary dimensional models for clinical assessment is the ability to integrate personality and psychopathology findings in a more concise and coherent manner. The present research sought to explore the associations among the SPECTRA’s hierarchical dimensions of psychopathology and the Personality Assessment Inventory (PAI; Morey, 1991 [see Busch, et al., 2017]) generated AMPD facets and domains using a clinical sample. The paper will also explore the associations of the PAI-AMPD scales with psycho-social and cognitive functioning. The paper will conclude with a discussion of the clinical implications of these models.

Mark A. Blais, PsyD | Massachusetts General Hospital and Harvard Medical School

Using the Personality Assessment Inventory to Assess the Alternative Model for Personality Disorders: Criterion Validity in a Clinical Sample
The Personality Assessment Inventory (PAI) is a broadband measure of psychopathology that is widely used in applied settings. Recently, researchers developed regression-based estimates of the Alternative Model for Personality Disorders (AMPD) – a hybrid dimensional and categorical approach to conceptualizing personality disorders (see Busch et al., 2017). Although prior work has linked these estimates to formal measures of the AMPD, there is little work investigating the clinical correlates of this scoring approach of the PAI. The current study examines associations between these PAI-based AMPD estimates and life data in a large, archival dataset of outpatients and inpatients. We expect higher estimated scores on the Criterion A (General Personality Pathology Scale) and Criterion B (Personality Inventory for DSM-5) measures to relate to more negative life events and greater psychiatric history. For example, we hypothesize higher Negative Affect domain and facet-level scores will relate to a greater history of self-harm, trauma, and psychiatric hospitalizations. We predict those higher on Antagonism will have a greater history of violence, more interactions with the criminal justice system (e.g., arrests, incarceration), and a history of childhood conduct disordered behavior. We hypothesize that higher scores on the Psychoticism domain and facets will have a greater history of hallucinations, paranoid ideation/ideas of reference, and mania.

Participants were outpatients (N = 817; 75.1%) and inpatients (N = 271; 24.9%) referred for psychological
assessment in the department of psychiatry within an academic medical center in the northeastern United States. Participant data were collected as part of ongoing clinical work since 2008 and routinely entered into a collective dataset by clinicians for analysis. Assessment protocol typically includes a clinical interview for life events and psychiatric history and administration of the PAI as a broadband measure of personality and psychopathology. The sample was predominately White (84.4%), almost evenly split amongst men (N = 588; 54.0%) and women (N = 500; 46.0%) and were on average middle-aged adults (Mage = 41.97 years, SDage = 15.33). Patients typically presented for evaluation with complex, severe psychopathology.

We found general support for the validity of AMPD estimate scores, such that a theoretically consistent pattern of associations emerged with indicators such as prior academic achievement, antisocial behavior, psychiatric history, and substance abuse. For Negative Affect, individuals characterized as emotionally unstable (emotional lability), sensitive to abandonment and/or rejection (separation insecurity), and inflexible in behavioral patterns (perseveration) are more likely to endorse a history of childhood trauma. For Antagonism, individuals who are superficially charming (manipulativeness) and dishonest (deceitfulness) endorsed a history of physical violence and arrests. Psychoticism was related to lower academic achievement and a history of physical violence, auditory hallucinations, visual hallucinations, paranoid ideation, mania. These results provide novel evidence supporting the use of the PAI-generated AMPD estimates in applied and research settings – at least for demographically and psychiatrically similar clinical samples. We will discuss more detailed results, implications for researchers and clinicians, limitations of the current study, and suggestions for future research using these estimates.

Jared R. Ruchensky, PhD | Sam Houston State University
Shannon E. Kelley, PhD | William James College
Christina Massey, PhD | Massachusetts General Hospital and Harvard Medical School
Laura A. Richardson, PhD | Massachusetts General Hospital and Harvard Medical School
Mark A. Blais, PsyD | Massachusetts General Hospital and Harvard Medical School
Michelle B Stein, PhD | Massachusetts General Hospital and Harvard Medical School

Estimating Scores for the Alternative Model for Personality Disorders in Sexually Violent Predator Evaluations: Associations with the Psychopathy Checklist

The alternative model of personality pathology is a hybrid categorical-dimensional approach that conceptualizes personality disorders as personality impairment (Criterion A) and pathological traits (Criterion B) (Zimmerman et al., 2019). Recently, Busch and colleagues adapted the Personality Assessment Inventory (PAI), a widely researched self-report measure of psychopathology with norms for correctional settings (Ruiz et al., 2014), to generate estimates of Criterion A (General Personality Pathology Scale) and Criterion B (Personality Inventory for DSM-5). This scoring approach holds substantial practical utility for clinicians working with justice-involved populations given the high prevalence within these settings (e.g., Spaans et al., 2017).

This paper will investigate these PAI estimates in a sample of individuals convicted of sexual offenses and evaluated for sexually violent predator (SVP) status in the state of Texas. SVP status is a form of civil commitment following release from prison designed for individuals that pose a high risk for re-offense upon release and can include restrictions such as being unable to live near schools and parks or other areas frequently occupied by children, forcing many to live in rural areas to accommodate the severe restrictions (Sreenivasan et al., 2020). Psychologists often conduct these evaluations using psychological measures like the PAI and the Psychopathy Checklist – Revised (PCL-R). Although the PAI has been researched in forensic settings, it remains unclear how these scores relate to constructs frequently examined in forensic settings, such as antisocial personality disorder (APSD) and psychopathy. This current project will examine the relationship between AMPD estimates of Antisocial Personality Disorder and the psychopathy specifier relate to models of the PCL-R using a dataset of Sexually Violent Predator evaluations collected as part of regular forensic work. Both the four-facet (interpersonal, affective, lifestyle, and antisocial) and two-factor (interpersonal/affective and impulsive/antisocial behavior) models of the PCL-R will be examined.
This paper will focus on both clinical and research implications of these findings. Both the PAI and PCL-R are regularly used in SVP evaluations. The ability to generate AMPD-based scores of ASPD and the psychopathy specifier could supplement existing SVP evaluations without burdening clinicians with additional assessment protocols. Along these lines, incorporating self-reported (PAI) and interview/file-based (PCL-R) information on antisocial personality disorder and psychopathy is consistent with calls for a multi-method approach to personality assessment (Hopwood, 2014). Additionally, the psychopathy specifier conceptually draws from the triarchic model of psychopathy, providing some of boldness (low anxiety, social potency; Patrick et al., 2009). These findings hold important implications regarding ongoing debates about how to define psychopathy, particularly because there is no research investigating the psychopathy specifier within SVP evaluations. We will discuss implications of these findings for both researchers and clinicians with a focus on integration of the alternative model into existing practices.

Alison B. Concannon, MA | Sam Houston State University
Jared R. Ruchensky, PhD | Sam Houston State University
Jorge G. Varela, PhD | Sam Houston State University
Samantha M. Holdren, MA | Sam Houston State University
Samantha J. Kurus, MA | Sam Houston State University
Paige B. Harris, PhD | Sam Houston State University
Darrell B. Turner, PhD | Private Practice

Convergent Validity of the Alternative Model for Personality Disorder (AMPD) pathological personality traits for BPD in a sample of patients seeking Dialectical Behavior Therapy
The Alternative Model for Personality Disorders (AMPD) in Section III of the Fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) uses a hybrid categorical-dimensional approach to conceptualize personality disorders. Criterion A focuses on personality impairment (categorical) and Criterion B focuses on pathological traits (dimensional). Using PID-5 generated estimates from the Personality Assessment Inventory (PAI; Morey, 1991), this study explores the utility of Criterion B in assessing pathological personality traits associated with borderline personality disorder (i.e., Emotional Lability, Anxiousness, Separation Insecurity, Depressivity, Impulsivity, Risk-Taking, and Hostility) for patients being evaluated for a Dialectical Behavior Therapy (DBT) group. Our sample consisted of 156 patients at an outpatient clinic held within a large academic medical center. Their mean age was 39.2 (SD=11.1) and had 15.4 (SD=2.4) years of education. They completed both the PAI and Structured Clinical Interview for DSM-IV for Axis II Personality Disorders (SCID-II; First et al., 1997), as part of the standard intake evaluation process. We hypothesize that there will be significant positive associations between SCID-II BPD criteria, PID-5 generated BPD traits, and life event data (i.e., psychiatric hospitalizations and suicidality). We also hypothesize that the severity of select Criterion B BPD traits will reduce over the course of a DBT group. Clinical implications and future directions will be discussed and explored.

Michelle B Stein, PhD | Massachusetts General Hospital and Harvard Medical School
Whitney Erby, MA | Massachusetts General Hospital and Harvard Medical School
Rebecca Harley, PhD | Massachusetts General Hospital and Harvard Medical School
Kendra Becker, PhD | Massachusetts General Hospital and Harvard Medical School
Jared R. Ruchensky, PhD | Sam Houston State University
Mark A. Blais, PsyD | Massachusetts General Hospital and Harvard Medical School

The Personality Assessment Inventory (PAI; Morey, 1991) is a self-report, broadband measure of personality and psychopathology. The PAI has accrued substantial empirical support over the years across a diverse array of applied settings and is regularly used by clinicians in psychological evaluations. This symposium will examine the psychometric properties of a scoring approach that estimates scores on measures of personality impairment (Criterion A; General Personality Pathology Scale) and pathological traits (Criterion B; Personality Inventory for DSM-5) from the Alternative Model for Personality Disorders (see Busch et al., 2017). The overarching goal of this symposium is to cover ongoing research into whether these estimated scores work as intended within forensic and clinical populations, particularly because this
scoring approach is available in updated PAI scoring software for applied use. The first paper explores the associations among the SPECTRA, an instrument intended to measure psychopathology in a framework consistent with the Tri-Dimensional Hierarchical Model, and the AMPD estimates within an outpatient clinical sample. This paper examines the link between these AMPD estimates with SPECTRA indicators of an over-arching general factor of psychopathology (p), group factors (internalizing, externalizing, and reality-impairing), cognitive functioning, and psycho-social functioning. The second paper examines the relation between AMPD estimates and interview-based life events and psychiatric history using a large outpatient and inpatient dataset. This paper connects the estimated scores with patients’ lived experiences, such as a history of trauma, criminal behavior, and suicidality. The third paper uses a forensic dataset of Sexually Violent Predator evaluations to determine the overlap between PAI-generated estimates of AMPD Antisocial Personality Disorder and the psychopathy specifier with the Psychopathy Checklist-Revised. The fourth paper utilizes a dataset of intake evaluations for group Dialectical Behavior Therapy. Evaluations involve a clinical interview, the PAI, and the Structured Clinical Interview for DSM-IV for Axis II Personality Disorders (First et al., 1997). This paper explores the convergence of the PAI-generated estimates of AMPD Borderline Personality Disorder (BPD) with life event data and symptoms of BPD from the categorical model. Researchers will also examine whether scores on AMPD-designated BPD traits are sensitive to treatment. This symposium covers both research and clinical implications of this scoring approach across clinical (inpatient, outpatient) and forensic settings.

“Going down rabbit holes in the basement”: Using collaborative, multimethod assessment to clarify a case of ADHD in an adolescent
Chair Information: Julie Cradock O’Leary, PhD | Private Practice- Anchorage
Location: Ontario
The slippery slopes of affect regulation and containment
The treating psychologist will present a Collaborative Assessment case of John, a 19 year old college student experiencing significant attentional and executive functional difficulties, academic problems, and family conflict. The first phase of the assessment process will be detailed, including information gathered about John’s history as well as the concerns presented by John and his parents. The Assessment Questions, which fuel the case conceptualization and guide the process of selecting tests, will be presented for John, his mother and father. His mother’s questions focused on how he could be more engaged and successful, and she questioned his ADHD diagnosis. His father wondered specifically about the presence of an executive functioning problem and if time management could help his son. John’s questions ran deeper, as he wondered about the source and timing of his difficulties, if his difficulties were temporary or indicative of something bigger, how his social and parental relationships might be connected, and how he could better understand and work on his relationships with his mother and father. Collectively, the family was asking important questions. The presenter will address how and why he selected the tests he gave to John. The findings of the Rorschach Performance Assessment System (R-PAS), Minnesota Multiphasic Personality Inventory – 2 (MMPI-2), and the Difficulties in Emotional Regulation Scale (DERS) will be reviewed.

Edward B. Jenny, PsyD | Private Practice

“A pyramid with energy or power coming out of the top:” Using the Crisi Wartegg System to identify intellectual defenses
The Crisi Wartegg System (CWS) for the Wartegg Drawing Completion Test is a performance-based personality measure that provides information about client’s cognitive, emotional, and interpersonal functioning, including attachment functioning and coping resources. One of the advantages of the CWS is its ability to identify cognitive and intellectualized defenses, through formal scoring, process-based responses to the test on the part of the client, and metaphorical content. These factors create opportunity for new understanding of client’s stories. This presentation will focus on John’s Wartegg protocol, highlighting certain drawings, and explore how the CWS shed light on his intellectual defenses, affect-management and coping style.

Jacob A. Palm, PhD | Southern California Center for Collaborative Assessment, Long Beach, CA and North American Representative, Istituto Italiano Wartegg- Italy
“I think it slowly builds on your skin and you can’t get out of your head that you failed at something”: Scrambling to engage defenses against shame

John’s Thurston Cradock Test of Shame (TCTS) protocol will be reviewed in detail, focusing specifically on how his stories contained frequent indirect expressions of shame, and extensive efforts to engage in scorable shame defenses (deflation, aggression, inflation/contempt) and attempts at intellectualization to protect himself from emotion. John’s high number of maladaptive resolutions, the lack of competent and helpful figures in his stories, and repeated expressions of being doomed to fail represent John’s sense of hopelessness about managing his emotion, particularly a deeply painful emotion like shame. His slips into bizarre or violent content, and his tendency to frequently repeat phrases will be explored as they appeared to provide a closer look into his efforts to engage in distancing from affect.

Julie Cradock O’Leary, PhD | Private Practice- Anchorage

“Rolling in the deep”: The attachment trauma abyss

This presentation will show how the Adult Attachment Projective (AAP) offers us a window into John’s relational world and the profound effects that attachment trauma – the failure of his attachment figures to protect him and help him regulate his emotions – has had on his life. By looking at the specific language John uses to tell his stories, we will be able to “see” the depth of his despair characterized by fear, shame, isolation, and helplessness – the hallmarks of attachment trauma. The link between John’s difficulties with attention and executive functioning and his level of emotional distress will be clarified. An ADHD diagnosis did not fully capture John’s struggles.

Melissa Lehmann, PhD | Center for Therapeutic Assessment

Bringing affect into the room while staying out of “rabbit holes”

The treating psychologist will review how this collaborative, multimodal approach to testing – as illustrated in the presentations to date - informed his understanding of John’s struggles and dilemma of change. The concepts of Extended Inquiry and Assessment Intervention Session will be briefly reviewed, and the psychologist’s use of the testing materials to help John and his family will be highlighted. Specifically, card VIII of the Rorschach was used to help John inhibit the desire to excessively elaborate, a Rosenzweig Picture Frustration task was created to help bring John’s anger into the room, box 3 of the Wartegg was used to explore the intensity of his ideational rabbit holes, the AAP bed story was used to help John understand his experience of being misunderstood by his attachment figures, and TCTS card 8 was used to help John better understand how he manages and avoids painful emotion. Finally, an update on John’s progress since the assessment will be provided.

Edward B. Jenny, PsyD | Private Practice

This case discussion will present a collaborative, multi-method assessment of John, a 19-year-old male who presented with significant disturbances in attention and executive functioning. Prior to this assessment, John had been diagnosed through clinical interview with Attention Deficit/Hyperactivity Disorder. His response to stimulant medications was marginal, and both his academic performance in college and his interpersonal functioning with family members deteriorated. John and his parents elected to participate in a collaborative assessment, with hopes of answering their questions about his diagnosis and current struggles.

The first presentation, by John’s treating psychologist, will follow John and his parents through the beginning of the assessment process, including their specific Assessment Questions. The presenter will outline his early conceptualization of the case, and how he selected tests to better understand John. Data from the Rorschach Performance Assessment System (R-PAS), Minnesota Multiphasic Personality Inventory – 2 (MMPI-2), and the Difficulties in Emotional Regulation Scale (DERS) will be briefly reviewed. The next three presenters will analyze and interpret John’s testing data from three key tests in this assessment: Crisi Wartegg System (CWS) for the Wartegg Drawing Completion Test, The Thurston Cradock Test of Shame (TCTS), and the Adult Attachment Projective (AAP). As the data from this assessment are presented, a more nuanced picture of John’s difficulty with emotional regulation, and its impact on his executive functioning will emerge. Testing data will highlight John’s tendency to devote significant ideational and cognitive effort toward understanding and containing the very
emotions that confused him and were difficult for him to express. John’s efforts to use cognitive means to manage emotions resulted in him “running down rabbit holes,” a process that led to loose, disorganized thinking. This led to an increase in frustration for John, and his family was confused and unsure how to help. The final presentation will highlight how the treating psychologist used Extended Inquiry and Assessment Intervention techniques to help John and his family understand the emotion regulation dynamics within him, and begin to process the emotions that he found so frightening. An update on John’s progress since the evaluation will also be provided.

Integrated Papers: Varied Papers: International & Multi-ethnic Studies
Location: Washington Park II
Convergence between Rorschach and Self-Report Data of Traumatized Refugees Assessed Before and After Psychotherapy
This study examined possible convergence between trauma-related Rorschach and self-report data collected by Opaas and Hartmann (2021). Twenty-two multi-traumatized adult refugee patients (13 males and 9 females) were assessed before and after psychotherapy, using the Rorschach Performance Assessment System (R-PAS; Meyer et al., 2011), the Harvard Trauma Questionnaire and the Hopkins Symptom Checklist (HTQ and HSCL-25; Mollica et al., 2004), and the World Health Organization Quality of Life-Bref questionnaire (WHOQOL-BREF, 1998). At psychotherapy start there were only two significant correlations between R-PAS and self-report data. However, after therapy termination, the R-PAS variables Form Quality-minus%, Severe Cognitive Codes, Mutuality of Autonomy-Pathology, Poor Human Representation, and Critical Content% correlated significantly or near to significantly, positively with most of the mental health variables (HCL-25 and PTSD) and negatively with most of the QOL variables. The correlations were medium to large and varied from absolute correlation values $r = .23$ to $r = .71$.

Ellen Hartmann | University of Oslo
Marianne Opaas | Norwegian Center for Violence and Traumatic Stress Studies

Exploring Potential Ethnic Bias among 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.

Subjects: The current study used 298 participants from two ongoing undergraduate studies, including 198 Latinx individuals (80.8% female; Mage=20.8) and 100 Caucasian participants (85% female; Mage=21.4).

Method: Participants were recruited for course credit and 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 RC scale measurement of personality psychopathology. Analyses focused on scale relationships that were expected to show at least moderate associations (e.g., relationships between MMPI-3 RCd, RC2, and RC7 and PID-5-SF Negative Affectivity and Detachment were expected). A Bonferroni correction was used ($p < .01$) to test the significance of possible biases.

Results: Among conceptually expected relationships, hierarchical regressions revealed slope bias in Antisocial Behavior’s (RC4) prediction of Antagonism ($R^2 = .065$). 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 that most MMPI-3 clinical scales are unbiased in their measurement of personality psychopathology among a Latinx population. However, additional research should examine the use of RC4 as a predictor of Antagonism among Latinx individuals.”

Nicole Shumaker, BA | Sam Houston State University
Measurement Invariance of the Emotion Regulation Questionnaire across China, Hong Kong, and the United States

The Emotion Regulation Questionnaire (ERQ) is widely used in different cultures and countries to measure expressive suppression and cognitive reappraisal. We aimed to examine the measurement invariance of the ERQ across four cultural groups, European Americans (EAs), Asian Americans (AAs), Hong Kong Chinese (HKC), and Mainland Chinese (MC), ranging from most “western-oriented” to most “eastern-oriented.” We hypothesized that configural, metric, and scalar invariance would all be confirmed between each pairing among the four groups, allowing comparison of means on the ERQ across groups. We also hypothesized that there would be an ascending trend in expressive suppression associated with greater East Asian cultural influence. To test these hypotheses, 102 EA students, 109 AA students, and 100 HKC students were asked to complete the ERQ in English, and 112 MC students were asked to complete a translated version of the ERQ in Mandarin Chinese. Confirmatory Factor Analysis (CFA) was examined in each group to establish a two-factor baseline model for the ERQ fit adequately well across the four group, followed by the assessment of measurement invariance between each group pairing. The results indicated that scalar invariance was met among EAs, AAs, and HKC, while partial invariance solutions were identified for MC vs. the other groups. Mean differences for expressive suppression and cognitive reappraisal were explored with groups with full scalar invariance met (EAs, AAs, and HKC), supporting the hypothesis of an ascending trend in expression suppression. Implications for the construct validity of the ERQ across diverse Asian groups is discussed.

Multi-National Evaluation of the Measurement Invariance of the Level of Personality Functioning Scale - Brief Form 2.0: Comparison of Student and Community Samples Across Seven Countries

Background: DSM-5’s Level of Personality Functioning Scale (LPFS) was introduced as a dimensional rating of impairments in self and interpersonal functioning. The LPFS – Brief Form (LPFS-BF) was the first published self-report instrument corresponding to the LPFS and subsequent improvements resulted in the LPFS-BF 2.0, which has been translated into numerous languages, internationally used in research, and included in the International Consortium for Health Outcomes Measurement’s proposed standardized minimum set of outcomes (Prevolnik Rupel et al., 2021). International research supports many of the instrument’s psychometric properties, and this study is an introductory step in a global evaluation of the LPFS-BF 2.0’s measurement invariance.

Subjects: Archival data (N = 5,618) from seven countries (Canada, Chile, Denmark, Germany, Italy, United Arab Emirates, and the United States of America) were used for this preliminary study. Participants were recruited from both community (n = 4,677) and student (n = 941) populations. The total sample comprised 57.26% females with a mean age of 39.91 (SD = 17.16).

Method and Analyses: To meet the aims of this study, confirmatory factor analysis (CFA) was used to examine a single multigroup model, separately in the community and student samples, by specifying a two-factor model in each sample using robust maximum likelihood estimators. We then evaluated a series of increasingly stringent model comparisons to test three aspects of measurement invariance (configural, metric, scalar). Finally, we examined latent mean differences across countries by calculating Cohen’s d as an estimate of effect size with 95% confidence intervals computed.

Results: After confirming a two-factor structure in both samples, measurement invariance based
on country was evaluated. The configural model was shown to be a good fit to the data in each sample and a comparison of fit indices of the metric model to the configural model revealed no meaningful decrement in fit, supporting metric invariance in both samples. Full scalar invariance was supported in the community sample; however, there was substantial decrement in fit in the student sample (ΔCFI = -.065, ΔRMSEA = .015, ΔSRMR = .013). The evaluation of latent mean differences across countries revealed several significant differences; latent mean comparisons are only interpreted for the community sample due to a lack of support for scalar invariance in the student sample.

Conclusion: Overall, the LPFS-BF 2.0 appears to assess self- and interpersonal functioning impairment similarly across the included countries. Evidence for full configural invariance suggests an identical factor structure across countries and test items appear to be similarly related to latent self- or interpersonal functioning impairment factors, as indicated by support for full metric invariance in both samples. Finally, full scalar invariance was supported in our community sample whereas scalar non-invariance found in the student sample suggests that a response to a given item does not correspond to the same latent score across countries. These findings and the results from latent mean comparisons are discussed through the lenses of the cultures from which participants were recruited. Limitations, plans for future research, and implications for both research and clinical practice are offered.”

Adam P. Natoli, PhD | Sam Houston State University
Bo Bach, PhD | Slagelse Psychiatric Hospital
Yann Le Corff, PhD | Université de Sherbrooke
Marianne Cottin Arredondo, PhD | Universidad de Chile
Emanuela S. Gritti, PhD | Università di Padova
Joost Hutsebaut, PhD | De Viersprong National Institute of Personality Disorders
Nishtha Lamba, PhD | Middlesex University Dubai
Johannes Zimmermann, PhD | Universität Kassel

Translation, adaptation and validation of the LPFS-BF 2.0 and PID5BF+ M for assessing PD criterion A and B in Spanish speaking Chilean population

In order to determine the applicability and adaptability of the newer hybrid PD models to different clinical and research contexts, we believe we need to test them not only on community but also on clinical-based populations from different settings across countries. This study was part of a broader project where we tested the relationship between adverse childhood experiences, personality traits, and the levels of personality functioning. The aim of this study was to translate, adapt, and validate brief instruments for assessing the levels of personality functioning (criterion a) and maladaptive personality traits (criterion b) on a Chilean Spanish-speaking population. We conducted a cross-sectional study with a sample of 599 participants in two different groups, a clinical sample, and a community-based sample. The validated instruments were the Level of Personality Functioning Scale ‐ Brief Form 2.0 (LPFS BF 2.0) and The Personality Inventory for DSM-5, and ICD-11 – Brief Form Modified (PID5BF+ M). We followed Guillemin, Bombardier, and Beaton’s (1993) suggestion for transcultural adaptation of measures where two groups of bilingual individuals translated each instrument into Spanish and another two back-translated to English. We presented the original and translated items to a group of experts in personality disorders to decide on the definite translations to include in the Chilean Spanish version of the instruments. The data was collected during the months of November 2020 and February 2021. For this validation process, we estimated the construct validity, reliability, convergent validity, and, for the LPFS-BF 2.0 the cut-off score with ROC curve analysis. The translated, adapted, and validated instruments can now be used in Chile and with further Spanish-speaking populations in both research or clinical contexts. We will discuss the results of our study and its implications, and we will briefly mention how our results compare to German findings with the same questionnaires, a sample that was collected simultaneously as part of the broader study.

Marianne Cottin, PhD(c) | Universidad Finis Terrae
Cristóbal Hernández, PhD | Universidad Adolfo Ibañez
Antonia Muzard, PhD(c) | Pontificia Universidad Católica de Chile
Alex Behn, PhD(c) | Pontificia Universidad Católica de Chile
An Examination of the Oral Dependent Language Variable in the Rorschach Inkblot Test

Adults vary regarding their self-sufficiency and dependency on others with some displaying exaggerated needs for support, guidance, and nurturance. This study examines the psychodynamic concept of oral-dependency and its manifestation as Oral Dependent Language (ODL) in subjects’ responses on Rorschach Inkblot Test using the R-PAS method (Meyer et al., 2011). While there has been extensive research on the Rorschach Oral Dependency Scale (ROD, Borshtein & Masling, 2005), the predecessor to the ODL, research examining its oral and dependent components and the rationale for only coding ODL in the Response Phase (R-PAS method) of a Rorschach administration is limited. Though the manifestation of an “oral character” and a “dependent” personality are distinct, both are scored as oral dependent language. The relationship between interpersonal dependency and orality should be examined further. This study provides additional normative data for ODL scores and investigates its Rorschach correlates in a community sample.

Victor Pannu, M.A | Alliant International University
Robert Harris PhD. | Alliant International University

An Investigation of Errors Produced by Psychological Trainees in Rorschach Administration: Implications for Determinants and Protocol Complexity

“BACKGROUND AND PURPOSE: There is a considerable body of research about errors psychologists and trainees make in scoring Rorschach Inkblot Test responses (Callahan, 2015; Guarnaccia et al., 2001; Hilsenroth et al., 2007; Kivisalu et al., 2016; Meyer et al., 2011). However, there has only been a limited examination of errors in the administration of the Rorschach (Daly, et al., 2021; Lis, et al., 2007). This study examines the errors produced by psychological trainees in their administration of the Rorschach. The study will explore the scope of these errors and their impact on Determinant codes and protocol Complexity. In addition, this study will examine whether more experience reduces the number of administration errors committed. It is anticipated that the nature and scope of Rorschach (R-PAS method, Meyer et al., 2011) administration errors committed by psychological trainees will be substantial. This research will help illuminate for instructors and supervisors the importance of intensive training on Rorschach administration in addition to Rorschach coding. The study will offer recommendations for classroom training and clinical supervision to address errors in Rorschach administration.

SUBJECTS: 190 non-clinical volunteer community adult participants from Central California.

METHODS AND MATERIALS: Participants completed the Rorschach Inkblot Test (R-PAS method), the Personality Assessment Screener (PAS), the Wechsler Abbreviated Scale of Intelligence | Second Edition (WASI-II), and a demographic questionnaire. Test administration was conducted by graduate students enrolled in doctoral clinical psychology training programs who were closely supervised by a licensed psychologist.

ANALYSES: The statistical analyses will utilize a quantitative approach. The researcher will thoroughly review the RP and CP of the 190 protocols, obtained by the 38 psychological trainees. Any of the 28 errors, developed by Daly et al., (2021), present in the protocols will be recorded under one of the five broad categories of errors. Descriptive statistics will be provided for these errors and Pearson correlation coefficients will be calculated to examine the hypothesis that errors will not decrease with repeated Rorschach (R-PAS method) test administrations. A non-significant correlation between errors and number of prior Rorschach administrations is anticipated.

Using a series of one sample t-tests, mean data from the determinant codes and determinant complexity values will be compared to published R-PAS norms. It is hypothesized that because of administration errors related to determinants, trainees’ protocols will diverge from published norms and that the mean determinant complexity score will also be statistically significantly lower than published means.
The results collected from the t-tests and the errors recorded from the protocols will be analyzed to characterize the scope of Rorschach (R-PAS) administration errors made by psychological trainees and the interpretive significance of these errors.

RESULTS: Pending data analysis.

CONCLUSIONS: Data analysis is ongoing.”.

Cody Chapa, B.S. | Alliant International University - Fresno
Robert Harris, PHD | Alliant International University - Fresno

Assessment Practices: Findings from a 2020 Survey
Understanding the assessment practices of psychologists has been a focus of research since the mid-twentieth century. Previous studies focused on the types of tests utilized as well as the amount of time spent on assessment, among other common practices, although feedback practices have been rarely examined. Recent examinations of psychologists’ specific test usage indicated consistent use of the Weschler scales and MMPI measures. Additionally, in recent years, use of symptom-specific measures, such as the BDI-II, has increased, and use of performance-based measures, such as the Rorschach and the TAT, has decreased. The current study was conducted to examine professional psychologists’ practice and use of assessment, such as specific test usage frequency, time spent on assessment, and feedback practices. A survey instrument was created, piloted, and completed by a sample of 293 currently practicing licensed psychologists recruited from varied list-serves and other profession-related media. Results showed that current assessment practices are largely consistent with previous surveys of psychologists, though some potential shifts emerged including the time spent on assessment and the popularity of certain tests. Similar to prior research, the MMPI and Weschler variations in addition to symptom-specific measures were highly utilized, while the use of performance-based measures were utilized less. Notably, the use of behavioral and adaptive functioning measures were used at higher rates than previous reports. Similar to earlier studies, there was variation in the reported time that participants spent on assessment each week. Lastly, regarding the feedback practices of psychologists, a large majority of the current sample endorsed providing written and in-person assessment feedback. Conclusions, limitations, and implications for future research are discussed in light of these findings.

Catherine Hanigan, MA | Regent University
Linda Baum, PhD | Regent University
Anderson Rowan, PhD | Regent University

Emotion regulation processes: an integrative investigation of cognitive, affective, and neurobiological features
Emotion regulation (ER) is a core element for individual well-being, and dysregulated emotional states are prominent in several mental disorders. Moreover, dispositional use of adaptive ER strategies, such as cognitive reappraisal, is usually associated to better psychological outcomes and less emotional problems. Thus, identifying markers of emotion dysregulation could help the development of treatments against the risk of psychopathology.

Adopting a multi-method approach could be beneficial in order to account for the complexity of the human emotional processes (Larsen & Prizmic-Larsen, 2006; Thompson, 2011). Accordingly, the present study investigated the cognitive, affective, and neurobiological features of ER processes, with a major focus on the dispositional use of the cognitive reappraisal strategy. More specifically, we aimed at understanding how the dispositional use of reappraisal could be linked to overall ER processes and affective-emotional expressions, further inspecting the neurobiological underpinnings of these relationships.

Our sample was comprised by 46 healthy subjects. Cognitive features were investigated through administration of the Emotion Regulation Questionnaire (Gross & John, 2003) and the Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004). Affective features were depicted through administration of the short form of the Affective Neuroscience Personality Scale (Pingault et al., 2012).
Lastly, neurobiological features were analyzed through resting-state functional connectivity magnetic resonance imaging (MRI) protocols and Diffusion Tensor Imaging (DTI).

From a cognitive standpoint, we found that individuals with poor reappraisal usage (low reappraisers) showed greater levels of emotion dysregulation. Moreover, specific difficulties in ER domains, such as emotional awareness, emotional clarity, and ER strategies implementation, were differently associated to specific regulating strategies, in the extent of which were positively correlated with dispositional use of expressive suppression, and negatively associated with dispositional use of cognitive reappraisal. From an affective-behavioral perspective, we observed an overexpressed negative affective state among low reappraisers, whereas individuals with good reappraisal usage (high reappraisers) were conversely characterized by a more prominent expression of positive affective states. Lastly, from a neurobiological point of view, we observed decreased functional connectivity patterns among low reappraisers compared to high reappraisers, especially regarding connectivity between the middle temporal gyrus and occipito-parietal regions. Moreover, functional connectivity patterns between several brain regions were negatively associated with overall difficulties in ER processes and enhanced expressions of general negative affect. Furthermore, structural connectivity impairments were found among low reappraisers in white matter tracts connecting, above all, temporal, parietal, and occipital brain regions. Also, white matter microstructural impairments were associated with enhanced expressions of general negative affect.

Our results underlie how specific difficulties in managing ER strategies, such as cognitive reappraisal, are associated to several cognitive, affective, and neurobiological impairments. The multi-method approach we adopted could help grounding our knowledge of ER difficulties in an evidence-based perspective (Larsen & Prizmic-Larsen, 2006; Thompson, 2011).

Enrico Vitolo, PhD | University of Turin
Matteo Diano, PhD | University of Turin
Luciano Giromini, PhD | University of Turin
Alessandro Zennaro, PhD | University of Turin

Understanding the Role of Therapeutic Techniques in the Provision of Psychological Assessment

Collaborative/Therapeutic Assessment (C/TA) techniques use therapeutic opportunities inherent to the assessment process to enhance the utility of the time spent on assessment, as well as create positive therapeutic change for the client. As previous research has found that C/TA is associated with decreased symptomatology and better treatment outcomes, it may be a useful adjunct to psychotherapy in terms of treatment focus and cost-effectiveness among other benefits. However, the informal use of these techniques in assessment has not been previously documented. Therefore, the current study was conducted to better understand the use of and interest in using C/TA techniques in the provision of assessment. A survey instrument was created using the common features of C/TA identified in Finn, Fischer, and Handler’s Collaborative/therapeutic assessment: A casebook and guide. After piloting and editing the initial survey, the final instrument was utilized with a sample of 293 currently practicing licensed psychologists recruited from varied list-serves and other profession-related media. Results revealed that therapeutic techniques (e.g., elements of C/TA) appear well-appreciated in current practice. When asked about using C/TA in practice, over half of the sample endorsed use. Interestingly, when participants were asked about the use of individual elements of C/TA, endorsement percentages were much higher. In fact, there were only three (out of 17) elements with an endorsement rate below 50%. The results suggest that the implicit use of C/TA may be more common than the explicit endorsement of using C/TA in practice. Factors (e.g., degree, post-doctoral specialty, and time in practice) that were associated with use of and/or interest in C/TA are highlighted. Conclusions, limitations, and implications for future research are discussed in light of these findings.

Catherine Hanigan, MA | Regent University
Linda Baum, PhD | Regent University
Anderson Rowan, PhD | Regent University
Integrated Papers: Varied Papers: Personality Disorders in Sexual Minorities, and Psychopathy/Dark Triad

Location: Erie

Personality Pathology among Sexual Minority and Heterosexual Individuals: Factor Analysis of the Personality Inventory for the DSM-5 Brief Form

The Alternative Model of Personality Disorders (AMPD) was developed to provide a dimensional approach to assessing personality and personality disorders (Krueger & Hobbs, 2020). The AMPD provides a mechanism of determining the level of impairment (Criterion A) and the maladaptive traits contributing to personality psychopathology (Criterion B). Criterion B combines personality traits into 25 trait facets and five trait domains (Negative Affect, Detachment, Antagonism, Disinhibition, and Psychoticism), offering a dimensional and hierarchical approach to conceptualizing personality. Measures of the AMPD have demonstrated acceptable internal consistency, convergent validity, and incremental validity for both Criterion A and B (Zimmermann et al., 2019). However, it is vital to understand how personality measures operate within diverse groups, such as sexual minorities (Krishnamurthy et al., 2021). Prior research has identified discrepancies in the diagnosis of personality disorders, particularly borderline personality disorder, with sexual minorities being diagnosed at higher rates compared with heterosexuals (Rodriguez-Seijas et al., 2021; Russell et al., 2017). Therefore, the current study examines the factor structure of the Personality Inventory for the DSM-5 Brief Form (PID-5-BF; Krueger et al., 2013) across sexual minority and heterosexual individuals. Analyses were conducted using a dataset of 2336 participants, with 77.8% White/European American, 65.5% male, and 84% heterosexual (n =1463). A principal axis factor analysis was conducted on the 25 items comprising the PID-5-BF using an oblique rotation (promax), retaining factors with eigenvalues over Kaiser's criterion of one. For the heterosexual subsample, five factors were retained, accounting for 47.87% of variance in combination. The five factors appeared to map onto the five-factor domains identified within the PID-5-BF (Krueger et al., 2013). However, some items did not load onto the expected factors. For example, a weak Psychoticism factor was identified with only two of the five expected items loading. For the sexual minority sample, six factors were retained, accounting for 51.94% of the variance in combination. The factors approximated the five domains previously identified within the PID-5-BF (Krueger et al., 2013), with the Psychoticism factor split across the fifth and sixth domain. These preliminary findings indicate differences in the structure and function of the PID-5-BF across sexual minorities and heterosexual participants. These findings have significant clinical and research implications because the results suggest that the broad trait domains of the AMPD may differ between these groups. The presence of a sixth factor within the sexual minority sample indicates personality pathology may be structurally different between heterosexual and sexual minority persons. Clinically, this is particularly salient because it suggests practitioners may need to approach the assessment and treatment of personality pathology differently for sexual minority compared to heterosexual clients. Results from confirmatory factor analyses will be presented to examine the fit of the factor structure. We will also present results from measurement invariance analyses that test whether the PID-5-BF functions similarly across sexual minority and heterosexual persons.

Grace Boland, MA | Sam Houston State University
Jared Ruchensky, PhD | Sam Houston State University
Tiffany Russell, PhD | Sam Houston State University

Psychopathy Testing Bias in Sexual Orientation Minorities: A Slope-Intercept Bias Approach

BACKGROUND AND PURPOSE: Measures of psychopathic personality traits have been utilized in various settings and are often weighed heavily in decision making. Though there is evidence of testing bias in marginalized groups, no evaluation of potential bias has been conducted among sexual orientation minorities. This study has two aims: 1) to assess the manifestation of psychopathic personality traits in sexual orientation minorities, and 2) to examine test bias via slope-intercept bias analyses using multiple self-report psychopathy measures.

SUBJECT(S): Although data collection is still in progress (current n = 951), preliminary analyses were conducted on the first 50 participants. Participants were adults representing a diverse distribution of genders (42% cisgender male, 52% cisgender female, 6% transgender/genderfluid/nonbinary) and sexual
orientations (52% heterosexual, 8% gay/lesbian, 24% bisexual, 12% pansexual, 4% asexual/demisexual).

METHODS: Data were collected through social media and university courses. 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). Additional constructs including antisocial behavior, psychopathology, personality, impairment, sociosexuality, and discrimination were also assessed. The final analysis will utilize a slope-intercept bias approach to measure testing bias. However, for this initial analysis on a small sample, mean differences between psychopathy measures were assessed.

RESULTS: An independent samples t-test was performed between heterosexual and sexual minority participants. No significant differences were found between mean scores on the total scales of the TriPM, CAPP-SR, or LSRP.

CONCLUSIONS: Initial findings show no significant differences between sexual minorities and heterosexual individuals. However, further analysis will allow for an evaluation of whether psychopathy predicts various outcomes in a biased way among sexual minorities. These findings will provide the first empirical evidence for the cultural appropriateness of multiple psychopathy measures in sexual minorities.”

Kelci C. Davis, M.A. | Sam Houston State University
Jaime L. Anderson, Ph.D. | Sam Houston State University

Using Latent Profiles of Impulsivity to Differentiate Constructs of the Dark Triad

Intro: The Dark Triad is comprised of three personality traits that are theoretically and conceptually distinct, however, recent research has struggled to empirically differentiate these traits. Machiavellianism and psychopathy traits produce almost identical factor structures predominantly characterized by disinhibition – a characteristic of impulsivity (Miller et al., 2016). Using a comprehensive trait approach to impulsivity suggests that each UPPS-P facet may differentially relate to the Dark Triad. Kiire and colleagues (2020) suggest that Machiavellianism is uniquely related to lack of perseverance and lack of premeditation whereas psychopathy is associated with all impulsivity facets. However, previous research has largely taken a variable-centered approach (e.g., regression, factor analysis) to differentiate these constructs (Kiire et al., 2020; Miller et al. 2016). This contrasts a person-centered approach, which aims to identify patterns in participant responses across all predictive variables and uses identified groups of response types, or profiles, to differentiate outcomes. A person-centered approach to impulsivity may elucidate subtle, yet empirically meaningful, differences within the Dark Triad. The purpose of the present study is to expand on previous research by using latent profile analysis to identify how facets of impulsivity may fluctuate together to create unique typologies that differentiate the Dark Triad domains. Method: The final sample (N=704) completed the Elemental Psychopathy Assessment, the Five Factor Machiavellianism Inventory, the Five-Factor Narcissism inventory, and the short UPPS-P Impulsive Behaviors Scale. AMOS 27.0 was used to conduct Bayesian LPA with Markov Chain Monte Carlo simulation to identify profiles using the five UPPS-P facets. Mean differences in Dark Triad traits between the identified impulsivity profiles were assessed using a one-way multivariate analysis of variance. Results: The final four-profile solution demonstrated excellent model fit and accurately classified 84% of the sample. Four profiles were identified: high urgency only, low premeditation/perseverance only, average impulsivity, and below average impulsivity. There was a statistically significant difference in Dark Triad traits between the identified impulsivity profiles, F(9,1758) = 38.28, p < .001, with the impulsivity profiles accounting for 16% of the variance in Dark Triad trait scores. LSD post-hoc comparisons indicated that the high urgency profile was associated with the highest psychopathy scores compared to all other profiles. The highest Machiavellianism scores were associated with the below average impulsivity profile and the highest narcissism scores were associated with the low premeditation/perseverance profile compared to all other profiles. The low premeditation/perseverance profile was a unique low base rate group associated with the lower scores on Machiavellianism and narcissism compared to the average impulsivity and high urgency profiles.

Discussion: The emergence of a below average profile may suggest that Machiavellianism is best
Evaluating PTSD with the Clinician Administered PTSD Scale -5
The presenter will describe data from an unstructured interview and from the Clinician Administered PTSD Scale for DSM-5 (CAPS-5). The following questions will be posed to the audience:

1. Is there evidence of a Trauma or Stressor-Related Disorder that pre-existed the index accident?
2. Does the CAPS support a diagnosis of PTSD?
3. If PTSD was caused by the index accident did it aggravate or exacerbate a pre-existing disorder or did it cause a new disorder?

Since many plaintiffs are aware of the symptoms and diagnostic criteria for PTSD, they may consciously --or unconsciously -- endorse symptoms that they believe will lead to a diagnosis of PTSD and financial compensation. To avoid suggesting symptoms to the plaintiff, evaluations of PTSD in psychological injury cases should begin with an unstructured, open-ended interview.

The presenter will report data from a comprehensive psychosocial history including potentially traumatic and stressful events in childhood, adolescence and adulthood. The presenter will describe how the plaintiff coped with traumatic or stressful events and problems with emotional regulation, interpersonal behavior and academic, social and vocational adjustment.

The presenter will discuss the rationale for using the Clinician Administered PTSD Scale for DSM-5 (CAPS-5) and then provide selected data from the CAPS-5. For example, for Criterion B1, the plaintiff was asked, “Have you had any unwanted memories of the event? How does it happen that you start remembering the event? How much do these memories bother you? Were you able to put them out of your mind and think about something else? Overall, how much your problems this for you? How often have you had these memories in the past month in the worst month? The plaintiff’s responses to these questions will be provided with the clinician’s rating for the current month and worst month. Selected data from the Diagnostic Criteria B, C, D and E will be presented, including the plaintiff’s responses and the examiner’s rating. A summary table with for all twenty criteria will be presented along with global ratings.

Saul Rosenberg, PhD | University of California

MMPI-2 and MMPI-3 Assessment of PTSD in Psychological Injury Evaluations
The strengths and weaknesses of assessing PTSD symptoms and diagnosis on the MMPI-2 and MMPI-3 will be discussed. The plaintiff took the MMPI-2 and then the MMPI-3 one week later. The presenter will provide the audience with data and statements from the interpretive reports on both the MMPI-2 and MMPI-3.
The following questions will be posed to the audience:
1. How does the MMPI-2 data confirm or disconfirm the hypothesis that the plaintiff is currently suffering from symptoms of PTSD?
2. How does the MMPI-3 data confirm or disconfirm the hypothesis that the plaintiff is currently suffering from symptoms of PTSD?
3. What are the areas of agreement and disagreement between the MMPI-2 and MMPI-3?

Below is a sample of the data that will be presented.

The MMPI-2 Interpretive Report: SYMPTOMATIC PATTERNS: “The clinical scale prototype used to develop this report incorporates correlates of Scale 3 (Hy = 82T) and Scale 2 (D = 77T). Because these scales are not well defined in the clinical profile, interpretation of adjacent scales should be considered: Scale 7 (Pt = 77T) and Scale 1 (Hs = 76). Other scales that were elevated include Scale 8 (Sc) = 70, Addiction Admission Scale (AAS = 73), Anxiety (ANX = 74T), Low Self-Esteem (LSE = 76T), Introversion/Low Positive Emotionality (INTR = 73).

The interpretive report stated: “Physical concerns and depressed mood appeared to be primary problems. The client reports feeling nervous, tense, and unhappy, and she is quite worried at this time. She also appears to be quite indifferent to many things she once enjoyed and believes she is no longer able to function well in life. She feels that she has not been treated well. Her depressed mood is accompanied by physical complaints and extreme fatigue. She appears to be inhibited and overcontrolled. She feels that life is no longer worthwhile and that she is losing control of her thought processes.

MENTAL HEALTH CONSIDERATIONS: “The most frequent diagnosis for individuals with this profile type is dysthymic disorder.”

The MMPI-3 Interpretive Report: Her MMPI-3 profile was valid with no indications of over-or-under reporting.

MMPI-3 scale elevations included Malaise (MLS = 70T), Eating Concerns (EAT = 80T), Worry (WRY = 65T), Anxiety-Related Experiences (ARX = 70T), Substance Abuse (SUB equals 60 5T), Social Avoidance (SAV= 60T), Introversion/Low Positive Emotionality (INTR = 65).

Somatic/Cognitive Dysfunction: “She reports a general sense of malaise manifested in poor health, and feeling tired, weak, and incapacitated. She reports problematic eating behaviors. She complains about memory problems, has low tolerance for frustration, does not cope well with stress, and experiences difficulties in attention and concentration.

Emotional Dysfunction: She reports multiple anxiety-related experiences including generalized anxiety, and reexperiencing, and/or panic. She likely experiences significant anxiety and anxiety-related problems, PTSD features including intrusive ideation, nightmares, and panic.

Diagnoses suggested by the MMPI-3: Anxiety-related disorders, including PTSD.

Paul A. Arbisi, PhD | University of Minnesota

Assessing PTSD with the Rorschach Performance Assessment System
The presenter will review five interpretive considerations for the assessment of PTSD on the Rorschach: (1) cognitive constriction, (2) trauma-related imagery, (3) trauma-related cognitive disturbances, (4) stress response, and (5) dissociation.

The presenter will pose the following questions about the Rorschach data in this case:
1. Do the R-PAS scores support the presence of PTSD symptoms?
2. Does the content of her responses support the presence of PTSD symptoms?
3. Is the profile consistent with a diagnosis of PTSD?
Notable responses including the clarification phase:
“A spine that is bent, the vertebrae is all twisted, like a fusion was done in the middle. The spacing between them where the disc should go; not shown, don't look like they are facing the right way, they are being stretched and pulled. The curve and that is not natural. Doesn’t have a space, disc not taken out. Does not sound like fun. Actually makes me kind of anxious. I might need a fusion some day. I will probably get arthritis in my neck. Spine stuff makes me uneasy.”
“One of those cow skulls you see in the desert, like desolate, vacant, isolated.”
“Animal skull with fire coming out of its eyes and smoke coming out of its mouth. It looks like it is threatening creatures in front of it.” The fire plus smoke makes it look threatening.
“A knife above lungs, it could fall and harm the lungs, possibility of danger or injury. It is up there it could fall and harm, but also could not, should I be afraid should I not be afraid? Lack of control over it, the possibility of danger or injury.”

Discussion: Following the third presentation, the symposium chair will lead a discussion with the audience and the presenters about the evidence for and against a hypothesis of PTSD.

Donald J. Viglione, PhD | Alliant University-San Diego

The presenters in this symposium will describe an evidence-based, multi-method approach to the evaluation of PTSD in psychological injury evaluations. Each presenter will describe the strengths and limitations of one method for testing rival hypotheses about the presence or absence of PTSD. Following a didactic presentation, each presenter will provide clinical data for the audience to consider. Combining didactic presentation with a problem-based learning approach, the presenters will engage the audience in considering what constitutes evidence for and against PTSD in personal injury evaluations.

The first presenter will provide data from an open-ended interview and the Clinician Administered PTSD scale-5. The second presenter will discuss the data from the MMPI-2 and MMPI-3. The third presenter will discuss the data from the Rorschach Performance Assessment System.

The presenters will utilize a problem-based learning approach in which data is presented to the audience without the presenter drawing ultimate conclusions about the presence or absence of PTSD. Instead of a discussant, the presenters will engage the audience to considering the evidence, emphasizing the
reasoning process in forensic decision-making.
At the end of this workshop, the learner will be able to:
1. Describe the elements of evidence-based assessment of PTSD in psychological injury evaluations;
2. Explain the strengths and weaknesses of various interview and assessment methods for evaluating PTSD in a multi-method test battery;
3. Identify key data points useful for testing rival hypotheses; and
4. Apply the principles of evidence-based, multi-method assessment to a forensic case.

Annual Update on Experimental and Neurophysiological Rorschach Research
Chair Information: Luciano Giromini, PhD | University of Turin- Italy
Discussant Information: Barry Dauphin, PhD | University of Detroit Mercy
Location: Lincoln Park

Eye Movement Correlates of R-PAS Stress and Distress Domain Variables
Building upon the Ales et al. (2020) research into the relationships between eye movement (EM) variables and the Engagement and Cognitive Processing Domain of the R-PAS, the current study focuses upon the Stress and Distress Domain. The current study also expands the number of EM variables utilized to strengthen our understanding of information acquisition strategies related to Stress and Distress.

Mindee Juve, PhD | Appleton VA Clinic
Ellen Day, PhD | Louis Stokes Cleveland VA Medical Center
Mellisa Boyle, PhD | University of Toledo Medical Center
Barry Dauphin, PhD | University of Detroit Mercy
Harold Greene, PhD | University of Detroit Mercy

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 71 student volunteers were collected into 2 ml polypropylene microtubes (SARSTEDT®), using the passive drool method (Gröschl, 2008). Next, all 71 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 showing correlations in the expected direction with cortisol level changes.
Can the Rorschach be Administered Remotely? A Review of Options and a Pilot Study Using a Newly Developed R-PAS App

The ongoing COVID-19 pandemic has required psychologists to adopt measures like physical distancing and mask wearing, though other safety procedures such as travel restrictions or prohibitions on in-person practice and research have fostered use of telehealth tools. In this paper, we review options for using the Rorschach task via videoconference and provide preliminary data from using a new electronic app for remote R-PAS administration to determine whether the remote administration in an electronic form yields different information than in-person administration with the cards in hand. As a pilot study, our focus is on the “first factor” of all Rorschach scores, i.e., Complexity. Data were collected from 60 adult Italian community volunteers and statistical analyses evaluated the extent to which the average Complexity score significantly departed from R-PAS normative expectations (SS = 100), accompanied by Bayesian likelihoods for supporting the null hypothesis. Results suggest that the general level of Complexity shown by the test-takers when administered the Rorschach remotely with the new R-PAS app closely resembles that previously observed using ‘standard’ in-person procedures. Tentative analyses of other R-PAS scores suggested normative departures that could be due to the effects of the app, testing at home, or responses to the pandemic. We offer recommendations for future research and discuss practical implications.

R-PAS Variables Associated with Information Acquisition Strategies When Viewing Human Faces

In this study, we compare summary scores for variables in the Rorschach Performance Assessment System (R-PAS) obtained using remote administration with electronic inkblot stimuli to scores obtained using traditional in-person administration with inkblot stimuli on cardstock and held in hand. The remote administration data was collected from University of Toledo undergraduates after the pandemic began and the comparison in-person administration data is archival data collected from University of Toledo undergraduates prior to the pandemic.

Assessing Potential R-PAS Score Differences for In-Person and Remote Administration

The utility of the R-PAS can be demonstrated by association to extra-test behaviors. This study examines R-PAS variables in the context of a human face processing task in which participants are asked to discern facial emotions after brief presentations of faces. The R-PAS assists in understanding participants’ information acquisition strategies.
Ruam P. F. A. Pimentel, MA | University of Toledo
Joni L. Mihura, PhD | University of Toledo

This session aims at providing an update on recent research conducted using an experimental and/or neurophysiological approach to advance our understanding of the Rorschach response process. First, Juve et al. report on an eye-tracking study aimed at investigating the extent to which selected eye-tracking parameters would associate with R-PAS scores of interpretive variables located in the Stress and Distress domain. Laera et al. then describe a psychophysiological research study aimed at testing the validity of R-PAS to predict one’s physiological reactivity and vulnerability to stress, using cortisol level changes as criterion variable. Next, Ales et al. provide preliminary data from using a new electronic app for remote R-PAS administration to determine whether the remote administration of the Rorschach task in an electronic form yields different information than in-person administration with the cards in hand. O’Donoghue et al. then provide some additional, but independent, empirical data on the possible differences in R-PAS scores one would obtain when administering the Rorschach via the in-person versus remote administration methods. Lastly, Kopitz et al. close the session by presenting results from an eye-tracking study investigating whether R-PAS scores would associate with information acquisition strategies shown by the test-taker while viewing human faces.

Authenticity in Potential Space: The Work of Bruce Smith
Chair and Discussant Information: F Barton Evans, PhD | East Tennessee State University
Location: Washington Park I

Inspirations from the classics for contemporary teaching and learning: Reaching new generations in personality assessment training
This presentation will discuss Bruce’s reach in teaching and training graduate students in personality assessment, derived from his 1993 paper, “Psychological tests don’t think: An appreciation of Schafer’s psychoanalytic interpretation in Rorschach testing.” I will describe how I used this paper in a directed readings seminar on psychodynamic theories and applications with advanced graduate students to spark their interest in Schafer’s writings and strengthen their attunement to well-rounded assessment and conceptualization.

Radhika Krishnamurthy, PsyD, ABAP | Florida Institute of Technology

Psychologist’s Think. Tests Don’t: A Tribute to the Conceptual & Theoretical Underpinnings of Psychological Assessment
Throughout his career, Bruce Smith recognized the conceptual underpinnings of psychodiagnostic inference-making. In his 1993 tribute to Roy Schafer (“Psychological Tests Don’t Think: An Appreciation of Schafer’s Psychoanalytic Interpretation in Rorschach Testing), as well as in Bruce’s many other contributions to the assessment literature, he laid out his beliefs about a psychoanalytically-informed approach to assessment, which treats empirically-based conclusions as data to be thought about from conceptual and theoretical perspectives.

James H. Kleiger, PsyD, ABPP, ABAP | Private Practice- Bethesda

From the terror of empty space to potential space
Bruce Smith conveyed a complex understanding of the space responses. He argued that the responses to the white space do not necessarily reflect negativism as Exner argued, but rather these responses reflect the encounter with the void. I will address the space response as a starting point for creativity.

Ety Berant PhD | Reichman University

Paranoia or Persecution?: Cross-Cultural Conversations with Bruce Smith
Bruce Smith had a mind that was always at work. Those who had the pleasure to know the depth of his mind can tell many stories about conversations with Bruce covering all his interests and intellectual pursuits, including those in the equity and inclusion sphere. A month before COVID hit, he asked me to do an early review of a chapter he contributed to Weiner & Kleiger’s (2021) book, “Psychological Assessment of Disordered Thinking and Perception.” I sent him a few general thoughts/revisions and then we debated and philosophized about them in a two-hour phone call. We had many conversations.
after, but I never saw the final version of this chapter before he died. I read it for the first time in preparation for this symposium to share with all of you. This paper represents a side of Bruce only some know but one that was just as much a part of his personal life as it was his professional. As assessors should know, every person comes with a context. The importance of the context of persecution in racialized/racist experiences is an element that deserves careful weight in the assessment of Disorders of Thinking and Perception. Bruce’s 2021 chapter highlights this issue.

Ksera Dyette, PsyD | Cup of Tea Counselling, LLC and William James College Juvenile Court Clinic Operations

When Bruce Smith passed away in September 2020, we lost a friend and colleague as well as a worthy and influential elder in the personality assessment community. Since his passing, much has been said about Bruce as a teacher, mentor, and consummate contributor to advancement of personality assessment and the Rorschach. In this symposium, we honor another area of his notable contributions—his scholarly and research work. Among his over 60 publications, Bruce authored a book on Winnicott as well as many book chapters and journal articles on diverse subjects and with a diverse group of international collaborators. Bruce was a valued symposium discussant who regularly brought intellectual clarity and lively, and novel perspective to others’ work. In his collaborations with others, he brought a deep understanding and reality to the potential space in these relationships. To keep Bruce alive within us all, 4 close friends and colleagues will each discuss one of Bruce’s articles that has had special meaning to them, both to honor Bruce and further his intellectual work.

Location: Ontario

Examining Links between (Low) MMPI-3 Disconstraint Scale Scores and the Five Factor Obsessive-Compulsive Inventory

“Obsessive-compulsive personality traits are broadly seen as pervasive patterns of overcontrolled behavior (see, for example, Samuel & Griffin, 2015). Indeed, these traits have been conceptualized by various personality models to manifest as behavioral constraint and perfectionism; one such model, the Personality Psychopathology Five (PSY-5), posits that obsessive-compulsive traits are at least in part reflected by facets at the low pole of the broader trait, Disconstraint (DISC; Harkness & McNulty, 1994). Scales to measure the PSY-5 dimensions were originally developed for the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher et al., 1989) and were revised for the Minnesota Multiphasic Personality Inventory-3 (MMPI-3; Ben-Porath & Tellegen, 2020). Though, as suggested above, low DISC scores are formally interpretable, a vast majority of empirical studies on DISC have focused on maladaptive externalizing characteristics associated with elevated scores, including undercontrolled behavior, such as impulsivity and excitement-seeking (Harkness et al., 2013). Recently, however, emerging interests in the maladaptive aspects of overcontrol (see, for example, Lynch, 2018) suggest the need for assessment instruments targeting this construct. Thus, the current study will examine associations between MMPI-3 DISC scale scores and scores on the Five Factor Obsessive-Compulsive Inventory (FFOCI; Samuel et al., 2012) in a college student sample, with aims at further defining the low end of DISC as well as the scale’s ability to assess pathology marked by overcontrol.

Specifically, data are being collected from introductory psychology students in the participant pool of a medium-sized regional state university in the rural South. Bivariate correlations will be computed between DISC, the total FFOCI score, and the 12 FFOCI subscale scores; exploratory factor analysis will follow, using DISC and the 12 FFOCI subscale scores. Specific hypotheses include: DISC scale scores will yield negative associations with total FFOCI scores; DISC scale scores will yield negative associations with the scores on the six FFOCI subscales assessing obsessive-compulsive variants of FFM Conscientiousness; DISC scale scores will yield negative associations with scores on the FFOCI Risk-Aversion subscale. No specific hypotheses are proffered for the EFA. Power analysis indicates that 200 participants will be needed to detect a medium effect size of |.30|. Data collection is ongoing and we anticipate reaching the full sample size by the end of February, 2022.”

Jacob R. Brown | Western Carolina University
Adam D. Hicks | Western Carolina University
David M. McCord | Western Carolina University
70 | 2022 SPA Convention & Workshops
Examining the criterion validity of the MMPI-3 Substance Abuse (SUB) scale in a clinical neuropsychological assessment sample

“The current investigation aims to explore the validity and utility of the MMPI-3 Substance Abuse (SUB) scale in a clinical neuropsychological outpatient setting. Specifically, we sought to examine the degree to which SUB scale scores are associated with alcohol and/or drug-related impairment, consequences, and history of misuse.

Data were collected at a neuropsychology private practice setting. The sample includes 218 individuals who underwent a clinical neuropsychological assessment. Evaluators documented relevant psychological and health-related information in intake assessment forms and assessment reports. These data were recorded with a record review form. Research assistants were trained before coding on their own and were required to obtain less than 10% discrepancy with multiple “gold standard” training cases. Patient MMPI-3 scores were derived from responses to the expanded MMPI-2-RF booklet, which was used to develop the MMPI-3.

We first identified all variables from the intake assessment forms and assessment reports related to impairment, consequences, or history of alcohol or drug use and then consolidated related variables, which were coded such that higher scores indicated potentially problematic substance use. Next, we calculated zero order correlations between each of these variables and the externalizing Specific Problems scales of the MMPI-3. Variables with r > |.15| with the SUB scale, as well as other MMPI-3 externalizing scales, were then selected for further analysis. These included legal problems related to alcohol or drug use, family history of alcohol abuse, concern expressed by friends or family related to participants’ alcohol or drug use, defensiveness in relation to that concern, a history of alcohol related black outs, age of first alcohol use, alcohol use cessation, and history of alcohol or drug treatment. All variables were dichotomous except for age of first alcohol use, which is on a continuous scale.

Regression analyses were used to determine whether the remaining MMPI-3 externalizing Specific Problems scales add incrementally beyond SUB in predicting the criteria selected for this investigation. Incremental validity was tested using binary logistic regression for all variables except for age of first alcohol use, for which we conducted a linear regression analysis. Results indicated that, when using the MMPI-3 SUB scale to predict alcohol-related impairment, consequences, and history, other MMPI-3 externalizing specific problems scales do not significantly increment SUB. Classification accuracy statistics for the dichotomous criteria will be reported.”

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

MMPI-3 Scores and Psychological History Data in Public Safety Preemployment Evaluations

“The MMPI-2-RF (Tellegen & Ben-Porath, 2008/2011) is one of the most commonly used personality tests used in public safety preemployment evaluations (Corey & Zelig, 2020). Research supporting the validity of MMPI-2-RF scores in preemployment evaluations of police candidates has accumulated (see Sellbom, 2019 for a brief review). However, studies on personality testing in public safety preemployment evaluations is limited among female police candidates and lacking among candidates for non-police public safety occupations. These gaps as well as the recent release of the MMPI-3 (Ben-Porath & Tellegen, 2020) indicate need for additional research.

The present study aimed to address this need using samples of police (n = 1,294), corrections officer (n = 190), dispatcher (n = 205), and firefighter (n = 237) candidates who underwent preemployment psychological evaluations. This study adds to the existing literature by reporting sample means and standard deviations on MMPI-3 scales, as well as the frequency of MMPI-3 scale elevations at the various cutoffs specified in the MMPI-3 User’s Guide for the Public Safety Candidate Interpretive Report (Corey & Ben-Porath, 2022). Next, we calculated correlations with psychological history data collected using the Psychological History Questionnaire (PsyQ), which is a proprietary tool developed for use in public
safety preemployment evaluations. Fourteen PsyQ scales were developed and utilized in previous studies (e.g., Sellbom et al., 2021). The present study evaluated the convergent and discriminant validity of MMPI-3 scores using PsyQ scale scores, with a focus on validity coefficients for female police candidates and candidates for non-police occupations. We also calculated Cohen’s q to investigate whether the magnitude of validity coefficients was meaningfully different across male and female police candidates and across police candidates and corrections officer, dispatcher, and firefighter candidates.

Replicating previous research, we found that police candidates, as well as corrections officer, dispatcher, and firefighter candidates, produced higher mean scores on MMPI-3 underreporting scales, and particularly on Adjustment Validity (K), as well as lower mean scores on MMPI-3 substantive scales than the normative sample. Additionally, each subsample produced less variable MMPI-3 scale scores, indicated by standard deviations that were often less than half that of the normative sample. The percentage of the total sample who produced MMPI-3 scale elevations at a 65T cutoff was very low (< 1% for most scales), whereas elevations at lower T score cutoffs indicated in Corey and Ben-Porath (2022) were somewhat more common, ranging from 0.1% to 5.1% with a median of 1.75%. We also found evidence supporting the convergent and discriminant validity of the MMPI-3 using scales scored from the PsyQ. For example, among the total sample, Antisocial Behaviors (RC4) scores were meaningfully associated with several conduct-related problems, such as PsyQ Theft-Related Problems (r = .35) and Juvenile Conduct Problems (r = .57), but not Mental Health Problems (r = .11) or Failure to Meet Personal Obligations (r = .05). Importantly, we found that the magnitude of validity coefficients was similar across male and female police candidates and across candidates for police vs. each non-police occupation, with statistically significant differences being small.”

Megan R. Whitman, MA | Kent State University
David M. Corey, PhD, ABPP | Corey & Stewart
Yossef S. Ben-Porath, PhD, ABPP | Kent State University

The Structure of the Internalizing Spectrum: Conjoint Analyses of MMPI-3 and MEDI Scales

Across empirical studies on the structure of psychopathology, covariance among disorders characterized by emotional dysfunction is consistently accounted for by a broad internalizing factor. However, discrepancies regarding the number and nature of subfactors subsumed by this internalizing factor have been observed across studies. Thus, the lower-order structure of internalizing psychopathology is less robust than the higher-order factor, illustrating a need for continued empirical examination to identify replicable internalizing subfactors. The goal of the current study was to continue exploring the lower-order structure of the internalizing spectrum using scale scores from two broadband psychopathology measures indexing transdiagnostic internalizing symptoms: the Minnesota Multiphasic Personality Inventory-3 (MMPI-3; Ben-Porath & Tellegen, 2020) and the Multidimensional Emotional Disorder Inventory (MEDI; Rosellini & Brown, 2019). Goldberg’s (2006) sequential hierarchical factoring approach was used with a sample of 199 undergraduate students (79% female; M age = 19.42 [SD = 1.54]; 75% White) to examine one-to-five factor solutions and evaluate the structure of select MMPI-3 and MEDI scales across each level of the hierarchy. Results indicate that all examined MMPI-3 and MEDI scales load onto a common internalizing factor at the top level of the hierarchy and ultimately split into five symptom factors at the hierarchy’s lowest level: anxiety/negative emotionality, depression/demoralization, social avoidance/detachment, somatic anxiety, and traumatic re-experiencing/avoidance. In all, the current results indicate that internalizing symptoms can be successfully modeled using one-to-five factor solutions. Moreover, the resulting model meaningfully overlaps with previous examinations of the internalizing spectrum structure, albeit with several notable divergences. Implications, methodological considerations, limitations, and directions for future research will be discussed.

Andrew J. Kremyar | Kent State University
Yossef S. Ben-Porath | Kent State University

Location: Ontario
Assessing pain perception through the MMPI-3: A comparison of multimethod measures
Intro: Transdiagnostic factors (e.g., pain perception) represent latent constructs that cut across multiple diagnostic domains that are important in clinical assessment and treatment (e.g., Eaton et al. 2015). Few studies have examined these factors in relation to broadband assessment tools such as the MMPI instruments, and even fewer have utilized multimethod assessment of transdiagnostic factors in their investigations. Anestis et al. (2021) reported associations between self-reported and behaviorally assessed pain perception indicators and select MMPI-2-RF scales; the current study extends the work of Anestis et al. (2021) to the more recent MMPI-3 and includes a comparison across the instruments.

Method: Anestis et al. (2021) reported results from 115 undergraduate students (76% female, 53.9% White, Mage=21.14) who completed the MMPI-2-RF. These data were rescored into MMPI-3s and combined with a second sample of undergraduate students who completed the MMPI-3 (n=175; 80.6% female, 60% White, Mage=20.59). We examined associations with the 17 scales identified by Anestis et al. (2021) that are represented on both the MMPI-2-RF and MMPI-3 as well as 4 new scales unique to the MMPI-3: Eating Concerns (EAT), Compulsivity (CMP), Impulsivity (IMP) and Self-Importance (SFI). A pressure algometer was used to behaviorally assess pain tolerance (the level of physical stimulus the participant is willing to experience) and pain persistence (the latency between when the stimulus is first identified as pain and when it is deemed unbearable) among the entire sample. Pain tolerance was also assessed via a self-report item among a smaller sub-sample (n=76).

Results: Preliminary correlational results suggest that MMPI-3 associations with indicators of pain perception are comparable to those previously reported on the MMPI-2-RF. Consistent with Anestis et al. (2021), results varied across assessment methods with larger-sized associations observed for self-reported pain tolerance (ranging from negligible to medium-sized), relative to behaviorally indexed pain tolerance and persistence (ranging from negligible to small-sized).

Conclusions: Preliminary results suggest that, like the MMPI-2-RF, the MMPI-3 is well-suited to capture self-reported, but not behaviorally indexed, pain perception. Implications of this inconsistency and the association between clinical assessment and transdiagnostic constructs will be discussed.

Taylor Rodriguez | Rutgers University
Joye Anestis | Rutgers University
Tiffany Harrop | Center for Behavioral Medicine
Olivia Preston | University of Southern Mississippi

Multi-method, Multi-rater Validation of Interpersonal Behavior Measured by Ambulatory Assessment

Background: Ambulatory assessment (AA) is increasingly used to measure personality traits by aggregating behaviors across everyday situations. It is argued that AA has an advantage over cross-sectional trait assessments because it can be used to directly index characteristic patterns of behavior. The most common indices derived from AA are a person's average level of behavior, which corresponds to global personality traits, and variability in behavior, which is thought to reflect how reactive or dysregulated a person tends to be. Despite the promise of AA to measure traits relevant for studying personality and psychopathology, key validity questions remain unanswered such as whether AA outperforms cross-sectional trait measures and whether AA variability is a methodological artifact. A major barrier to establishing the validity of AA trait measures is that most extant evidence is confounded by shared rater variance due to reliance on associations with other self-report measures, and few studies have tested the method's incremental validity.

Method: We addressed these gaps in validity evidence for traits measured by AA with multi-method, multi-rater data. We studied a sample of romantic couples (N=193) that rated their own and their partner's dominant and affiliative behavior during an AA protocol as well as cross-sectional self-reports of dominance, affiliation (Inventory of Interpersonal Problems [IIP-C], NEO-Personality Inventory), and interpersonal distress (IIP-C). We evaluated the construct and incremental validity of AA traits by examining correlations between AA averages/variability in dominance/affiliation across methods and raters.

Results: Average self-reported AA dominance converged with cross-sectional self-report dominance,
but not informant-reported AA dominance. Average self-reported AA affiliation, however, converged with cross-sectional self-report affiliation and informant-reported AA affiliation. Likewise, self-reported AA affiliation variability—but not dominance variability—converged with informant-reported variability. Both self- and informant ratings of affiliation/dominance AA variability correlated with self-reported interpersonal distress. In terms of incremental validity, average self-reported AA affiliation related to informant reported AA affiliation above and beyond cross-sectional self-reports whereas cross-sectional self-reports did not have associations with informant-reports above and beyond AA self-reports.

Conclusion: Based on what is known about self and other knowledge asymmetries, our results suggest that self-reported AA dominance mostly reflects subjective aspects of the trait. Average self-reported AA affiliation, on the other hand, taps a socially consensual trait and measures real-life social behavior that is not captured by cross-sectional self-reports. Results provide some evidence that AA variability is a substantive trait, not a methodological artifact, and that both self-perceptions of variability and being perceived as more variable relate to relationship problems. This study provides insight into what aspects of personality are measured by AA traits and have implications for how dominance and affiliation may contribute to interpersonal functioning. Although we find initial evidence for the validity of AA traits, we also identified areas in need of further investigation to ensure this method can continue to advance personality and clinical science.

Whitney R. Ringwald, MSW, MS | University of Pittsburgh
Paul A. Pilkonis, PhD | University of Pittsburgh
Aidan G.C. Wright, PhD | University of Pittsburgh

Multiple Approaches to Examining Measurement Invariance of Schizotypy Scales Across Gender
Previous studies of gender differences in schizotypal personality features have generally found that females score higher on the “positive” or cognitive-perceptual dimension of schizotypy, whereas males score higher on the “negative” or interpersonal dimension of schizotypy (Raine, 1992; Mata et al., 2005). However, in order to draw valid conclusions regarding gender differences, measurement invariance of existing measures of schizotypy features must be tested. The present study aims to test measurement invariance across gender for three recent schizotypy scales, namely the Multidimensional Schizotypy Scale (MSS; Kwapil et al., 2018), the Schizotypal Personality Questionnaire-Brief Revised Updated (SPQ-BRU; Davidson et al., 2016), and the Five-Factor Schizotypy Inventory (FFSI; Edmundson et al., 2011). We tested invariance across gender through two different methods: (1) examining gender differences in interpersonal correlates of schizotypy by employing bootstrapped confidence intervals for circumplex structural summary parameter contrasts, and (2) testing structural equivalence across gender using successive multi-group confirmatory factor analyses (MGCFA). Data was drawn from a sample of 856 undergraduate students (54% female), who completed the three measures of schizotypy and the Inventory of Interpersonal Problems – Short Circumplex (IIP-SC; Soldz et al., 1995). Bootstrapped confidence intervals indicated that structural summary parameters on the interpersonal problems surface fully overlap across males and females for all schizotypy scales and subscales, confirming invariance in interpersonal correlates across gender. Results for the MGCFA analyses are pending. Given confirmation of structural equivalence, mean-level gender differences in schizotypy scales and subscales will also be examined.

A. Esin Asan, MS | The Pennsylvania State University
Aaron L. Pincus, PhD | The Pennsylvania State University

Personality Assessment of Adolescents in Virtual Reality Space
The adolescent population is among the most affected by the Covid-19 pandemic and various other contemporary environmental risk factors such as global warming, lifestyle changes, and educational and economic inequality. This has dramatically increased the need for age-appropriate mental health services with some findings showing that 1 in 3 young people require some specialised help or more general support. Restrictions due to pandemic as well as geographical factors and lack of qualified specialists are struggling to meet these demands. Also, while general counselling or mental health support is being increasingly provided online, this is not the case with more nuanced psychological services, such as personality assessment which calls for immersive and more advanced technologies
that are not yet readily available. To address this problem a Personality Assessment Room was created using Virtual Reality (VR) technology. First, feasibility, safety and qualitative user experience study were carried out with 50 adolescents and young people aged 14-25. Then, a quantitative correlation study of H-T-P and TAT was conducted (n=20) both in VR and real-life settings. This paper discusses the results of this study showing high levels of acceptability and user engagement as well as a significant correlation of VR scores with real-life results. It concludes that PA can be effectively and precisely conducted in VR spaces. The paper also discusses the technological roadmap for implementing these findings in reaching out to adolescents in virtual reality spaces which are becoming increasingly popular among this population.

Nils Konstantinovs
Annija Roze
Janis Lapa

FLASH SESSIONS

MARCH 11TH
3:45 PM - 4:15 PM

Effects of Adolescent Motivation and Personality on Adherence and Success in a Voluntary Residential Bootcamp Program

Coordinating Author Information: Lydia Sigurdson, MA | The University of Southern Mississippi
Location: Great Lakes Grand Ballroom

Lydia Sigurdson, MA | The University of Southern Mississippi
Nora Charles, PhD | The University of Southern Mississippi

The Youth ChalleNGe Program is a voluntary program for adolescents who have dropped out of high school and is intended to address various needs of at-risk youth. The positive-youth-development model is an alternative to traditional education or GED programs, as it is meant to also address the social, physical, and behavioral needs of adolescents so that they can be successful in society. As a result, individuals are drawn to this program for a variety of reasons, and it is an attractive option for treating adolescents with milder behavioral or emotional problems who might otherwise be at-risk of placement in residential treatment settings or juvenile detention centers (Bloom, 2010). Though prior research on the Youth ChalleNGe Program has sought to identify individual factors that determine program outcomes, no study has considered motivation as a predictor of program success. Further, personality traits related to self-regulation and goal-setting, such as those seen in borderline personality disorder (Desrosiers et al., 2015; Winograd et al., 2008) and antisocial personality disorder (Charles, Floyd, Cole, & Barry, 2019) may impact the relationship between motivation and program outcome. As such, the proposed study aims to understand the relationship between motivation and program outcomes, including the role of borderline and antisocial personality traits in the motivation-outcome association. Archival data from 710 participants in the Youth ChalleNGe program comprised this study, which included the Personality Assessment Inventory- Adolescent (PAI-A; Morey, 2007). Specifically, for this study, BOR and ANT scales from the PAI-A were analyzed. Facility records regarding disciplinary infractions and early program termination of participants were collected from program administrators. Finally, responses to the qualitative question “Why did you decide to come to Youth ChalleNGe?” were coded for motivation endorsement. It was hypothesized that 3 major motivations for enrollment (education, life-improvement, and job or military interest) would emerge from qualitative data. Further, it was expected that motivations to enroll would predict different rates of program completion and disciplinary infractions. Finally, it was hypothesized that borderline and antisocial personality traits would attenuate any positive effects
from motivation on program outcome. Results of the study found that education, life-coping skills, and career goals were the 3 most frequent motivations for enrollment, though 2 additional reasons for enrollment (external influences and other) were also coded. The second hypothesis was partially supported, as motivation predicted disciplinary infractions but did not significantly predict program termination. The third hypothesis was not supported, as borderline and antisocial traits did not impact the relationship between motivation and program outcome. The current research adds to the literature on non-traditional residential treatment for adolescents. Results highlight the importance of motivation and autonomy in adolescent treatment success, and encourages future research to better understand the role of personality traits in non-traditional treatment settings for adolescents.

Examining the Construct Validity of the MMPI-3 SUI scale in a Sample of Depressed College Students

Coordinating Author Information: Nicole Morris, MA, MS | Texas Tech University
Location: Great Lakes Grand Ballroom
Nicole M. Morris, MA, MS | Texas Tech University
Megan Keen, MA, MS | Texas Tech University
Sean Mitchell, PhD | Texas Tech University
Paul B. Ingram, PhD | Texas Tech University
Sarah Victor, PhD | Texas Tech University

The most recent addition to the MMPI family of instruments is the MMPI-3 (Tellegen & Ben-Porath, 2020). The MMPI-3 expands assessed content, clarifies existing item wording, and provides an updated set of test norms (Ben-Porath & Tellegen, 2020). The Suicidal Death Ideation (SUI) scale is one of several MMPI-3 scales that underwent fairly substantial revision. Specifically, between these two versions of SUI: 4 items are shared, one item was dropped, and 3 new items were added. MMPI-3’s SUI is highly correlated to its predecessor (r = .83) despite sharing only 57.1% of item content, which is promising. To date, only the MMPI-3 Technical Manual has investigated the validity of the MMPI-3 SUI scale. We expand available data on SUI using a college student sample screening positively for moderate-to-severe depressive symptoms using the Patient Health Questionnaire-9 (PHQ-9; n = 124). Participants were mostly White (85.4%) and female (80%), with an average age of 20.1 (SD = 1.8).

To examine the validity of MMPI-3’s SUI, we computed a series of correlations and risk ratios (cut scores investigated: 55T, 60T, 65T, 70T) across numerous criterion measures (Stigma of Suicide Attempt [STOSA; Scocco et al., 2012], Interpersonal Needs Questionnaire [INQ; Van Orden et al., 2012], Center for Epidemiological Studies-Depression [CES-D; Radloff, 1977], and PHQ-9 [Kroenke et al., 2001]) and specific questions about suicidal risk factors and past suicidal thoughts or behaviors. Correlations of SUI indicate that scores are strongly associated with Perceived Burdensomeness (INQ), the suicidal ideation item of PHQ-9, history of suicidal ideation, history of having a plan, and making a suicide plan in the past 12 months (r = .52 to .73). Moderate association for SUI were observed with general symptoms of depression (CESD), a history of past suicide attempts, and suicidal ideation in the past year (r = .33 to .47). Risk Ratio indicated that clinically meaningful elevations on SUI were associated with suicidal ideation, the development of a suicide plan, recent thoughts about suicide, and to a lesser extent perceived burdensomeness and thwarted belonging (RR = 1.72 to 9.43).

Overall, our results support the validity of the MMPI-3 SUI scale given its strong associates with suicidal ideation, planning, history of attempts, and depressive symptoms. The current study builds upon previous research reported in the MMPI-3 Technical Manual by not only examining associations in a unique sample but also by confirming and expanding the associations observed in the Technical Manual. Item level analyses on SUI will also be presented, along with incremental analysis in which the MMP-3 and MMPI-2-RF versions of SUI will be compared.
Implications of Understanding Clients’ Attachment Patterns on Psychotherapy Processes and Outcomes

Coordinating Author Information: Steffani Kizziar, MA | University of Indianapolis
Location: Great Lakes Grand Ballroom
  Steffani Kizziar, MA | University of Indianapolis
  Katherine Kivisto, PhD | University of Indianapolis
  Mixalis Poulakis, PsyD | University of Indianapolis

This qualitative study explores the impact of attachment theory on clinical practice and considers the impact of attachment assessment on clinical services. This research is intended to fill a gap in the current literature about the thinking and experience of clinicians who are integrating attachment assessment knowledge into their clinical practice. The purpose of the present study is to systematically explore the utility and value of the Adult Attachment Projective Picture System (AAP) as a clinical tool by listening carefully to the experience of clinicians who use the AAP to inform their conceptualization and treatment of clients. The primary data source is 60-minute interviews with 12 therapists using the AAP in their clinical practice. Data analysis was completed using the Consensual Quality Research (CQR) methodology.

The research asked: Who is using the AAP clinically and why? How does understanding attachment patterns through the AAP impact clinical conceptualization, treatment process, and outcomes? The participants were mostly senior clinicians, with 50% practicing Therapeutic Assessment. Surprisingly and provocatively, over 40% of the clinicians identified their primary theoretical orientation as “attachment-based.”

A recurrent theme that emerged was that a particular strength of the AAP is that it provides a non-pathologizing way of explaining clients difficulties that is not simply a description of symptoms, but instead describe the factors that worked together to create the symptoms. Such an approach moves the discussion beyond what is “wrong” with the client to providing a new narrative of what happened to them and how they had to adapt to their (often) less than optimal circumstances. Again and again, clinicians reported this had the effect of reducing shame and offering clients a new, more compassionate, less defended, narrative of their lives. Researchers have traditionally focused on whether the therapist should respond in-style or out-of-style; in other words, should the therapist resist the pull of the client’s relational patterns to offer a new experience or respond in kind to increase a sense of safety and avoid rupture? These clinicians suggest that what lies between these alternatives is to be informed about the client’s attachment pattern and from that position attune to their needs in the shifting here and now dynamic of the clinical space. It appears clinicians flexibly respond in and out of style depending on the demands of the clinical moment, all the while holding firmly in mind the underlying relational dynamics (i.e., attachment pattern) in play. From this informed perspective, they navigate rupture and repairs, which helps solidify their role as a secure base and affords the client a new relational experience.

The study findings revealed a clear picture of the clinicians, their reasons for using the AAP, and the APP’s impact on treatment and conceptualization. The question of impact on outcomes remains unanswered; uncertainty remains as to whether changing someone’s underlying attachment pattern is an optimal and viable goal for treatment.

Predictive Validity of the Structured Assessment of Protective Factors (SAPROF): A Meta-Analytic Review

Coordinating Author Information: Amanda G. Flake, BA | Sam Houston State University
Location: Great Lakes Grand Ballroom
  Amanda G. Flake, BA | Sam Houston State University
  Adam P. Natoli, PhD | Sam Houston State University

BACKGROUND: Forensic assessment research has primarily focused on enumerating factors underlying risk for future misconduct (e.g., violence, sexual, criminal misconduct) and how those factors can be
applied in risk assessment. Current literature demonstrates that knowledge of these risks has increased; however, relatively less is known about protective factors and how they can inform risk assessment. This is notable because protective factors are associated with a lower likelihood of negative outcomes when compared to risk factors and can even reduce their negative impact. The Structured Assessment of Protective Factors for violence risk (SAPROF) has become one of the most widely used instruments for assessing protective factors in adult risk evaluations. Nonetheless, most adult-based risk assessments still continue to partially or entirely disregard protective factors. Failing to recognize the vitality of protective factors poses a significant issue: can create implicitly biased evaluations, often with negative consequences to forensic populations. Given the importance of considering both risk and protective factors, and the inherent benefits of doing so, this study used meta-analysis to summarize predictive validity research on the SAPROF. Although the SAPROF was originally developed to exclusively assess protective factors for violence risk, researchers have also examined its validity in the context of other types of misconduct. Thus, this meta-analysis summarizes the SAPROF’s predictive validity with regard to three outcomes: abstinence from any misconduct, violence, and sexual misconduct.

METHOD: To gather published studies for inclusion, an extensive database search was performed in mid-2021. Results of each statistical test used to analyze the SAPROF’s ability to explain variability in future misconduct were transformed into the standardized difference score d. A random-effects model was assumed and two heterogeneity variance estimators were used, as reliance on a single estimator can result in spurious conclusions. Two strategies were employed to address issues of publication bias. ANALYSES: Meta-analysis was used to synthesize results from 20 studies (total N = 3,182), yielding a total of 145 effect sizes wherein the predictive validity of SAPROF scores (Total score, Final Protective Judgment; FPJ) and subscales (e.g., Internal, Motivational, External) were examined. Complementing meta-analysis of effect sizes pertaining to the outcome of any misconduct, two additional meta-analyses were conducted to investigate the SAPROF’s predictive validity regarding abstinence from violence and sexual misconduct, separately.

RESULTS: Results identified FPJ to be the strongest predictor of abstinence from any misconduct (d = .80, SE = .13, FSN = 24535), with the Motivational subscale (d = .62, SE = .08, FSN = 35012) being strongest of the three subscales. Similar trends emerged when abstinence from violence was examined, whereas meta-analysis produced mixed results pertaining to the SAPROF’s ability to predict an individual’s future abstinence from sexual misconduct.

CONCLUSIONS: Meta-analytic results support the predictive validity of the SAPROF when used to estimate future abstinence from any misconduct, as well as abstinence from violence and sexual misconduct, individually. Interestingly, different scores emerged as the strongest predictors of abstinence across these three outcomes. Limitations and implications are discussed; suggestions for future research and application in risk assessment are offered.

MARCH 12TH
3:15 PM - 3:45 PM

Congruence of the Self-Conceput and Criterion A Personality Functioning

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Background: The Alternative Model of Personality Disorders (AMPD) was created in attempt to improve categorical conceptualizations of personality pathology by incorporating dimensional measures of core personality functions and measures of stylistic traits. Criterion A of the AMPD measures core
personality functioning, which is separated into self (identity and self-direction) and interpersonal (empathy and intimacy) functioning, each with two subcomponents. These components are conceptualized as central to all people, regardless of pathology. Inherent in this approach is the idea that personality functioning lies on a continuum ranging from healthy to unhealthy functioning. This conceptualization is consistent with Rogers humanistic approach to personality. In humanistic terms, the self-concept is core to who we are as a person. Rogers (1959) describes how people desire to think, feel, and behave in accordance with the ideal version of their self. When aspects of the actual self do not align with aspects from the ideal self, the individual experiences incongruence. Alternatively, if the actual and ideal self are nearly the same then they are in a state of congruence, which Rogers describes as a sign of a healthy personality. The purpose of this study is to assess if the conceptualization of personality according to Criterion A from the AMPD aligns with Rogers’ theory of personality.

Method: 120 participants completed a series of personality measures as part of their undergraduate personality course. For the current activity, participants sorted 25 personality statements in order from 1 or “most characteristic of me” to 25 “very uncharacteristic of me” first according to their real or actual self and then sorted again based on their ideal self. Twelve statements were items from the Levels of Personality Functioning Scale-Self Report (LPFS-SR; Morey, 2017), with equal representation of the four core components (i.e. identity, self-direction, empathy, and intimacy) and the breadth of severity of each component (i.e., no impairment, moderate impairment, and extreme impairment).

Analyses: Spearman’s Rho will be calculated to determine the congruence between items that describe the actual self and items describing the ideal self. For the ideal self, mean rank for each LPFS-SR items will be compared to other items within the subcomponent to assess if healthier personality functioning items are more consistent with the ideal self.

Discussion: This study has potential to provide further validation of the levels of personality functioning utilizing individuals’ perspectives of their actual experiences as well as their subjective ideal self. We anticipate these findings can inform our understanding of the severity of personality health.

Dynamic Assessment of Affective Variability in Narcissistic Grandiosity and Vulnerability
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Which underlying features are thought to define pathological narcissism—grandiosity or vulnerability—are commonly debated among researchers. Clinical theory suggests that specific emotion regulation processes underlie these dimensions of pathological narcissism; however, emotional dysregulation is thought to be a general impairment that cuts across most forms of personality pathology, possibly including both narcissistic grandiosity and vulnerability. Previous research has demonstrated that ecological momentary assessment (EMA) is a promising method to capture dynamic processes in daily life, such as affective variability over time. Affective variability is thought to reflect, in part, emotional volatility and dysregulation. Thus, in this study we will use EMA to uncover whether emotional dysregulation is a defining impairment that underlies narcissistic grandiosity and vulnerability, by examining correlations between affective variability and pathological narcissism. Affective variability in daily life will be defined by the individual standard deviation (iSD) over momentary reports of positive and negative affect and individual differences in narcissistic grandiosity and vulnerability measured by the Five-Factor Narcissism Inventory (FFNI) and Brief Pathological Narcissism Inventory (BPNI). The study includes EMA data provided by six independent samples (N = 1,958) including students and community members of the Pittsburgh region. We will use bivariate correlations to determine the relation between dispositional narcissistic grandiosity and vulnerability in relation to affect iSD. Results will show whether emotional dysregulation may be a unifying characteristic of narcissistic grandiosity and vulnerability.
Exploring the Relationship Between Personality Pathology and Political Extremism: Issues with Empathy and Stress Regulation

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Background: The psychological dissection of political extremists has been an area of continued empirical research and theoretical development over the last half-century. Whereas initial approaches to this topic were limited by efforts to pathologize extremists as mentally ill or finding “the authoritarian personality,” the contemporary research paradigm is informed by 1) the notion that both mental health and ideological rigidity (i.e., political extremism) exists on a continuum, and 2) from a categorical perspective, extremists share many similar personality characteristics with non-extremists. However, growing literature seems to suggest that the next step in the field is exploring the differences between political extremists and political moderates from a dimensional point of view in terms of personality pathology. That is, extremists, although categorically similar to moderates, may have significantly more pathology in their personality. As this is one of the first studies of its kind, the aim of the current research project is to test the association between political extremism—both left-and-right-wing—and various assessments of personality pathology.

Methods: Over 300 participants (n = 303; percent male = 48.2%; percent white = 77.56%; median age = 39) were drawn from Amazon’s Mechanical Turk Program (Mturk) to answer a battery of self-report assessments of various personality and political measures. Political extremism was measured dimensionally using a single scale, total political extremism (TPE), which was derived by summing the total scores on two separate scales: one focused on left-wing extremism and the other focused on right-wing extremism. Personality pathology was operationalized in three ways: Level of personality functioning (LPF) broken down into issues related to self (identity and self-direction) and other (empathy and intimacy), five broad pathological personality traits, and defensive functioning. To test the hypothesis, Pearson’s correlations and exploratory regression analysis were employed.

Results: The results indicate that more personality dysfunction, higher levels of pathological traits, and more immature defensive functioning were all significantly associated with TPE. Correlations between all measures of personality pathology and TPE ranged from (r = 0.28 – 0.68, p < .001). Regression analysis revealed that after controlling for age, urbanization, income, race/ethnicity, education level, and gender, the above-mentioned variables account for 49.4% of the variance in TPE (Adj-R2 = 0.494, F(17, 242) = 14.894, p < 0.001). More immature defenses (χ² = 117.96, t = 2.5, p < .05) and problems in empathy (χ² = 3.0, t = 4.56, p < .001) significantly predicted TPE in this model.

Discussion: Results provide strong evidence in favor of the hypothesis that personality pathology is positively associated with political extremism. Immature ways of coping with stress, difficulty with emotionally connecting to others, and elevated levels of pathological traits appear to characterize more politically extreme individuals. This study affords empirical support for a new direction in political psychology: the study of political extremism from a dimensional perspective in terms of personality pathology. Future research in this direction should investigate defensive functioning and empathy problems more narrowly, explore ideological differences in personality pathology, as well as include additional methods in alternative samples.

The Effect of Borderline Personality Disorder Traits & Aversive Relationship Maintenance Tactics on Sexual Violence Perpetration

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Background and Purpose: The purpose of this study was to determine the impacts of COVID-19 on the mental health of individuals who play video games. Through examining personality traits of gamers, their anxiety and depression levels, video game motivation, in person and online functioning, and coping style during the summer and fall seasons of 2021 the perceived impact of COVID-19 was correlated. Both AMPD personality trait and functioning models were tested, as well as the relative influence of other personality related variables such as defense mechanisms and video gaming motivation.

Methods: To assess this, we sampled a large group of video game players (n=302 ) that completed a self-report questionnaire measuring various criterion variables during the Summer and Fall seasons of 2021. These included the Beck's Depression Inventory (BDI), Beck's Anxiety Inventory (BAI), the Defense Mechanisms Rating Scale (DMRS-30), the Experiences of Close Relationship Scale (ECRS-12), the DSM-V Levels of Personality Functioning Questionnaire (DLOPFQ-SF), the Personality Inventory for DSM-V (PID-5), Video Game Motivation Inventory (VGMI), and the Internet Gaming Disorder Test (IGDT-10).

Analysis: Correlational analysis were used to obtain zero-order relationships, and Hayes' PROCESS regression module was used to test moderation and mediation models.

Results: Results from the summer season revealed that video gaming was related to all personality traits, functioning, and motivation. Video gaming and the measures were also related to anxiety, however the effect on depression was less clear. Moderation and mediational tests suggest that the impact of personality traits can be modified by functioning and motivation. Please note that these are preliminary results based on wave 1, and wave 2 data is still being collected with an additional focus on the impact of region as some areas have greater COVID rates and restrictions than others this fall.

POSTERS

MARCH 10TH
5:15 PM - 6:15 PM

Affect Scores and Big Five Personality Factors Predict Health Mandate Adherence for Older Adults During the COVID-19 Outbreak

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During the SARS-CoV-2 (COVID-19) pandemic, the United States government (both state and federal) implemented health mandates to reduce the spread. While the vast majority of individuals complied with the guidelines, some did not, citing governmental overreach or individual rights. Positive and negative affect and Big Five personality factors might explain some of the underlying causes of this defiance, but these studies appear to not have been done previously. In this study, we examined personality factors (positive and negative affect and Big Five) and compared them to self-reported adherence to government mandates and recommendations (mask wearing, handwashing, social distancing, and use of sanitizers) and compared those that reported always following mandates and those that did not in a sample of 2,142 older adults from the Health and Retirement Study COVID dataset. Using t-scores, we found that both positive and negative affect and Big Five personality characteristics had significant results. During post hoc analyses, we found that demographic variables (race, Hispanic identity, age, and gender) also differed significantly between those that always adhered and those that did not adhere. Helping individuals with high negative affect lower their score might help individuals lessen their resistance to these mandates, both in this ongoing pandemic and help with other compliance-related issues.
An Exploration of the Relationship between Defense Mechanisms and the Dimensions of the HiTOP Model

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The Hierarchical Taxonomy of Psychopathology (HiTOP) is an alternative classification system that conceptualizes psychopathology using empirically derived transdiagnostic dimensions. These dimensions align with decades of research findings and address a number of the well-documented problems with diagnostic categories. However, the HiTOP's relationship with established clinical theory and interventions is less clear. The goal of the current study is to understand the relationship between the HiTOP model dimensions (i.e., superspectra, spectra) and defense mechanisms/overall defensive functioning. To that end, a total of 300 participants will be recruited through Amazon Mechanical Turk (Mturk) and will complete a number of self-report measures of personality, psychological symptoms, and defensive functioning. Factor analysis will then be conducted to obtain HiTOP factor scores. These factor scores will then be used in stepwise multiple regression analyses to determine whether defense mechanisms are significantly associated with HiTOP model dimensions. Clinical and model implications of these findings will be discussed.

Assessment of PTSD and Trauma Symptoms with the MMPI-3: Validity and Incremental Utility of the Anxiety Related Experiences (ARX) Scale

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- Nicole Morris | Texas Tech University
- Paul B. Ingram, PhD | Texas Tech University

The Minnesota Multiphasic Personality Inventory-3 (MMPI-3; Ben-Porath & Tellegen, 2020a,b) was recently released and includes several important revisions, including item-content addition and wording revision to Anxiety [AXY], the premiere measures of PTSD symptoms on the MMPI-3’s predecessor (Sellbom et al., 2021; Wolf et al., 2008). Along with the re-norming of scale content, the revised Anxiety Related Experiences (ARX) scale includes 15 (rather than 5) items. Although the revisions to ARX appear promising for its improved clinical utility based on evidence available in the MMPI-3 Technical Manual, independent investigation is warranted. The current study evaluates the psychometric validity ARX in a sample of college students, examining its concurrent validity using correlation and classification analyses (e.g., sensitivity and specificity) as well as incremental validity through hierarchical regression.

Potential participants were college students (n = 419) recruited from a university participant pool as part of a study on college health. After removing individuals who elevated any MMPI-3 validity scale, individuals in the final sample (n = 347) were mostly white (67.4%), female (66.9%), and averaged 19.97 years of age. Participants were administered the MMPI-2-RF-EX, from which both the MMPI-2-RF and MMPI-3 may be scored (Hall et al., 2021), as well as a Qualtrics survey evaluating elements of college student health and internalizing psychopathology, including a focus on trauma.

We evaluated ARX’s relationship to criterion measures of PTSD and evaluated the impact of changes made to the ARX scale in the MMPI-3 revision. Specifically, we (1) correlated ARX with the PTSD symptom Checklist (PCL-5) total and cluster scores as well as total scores on the Severity of Acute Stress Symptoms (SASSS) and Life Events Checklist (LEC), (2) calculated classification accuracy using area under the curve analyses, and (3) used hierarchical logistic and linear regressions to evaluate incremental utility of ARX over the MMPI-2-RF’s AXY scale for PCL-5 total and cluster scores.

In general, results support use of ARX (α = .86) in predicting PTSD symptoms. Correlations with trauma-
related symptoms and experiences were small to moderate (r = .26 to .57), lower than those observed in the technical manual. Similarly, item-level relationships to PCL-5 clusters were negligible to moderate (r = .03 to .47). At T65 (20.7% of sample), ARX had moderate sensitivity and high specificity (.37 and .94) using standard PCL-5 screening scores. When scoring the PCL-5 for symptom criteria qualification, sensitivity at T65 was substantially higher (.75) while specificity was slightly lower (.88). Both had large Area Under the Curve effects (AUC = .82 and .81, respectively). ARX was incremental in predicting PCL-5 total score, as well as each symptom cluster (R2Δ = .02 to .05). In conclusion, researchers and clinicians should feel confident using ARX as a screening measure of PTSD and this study suggests that changes made to AX/ARX in the MMPI-3 were meaningful and incremental. Replication is needed with PTSD diagnoses verified by clinical interview, and further work is warranted on relationships between ARX and cluster symptoms clusters (e.g., is it predictive of specific or global PTSD symptomology).

Clinician and Trainee Familiarity with the DSM-5 Alternative Model of Personality Disorders

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Most diagnoses included in the DSM-5 are set in a categorical framework, in which they are judged present or absent on the basis of discrete symptom counts. This approach has several inherent problems for both personality disorders (PDs) and psychopathology at large.

One alternative to this categorical framework for PD diagnosis is the DSM-5 Alternative Model of Personality Disorders (AMPD), which utilizes a dimensional trait-based approach to diagnosis. Although research has consistently supported the utility of the AMPD in the assessment of PDs, it is unclear exactly how this model will be translated into clinical practice (Hopwood, 2018; Waugh et al., 2017). Experts predict that knowledge and familiarity with the AMPD will spread as training programs begin to instruct future psychologists in the use of the AMPD (Waugh et al., 2017), but the extent to which this practice has become commonplace since the DSM-5’s publication in 2013 is unclear.

In the current study, we surveyed 75 clinicians and 109 trainees in mental health fields (i.e., psychology, counseling, and social work) to assess their knowledge and familiarity with this model. Generally, professionals indicated some knowledge of this model, with the mean familiarity rating falling between being somewhat to moderately familiar with the model; however, over 26% of the total sample had no familiarity at all with the AMPD, only 14% have used the AMPD clinically, and only 12% have used the AMPD in research.

These findings indicate that the AMPD is not widely known or used by mental health professionals, despite strong support for the inclusion of a dimensional model of PD diagnosis for the DSM-5 and positive preference ratings for the AMPD over the current categorical model of PD diagnosis in past studies.

Cognitive Complexity in the Rorschach and Zulliger Tests: A Convergent Validity and Feasibility Study

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BACKGROUND: The Zulliger test was developed as a three card short version of the ten card Rorschach test. In this study we look into whether it can be used to measure cognitive complexity, according to the complexity index of the Rorschach Performance Assessment System (R-PAS) in a clinical sample. Cognitive complexity has since the early days of the Rorschach been considered an important "first
factor” and is still a central measure, evoking lively debate as to its measurement and use.

Several research projects are currently looking at shorter versions of the Rorschach to be used for example for screening purposes. Three countries, including this Swedish study, have ongoing research projects to investigate how well Zulliger test cards translate to Rorschach cards using up to date Rorschach administration and coding. This indicates the need for a variety of applications for this particular test method.

METHOD: Patients in psychiatric settings undergoing Rorschach testing has been administered the Zulliger cards using the exact same procedure (R-PAS, with additional norms from the Zulliger Workbook) at two separate appointments. Results from the two tests are compared for their degree of convergence using various descriptive statistics as well as Bland-Altman analyses.

RESULTS: Preliminary results from the first sixty test subjects (of 100 planned) show significant associations as expected, but Bland-Altman analyses and Q-Q-plots reveal somewhat different data distribution from the two tests. A closer look at density and distribution of data indicates that a linear relationship is not optimal. Standard error of the measurement and distribution of obtained complexity index scores for each of the thirteen stimulus cards will also be calculated and displayed.

DISCUSSION: The results are discussed in terms of the usefulness of a complexity index when using the three Zulliger cards in an R-PAS procedure, considering things like the limited number of responses on which to base the score and the nature of the association to the Rorschach. The influence of the selected clinical population on obtained distributions is also discussed.

Countdown to Launch: Using VR Escape Room Technology to Assess Team Performance and Leadership
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The present study aims to validate a behavioral assessment of team leadership performance focusing on constructs of direction, cohesion, task contribution, and communication in an interdependent virtual reality (VR) task called Apollo. The 4-player VR task functions as an immersive, virtual escape room, where participants must collaborate to build and slot parts into an escape pod before the 8-minute time limit runs out. A sample of 160 college student participants will be recorded, and later rated on the four constructs using a series of dichotomous behavioral anchors. To validate this assessment, we are comparing behavioral scores to measures of the Big Five personality traits, empathy and perspective taking, as well as 360-degree ratings from participants about their teammates’ performance and sociability during the task. Participants will be randomly assigned to groups of 4 and perform the VR task. Each group will play 3 rounds of Apollo, then complete the post-game 360 survey. Two raters will independently score a recording of each of the players on the behavioral measure interrater reliability will be assessed. Self-report personality measures, the 360 ratings, and behavioral assessment scores will be analyzed to validate the VR task as a measure of team performance and leadership potential.
Distinctions in Interpersonal Influence Tactics between Psychopathic Personality Traits and the Big Five

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Location: Michigan

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Background and Purpose: Research suggests psychopathic personality traits are distinct from normal (Big Five) personality traits. Presumably, the strategies individuals use to influence others (interpersonal influence tactics) and the frequency this is done is an interpersonal dynamic wherein distinctions between psychopathic and normal personality traits might exist. That is, are variations in these traits differentially related to the specific interpersonal influence tactics individuals use and/or the frequency of which they are used? This study investigated these questions by analyzing associations between psychopathic personality traits and interpersonal influence tactics, and then comparing these relationships to those found for normal personality traits.

Subjects: Participants were 200 undergraduate students recruited from a medium-sized public university in the southern United States. The mean age of participants was 21.41 (SD = 4.60) with 71% female, 28% male, 0.5% other/I wish not to respond, and 0.5% missing. Approximately 36% of participants were Hispanic or Latinx; 65.5% of participants were White or Caucasian, 20% were Black or African American, 2.5% were Asian, 10% were mixed race, 4% were other, and 2.5% were missing. Participants were granted course credit for their participation.

Method: As part of a larger data collection project, participants completed a self-report survey hosted on Qualtrics. Data used in the current study were obtained from the Big Five Inventory–2 Short Form (BFI-2-SF), Comprehensive Assessment of Psychopathic Personality–Self Report (CAPP-SR), and Interpersonal Influence Tactics Circumplex (IIT-C) to measure normal personality traits, psychopathic personality traits, and interpersonal influence tactics, respectively.

Analyses: Data analyses included three steps. First, latent factor estimates representing factors of the triarchic model of psychopathy were extracted from the CAPP-SR (F1: Antagonism, F2: Disinhibition, F3: Fearless Grandiosity). Step two involved calculating circumplex structural summary method parameters associated with these latent factors, as well as each of the Big Five normal personality traits on IIT-C surfaces. Parameters were compared across traits and the distinctiveness of interpersonal profiles were analyzed using a bootstrapping methodology.

Results: Although probability estimates indicated some parameters should be interpreted with caution, others were highly accurate. Results suggested the three psychopathy factors were associated with different themes of interpersonal influence tactics, and comparisons suggested psychopathic traits had significantly greater associations with interpersonal influence tactics than normal personality traits. Conclusions: This study offers evidence supporting the claim that psychopathic personality traits are distinct from normal personality traits in their associations with how individuals influence others, the behavioral tactics used to do so, and the frequency in which influence tactics are used. Study limitations included 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. Additionally, the mono-method nature of the study limited the ability to account for method-wise biases. Nevertheless, present findings are encouraging and call for further investigation into how normal and psychopathic personality traits differentially relate to patterns of influencing others. Pursuing this line of inquiry can illuminate a meaningful interpersonal domain to evaluate when assessing psychopathy.
Interpersonal Functioning of Japanese Individuals with Attenuated Psychosis Syndrome
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   Masafumi Mizuno, MD, PhD | Toho University
   Takahiro Nemoto, MD, PhD | Toho University

Introduction: Guidelines in Japan for the treatment of early psychosis recommend comprehensive psychosocial intervention for those with mild to moderate Attenuated Psychosis Syndrome (APS). However, determining a treatment target for APS individuals with a variety of complaints continues to be challenging. Based on findings from our preliminary study, in which most Japanese APS patients, in the course of their treatment, mentioned issues concerning interpersonal relationships with family or schoolmates, we propose investigating APS patients’ interpersonal functioning using the Rorschach Test.

Methods: APS patients identified using the Structured Interview for Psychosis-Risk Syndromes (SIPS) from 2013 up to the present and administered the Rorschach Test will be included in this study. The Rorschach protocols administered and coded in the Comprehensive System (CS) will be recoded based on the Rorschach Performance Assessment System (R-PAS). Among the R-PAS variables, those in the domain of Self and other Representation, including Poor Human Representation Proportion against Good Human Representation (PHR / GPHR), which is a general measure of interpersonal competency and capacity for relatedness, will be investigated. The value of PHR / GPHR will be compared with those of healthy volunteers in the same generation.

Ethics: This study protocol has been approved by the Teikyo Heisei Research Ethics Committee and the Toho University Research Ethics Committee.

Discussion: To the best of our knowledge, this is the first study to investigate Japanese APS individuals’ potential interpersonal functioning using the R-PAS. We assume that most Japanese people with APS have poor interpersonal competency, consistent with research using other methods. This research aims to provide us with a better understanding of this patient group and suggests that psychosocial interventions for APS individuals should focus on fostering their social skills and adaptive interactions.

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Conflict of interest: The authors declare no conflicts of interest associated with this manuscript.

Is There Really a Mental Health Crisis Among Today’s College Students?
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   Julianna G. Nails | Villanova University
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Understanding the mental health needs of college students is crucial for university counseling centers, professors, and parents so that they can better help students to be successful both at school and after they graduate. Some data have suggested a significant increase in psychiatric diagnoses and treatment for college students in the United States from 2009 to 2015, which indicates that college students are currently experiencing a mental health crisis (Oswalt et al., 2018). However, there is a lack of empirical literature focused on the larger population of college students who do not necessarily seek help. In the current study, we utilized the Personality Assessment Inventory (PAI; Morey, 2007) to investigate the claim that college students are experiencing more mental health difficulties today than they were 25 years ago. To test this hypothesis, we compared data from an “early student” cohort of undergraduate
students (n = 1,051) who took the PAI in approximately 1990 to a “recent student” cohort of undergraduate students (n = 267) who took the PAI after 2015 but before 2020. Students in both cohorts completed the full version of the PAI, administered in person, using standard instructions at a U.S. college or university for research purposes. Differences between generational cohorts in full scale and subscale scores on the PAI reveal several significant findings suggesting greater severity of mental health struggles for college students in the present day. The results of this study provide more specificity regarding generational differences in college students in their symptom reporting, situational stress, and attitudes toward psychological treatment.

**Links between the Big Five Personality Traits, Nostalgia and Happiness Among Older Adults**

*Coordinating Author Information: Joao Pedro Oliveira, PhD | Universidade Lusofona*

*Location: Michigan*

Joao Pedro Oliveira, PhD | Universidade Lusofona

The purpose of this study was to examine the links between the Big Five personality traits, nostalgia and happiness among older adults. The participants were a community sample of older adults (n = 180, 80 males and 100 females), with ages understood between 70 and 90 years old. Data collection included a sociodemographic data questionnaire, the Mini-IPIP Five-Factor Model Personality Scale (Mini-IPIP; Donnellan, Oswald, Baird, & Lucas, 2006; Oliveira, 2017, 2019), the Southampton Nostalgia Scale (SNS; Routledge, Arndt, Sedikides, & Wildschut, 2008), and the Oxford Happiness Questionnaire (OHQ; Hills, & Argyle, 2002).

Correlational analysis and multiple regression analysis were carried out to determine the relationships between the Mini-IPIP factors, the SNS, and OHQ scores. In addition, a Structural Equation Model was proposed in order to understand the links between the Big Five personality traits, nostalgia, and happiness.

Results revealed that agreeableness, openness to experience, and nostalgia, were positively correlated with happiness, while neuroticism showed a negative correlation. Multiple regression analyses showed that agreeableness, openness to experience, and nostalgia were found to be positive predictors of happiness.

The findings have implications for the study of well-being and satisfaction with life in older adults. As evidenced by the present research, positive feelings and happiness are more prototypical of nostalgia than negative affect.

**Pathological Narcissism and Borderline Personality Organization**

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Contemporary clinical conceptualizations of pathological narcissism emphasize two primary dimensions: grandiosity (i.e., inflated and entitled sense of self) and vulnerability (i.e., self-esteem contingent on others and hypersensitivity to criticism). These two dimensions coexist in a dynamic such that grandiosity functions to cover up feelings of vulnerability. Some have commented that this dynamic reflects a broader borderline organization of personality. From this perspective, narcissistic vulnerability is a manifestation of a diffuse sense of identity and narcissistic grandiosity is a primitive defense against this vulnerability that at high levels can impair one’s sense of reality. However, there is little research on the degree to which the three dimensions of borderline personality organization (primitive defenses, identity diffusion, and reality testing) are associated with narcissistic grandiosity and vulnerability. In this study, we examine this in a sample of 494 students at a large public university using structural equation modeling. Results suggest that identity diffusion was associated with narcissistic vulnerability.
and that both primitive defenses and identity diffusion were associated with narcissistic grandiosity. These findings underscore the weak sense of self that underlies pathological narcissism in general and the primitive nature of narcissistic grandiosity in particular. Findings also have implications for how we might think about narcissism as a manifestation of broader borderline personality pathology.

**Pathological Personality Traits Predicting Interpersonal and Functional Impairment Among College Students**

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**Background:** Increasing dissatisfaction with categorical personality disorder (PD) diagnoses has led to the development of dimensional PD frameworks, such as the Alternative Model for Personality Disorders (AMPD).

Previous research has shown dimensional models of personality are predictive of impairment and psychosocial functioning (Clarkin, Meehan, & Lenzweger, 2015; Sleep, Wygant, & Miller, 2018). The current study examined the utility of pathological personality traits in predicting interpersonal and functional impairment over a two-week period.

**Subjects:** Participants included 525 undergraduate students (80.2% female; M age = 21.09; 45.1% White, 22.9% Black/African American, 22.3% Latinx) at baseline assessment. Participants were asked to take a variety of personality and functional impairment measures at 1-week (N=343) and 2-week (N=250) time points.

**Methods:** At baseline, participants completed two measures online, including the Personality Inventory for the DSM-5 Short Form (PID-5-SF) and Level of Personality Functioning Scale Self Report (LPFS-SR). At Time 2 and Time 3, participants completed the LPFS-SR.

**Results:** Pearson correlation analyses showed moderate correlations across PID-5-SF at baseline and LPFS-SR scores (r’s=.30-.60) at both Time 2 and 3, except Antagonism at time 2 (r = .28).

We then used regression analyses to determine the extent to which PID-5-SF domains predict impairment (LPFS-SR) at time 2 and time 3. Detachment emerged as the strongest predictor in most cases, including Time 2 Identity (β=.30), Self (β=.34), Empathy (β=.34), Intimacy (β=.36) and total LPFS (β=.32) as well as Time 3 Self (β=.28), Empathy (β=.21), and Intimacy (β=.35). Negative Affectivity most strongly predicted Identity (β=.34) and LPFS total (β=.28) at Time 3.

**Conclusions:** These findings suggest that the PID-5 was a good predictor of future impairment in a brief period of time. Additionally, future research should examine facet scores of Detachment and further examine the lack of predictive utility of most baseline traits.

**Publication Rates and QRPs of MMPI and Rorschach Dissertations Compared to the Broader Field of Clinical Psychology**

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**INTRODUCTION:** Dissertations are time-consuming for the student and the advisor. How often are these efforts rewarded by publication? The MMPI and Rorschach were chosen as the most popular multiscale
self-report and performance personality tests in clinical psychology. Our primary research questions were (a) are the publication rates of MMPI and Rorschach dissertations comparable to those more broadly and to each other more specifically and (b) are dissertations with multiscale tests more likely to result in an increase in questionable research practices (QRPs) compared to clinical psychology-related dissertations more broadly. The QRPs were: (a) not reporting unsupported hypothesized results in the article that were found in the dissertation, (b) selectively reporting significant findings from unplanned analyses, and (c) changing the hypotheses in the article after seeing the results in the dissertation.

METHODS: For the control sample, a search was conducted in ProQuest Dissertation & Thesis for dissertations between 2006 to 2015 with ‘clinical psychology’ documented as either the Classification, Subject, or Degree. The same search criteria were employed with the term “Rorschach” or the term “MMPI” in either the Title or Abstract. Subsequently, PsycINFO, MEDLINE, and ERIC were searched with the dissertation author’s name to determine if it had been published in an indexed journal. The first and second author blindly reviewed a subset of 100 dissertations, achieving excellent agreement on their study inclusion decisions (kappa = .93).

RESULTS: There were 106 Rorschach dissertations from 2006 to 2015, of which only 11 (10.4%) were published in indexed journals by January 2021—an essentially equivalent rate as the control sample (12.1%; 39 of 321) r (phi) = -.02, p = .623. Using the same methodology for the MMPI, only 10 (4.9%) of dissertations were published by January 2021 – a slightly lower rate than the control sample (r (phi) = -.12, p = .006) and a trend towards a lower rate than Rorschach dissertations (r (phi) = .10, p = .071). Published Rorschach dissertations were less likely to contain QRPs than the control sample: t(45) = 2.16, d = -0.74, p = .036. Although the mean was lower (0.89 v 1.19), published MMPI dissertations were not significantly less likely to contain QRPs than the control sample: t(43) = 0.87, d = -0.32, p = .391. The samples of published Rorschach and MMPI dissertations were too small to have enough power to detect a significant difference of total QRPs, although the published Rorschach dissertations had a lower total QRP mean than the published MMPI dissertations: Ms = .55 and .89.

CONCLUSIONS: Our concern that Rorschach and MMPI dissertations, due to the multiscale nature of these tests, would be more prone to selectively report significant findings in the published articles compared to the control group was unfounded. A study limitation was the unexpectedly small percentage of published dissertations, which impacted the ability to obtain statistical significance. Therefore, for the QRPs, we plan to review more dissertations prior to our 2022 SPA presentation to increase our sample size.

Relationships between Psychological Symptoms and the Variability in Self-Report Test Completion Time

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BACKGROUND: In the practice of psychological assessment, the amount of time needed to complete a given test is frequently taken into consideration by clinicians (e.g., when designing a test battery or planning sessions). Many test publishers provide an estimated range of time individuals will need to complete each test, but the actual amount of time needed can vary. Clients experiencing different psychological symptoms may systematically vary in the amount of time needed to complete a self-report test. Clarification of this variability can help clinicians better plan assessment sessions, increasing efficiency to ultimately improve the services provided to clients. Therefore, this study investigated the relationships between different psychological symptoms and the amount of time it took for individuals to complete a predetermined set of self-report measures.

SUBJECTS: A total of 1,215 participants (79.3% female, 20.2% male, 0.5% other/I wish not to respond) with a mean age of 20.84 (SD=4.51) were recruited from a medium-sized public university in the southern
United States. Of these participants, 33.4% identified their ethnicity as Hispanic or Latino/a/x; 62.0% of participants identified as White or Caucasian, 20.7% as Black or African American, 2.0% as Asian, 1.4% as American Indian or Alaska Native, 0.2% as Native Hawaiian or Other Pacific Islander, 6.6% as mixed race, and 7.1% as other.

METHOD: All participants completed a series of self-report measures, hosted on Qualtrics, as part of a larger data collection project. Two measures were used for the present study: the Brief Symptom Inventory (BSI) was used to assess psychological symptoms and distress. The second measure was behavioral in nature and consisted of calculating the amount of time each participant spent completing a predetermined set of self-report measures (in seconds).

RESULTS: Correlational analyses were used to investigate associations between symptom domains and the amount of time participants spent to complete the self-report measures. Due to violations of multivariate and bivariate normality assumptions, Kendall's tau-b was used. The amount of time taken to complete the series of self-report measures was found to positively correlate with the following symptom domains: Obsessive Compulsive (Tb = .084, p < .001), Depression (Tb = .048, p = .013), Anxiety (Tb = .040, p = .043), Phobic Anxiety (Tb = .042, p = .039), Paranoid Ideation (Tb = .070, p < .001), and Psychoticism (Tb = .061, p = .002), as well as global severity (Tb = .058, p = .002) and the number of symptoms (Tb = .066, p < .001). Interestingly, no relationship emerged between the amount of distress experienced due to symptoms and the amount of time taken to complete the measures.

DISCUSSION: Several symptom domains were significantly associated with more time spent completing self-report measures. This highlights the need for further investigation into symptom-specific variability in the amount of time individuals need to complete commonly used tests. Findings from such research could help clinicians take a more person-centered approach to planning testing sessions, which could reduce testing fatigue and other issues. Current findings are discussed in the context of these potential benefits.

Relative Influence of Big Five Traits and Mindfulness on Alcohol Use

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Alcohol use is a common problem and is thus a common target of treatment. One common way of treating hazardous levels of disordered alcohol use is by increasing mindfulness, thus making the person more aware of why they drink. However, part of what leads to disordered alcohol use is personality, which tends to be stable and less amenable to change. Within the Big Five model of personality, low levels of two traits are most closely linked to alcohol use: Agreeableness and Conscientiousness. However, there is little research on how mindfulness and personality traits might increment each other in predicting alcohol use. In this study, we examine the relative influence of mindfulness and personality traits on alcohol use in a sample recruited online (N = 404) using a Bayesian approach to multiple regression. Results indicate that Agreeableness and Conscientiousness were negatively, and Extraversion and Openness were positively associated with alcohol use but that mindfulness was unrelated. These results underscore the influence of personality on alcohol use, regardless of mindfulness, and raise a question about whether personality may be a more appropriate target than mindfulness in interventions on alcohol use.
Self-Orientation on the MMPI-3: Investigating Differences in Individuals with Elevated SFD with Versus without Interpretable Low SFI

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An update to the MMPI-2-RF (Tellegen & Ben-Porath, 2008/2011), the MMPI-3 (Ben-Porath & Tellegen, 2020), was released with a new, nationally representative normative sample as well as new scales that provide increased coverage of clinically significant psychological constructs. One new scale, Self-Importance (SFI), measures the test taker’s beliefs that they possess special attributes and talents. Low SFI scores indicate that the test taker lacks such beliefs. A study by Whitman and Ben-Porath (2021) used college student samples to show that SFI is distinct from the other self-oriented MMPI-3 scale, Self-Doubt (SFD). The present study sought to expand on their findings by investigating whether individuals who produce both elevated SFD and interpretable low SFI scores score meaningfully different from individuals who produce just elevated SFD on other MMPI-3 scales.

MMPI-3 data were collected from three clinical settings in the Midwestern United States, including an urban community mental health center (n = 854), a private practice mental health clinic (n = 308), and a private practice neuropsychology clinic (n = 254). We also analyzed data from the new MMPI-3 English-language normative sample (n = 1,620). To investigate whether interpretable low SFI scores (< 39T) add clinically meaningful information beyond SFD elevations (≥ 65T), we created two mutually exclusive groups in each of the four samples. Both groups were comprised of only individuals who produced elevations on SFD, and one group also produced interpretable low SFI scores. We conducted group mean comparisons using independent samples t-tests, and interpreted findings that were statistically significant (α = .05) and clinically meaningful (mean difference ≥ 5T; Graham et al., 1999). Overall, results indicated that individuals who produced both low SFI and elevated SFD scores reported greater depressive psychopathology (EID, INTR, RC2, and HLP) and problems related to social engagement (SAV, DSF, and lower DOM and AGGR), as well as slightly less thought dysfunction (lower THD, PSYC, RC8) relative to the group that produced only SFD elevations. A specific pattern of meaningful group differences replicated notably well across all four samples, especially within the internalizing domain. Implications and limitations of the present study will be discussed.

The Alternative Model of Personality Disorders and Older Adults: The Role of Perceived Health Status

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Introduction: The Alternative Model of Personality Disorders (AMPD) was included in Section III of DSM-5 with the intention of promoting research on a novel dimensional approach to PD conceptualization. Research on the AMPD among older adults is limited, but preliminary evidence suggests that the unique biopsychosocial context of later life may lead to unique patterns of presentation under the AMPD (Stone & Segal, 2021). Additional research is needed to determine specific later life contexts that lead to such unique patterns. Changes in perceived health status may be one such context that affects presentation according to the AMPD. This study examined overlap between perceived health status and the AMPD's two constructs (personality functioning and pathological personality traits) among older adults.

Method: Older adults (N = 222; M age = 66.6 years) completed the Levels of Personality Functioning
Scale-Self-Report (LPFS-SR), Personality Inventory for DSM-5-Brief Form (PID-5-BF), and Short Form-36 Questionnaire (SF-36) with its eight domains of perceived health status: Physical Functioning, Role Limitations due to Physical Health, Role Limitations due to Emotional Health, Energy/Fatigue, Emotional Well-Being, Social Functioning, Pain, and General Health.

Results: Pearson correlations were computed between the eight SF-36 health scales with the LPFS-SR domains (Identity, Self-Direction, Empathy, and Intimacy) and PID-5-BF domains (Negative Affect, Detachment, Antagonism, Disinhibition, and Psychoticism). All eight health scales were significantly and negatively correlated with all four LPFS-SR domains (ranging from r = -.36 to -.69) and with all five PID-5-BF domains (ranging from -.23 to -.68). Next, to control for the interrelated nature of the health scales, multiple regressions were computed with the SF-36 scales predicting each of the LPFS-SR and PID-5 domains. The SF-36 scales accounted for significant variance in the LPFS-SR domains, with R2 ranging from .53 to .59. General Health, Social Functioning, and Role Limitations due to Emotional Health were significant negative predictors across all four LPFS-SR domains. The SF-36 scales also accounted for significant variance in the PID-5-BF domains, with R2 ranging from .49 to .55. General Health, Social Functioning, Role Limitations due to Emotional Health, and Emotional Well-Being were significant negative predictors of all five PID-5-BF domains.

Discussion: Overall, there was significant overlap between older adults’ perceived health status and the AMPD’s two diagnostic constructs, with worse perceived health associated with increased PD pathology. Greater correlational overlap was detected among this sample of older adults than in previous research among younger adults (Nelson et al., 2018). Regression analyses indicate that older adults’ sense of their general physical health and their perceived affective distress had the strongest negative associations with the AMPD’s constructs. Findings could indicate: 1) personality pathology conceptualized by the AMPD leads to poorer health outcomes in later life, similar to prior literature among the categorical PDs (Cruitt & Oltmanns, 2018); or 2) health status could create artificial elevations in PD pathology under the AMPD. For example, changes in older adults’ identity related to changes in physical health could artificially lead to elevations in Identity in personality functioning. Additional research is needed to clarify possible explanations.

The Dark Triad, Anger Rumination, and Criminal Maladaptive Behaviors

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The Dark Triad (DT; Paulhus & Williams, 2002) is composed of the socially aversive, sub-clinical personality traits Machiavellianism (manipulation of others), narcissism (feelings of grandiosity, entitlement, dominance, and self-superiority), and psychopathy (high impulsivity and thrill seeking, low empathy and anxiety; Stead et al., 2012). The highest mean correlations are between psychopathy and Machiavellianism and the lowest between narcissism and Machiavellianism (Furnham et al., 2013). However, there is a dearth of research regarding the DT in relation to other constructs, which could help delineate their relations. For instance, there is minimal research between the DT and anger rumination (i.e., Yang et al., 2019). Furthermore, like the DT, anger rumination has been examined in relation to self-control and aggression, such that anger rumination increase aggressive urges (Li et al., 2019). The DT is also positively related to criminal activity and delinquency (Wright et al., 2017). Previous research has not examined DT traits together with anger rumination. The current study will examine the relations between DT traits, anger rumination, and maladaptive behaviors. It is hypothesized that all three domains of the DT will positively predict anger rumination. Additionally, it is hypothesized that Machiavellianism and psychopathy will indirectly predict maladaptive behavior via anger rumination. The following Five Factor Model measures were utilized to measure the DT: Five Factor Machiavellianism Inventory (Collison et al., 2018), the Five Factor Narcissism Inventory- Short Form (Lynam et al., 2014), and the Elemental Psychopathy Assessment – Super Short Form (Collison et al., 2016). Maladaptive behaviors were measured with 10 dichotomous
questions (e.g., yes or no) asking participants if they engaged in criminal activity (e.g., theft, reckless driving) in the past month. In a college student sample (n = 294), the mean age was 19.74 (SD = 1.61), with a majority being white (84.40%) and their sex being majority women (66.30%). First, utilizing SPSS multiple regression, anger rumination was directly predicted by Machiavellianism (b = -.15, t(294) = -4.48, p < .001) and narcissism (b = .17, t(294) = 5.78, p < .001). However, it was not predicted by psychopathy (b = .06, t(294) = .74, p = .461). Second, utilizing Mplus pathway analysis, each type of DT was made to predict anger rumination and maladaptive behaviors while anger rumination was made to predict maladaptive behaviors. This accounted for covariances and error. After initial analyses, the two insignificant pathways of psychopathy to anger rumination and narcissism to maladaptive behaviors were trimmed. After this trim, maladaptive behaviors were directly and positively predicted by anger rumination (b = .33, p < .001) and psychopathy (b = .25, p < .001), but directly and negatively predicted by Machiavellianism (b = -.14, p = .013). Anger rumination was directly and positively predicted by narcissism (b = .45, p < .001), but directly and negatively predicted by Machiavellianism (b = -.26, p < .001). Machiavellianism was the only DT variable to indirectly predict maladaptive behaviors through anger rumination. Further research is needed to confirm if these findings would replicate in a longitudinal, non-student sample.

Utility of Dimensional Personality Assessment in Capturing Disordered Eating Symptomology

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BACKGROUND AND PURPOSE: Personality psychopathology plays a significant role in the development and maintenance of disordered eating behaviors (e.g., Rikani, 2013), including symptom level differences in eating disorders (Garner et al., 1983; Garner et al., 2004; Grilo et al., 2015; Holland et al., 2013). As the conceptualization of both disordered eating and personality psychopathology move towards dimensional methodologies (Clark, 2007; Krueger & Markon, 2013; Grilo et al., 2015), a more thorough investigation of how dimensional personality assessment methods capture aspects of disordered eating is needed. The current study examined the associations between trait-based personality traits and various measures of disordered eating.

METHODS: Participants included 525 university students (Mage=21.09) who primarily identified as female (80.2%) and white (45.1%). Participants completed the Personality Inventory for DSM-5-Short Form (PID-5-SF), Eating Disorder Inventory (EDI), Eating Disorder Examination Questionnaire (EDE-Q), and Loss of Control over Eating Scale (LOCES).

RESULTS: Pearson correlations demonstrated associations between the five trait domains as well as the 25 trait facets and various disordered eating scales, including the EDI subscale scores (r’s=.21 [Psychoticism & Perfectionism/Distractibility & Personal Alienation] -- .68 [Negative Affectivity & Interoceptive Deficits]), LOCES total and subscale scores (r’s=.19 [Submissiveness & Cognitive aspects] -- .47 [Negative Affectivity & LOCES total]) and EDE-Q total and subscale scores (r’s=.17 [Attention Seeking & Restraint] -- .48 [Negative Affectivity & Eating and Shape Concern]).

CONCLUSIONS: Pathological traits demonstrate strong associations with disordered eating symptomology. Specifically, Negative Affectivity, Disinhibition, and Psychoticism correlate substantially with feelings of loss of control over eating. Assessment of personality pathology may be beneficial in tandem with assessment of overt eating related problems.
Validity of the Somatic Symptom Scale (SSS-8) in a Community Sample
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The SSS-8 is a brief measure of somatic symptom burden that has been associated with depression, anxiety, general health, and healthcare use in a general (German) population (Gierk et al., 2014). This study replicates and extends the construct validity of the SSS-8 using measures of general health, psychological symptoms, happiness, adverse childhood experiences, and health behavior in a community sample in the Detroit metropolitan area. The sample included 64 females and 33 males with a mean age of 33. A total of 69% were White, 34% were married or living with a partner, 56% had a 4-year college degree, 56% had a household income of less than $60,000. Results indicate that the SSS-8 showed adequate internal consistency (alpha = .79) and was significantly and positively correlated (p < .001) with number of chronic illnesses (r = .40), depression (r = .54), anxiety (r = .51), sleep problems (r = .60), and adverse childhood experiences (r = .53). The SSS-8 was significantly and negatively correlated (p < .001) with overall health (r = -.49), health behaviors (r = -.31), and happiness (r = -.38). The means of these same variables significantly differentiated participants above and below the recommended cut-off score of 12, F(8, 87) = 11.48, p = .0006. In a stepwise discriminant function analysis, sleep problems, number of chronic illnesses, anxiety, adverse childhood experiences, and health behavior correctly classified 85% of cases. These findings support the construct validity of the SSS-8 and its use as a measure of symptom burden in community-dwelling adults. Future studies should explore differences in somatic symptom burden across racial and ethnic groups.

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Psychological assessment is a growing field that is, ideally, regularly updated by the emerging research (Strauss et al., 2000). Consequently, in 2015, Mihura et al. (2017) surveyed American Psychological Association (APA) - accredited clinical psychology doctoral programs to inquire about which personality tests were being taught. The current study was conducted to update this survey on the training rates for the Rorschach and the Minnesota Multiphasic Personality Inventory (MMPI) given relatively recent revisions of these tests. The Rorschach Performance Assessment System (R-PAS) was designed as a replacement for the Rorschach Comprehensive System (CS; Exner, 2003) and published in 2011 (Meyer et al.). In 2008, the MMPI-2-RF (Ben-Porath & Tellegen) was published as a separate test from the MMPI-2 (Butcher et al., 1989) and, in 2020, the MMPI-3 (Ben-Porath & Tellegen) was published as an updated version of the MMPI-2-RF. The survey also included other adult personality tests that were taught by at least 50% of the training programs in the 2015 survey.

Overall, our findings suggest that doctoral programs are indeed switching to newer versions of personality tests. According to our results, in 2021, a slightly higher proportion of programs were teaching R-PAS compared to the CS (46% vs. 38%) whereas it was the other way around in 2015 (37% vs. 53%). Regarding the MMPIs, in 2021, a higher proportion of programs were teaching the MMPI-2 compared to the MMPI-2-RF (92% vs. 67%) whereas it was the other way around in 2015 (74% vs. 93%). In 2021 47% of programs were providing training in both the CS and R-PAS, and 74% of programs were providing training in both the MMPI-2 and MMPI-2-RF or MMPI-3. Regarding the other tests, this survey indicated that the
A Construct Validation of Malignant Self-Regard and a Bridge to its Neurobiological Substrates

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“Background: Malignant Self-Regard (MSR) is an emerging dimensional construct that represents much of the development and current standing of the depressive personality literature. MSR is a comprehensive self-representation that captures many of the ways people understand themselves. Perfectionistic strivings, unreasonably high self-standards, unhealthy management of aggression, disavowed needs, and chronic depression all characterize those higher in MSR. The empirical research supporting MSR’s psychometric qualities and clinical utility is significant and warrants further attention. However, comparatively little work has been dedicated to understanding its relationship to defensive functioning, self-handicapping (a derivative of MSR’s self-defeating tendencies), and its biological underpinnings. The current study has two goals. 1) To extend the present understanding of MSR by empirically associating it with assessments of defensive functioning and self-handicapping, and 2) explore the neuroscience of MSR using Panksepp’s framework and prototype ratings of family history with depressive disorders.

Methods: Over 300 participants (n = 303; percent male = 48.2%; percent white = 77.56%; median age = 39) were drawn from Amazon’s Mechanical Turk Program (Mturk) to answer a battery of self-report assessments of various personality measures including the 12-item Malignant Self-Regard Questionnaire-Short Form (MSRQ-SF). The MSRQ-SF was correlated with self-report measures of Panksepp’s primary affective systems (play, anger, seeking, care, fear, and sadness), defense mechanisms (Defense Mechanism Rating Scale-Self Report-30), and self-handicapping. Following previous research, the MSRQ-SF was split into three groups representing high, medium, and low levels of MSR. One-way ANOVA was employed to assess MSR group differences on prototype ratings of family history with depressive disorders (Major Depressive, Dysthymia, and Bipolar I Disorder). That is, participants read DSM-5 descriptions of the above disorders and were asked to rate how well they described their parents on a Likert scale of 1-7.

Results: Correlational analyses found strong associations between the MSRQ-SF and all of the primary affective systems (r = -0.27 - 0.61), mature (r = -0.62), neurotic (r = 0.47), and immature (r = 0.52) defenses, as well as self-handicapping (r = 0.76). One-way ANOVA results between the MSR group variable and family history with Major Depressive Disorder [Maternal, F(2,273) = 21.53, p < .001; Paternal, F(2,261) = 14.40, p < .001], Dysthymia [Maternal, F(2,272) = 14.08, p < .001; Paternal, F(2,261) = 20.43, p < .001], and Bipolar I Disorder [Maternal, F(2,273) = 13.04, p < .001; Paternal, F(2,262) = 15.39, p < .001] were all significant and suggest that a family history with more depressive disorders is positively associated with an increased level of MSR.

Discussion: The construct validity of MSR is largely supported by the current study. Given the high and
consistent associations between MSR, several primary process emotions including aggression and sadness, and family history of depressive disorders, this study appears to suggest that MSR may have a significant biological component that has yet to be empirically investigated. In light of these findings, future research should involve examining the neurobiological correlates and processes within MSR.

**An Alternative Approach to TOMM Validity: Examining the Role of Balanced Accuracy Scores in Determining Cut-off Values**

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Neuropsychological assessments evaluate the cognitive and emotional functioning of an individual. However, the accuracy of these assessments relies on participants exhibiting their true ability during administration (Mossman & Wygant, 2012). When examinees provide invalid responses or overreport symptomology, results will be misleading, and the validity of the assessment reduced. The Test of Memory Malingering (TOMM) is a popular performance validity test (PVT) used to determine if a person has true memory impairment (Tombaugh, 2002). While the TOMM has proven to be highly sensitive to those who are deliberately faking or exaggerating their symptoms, there is little to no explanation regarding the significance of using 45 as a cutoff score. This study aims to further investigate the traditional cut-off score of the TOMM by examining scores obtained by a large sample of active-duty military personnel.

**Phase One:** Descriptive statistics were produced for participants who completed the TOMM. After missing data was removed, there were a total of 859 distinct profiles (M=26 years, SD=6.14, 97.31% Male, 72.44% White). Results indicated that there are no notable discrepancies between the frequency of participants who scored a 45 and those who scored slightly below a 45. For example, during Trial 2 (T2) of the TOMM, 14 participants received a score of 44, where 17 participants received a 45. Further, for the retention trial, 13 participants received a 44, and 15 participants received a 45.

**Phase Two:** The sensitivity and specificity of the TOMM were derived using the Forced Choice Recognition (FCR) scores obtained by participants on the California Verbal Learning Test Second Edition (CVLT-II). After removing missing data, there were a total of 704 profiles. The sensitivity for each trial of the TOMM is 0.84, 0.55, and 0.63, respectively. The specificity for each trial of the TOMM is 0.69, 0.93, and 0.92, respectively. Because sensitivity and specificity rates are of equal importance in this study, we propose using Balanced Accuracy (BA) scores to determine the best cut-off score, as these scores represent the average of sensitivity and specificity. For example, T2 has the highest BA score of .78 when using a cut-off score of 46. For a cutoff score of 45, the BA score for T2 is approximately .74.

The current study provides evidence on why the traditional cut-off score of 45 may not be the most effective. Different cut-off scores for each trial provide higher BA scores. Further, this dataset indicates that many participants still scored slightly below the cut-off of 45. These scores can be arbitrary, and lead to misclassifying several individuals based on a one-point difference. Moving away from an absolute cut-off point of 45 provides a flexible approach of classifying TOMM scores. Future research should continue exploring the use of absolute cut-off scores and consider employing alternative methods which do not rely on a single score.

**Authoritarian Personality Revisited: Assessing Social Manifestations of Authoritarianism, Ethnocentrism, and Political-Economic Conservatism**

Coordinating Author Information: Catherine Campos | University of North Texas

Location: Michigan

- Catherine Campos | University of North Texas
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Recent political events in the USA have revived interest in the study of authoritarian personality that was prominent in the early 1950s, and in the self-report scales that were developed to measure it (Adorno, Frenkel-Brunswik, Levinson, & Sanford, 1950). That extensive research program developed a series of scales and subscales to measure social and political attitudes including ethnocentrism, authoritarianism, fascism, political-economic conservatism, anti-Semitism, and anti-negro (sic) sentiments. Theoretical and methodological criticisms, as well as further research developments since then, along with cultural changes and historical drift in item meanings, suggest that the original scales may be of little use 70 years later.

However, Frenkel-Brunswik had administered the ethnocentrism, authoritarianism, and political-economic conservatism scales to 98 participants (56 girls, 42 boys) in the longitudinal Berkeley Guidance Study at the Institute of Human Development, University of California, Berkeley, in about 1945-46 when they were 17 years old. Furthermore, research staff performed Q Sort ratings (Block, 1978) of the extensive interview and heterogeneous case file data for each participant in late adolescence by sorting the Q Sort’s 100 personality descriptive statements into a 9-point forced normal distribution, with the highest scores given to the items that best described the person, and the lowest scores given to those least descriptive (or opposite) of the person.

We wanted to develop an observer-rated scale to assess authoritarian attitudes in the participants’ adolescence by using the Q Sort items. To accomplish this, two raters (the second and third authors) separately evaluated groups of items that the first author had selected as similar in meaning to each of the Frenkel-Brunswik items. The goal was to identify a Q Sort match for each Frenkel-Brunswik item. For example, the authoritarian item, “What youth needs in these troubled times is strict discipline, rugged determination and training in self-denial” was matched with Q Sort item 9, “Is uncomfortable with uncertainty and complexities.” The ethnocentrism item, “The worst danger to real Americanism during the last 50 years has come from foreign ideas and agitators” was matched with Q Sort item 23, “Tends to transfer or project blame.”

Data analysis is being conducted on molecular and molar levels. First, each item pair was tested by correlating their scores, overall and separately by gender. Then, the Q Sort items with correlations over .50 will be used to create scales comparable to the three Frenkel-Brunswik scales. Development and validation of these scales is currently in progress.

**Dependency, Detachment, and Interpersonal Functioning: A Meta-Analytic Review of Evidence from the Relationship Profile Test**

**Coordinating Author Information:** Silas Sheridan, MS | Adelphi University

**Location:** Michigan

Silas Sheridan, MS | Adelphi University
Robert F Bornstein, PhD | Adelphi University

Bornstein et al.’s (2002, 2003) Relationship Profile Test (RPT) is designed to assess aspects of interpersonal dependency and its converse, detachment; the measure yields separate scores for Destructive Overdependence (DO), Dysfunctional Detachment (DD), and Healthy Dependency (HD). Overdependence is characterized by maladaptive, inflexible dependency, while detachment is characterized by self-reliance at the expense of social connectedness, and healthy dependency is characterized by flexible, adaptive, support-seeking (Bornstein, 2011; Cross, Bacon, & Morris, 2000). Studies confirm that overdependence results in part from overprotective and/or authoritarian parenting which can interact with certain temperaments that elicit and reinforce these parenting styles; overly dependent people’s insecure and clinging behavior tends to alienate potential caregivers and hinders their ability to develop close and balanced relationships (Blatt & Homann, 1992; Pincus & Gurman, 1995). On the other extreme, detachment appears to result from early learning that stresses independence and self-sufficiency while de-emphasizing connectedness (Clark & Ladd, 2000). In contrast to both, healthy dependency is associated with authoritative parenting, which instills a sense of confidence and self-directedness in children, while also promoting a belief that it is acceptable to ask for support.
when needed (Bornstein, 1998, 2011). Healthy dependent people are able to sustain long-term mutually supportive relationships, while detached and overly dependent people appear to struggle in this domain. To date there have been about 40 published studies involving the RPT, some of which assess aspects of interpersonal functioning. The present investigation used meta-analytic techniques to quantify the links between interpersonal functioning and RPT-derived indices of dependency and detachment by synthesizing all extant findings in this area (n of studies = 14, overall n of participants = 2,760). Studies were gathered via an extensive literature search using relevant search terms (e.g., dependency, detachment, interpersonal functioning, Relationship Profile Test) in the PsycInfo, Medline and Google Scholar databases. Results revealed significant positive relationships between RPT DO and DD scores and scores on indices of social anxiety, relationship insecurity, and feelings of alienation. As expected, high scores on the RPT HD scale are associated with healthy interpersonal functioning in a broad array of interpersonal domains. These results support the construct validity of the RPT as a measure of unhealthy dependency, dysfunctional detachment, and healthy dependency, and suggest that scores on the RPT DO, DD, and HD scores predict important aspects of interpersonal functioning. Future studies should examine the degree to which similar patterns are obtained in individuals raised in sociocentric cultures, and replicate and extend these results using other measures of dependency and detachment (e.g., performance-based tests).

Dependency and Detachment Across Culture and Context: Contrasting Relationship Profile Test Scores in Taiwanese and American Participants
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Interpersonal dependency is the tendency to rely on other people for nurturance, guidance, and support, even in situations where autonomous functioning is possible. Research has shown that interpersonal dependency is shaped by a combination of genetic and environmental factors; cultural experience is one critical environmental factor that helps determine the intensity and expression of an individual's underlying dependency needs.

Most investigations of culture and dependency have focused on individuals from one cultural group. Because bicultural individuals have internalized two cultures, bicultural immigrants often have challenges maintaining their ethnic culture and identity while being involved in the dominant culture. The process of acculturation has a crucial impact on an individual's interpersonal relationships, which may differ across culture. This study explores the impact of acculturation on interpersonal dependency and its converse, detachment, by comparing self-attributed dependency and detachment in second-generation Taiwanese immigrants and American participants. We hypothesized that Taiwanese participants would have higher self-attributed dependency across three interpersonal domains (parents, friends, and supervisors/mentors) due to the influence of collectivistic culture.

This study utilized three modified versions of the Relationship Profile Test (RPT), with different versions focusing on dependency and detachment in different interpersonal domains—parents, friends, and supervisors/mentors. Participants were second-generation Taiwanese-Americans and Americans born and raised in the US, all age 18 and above. Each group consisted of 100 participants (50 women and 50 men). This study utilized 2*2 ANOVAs (Taiwanese-American versus American, women versus men) to compare RPT scores on Destructive Overdependence (DO), Dysfunctional Detachment (DD), and Healthy Dependency (HD). Separate ANOVAs were conducted for each version of the RPT.

On the RPT DO subscale, there were significant main effects of group and gender for RPT-Parent such that men scored higher than women, and Taiwanese participants scored higher than Americans.
There was a significant main effect of group on RPT-Friends, with the Taiwanese group having higher DO scores.

On the DD subscale, there was a main effect of gender on RPT-Parent, in that men had higher DD scores than women, regardless of cultural background. There was also a main effect of group on RPT-Work, in that the American group scored higher than the Taiwanese group on DD.

On the HD subscale, there was a main effect of gender on RPT-Parents, in that men scored higher than women. There was also a main effect of group on RPT-Friends in that Americans scores higher than Taiwanese participants, regardless of gender.

These findings illustrate the complexity of relationship patterns across culture and context: Whereas Taiwanese Americans scored significantly higher than Americans on overdependence (RPT DO) in relationships with parents and friends, Americans scored significantly higher on detachment (RPT DD) in relationships with supervisors/mentors, but not with parents or friends. Interestingly, men in both groups scored significantly higher than women on healthy dependency (HD) with their parents, but not with friends or supervisors/mentors. Future studies should examine whether these patterns generalize across other relationship domains, and across other cultural groups as well.

**Development of a Self-Report Measure of Object Relations Based on the SCORS-G**

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- Steven Huprich, PhD, LP | University of Detroit Mercy

**BACKGROUND AND PURPOSE:** The Social Cognition and Object Relations Scale- Global Rating Method (SCORS-G) has become one of the most prominent assessments of object relational functioning (Stein et al., 2016; Westen, 1995). Its development has led to an increased understanding of personality development and psychopathology. The purpose of the current study is to develop a self-report measure of the SCORS-G (SCORS-G-SR). A self-report measure of the SCORS-G may be particularly useful in large-scale studies that do not allow for the collecting and coding of narrative material (e.g. time constraints).

**METHODS:** An initial pool of 110 SCORS-G-SR items representing each of the eight dimensions were developed by a team of researchers and graduate students with SCORS-G experience. Items were reviewed and modified by a team of national experts (N=19) on the SCORS-G. After several iterations, the scale was reduced to 82 items. A pilot study sample of 50 adults completed the self-report measure and a demographics questionnaire.

**PLANNED ANALYSES:** Preliminary reliability (item-to-total and alpha) and validity (factor analysis) will be reported. These analyses will help determine how accurately the SCORS-G-SR items represent the respective dimensions.

**Dreams and Rorschach: A Study of Possible Correlations**

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- Francesca Ales, PhD
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- Sara Pasqualini
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Andò et al. aim to investigate the relationship between the manifest content of dreams and responses...
to the Rorschach test (R- PAS), using both standard (N = 40) and remote (N = 40) administration of R-PAS. The dream material is then coded using the R- PAS procedure, but due to the particular scope of the current study, modifications are made to the coding of the dream content. Several correlations between the R- PAS responses and dreams are statistically significant (e.g., with respect to (A) [imaginary, fictional, or cartoon animal], Ad [animal details, for an incomplete animal shape], A [whole animal], and C’ [achromatic colour]. The authors examine not only the relationship between dream content and Rorschach responses, but also whether performance during the Rorschach test and dreams may have been influenced by the effects of the Covid 19 pandemic. Clinical implications will be discussed.

Elucidating the Dark Side of Personality: The Psychometric Properties of the Dark Core Inventory - Norwegian Version

Coordinating Author Information: Cato Grønnerød | University of Oslo
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   Linn Dedekam Øwre | University of Oslo
   Kristin Gustavson | University of Oslo
   Cato Grønnerød | University of Oslo

This study examined the psychometric properties of the newly translated Norwegian version of the Dark Core Inventory (DCI) with reference to wording, internal consistency and factor structure. DCI is a self-report inventory assessing the dark core of personality. 70 items cover aspects of negative personality traits in a common factor, proposedly underlying several other dark traits, such as the Dark Triad. The study sample consisted of 322 individuals (15-75 years of age) living in Norway. The sample was recruited through online advertising. Using principal component analysis and parallel analysis, the preliminary results indicate that one main factor was identified, in line with the theory of the dark factor of personality. Results will be announced.

Facets of the Five Factor Model and Negative Thoughts Predicting Non-Suicidal Self-Injury

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   Courtney K. Mason, BS | Mississippi State University
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Non-suicidal self-injury (NSSI), when a person harms themselves intentionally without the intention of suicide, can include behaviors such as cutting, burning, headbanging, and more (Nock, 2009). The Emotional Cascade Model (Selby & Joiner, 2009) describes how NSSI could be a behavioral response to a repetitive and increasingly overwhelming cycle of negative affect and rumination, a form of repetitive negative thinking (RNT) where a person repetitively thinks about something from the present or past. However, there is limited research on specific forms of rumination or with other forms of RNT (i.e., anger rumination, sadness rumination, worry, catastrophizing) in relation to NSSI. Additionally, the Five Factor Model (FFM; Costa & McCrae, 1992) domains and facets are predictive of a history of NSSI (MacLaren & Best, 2010; Mullins-Sweatt, Lengel, & Grant, 2012). However, there is limited research investigating personality traits with forms of RNT in relation to NSSI. The current study aims to evaluate which FFM facets and RNT are most predictive of NSSI. It is predicted all six facets of neuroticism, three facets of openness (i.e., aesthetics, feelings and values), and four facets of conscientiousness (i.e., order, achievement, self-discipline, and deliberation) will predict NSSI. Further, each type of negative thought will predict NSSI. Participants (n = 130) were recruited through a community sample using Amazon Mechanical Turk (MTurk). These participants took a 30-minute online self-report survey and were compensated with $4.00. The average age was 34.64 (SD= 8.81), with the majority of them being white (70.00%) and men (54.60%). Individuals were pre-screened with the McLean Screening Instrument for Borderline Personality Disorder (Zanarini et al., 2003), and participants were not shown the informed consent or online self-report survey unless they endorsed engaging in self-harm in their lifetime. Multiple regressions were conducted to test the hypotheses. In the first multiple regression analysis, catastrophizing negatively predicted individuals engaging in multiple types of NSSI (b = -.29, t(130) = -2.54, p = .012). The other
types of RNT did not predict individuals engaging in multiple types of NSSI. With the second multiple regression analysis, the following FFM facets positively predicted individuals engaging in multiple types of NSSI: self-consciousness ($b = .36, t(130) = 2.77, p = .006$), impulsiveness (immoderation; $b = -22, t(130) = 2.01, p = .047$), and aesthetics (artistic interests; $b = .22, t(130) = 2.10, p = .038$). The other FFM facets did not predict individuals engaging in multiple types of NSSI. The limitations of this study include the data being cross-sectional and having limited power with the second multiple regression analysis. Future directions include continuing data collection and further evaluating RNT and FFM facets with other measures of NSSI. This study will aid in understanding precursors to NSSI, which could increase accuracy in assessment and treatment.

**Histrionic Personality Pathology and the Triarchic Model of Psychopathy**

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Dominic B. Ceroni, MA | Palo Alto University
Matthew M. Yalch, PhD | Palo Alto University

Histrionic personality pathology is characterized by a need to be the center of attention, often through theatrical, seductive, and at times manipulative means. Some argue that histrionic behaviors are essentially impulsive and aggressive means of controlling others. These aspects of histrionic behavior map onto the dimensions of the triarchic model of psychopathy (disinhibition, meanness, and boldness, respectively), although research has not yet examined this empirically. In this study, we examined the association between psychopathic disinhibition, meanness, and boldness and a latent measurement of histrionic personality pathology in a sample of men and women recruited from Amazon’s Mechanical Turk ($N = 399$) using a Bayesian approach to structural equation modeling. Results suggest that disinhibition and meanness (but not boldness) were associated with histrionic personality pathology. Findings suggest that although the behaviors characteristic of histrionic pathology may be theatrical and seductive, they may be rooted in impulsive aggression rather than for purposes of achieving closeness.

**Influence of Maladaptive Personality Traits on Machiavellianism**

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Alana R. Gallagher, MS | Palo Alto University
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Machiavellianism is associated with manipulative attitudes and behaviors towards, and consequent problems with, other people. Although there is ample research linking Machiavellianism with basic personality traits, there is less research on its association with maladaptive personality traits, which capture extreme aspects of personality functioning and are thus more clinically informative. Perhaps the most prominent model of maladaptive personality traits is the Alternative Model of Personality Disorders (AMPD), which contains five maladaptive variants of normative personality traits (Antagonism, Detachment, Disinhibition, Negative Affect, and Psychoticism). In this study, we examined the association between Machiavellianism and AMPD traits in a sample of men and women ($N = 362$) using a Bayesian approach to multiple regression. Results suggest that high levels of both Antagonism and Detachment were associated with Machiavellianism. Although the influence of Antagonism may not be surprising given the nature of Machiavellianism, the influence of Detachment suggests an interpersonally withdrawn approach to manipulating other people (vs. the more engaged and bold approach to manipulation characteristic of psychopathy). Future research might examine this further (e.g., which facets of Detachment are most closely associated with Machiavellianism).

Table 1.
Effects of maladaptive personality traits on Machiavellianism
### IPIP-NEO-120 in Norwegian: A Pilot Study of Psychometric Properties

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- Pia Pran | University of Oslo  
- Kristin Gustavson | University of Oslo  
- Cato Grønnerød | University of Oslo

The overall aim of the current project is to provide Norwegian researchers with a free and validated Norwegian personality inventory based on the Five Factor Model. The International Personality Item Pool (IPIP) is a public domain collection of freely available personality items and scales. Free IPIP-alternatives to the NEO PI-R, the most used measure of the Five Factor Model (Costa & McCrae, 1992), has already been developed in English. IPIP-NEO-300 and its shorter form, IPIP-NEO-120, have both shown to measure constructs similar to the NEO PI-R and to have good reliability and validity (Johnson, 2014). The current pilot study examines the translation of the IPIP-NEO-120 into Norwegian and the psychometric properties of the Norwegian version. A sample (N=298) was recruited mainly through social media and the participants completed IPIP-NEO-120 and other self-report questionnaires in the overarching Personality and Distress project. The factor structure and internal consistency of the Norwegian IPIP-NEO-120 closely resembled the original. The results indicate that it will be useful to continue the work on this Norwegian translation and to investigate the psychometric properties in a larger and more representative sample of the Norwegian population.

### LIWC Versus Interpersonal Decentering from Breakup Narratives and Their Relationship to Depressed Mood

**Coordinating Author Information:** Sharon Rae Jenkins, PhD | University of North Texas  
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- Maddie Straup, BA | University of North Texas  
- Sharon Rae Jenkins, PhD | University of North Texas

**Background & Purpose:** Breakups can be one of the most difficult events in a young adult’s life, and can lead to depression (Rhoades et al., 2011). Individuals cope with such dissolutions through the narratives they build in order to obtain a new sense of security and meaning in the world (Crossley, 2000). Researchers have analyzed narrative content to understand how those narratives can impact their well-being (e.g., Boals & Klein, 2005). Measuring the proportion of word types (e.g., negative emotion words) can be an efficient and face-valid approach to understand their post-breakup difficulties (Jenkins et al., 2013). However, because word count tools eliminate the context of language use, researchers have used global rating systems to preserve narrative and narrator meaning. Interpersonal decentering maturity assesses individuals’ tendency to consider their own thoughts, feelings, and behaviors in regard to others (Feffer et al., 2008). More mature decentering has predicted lower depression symptoms (Tucker, 2015). The current study compares the Linguistic Inquiry and Word Count (LIWC) and decentering scores in relating to depressive outcomes. We hypothesized that both LIWC proportions of negative emotion words (NEW) and decentering scores would predict self-rated depressed mood, but decentering would be a stronger predictor.

**Subjects:** Young adults (N = 161; 118 women, 43 men) participated in the present study if they reported

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<table>
<thead>
<tr>
<th>β</th>
<th>95% HDI</th>
<th>$R^2$</th>
</tr>
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<tbody>
<tr>
<td>Antagonism</td>
<td>0.31*</td>
<td>[0.21, 0.41]</td>
</tr>
<tr>
<td>Detachment</td>
<td>0.39*</td>
<td>[0.29, 0.50]</td>
</tr>
<tr>
<td>Disinhibition</td>
<td>-0.10</td>
<td>[-0.20, 0.01]</td>
</tr>
<tr>
<td>Negative Affect</td>
<td>0.01</td>
<td>[-0.10, 0.12]</td>
</tr>
<tr>
<td>Psychoticism</td>
<td>0.10</td>
<td>[-0.02, 0.22]</td>
</tr>
</tbody>
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Note. * indicates that 0 did not fall within 95% of Highest Density Interval (HDI).
distress from a breakup within the last 12 months. Participants ranged in age from 17 to 29 (M = 19.49, SD = 1.83). Self-reported ethnicities were 59.4% White, 24.4% Hispanic, 9.4% Asian, 1.9% African American, 2.5% Native American, and 2.4% other.

Methods & Materials: Participants completed Beck et al.’s (1996) Beck Depression Inventory – Second Edition (BDI-II) to assess depression. They also participated in a Stream of Consciousness (SOC) task by talking continuously into a recorder about their breakup for four minutes. SOC responses were transcribed for scoring by LIWC for NEW and by a reliable team of human scorers for interpersonal decentering.

Analyses & Results: A hierarchical regression was conducted to compare decentering scores and NEW to predict perceived depressed mood, as measured through the mood subscale on the BDI-II. NEW ratings were entered first and accounted for no significant variance (F change = 0.020, p=.889). Decentering scores were then entered and significantly predicted lower BDI-II mood scores (F=4.30, p=.040). Thus, decentering maturity significantly predicted less depressed mood with NEW controlled, but NEW had no effect.

Conclusions: Results show that interpersonal decentering maturity appears to predict lower depressive symptoms following a breakup, whereas word counts assessing negative emotions do not. Our findings highlight the importance of employing more global narrative measures for understanding expressive writing narratives to more effectively conceptualize young adult clients’ distress. Although LIWC tools are easier and cheaper to use, their limitation in recognizing context within story content could impede the effective assessment of mental health outcomes. Use of interpersonal decentering scores can enable greater understanding of young adults’ (mal)adaptive reflections on a past relationship and their approach to coping with interpersonal distress.

Psychological Symptoms and Performance as a Function of the Menstrual Cycle
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  - Ashmita Ghosh, BS | Villanova University
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Background and Purpose: Prior research suggests that retrospective self-reports and experience of psychological and behavioral symptoms fluctuates across the different phases of the menstrual cycle. For example, symptoms of depression, anxiety, and PTSD seem to increase in the early follicular phase of the menstrual cycle, while emotional and behavioral symptoms of borderline personality disorder worsen during the mid-luteal phase (Nilnii, Pineles, Patton, Rouse, Sawyer, and Rasmusson, 2015; Eisenlohr-Moul, Schmalenberger, Owens, Peters, Dawson, and Girdler, 2018). These fluctuations are hypothesized to be a result of differing levels of estradiol and progesterone across the follicular and luteal phases (Eisenlohr-Moul, Schmalenberger, Owens, Peters, Dawson, Girdler, 2018; Poromaa, Gingnell, 2014). While the relationship between menstrual cycle phases and retrospective reports of psychological symptoms has been explored, the impact of the menstrual cycle on performance-based assessments of current functioning has not. Therefore, this study will examine if the menstrual cycle differentially impacts self-report and performance-based measures of personality and emotion. Subjects: 171 female individuals, 98 of which were not taking any hormonal contraceptives (57.3%). Of the 98 females not on hormonal contraceptives, their ages ranged from 18 to 43 (M= 26.00, SD=7.09).

Methods and Materials: Participants were recruited from Prolific and the undergraduate research participant pool. The participants completed measures of personality (Personality Assessment Inventory-Borderline Scale; PAI-BOR; Morey, 1991), stress (Perceived Stress Scale; PSS; Cohen,
1994), and interpersonal problems (Inventory of Interpersonal Problems- Short Circumplex; IIP-SC; Hopwood et al., 2008). Additionally, participants completed a performance-based measure of interpersonal perception (The Awareness of Social Inference Test; TASIT, Part A; McDonald et al., 2003) to evaluate their ability and accuracy in identifying emotions in other individuals. Analyses: Establishing the menstrual cycle phase (i.e., early/late follicular, early/late luteal) of all participants will be the first step in analyzing the data. To determine the menstrual cycle phase, the number of days between the first day of their last period to the day they completed the study will be calculated. Participants in the first half of their menstrual cycle, based on their reported cycle length, will be in the follicular stage. Those in the second half of their menstrual cycle will be in their luteal phase. To determine if self-reported symptoms and performance on the interpersonal perception task varied according to menstrual cycle phase, a MANOVA will be conducted. Results: The average menstrual cycle length for participants was 25.90 days (SD=7.67). Self-reported psychological symptoms are expected to fluctuate with the phases of the menstrual cycle in participants not on any hormonal contraceptives. Conclusions: The results of this study and continued research examining the relationship between psychological symptoms and phases of the menstrual cycle have important implications for continued clinical practices in assessment and diagnosis of psychological disorders. Fluctuations in psychological symptoms may lead to false positives of psychological disorders depending on when a clinician is performing the assessment. Additionally, clinicians and clients may utilize the knowledge of the menstrual cycle to understand changes in symptoms and incorporate those predictions into psychological treatment.

Psychopathy and Informed Consent Completion
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  - Adam P. Natoli, Ph.D | Sam Houston State University

BACKGROUND: This study presents a preliminary exploration of whether psychopathic traits are associated with the process of consenting to research participation. It is an ethical aspiration to ensure individuals properly attend to the information contained in the informed consent before they make the decision of whether to participate in a study or undergo psychological assessment. Different individuals likely attend to information presented in consent forms to varying degrees. As such, there's value in understanding how this variance is associated with different traits (e.g., certain individuals may need to be prompted to take their time to fully understand the consent information). The degree to which an individual attends to information presented in consent forms may vary as a function of certain psychopathic traits (e.g., uncaringness, recklessness, and lack of concentration and planfulness). This study sought to investigate the association between different traits of psychopathy and the amount of time individuals spend reviewing the informed consent prior to research participation.

SUBJECT(S): Data were collected from 263 undergraduate students as part of a larger ongoing project. The present sample had a mean age of 22.08 (SD=5.62). Of these participants, 73% identified as female, 26% as male, and 0.4% as other. The highest represented race was White or Caucasian (66.9%), then Hispanic or Latinx (36%) followed by 19.4% Black or African American, 5% mixed race, 4.2% other, 2.7% Asian, and a missing 1.9%.

METHOD: Participants completed a series of measures, hosted on Qualtrics, as part of a larger project. Two measures were used for the present study: the Comprehensive Assessment of Psychopathic Personality – Self Report (CAPP-SR) was used to measure psychopathic traits. The benefit of the CAPP model is that it is meant to capture the traits that are included across prominent historical and empirical descriptions of psychopathy, providing a comprehensive evaluation of psychopathic traits. The second measure was behavioral in nature and consisted of calculating the amount of time (in seconds) each
participant spent reviewing the informed consent form.

ANALYSES: We used correlation analyses to investigate associations between psychopathic traits and time spent completing the informed consent. Due to violations of multivariate and bivariate normality assumptions, Kendall’s tau-b was used.

RESULTS: The following psychopathic traits were found to significantly negatively correlate with the amount of time spent reviewing the informed consent: Unempathetic (Tb = -0.088, p=0.048), Uncaring (Tb = -0.122, p=0.007), and Deceitful (Tb = -0.095, p=0.033).

CONCLUSIONS: Based on these preliminary findings, the psychopathic traits of uncaringness, deceitfulness, and unempathetic were inversely related to the degree to which an individual attends to information presented in the informed consent prior to participating in a study. As such, individuals higher in these traits may require prompting while completing the informed consent. Limitations of the present study involve limited generalizability due to use of a student sample; future research should replicate this study with participants from other populations (e.g., correctional inmates). Findings are discussed within the context of the ethical practice of personality assessment and recommendations for future research are offered.

Shortlisted: A Comparison of the Psychometric Properties of Two Short Forms of the Experiences in Close Relationship (ERC) Scale in a Clinical Sample

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- Michelle Stein, PhD | Massachusetts General Hospital and Harvard Medical School
- Mark Blais, PsyD | Massachusetts General Hospital and Harvard Medical School

Attachment theory, first introduced by Bowlby in 1980, has expanded from a model to explain infant-caregiver bonds to a biopsychosocial framework that help us examine psychological functioning across the lifespan. Numerous studies have investigated adult attachment patterns across longitudinal and cross-sectional studies in both clinical and community samples in the past three decades. Across these studies, adult attachment insecurity has been found to contribute to a wide range of mental and personality disorders, from mild and common conditions to severe psychopathology. The most widely used adult attachment self-report measure is the Experiences in Close Relationships scale (ECR), a 36-item scale constructed by Brennan, Clark, and Shaver in 1998. The ECR has demonstrated strong psychometric properties across multiple populations. The ECR scale can aid in diagnostic clarification and treatment planning for clinical populations. However, in outpatient settings, length batteries can be burdensome. Therefore, there is a need to assess clinical populations expeditiously. Recently, two 12-item short forms of the ECR, the ECR-S and ECR-12, were constructed to provide psychometrically comparable alternatives to the full test. Since their introduction, these short forms have been used in various studies across clinical and non-clinical populations both in the US and globally. However, few studies have compared the psychometric properties of these short scales in clinical samples. To our knowledge, the current study is the first study to investigate and compare the psychometric properties of these short forms with an outpatient population presenting for psychological testing at a large academic medical center. This study is ongoing, with a planned sample size of 100 and a current sample of 69 adult outpatients. Subjects will complete the ECR and self-report measures of personality functioning as part of a multi-method battery of psychological functioning. We will investigate: 1) internal consistency of the short forms using Cronbach’s alpha, 2) concurrent validity of each short form with the ECR using Pearson correlations, and 3) convergent and divergent validity of the ECR short forms with related measures of personality, including the Personality Assessment Inventory, NEO Personality Inventory, SCORS-G, and the Personality Inventory for DSM–5 (PID-5) using Pearson correlations. Finally, we will examine and compare the construct validity of the ECR-S and ECR-12 via confirmatory factor analysis.
The Comparability and Validity of the Remote and In-Person Administrations of the IOP-29 and IOP-M
Coordinating Author Information: Claudia Pignolo, PhD | University of Turin
Location: Michigan
Claudia Pignolo, PhD | University of Turin
Luciano Giromini, PhD | University of Turin
Alessandro Zennaro, PhD | University of Turin

The recent COVID-19 pandemic has disrupted the professional routine of clinical psychologists who deal with assessment services and mental health evaluations: given the necessity of physical distancing, several assessors had to switch from in-person interactions to remote assessment. As such, studies on the equivalence between face-to-face testing and tele-testing should be guaranteed for all published tests. Recently, Giromini et al. (2021) suggested that the effectiveness of the Inventory of Problems – 29 (IOP-29; Viglione & Giromini, 2020) is preserved when using both face-to-face and online/remote administrations. Indeed, the authors reported that the administration of the test in both conditions generated nearly identical results. Nonetheless, in their study, the authors analyzed data collected from various ongoing and archival research projects in which participants were not supervised or monitored with the aid of a synchronous teleconference application. Furthermore, the authors did not report on the equivalence between face-to-face and remote testing of the Inventory of Problems-Memory module (IOP-M; Giromini et al., 2020), the newly introduced implicit recognition test that has to be completed immediately after taking the IOP-29.

To address these issues, we collected new data by administering the IOP-29 and the IOP-M in three different conditions: (a) online/computerized, (b) in-person/computerized, and (c) in-person/paper-and-pencil. In the online condition, the participants were supervised with the aid of a teleconference application, whereas the two in-person conditions were monitored with the aid of an on-site proctor. Additionally, we adopted a simulation study design, so that, for each condition, participants were randomly divided into two groups: 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 while taking the tests. The average IOP-29 FDS values and the IOP-M number of correct items produced in the three conditions were compared with each other via a one-way ANOVA.

Next, we focused on classification accuracy and investigated whether the number of participants above versus below the standard IOP-29 cutoff score of FDS ≥ 0.50 (Viglione & Giromini, 2020) and the standard IOP-M cutoff score of # of correct items < 30 meaningfully differed across the three conditions.

The Effects of COVID-19 on the Mental Health of Gamers
Coordinating Author Information: Armahn Rassuli, M.Ed. | George Washington University
Location: Michigan
James Sexton, PhD | George Washington University
Armahn Rassuli, MEd | George Washington University
Claudia Downey, BA | George Washington University

Background and Purpose: The purpose of this study was to determine the impacts of COVID-19 on the mental health of individuals who play video games. Through examining personality traits of gamers, their anxiety and depression levels, video game motivation, in person and online functioning, and coping style during the summer and fall seasons of 2021 the perceived impact of COVID-19 was correlated. Both AMPD personality trait and functioning models were tested, as well as the relative influence of other personality related variables such as defense mechanisms and video gaming motivation.

Methods: To assess this, we sampled a large group of video game players (n=302 ) that completed a self-report questionnaire measuring various criterion variables during the Summer and Fall seasons of 2021. These included the Beck's Depression Inventory (BDI), Beck's Anxiety Inventory (BAI), the Defense Mechanisms Rating Scale (DMRS-30), the Experiences of Close Relationship Scale (ECRS-12), the DSM-V Levels of Personality Functioning Questionnaire (DLOPFQ-SF), the Personality Inventory for DSM-V
(PID-5), Video Game Motivation Inventory (VGMI), and the Internet Gaming Disorder Test (IGDT-10).

Analysis: Correlational analysis were used to obtain zero-order relationships, and Hayes’ PROCESS regression module was used to test moderation and mediation models.

Results: Results from the summer season revealed that video gaming was related to all personality traits, functioning, and motivation. Video gaming and the measures were also related to anxiety, however the effect on depression was less clear. Moderation and mediational tests suggest that the impact of personality traits can be modified by functioning and motivation. Please note that these are preliminary results based on wave 1, and wave 2 data is still being collected with an additional focus on the impact of region as some areas have greater COVID rates and restrictions than others this fall.

The Impact of Perfectionism on Grit and Self-Handicapping

Coordinating Author Information: Alvin Nicholas, M.S., University of Detroit Mercy

Perfectionism is a dispositional and multidimensional trait that remains relatively stable across time. Rigid perfectionism concerns holding unrelenting high standards (Wilson et al., 2019), which might also include the expectations of their parents and/or loved ones. Self-critical perfectionism refers to having unrealistic expectations and standards for oneself that lead to perfectionistic motivation. Narcissistic perfectionism is conceptualized as a directed need for perfection marked by grandiosity, entitlement, and lofty expectations for self and others (Nealis et al., 2016). Recent literature suggests that rigid and self-critical perfectionism are more likely to be associated with grit (Rice & Dellwo, 2002) and negatively associated with self-handicapping (Bassak-Nejad, 2009). Research also suggests that perfectionistic individuals may detract the blame away from their own inabilities and displace on others, also known as self-handicapping (Castella et al., 2013), a less adaptive form of coping. No current studies have examined the association between the different levels of perfectionism and their relationship to both grit and self-handicapping, which is what the current study sets out to do. The following hypotheses were evaluated: 1) each type of perfectionism (rigid, self-critical, and narcissistic) will be significantly correlated with grit; 2) each type of perfectionism will be significantly correlated with self-handicapping; 3) each type of perfectionism significantly predicts unique levels of variance in grit; 4) each type of perfectionism significantly predicts unique levels of variance in self-handicapping.

Participants (n = 258) recruited from Amazon’s Mechanical Turk Program (Mturk) completed various measures assessing grit, self-handicapping, and three types of perfectionism. Results indicated that rigid (r = .44, p < .001), self-critical (r = .67, p < .001), and narcissistic (r = .62, p < .001) perfectionism were all significantly correlated with self-handicapping. However, only self-critical (r = -.28, p < .001) and narcissistic (r = -.13, p = .036) perfectionism were significantly correlated with grit.

Results from a linear regression equation model revealed grit to be predicted by rigid perfectionism ($\beta = .60, t = 6.97, p < .001$) and self-critical perfectionism ($\beta = -.64, t = -7.34 p < .001$). Results also found that self-handicapping was predicted by self-critical perfectionism ($\beta = .55, t = 7.99, p < .001$), narcissistic perfectionism ($\beta = .40, t = 5.75, p < .001$), and rigid perfectionism ($\beta = -.24, t = -3.50, p < .001$).

Hypotheses 2 and 4 were fully supported, whereas Hypotheses 1 and 3 were only partially supported. Individuals who endorse traits of rigid perfectionism are more likely to persevere (i.e., possess more grit) and less likely to self-handicap compared to those who endorse self-critical and/or narcissistic perfectionism traits. This suggests that certain kinds of perfectionism can have adaptive functions concerning goal attainment, which other kinds works against an individual’s best interests. Future directions could evaluate how the different facets of rigid (i.e., self-oriented perfectionism) and self-critical (i.e., concern over mistakes) perfectionism influence grit and self-handicapping, as well as assessing...
the extent to which pathological narcissism and other personality characteristics (e.g., malignant self-regard) predict both self-handicapping and grit.

Understanding the Relationship Between Criterion A's Personality Functioning and NSSI
Coordinating Author Information: Rachel S. Chavin, B.S. | University of South Dakota
Location: Michigan
Rachel S. Chavin, BS | University of South Dakota
Sara E. Lowmaster, PhD | University of South Dakota

BACKGROUND: Nonsuicidal self-injury (NSSI), the deliberate, express damage to one’s body tissue without the intent to commit suicide, serves several functions that center around an individual’s interpersonal and intrapersonal function. Specifically, individuals that experience interpersonal disturbances might engage in NSSI to influence their social environment through help-seeking behaviors and escape from undesired social interactions (Nock & Prinstein, 2004; Nock, 2010; Mukhlenkam et al., 2013). The most common functions for NSSI center around regulating one’s intrapersonal experience through controlling and/or distracting from one’s inner thoughts and feelings (Schoenleber & Berenbaum, 2012). Understanding the functions of NSSI is important in understand who is at risk for NSSI engagement—risk factors that are also integrally tied to personality pathology. NSSI is present among individuals who have varying levels of personality pathology and common amongst a range of personality disorder diagnoses (Haw et al., 2001). Criterion A of the Alternative Model of Personality Disorders (AMPD) suggests that personality pathology is influenced by impairments of personality functioning, the impairments of inter- and intrapersonal function. Previous research has focused on personality traits relationship to NSSI, specifically the Five Factor Model (FFM), a dimensional framework used to understand normative personality (Nock & Prinstein, 2004; Mullins-Sweatt et al., 2013). However, traits alone do not fully encompass the dynamic aspects of personality; therefore, incorporating other aspects of personality such as intrapersonal and interpersonal functioning may allow for a more inclusive, accurate prediction of who might engage in NSSI. Therefore, this study seeks to examine the role of personality functioning’s relationship with NSSI engagement. Specifically, this study will examine the relationship between interpersonal and intrapersonal personality functioning with historical and prospective NSSI engagement.

SUBJECT: Data collection is underway to recruit 400 female participants. Participants will be undergraduate students between the ages of 18-24.

METHODS: Participants will complete two surveys occurring two-weeks apart. In the initial assessment, participants will complete a battery including the Level of Personality Functioning Scale-SR (Morey, 2017), Big Five Inventory-2 (Soto & John; 2016), Inventory of Statements about Self-Injury (Klonsky, 2007), and Suicidal Behaviors Questionnaire-Revised (Osman et al., 2001). At the follow-up assessment, participants will complete a 2-week follow-up inventory that consist of the ISAS, modified to ask about NSSI behaviors within the past 2-weeks.

ANALYSES: Logistic regression analyses examining the ability of self and interpersonal LPFS-SR scores to predict NSSI engagement will be conducted. In addition, we will conduct a latent class analysis based on the methods and functions of NSSI and the resulting groups will be compared on Criterion A and personality measure scores.

CONCLUSION: Though data collection is currently ongoing, it is expected that impairments in personality functioning will be associated with a greater historical and prospective NSSI behavior. Further, personality functioning is expected to increment the prediction of NSSI behavior beyond normative personality traits. The results of this study could lead to improved clinical assessment and interventions, help clinicians identify significant risk factors for self-harming behavior, and identify areas to target in psychotherapy when individuals present with NSSI behavior.
Perfectionism is a dispositional and multidimensional trait that remains relatively stable across time. 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 assessment.
2. Describe core components of effective assessments and report writing.
3. Increase integration and individualization 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 is useful.

Working with “Levels of Information” in Therapeutic Assessment Using the Crisi Wartegg System | Workshop C

Jacob A. Palm | Southern California Center for Collaborative Assessment
Stephen E. Finn, PhD | Center for Therapeutic Assessment
Alessandro Crisi, PsyD | Istituto Italiano Wartegg

Since its inception, Therapeutic Assessment (TA) has relied heavily on performance-based personality tests to help uncover “Level 3 information” (i.e., material outside of clients’ awareness) and on self-report personality tests to provide “Level 1 and Level 2 information” (more congruent with clients’ existing narratives) to help answer clients’ Assessment Questions. In this workshop the presenters will demonstrate how the Crisi Wartegg System (CWS) yields information at all these levels of information, and how this makes the Wartegg Drawing Completion Test (WDCT) a particularly useful instrument for TA. Dr. Finn will begin with a brief summary of self-verification theory and its implications for helping clients change inaccurate and shaming self-narratives via psychological assessment. Dr. Crisi will then provide a brief introduction to the CWS and a detailed discussion of how the “Analyses of Sequence” help assessors identify the level of integration, level of conflict, and level of awareness clients have regarding different aspects of their personalities. Dr. Palm will discuss specific ways of using the CWS with clients as a therapeutic tool. In the latter half of the workshop, Dr. Palm, Dr. Finn, and Dr. Crisi will
lead participants through a series of case illustrations, including videos of sessions with clients, showing how extended inquiries and attuned feedback with the CWS can lead to powerful therapeutic moments in TA. Participants will take an active part in analyzing and discussing how the WDCT responses and CWS scoring provide a map for therapeutic interventions.

**Goals and Objectives:**
1. Discuss and summarize Self-Verification Theory and its relationship to CTA.
2. List and explain CTA-related “Levels of Information” as related to CWS Box Codes and preparation for client feedback.
3. Identify the Evocative Character and Interpretive Meaning for each WDCT box.
4. Describe process and content-based approaches to utilizing the WDCT as tool for Extended Inquiry and therapeutic change.
5. Summarize the characteristics of the WDCT that facilitate client engagement, development of insight, and therapeutic progress.

**Skill Level:**
This is an intermediate level workshop that will be most useful to participants who have some knowledge of TA and of the CWS. However, participants who are new to these topics will also be able to easily follow the lectures and discussion.

**MARCH 10TH**
8:00 AM - 11:45 AM

**An Integrative Approach to Personality Assessment using the PAI and SPECTRA | Workshop E**

Mark A. Blais, PsyD | Harvard Medical School

Blais and colleagues (Blais & Hopwood, 2010 & 2017; Blais & Smith, 2014) have outlined the value of model-based approaches in learning, teaching, and practicing psychological assessment. Conceptual models like the Trans-Theoretical Model of Personality (TTMP) adapted from Mayer (1998; 2005) helps organize and integrate data from multiple instruments with their conceptually related personality structures. Empirical models such as Hierarchical-Dimensional Models (H-DM) benefit clinical assessment by aligning test data with findings emerging from empirical studies of psychopathology. This workshop will demonstrate the power of integrative personality assessment using the Personality Assessment Inventory (PAI) and SPECTRA, along with other common assessment tool. It will provide participants with a richer understanding of the PAI, including the newer Alternative Model of Personality Disorder scales, and the SPECTRA, while illustrating with case material how leveraging these model-based perspectives can improve the assessment of personality and psychopathology.

**Goals and Objectives:**
1. Become familiar with the features of the hierarchical-dimensional model of psychopathology (higher-order Internalizing, Externalizing, and Reality Impairing Spectra and a Global p-factor)
2. Describe the basic empirical and conceptual foundations for the PAI and SPECTRA
3. Demonstrate how the PAI and SPECTRA can be used interactively in personality assessment
4. Demonstrate how to interpret and integrate the results of the PAI and SPECTRA to formulate a case conceptualization

**Skill Level:**
Should have some experience with the PAI and SPECTRA
Fire and Ice: Using the Adult Attachment Projective Picture System in Attachment-Based Treatment of the Failure to Mourn | Workshop F

Carol George, PhD | Mills College- Oakland
Melissa Lehmann, PhD | Private Practice, Center for Therapeutic Assessment

Blais and colleagues (Blais & Hopwood, 2010 & 2017; Blais & Smith, 2014) have outlined the value of model-
This collaborative workshop will demonstrate the application of the AAP in treating a client whose attachment classification is Failure to Mourn. It begins with a brief orientation to the attachment theory approach to incomplete mourning and Failure to Mourn to fortify the developmental connections between grief and early attachment experience. The presenters will provide a “live” AAP case consultation and participants will have the opportunity to collaborate in small groups to analyze AAP stories and other test data, develop a case conceptualization, plan assessment interventions, and collaborate in creating written feedback incorporating the AAP. The “hands on” workshop gives participants deeper clinical understanding of the challenges of treating clients in failed mourning, assessment of this pattern using the AAP, and practical ideas for assessment interventions and written feedback for future clients.

Goals and Objectives:
1. Become aware of attachment theory conceptualizations of trauma and defensive processing thumbprints that will influence treatment planning and therapeutic approaches to mourning.
2. Identify developmental attachment “red flags” to help clinicians understand the origins and relationship implications of Failure to Mourn in their clients.
3. Use this foundation to deepen one’s understanding of the role of the AAP in assessing Failure to Mourn.
4. Demonstrate integrating attachment assessment of Failure to Mourn in a multimodal assessment framework to maximize developing a treatment plan.
5. Design client feedback that is appropriately relevant and respectful so that the clinician and client can co-create a path to address psychological distress and the importance of grieving attachment trauma.

Skill Level:
Intermediate. Participants should have some knowledge of attachment theory and the AAP.

Following Ethical Standards, Testing Standards, and Practice Guidelines in Psychological Testing in a Diverse Cultural World | Workshop N

Lisa A. Suzuki, PhD | New York University
Radhika Krishnamurthy, PsyD | Florida Institute of Technology
A. Jordan Wright, PhD | New York University

Ethical codes, testing standards, and practice guidelines impact the ways in which psychological tests are developed, standardized, selected, administered, and interpreted. Increasing controversies around the use of psychological assessment practices with respect to diversity, fairness, intersectionality, and cultural context are reported as central by professional organizations and marginalized and oppressed communities. Large scale assessments used as gatekeepers to educational opportunities as well as psychological measures used to diagnose, determine interventions, and measure effectiveness and outcomes face challenges of systemic bias against marginalized and oppressed communities. This workshop presents an ethical and best practices framework for the assessment process integrating current guidelines and standards. In addition, complementary models of cultural competence and cultural humility are presented as a backdrop for discussion of contextual factors in relation to the usage of the most popular assessment. Tools to be used to gather relevant background information will also be highlighted (e.g., culturally based interview protocols). Application of an assessment framework will be a critical piece of this workshop as participants will engage in discussion around particular assessment
cases. This is an introductory workshop designed for new professionals as well as those interested in reconceptualizing the assessment process through exploration of standards of assessment focusing on a cultural lens.

Goals and Objectives:
1. Participants will be able to explain the impact of ethical standards and testing and practice guidelines as they pertain to psychological assessment.
2. Participants will identify complementary aspects or cultural competence and cultural humility in relation to the assessment process.
3. Participants will be able to describe how controversies and cultural challenges to the most popular cognitive and personality measures continue to impact contemporary assessment practices.
4. Participants will learn ways to gather and integrate information regarding intersectional identities as part of the assessment process.
5. Participants will be able to identify strengths and limitations of current psychological assessment procedures and measures.
6. Participants will apply cultural frameworks to specific cases to be provided by presenters.

Skill Level:
Participants should have a basic understanding of the application of ethical standards, testing guidelines, and practice guidelines as they pertain to psychological assessment practices. The potential importance of examining cultural context in the understanding and interpretation of assessment results and formulation of recommendations will also be examined and discussed.

MARCH 13TH
8:00 AM - 5:00 PM

Evidence-Based Applications of the MMPI-3 in Forensic Psychological Evaluations | Workshop J

Martin Sellbom, PhD | University of Otago
Dustin B. Wygant, PhD | Eastern Kentucky University

This workshop introduces the 335-item MMPI-3 to psychologists working in forensic settings. The workshop will begin with an introduction to the instrument in general, then proceed with a discussion of applications of the MMPI-3 in both criminal (e.g., competency to stand trial, criminal responsibility, risk assessment) and civil (e.g., personal injury, disability, family court) forensic evaluations. Evidence-based practice will be reviewed. The workshop will also emphasize discussion on how to defend MMPI-3 opinions in court for general purposes of use, with an emphasis on Daubert and Frye challenges. Finally, case illustrations derived from a variety of criminal and civil settings will be provided.

Goals and Objectives:
1. Assess the rationale for and methods used to develop the MMPI-3
2. Evaluate the psychometric findings available to guide MMPI-3 interpretation, with an emphasis on forensic settings
3. Become familiar with how to defend MMPI-3 opinions in court for general purposes of use
4. Know how to apply the MMPI-3 in forensic psychological evaluations
5. Apply knowledge in interpreting MMPI-3 profiles to forensic cases

Skill Level:
This is an intermediate workshop, with participants expected to have basic background in personality assessment and some previous exposure to the MMPI instruments.
Integrate and Translate Assessment Data into Client Questions: Working on Individualized Case Conceptualizations | Workshop K

Pamela Schaber, PhD | Therapeutic Assessment Institute
Hilde De Saeger, PhD | De Viersprong

Presenters will share a model for thinking through complicated multi-method assessment cases integrating data from self-report, performance based assessment, cognitive testing, etc. They will lead you through the testing materials by linking data to the client’s level of understanding using the rubric of level 1, 2, 3. Then they will help you integrate a theoretical framework that helps the client change his narrative into a more compassionate and accurate narrative while also answering the Assessment Questions. The last part of the training will involve helping participants formulate hypotheses for the Assessment Intervention Session.

Participants will practice applying the model using a case example. Participants attending the course should have knowledge of at least one self-report, cognitive measure, and performance based assessment test.

Goals and Objectives:
1. Integrate multiple sources of data in an individualized manner relevant to the client.
2. Identify key points in addressing clients’ and referring professional questions for the assessment using the conceptualization.
3. Integrate data for one example case.

Skill Level:
This is an introductory workshop for psychologists and graduate students at all levels of training.
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 ●.
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 **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.

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**Bruno Klopfer Memorial Award**

**Dr. Aaron Pincus**

Aaron L. Pincus, PhD is a Professor of Psychology and licensed psychologist at the Pennsylvania State University (USA). Dr. Pincus received his B.S. in psychology from the University of California—Davis, his M.A. in personality psychology from the University of California—Berkeley, and his Ph.D. in clinical psychology from the University of British Columbia. Dr. Pincus’ has published over 200 articles and chapters on personality assessment, personality disorders, interpersonal functioning, and the structure of psychopathology. He is the former editor-in-chief of Assessment and a member of the APA task force on psychological assessment training in health service psychology. He is an author of the Inventory of Interpersonal Problems Circumplex Scales (IIP-C) and the Pathological Narcissism Inventory (PNI). Dr. Pincus is a Fellow of the Society for Personality Assessment, a recipient of the Theodore Millon Award for contributions to personality psychology, and a member of the Hierarchical Taxonomy of Psychopathology Consortium.

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**John E. Exner Award**

**Dr. Matthew Yalch**

Matthew Yalch is an assistant professor of psychology at Palo Alto University, where he teaches graduate courses in personality assessment and quantitative methods. His research and clinical interests are at the intersection of personality assessment and trauma, and specifically involve how we might use personality assessment therapeutically to help treat trauma survivors. Matt has been a member of SPA since his first year as a grad student and is on the editorial board of the Journal of Personality Assessment.
Samuel J. and Anne G. Beck Award

Dr. Jaime Anderson

Jaime L. Anderson, Ph.D. is an Assistant Professor of Psychology at Sam Houston State University. Dr. Anderson earned her Ph.D. from the University of Alabama in 2016 under the mentorship of Dr. Martin Sellbom. Her research focuses on the assessment of personality psychopathology, particularly using dimensional trait conceptualizations, as well as the use of broadband assessment instruments (e.g. the MMPI-2-RF/MMPI-3) in examining personality disorders and other areas of psychopathology. She has authored or co-authored 48 peer-reviewed journal articles, 2 book chapters, and 90 conference proceedings. She serves as an Associate Editor for Psychological Assessment, as well as a consulting editor for the Journal of Personality Assessment, Assessment, Personality Disorders: Theory, Research, and Treatment, and Psychological Injury and Law. Dr. Anderson has served on the board of SPA since 2019 as Secretary, and has a history of leadership involvement in the society since joining SPA as a graduate student in 2012.

Walter G. Klopfer Award

Dr. Kate Walton

Dr. Kate Walton is the Director of Research at MindPrint Learning. She obtained her PhD in personality psychology from the University of Illinois, Urbana-Champaign. After a postdoctoral fellowship at the University of Minnesota, Kate joined the faculty of the Department of Psychology at St. John’s University where she spent 11 years. In 2017, she took the role of Principal Research Scientist in the Center for Social, Emotional, and Academic Learning at ACT. She recently joined MindPrint Learning where she continues her research on social and emotional skill assessments and development and leads validity and efficacy research on MindPrint's assessment and curricula.

ADJECTIVES VS. STATEMENTS IN FORCED CHOICE AND LIKERT ITEM TYPES: WHICH IS MORE RESISTANT TO IMPRESSION MANAGEMENT IN PERSONALITY ASSESSMENT?
Martin Mayman Award

Dr. Katie Lewis

Katie C. Lewis, PhD, is a research psychologist and medical staff member at the Austen Riggs Center. Her research uses multimethod experience sampling approaches to examine daily interpersonal perceptions, personality functioning, and the development and course of suicidal ideation in adults. Dr. Lewis received a doctorate in clinical psychology from the Brooklyn campus of Long Island University. She is a former graduate student representative on the Ethics Board of Division 39 and former Associate Editor for the Journal of the American Psychoanalytic Association. She currently serves as a Consulting Editor and Section Editor for the Journal of Personality Assessment. Her research has been supported by the Robert Wallerstein Fellowship in Psychoanalytic Research, the Division 39 Marsha McCary Fund for Psychoanalysis, the American Foundation for Suicide Prevention, and the National Institute of Mental Health. She has published and presented on a wide range of topics, including suicide and self-harming behaviors, personality psychopathology and assessment, and the ethics of confidentiality in clinical writing. In addition to her work at Riggs she maintains a private psychotherapy, assessment, and consultation practice in New York and Massachusetts.

Dr. Jeremy M. Ridenour

Jeremy M. Ridenour, PsyD, is the Director of psychological testing, Associate Director of admissions, and a staff psychologist at the Austen Riggs Center. He received a doctorate in clinical psychology from the George Washington University and completed a fellowship in psychoanalytic studies from the Austen Riggs Center. His research focuses on performance-based measures, including the TAT and Rorschach and their relevance to social cognition. He is also interested in exploring multimethod assessment that include the integration of data from multiple sources (e.g., self-report, EMA data, and performance-based measures). In addition, he has written on the psychotherapeutic treatment of individuals with schizophrenia-spectrum disorders, with a particular focus in understanding how targeting mentalization (i.e. how people think about self and other) can be an important focus for recovery.

Dr. Seth Pitman

Seth Pitman, PhD, is the Associate Director of the Remote Access IOP for College Students and staff psychologist at the Austen Riggs Center. Dr. Pitman received his doctorate in clinical psychology from the Derner School at Adelphi University and completed his pre-doctoral internship at Massachusetts General Hospital before training at Riggs. His peer-reviewed research, which focuses on the relationship between psychodynamic techniques and therapy outcome, the impact of patient personality factors on the therapeutic process, and trauma, has earned him recognition from APA’s Division 29—Psychotherapy: Theory, Research, Practice, Training. He serves as a consulting editor for the journal Psychotherapy and is on the editorial board of the Journal of American Psychoanalytic Association. In addition to his position at Riggs, he maintains a private practice providing individual psychotherapy and psychological assessments in forensic settings.
Elizabeth A. Edershile

Elizabeth A. Edershile is a graduate student researcher in the Department of Psychology at the University of Pittsburgh. Elizabeth is interested in the processes that underlie personality pathology. Currently, her work emphasizes movement away from thinking of constructs, such as narcissism, as static in nature, but, rather, as composed of more complex processes.

FLUCTUATIONS IN GRANDIOSE AND VULNERABLE NARCISSISTIC STATES: A MOMENTARY PERSPECTIVE.

Dr. Michael Roche

Michael Roche, PhD, is an Assistant Professor of Psychology at West Chester University. Dr. Roche earned his Ph.D. from The Pennsylvania State University, after completing his internship at Massachusetts General Hospital. His research lab, the Psychological Assessment of Temporally-dynamic Traits, Emotions, and Relationships in Naturalistic Settings (PATTERNS) lab, assesses the impact of personality disorder in daily life, using longitudinal methods to capture temporally-dynamic patterns of psychological dysfunction, and creating methods to utilize person-specific assessments to assist clinicians in conceptualizing their clients. He has authored or coauthored over 30 academic journal articles, 10 book chapters, and 65 presentations and posters. He serves as a consulting editor for the journal Assessment, Psychological Assessment, and the Journal of Personality Assessment. Dr. Roche is also the president-elect for the Society for Interpersonal Theory and Research. He teaches assessment and psychotherapy courses in the WCU doctoral program in clinical psychology (PsyD) along with providing therapy and assessment supervision to doctoral students and teaching undergraduate courses. He also maintains a small practice of individual and group (DBT) psychotherapy, and is a statistical consultant for researchers interested in analyzing longitudinal data.

EVALUATING STABLE AND SITUATIONAL EXPRESSIONS OF PASSIVE-AGGRESSIVE PERSONALITY DISORDER: A MULTIMETHOD EXPERIENCE SAMPLING CASE STUDY

Mary S. Cerney Award

Elizabeth A. Edershile

Elizabeth A. Edershile is a graduate student researcher in the Department of Psychology at the University of Pittsburgh. Elizabeth is interested in the processes that underlie personality pathology. Currently, her work emphasizes movement away from thinking of constructs, such as narcissism, as static in nature, but, rather, as composed of more complex processes.

FLUCTUATIONS IN GRANDIOSE AND VULNERABLE NARCISSISTIC STATES: A MOMENTARY PERSPECTIVE.

Dr. Stephen Finn

Stephen E. Finn is a licensed psychologist in Austin, TX, and Clinical Associate Professor of Psychology at the University of Texas at Austin. Dr. Finn served as President of SPA 2002-2003 and helped found three research, teaching, and clinical centers for Therapeutic Assessment in Austin, TX (1993), Milan, Italy (2010), and Tokyo, Japan (2014). Dr. Finn has previously received SPA's Bruno Klopfer Award (2011) and Martin Mayman Award (2004 and 2012).
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 2022 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:
Dalal Alhomaizi  
Wafa Amayreh  
Christine Chan  
Isra Dar  
Raja David  
Hilary DeShong  
Marissa Diaco  
Whitney Erby  
Amanda Flake  
Darren Garcia  
Ashmita Ghosh  
Sarah Hernandez  
Saba Masood  
Chandler McDaniel  
Jules Merguie  
JoAnna Molina  
Jacy Murdock  
Golnaz Nejad-Duong  
Douglas Roberts  
Ruam Pimentel  
Manizeh Raza  
Chloe Rodriguez  
Vaness Shafa  
Ryan Van Fossen  
Alicia W. Villanueva van den Hurk

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 scholarships opportunities to attend the 2022 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:
Francesca Ales  
Agata Ando  
Miles Broadbery  
Emily Dowgwillo  
Abby Mulay  
Adam Natoli  
Sharon Nelson  
Jared Ruchensky  
Corby Thompson  
Enrico Vitolo

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 scholarships opportunities to attend the 2022 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:
Michaela Ahrenholtz  
Ali Yunus Emre Anca  
Jen Ying-Zhen Ang  
Emily Barni  
Chloe Bliton  
Grace Boland
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: Adam Natoli & A. Jill Clemence
Friday, March 11th | 7:45 am - 8:45 am

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
Friday, March 11th | 7:45 am - 8:45 am

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  
Saturday, March 12th | 7:45 am - 8:45 am

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 & Elizabeth Wheeler  
Saturday, March 12th | 7:45 am - 8:45 am

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  
Saturday, March 12th | 7:45 am - 8:45 am

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.
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!

Abby Mulay
Adam Natoli
Alana Gallagher
Alexandra Halberstadt
Alicia W. Villanueva van den Hurk
Alison Concannon
Allison Warner
Amanda Flake
Ashmita Ghosh
Brady Malone
Brooke Tompkins
Catherine Anicama
Chandler McDaniel
Chloe Bliton
Chloe Rodriguez
Christine Chan
Cody Chapa
D.J. Garcia
Dalal Alhomaizi
Dominique Ghirardi
Emily Barni
Emily Crew
Emily Dowgwillo
Emily Rebenstock
Essie Asan
Grace Boland
Heidi Martin
Hilary DeShong
Isra Dar
Jacy Murdock
Jared Ruchensky
Jen YZ Ang
Jennifer Boland
Jennifer Laney
Jessica Kopitz
JoAnna Molina
John Rucker
Jules Merguie
Juliana Nails
Keefe Maccarone
Kelci Davis
Leila Wu
Lia Rosenberg
Lisa Vassiliadis
Manizeh Fatima Raza
Margo Townley
Megan Whitman
Michaela Ahrenholtz
Miles Broadbery
Natalie Guggino
Prisca Obierefu
Rachel Chavin
Rachel Wagner
Raja M David
Ruan Pimentel
Ryan Marek
Ryan Van Fossen
Saba Masood
Sarah Gottlieb
Sarah Hernandez
Sharon Nelson
Shelby Vaughn
Shelly Greene
Tyla Mixon
Vanessa Shafa
Whitney Erby
Whitney Ringwald
Youn Ji Grace Choi

The Society for Personality Assessment (SPA) is approved by the American Psychological Association to sponsor continuing education for psychologists. SPA maintains responsibility for this program and its content.
THANK YOU TO OUR EXHIBITORS!

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