

Tele-Assessment of Personality and Psychopathology

COVID-19 Task Force to Support Personality Assessment¹

As COVID-19 has significantly affected the psychological assessment functions of psychologists, much attention has been paid to the implementation of tele-assessment practices (psychological assessment using telehealth platforms). This document, developed for the Society for Personality Assessment, addresses the assessment of personality and psychopathology through tele-assessment methodologies. When making decisions about how to adapt assessments into a tele-assessment context more broadly, psychologists are encouraged to reference and follow recommendations proposed in the APA's *Guidance on Psychological Tele-Assessment During the COVID-19 Crisis* (Wright, Mihura, Pade, & McCord, 2020). Considerations specific to assessment of personality and psychopathology are discussed below.

Multi-Method Assessment

The practice of psychological assessment of personality functioning and psychopathology should be an integrative process that utilizes multiple methods, modalities, and (when appropriate and possible) reporters (Bornstein, 2017; De Los Reyes et al., 2015; Hunsley & Mash, 2007; Youngstrom, Choukas-Bradley, Calhoun, & Jensen-Doss, 2015). This continues to be not only true, but exceptionally important when adapting to tele-assessment practices for personality and psychopathology. As every test and measure comes with error—including standard error of measurement for standardized tests, response bias and error for self- and collateral-report measures, and observer bias for observational measures (AERA/APA/NCME, 2014)—data must be cross-validated for an assessment to optimally represent an individual's personality, abilities, and functioning. While tele-assessment methods may introduce additional error in individual tests and measures, continuing to cross-validate (look for agreement across measures, methods, and reporters) will improve the confidence psychologists can have in their assessment conclusions.

Clinical Interviews

Evidence exists regarding the equivalence of information gained from unstructured interviews conducted in person and those conducted via telehealth platforms (Schopp, Johnstone, & Merrell, 2000; Singh, Arya, & Peters, 2007). This finding is intuitive, as an oft-cited clinical factor in the accuracy of data elicited in a clinical interview is the therapeutic alliance, which also has evidence

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of strength in telehealth (Bouchard et al., 2000; Germain, Marchand, Bouchard, Guay, & Drouin, 2010; Morgan, Patrick, & Magaletta, 2008; Simpson, 2001). As clinical interviewing continues to serve as a foundational step in the overall psychological assessment process (Mihura, Roy, & Graceffo, 2017), it can be assumed that tele-assessment data collected through unstructured interview techniques can be considered as accurate as they are when collected through traditional, in-person methodologies, with all of the same general sources of error (e.g., Orbach & Lamb, 2001; Ramsden, 2018).

Structured Clinical Interviews

For psychodiagnostics purposes, by far the most widely studied structured clinical interview is the Structured Clinical Interview for DSM Disorders (SCID; current version First, Williams, Karg, & Spitzer, 2015). Multiple studies have demonstrated high reliability and comparable accuracy of administering the SCID via tele-assessment procedures (Ruskin et al., 1998; Shore, Savin, Orton, Beals, & Manson, 2007).

A meta-analysis of “objective” (structured) psychiatric assessments (including the SCID, the Yale-Brown Obsessive-Compulsive Scale [Goodman et al., 1989], and others) delivered via telehealth platforms similarly saw no significant difference from in-person delivery (Hyler, Gangure, & Batchelder, 2005). While many widely used structured clinical interviews have not been evaluated, indirect evidence from the SCID and other (especially psychiatric) measures demonstrates that structured clinical interviews are likely to retain their reliability and validity in a tele-assessment context.

Records Reviews

Although there is very little alteration in how records are reviewed, as much already occurs online and relatively little (if any) requires in-person interaction, it is important to note that reviewing available client records and historical reports and charts is an integral part of psychological assessment (Braden, 2003; Fink, 2017). The review of records, when available, offers another method that is generally no different from traditional, in-person assessment services to support clinical decisions in a tele-assessment context.

Self-Report Measures

Significant empirical support exists for the equivalence—and even superiority, compared to pencil-and-paper versions with more opportunity for scoring errors—of data elicited by computer-administered self-report measures, including both **symptom-focused, specific measures** (Buchanan, 2003; Kobak, 2004; Kobak, Williams, & Engelhardt, 2008) and **broader personality**

inventories (Barak & English, 2002; Barak, Hen, Boniel-Nissim, & Shapira, 2008; Buchanan, 2002; Finger & Ones, 1999; Menton et al., 2019; Naglieri et al., 2004; Roper, Ben-Porath, & Butcher, 1995).

Corey and Ben-Porath (2020) offer guidance on tele-assessment using the MMPI instruments, but their guidance is broadly applicable to all self-report measures. Specifically, they recommend—for best practices—the use of a disinterested, third-party proctor to observe clients as they take the self-report measures, to ensure test security, offer guidance, and verify that the client themselves are filling out the measure. When this is not possible (as is the case much of the time when tele-assessment is required), using a HIPAA-compliant (or as close as possible) teleconference platform can allow the psychologist to observe the client remotely. They recommend not sending the client the link to the test until the psychologist has verified the client’s identity, as well as other specific modifications that can help ensure not just test security but validity of data. This may include sending the link only after teleconferencing contact is made, and it may even include opening the measures on the psychologist’s side of the connection and sharing their screen and remote control for the client to use. They also offer a checklist to help ensure that psychologists are rigorously mindful of their processes when administering a self-report measure remotely. Additionally, psychologists are encouraged to look for specific guidance from the test publishers for administering their specific measures.

Collateral-Report Measures

Similar to records reviews, the most widely used collateral-report measures (such as parent-report, teacher-report, etc.) are already entirely compatible with tele-assessment procedures. Most (if not nearly all) are available to email out to collateral reporters, and standard practice for most does not require the psychologist (or a proctor) to be present while being filled out.

The one consideration that will be important, especially during times of unrest, upheaval, or transition, is to make absolutely clear to collateral reporters exactly what they should be reporting on. For example, during COVID-19, teacher-report measures about children and adolescents can most often be sent via email link, just as they previously were. However, teachers should receive specific guidance about what they are meant to report on. They may have different perspectives of students from before distance learning began (i.e., from the classroom) than currently. These different perspectives may reflect actual differences in child functioning during the pandemic, differences in the amount and type of interaction teachers have with the child, or a combination of both of these factors. Psychologists should be explicit about what collateral reporters should be reflecting in their responses to measures.

Performance-Based Personality and Psychopathology Measures

To date, there has only been tele-assessment guidance disseminated on one widely used performance-based measure of personality and psychopathology, the Rorschach (Meyer et al., 2020). The Rorschach is one of the top two most widely taught performance-based measures of personality and psychopathology, along with the Thematic Apperception Test (TAT; Mihura, Roy, & Graceffo, 2017). While the actual methods for each performance-based task vary, the Rorschach guidance may be more broadly applicable to other performance-based tests, including story-telling and drawing techniques.

The guidance for the Rorschach begins with the fact that holding up stimulus materials to a camera is *not* a feasible option, given the import of visual perception on the test and its standardization. The guidance also cautions that mailing the stimulus materials to the client in order to conduct the assessment remotely opens up the possibility of violations to test security, as well as potential financial loss (if the stimulus materials are not returned) and practical constraints (as the client would then be responsible for a great deal of procedures that are not typically part of the process). Like the guidance for self-report measures, the ideal situation for remote assessment includes an on-site facilitator to receive the stimulus materials and establish the setting. In contrast to the guidance offered on self-reports, the Rorschach guidelines suggest that the facilitator can be a professional or quasi-professional or a family member or other cohabitant with the client, though they warn to be mindful of potential alterations to responses possible when the latter is the case. If these options are not feasible, they suggest that the next decision should be to use social distancing techniques (rather than fully remote tele-assessment).

Given the complexity of psychological processes engaged in the most commonly used performance-based personality and psychopathology assessment measures, any significant alteration in administration procedures can introduce myriad and often subtle construct-irrelevant error. There is some early support for performance-based cognitive and neuropsychological, performance-based measures (e.g., Brearly, 2017; Cullum et al., 2006; Galusha-Glasscock et al., 2016; Harrell et al., 2014; Parmanto et al., 2013; Smith et al., 2017; Wadsworth et al., 2018; Wright, 2018). However, no such equivalency studies have yet been conducted for performance-based personality and psychopathology measures; as such, extreme caution should be taken when administering and interpreting such tests. If the recommended accommodations (e.g., a neutral, third-party facilitator) cannot be accomplished, psychologists should consider not using performance-based personality and psychopathology measures in a tele-assessment context, particularly if the test results are to be used for nomothetic comparisons.

Conclusion

A great deal of personality and psychopathology assessment is absolutely feasible to be accomplished during the COVID-19 crisis and beyond through tele-assessment procedures and methods. There are technical considerations that should be thought through mindfully and deliberately, including access to technology, high-speed internet, cultural considerations, client comfort with technology, client and psychologist physical environments, and others (psychologists are encouraged to reference Luxton, Pruitt, & Osenbach, 2014 for a good discussion of many of these practical considerations). When collecting and analyzing data, though, ultimately psychologists can rely on methods that do not introduce too much added error in a tele-assessment modality, as well as utilizing multiple methods and (when appropriate and feasible) multiple informants to identify agreement when ultimately making clinical decisions.

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