Personality Assessment: The Missing Manual

A review of

Oxford Handbook of Personality Assessment
by James N. Butcher (Ed.)

Reviewed by
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As a clinical psychologist trained in the early 1990s, I was schooled, like many, in the “standard” battery approach to personality assessment. I was taught that a diagnostic interview and a careful selection of instruments (self-report and projective, gold standard and specialty) could provide the cross-validating data necessary in order to come to a reasonable diagnosis and a pathway for treatment (depending upon the always-requisite referral question). I also learned that a great deal of time could be consumed by administering, scoring, and reporting a battery of tests such as the Minnesota Multiphasic Personality Inventory (2nd ed.; MMPI–2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989), the Thematic Apperception Test (TAT; Murray, 1943), the Rorschach Inkblot Test with Exner scoring (Exner, 2003; Rorschach, 1948), and other projective tests and additional diagnosis-related instruments.

Managed care was in full force by that time, yet issues such as the feasibility of third-party support for such intensive services were viewed by my graduate program as a
cocurricular topic worth only the occasional, optional lunch seminar. Why did many programs downplay the resource demands of test batteries? Perhaps the “mandate” (Groth-Marnat, 2000) environments of the nearby institutions that provided our practica clients (in my program’s case, a university teaching hospital, a state mental health institution, and a Veterans Administration hospital) artificially presented a field where exhaustive testing was business as usual.

It is important to note that others’ clinical graduate experience of assessment may differ. It appears that a number of programs placed assessment on a lower status rung (Piotrowski, 1999). The fact that I attended a PhD program having a senior faculty member who was an author of the MMPI–2 may also have resulted in increased prominence of assessment in my own training.

Regardless of training experiences, the question of whether to emphasize ideals rather than practicalities—to stress what should be done over what can be done—certainly may come to mind upon reviewing the latest edition of *The Oxford Handbook of Personality Assessment*. The volume is recommended for graduate training, and it certainly covers a great deal of groundwork of personality assessment, from both introductory information about the MMPI–2 (the editor, James Butcher, is a well-known MMPI–2 author) and other gold standard tests to “how to” information on writing clinical reports and using computer-based test information.

As for bringing a student or professional up to speed on assessment research, the volume is nearly exhaustive in this regard, from solid treatments of test and trait theory to reports of the latest work with the California Psychological Inventory and the Rorschach Inkbolt Test. Regarding a handbook like this one, I can recommend it by simply saying that I wish it had been assigned reading when I was earning my PhD. Yet in returning to the topic of the underemphasis on market practicalities in training, I note some missing aspects that I would like to see in a work that is designed both to represent a field broadly and to introduce it to the novice.

The first of these missing pieces is a discussion about testing within the context of third-party payment. The *Handbook* could do much more to prepare psychologists for the clinical realities they will face, especially those who would rely upon assessment battery data to guide treatment. The *Handbook* makes little reference to the work of the number of scholars researching the realities of assessment.

Piotrowski, Belter, and Keller (1998), for example, found that even in the 1990s nearly 75 percent of the psychologists they surveyed had altered their assessment practice due to the influence of managed care, many of these by limiting their use of the “standard” battery tests. Stout and Cook (1999) noted that up to 30 percent of managed care entities did not reimburse for psychological assessment. Groth-Marnat (2000) offered that one way psychologists were dealing with this market was to opt for brief inventories that directly ask questions about symptoms of problems such as depression, anxiety, and anger. To bring us closer to the present, a fairly recent survey of 32 psychologists in 18 states was reported in
an association newsletter (Rich, 2007). Rich found that 47 percent of those surveyed believed that the testing market was shrinking.

One way in which our field responded to both the devaluation of psychological assessment by insurance companies, on one hand, and growing abandonment of testing by psychologists, on the other, was to gather and strengthen the support for the utility of psychological testing. Perhaps the most comprehensive of these attempts was a report from the Psychological Assessment Work Group that relied on a vast amount of data from meta-analyses demonstrating that assessment is valid, as valid as medical testing, and substantially better than interview alone (Meyer et al., 2003).

Of course, underscoring the clinical value of assessment does not speak to the question of what to do with it in an environment that is indifferent or even hostile. Therefore, the same work group (in this case, Eisman et al., 2000) made broad recommendations for ways to facilitate the use of assessment such as patient–consumer education, political lobbying, educating allied fields (e.g., social work) in the use of assessment, and more closely aligning training and practice through research on test appropriateness and clinical realities.

Perhaps unfortunately, over 10 years later there is little evidence in the literature of advancement in the ways that the work group recommended. One ray of hope may be garnered from Rich’s (2007) study previously mentioned. In addition to counting 47 percent of his convenience sample as unhappy with assessment realities, he also found that 42 percent had experienced growth in testing, albeit in less traditional (and mandated) areas such as sex offender evaluations and violence risk.

The second missing discussion concerns the cultural context of assessment itself. While there are some noteworthy chapters on testing with specific cultural populations in the Handbook—Gray-Little’s chapter, for example, on assessing psychopathology in minorities is a careful and succinct survey, while Okazaki, Okazaki, and Sue’s chapter provides a compelling example of acknowledging culture and going beyond test results—the book does not address the construction of psychological assessment within the medical psychiatric framework.

We forget that while we as clinical practitioners are comfortable with treating mental health problems within a modified medical model (assess, diagnose, treat), other cultures, such as those of a number of Native American tribes, may see mental health problems as quite distinct from medical problems and not all consonant with testing or assessment (Duran & Duran, 1995). In my experience conducting treatment with members of the San Carlos Apache Nation, a medicine man/woman model predominates thinking about life problems, and this model requires an open-ended first session, at the end of which the clinician will be expected to offer clear assistance. Some tribal clients may be inculcated into the assess-then-treat model, but many others may find an assessment phase to be a frustration.
This unwillingness to tolerate treatment delay (even for the possibility of better treatment) may be increasingly less limited to nondominant cultural groups. Market realities (as mentioned above) have shifted the general population away from assessment even as psychiatric treatment models have become ever more speedy through medication orientation, which is why some fear the attainment of prescription privileges by psychologists (DeNelsky, 1996). Within this context, many providers may find that clients are frustrated with an assessment process even when they have personal or third-party means to support it. Perhaps this is a reason why specialty populations are an area where assessment is flourishing. Neuropsychological testing, for example, has enjoyed increasing demand, perhaps because the goals of testing are often clearer and apparently necessary (for example, assessing work capacity after traumatic brain injury). In responding to concerns about cultural bias in testing, some have argued for a more emic (Brislin, Lonner, & Thorndike, 1973) approach by which one develops testing from within the culture rather than imposing a model from without. Much time has passed since the idea of the assessment battery was developed and first implemented. Perhaps it is time to take a good look at the current culture—both with specific populations and more broadly—to develop models of assessment that are received more warmly.

In sum, the latest version of *The Oxford Handbook of Personality Assessment* is a top-quality survey of a well-established yet developing field. It will find an easy home on the desk of a graduate student or any researcher looking for a solid and thorough reference. Cultural and clinical context, however, will have to be pursued as separate courses of study.

### References


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