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Candidate Statements for Division 42
Independent Practitioner

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Blaine Lesnik

I am writing this column just after returning from the Practice and SPTA (State, Psychological and Territorial Associations) Leadership Conference in Washington, D.C. where the in February.

At present, Division 42 is laser-focused on the proposed Model Licensing Act (MLA) reviews that are the topics of many discussions across APA's governance. APA is proceeding to move towards endorsing licensing people with master's degrees in psychology as if it is inevitable. Many members of our Division and other Divisions have concerns about the impact that doctorate level psychologists may experience by endorsing licensing of master's clinicians and by encouraging them to become APA members with voting privileges.

APA is in the process of accrediting the first group of master's programs. The Board of Professional Affairs is also reviewing proposals for revising both doctoral and master's competencies. As of the March BPA meeting, which Dr. Peter Oppenheimer attended to represent practice issues, he reported that these proposals are incomplete and inconsistent. The proposed competencies raise complex issues related to a wide variety of concerns. These concerns include professional identity and work functions, and, the way in which APA membership will be affected.

Professional identity concerns refer to the potential challenges that can arise when there is ambiguity or blurring of the roles, responsibilities, and qualifications of different professionals within our field. In the context of psychology, professional identity concerns can arise when there's a lack of clarity or distinction between doctoral level psychologists and Master's level therapists, particularly in terms of their training, competencies, and scope of practice.

Here are some key points to consider when discussing professional identity concerns in psychology:

1. **Scope of Practice**: APA has yet to articulate the scope of practice for master's level clinicians and how it is distinct from doctoral psychologists. Doctoral level psychologists typically have more extensive training, including research skills, assessment expertise, and specialized knowledge in various areas of psychology. They are often qualified to conduct comprehensive assessments, provide in-depth psychotherapy, and engage in advanced research and consultation. Master's level therapists trained in counseling and social work often have limitations in the complexity of cases they can handle and the range of therapeutic modalities they can effectively employ.

2. **Depth of Training**: Doctoral level psychologists undergo a more comprehensive and in-depth training process that includes coursework, supervised clinical experience, and research requirements. This training equips them with a deeper understanding of psychological theory, assessment techniques, treatment modalities, and ethical considerations. These factors contribute to their ability to address a wider range of clinical and research challenges.

3. **Ethical and Legal Considerations**: Professional ethics and legal regulations often reflect the distinctions between different levels of training and qualifications within the mental health field. Doctoral level psychologists are typically held to higher standards due to their extensive training and expertise. Blurring the lines between doctoral level psychologists and Master's level therapists in terms of scope of practice could create ethical and legal challenges in terms of appropriate scope of practice and responsibilities.

4. **Client Expectations**: Clients seeking psychological services may have specific expectations based on the professional qualifications of the therapist. If there is confusion between the roles of doctoral level psychologists and Master's level therapists, clients might have difficulty understanding the differences in the services offered by each group, potentially leading to dissatisfaction or misunderstandings about the therapeutic process.

5. **Referring Professionals**: Physicians, educators, and other healthcare providers often refer clients to mental health professionals based on their perceived expertise and qualifications. Clear distinctions between doctoral level psychologists and Master's level therapists are important for accurate referrals and for ensuring that clients receive appropriate care based on their needs.

6. **Professional Reputation and Trust**: The field of psychology relies on maintaining a high level of professional reputation and public trust. Ensuring that the qualifications and roles of different professionals are clearly defined helps maintain this trust by providing a clear understanding of the expertise that each professional brings to the table.

To address professional identity concerns, it's crucial for accrediting bodies, professional organizations, and regulatory agencies to establish and uphold clear standards for training, qualifications, and scope of practice for different levels of mental health professionals. This ensures that clients receive the most appropriate and effective care, while also respecting the expertise and contributions of professionals at various stages of their training and career.

As leaders of Division 42 we see that APA is on the precipice of making huge changes, sweeping alterations to the MLA, including scope of practice, potentially changing the necessary competencies, training requirements and changes to the regulatory aspects of licensure and the EPPR in addition to outlining MLA for Masters level trained clinicians. Many constituents across professional psychology are very concerned about how these and myriad other changes will affect who can practice what and who may not practice certain 'psychological activities', and which aspects of psychological practice are appropriate for varying levels of training. As a group of doctoral level psychologists, we are concerned and protective of what has been explicitly in the doctoral level domain throughout our professional careers. This is a very complex set of issues being scrutinized and developed in several different organizations across the field.

Specifically, Division 42 has decided to position itself, as best we can, as a leading group in discussions across APA in addition to other interested parties, with Peter Oppenheimer, PhD at the helm of this focus. Additionally, our Advocacy Committee has been working toward developing ways we might contribute specifically to outline distinctions in competencies, training, licensure and related issues between Master's and doctoral level training. These discussions led the Chair of the Diversity Committee, Bhupin Butaney, PhD, ABPP, to develop a complex and detailed survey which will allow us to have understanding from our members regarding their thoughts and feelings about the MLA in a valid and reliable research project. We are hoping to share the survey with adjacent interested institutions to broaden the group of participants and have a wider look at how changes to the MLA and possible accreditation of master's level trained clinicians might affect key constituencies. The Division 42 Board you elected is working hard to stay ahead of this, involved with it, and to understand and translate shifts and changes put forth for consideration. We are contributing in many ways to these discussions and definitely have a seat at the table to voice and negotiate for our interests.
Opinions and Policy

“I Dug My Key into the Side (into the side) of His Pretty Little Souped-Up Four-Wheel Drive”

Pat DeLeon

The Annual Practice & SPTA Leadership Conference (PSLC): This has always been the highlight of my professional year and this winter’s event was once again simply outstanding. APA President Cynthia de las Fuentes and CEO Arthur Evans were active participants; Past President Tony Fuentes shared his historical perspective; and President-Elect Debra Kawahara personally talked with many of the approximately 315 colleagues attending. Psychology’s future was the highlight of my professional career. President-Elect Debra Kawahara personally talked with many of the approximately 315 active participants; Past President Tony Fuentes and CEO Arthur Evans were simply outstanding. APA President Cynthia de las Fuentes was simply fantastic, appreciation experienced the genuine enthusiasm, active engagement, and optimism expressed throughout the conference. The town hall style “Lightening Conversations: Master’s Scope of Practice & Title” was simply fantastic, with strongly held differing views being respectively shared, long after the scheduled break. Our nation’s behavioral health care system is changing dramatically, with, as Robin McLeod graphically illustrated, over a million masters trained clinicians expected to be providing care in the foreseeable future; with the number of psychiatrists continuing to significantly decline; and, with the unprecedented impact of technology (including artificial intelligence) constantly expanding. The opportunities for Psychologists to exert visionary leadership and significantly improve the quality of life for many of our nation’s historically underserved citizens has never been greater.

Personally, however, the highlight of this year’s PSLC for me were the moving tributes dedicated to Dan Abrahamson as he concludes his career of over four decades at APA (33 years of which in governance and on staff) and heads into retirement in New Mexico. In his “Parting Remarks: A Rose by Any Other Name – Reflections on PSLC” Dan expressed his sincere thanks to a number of colleagues whom he had worked closely with in APA and noted that approximately 15,000 psychologists had attended this unique conference over the years and many reporting that this special event had inspired them to become personally engaged on behalf of the profession for the rest of their careers. State Leadership, now PSLC, has absolutely made a difference in psychology’s growth and maturation as a health care profession and thereby significantly addressing society’s most pressing needs. Mahalo, Dan.

AMSUS: The week after PSLC, I had the opportunity to attend the 132nd annual meeting of AMSUS (Association of Military Surgeons of the United States), their theme being – Honoring Our Commitment: Serving Those Who Serve Our Nation. The highest level of Department of Defense (DOD) health care leaders participated, with significant leadership present from each of the other federal services and especially the VA. The expressed themes were extraordinarily similar to those of PSLC. New models of care are rapidly evolving; health systems must work to keep patients healthy; newly developed and highly effective technology, including virtual health care platforms, are maturing; at the same time, there is a high rate of suicide and provider “burnout” in our nation; and, yet, there is increasing optimism about the progress being made. The Assistant Secretary of Defense for Health, Dr. Lester Martinez-Lopez, talked extensively about the importance of mental and behavioral health, the mental health workforce shortages worldwide, and the reality “When, not if, DOD will face its next major challenge.” The waves of change are evident. Psychology and psychiatric nurses are facing unprecedented opportunities to provide visionary leadership.

Front Line Update On RxP’s Maturation: Judi Steinman has been a longtime advocate for ensuring that appropriately trained psychologists will ultimately be empowered to provide the clinical psychopharmacological care that the original APA Task Force, Chaired by Michael Snyder, envisioned; thereby perhaps establishing an entirely new comprehensive health care provider. Judith. “The Hawaii State Senate Health & Human Services (HHS) Committee approved SB. 760, a pilot study that will require the board of psychology to establish a pilot program to grant prescriptive authority to certain prescribing psychologists. We are grateful to HHS Chair Joy San Buenaventura and committee members for their support to bring RxP to Hawaii’s citizens.”

“The devil is in the details. The HHS committee approved a Department of Health report that will limit formulary as well as patients for whom Prescribing Psychologists could prescribe. The restriction is that Prescribing Psychologists will prescribe for patients with depression and anxiety only and are limited to prescribing SSRIs and SNRIs. The restriction goes on to exclude off-label uses and any drug with a Black Box Warning (BBW), so we are unclear as to whether this is a clever ruse on the part of the psychiatrists to say that we can prescribe SSRIs/SNRIs but not if they have a BBW (in essence saying we cannot prescribe anything since all antidepressants have BBWs).” We anticipate that the Department of Health will eventually appreciate the conundrum created here and hope that there will be meaningful modifications to the bill to enable us to truly help with the mental healthcare access in the places where we are needed most – Hawaii’s Island has a 75% deficit in the number of psychiatrists and Maui had around a 50% deficit before the devastating Lahaina wildfires. We have a joint hearing with Consumer Protection and Ways & Means before a Senate floor vote this month. Once we pass the Senate requirements we go over to the House. Stay tuned.

“And, Florida had a remarkable round of enthusiasm for RxP bills this year. When I accepted the Chair of the Florida RxP committee, it was with the understanding that we would likely introduce a bill in 2023. I was delightfully surprised when we heard that key legislators asked for an RxP bill last fall. Kudos to Deborah Foote, Executive Director of the Florida Psychological Association, and lobbyist Darrick McGhee for hitting the ground running and building a strong coalition of supporters. A special thanks to all of our Division 55 members with ties to Florida who wrote letters of support. Unfortunately, scope of practice bills got drawn into a quagmire on both sides of the legislature and the RxP bills did not move forward this year. So back to the original Florida plan to work towards a bill in 2025. Our sincerest Mahalo for all our supporters in Hawaii and Florida. As the late Jim Quillin would say ‘if we don’t quit, we win.’”

Licensure Mobility (PSYPACT): With our rapidly evolving health care environment it is important to appreciate the significance of the individual states enacting the Psychological Interjurisdictional Compact (PSYPACT) as discussed at PSLC. Alex Siegel, Director of Professional Affairs, Association of State and Provincial Psychology Boards (ASPPB), reports that as of the end of 2023, there were 40 jurisdictions (39 effective), out of a total of 55 states and territories, which had adopted and were part of the PSYPACT Commission. Already this year four states have introduced PSYPACT bills: Hawaii, California, Mississippi, and South Da-
kota. The South Dakota bill has now passed out of both their House and Senate and is pending their Governor’s decision. Further, over 12,000 APITs (Authority to Practice Interjurisdictional Telepsychology) and 688 TAPs (Temporary Authorization to Practice) credentials have been issued.

**A Dedicated Champion For Mental Health:** Recently Frank Farley initiated a discussion among APA Past Presidents regarding their personal experiences with former First Lady Rosalynn Carter. Frank’s discussion highlighted the importance of the former First Lady’s impact on mental health and on so many of our leaders in psychology. In July 1986, Mrs. Carter was featured in an *American Psychologist* article entitled “A Conversation With Rosalynn Carter” [41(7), 830-833] that was orchestrated by then-APA Executive Director for Legislative and Public Affairs Alan Kraut. Alan went on to become the founding Executive Director of the Association for Psychological Sciences (APS) and, after nearly 30 years at APS, the Executive Director of the new accreditation system, the Psychological Clinical Science Accreditation System (PCSAS).

Alan: “Mrs. Carter was interviewed by Beverly Long, a long-time advocate for mental health. I worked with Bev when she was a member of the National Advisory Council of the National Institute of Mental Health (NIMH). Bev also was Past President of the National Mental Health Association (now Mental Health America) and a leader in any number of other mental health groups, some in her home state of Georgia where she became friends with Mrs. Carter. They worked alongside each other on mental health issues when Jimmy Carter was Georgia’s Governor. In 1977, Bev was appointed by now President Carter to the President’s Commission on Mental Health (along with former APA President John Conger). Mrs. Carter was the Commission’s Honorary Chairperson.

“I asked Bev if she would do the interview. She immediately said ‘yes,’ and I coordinated what issues might be discussed with senior staff of the then new mental health program of the Carter Center at Emory University in Atlanta. Not long after, Bev and I met with the former First Lady in Blair House, a stately mansion know as ‘The President’s Guest House,’ located across from the White House.

“Mrs. Carter could not have been more gracious. She welcomed Bev as an old friend and me as a new one. The interview went off without a hitch. Mrs. Carter’s passion and expertise were apparent in every topic that emerged. Issues of mental health and, particularly, the prevention of mental illness were clearly dear to her. In the weeks following, Mrs. Carter, Bev, and I continued our discussions, so much so that I had to (carefully) scale back what ultimately was printed. I have never had an easier time of working with a figure of her stature.

“One additional outcome was that after the interview I was invited to represent APA in several Carter Center meetings on mental health that Mrs. Carter continued to hold in Washington and Atlanta (including one memorable evening when Mrs. Carter invited some of us to her suite to watch Ronald Reagan’s televised Oval Office speech on the Iran-Contra Affair. Mrs. Carter could barely contain her disdain).

“One even more personal note. At one point in the interview, Mrs. Carter emphasized that the President’s Commission on Mental Health ‘was instrumental in the establishment of an Office of Prevention at NIMH’ and ‘the creation of a Center for Prevention Research within NIMH.’ The former First Lady would have no way of knowing, but my spouse, Jane Steinberg, spent several of her 36 plus years at NIMH in that Office of Prevention Research sometime after its creation. Thanks Mrs. Carter!” “Oh, you know it won’t be on me. No, not on me” (Before He Cheats, Carrie Underwood). Aloha.

Pat DeLeon, former APA President – Division 42 – February, 2024

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**Prescriptive Authority for Psychologists (RxP) Update**

Derek Phillips

It has been a very exciting 12 months for the RxP movement, as two more states have been added to the roster of those that allow psychologists with additional education and training to become licensed prescriptive psychologists! As a licensed prescriptive psychologist myself (in Illinois), I am very excited to offer an update on this ever-growing movement. Before I delve into the details of where the movement is right now and where it may be headed, a bit of its past is in order.

The RxP movement can generally be traced back to Hawai‘i in the mid-1980s; however, it began in earnest after the Department of Defense’s successful Psychopharmacology Demonstration Project in the 1990s, which was also approximately the time that RxP became official APA policy, as decided by the APA Council of Representatives. In 1999, the first jurisdiction in the U.S. passed RxP legislation, which was in the territory of Guam. The following year, in 2000, Division 55 of the APA was founded, named the “American Society for the Advancement of Pharmacotherapy” (ASAP). In 2002, New Mexico became the first state to legalize RxP, which was quickly followed by Louisiana in 2004. In 2010, APA began designating (akin to accrediting) psychopharmacology training programs, the first of which began opening in the late 1990s and early 2000s. There are currently six APA-designated clinical psychopharmacology training programs: The California School of Professional Psychology at Alliant International University, The Chicago School, Drake University, Fairleigh Dickinson University, Idaho State University, and New Mexico State University. Illinois became the third state to pass RxP legislation in 2014, which was quickly followed by Iowa in 2016 and Idaho in 2017. In 2020, the APA Council of Representatives formally recognized clinical psychopharmacology as a psychological specialty. Division 55 voted to change its name in 2021 to “Society for Prescribing Psychology” to better and more obviously reflect its mission.

To jump to the present, the State of Colorado passed RxP-enabling legislation in March 2023 as state #6, which was followed by the State of Utah as state #7 in March 2024. Never in the 25 years since RxP legislation first passed have two states been successful in 12 months’ time, let alone on their first attempt! There are also many other states with active RxP efforts and/or legislation, including (but not limited to): Hawai‘i, Washington State, Arizona, Pennsylvania, Vermont, Oklahoma, Texas, California, Florida, Wisconsin, Michigan, Virginia, New Jersey, and New York. Additionally, another training program, at University of Colorado – Denver will take its first students in fall 2024, bring the number of active programs to seven. There are multiple additional programs that are in varying stages of development as well. The last update is that Division 55 has embarked on creating a specialty board certification in clinical psychopharmacology through the American Board of Professional Psychology (ABPP), which already certifies psychologists in approximately 15 other specialties. This effort was successful in passing the first step and is now working on the next step. Onwards and upwards!

Please contact me at derekphillips87@gmail.com with questions or if you are interested in becoming involved in the RxP movement.

Derek C. Phillips, PsyD, MSCP, ABPP
Licensed Clinical & Prescribing Psychologist (IL)
Chair, Division 55 ABPP Committee
Secretary, Division 42
Division News and Notes

Division 42 — February 2024 Council Meeting Report
By Dinelia Rosa, Laney Ducharme, June Feder, Lindsay Buckman and Jana Martin

APA’s Council of Representatives (COR) held a hybrid winter meeting Feb. 23-24, in Washington, D.C. Your Division 42 colleagues, Drs. Dinelia Rosa, Laney Ducharme, June Feder, and Lindsey Buckman (representing Jana Martin) attended. The weekend began with a plenary session on Thursday evening. At that time two items were presented for consideration as new business items to be placed on the Council Agenda. One of those items was determined to need more work before being put on the agenda and was rejected on the floor. It will be re-submitted for the agenda at the next Council meeting. The second item was presented by the Association of Jewish Psychologists (AJP). AJP requested formal affiliation with APA as an Ethnic Minority Association which would include a seat on Council. This had met with a great deal of opposition and negative/hurt feelings during the Caucuses, special interest groups that met prior to Council, and as Council gathered. The item was withdrawn from consideration and will be redrafted and re-submitted for the August meeting. As a result of this situation, APA President, Dr. Cynthia de las Fuentes, opened the session with a call for kindness, consideration, and an ability to listen and learn from each other as an important theme throughout the Council meetings. Additionally, at the end of each Council Day, a survey was sent that included questions related to each member’s individual sense of comfort and safety during each session.

Several important issues were presented and voted on during the next two days. All but one of the items were supported by your Council representatives.

Council Leadership Team

Recommendations on Council Action Items

This item had been introduced at the February 2023 Council meeting but was deferred to the present. The deferred motion related to Council process (APA Association rule 30-1.5) that required the Council Leadership Team (CLT) to provide recommendations on Council agenda items before the initial discussion on the Council floor to approve or oppose those items. The motion called for the removal of that mandate from CLT requirements which would involve a change in Association Rules. After much discussion, Council approved that there will be no Association Rule changes and that the CLT will continue to provide recommendations on action items coming forward to Council for consideration. Although these items already undergo thorough review from assigned committees and other APA bodies under the purview of the Agenda Planning Committee as they make their way through the agenda approval process and to an official place on the Council agenda, CLT has noted that it provides an additional review using the principles of evidence-based policies, thorough item development and review, and alignment with APA’s mission, resources, and strategic plan. In the motion, CLT indicated that it will provide one of the following recommendations to move an item to final form: 1) CLT recommends that Council approve the motion; 2) CLT recommends that Council oppose the motion; 3) CLT recommends the motion for final form and that it be placed on the Council Meeting Agenda. A vote tally on CLT recommendations on action items will be provided to Council. The Division’s Council representatives had a number of concerns about this item. One issue was questioning the need for a recommendation requirement on agenda items from CLT prior to any Council floor discussion especially as this process is already guided by an essential Council member role to comprehensively review all agenda items in preparation for discussion and vote. An additional concern was the potential undue influence of a CLT agenda item determination on each Council member’s singular views and vote. In light of these concerns, Division 42 Council representatives did not support this item.

We voted in support of the APA dues structure changes to approve a $27 increase in the APA base member dues rate ($247 to $274) and a reduction in the dues increase at years four through six of the dues ramp up ($149 to $124). This item passed.

Council voted to approve extending the expiration date for the Clinical Practice Guidelines for the Treatment of Depression Across Three Age Cohorts to December 31, 2029. These guidelines focus greater attention on the strengths and needs of older adults and to develop workforce competency in working with this population. This revision addresses the increased use of technology and telehealth for the first time. Council also voted to approve APA’s role in the new strategic plan of the American Psychological Association/American Psychological Association Services, Inc., established in 2018 as an expansion of the former APA Practice Organization and is a 501© (6) organization focused upon psychologists and policymakers to support increased psychological research, intervention, advocacy, and policy development aimed at informing and shaping decisions related to parents with disabilities, including medical illnesses such as cancer, and to reduce disparities and biases faced by this population.

Parents with Disabilities

Recognizing the biases and challenges often encountered by parents with disabilities, the Council adopted a resolution to support parents with disabilities. The policy statement calls upon psychologists and policymakers to support increased psychological research, intervention, advocacy, and policy development aimed at informing and shaping decisions related to parents with disabilities, including medical illnesses such as cancer, and to reduce disparities and biases faced by this population.

Combating Misinformation and Promoting Psychological Science Literacy

The Council approved a resolution aimed at promoting secure firearm storage practices. This resolution underscores the critical role of psychologists and health care providers in preventing suicides, by advocating for increased funding at federal, state, and local levels to support initiatives aimed at preventing suicides through secure firearm storage.

Policy Statement on Evidence-Based Inclusive Care for Transgender, Gender Diverse and Nonbinary Individuals


Council voted and passed the resolution to adopt as APA policy the following:

Resolution Opposing Involuntary Isolation of Youth in Juvenile Justice Settings, calling for an end to involuntary individual isolation in incarcerated youth.

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Should Adjustments to Psychological Test Scores Be Allowed?

David Shapiro

In my previous article, (Shapiro et.al, 2019) I had discussed the problem of psychologists performing what they called “ethnic adjustments of intelligence test scores” when dealing with ethnic minority groups facing capital punishment. The basic contention of these psychologists was that since ethnically diverse populations frequently performed at a lower level on intelligence testing, the IQ score that was generated was not an accurate one since it underestimated the person’s true intellectual functioning. Some psychologists took it upon themselves therefore to do ethnic adjustments of IQ scores, adjusting them upward to obtain what they called the true IQ. The problem was that these procedures were based exclusively on an individual psychologist’s clinical judgment and had absolutely no basis in scientific or empirical studies and ranged from 4 to 18 points. (Shapiro et.al., 2019).

Changing the IQ scores is particularly disturbing because in 2002 the United States Supreme Court (USSC) ruled, in Atkins v. Virginia that executing individuals who were mentally retarded. (now called intellectually disabled) represented a violation of the 8th amendment to the United States Constitution which prohibited “cruel and unusual punishment”. The USSC or the Supreme Court left it up to individual states to determine the ways in which mental retardation would be defined. While most states merely adopted the definition of mental retardation found in the DSM-IV, some states developed idiosyncratic ways of measuring this concept. One of these was ethnic adjustment.

It is important to note that these adjustments to IQ scores were not scientific in nature and were based on the psychologist’s clinical judgment. This practice was discontinued after the Atkins decision was made, a defendant’s IQ could well rise into a borderline or low average range, allowing a state to proceed with execution. This use of so-called “ethnic adjustments to IQ scores” was not supported by any recognized scholarly work. For example the Advanced Clinical Solutions Manual of the Wechsler Adult Intelligence Scale 4th edition (2009) noted that demographic adjustments to the standard average adjusted Wechsler intelligence scales should be used only to answer appropriate clinical questions. An artificially low score may be due to cultural or linguistic discrepancy from the test standardization data, distractibility, anxiety, poor motivation, or poor motivation. The manual does not prescribe any specific statistical formula or establish any methodology to make such assessments.

Robert Heaton, a well known neuropsychologist, discusses such demographic issues (2008). He noted that when there are discrepancies in demographics, clinicians may adjust scores to include considerations for age, level of education, gender, and ethnicity, and this procedure may assist in determining whether apparent impairment or brain functioning may be due to other factors. These adjustments help us to understand brain functioning and degree of impairment. Most important is that Heaton

The Council adopted a resolution on combating misinformation and promoting psychological science literacy. It states that “to fully understand the impact of misinformation, it is necessary to understand the psychological factors that drive people to believe and share it, the levers of manipulation used by its creators, and the network effects induced by today’s media and political landscape that impact its spread.” The policy commits APA to disseminate psychological science to address misinformation and to promote psychological science literacy.

Membership Committee Hosts Inaugural Fireside Chat for New Members

Laura Faynor-Ciha, Membership Committee Chair

The Division 42 Membership Committee has been working to find ways to welcome and engage members new to the Division. On Thursday, March 7th the D42 Membership Committee hosted its inaugural Fireside Chat for the engagement of new members. Held via zoom, over 20 new division members, and the Membership Committee (Andrea Chisolm, PhD, Laura Faynor-Ciha, PhD, Chair, Nancy McGarragh, PhD, Laura Taylor, PhD, and Pauline Wallin, PhD) attended.

New members to the Division were welcomed by President Blaine Lesnik and Past President Peter Oppenheimer, who discussed the great value of Division 42 membership. Two Committee Chairs were invited to orient new members to what their Committees do for the Division. On Thursday, March 7th the D42 Membership Committee hosted its inaugural Fireside Chat for the engagement of new members. Held via zoom, over 20 new division members, and the Membership Committee attended.

New members introduced themselves and discussed their areas of interest and reasons for joining the Division. Many were interested in learning more about Mentorshoppe, as well as having future meeting discussions centered on various topics within the business of practice and the management of diversity in clinical settings.

The Membership Committee also appreciated the assistance of Jack Hutson for this event. And...stay tuned for more details about the upcoming quarterly Fireside Chats! They are scheduled at 7:00p Eastern on zoom on –

Thursday, June 6th
Tuesday, September 10th
Tuesday, December 10th

Looking forward to seeing you then!
specifically commented that these findings should not be used for educating disa- bilities in a forensic context. He noted that ethnic adjustment- ments are not clinically appropriate for diagnosing intellectual disability or for any forensic purpose.

Failure to Utilize Needed Adjustments

While the above discussion has dealt with inaccurate and possibly unethical adjustments to IQ, in the area of personality functioning we may find a seemingly opposite phenomenon: failure to take account of certain differences that could well affect interpretation. Standard 9.02 (a) of the Ethical Principles of Psychologists and Code of Conduct (2016) indicates that psychologists must use assessment tech- niques, interviews, tests or instruments in a manner consistent with the research and proper application of the techniques. This is further expanded in standard 9.02 (b) which indicates that psychologists use assessment instruments only when validity and reliability have been established for use with members of the popu- lation tested. If such validity and reliability has not been demonstrated, psychologists describe the strengths and limitations of test results and interpretation. This is essentially instructing us to be careful and selective with the psychologi- cal testing which we use and to make sure that the people we are evaluating come from a group that is either identical to or closely related to the normative sample, the group on which the test has been validated or standardized.

An example may be found in the misuse of a well-known and well-accepted personality test called the Millon Clinical Multi Axial Inventory, currently in its fourth edition (MCMI-IV, 2015). In the professional manual and in the interpre- tative computer report, it indicates that the test had been validated on a population who were in the early stages of psychotherapy. It cau- tioned the test user that using this inventory in a different population may result in inaccurate conclusions. However, the Millon has been used extensively in child custody evaluations. This represents an inappropriate use of the test for this test had never been validated in a popu- lation of individuals involved in child custody disputes.

This does not mean that we cannot use such instruments at all. Some guidance may be de- rived from the Specialty Guidelines for Forensic Psychology (2013). The Specialty Guidelines indicate that an instrument may be used if it is described in the Ethics Code, when the validity of an as- sessment technique has not been established in the forensic context, the forensic practitioner explains the extrapolation of these data to the forensic context. In short, there is an affirma- tive obligation on the part of the practi- tioner to indicate the differences in interpre- tation of the same test within a clinical and a forensic context. Forensic practitioners need to communicate the fact that forensic examination results can be affected by factors unique to or differentially present in the forensic con- text, including response style, voluntariness of participation, and possible situational stress associated with involvement in forensic or legal matters.

In other words, if the person we are examining is not from the same group on which the normative studies were done, some conclusions may still be reached, as long as the practitioner explains the process of extrapolation. Some practitioners recommend that once research has demonstrated differential interpretation of certain items within a clinical as opposed to a forensic context, (Shapiro & Walker, 2019), a supplemental interview with the defendant should be conducted (Walker Shapiro, & Akl, 2020). The defendant would then be asked what they had in mind when they endorsed a particular item. For instance, a question on the MMPI 2 stated “There Are People Controlling my Movements.” In a clinical context this could well represent paranoia but in a forensic context it may, in fact, represent (as I have found many times) the inmate or defen- dant was referring to the officers telling them when they can come out of the cell and when they have to go back in. It is, in other words, a situational rather than a psychopathological explanation, and this needs to be noted in the report. The elevations may be artifactual ones due to the setting in which the testing has been done. In a similar manner in forensic cases involving personal injuries, a common error is for people, who often answer true to the item “There Are People Following Me.” Again, if we do not take the context into consideration, it would sound like we are again dealing with a paranoid de- lusion. But, it is very common in such cases to have a private investigator hired by one of the attorneys actually following the plaintiff to see what behaviors they demonstrate and whether those behaviors are consistent with the mental or emotional difficulties alleged in the lawsuit. Finally, in a family law or child custody setting, people frequently answer “True” to the item “People Say Insulting and Vulgar Things About Me.” Once again, clinically this could represent some hypersensitivities that might be found in a paranoid personality, on the other hand, it is quite common that such insulting and vulgar statements are made in child custody hearings. Therefore when conducting psychological assessments, psychologists need to be very careful to base their conclusions on specific data and avoid creating techniques that have no empirical basis. When the context could make a significant difference, these differences need to be noted in the report and incorporated into the conclusions.

Book Review

Attention-Deficit/Hyperactivity Disorder in Adults
by Brian P. Daly, Michael J. Silverstein, and Ronald T. Brown


Attention-Deficit/Hyperactivity Disorder is a supplemental interview with the defendant should be conducted (Walker Shapiro, & Akl, 2020). The defendant would then be asked what they had in mind when they endorsed a particular item. For instance, a question on the MMPI 2 stated “There Are People Controlling my Movements.” In a clinical context this could well represent paranoia but in a forensic context it may, in fact, represent (as I have found many times) the inmate or defendant was referring to the officers telling them when they can come out of the cell and when they have to go back in. It is, in other words, a situational rather than a psychopathological explanation, and this needs to be noted in the report. The elevations may be artifactual ones due to the setting in which the testing has been done. In a similar manner in forensic cases involving personal injuries, a common error is for people, who often answer true to the item “There Are People Following Me.” Again, if we do not take the context into consideration, it would sound like we are again dealing with a paranoid delusion. But, it is very common in such cases to have a private investigator hired by one of the attorneys actually following the plaintiff to see what behaviors they demonstrate and whether those behaviors are consistent with the mental or emotional difficulties alleged in the lawsuit.

Finally, in a family law or child custody setting, people frequently answer “True” to the item “People Say Insulting and Vulgar Things About Me.” Once again, clinically this could represent some hypersensitivities that might be found in a paranoid personality, on the other hand, it is quite common that such insulting and vulgar statements are made in child custody hearings. Therefore when conducting psychological assessments, psychologists need to be very careful to base their conclusions on specific data and avoid creating techniques that have no empirical basis. When the context could make a significant difference, these differences need to be noted in the report and incorporated into the conclusions.

References


T he increased number of adults di- agnosed with attention-deficit/hy- peractivity disorder (ADHD) during the COVID-19 pandemic and the ongoing stimu- lant medication shortage have led to some scrutiny regarding the validity of adult ADHD, as well as questions about the adult ADHD diagnostic and treatment process. Given this scrutiny, the release of the book, Attention-Deficit/Hyperactivity Disorder in Adults, 2nd Edition, is a timely and important clinical resource for all mental health professionals and healthcare providers working with adults.

The book’s authors, Brian P. Daly, Ph.D., psych- ologist, associate professor, and department head in the Department of Psychological and Brain Sciences at Drexel University, Michael J. Silverstein, M.S., doctoral candidate in Clinical Psychology at Drexel University, and Ronald T. Brown, Ph.D., ABPP, psychologist and dean of the School of Integrated Health Sciences at the University of Nevada, Las Vegas, use their combined knowledge of psychology, brain sci- ence, and direct clinical experience to provide a
current, evidence-based, concise, and practical guide for clinicians treating ADHD in adults. Despite the recent increase in adult ADHD diagnoses, these authors point out that ADHD in adults is still commonly missed or misdiagnosed, likely due to differences in symptom presentation compared to the symptom presentation of ADHD in children, and the challenging process of differential diagnosis in adults. Daly and his collaborators explain that ADHD in adults is common, often chronic, and when left untreated, may have significant adverse effects on many aspects of adults' lives, such as unemployment, increased rates of depression, anxiety, and substance abuse; however, when adults with ADHD are correctly identified and treated, treatment outcomes are generally positive and result in improved social, emotional, and academic/occupational functioning, which is beneficial for the diagnosed individuals, their families, and their greater communities.

Although only 90 pages in length, Attention-Deficit/Hyperactivity Disorder in Adults, 2nd Edition is impressively comprehensive and easy to read. Covered topics include the neurobiological basis of ADHD, current diagnostic criteria and its relevance to adults, its epidemiology, and its course and prognosis. Considerable time is devoted to the differential diagnosis of ADHD in adults, which Daly and his collaborators describe as a “formidable task for even the most seasoned practitioners” due to the high rate of comorbid conditions, such as anxiety, depression, learning disorders, associated with adult ADHD, and the significant symptom overlap between adult ADHD and many psychiatric disorders, neurodevelopmental conditions, substance abuse, and physical and medical conditions. Updated adult ADHD practice recommendations, including validated adult ADHD assessment tools and procedures, and a review of current treatment options and approaches are provided. Case vignettes, additional recommended readings for the clinician, and a downloadable appendix of client resources are included at the end.

It is worth noting that the book should be read in sequence and in its entirety before relying on it as an assessment or treatment guide in clinical practice. I say this because some topic areas are presented in more than one section (e.g., depression, anxiety) so that the authors can review different aspects of the topic (e.g., differential diagnosis vs. comorbid diagnosis). Although this type of organization may initially be confusing to the reader, it doesn’t take long to comprehend why the book has been set up this way. The arrangement of the book elucidates the complex nature of the assessment and treatment of ADHD in adults. The sheer number of differential and/or comorbid diagnoses (i.e., neurodevelopmental disorders, psychological disorders, sleep disorders, substance use disorders, physical and medical conditions, adverse life events, environmental factors, medication side effects) is overwhelming, yet critically important and worth re-reading a time or two.

As a clinician who specializes in the assessment of adults with ADHD and related conditions, I am impressed with the level of detail and practical guidance the authors provided, while keeping the material user-friendly and immediately applicable in clinical practice. If you treat adults, you may be treating adults who have ADHD, whether you or they recognize it. These individuals aren’t attempting to disguise their symptoms. They are often struggling and desperate for help but aren’t aware of the root cause of their challenges. They may also have a stereotypical concept of what ADHD is that they do not relate to. These adults need you to ask the right questions to determine the true underlying cause of their difficulties. An increased understanding of the symptoms of ADHD as they manifest in adults, knowledge of the best practices for properly differentiating ADHD from other conditions, and familiarity with the current treatment approaches (which include much more than medication), is necessary for all clinicians, not just those who specialize in this population. This book is a great place to start.

References
Division 42 Candidate Statements

The Division asks its candidates to answer the following questions within the statement.

1. What has been your history of service to Division 42?
2. What experience have you had relevant to the position you are seeking?
3. What are the most critical issues confronting independent practitioners?
4. How do you propose that Division 42 address these issues?

Please note that the submission of candidate statement was voluntary, so not all candidates listed on the ballot will have a statement.

President-elect (one to be elected)

Bhupin Butaney, PhD

As an advocate for independent practice, I prioritize championing the diverse needs of solo practitioners and large group practices alike. It is essential to promote the unique utility of independent practice and advocate for policies that recognize the multiple ways to conceptualize practice, intervention, and client goals. In doing so, we can alleviate unnecessary burdens or restrictions placed on independent practice, often stemming from policies developed to address needs within larger hospital or agency systems.

Highlighting the vital role of doctoral-level psychologists in clinical settings also remains a priority. As a division, we must continue to educate the public on their clinical utility while also finding ways to spotlight the successes of our current members. Facilitating connections among practitioners with complementary expertise is essential for fostering collaboration and mutual support within our community, which by its nature can sometimes foster professional isolation. Focusing the efforts of our division’s committees and publication platforms to strive toward these aims is one way our division can support the needs of independent practitioners. Collaborating with other practice-oriented divisions within APA on common priorities is another avenue we should continue to pursue.

In summary, advocating for policies that reflect the pragmatics and realities of independent practice settings is essential. By promoting the unique value of independent practice, the doctoral-level psychologist, and fostering collaboration, we can advance the profession and better serve our members and their clients.

Secretary (one to be elected)

Derek Phillips, PsyD

Previous service to Division 42 includes: member of the Strategic Planning Committee, Student Representative to the Board of Directors, Co-Chair of the Student/ECP Committee, member of the Nominations and Elections Committee and Communications Work Group, Chair of the Task Force on Structure and Function, and Co-Chair of the Listserv Moderation Team. Current service includes the incumbent Division 42 Secretary since 2019. I also maintain the Division’s social media platforms and website.

Member-At-Large (one to be elected)

James H. Bray, Ph.D.

The Division of Independent Practice needs continued strong leadership to sustain its vitality and growth. As an active clinician and educator in clinical psychology and former APA President, I bring a unique perspective and can represent the multiple needs of our division. To continue the growth of the division, we need new input and ideas to sustain and increase our membership.

As Member at Large I will focus on: providing leadership to expand opportunities for all psychologists who work in independent practice of psychology, providing leadership around new practice areas, such as telehealth, primary care, and integrated health care, continuing and expanding the outstanding services to our members, developing advocacy both within and outside of the Division and APA for independent practice, and expanding membership services for the changing needs of psychologists. I have extensive experience within APA and can work effectively to represent Division 42. I welcome this opportunity to serve you and the Division at this important point in our history. I appreciate your #1 vote for Member at Large.

Diana L. Prescott, PhD

I am so appreciative of the nomination from Division 42 to serve as Member at Large on the Board of Directors. I have always felt my professional home at APA has been with you, my colleagues in Practice. If you would like me to contribute in this way, I would be honored to serve you.

Dr. Diana L. Prescott completed her BA in Psychology and Spanish at Butler University in Indianapolis, IN. She earned an MA and PhD in Psychology with a Clinical major, minors in Developmental and Community Psychology, and a Rural Community Psychology (NIMH-funded) specialty at the University of Nebraska.
yet also a particularly opportune juncture for change and uncertainty for psychologists, talented psychologists committed to meeting service “deserts” (including those in rural/remote and urban areas), and the boundless array of needs (including those in rural/remote and urban areas). In considering both the myriad needs to serve. I embrace an “abundance” (vs. scarcity) model, in considering both the myriad needs to serve. I embrace an “abundance” (vs. scarcity) to contribute both to our professional development, service to one another and to our global community, and to transparent communications and meaningful work grounded in clearly articulated ethical principles. I humbly offer below a sampling of experiences that will allow me to make substantive contributions as our Member-at-Large, assisting with DIV42 governance and organizational development, including considerations for budgeting, expenditures and fundraising (e.g., membership expansion), development of strategic programmatic initiatives and organizational policies, and advocacy and outreach in support of our DIV42 member needs.

I have extensive clinical, business, consultative, and mission-driven leadership experience in different types of organizations and systems (including solo, small group and multi-site practice, university medical centers and clinics, not-for-profit organizations, and entrepreneurial/other business settings). I am an advocate for the psychology profession and I participate in the APA Integrated Primary Care Advisory Committee (IPAC), the APA divisions and sections, and affiliated organizations such as the National Association for School Psychologists (NASP) and the Association of State and Provincial Psychology Boards (ASPPB). I have served on numerous committees and task forces and I have presented at national and international conferences.

I am passionate about my work in advocacy and outreach, and I rely on them weekly for support of my colleagues in Arizona who are involved in the health care system. I continue to advocate for patients, especially those who need it most. For the past five years, I have been a wealth of information and support for them. I am grateful for this opportunity to serve. Warm regards, Theresa

Stephanie A. Vitanza, PhD

Hello, my name is Stephanie Vitanza and I live in the sunny, hot desert of Arizona. It is an honor to run for the position of Member at Large for Division 42: Independent Practice. I started out working for a hospital system and in independent practice in the 1990s in Virginia. I was a member of the Virginia Academy of Clinical Psychologists (VACP) when Virginia created its own ‘Blue Cross’ Blue Shield of the National Capital Area (now Care First), Value Options and related companies in order to advocate and fight against managed care payment cuts, hidden limitations and price changes which impacted psychologists and patients. Despite also working in the non-profit sector, I also concurrently have been in private practice in Arizona for over 20 years. I participate in my state psychological association and within Arizona I continue to advocate for patients, especially veterans, to receive the mental health care they need and deserve. I have a strong network of colleagues in Arizona who are involved in the health care system and I rely on them weekly for support. The Division 42 list serv and website, as well as the resources on the website, have been a wealth of information and support for me. I am grateful for this opportunity to serve. For the past five years, I have been representing my colleagues in Arizona as the APA Council Representative. As my term on Council comes to a close, it seems
a natural next step to continue my advocacy work within my other professional home, Division 42. While on Council and at the APA annual conferences, I feel fortunate to have had the chance to experience the support of the Division 42 members and leadership when I engaged with them in person. Having always been a mentor, supervisor and teacher to students and early career psychologists, I believe strongly in continuing to support my peers (and to have their support) in navigating the ins and outs, challenges, and changes in our profession. These challenges appear to be happening at a faster rate than ever with recent launching of various artificial intelligence bots in the past 6-9 months, the advent of virtual reality therapy, the use of apps and collected health data in practice and continued developments in EHR, along with increasingly complex liability issues for those in independent practice, and challenges faced by the ever changing federal and state laws and mandates which impact our patients and our practice. I have been able to fall back on my relationships with others across the country for expert advice when my Arizona colleagues expressed concern about various Arizona statutes and the impact on our daily practice with patients in our offices. I am thankful for the support Division 42 has provided me over the years and I know I can continue to contribute to the organization as the Division 42 Member at Large. Thank you for your consideration and I hope to see you all soon!

Diversity Member-At-Large (one to be elected)

Jessica M. Smedley, PsyD

Since the start of my career, I have had many opportunities to advocate for aspects of diversity within our profession. Whether in leadership, practice, teaching, or publications I have consistently prioritized and integrated perspectives of those who may be deemed marginalized or historically oppressed. Further, I have been afforded many opportunities to be trusted by my peers to create safe spaces allowing for diversity of thought and perspective in leadership roles. Having served on two APA Board/Committees, Council and SPTA President, it has afforded me the experience to work with many groups of people who bring many talents and perspectives to our profession. It is my hope to continue to represent in this capacity as someone who is also in independent practice. I have gained experience in understanding the unique needs of clinicians in practice, needs of clinicians with varying backgrounds and have actively participated in advocacy around a number of professional issues. I would be honored to serve as a member-at-large of Division 42.

Free Continuing Education (CE) Credits for Psychologists

(2.5 APA- and CPA-approved credits)! This project, funded by the National Science Foundation, is being performed to better understand how mental health professionals come to conclusions and make decisions in evaluations in legally-relevant cases. It also includes personalized feedback to help you understand your own behaviors with a didactic portion with video instruction. First is a dynamic and interactive portion in which you read materials from a case and make judgments about the material, followed by tailored feedback about your performance and suggestions for how to improve your expert judgment. Then, a didactic portion with video content follows. Please click here for more information and to participate: https://training.concept.paloaltou.edu/courses/neal-pronin-research.
Free new resource for psychologists: Special issue

New! Free resource for attorneys, judges, psychologists. FREE special issue on Psychological Assessment in Legal Contexts in the Journal of Personality Assessment.

Comprehensive, credible reviews and critiques of psychometric evidence & legal status of commonly-used psychological & personality assessment measures used in forensic evaluations. 11 papers & a summary intro & editorial analysis. Entire free issue here: https://www.tandfonline.com/toc/hjpa20/104/2

These articles offer clarity about strengths & weaknesses of a number of instruments to inform psychologists' preparation for expert testimony, lawyers' preparation for direct and cross-examination, judges' evidence admissibility determinations, and scholars' future research.

Articles on the Rorschach/R-PAS, MMPI-3, PCL-R, MCMI-IV & MACI-II, PAI and PAI-A, SIRS-2, HCR-20V3, TSI & TSI-2, & MacCAT-CA, ECST-R, and CAST*MR are included. To increase visibility, accessibility, & impact, published as free access, meaning available to download without charge.

We hope these articles will be widely read and useful to scholars and practitioners in both psychology and law. Please share to spread the word with your network in the hopes that people who can make use of this great resource become aware that it exists!