Greetings! Your AARC leadership has been hard at work this year as we work to realize our newly revised mission and vision. We started our year by coming together in Houston for an excellent National Assessment and Research Conference, hosted by Dr. Catharina Chang and a team of volunteers from Georgia State University. As always, I was impressed with the quality of sessions and the many opportunities for student members, emerging professionals, and established scholars to share ideas, encouragement, and opportunities. During our conference, the AARC board approved proposals for the two upcoming conferences. The 2014 National Assessment and Research Conference will be held September 5-6, 2014 in Quad Cities (Moline, Illinois) and will be hosted by Dr. Rebecca Newgent. The 2015 National Assessment and Research Conference will be held September 18-19, 2015 in Memphis in honor of our 50th anniversary; Dr. Stephen Lenz will be chairing the conference. Please mark your calendars and consider getting involved.

A number of committees and task forces are hard at work to help us craft products and services that meet your needs and help our profession continue to thrive.

Continued on page 2
The 2014 AARC National Assessment and Research Conference will be in the beautiful and historic Quad Cities! The Quad Cities is rich in history, and diverse in culture and sure to have something to please almost everyone. Nestled on the banks of the Mighty Mississippi River, our communities include Davenport & Bettendorf, Iowa and Moline/East Moline & Rock Island, Illinois.

Conference Hotel: Radisson on John Deere Commons (309.764.1000 or 888.967.9033)  
www.radisson.com/moline-hotel-il-61265/ilmoline
Conference Hotel Room Rates: Run of the House $109/night (single/double)  
Business Class Suite $140  
King Suite $124  
Deluxe Suite $199

Note. Please mention AARC (Promotional Code: AARCGP) to secure conference rate.

Conference Center: iWireless Center (309.654.2001)  
1201 River Drive  
Moline, IL 61265

Travel: The Radisson on John Deere Commons-Moline provides a complimentary airport shuttle to/from the Quad City International Airport (MLI). See www.qcairport.com

Registration: Registration is now available at https://www.surveymonkey.com/s/2014AARCRegistration  
After completing the Registration Form to go to the AARC website at https://www.surveymonkey.com/s/2014AARCRegistration to make your payment.

Proposals: A call for proposals will be on the AARC website at www.aarc-counseling.org in the Spring! Proposal deadline will be May 1, 2014.

For more information about the Quad Cities, please visit the Quad Cities Convention and Visitors Bureau website at www.visitquadcities.com and watch http://youtu.be/zG8nrKgvAhc

Questions? Dr. Rebecca Newgent (Western Illinois University – Quad Cities)  
2014 AARC Conference Chair ra-newgent@wiu.edu or 309.762.1876
AARC Call for Awards

Deadline May 20, 2014

Doctoral Exemplary Research and Practice Award

This award goes to a doctoral-level student who has shown a dedication to the mission of AARC through their clinical practice (assessment/ outcome research) or as a researcher leader. Nominees do not have to be AARC members but should have contributed significant levels of service and/or scholarly engagement consistent with the rendering of exemplary assessment or research practices. Members of the Exemplary Practices Awards Committee are not eligible to be nominated during their terms of service. The recipient will be highlighted in NewsNotes and awarded at the AARC annual conference. The recipient will be highlighted on the AARC website and will receive a complimentary one year membership to AARC.

Master’s Exemplary Research and Practice Award

This award goes to a master’s-level counseling student who has shown a dedication to the mission of AARC through their service or scholarly activities (presentations, publications, etc.). Nominees do not have to be AARC members but should have contributed to the counseling field through her or his service and/or scholarly engagement consistent with her or his contribution to exemplary assessment or research practices. Members of the Exemplary Practices Awards Committee are not eligible to be nominated during their terms of service. The recipient will be highlighted in NewsNotes and awarded at the AARC annual conference. The recipient will be highlighted on the AARC website and will receive a complimentary one year membership to AARC.

Submission Instructions for the Master’s and Doctoral Exemplary Research and Practice Award

A vita or resume must be submitted for all nominees. A nomination letter from a faculty member should be submitted along with up to three letters of support. Additional documentation may be provided as evidence to display the student’s level of contribution to research and assessment in counseling. No more than 10 pages of supporting evidence may be submitted. Finally, a one-page statement from the student must be included describing her or his involvement in the profession, research interests, and future goals. All documents should be amalgamated into one .pdf file and submitted to the AARC MAL-Awards chair. Submit applications to: Amanda La Guardia at alagaurdia@shsu.edu.

AARC Donald Hood Student Research Grant

Graduate students who are members of the Association for Assessment and Research in Counseling (AARC) are encouraged to apply for the AARC Donald Hood Student Research Grant. This annual grant program is designed to recognize and honor students who are seeking to complete research investigations that show promise for outstanding contributions to the counseling profession. The Student Research Grant provides a cash award up to $500.00, a certificate of recognition presented at the AARC Annual Conference and acknowledgement of the award in AARC Newsnotes.

Continued on page 4
AARC Call for Awards - Continued

Deadline May 20, 2014

Submission Instructions for the AARC Donald Hood Student Research Grant

In addition to a resume, cover letter, and faculty letter of support, interested students should submit a 5-page research proposal. The proposal should be written in APA Style with an abstract, introduction, design and methodology, and selected references sections. The proposal should include the following: a) 50-word statement indicating how the project will be helped by the grant; b) 50-word statement discussing the significance of the project; and c) a project budget and timetable for the project’s completion. The title page, table of contents, and references are not included in the page count. If additional space is required to present details of a research instrument or to elaborate on a vital point, an appendix of up to three (3) additional pages may be attached. Studies using any methodological design are encouraged. Please submit four (4) copies of all materials. All documents should be amalgamated into one .pdf file and submitted to the AARC MAL-Awards chair. Submit applications to: Amanda La Guardia at alagaurdia@shsu.edu.

Exemplary Practice Award

This award goes to an individual who has shown a dedication to the mission of AARC through their clinical practice, as an educator, or in another counseling professional role within the community. A program may also be nominated. Nominees should be or consist of AARC members who have contributed significant levels of service and/or publications consistent with the rendering of exemplary assessment or research practices. Members of the Executive Council and the Exemplary Practices Award Committee and

their programs are not eligible to be nominated during their terms of service. Recipient(s) will be highlighted in NewsNotes and awarded at the AARC annual conference.

Submission Instructions for the Exemplary Practice Award

Submit a vita or resume for an individual nominated for this award. If a program is being nominated, a nomination letter outlining the program mission, structure, and roles of those involved in the program should be provided. Letters of support need to be included as well as supporting documents to provide evidence for the contribution of the individual or program. One nomination letter and no more than three additional support letters will be accepted. All documents should be amalgamated into one .pdf file and submitted to the AARC MAL-Awards chair. Submit applications to: Amanda La Guardia at alagaurdia@shsu.edu.
Student Perspectives Column: Attending and Presenting at the 2013 AARC Conference

By Molly Watkins

As a first year Masters student in the School Counseling program at Western Illinois University – Quad Cities and Editorial Assistant for the Counseling Outcomes and Research Evaluation (CORE) journal, I was granted the opportunity to attend and present at the 2013 Association for Assessment and Research in Counseling’s (AARC) annual conference in Houston, TX. This opportunity provided me with the chance to gain professional experience, network with other counseling professionals, and be part of a national association. As a student, I consider this experience and membership invaluable to my career in counseling.

This was the first professional level conference I had attended and while I knew it was going to be a great opportunity, I did not realize just how great that opportunity would prove to be. It was my understanding that I would be part of the audience for CORE’s presentations and would learn the ropes for any presentations in the future. Much to my surprise, I was invited to be a co-presenter for the two “Conversation with Our Editors” presentations. At this point in my career, presenting in front of influential counseling professionals seemed so daunting and it caused a lot of anxiety in the impending weeks leading up to the conference. I used that motivation to prepare and felt a large sense of accomplishment

Continued on page 5
once the presentations were over. With two national level presentations under my belt, I feel more confident at the Masters level to prepare and present at other conferences. Many master’s level students may not feel they are welcome to attend or present at conferences and I hope my experience shifts that perception resulting in more students chasing after these opportunities. Meeting other counseling professionals was perhaps one of the most memorable experiences from attending the conference. While it was great to have the chance to present, it was even greater to meet so many of the professionals with whom I wish to aspire. How often do you get to meet the author’s writing the textbooks and research articles our professors are using in class? It would seem as though meeting these people would be terrifying but in actuality, the attendees at AARC were so welcoming and showed a genuine interest in meeting me. The attendance rate is smaller than other events which makes it much easier to have meaningful conversations with other professionals. If you are a student and are considering attending conferences, the AARC annual conference is a great place to start. Here you can meet potential mentors, potential committee members for your dissertation, and professional resources for when you get in the field.

Being part of a nationally recognized counseling organization certainly has its perks. Students are encouraged to become members of the American Counseling Association in their graduate programs. They should also be encouraged to subscribe to the different divisions that interest them. AARC is a great division in which to become involved. You gain a professional support network, online resources available upon membership, opportunities to join committees, and could even be considered for scholarship awards to recognize your dedication to the counseling research and assessment field. I hope you find this membership to be as useful as I do - join today! We would love to see you at next year’s conference in the Quad Cities!

AARC has much to celebrate this year and many possibilities in the years to come. If you are attending ACA in Honolulu, I hope you will join us and get involved with AARC. The AARC Committee and Interest Meeting is open to everyone and will be held on Friday, March 28 from 8:00-9:00am. We will also be enjoying a joint reception with AADA, ACAC, ASERVIC, AHC, and IAAOC on Friday, March 28 from 6:00-8:00pm. Our division will be very well represented at the ACA Awards Ceremony; if you are in town, be sure to come out to support our award recipients on Saturday, March 29 at 6:00pm. Finally, AARC will be hosting six, peer-reviewed sponsored sessions during the conference. Please be on the lookout for AARC-sponsored sessions during your visit.

AARC President’s Message - continued

The Research Committee, under the guidance of Dr. Stephen Lenz, is conducting a series of national needs assessments to guide our long-range plans. The research committee has also been instrumental in developing resources for the members-only features within our new webpage. I have appreciated Dr. Carl Sheperis’s continued leadership as we transition to our new website and continue to develop its features (www.aarc-counseling.org). AARC recently instituted a social media committee, chaired by Ms. Rachel Ammons, to craft a plan for meaningful and timely communication with our members. Dr. Carrie Wachter Morris is chairing a workgroup that will collaborate with representatives from key stakeholders to develop a set of best practice standards for child and adolescent assessment. Ms. Caroline O’Hara is working with the Diversity Committee to develop a set of best practice standards for multicultural research.

Under the leadership of former editor Dr. Rick Balkin and current editor Dr. Paul Peluso, Measurement and Evaluation in Counseling & Development earned the highest impact factor of any counseling journal. In addition, we were pleased to welcome Dr. Rebecca Newgent as editor of Counseling Outcome Research & Evaluation. If you are not signed up to receive electronic alerts regarding new journal content, please take a moment to do so today. You can find instructions here.

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Continued on page 14
Test Review Column:

Eating Attitudes Test - 26 (EAT-26)

By Rebecca E. Taylor, University of Memphis

Title: Eating Attitudes Test-26
Acronym: EAT-26
Authors: D. Garner, M. Olmstead, Y. Bohr, & P. Garfinkel
Publisher: Psychological Medicine; www.eat-26.com
Publication Date: 1982
Purpose: The Eating Attitudes Test-26 (EAT-26) is an individually administered measure of eating attitudes and behaviors for individuals of all ages. The developers of the original Eating Attitudes Test (EAT) endeavored to provide a rating scale that would evaluate behaviors and attitudes found in anorexia nervosa that would be a practical support for clinicians across contexts. Another goal was for the instrument to be used as a diagnostic and prognostic tool for clinical use. The providers aspired for their instrument to be economical and efficient in terms of administration and scoring, and for this reason they made the instrument free to the public and revised the original 40-item test down to 26-items for quicker use (Garner & Garfinkel, 1979).

Test Materials and Stimuli. There are two forms of the test: paper and computer based administration. The paper format of the test material is a one-sided piece of paper. Instructions are listed at the top, followed by three parts of

Continued on page 8
EAT-26 Review - continued

the test. Part A contains open-ended demographic questions to be filled in individually. Demographic questions consist of: birth date, gender, height, current weight, highest weight, lowest adult weight, and ideal weight. Part B contains the EAT-26 items statements and responses. Each statement has six response options: always, usually, often, sometimes, rarely, and never. One answer is to be checked or circled indicating the individual’s personal response to the statement. Part C contains four behavioral questions regarding the individual’s behavior within the past six months. Each question has six response options: never, once a month or less, 2-3 times a month, once a week, 2-6 times a week, once a day or more. The online version of the test looks identical to the paper format, except that it contains the option for the individual to receive anonymous scoring feedback.

Administration: Administration is available at www.EAT-26.com. Although an individual may complete the assessment through self-report, Garner and Garfinkel (1979) stressed that bias effects may exist due to denial on the questionnaire. Therefore, clinical oversight of administration and scoring may cut down on the inaccurate responses and scoring.

Scoring: Scoring can be done by hand or through the EAT-26 website (EAT-26.com). The scale yields a 6-point forced choice, Likert-type scale. Every extreme response is rated 3 points while the subsequent less extreme responses are rated 2 points and 1 point respectively. No score or a score of 0 is given to non-extreme eating disorder responses. Items 1-25 are ordered from most extreme to least extreme with the last 3 response options yielding no score or a score of zero. The last item, item 26, is reversed scored with the order going from least extreme to most extreme response and the first 3 responses yielding no score. The Total Score is the cumulative score of all the items. Individuals who score 20 or higher on the EAT-26 are recommended to seek professional evaluation in order to determine if an eating disorder diagnosis is appropriate.

Test Construction. The original EAT-40 was for derived by a survey of relevant research, and from that research developing items that reflected anorexic behaviors and attitudes (Garner & Garfinkel, 1979). The developers came up with 35 items and presented them in a Likert-type scale. The scale was given to a group of anorexia nervosa (AN) clients as well as female normal control group (NC). Developers retained the items that the AN group scored significantly higher on than the NC group. From this items were deleted and other items were added to come up with the original 40-item EAT scale. At the time the scale only included 5 responses, and the option of always was later added in order to maximize differences from the AN and NC group. As previously reported, the EAT-40 underwent an extensive factor analysis in which the original 40-item scale was reduced to the current EAT-26.

Test Development: The current EAT-26 was developed out of a factor analysis of the 40-item EAT (Garner, Olmsted, Bohr, & Garfinkel, 1982) on a large sample of clients with anorexia nervosa. Garner et al. (1982) intended for this instrument to be a tool in aiding the diagnosis of eating disorders and disturbed eating thoughts and behaviors, however, not a diagnostic instrument in and of itself. It was determined that 14 items of the original 40-item test were redundant and did not increase the instrument’s predictive validity. With these 14 items eliminated, the EAT-26 was created to present a shorter form of the original test. Deriving the EAT-26 from the EAT-40 was a two-phase process. The first phase was a principle component analysis. Three sub-factors were extracted from the 40 items in which 14 items did not load onto a factor and were eliminated. The remaining 26 items were conceptualized within their related factors which resulted in three constructs: (a) dieting, (b) bulimia and food preoccupation, and (c) oral control. The second

Continued on page 9
EAT-26 Review - continued

The first factor, labeled dieting, is related to many dimensions of body image construct but it is not related to bulimia (Garner et al., 1982). Unlike factor one, the second factor is related to both body image disturbances as well as bulimia. The third factor is not related to bulimia or anorexia, but rather targets behaviors around self-control with food and social pressure to gain weight. This factor may now be associated with binge eating disorder (BED) behaviors. Below are the 26-items and the factors to which they belong:

Factor I: Dieting scale items: 1, 6, 7, 10, 11, 12, 14, 16, 1, 22, 23, 24, 26
Factor II: Bulimia and food preoccupation scale items: 3, 4, 9, 18, 21, 25
Factor III: Oral control subscale items: 2, 5, 8, 13, 15, 19, 20

Reliability: The authors provide a thorough explanation and analysis of the reliability and validity estimates of the EAT-40, as well as the EAT-26, supported by detailed tables providing clear numbers to support their findings. Internal consistency was computed using the alpha reliability coefficient. Overall, the reliability coefficient for the AN participants was acceptable (.79), while the pooled sample of AN and NC participants were excellent (.94). Garner and Garfinkel (1979), point out that taking into consideration such a small number of items for the scale, these reliability coefficients represent a high degree of internal reliability.

Validity: The EAT-26 is intended to measure the eating attitudes and behaviors of individuals completing the assessment. Confirmation of these measures was done through cross-validation, correlation between the EAT and other measures, as well as the correlation between the EAT score and prognosis.

Construct validity. Ocker, Lam, Jensen, and Zhang (2007) studied the EAT-26 to determine construct validity. A confirmatory factor analysis was administered on female college students resulting in confirmation of construct validity and configural invariance.

Cross-validation. Predictive validity was of high importance to the originators of the EAT. Their goal was to accurately differentiate between individuals that were possibly at the diagnosable level of anorexia nervosa between individuals whom were not at that level. The current EAT-26 went one step further to aide in the predictive validity of bulimia nervosa and binge eating (Garner et al., 1982). The authors did not claim that the EAT-26 was in and of itself a diagnostic tool for eating disorders, but merely a tool that would provide high predictability for scores of 20 or higher (Garner et al., 1982). The validity coefficient for the original EAT-40 was obtained using a biserial correlation and indicates good predictability (r = .87, p > .001). When determining the cross-validation for specific test items, 37 out of the 40 items were found highly significant (p > .001). One of the three remaining items had a moderate to low significance (p > .01) while the last two remaining items did not indicate predictability. These results have been replicate and reaffirmed in other studies (Ocker et al., 2007).

Correlation with other tests. The original EAT-40 was correlated with other measures in the female normal control group (NC group) in order to demonstrate discriminant validity to assure that the EAT was measuring specific symptoms found in eating disorders and not merely symptoms of dieting, weight fluctuations, extraversion or neuroticism. The EAT was correlated with the Restraint Scale in the NC group and showed a low

Continued on page 10
EAT-26 Review - continued

Pearson’s correlation ($r = .28, p > .05$) showing no significant relationship between the two measures. This was a positive stride for the EAT because the Restrained Scale measured only dieting behavior.

The EAT was also correlated with adult weight fluctuations for the female normal control group (NC group) and it was found that the EAT had no significant relationship with weight fluctuations ($r = .17, p > 0.10$). There was also no significant relationship between extraversion and neuroticism when compared to the Eysenck Personality Inventory ($r = .30, p > 0.1; r = .10, p > 0.1$).

Correlation with prognosis. In order to show the relationship between EAT scores and prognosis, the EAT was administered to a group of anorexia nervosa (AN) clients who had been declared clinically recovered. There scores were in the normal rage, suggesting that the EAT can differentiate between current illness and remission.

Commentary and Recommendations: The authors were ahead of their time in terms of reasons for researching and creating the EAT-40. During a time when psychobiology was thriving, Garner, Garfinkel, Schwartz, and Thompson (1980) were interested in the social-environmental effects on the individual. Noticing a difference between the ballerina population and some entertainment populations, they hypothesized that there was more to eating disorders than the biological make-up of the individual. This hypothesis led them to the creation of one of the most cited and referenced assessments that there is to date. The EAT-26 continues to be economical in time and use, as the authors desired and aimed for it to be. The test is a helpful for clinicians in screening individuals who may have symptoms consistent with those of eating disorders. It also provides valuable feedback for individuals in evaluating their own eating attitudes and behaviors. In terms of efficiency, the revised 26-item test allows for swift completion, as well as quick scoring feedback that is uncomplicated for most scorers.

The EAT-26 is free and efficient for anyone desiring to its use. Although the instrument requires hand scoring, it is not time consuming to complete. The assessment is available online, which also includes a request for permission to reproduce it. For individuals curious in their own attitudes and behavior towards eating, the test can be taken online with anonymous, immediate feedback. Other strengths of the test include test items that strive to be free of ethnic/cultural bias and instructions and questions that are clear and easy to understand.

The EAT-26 also has weaknesses that are worthy of mentioning. Because the instrument is a self-assessment, items are at risk of response denial. The instrument is not available in any language other than English and the sample size during the creation of the first revision could have been larger.

Considering both the strengths and weaknesses of the EAT-26, recommendations have been developed to improve the EAT-26. The fact that the most recent version of the Diagnostic Statistical Manuel has made some changes considerable changes to the area of eating disorder diagnoses, it may be time to revisit, review, and possibly revise the EAT-26 to adhere to recent updates. Although revisions may not be necessary, a thorough review would provide due-diligence. Another recommendation might be translating the instrument into multiple languages and adding it to the website to allow for non-English speaking individuals to have easy access. Due to the short length of the assessment, it is assumed that this would only cause minor difficulty resulting in increased access and great appreciation.

References


Continued on page 14
Test Review Column:

Impact Message Inventory - Circumplex (IMI-C)

By Tatyana Cottle, MA; Virginia Tech University

General Information

Authors: Donald Kiesler, and James A Schmidt

Publisher: Mind Garden, Inc., Info@mindgarden.com, www.mindgarden.com

Date of publication: 2006

Forms, groups to which applicable: The Impact Message Inventory-Circumplex (IMI-C) is a self-reported transactional measure, in which each member of a group responds to the verbal messages of other members of the group by means of an eight-position scale. The most current version, the IMI-C, is a subset of the original 90 items developed by Kiesler et al. in 1985. Three previous publications of the IMI-C exist, including: Kiesler (1987), Kiesler and Schmidt (1993), and Kiesler and Auerbach (2004). All three publications review the available psychometric data for the IMI. The first publication (Kiesler, 1987) provided the research manual for the original 90-item (15 Scale) IMI. The second publication (Kiesler & Schmidt, 1993) “provided a brief manual the 56-item (8 Scale) latest IMI revision, the Impact Message Inventory-Circumplex version (IMI-C)” (p. 3). Finally, Kiesler and Auerbach (2004) offered updated summaries of normative findings. The materials for the IMI-C consist of two forms of a reusable

Continued on page 12
question booklet, with separate answer, scoring, and summary profile sheets. There is a separate form for male and female. This instrument is translated into Dutch, Japanese, German, and French.

**General Type:** The IMI-C is a self-report transactional inventory

**Cost:** All materials for both paper and electronic versions of the IMI-C may be purchased from [www.mindgarden.com](http://www.mindgarden.com). The manual costs $40.00 and includes a non-reproducible instrument and scoring key. The price varies and depends on the number of participants and the version of this inventory (paper/digital or online) that the purchaser wants to order (e.g., items for 501-750 participants the cost is $0.70 per paper version delivered by mail or in a digital format as a PDF file, but $0.84 per online administration for the same number of participants). The Dutch and Japanese versions may be obtained from the website as well.

**Time required to administer:** The administration time is not specifically stated in the manual, although it can be estimated that completing 56 items of the IMI-C might take between thirty and sixty minutes. Counselors may administer the assessment to both large and small dyad groups, and it is estimated that smaller groups will likely complete the assessment more quickly. There is also a shorter, 28-item version of the IMI-C that is available for situations in which time is more critical, such as between a physician and patient. Hafkenscheid (2012) reported that when therapists used the paper-and-pencil IMI-C version, it took approximately 5 to 10 minutes to complete it.

**Stated Purpose:** The Impact Message Inventory Circumplex (IMI-C) is a 56-item assessment measuring eight categories of interpersonal behavior. Participants are considered to be participants in a dyad and in which each participant is both encoder and decoder. The investigator refers to participants who record covert responses on the IMI-C. The test “was designed to describe a person’s (encoder’s) distinctive interpersonal evoking behavior by measuring the impacts reported by interpersonal partners (decoders)” (Manual, p. 3)

**Description of test items and scoring:** The 56 items measure eight categories of interpersonal behavior. The eight scales are: dominant, hostile-dominant, hostile, hostile-submissive, submissive, friendly-submissive, friendly, and friendly-dominant, arranged counterclockwise around the circle beginning at the 12:00 position (top center). The seven items for each scale include mixtures of content measuring feelings, action tendencies, and perceived evoking messages. Respondents select one of four answers ranging from 1 (not at all) to 4 (very much so). There is a Profile Summary Sheet for depicting the eight IMI-C scale scores that a particular person obtains. By completing the form there are lines drawn to connect the eight scores, resulting in a visual “figure” that summarizes the interpersonal impact pattern for that participant. According to the author, this can be considered “a pictorial display of the interpersonal ‘force field’ that a respondent registered during his or her transactions with the designated target” (Manual, p. 14). The authors also offer an interpretive method based on Gurtman’s Structural Summary Score, in which the curve resulting from the scored circle is analyzed according to a cosine curve by Goodness of Fit, Elevation, Angular Displacement, and Amplitude.

**Applications:** The IMI-C has achieved a rather wide application in the measurement and analysis of human interactions. These applications may include group psychotherapy, marital relations, patient-physician consultation, interview situations, and other routine interactive transactions. The developers indicate that research applications using single-case and group studies of psychotherapy, as well as training and supervision of psychotherapists, are other applications of the

*Continued on page 13*
**IMI-C Review - continued**

IMI-C. The developers further indicate the IMI-C has proven especially applicable for use in marital therapy due to its easy inclusion within the therapy process.

**Practical Evaluation:**

**Adequacy of directions and training required to administer:** Participants are asked to select one and only one of four possible responses to each of 56 different situations, which are stated in questions that refer to their internal reactions to the other participant(s) involved in the assessment administration. The interpretation of results could be accomplished by a trained mental health professional or a trained test administrator with a supplied script (Manual, p. 23).

**Technical Considerations:**

**Norms and Scoring:** Once the assessment administration is complete, answers from the IMI-C Answer Sheet are coded onto the IMI-C Scoring Sheet. The highly visual aspect of the scoring requires rather extensive preliminary preparation, as the results are not simply numeric but highly visual, and errors in interpretation may result in a drawn image that does not accurately reflect the results. Therefore, it appears to be essential for the scorer to receive specific training in scoring this instrument, so that scoring the IMI-C is rather "time-consuming and cumbersome" (Hafkenscheid, 2012). Fortunately, the computer-based version automatically completes the scoring and provides graphical feedback. However, Hafkenscheid reports that, "no data on generalizability of patients’ command and relationship messages using a computer-based IMI-C have been available so far," which may indicate a limitation of computer scoring with the IMI-C.

**Reliability:** The reliability of the IMI-C is vulnerable to certain influences and preexisting relationships. Scales of reliability are provided and list a variety of dyads, ranging from Mother/Father, Patient/Physician, Adolescent Patient/Mother, and so on. There is extensive discussion on the “strong contextual constraints” that might increase the unreliability of the scores, with “affiliated” subjects being more reliable than “unaffiliated” subjects. There is a cited study (Schmidt, 1994) that refers to major problems regarding the interpretation of results. Schmidt (1994) states that that “the octant scales contain uneven and unbalanced numbers of items from the three subclasses of impact measures.” A similar study refers again to “situational context” as affecting the “important differences...found among subscale profiles”. This reports suggests that even though the IMI-C is reported to be useful with a wide range of subjects, the results have to be interpreted with caution.

**Validity:** Various studies are cited in which the IMI-C's structural validity is confirmed. One of these studies by Schmidt, Wagner, and Kiesler (1999) found that results converged with another (1995) study by Wagner, Kiesler, and Schmidt. Gurtman (1992) also found that the IMI-C compared favorably with similar instruments.

**Cross-cultural fairness:** Even though the developers have translated this instrument into several languages, this reviewer knows of only one study in which the subjects are international students (Kiesler, 2001). No studies are presented in which race or culture were considered as factors.

**Evaluation**

**Practicality:** This inventory has been used for various purposes in numerous studies appeared in journal articles, presentations at the conferences, master’s theses and more than 20 doctoral dissertations. The assessment developers obtained a representative sample of subject populations based on age, gender psychiatric status, socioeconomic level, etc. (Manual, p. 34). Gurtman (1992) found that the IMI-C compares favorably to similar instruments. The IMI-C is also

*Continued on page 14*
translated into four languages. In addition, computer versions in languages other than English are being actively researched and continued to be discussed in the literature (Haikenscheid, 2012)

Aids to user: The manual provides extensive discussion of potential results and their interpretation and the usability of the IMI-C is attributed to "superior circumplex and psychometric properties" (p. 3). New studies continue to evolve and add to the wealth of currently available data

There are four reviews of the IMI-C. Two reviews can be found in the Ninth Mental Measurement Yearbook (1985), one review in the Test Critiques (1985), and one review is in the Handbook of Research Methods in Clinical Psychology (1982). However, one should consider these reviews with caution because they were done some time ago and there are more current studies with more recent information. Further research has to expand its multicultural usability and applicability.

Limitations: Despite the large number of studies using this instrument, none have addressed multicultural factors other than gender and age. Researchers that have used the IMI-C state that there are two main issues with it. First, the octant scales contain uneven and unbalanced numbers of items from the three subclasses of impact measures, and second, the name of the octant scales may result in inconsistent reactions based on the situational context at the time.

References:


EAT - 24 Review - continued


AARC President’s Message - continued

Finally, I would like to congratulate the newest members of our AARC leadership team. Dr. Shawn Spurgeon will begin his term as President on July 1, 2014. He will be joined by newly elected President-Elect Dr. Carrie Wachter Morris, Secretary Donna Sheperis, and Member-at-Large Publications Andrew Burck. I am excited to see how AARC thrives under the leadership of this creative and dynamic team.

As always, I hope you will choose to make your AARC membership meaningful to you. If you would like to get involved or suggest a program, please contact me.
About AARC

The mission of AARC is to promote and recognize scholarship, professionalism, leadership, and excellence in the development and use of assessment and diagnostic techniques in counseling.

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AARC Newsnotes

Call for Submissions

If you have any information related to the activities of AARC members that you think should be highlighted, we want to hear from you! Please submit a Microsoft Word file with a writing style that is consistent with the APA 6th edition style.

Student Perspectives Section

Submissions should highlight issues related to the process of research proposal development; topics related to research design, dissertation writing, and presentation of research; perspectives on assessment use among counselors, particularly related to training and professional development in using assessment measures; experiences with finding funding support and writing small grants; as well as locating and participating in professional development activities related to the AARC mission. Submissions should range between 500-800 words and clearly indicate a student-based perspective on the topic featured. Feel free to contact Caroline O’Hara with questions.

Test Review Section

Submissions should highlight an assessment instrument that would be useful to counselors or counselor educators. Submissions should range between 2 to 4 pages. Feel free to contact Jeffrey Sullivan with questions.