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# TESTING TIMES

ASSESSMENT SECTION OF DIVISION 12 QUARTERLY NEWSLETTER

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VOL. 2, ISSUE 2

MAY 2021

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Special thanks to Dr. Sara Lowmaster for all her work on the Assessment Section website! New resources for teachers, students, and telehealth practices can be found [here](#)

If you would like to become a member, please visit the website. If interested in joining the Board, please contact Dr. McCord at [mccord@email.wcu.edu](mailto:mccord@email.wcu.edu)

[Pay Your Dues Here!](#)

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## COMMENTS FROM THE PRESIDENT

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Our group in the Assessment Section, along with other colleagues, participated in a panel discussion at the recent Society for Personality Assessment Convention that was actually the first live event of the conference. The focus was on tele-assessment, and it was well received. Also, Dr. Pade put together a collaborative programming symposium to be presented at the APA Convention in August, focused on various aspects of tele-assessment training; this group includes Dr. Pade, Julie Suhr, David McCord, Paul Ingram, Phil Sayegh, and Jordan Wright.

The Leadership Board of the Assessment Section has had an agenda item for the past 2-3 years that called for the preparation of white paper on empirically based psychological assessment, essentially a position statement from our Section. Over the past several months, a work group, led by Dr. Jordan Wright, completed this document, which is now under review for publication. This team included Dr. Wright, Hadas Pade, Emily Gottfried, Paul Arbisi, David McCord, and Dustin Wygant.

We are also working closely with Division 12 to develop a series of continuing education workshops on various topics in psychological assessment. These will be free to members of Division 12. The tentative plan for the first series includes six programs to be offered from September through November of this year.

For the first time (and possibly only time) we will designate two recipients for our 2021 Award for Distinguished Contribution to Assessment. Dr. Elena Grigorenko, will give a talk entitled "Spreading the Wealth: Developing Assessments of Cognitive Abilities in Non-WEIRD Countries." Dr. Scott Lilienfeld will be recognized for his substantial contributions to assessment and will be given our award posthumously.

--- David McCord

## MEMBER SPOTLIGHT

### **Paul Arbisi, Ph.D.**

*By Dustin Wygant, Ph.D.*

Dr. Paul A. Arbisi was born in Detroit, Michigan, where he resided until his first year of high school, when his family relocated to the Minneapolis region of Minnesota. Having some athletic skills, Paul had played football, but was looking for a sports activity during the long winter months in Minnesota. He felt that he lacked in basketball skills, “wrestling was gross,” and he couldn’t swim fast enough! He had played hockey, so he tried out for his high school team. His high school had an excellent hockey program and was a “hotbed” of future college recruits and NHL stars. He recalled an instance when his coach yelled at him to “get off the ice before you hurt someone!” By his senior year, he was able to make it to the 3<sup>rd</sup> line on the JV team.

Paul attended his first year of college at St. Olaf College in Northfield, Minnesota, but by his second year, realizing he was neither Norwegian nor Lutheran, he transferred to the University of Minnesota. Majoring in microbiology, Paul planned to attend medical school, but he apparently struggled with some of the math courses. He apparently “killed” the MCAT, which led one medical school admission official to characterize him as an underachiever! Paul didn’t make the first cut to gain admission into medical school, but he was recruited for a PhD program in microbiology. Paul only planned to earn his masters in microbiology and then reapply to medical school. Paul began working as a psych assistant at the University of Minnesota Hospital. He was told about a behavioral genetics program at the University and became interested. He recalled cold-calling the imminent behavior geneticist, Dr. Thomas Bouchard, who apparently wasn’t interested in taking him on as a student, but he was told to contact Dr. Richard Depue, who studied the neurobiology of personality and emotion. Paul met with Depue, who told him to read a few of his papers and come back to discuss them. When he returned to meet with Depue, he had just received an R01 grant, they discussed Paul completing clinical interviews with depressed patients as part of his research study. To get the job, Paul had to interview a particularly depressed patient, which was tape recorded. He recalled preparing by studying up on the DSM-III. He recorded the interview and later heard from Depue that he did a great job. As it turns out, the “patient” was actually a confederate graduate student playing the role. Paul remained committed to reapplying to medical school, but he took a graduate statistics course and took the GRE as a backup. He ended up getting into the PhD program in Clinical Psychology and learned from some of luminaries in the field, including Paul Meehl, Jim Butcher, Norm Garnezy, David Lykken, and Auke Tellegen. Paul’s peers in graduate school reads like a who’s who of assessment psychologists, including Al Harkness, Scott Lilienfeld, Yossi Ben-Porath, and Niels Waller. Paul continued to work with Richard Depue, and graduated in 1990 after completing his internship at the University of Minnesota Internship Consortium, completing rotations in pediatric health psychology and a community mental health agency. Paul was initially interested in continuing work with pediatrics, but ended up accepting a position at the Minneapolis VA and the rest is history. Paul recalled that the MMPI-2 arrived at the VA about 6 months after he started his position. Paul of course is well-known in the MMPI community and



developed the Infrequency Psychopathology (Fp) scale (along with his colleague, Yossi Ben-Porath). Apparently, he and Yossi came up with the idea for the Fp scale while drinking Heinekens from Yossi's mini-bar at a hotel (which in retrospect Paul thought was way too expensive!). Paul has since gone on to be a big part of the MMPI community, teaching workshops and publishing numerous papers on the test.

My own history with Paul, whom I've come to refer to as "Uncle Pauly" started in 2004, when I started my first of many research projects with him. My thesis (and dissertation) advisor, Yossi Ben-Porath talked about developing a new validity scale for the MMPI that would assess somatic over-reporting and be roughly modeled after the Fp scale. Our collaboration and friendship has since led to numerous research projects, cocktails and Italian dinners at various conferences over the years.

In an attempt to gather more first-hand knowledge about Paul, I reached out to my dissertation advisor, Yossi Ben-Porath, who attended graduate school with Paul. Yossi characterized Paul as the "designated responsible adult" during graduate school because he was one of the only students who was married, which apparently indicated further social development than the other members of his cohort! Yossi's fondest memory of Paul was from their internship days at the University of Minnesota Medical School Consortium, where they had weekly didactics at the medical school at a "ridiculously early hour." As a consequence, their small class of interns was typically in a foul mood. Each meeting was led by a psychologist affiliated with the internship and they made it a habit to give them a bit of a hard time with their questions. Paul was particularly good at this, as he often knew more about the topic they were covering than they did. I believe one such session ended with the presenter, a well-known alpha male, near tears!

Paul is married to his wife, Donna, a retired attorney, and they have two daughters, Anna (who recently had a daughter, Maya) and Maria.

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## CLINICAL PRACTICE UPDATES

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- APA moves toward accreditation of health service psychology master's level programs with a Council of Representatives vote to approve standards. *Read more:* <https://www.apa.org/news/press/releases/2021/03/master-programs-health-service-psychology>.
- Recent APA resolutions take a stand against efforts by professionals to change individuals' gender identity or sexual orientation, citing research that shows attempts to do so can be detrimental. *Read more:* <https://www.apa.org/news/press/releases/2021/03/change-gender-identity>.
- The APA Task Force on Human Rights February report gave rise to a resolution that underscores APA's commitment to prioritizing human rights advocacy by adoption of a human rights framework. *Read more:* <https://www.apa.org/news/press/releases/2021/03/human-rights-framework>.
- The National Institutes of Health released an updated Policy for Data Management and Sharing, which goes into effect on January 25<sup>th</sup>, 2023. *Read more:* <https://www.apa.org/research/tools/nih-data-management-sharing-policy>.
- APA comments on proposed changes to HIPAA. *Read more:* <https://www.apaservices.org/practice/business/hipaa/coordinated-care-individual-engagement.pdf>.

## QUICK LEARNING: ASSESSMENT

By Cassie Boness, M.A.

### Quick Learning: Psychological Assessment

**Title:** A Population-Based Examination of Criterion-Level Disparities in the Diagnosis of Borderline Personality Disorder Among Sexual Minority Adults

**Background:** Research has demonstrated that sexual minority individuals are diagnosed with borderline personality disorder (BPD) at higher rates than heterosexual individuals regardless of presenting psychopathology. Yet, it remains unclear what best accounts for this disparity. For example, this disparity could be the result of diagnostic bias, sexual minority individuals having higher levels of an underlying transdiagnostic factor (e.g., difficulties with emotion regulation and impulsivity), likely resulting from minority stress processes, or a combination of the two. Further, it is possible that these observed disparities may be driven by specific BPD criteria or symptoms.

**Research Question(s):** Is there criterion-level, or symptom-level, bias in the diagnosis of BPD among sexual minority individuals?

**Methods:** Secondary data analysis of National Epidemiologic Survey on Alcohol and Related Conditions–III (N = 36,309). Data was collected from noninstitutionalized adults in the United States between 2012 and 2013. Participants were between the ages of 18 and 90 and 56% identified as female. Participants selected their racial categories as White (70%), Black (17%), Asian (4%), Pacific Islander (<1%), Native American (2%), and multiracial (2%). Regardless of race, 19% reported they were Hispanic. Regarding sexual orientation, 96% identified as heterosexual, 2% as lesbian/gay, and 2% as bisexual.

Participants completed the Alcohol Use Disorder and Associated Disabilities Interview Schedule, DSM-5 Version (AUDADIS-5). The current study derived past year diagnoses for major depressive episode, dysthymia, generalized anxiety disorder, posttraumatic stress disorder, panic disorder, agoraphobia, social anxiety disorder, specific phobia, nicotine use disorder, alcohol use disorder, cannabis use disorder, and other substance use disorder. Lifetime diagnoses of antisocial personality disorder and BPD were also made using the AUDADIS-5. In addition, the 18 items used to assess the 9 BPD criteria were used for item-level analyses.

**Results:** The prevalence of BPD was 10.88% among heterosexual individuals and 19.8% among sexual minority individuals (OR = 1.93,  $p < .001$ ). With the exception of three items assessing efforts to avoid abandonment, impulsivity, and difficulty controlling anger, sexual minority individuals displayed higher odds of endorsement of all items assessing BPD criteria (ORs = 1.47-3.82). Interestingly, there were

## UPCOMING EVENTS

June 3<sup>rd</sup>, 2021

*PARtalks: Mental Health Amid a Pandemic* - Topics include trauma-informed assessment, learning disability evaluations, and ethics in teleassessment with children. (10am -3:15pm ET).

[Register here](#)

June 9<sup>th</sup>, 2021

*Cognitive Test Bias: Historical and Contemporary Perspectives Webinar* – presented by Susan Raiford, Ph.D. (3-4pm ET).

[Register here](#)

June 17<sup>th</sup>, 2021

*The Importance of Diagnostic Assessment to Inform Treatment Course Planning* - McLean Hospital. (1-2pm ET)

[Register here](#)

August 12<sup>th</sup>-14<sup>th</sup>, 2021

*APA Convention (Virtual)*

<https://convention.apa.org>.

**On-Demand**

*Working Smarter, Not Harder: Evidence Based Assessment in Clinical Practice* – presented by Eric Youngstrom, Ph.D.

[Purchase here](#)

*Comprehensive Developmental Evaluation of Autism Spectrum Disorder* - presented by Gloria Maccow, Ph.D.

[View here](#)

differences when distress/impairment was associated with each diagnostic criterion, often resulting in parity between the two groups. When adjusting for the transdiagnostic factor, disparities between the two groups at the criterion-level were reduced or eliminated. All analyses controlled for participant age, race/ethnicity, sex, income, marital status, education level, and urbanicity.

**Summary:** With some exceptions, sexual minority individuals were more likely to be assigned individual BPD criteria and BPD diagnosis compared to heterosexual persons. When impairment/distress is not considered at the symptom-level, these disparities are magnified. Differences in item-level endorsement largely reflect differences in broad transdiagnostic factor levels. Sexual minority individuals demonstrate higher odds of endorsing problematic sexual, financial, and self-injurious behaviors than heterosexual persons, regardless of associated psychopathology. Overall, these results suggest that BPD criteria do not demonstrate bias at the population level. Instead, higher criterion endorsement reflects elevations in transdiagnostic psychopathology experienced by sexual minority individuals rather than criterion-specific issues independent of psychopathology. Thus, the bias might not lie in the criteria themselves, but rather at the level of the provider.

### **Learning Points:**

1. Sexual minority individuals have an elevated prevalence of BPD at the diagnosis- and criterion-levels compared to heterosexual individuals.
2. Disparities in criterion-level endorsements are attenuated when requiring that distress/impairment be associated with each criterion, suggesting that it might be especially important to consider this attribute.
3. Assessors must proceed with cultural humility to ensure that experiences associated with chronic stigma or minority stress, especially distress/impairment, are not inappropriately pathologized.

**Reference:** Rodriguez-Seijas, C., Morgan, T. A., & Zimmerman, M. (2021). A Population-Based Examination of Criterion-Level Disparities in the Diagnosis of Borderline Personality Disorder Among Sexual Minority Adults. *Assessment*. <https://doi.org/10.1177/1073191121991922>.

**Want to Learn More?** Rodriguez-Seijas, C., Eaton, N. R., & Krueger, R. F. (2015). How Transdiagnostic Factors of Personality and Psychopathology Can Inform Clinical Assessment and Intervention. *Journal of Personality Assessment*, 97(5), 425–435. <https://doi.org/10.1080/00223891.2015.1055752>.

*We are looking for student members to contribute to future Quick Learning columns! If you'd like to contribute to the August issue, please email Cassie Boness ([clmkdb@mail.missouri.edu](mailto:clmkdb@mail.missouri.edu)) and propose an assessment-related publication. The leadership board will approve publications ahead of time and review the subsequent "Quick Learning" draft editorially prior to publication.*

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## RESEARCH TRACKER

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### **Assessment**

Burns, G. L., & Becker, S. P. (2021). Convergent and Discriminant Validity of the Child and Adolescent Behavior Inventory Scale Scores With Well-Established Psychopathology and Academic Achievement Measures in Adolescents With ADHD. *Assessment*. <https://doi.org/10.1177/10731911211001929>.

Díaz-Batanero, C., Aluja, A., Sayans-Jiménez, P., Baillés, E., Fernández-Calderón, F., Peri, J. M., Vall, G., Lozano, Ó. M., & Gutiérrez, F. (2021). Alternative DSM-5 Model for Personality Disorders Through the Lens of an Empirical Network Model. *Assessment*, 28(3), 773–787. <https://doi.org/10.1177/1073191119897118>.

Watson, D., Forbes, M. K., Levin-Aspenson, H. F., Ruggero, C. J., Kotelnikova, Y., Khoo, S., Bagby, R. M., Sunderland, M., Patalay, P., & Kotov, R. (2021). The Development of Preliminary HiTOP Internalizing Spectrum Scales. *Assessment*. <https://doi.org/10.1177/10731911211003976>.

### **Journal of Personality Assessment**

Friedman, A., Katz, B. A., Cohen, I. H., & Yovel, I. (2021) Expanding the Scope of Implicit Personality Assessment: An Examination of the Questionnaire-Based Implicit Association Test (qIAT). *Journal of Personality Assessment*, 103(3), 380-391. DOI: [10.1080/00223891.2020.1754230](https://doi.org/10.1080/00223891.2020.1754230).

Lee, K. Y. & Sellbom, M. (2021) Further Validation of the Elemental Psychopathy Assessment – Short Form (EPA-SF) in a Large University Sample. *Journal of Personality Assessment*, 103(3), 289-299. DOI: [10.1080/00223891.2020.1779734](https://doi.org/10.1080/00223891.2020.1779734).

Natoli, A. P. (2021) Integrating the Assessment of Implicit Personality Factors into Clinical Practice. *Journal of Personality Assessment*, 103(3), 427-428. DOI: [10.1080/00223891.2021.1903909](https://doi.org/10.1080/00223891.2021.1903909)

### **Psychological Assessment**

Granziol, U., Zorzi, A., Cardaioli, F., Cipriani, A., D'Ascenzi, F., Firth, J., Stubbs, B., Trott, M., & Solmi, M. (2021). Exercise addiction in athletes: Comparing two assessment instruments and willingness to stop exercise after medical advice. *Psychological Assessment*, 33(4), 326–337. <https://doi.org/10.1037/pas0000987>.

Olderbak, S., Riegenmann, O., Wilhelm, O., & Doebler, P. (2021). Reliability generalization of tasks and recommendations for assessing the ability to perceive facial expressions of emotion. *Psychological Assessment*. Advance online publication. <https://doi.org/10.1037/pas0001030>.

Rohan, K. J., Meyerhoff, J., Roecklein, K. A., DeSarno, M. J., & Vacek, P. M. (2021). Predictive validity of the Seasonal Beliefs Questionnaire for discriminating between seasonal and nonseasonal major depressive disorder. *Psychological Assessment*, 33(4), 369–374. <https://doi.org/10.1037/pas0000984>.

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## REQUEST FOR FEEDBACK

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With this quarterly newsletter, we aim to succinctly provide you with new information and upcoming events regarding assessment and recognize our members' valuable contributions to the field. We would love to hear about news and accomplishments you would like to share with other members. To make improvements for the August issue, we welcome any feedback you may have.

[Please submit questions, concerns, and suggestions here](#)

*Testing Times* is a quarterly newsletter for the Assessment Section of the Society of Clinical Psychology (APA Division 12).

[Assessment Section website](#)

