

Professional Practice Guidelines for Personality Assessment
Society for Personality Assessment Practice Guidelines Task Force¹

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1. INTRODUCTION

Personality assessment is conducted for different applications with various populations in a wide range of practice settings including clinical, forensic, medical, educational, and industrial/organizational. There is considerable evidence for the utility of specific personality tests across these settings, particularly when a multimethod assessment framework is utilized. However, there have been no unifying guidelines to inform contemporary personality assessment practice. The absence of such guidelines can contribute to broad variations in practice, questionable practices, and confusion among practitioners and consumers. Therefore, the development of an authoritative document that describes the practice landscape and guides practice methods and directions was warranted. Analogous guidelines for assessment practice are available for specialty areas such as neuropsychological assessment (Board of Directors, 2007), child custody evaluations (American Psychological Association [APA], 2010), occupationally mandated psychological evaluations (APA, 2018), psychological evaluations in child protection matters (APA, 2013a), and forensic psychology (APA, 2013b) that serve as useful resources to the relevant practitioners. The current guidelines are intended to be beneficial to personality assessment professionals, consumers of their services, and policy makers. These guidelines are intended to be specific to the practice of personality assessment across the broad range of applied practice settings.

Given the lack of specific guidelines for personality assessment, the Society for Personality Assessment (SPA) aimed to develop applicable guidelines by forming a work group and tasking that group with the project. SPA is an international organization dedicated to the development of methods of personality assessment, the advancement of research on their effectiveness, the exchange of ideas about the theory and practice of assessment, and the promotion of the applied practice of personality assessment. SPA members include clinicians in private practice, forensic assessors, researchers in private and public settings, and educators in academic settings.

The purpose of these guidelines is to serve as an aid for “best practices” in personality assessment based upon established professional ethics and contemporary research evidence. The guidelines address minimum education and training qualifications, assessment procedures, diversity considerations, ethical practices, appropriate applications, and current practice trends. In doing so, these guidelines can serve to protect those who practice competently. In addition,

promulgation of these guidelines can protect consumers and the public by alerting them to what is, and is not, appropriate practice. Finally, these guidelines can also serve as a resource for educators and supervisors of personality assessment.

It should be noted that the guidelines presented in this document are not fixed, but are intended for the current practice milieu. Guidelines for personality assessment must, by definition, be aspirational in that the field is ever advancing and, through research and experience in applied settings, assessment practice will inevitably continue to evolve. Therefore, this is a “living” document that is expected to be updated in response to future changes in practice. The guidelines rest on the expectation of ethical and competent practice.

2. DEFINITION OF TERMS

Personality Assessment. The term “personality” refers to socially relevant, stable, characteristics of individuals that reflect predilections to behave, feel, and interact in certain ways, and enable identification of individual differences (Beutler et al., 2011). Personality assessment consists of the use of tests and methods, inclusive of interviews, observations, self-report inventories, performance-based methods, collateral reports, and review of records to evaluate the full spectrum of human characteristics and functional capacities. It encompasses the measurement of personality traits, which are long-standing, as well as states, which are fluid and changing. Personality assessment addresses affective, cognitive, and behavioral functioning, as well as self-image and interpersonal characteristics. While personality *testing* refers specifically to the application of tests with use of standardized administration and scoring procedures and standard interpretive guidelines, personality *assessment* is a broader term referring to the process of incorporating and integrating multiple sources of information to generate a comprehensive, contextual understanding of the individual and develop conclusions and recommendations (see Krishnamurthy & Meyer, 2016; Meyer et al., 2001; Weiner & Greene, 2007). Our definition of personality assessment, thus, does not refer to symptom screening, such as the use of brief checklists.

Medical Necessity. In the Medicare glossary, medical necessity is defined as “health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine” (U.S. Centers for Medicare & Medicaid Services, n.d.). Following the definition set by the Centers for Medicare and Medicaid Services, other third-party payers establish medical necessity guidelines to determine insurance coverage for diagnostic and treatment services. Some examples are determination of thought disorder, differential diagnosis of psychiatric conditions not resolved by interview and observation processes, and determination of treatment options for optimal clinical outcomes.

3. INDICATIONS FOR PERSONALITY ASSESSMENT

Personality testing and assessment are key components of psychological assessment in clinical evaluations. When reimbursement for assessment services is provided by third-party payers, it becomes necessary to demonstrate the “medical necessity” of the testing and assessment. Personality testing and assessment may be considered “medically necessary” under the following conditions, as discussed more broadly by APA Services, Inc. (2019) with reference to psychological testing:

- (1) To measure a psychological disorder and its associated severity and functional impairment for determining psychiatric diagnosis;
- (2) To measure emotional and behavioral factors impacting disease management, such as in pre-surgical evaluations (e.g., spinal surgery, bariatric surgery), identify psychological factors that may affect or complicate surgical outcomes and aftercare processes, and assess emotional/personality factors impacting the ability to comply with and benefit from medical interventions;
- (3) To measure functional capacity and delineate specific emotional and behavioral bases of functional complaints and/or disability;
- (4) To measure psychological barriers and strength to facilitate treatment planning;
- (5) To measure risk factors for determining patients’ risk of harm to self and/or others;
- (6) To measure symptoms in objectively evaluating treatment effectiveness and/or determine the need for referral to alternate medical or pharmacological evaluation and treatment;
- (7) To confirm or refute clinical impressions obtained from interactions with patients, particularly when feigning of disorder or denial of psychological difficulty is suspected;
- (8) To evaluate primary symptoms that can occur in many neurological or psychiatric conditions.

4. SCOPE AND CONTEXTS

Importantly, personality assessment has utility beyond diagnosis, treatment planning, and other clinical applications. As contemporary theories acknowledge the dimensionality of personality (Mullins-Sweatt et al., 2009; Ashton & Lee, 2009; Rein & Eysenck, 2018), personality assessment is not limited to exclusively evaluating personality dysfunction. Rather, personality assessment offers access to understanding an individual’s self-concept (De Cuyper et al., 2017), underlying and expressed motives (Schultheiss & Brunstein, 2001), impulse control (Burt et al., 2018), defense and coping style (Exner & Erdberg, 2005), perceptual style (Steven et al., 2007), and cognitive complexity (Naglieri, 2005) and can serve as a mechanism through which any additional domains of psychological functioning can also be further clarified. In fact, in a survey of practicing psychologists drawn from across the United States and Canada, an overwhelming majority used broad band measures of personality, including performance-based procedures, in outpatient and inpatient psychiatric settings (Wright et al., 2017). Although personality assessment is most traditionally associated with use in mental health and counseling settings,

such as inpatient and outpatient psychiatric treatment programs, chemical dependency treatment programs, and college counseling centers, pragmatic considerations and demonstrated utility have led to the application of personality assessment in an increasingly broad range of settings and contexts.

The use of personality assessment as part of a comprehensive evaluation for medical patients awaiting high stakes surgeries is frequently included in best practice guidelines for those surgeries to maximize positive outcomes and help direct post-surgical recovery. The administration of tools and procedures to assess medical patients has become routine practice during pre-surgical evaluations for solid organ transplants, spinal cord stimulator trials, back surgery, and bariatric surgery (Block et al., 2001; Wygant et al., 2007). Results from personality assessment provide information to the treatment teams by identifying those at most risk for post-surgical complications due to non-compliance and previously untreated psychiatric conditions. Personality assessment is now broadly applied in multidisciplinary programs for treatment of chronic pain, weight loss, and eating disorders (Goldner et al., 1999; Karlin et al., 2005; Sullivan et al., 2007). Additionally, personality assessment has been used in the context of infertility treatment as part of the process of evaluating suitable oocyte donors and surrogates (Klock & Covington, 2015).

Along with the use of personality assessment within traditional mental health settings, personality assessment is routinely used as a component of a neuropsychological battery to assess functional components that may influence cognitive and memory performance after brain injury or dementia (Rabin et al., 2016). Personality assessment is particularly important in the evaluation of mild traumatic brain injury as embedded symptom validity measures are often included in personality assessment tools, and undetected emotional disturbance such as post-traumatic stress disorder is seen as the primary factor in failure to recover from a mild head injury or concussion (McCrae, 2008; Polusny et al., 2011). Encouragingly, a recent comprehensive survey reported that 56% of neuropsychologists indicated they often or always used personality testing during neuropsychological assessments (Rabin et al., 2016).

Assessment of personality is also routinely used in both civil and criminal forensic settings. For example, personality assessment is an integral part of a multi-modal evaluation of forensic inpatients to assess risk of institutional violence (e.g., Reidy et al., 2016; Tarescavage et al., 2019), future suicidal behaviors (e.g., Morey & Quigley, 2002; Tarescavage et al., 2018), determine need for segregation from the general population in mental health units due to psychiatric illness, and whether specialized services are required (e.g., Forbey et al., 2009; James et al., 2002). In addition, personality assessment is used to inform the court regarding competency to stand trial and mitigating circumstances in criminal proceedings (e.g., Lally, 2003). With regard to civil forensic settings, personality assessment is frequently an essential part of an Independent Psychological Evaluation as a part of personal injury litigation or disability determination (e.g., Gervais et al., 2018; Khadivi & Evans, 2012). Specifically,

personality assessment provides important information regarding the examinee's approach to the assessment, impression management, and response bias. Indeed, personality assessment is a recommended component of the Veteran's Affairs Compensation and Pension examination to assist in the determination of service-connected disability due to post-traumatic stress disorder (VA Benefits Administration, 2015). Further, in some jurisdictions, personality assessment is mandated in the context of workers compensation or personal injury claims when conducting psychological evaluations to determine the presence of a work-related psychological injury and adequacy of treatment (c.f. Minnesota Statutes section 176.101, subc. 15 (d)). With regard to other high-stakes legal decisions, personality assessment is broadly relied upon by the courts to assist in rendering an opinion whether to limit or terminate parental rights when questions of child abuse and neglect arise, and more broadly in custody determinations (Gambetti et al., 2019; Otto et al., 2000) and adoption fitness (Dickerson & Allen, 2007). Personality assessment is similarly crucial in evaluations for immigration relief procedures and immigration court, as it assists the trier of fact with verification of credibility and to reconcile the psychological findings with the legal standards (Evans & Hass, 2018).

Additionally, personality assessment is routinely used for personnel selection and to assess candidates for critical occupations in the public safety sector (e.g., police, sheriff, and highway patrol officers, correctional officers, air traffic controllers; see Corey & Borum, 2012; Roberts et al., 2019) as well as for other occupations requiring astute interpersonal skills, such as candidates for the clergy and candidates for promotion to corporate management positions. Further, the military utilizes personality assessment as part of a standardized process to select soldiers and sailors for specialized highly selective training experiences. Finally, both proprietary and nonproprietary personnel selection procedures that incorporate personality assessment are used by teams to select professional athletes and by producers to select contestants on reality television programs. The range of settings in which personality assessment is applied speaks to the utility of the information derived from the assessment and its added value to the professional decision making process.

5. EDUCATION/TRAINING AND COMPETENCE

Competence in personality assessment includes knowledge of measurement theory and proficiency in the selection and use of measurement instruments, interpretation and integration of results, and meaningful communication of findings in a disciplined and objective fashion. Clinical and diagnostic applications of personality assessment also requires sound knowledge of functional and dysfunctional behavior, psychopathology, and diagnostic classification systems. The foundations of competence in personality assessment are established through graduate coursework, pre-doctoral internship, and post-doctoral supervised experience. However, it should be noted that (a) broad training in psychology does not necessarily constitute competence in personality assessment, (b) graduate-level assessment training does not ensure *maintenance of* competence, given that tests are continually revised, test norms are updated, new tests are

developed, and newer models of personality assessment become available, and (c) graduate-level assessment training alone does not enable specialized application of personality assessment. Personality assessment practitioners would benefit from ongoing engagement in lifelong learning, including keeping up with the relevant research evidence and new developments in the field, and augment their socio-cultural skills, to be current in assessment practice. Practitioners may also seek board certification relevant to the focus of their assessment practice to demonstrate proficiency in that realm.

Psychometrically driven personality assessment is a foundational skill for practicing psychologists and requires those engaged in personality assessment to remain current in their knowledge of contemporary personality theories and techniques as well as to critically evaluate their scientific merits. Personality assessment should be evidence based and informed by psychological science. For example, it has become increasingly clear that categorical definitions of psychopathology and maladaptive interpersonal functioning are inadequate and individual differences in personality across the functionality spectrum are best conceptualized dimensionally (c.f. Harkness & McNulty, 1994; Hopwood et al., 2019; Krueger, 1999; Wright et al., 2012). Out of the dimensional perspective emerges distinctive, and to some degree, overlapping conceptual models that will dictate the pragmatic task of assessing those constructs in clinical practice. As such, personality assessors endeavor to become familiar with the accompanying measurement models that have been proposed to characterize those dimensional constructs (Eaton et al., 2017; Harkness et al., 2014; Koltov et al., 2014; Krueger et al., 2011; Krueger et al., 2012).

Those engaged in personality assessment aspire to remain abreast of emerging technologies and innovative applications of those technologies to better characterize individual differences in personality and improve predictive validity in the clinic. For example, integration of technologies for understanding brain behavior relations, (e.g., eye tracking, relevant EEG spectra, reaction time, and virtual activity) with more traditional self-report and interview-based personality assessment has demonstrated considerable promise but has not been practically applied (Cohen, 2019). This rather novel application of two traditionally separate assessment techniques has offered intriguing possibilities for the future of personality assessment and should be considered when personality assessment guidelines are being formulated. For example, the psychoneurometric approach applies a measurement model to bio-behavioral traits integrating psychophysiological measures with self-report to more accurately assess the targeted trait in the clinic (Patrick et al., 2019). Another relatively new integration of technology (e.g., smartphones and other mobile sensors) and personality assessment is ambulatory assessment (also known as ambulatory monitoring and ecological momentary assessment), which pertains to a range of techniques for the measurement of one or more variables or processes in a continuous or rapidly repeating manner as they occur in daily life (Kubiak & Stone, 2012). Despite some challenges that are being resolved by ongoing research and advances in technology, ambulatory assessment possesses a number of unique strengths and can generate valuable information during personality

assessment (Wright & Zimmermann, 2019). Ambulatory assessment and the psychoneurometric approach are only two examples, among many, of emerging techniques that may serve to advance personality assessment and should be considered while maintaining best practice standards.

Evidence based personality assessment naturally serves as a guide in selecting tools or techniques in clinical practice with a balance maintained between integrating cutting edge techniques with pragmatic clinical considerations including the relative incremental improvement in prediction of clinically relevant outcomes using the proposed technique or procedure (Sellbom & Hopwood, 2016). It is incumbent upon the personality assessor to not only be knowledgeable of innovative assessment techniques but also be aware of decrease in predictive power when the technique or procedure moves from the laboratory to a clinical practice setting.

Several resources are currently available to steer the development and maintenance of psychological assessment competency that are applicable to personality assessment. These include the Standards for Educational and Psychological Testing (American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 2014) and the Standards for Education and Training in Psychological Assessment set forth by the Society for Personality Assessment (2006). The American Psychological Association Professional Guidelines for Psychological Assessment and Evaluation (2020) is another resource of professional and ethical guidance. In addition, the Competency Benchmarks model for professional psychology (Fouad et al., 2009) contains a section describing assessment competency at three developmental levels (readiness for practicum, internship, and entry into practice), encompassing areas of measurement and psychometrics, evaluation methods, application of methods, diagnosis, conceptualization and recommendations, and communication of findings. Further descriptions of the assessment competency are provided in Krishnamurthy and colleagues (2004) and Krishnamurthy and Yalof (2009). Additional resources related to ethical and diversity-sensitive personality assessment practice are provided in the following sections of this document.

6. ETHICAL CONSIDERATIONS

The personality assessor is expected, first and foremost, to be knowledgeable of, and compliant with, legal and regulatory requirements at the federal, state, and local levels. In addition, there are several ethical considerations specific to the profession and the practice of personality assessment.

Integrity. Psychologists strive to offer personality assessment consistent with the highest standards of the profession, including providing impartial, fair, nondiscriminatory, timely, and competent services. Although psychologists always strive to “do no harm,” they recognize that

the results of an assessment in numerous settings, for example the forensic or employment areas, may have an adverse impact upon the individual. Psychologists demonstrate sensitivity for the examinees and strive to respect their dignity. In their practice in personality assessments, psychologists aim to maintain accuracy, transparency and truthfulness as well as to actively avoid any threats to their scientific and professional stance.

Protection of Test Materials/Security of Raw Data. As the utility of psychological instruments is partly dependent on their novelty to the test-taker, the psychologist makes “reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations” (see APA, 2017a, standard 9.11; official title: “Ethical Principles of Psychologists and Code of Conduct”). Protection includes securing the proprietary aspects of tests and extends to the appropriate use of test materials in training and clinical work; during necessary unconventional administration (e.g., making an enlarged copy of test questions to be used with a visually impaired examinee); when engaging in remote administration practices (e.g., telehealth); in descriptions of tests or assessment techniques for advertisement or other business practices; when describing test materials, scoring procedures, or administration techniques for the purpose of research (e.g., institutional review board and grant applications), in reports, publications, or during testimony; and in any matter where test results are disseminated. The psychologist uses professional judgment, seeking peer-consultation when appropriate, to ensure the safekeeping and utility of any test, instrument, or other assessment technique. Test materials are only shared with psychologists trained in their use and mindful of the need for test security (APA, 2017a). In forensic settings, depending upon the jurisdiction, it may not always be possible to avoid sharing materials with non-psychologists (e.g., attorneys), but the psychologist makes every effort to do so. Ideally, arrangements can be made to share materials with a qualified psychologist agreed upon by the parties involved. With regard to the security of raw data and record keeping specifically, the psychologist adheres to the relevant APA ethical code (including APA ethics code section 6 and subcodes 4.01, 4.05, and 9.04), standards of testing (AERA et al., 2014), and applicable federal, state, and local laws and policies that govern the content, security, and release of test protocols, raw test data or responses, and reports (e.g., HIPAA security rule). Finally, the psychologist establishes a procedure in advance that enumerates appropriate steps for handling of records and data in the event that the psychologist terminates his or her practice.

Multiple Relationships. Personality assessors, like all psychologists, attempt to avoid multiple relationships with clients, especially those multiple roles that might bias the results. There are, however, instances in which these are unavoidable. Occasionally, a therapist may choose to conduct an assessment prior to beginning treatment in order to judge suitability, and no other examiner is readily available. In rural or otherwise underserved areas, or when working with language minorities, it may not be possible to separate assessment and therapy or to separate assessments of multiple members of a single family. In such instances, the assessor strives to

maintain clear boundaries and where appropriate, confidentiality. It goes without saying that dual relationships outside of the assessment process (e.g., business) should be strictly avoided.

Consent and Assent of Evaluation/Third Party Referrals. Psychologists obtain informed consent from the examinee in the examinee's preferred language when conducting assessments unless otherwise exempt. Examples of assessments that are exempt include situations in which informed consent is implied (e.g., routine educational testing) or when the purpose of testing is to assess the examinee's decisional ability (e.g., guardianship evaluations; APA, 2017a, standards 3.10 and 9.03). In situations where an examinee is legally incapable of giving informed consent (e.g., due to their age, mental status), the psychologist provides an explanation of the assessment procedures, seeks the examinee's assent, takes into consideration the examinee's best interests, and obtains consent/permission from an authorized party when applicable (e.g., legal guardian, court; APA, 2017a, standard 3.10).

In many circumstances, the primary client is likely to be someone other than the examinee. For third party referrals, the psychologist provides notification to the examinee about the evaluation procedures (e.g., purpose, nature, expected use), the anticipated consequences of not participating (e.g., that a report will still be written), persons that will receive access to the information (e.g., attorney, medical team, hiring manager), limits of confidentiality, and potential financial costs to the examinee. If the examinee is mandated for the assessment (e.g., court-ordered to participate), a report can be generated regardless of formal consent (APA Specialty Guidelines for Forensic Psychology, 2013b, 6.03.02). Informed consent, assent, or notification procedures should be documented clearly and completely. Regardless of whether consent is required from the examinee or legal guardian, the assessment psychologist strives to ensure the examinee's rights and welfare are protected (APA, 2017a, standard 3.10).

Psychologists should receive written consent from the examinee, their legal guardian, or from the referral source to communicate with collateral sources. As with any collateral communication, it should be explicitly stated which way(s) the information will flow (e.g., that the psychologist is only collecting information but will not share information about the examinee with the collateral source). The psychologist should inform potential collateral sources of the referral source, anticipated use of collateral information, limits of confidentiality, and if the collateral source's participation in providing information is voluntary (APA, 2017a, standard 3.10).

Assessment Feedback. Provision of feedback on assessment results is an ethical obligation, specified in the APA ethical principles (standard 9.10: Explaining assessment results; APA, 2017a) and standards of testing and assessment (AERA et al., 2014), and discussed in numerous scholarly publications. Given the compelling research evidence that psychological assessment combined with individualized, interactive feedback produces positive treatment effects (Poston & Hanson, 2010), and several publications attesting specifically to the benefits of personality assessment feedback (e.g., Finn, 2007), it is incumbent on personality assessors to provide their examinees with an appropriate and useful description of findings in oral, written, or combined

form. Depending on the practice setting and assessment context, the feedback may also need to be provided to other treatment providers, such as a medical healthcare team prior to medical/surgical intervention. Exceptions to the expectation of feedback provision are generally limited to certain forensic and organizational assessments, which would generally require consent from the client prior to conducting the assessment to waive the provision of feedback.

The personality assessor, as early as is feasible in a professional relationship, outlines all fees and financial arrangements for their service with the service recipient and reaches an agreement specifying compensation and billing arrangements (APA, 2017a, standard 6.04). When doing so, the assessor avoids misrepresenting their fees and ensures that fee practices are consistent with applicable law and professional practice. In the event of financial disputes, the assessor reconciles these disputes in accordance with APA ethical code and applicable law.

Some individuals may have limited access to psychological services, including assessment, due to financial, situational, or other disadvantages. Accordingly, assessors aspire to offer a portion of their professional time for little or no compensation when reasonable and when such actions are not clinically contraindicated or exploitative. When reasonably able to contribute in this way, the personality assessor aims to support individuals who would otherwise not have access to necessary services and those individuals who may be particularly disadvantaged or vulnerable and would benefit from such services.

Use of Case Materials in Didactics. Use of confidential information for didactic purposes is governed by the ethical rules of confidentiality (APA, 2017a). Two of APA's key recommendations for using case material for didactic purposes include obtaining prior consent and/or taking reasonable steps to disguise relevant information. Although case materials are an important teaching tool and have been historically a valued illustration of scientific information, exceptional care has to be observed in order to prevent jeopardizing privacy. Brief case illustrations and examples that deliver condensed anonymized information do not require permission. However, for longer case studies, consent for release of information is ideal. When using case material, all potentially identifying information should be removed or disguised. Further information on the use of case materials for didactic presentations is provided by Pope and Vasquez (2016).

Telehealth. Under certain circumstances, when travel is restricted due to government mandate or the individual's ability to participate in in-person services is restricted, remote personality assessment may be an option through use of synchronous, private video conferencing (telehealth or telepsychological technologies). Remote personality test administration utilizes the internet to provide a standardized administration of a psychological instrument or procedure. The Guidelines for the Practice of Telepsychology (APA, 2013c) specify that when a psychological test or assessment procedure is administered remotely, it is incumbent upon the assessor to ensure that the integrity of the psychometric properties of the test, test-taking or assessment

procedures are upheld and assure that the administration procedures outlined in the test manual for the specific instrument or procedure are followed. Additionally, it is critical that the integrity and security of the personality assessment instrument or procedure are protected as specified by AERA et al. (2014). Several recent publications outline practical steps for remote administration of psychological assessment including issues related to training and supervision (Pade et al., 2020; Wright et al., 2020a; 2020b), and specific personality assessment instruments or procedures (Corey & Ben-Porath, 2020; R-PAS recommendations, 2020) in order to maintain the integrity of the testing process and comply with ethical standards for psychological testing.

7. DIVERSITY CONSIDERATIONS

Psychologists understand that individuals' characteristics, context, situation, cultural, linguistic and intersectional identities greatly impact their personality and emotional functioning, their test-taking abilities, and the manner in which interpretation and formulation of findings is conducted. There are also empirical bases to consider the impact of culture and diversity in the examiner-examinee relationship during personality evaluations. Therefore, psychologists take into consideration individual differences, cultural diversity and intersectional identities when selecting, administering, scoring and interpreting data from personality assessment instruments and techniques.

Choice of Instruments. Psychologists integrate cultural considerations when choosing personality assessment instruments and data-generating procedures. In order to make clinical judgments regarding the appropriateness of an instrument to a diverse examinee, psychologists need information obtained from a mental examination and a thorough psychosocial interview that identifies the examinee's age, ethnic group, culture and subcultural context, acculturation level, language proficiency, education level, disability status, religion/spirituality, sexual orientation and gender diversity, social class and socioeconomic status, immigration status, diverse values, expectations, context of the evaluation, psychosocial stresses derived from their minority status, and any other relevant factors (APA, 2017b). Psychologists become familiar with the literature that explains how these factors impact the process of personality assessment, particularly compromising test-taking behavior and perhaps rendering the findings invalid (Díaz-Santos & Hough, 2016; Smith & Krishnamurthy, 2018). For instance, clients from minority identity groups have been found to report unique symptom presentation, possess different self-awareness of their psychological distress, have unique ways of explaining their problems, and distrust providers and authority. These factors may limit the generalizability of results obtained from personality assessment instruments (Sue & Sue, 2016). Based on the entirety of the information and the referral question, psychologists select standardized and normed personality measures that are most appropriate to obtain reliable and valid results.

A personality assessment would be most reliable when the norms of the instruments include the most prominent characteristics and culture of the examinee. However, personality assessment

instruments have usually been designed for a specific Western population and its reliability and validity may not apply to some culturally diverse groups. In some cases, these assessment instruments have undergone adaptations and validity, reliability, and measurement equivalence studies that ensure that it can be applied to culturally diverse sample groups and thus the examiner can utilize those instruments with confidence if they match the examinee's main characteristics (APA, 2017b).

Many personality tests have solid empirical foundation for culturally diverse individuals who have adequate levels of acculturation and English language dominance, but there are many examinees who do not match these requirements, or have important factors of diversity that render those tests inappropriate (Janssen, 2011; Kim et al., 2009; Kim et al., 2011). In these cases, psychologists look for studies including pilot studies that examine the measurement equivalence and differential item functioning for groups different from the reference population for which the test was found to be reliable in order to make a decision as to whether the test may be appropriate for the examinee. In some cases, assessors may need to adjust the interpretation of the test results based on the scientific and scholarly literature and note its rationale as a caveat in the report.

Translated Assessment Instruments. Non-English speaking clients need an assessment of their language dominance and capacity in order to understand the appropriateness of intended tests (Butcher et al., 2016). When utilizing translated tests, psychologists review whether the test was translated following appropriate guidelines, construct analysis and norming that ensure that the translated version is equivalent to the original (International Test Commission Guidelines for Translating and Adapting Tests, 2017). Psychologists avoid use of translated instruments when research shows that results have different meaning across groups or the translation was conducted ad-hoc (AERA et al., 2014).

Administration. Essential to the assessment process is the administration of standardized personality measures under the precise conditions specified by the test publishers (e.g. individual administration, specific reading level, quiet uninterrupted environment, good lighting) so that the responses are a representative sample of behavior and can therefore be compared to the normative sample. Psychologists who need to utilize accommodations or modifications of the test administration, stimuli or method in order to accommodate the examinee's needs or characteristics utilize those for which validity has been empirically determined or provided by the test publishers or creators (e.g., use of assisted technology such as audiotapes, computer-assisted methods, alternative seating arrangement, etc.). If necessary accommodations or modifications have not been investigated and the impact on validity determined, examiners choose the accommodations with the least potential for disrupting influences (e.g., providing an interpreter rather than administering the test in the client's non-preferred language). In these cases, examiners adjust the interpretation accordingly, and describe in detail the modified administration and the caveats regarding findings in the report.

Use of Interpreters. Competent professional interpreters utilized in personality assessment need to be appropriately qualified not only in language fluency but also knowledge of the ethical standards of use of an interpreter (Acevedo et al., 2003). Strong warnings have been issued about not using family members, friends or other untrained people as interpreters (Leong & Park, 2016). Previous training of the interpreter in the specific psychological concepts being used in the session is important to prevent distortion of information (Kapborg & Bertero, 2002) as well as ideally shared knowledge of the specific nuances of the examinee’s sub-culture. When using an interpreter, the examiner endeavors to determine how verbatim the interpretation was and note as best as possible the degree to which it was paraphrased. The evaluation is most accurate when there is culturally appropriate verbal and nonverbal communication between examiner and interpreter (Hwa-Froelich & Westby, 2003). When using an interpreter, the examiner documents in the report the interpreter qualifications, what the interpreter did, and potential impact on the results (Acevedo-Polakovich et al., 2007).

Interpretation and Report of Results. Personality assessors strive to interpret and report the results of the assessment within a cultural and intersectional context, including consideration of the relevant norms. According to the APA Ethical Standards (APA, 2017a, standard 9.06) “When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists’ judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations” (see also standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination). For instance, psychologists study the evidence base literature that explains the manner in which ethnic and culturally diverse examinees may demonstrate idiosyncrasies in response style including cultural response bias.

When interpreting the data generated by the assessment instruments, psychologists are aware that cultural competence goes beyond considering individual differences or group categories, as to include a conceptual framework that focuses on the social and cultural world of the examinee and the intersectionality of the examinee’s identities. For instance, there are some factors such as historical trauma effects, spirituality, traditional belief systems, collectivistic orientation, and acculturation that have empirical studies showing its impact in personality assessments (Arana et al., 2018; Berry, 2003; Golforth et al., 2014). Psychologists strive to incorporate this knowledge in the interpretation and conceptualization of test results. In cases in which examinees’ contextual and intersectional identities are not researched appropriately regarding their impact on personality assessment, psychologists strive to culturally contextualize the tests results using the literature that helps them understand how this new information supports or detracts from potential hypotheses explaining the results.

Diversity sensitive assessments also include an integration of the impact of the multiculturalism, intersectional identities of the examiner, and the cultural and socio-political aspects of the examiner-examinee relationship (Falicov, 2014). Psychologists understand the influence of their own identities as examiners in the assessment encounter, as their own worldviews and sociocultural histories greatly contribute to their attitudes, beliefs and values vis-à-vis diverse examinees. In turn, these factors impact the way they engage themselves and their examinees in the assessment process, select tests, interpret data from personality tests, and make clinical decisions and recommendations (APA, 2002). Therefore, psychologists become knowledgeable of the manner in which their own identities and cultural attitudes and beliefs may influence their professional competence with diverse examinees. Learning and maintaining cultural humility (Hook & Watkins, 2015), self-awareness and evaluation of the power dynamics with the examinees is key to the minimization of cultural bias and misuse of data.

Throughout the personality assessment process, including the therapeutic relationship, the evaluative process and development of interpretations and analysis, psychologists endeavor to not introduce, perpetuate or contribute to biased or unfair views. Psychologists unsure of the impact of cultural and diversity aspects in the personality assessment consult with experts in order to ensure cultural competence (Acevedo-Polakovich et al., 2007). Psychologists familiarize themselves with specific regulatory restrictions regarding demographics such as gender, race, or ethnicity in testing, scoring, interpretation or analysis in the jurisdictions in which they are practicing.

8. USE AND INTERPRETATION OF ASSESSMENT TOOLS

The APA (2017a) code of ethics mandates that “psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings” (9.01.a). Thus, personality assessment tools are utilized by psychologists when providing an opinion on any matter where an individual’s personality may be a relevant factor. Assessment tools refer to interviews, tests, methods, techniques and instruments that are based in psychological science and have evidence of its usefulness when applied in a standardized manner. Those who provide opinions on matters where an individual’s personality may be relevant can use the following guidelines on methods and procedures to promote high-quality use and interpretation of personality assessment tools.

Decision to Evaluate. Prior to initiating testing, the psychologist identifies the “client” (e.g., individual being tested, parent, court, company, etc.) and clarifies the referral source and the referral questions. The personality assessor also considers the nature of referral in order to determine whether they possess the level of training and skills necessary to competently evaluate the individual and answer the referral question(s), thoroughly considering any and all potential ethical issues and determining that such an examination would be practical, relevant, and

pertinent to the needs of the client. Should the psychologist opine that the required services are not within the boundaries of their competence or that there are other obstacles to the timely completion of the assessment, they should attempt to make an appropriate referral or “obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services” (APA, 2017a, standard 2.01), except in emergencies when services would otherwise be denied (standard 2.02).

Review of Records. Comprehensive assessment often, if not always, requires an examination of information from collateral sources (e.g., friends, family members, co-workers, referring clinician, etc.). Inaccurate personal accounts, contradictory reports, poorly constructed recollections given by knowledgeable informants, and unknown or misremembered information can limit the utility of assessment findings. As such, the psychologist makes a determined effort to ethically acquire and integrate relevant and reliable information from written records when feasible. The personality assessor determines which records may be relevant based upon the purpose of the assessment, what information accompanied the referral, and any additional information gathered from interviews with the examinee and informants. For instance, personality assessment is often an important component of pre-surgical evaluations, the purpose of which is typically to inform the examinee’s surgical team of their suitability for surgery, to plan for post-surgery treatment, or to guide pre-surgical efforts to make the examinee a better candidate for surgery. Consequently, the psychologist’s review of the examinee’s medical records would be a vital component of the assessment process. A thorough review could corroborate the presence or absence of critical medical factors reported by the examinee (or clarify factors that were inaccurately reported or not reported at all), provide a detailed history of how the examinee had responded to past medical examinations or procedures from a medical point-of-view, and, potentially, reveal important details of post-surgical issues occurring in the past and the subsequent interventions used to successfully or unsuccessfully remediate or manage those issues.

Interview of Examinees and Informants. Complementing information gained from a review of records and those data derived from the administration of personality tests, a comprehensive interview with both the examinee and knowledgeable others is often used by the psychologist during the assessment process. When interviewing the examinee, the psychologist seeks to gain an initial understanding of their history and general background (e.g., birth and development, education and employment history, social history, current and past medical and psychiatric history, current and past medication use, legal history, history of alcohol and substance use, and familial history), including the history of events that led to the referral, idiosyncratic characteristics of the examinee that might modify testing (e.g., language preference and competence, reading level, cultural dynamics, medication use, etc.), factors relevant to the purpose of the assessment and referral question(s), the examinee’s perception and understanding of their own psychology and the impact of their psychology on various domains of functioning,

as well as to clarify the client's goals for the psychological assessment and in what way(s) the examinee expects findings to be disseminated and to whom.

When interviewing the examinee, the psychologist may employ pre-developed structured or semi-structured clinical interviews or develop their own structured or semi-structured interview to fit the referral and systematize the collection of data. Regardless of format and irrespective of interview style, the psychologist undertakes ongoing efforts to develop and maintain their competence in the technique being used (APA, 2017a, standard 2.03). Personality assessment practitioners tailor their interviews to the purpose of the evaluation and endeavor to achieve a balance of obtaining relevant information with impartiality while avoiding collecting superfluous information that is irrelevant to the referral question. When appropriate, they may also utilize actuarial instruments or empirically-supported interview coding systems to systematically analyze interview data to gain further information.

Interviewing an examinee's friends, family, coworkers, treatment provider, or other knowledgeable others may yield useful information not known by the examinee or information that is otherwise unavailable (e.g., how the examinee and their behavior is perceived by others). This strategy may be particularly vital in personality assessment because distorted representations of the self and others is a core feature of personality dysfunction (Herpertz & Bertsch, 2014; Hopwood et al., 2013; Natoli, 2020) and conclusions drawn directly from an interview with an examinee could be of limited value. In fact, it has been recommended that the assessment of personality aims to regularly involve judgments by knowledgeable others (see Hengartner et al., 2018). Hence, the psychologist communicates the importance of speaking with knowledgeable others to the examinee and requests consent to do so, which needs to be appropriately documented. Much like deciding which records to review, the decision of which informant(s) may be able to offer relevant information seeks to also be based on the purpose of the assessment. Unlike reviewing records, however, the psychologist endeavors to view the information gained from knowledgeable informants as (relatively more) subjective in a manner similar to the information obtained from the interview with the examinee.

Measurement Procedures. The focus of personality assessment will vary depending on the purpose of assessment and examinee characteristics, but common domains of personality measured include: level of impairment in personality functioning (i.e., self-functioning and interpersonal functioning impairment), general and maladaptive personality traits, temperament, emotion regulation, and/or cognitive functioning. Regardless of the latent variable(s) targeted for measurement, the psychologist uses multiple methods of measurement to simultaneously quantify the latent construct(s) of interest because multimethod assessment is fundamental for effective clinical practice (Hopwood & Bornstein, 2014). Moreover, the psychologist avoids using identical batteries for all examinees and, instead, makes an effort to design individually tailored assessment batteries with personality tests and measures selected based on (1) purpose of the assessment, (2) idiosyncratic examinee characteristics (including demographic and cultural characteristics), (3) measurement methodology, (4) psychometric adequacy, and (5) clinical

utility. In doing so, the psychologist aims to design an assessment battery that is comprehensive, client-centered, and derives information from diverse sources and methods of measurement while also remaining efficient and respectful of the examinee's time, resources, and energy.

Evaluation of Motivation, Effort, and Impression Management. Reviews of the literature support the notion that individuals bring with them varying levels of effort and diverse styles of impression management when engaging in the test taking process (Lui et al., 2018). Accordingly, the explicit evaluation of effort and impression management is a critical component of personality assessment. The psychologist makes the evaluation of effort and impression management a common practice when conducting personality assessment. In doing so, the psychologist can supplement test data with approaches such as behavioral observations, cross-referencing of reports and records, as well as corroborating historical information with available records. Furthermore, the psychologist also utilizes commonsense methods to circumvent problematic testing behavior and to optimize the examinee's performance, such as establishing rapport with the individual, encouraging and reinforcing effort and cooperation (as appropriate), treating the individual respectfully, providing an appropriately thorough explanation of the testing process and the importance of honesty and best effort, inquiring about the examinee's understanding and expectations of the testing process, and employing the services of others to help encourage the individual's best performance (e.g., having the individual's referring clinician introduce the testing psychologist, allowing a parent to accompany the child being tested during the initial interview until rapport is established).

Test Administration and Scoring. Standard procedures for test administration and scoring are followed by the psychologist (APA, 2017a, standard 9.02) and tests are administered and scored by qualified persons (9.07; except when administration and scoring is used for training purposes with appropriate supervision, see 2.05). Likewise, as the Standards for Educational and Psychological Testing (standard 5.6) require that the psychologist makes reasonable efforts to protect the integrity of test scores by eliminating opportunities for test takers to obtain scores fraudulently, all assessment procedures (e.g., test completion) must be supervised by the psychologist or a qualified assistant under the supervision of the psychologist. All assessment techniques and instruments are also administered and scored in a manner and for purposes supported by peer-reviewed research and/or the contemporary body of literature. When the psychologist is faced with a situation in which a particular test is deemed necessary but the test, or the manner in which the test would have to be administered (e.g., reading a self-report to an individual with reading difficulties), has not met the most rigorous standards for use and no appropriate alternative is feasible, the psychologist remains aware of these limitations, scores and interprets the test results within the context of these constraints, and clearly communicates all modifications of test administration and/or scoring as well as their potential effect on the validity and utility of the assessment results.

Accurate recording and scoring of test material is critical for the proper interpretation of personality test results. The psychologist is familiar with each test's individual scoring criteria

and method, procedures for calculating and converting scores (or how to competently use approved scoring software), the process for deriving meaning from test scores as well as the theoretical and empirical basis for the meaning of scores, and the scope of what can be justifiably claimed from these data. Scoring is performed with care and conducted in a timely manner; the psychologist makes a practice of verifying scores through double-checking their calculations, score conversions, and the criteria used for scoring (e.g., examinee's age and sex, population norms used for comparison).

When computer scoring software (or another scoring tool) is used, double-entry procedures are used to ensure accurate entry of test responses. The psychologist confirms that the software used had been validated against other reliable and previously validated scoring procedures and is reasonably up-to-date. Finally, the psychologist documents - or, when appropriate, records - test administration and the assessment process in a manner that fulfills three goals: (1) to ensure proper scoring and accuracy of the collected information, (2) to recreate the administration or interaction with sufficient enough detail as to understand the examinee well and report findings accurately, and (3) to permit verification of procedures and scoring by a third party when necessary. These practices are advantageous when parties other than the individual(s) present during test administration are required to review the assessment records for purposes such as training, supervision, research, collaboration, or forensic applications.

Data Interpretation and Integration. Accurate and useful interpretation of personality test data requires relevant training and expertise in a diversity of domains, combined with knowledge of personality theory, modern empirically-supported research, professional opinions, and best practices obtained through experience, continuing education, and familiarity with contemporary literature. Computer-generated interpretive reports are considered raw data and require integration with demographic and contextual data, other test data, and the totality of information gathered in order to be meaningful. In addition, psychologists want to carefully evaluate the foundational research of those interpretive statements and be aware of the source and basis of such statements (Butcher et al., 2015). Further, it is incumbent upon the user of an interpretive report to be knowledgeable about the underlying procedure used by the software to identify the provided interpretive statements.

When conducting personality assessment, the psychologist regularly evaluates multiple hypotheses and is often confronted with the need to appraise, clarify, and integrate conflicting and ambiguous evidence, which requires considerable clinical expertise, knowledge of research regarding assessment instruments, and an attitude of scientific inquiry as well (see Cates, 1999; Handler & Meyer, 1998). In interpreting test results, the psychologist gives consideration to relationships between scores and other factors that can influence test scores (e.g., the context in which the scores were derived, aspects of the individual's identity, the individual's culture, etc.) rather than solely relying on the descriptive meaning for a given test score based on normative, nomothetic findings that often neglect idiosyncratic differences. Moreover, the psychologist utilizes a theoretically- and/or scientifically-informed framework for integrating test scores and

to help reconcile seemingly incongruous results (e.g., discontinuity between test scores purportedly measuring analogous constructs). Psychologists aim to establish solid foundations for the information path that led to their conclusions as well as the information that is discarded, in a fashion that stands peer scrutiny. Interpreting results derived from multiple methods of measurement and integrating those findings using an appropriate framework can produce a more comprehensive and valuable assessment report (Natoli, 2019). There are many resources describing useful frameworks that are available to assist in this undertaking, including textbooks on conducting integrative assessment (e.g., Bornstein, 2015; Hopwood & Bornstein, 2014; Wright, 2011).

The psychologist's goal for integrating the complex information extracted from a thorough examination and interpretation of test results is to generate a cohesive and comprehensive understanding of the person being evaluated from which inferences regarding the referral question(s) can be made and substantiated. These inferences commonly include judgments regarding: (1) the configuration of an individual's personality; (2) the nature of impairment or patterns of adaptive or maladaptive personality dynamics; (3) potential constructs or situations that might serve as influential factors in determining how and when the individual's personality is likely to manifest; and (4) the functional relationship between the individual's personality and the purpose of testing.

The Assessment Report. The findings derived from personality tests, integrated with any and all other data obtained during the assessment process, are typically presented and subsequently summarized in a clearly written report to be provided to the appropriate recipient(s). Specifically, the APA code of ethics (APA, 2017a) requires that “psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results..., and this fact has been clearly explained to the person being assessed in advance” (9.10). However, in doing so, the psychologist is mindful of test security and makes “reasonable efforts to maintain the integrity and security of test materials and other assessment techniques” (9.11; see Guideline 4).

In the most general of terms, the purpose of an assessment report is to (1) describe the examinee and sources of information, (2) report and interpret the data derived from those sources, (3) integrate these data and discuss findings relevant to the purpose of testing and referral question(s), and (4) clearly communicate findings and recommendations to the appropriate recipient(s). Although report-writing styles (and, to a lesser degree, report format) can vary considerably across psychologists as well as with the purpose of the evaluation, comprehensive reports generally include basic demographic information about the individual and relevant current circumstances; identifies the origin of the referral and clearly states the reason for the assessment and referral question(s); a description of the individual's history and background that allows the consumer to contextualize the referral question(s), test data, conclusions, and recommendations within the context of the individual and relevant factors; a discussion of the individual's likely engagement and effort in the process that is based on behavioral observations

and standardized measures; the reporting of test results and interpretation, including commentary on validity and limitations; an integrative and clear – usually succinct – summary of findings organized around the referral question(s); and, when appropriate, a section offering recommendations. The psychologist seeks to remain mindful of the intended recipient(s) during report writing and present findings in a manner that the recipient(s) is reasonably expected to understand. That is, the psychologist avoids jargon and uses easily understood language when the intended recipient(s) is the individual, their family, or other lay-people whereas reports intended for a referent with appropriate training may be more detailed and use more technical language and specialized professional terminology.

Providing Feedback. In addition to a written report, many psychologists offer - or are required to provide - options for more direct feedback in addition to the written report (e.g., face-to-face feedback session, review of results over the phone, provide testimony in court, serve as a representative in treatment planning or individualized education program meetings). As with report writing, psychologists present their feedback in a manner that the recipient(s) is reasonably expected to understand. The psychologist often also makes additional inferences or recommendations during the feedback session, discussing notable results in greater depth than might have been possible in the written report when such findings were not particularly relevant to the referral question(s) or specific need for the assessment. For instance, results of a personality assessment conducted for the purpose of estimating violence risk can be informative for the examinee and for the individual's service provider, such as suggesting peripheral targets for intervention or personality strengths that might mitigate risk.

9. LOGISTICS OF PERSONALITY ASSESSMENT

Personality assessment may be conducted in a single session or over multiple sessions, depending on the extensiveness of the test battery, complexity of the referral question, and various examinee factors such as age, mental status, attention/concentration, and fatigue. Child assessments are often conducted over multiple sessions, particularly when multi-informant data are collected. Some specialized personality assessments often involve extensive record review and interviewing in addition to testing and are therefore likely to involve multiple sessions. Given that testing and assessment culminates in a written report, the report writing would typically occur at a separate time from the preceding assessment procedures. Furthermore, given that post-assessment feedback is provided in most assessment scenarios (with a few exceptions such as certain forensic assessments), this is generally held in a separate session. Thus, typically personality assessment takes approximately 4-5 hours or more and, in specialized circumstances or in forensic settings, considerably more time.

Reimbursement for personality assessment work may be based on contractual arrangements (e.g., with agencies or courts), out-of-pocket pay from clients, or insurance coverage. Assessment practitioners may need to educate third-party payers of the necessity of testing and the time

requirements for the assessment in obtaining preauthorization and appropriate reimbursement (Eisman et al., 2000). In this regard, provision of evidence of its benefits and cost-effectiveness would be useful (e.g., Finn, 2007; Meyer et al., 2001; Poston & Hanson 2010; Yates & Taub, 2003). It should be noted that currently there are a series of separate, time-based billing codes for test administration and scoring by the professional (vs. technician), and for psychological testing evaluation services by a professional (inclusive of data interpretation and integration, clinical decision making, report writing, and feedback) (APA & the APA Practice Organization, 2019).

CONCLUDING REMARKS

Evidence-based personality assessment provides valid, measurable data on individual functioning and adaptation. Given that personality traits have a significant and quantifiable impact on nearly all aspects of human interaction and can serve to influence success both individually and societally, it is not surprising personality assessment is considered a critical component in applied psychological practice (Bliedorn et al., 2019). Indeed, the relative stable change in key personality traits after clinical intervention that leads to improved function and decreased clinical symptoms suggests the role for the personality assessor will remain relevant and appreciated in mental health settings for the foreseeable futures (Roberts et al., 2017). With the wide ranging impact of individual personality on life domains and by extension implications for public policy decisions regarding strategic individual and educational interventions to improve the human condition, the need for and impact of applied personality assessment has never been greater (Bliedorn et al., 2019).

These guidelines are intended for clinicians engaging in personality assessment in the various settings in which they practice. By attempting to follow these guidelines and established professional standards, psychologists can help ensure that they practice ethically, competently, with appropriate attention to diversity, and to the highest standards of the profession. Naturally, these guidelines are expected to be revised and updated as the field of personality assessment continues to evolve.

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