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Permalink

<https://escholarship.org/uc/item/4sn6m7f7>

Journal

Journal of Personality Assessment, 101(3)

ISSN

0022-3891

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Publication Date

2019-05-04

DOI

10.1080/00223891.2019.1602535

Peer reviewed

Introduction to a New Clinical Applications Section:
Positive Response Sets in Personality Assessment

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Introduction to a new Clinical Applications section

The *Society for Personality Assessment* offers a large tent within which basic scientists, educators, and applied practitioners should all feel welcome. This diversity is also an essential feature of the contents of this journal, some of whose papers include explicit discussions of applied implications, whereas others do not. This kind of discussion may be absent in some papers whose concern is primarily basic (e.g., comparisons of different psychometric techniques) or whose authors are not in the habit of considering clinical applications. As emphasized recently in Sellbom's inaugural Editorial (Sellbom, 2019), the *Journal of Personality Assessment* (JPA) values papers that focus on the basic science of personality assessment and if anything would like to encourage more papers from basic personality assessment researchers. However, the journal also recognizes that the potential clinical value of highly technical papers may not be readily apparent to readers with a more applied background. Medical journals such as *JAMA Psychiatry* use brief editorials that highlight the applied relevance of basic research findings (e.g., Kaysen, Bedard-Gilligan, & Saxon, 2019) as one way to narrow the research-practice gap. The present editorial commentary represents a similar effort, also described in Sellbom (2019), to extract the clinically relevant highlights of selected empirically-based JPA papers. As this is intended to be the first in a series of such commentaries to be published in the JPA Clinical Applications and Case Studies section, it is also meant to provide a template for future papers with the same goal.

Highlights from Volume 101, Issue 3

Three studies in the current issue focus on positive response sets, or the tendency for clients to produce data that is systematically biased in a positive or healthy direction. In one study, the applied implications are spelled out clearly: Williams et al. (2019/this issue) demonstrate the susceptibility of the increasingly popular Personality Inventory for DSM-5 (Krueger et al., 2012) to positive response sets and generate indices for assessing them. These scales may help overcome the potential interpretive problems associated with under-reporting maladaptive trait on the PID-5, and thus increase the consideration of maladaptive personality traits, in clinical settings. Two other papers address somewhat more basic psychometric questions, and the connection between study findings and their applied implications are somewhat ambiguous. In the remainder of this editorial, I will focus on the applied implications of these two studies.

Müller and Moshagen (2019/this issue) compared two approaches designed to assess positive response sets - items with content suggestive of impression management, and a technique designed to assess respondents' tendency to overclaim knowledge that they could not have - in terms of self-other discrepancies in personality trait ratings. This study is embedded in a longstanding debate about the value of response set indicators, in which basic personality psychologists have tended to think they are measuring valid personality variance whereas applied clinical assessors have tended to think they measure systematic error that should be weighed in the

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interpretation of clinical scales. Interestingly, in this study, impression management scales and overclaiming scores were negatively related to one another, neither were related to self-other discrepancies in personality trait scores that would suggest positive response sets, and neither suppressed self-other associations. These findings are inconsistent with the idea that these instruments are measuring an artifact related to positive response sets, suggesting that clinicians should think very carefully about what positive response set indicators are measuring. In some cases, such scales might be measuring personality traits such as humility or openness to experience rather than response sets that would invalidate or moderate clinical data. In all cases, clinicians should consider both person factors (e.g., personality traits) and situational factors (e.g., motivations for certain response sets) that could affect test data.

Vispoel et al. (this issue) conducted a study at the interface of positive response sets and computer-administered assessment using an instrument that is very common in basic personality research but less common in clinical assessment, the Balanced Inventory for Desirable Responding (BIDR; Paulhus, 1991). They compare several approaches to scoring BIDR items, administered via either computer screen or paper-and-pencil format, across a range of psychometric indicators. They found that different modes of administration and approaches to computing scale scores lead to similar results, but that computer-administered assessments take less time and are strongly preferred by clients. The take-home message is that clinicians

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should carefully consider the practical advantages of computer-assisted questionnaire assessment, and may not need to worry about compromised validity of slightly different administration formats.

The accuracy of test data is a central concern in applied personality assessment and the provision of unrealistically rosy test scores by defensive or otherwise motivated respondents is a major threat to accuracy. Thus, interest in valid approaches to assessing positive response sets will persist among clinicians and educators, even as basic personality assessment researchers continue to argue about the validity of different approaches to assessing them. The three studies presented in this issue underline the need to think very carefully about the assessment of positive response sets by pointing out that effortful distortion can impact test data (Williams et al., 2019/*this issue*), the approaches commonly taken to assessing them might be inadvertently measuring other things (Müller and Moshagen, 2019/*this issue*), and some approaches to assessing response sets may be preferable to others depending on the preference metric (Vispoel et al., 2019/*this issue*).

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