Greetings! I hope you are winding down a successful year and connecting with family, friends and colleagues this holiday season. AACE has had a positive year! Members have connected from a variety of disciplines and passions to revisit key documents, share ideas through various committees and task forces and mentor and network with others. The recent 2011 AACE National Assessment and Research Conference in Fort Worth was no exception! Thank you, Dr. Casey Barrio-Minton, who served as the conference coordinator. Casey and her volunteers were instrumental in ensuring quality continuing education and networking opportunities. I especially appreciate the plenary sessions available for attendees.

During the conference the Executive Council discussed at length how AACE can continue to meet the needs of graduate students, practitioners, and educators. After attending the conference, I returned to Norfolk refreshed about what AACE has meant to me and it impact on so many types of members. While assessment impacts EVERY ASPECT of our work in counseling and education settings, AACE has traditionally focused on areas in addition to assessment. In fact, we are also the division for research methodology and program evaluation. My reflections, thanks to the work with the Executive Council and the many conversations I have had with colleagues and students, have shifted to how AACE is truly a toolkit for its members. These members include practitioners, researchers and evaluators, many of whom have some combination of these identities.

I believe the core mission of AACE involves promoting best practices in assessment, research and evaluation through education, leadership and mentorship. AACE provides important services to its members and those stakeholders they work with daily. As part of AACE’s toolkit, members receive professional development opportunities through its conferences and publications on an array of topics involving assessment, research and evaluation. It is not uncommon to attend an AACE session or review an article in Measurement and Evaluation in Counseling and Development or Counseling Outcome Research and Evaluation and encounter a quality presentation of material.

Additionally, AACE members are active across various forums addressing important topics in counseling and research and increasing public awareness. Most recently, our members have been very involved with the DSM-V discussion. As you may be aware, the AACE Executive Council has sent a letter to ACA on behalf of its members outlining the many problems with the revised diagnostic system. In addition, Dr. Dayle Jones has been vocal, advocating for the needs of future clients and critiquing the DSM’s lack of research or proper assessment protocols for several mental disorders. AACE is committed to collaborating with other organizations to ensure that issues that affect clients and students are addressed appropriately. Further, AACE and its members advocate for optimal human development through culturally competent professional practices.

As I think about the energy of AACE’s members, I hope that current members will continue to promote AACE to others. I am quite proud of the work we do, promoting sound practices in our disciplines, mentoring each other in assessment, research and evaluation, and speaking loudly about issues that affect stakeholders. In AACE’s toolkit, you will find that the greatest treasure is its members and the opportunities we provide each other to expand our knowledge in assessment, research and evaluation.

Here’s to a successful 2012 for our profession!
D O N ’ T  F O R G E T  T O  V O T E!

A S  A N N O U N C E D  B Y  A C A -


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A C A C E  C O M M I T T E E  I N F O R M A T I O N

Executive Council:

President: Danica G. Hays
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Member-at-Large Publications: Dale Pietrzak, University of South Dakota

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Newsletter Committee Chair: Amanda Healey
Call for Award Nominees

AACE is now taking applications for two awards

The first award is the Donald Hood Student Research Award for 2012. This award is an annual grant designed to recognize someone who wishes to complete a research investigation seen as promising and holds potential to be an outstanding contribution to the counseling profession. It comes with a $500 stipend.

The second award is the Exemplary Practices Award to acknowledge the rendering of important service in assessment or examples of outstanding assessment practice which have significance for the counseling profession.

Applications must be postmarked by Friday, February 10, 2012
Criteria for both nominations can be found at http://theaaceonline.com/awards

Call for NewsNotes Editors

All editorial positions will serve a three year tenure

NewsNotes Editorial Search - We Need a New Executive Editor!
The NewsNotes editor is charged with developing the quarterly AACE divisional newsletter for distribution to the membership. Articles are solicited four times a year on subjects related to research methodology, instruction, assessment, and evaluation. The executive editor coordinates both the student perspectives editor and the test review editor to help create a dynamic and inclusive publication. The editor will work with the division president to ensure a quality product is produced and distributed. The editor must be familiar with publishing software such as MS Publisher and have proficiency in APA style formatting. Applicants are expected to be members of AACE. Please send a cover letter stating your interest as well as a vita to the current NewsNotes editor, Amanda Healey (ahealey@shsu.edu), by January 1st, 2012 to be considered. Your application will be evaluated by the current AACE president and the publications committee.

The Test Reviews Editor is responsible for soliciting, selecting, and organizing test reviews for publication in NewsNotes and on the AACE website. The editor selects reviews that appeal to the AACE membership and add to the body of reviews already published. The editor ensures the test reviews meet established publication standards and are submitted to the NewsNotes editor in a timely fashion for quarterly publication. Please send letters of interest along with a two-page vita to the current NewsNotes editor, Amanda Healey (ahealey@shsu.edu), by January 1st, 2012 to be considered. Your application will be evaluated by the current AACE president, the incoming AACE NewsNotes editor, and the publications committee.

An editor for the Student’s Perspectives column is needed for AACE’s Newsletter. This column is particularly important because it provides students an outlet for identifying, discussing, and making recommendations regarding research-based practice. If you would like to further serve students and assist AACE with increasing student involvement, then this editor position is for you. The editor of this column puts out four calls a year on the ACA graduate student list serve, reviews submissions, works with student in editing phase, and sends accepted entries on to the newsletter editor for inclusion. This is a very rewarding editor position and helpful for anyone wanting more editing experience. Please consider serving AACE as the new Student’s Perspectives Column Editor! Please send letters of interest along with a two-page vita to the current NewsNotes editor, Amanda Healey (ahealey@shsu.edu), by January 1st, 2012 to be considered. Your application will be evaluated by the current AACE president, the incoming AACE NewsNotes editor, and the publications committee.
Thursday, March 22nd 8:00am—4:30pm  
AACE Executive Council Meeting

Friday, March 23rd 8:00am—12:00pm  
AACE Executive and New Executive Council Business Meeting

Friday, March 23rd 5pm—9pm  
AACE, AADA, ASERVIC, C-AHEAD, and IAAOC Joint Reception

**AACE Sponsored Sessions:**

Friday, March 23rd 11am—12pm  
Diversity in Clinical Assessment: Considerations, Trends, and Standard

Saturday, March 24th 3:45pm—4:45pm  
Student Learning Outcome Assessment: Creating Assessment Measure

Sunday, March 25th 8:45pm—10:15am  
Decreasing Dropout and Increasing Outcomes: Evaluating the Effectiveness of Systematic Measurement for Counselor
Review of the Personality Assessment Inventory (PAI)

By Jessica Lynn Ormando, Walden University

General Information

Title: Personality Assessment Inventory (PAI)
Authors: Leslie C. Morey, PhD
Publisher: Psychological Assessment Resources, Inc., 16204 N. Florida Ave., Lutz, FL 33549
Date of publication: 1991, 2007

Forms, groups to which applicable: The PAI was first developed in 1991 and has been accompanied with an updated manual and forms since 2007. Non-overlapping validity, clinical, treatment, and interpersonal scales measure symptoms of depression and anxiety, substance use problems, and borderline, antisocial, and schizophrenic tendencies in adults 18 years of age and up.

General Type: The PAI serves as an indicator of whether personality traits are normal or pathological.

Practical features: The PAI consists of 344 multiple choice questions. Forms that assist in hand-scoring are available, as well as software that assists in computer scoring.

Cost: $315 USD for complete kit with manual, multiple booklets, and multiple answer sheets and forms. Individual and other supplemental items are available for purchase as well. The test can be hand-scored, computer-generated, or sent to the publisher for scoring.

Time required to administer: 50-80 minutes

Purpose and Nature of the Instrument:

Stated Purpose: The PAI assists in the clinical assessment of adult psychopathology by providing a comprehensive overview of behavioral, personality, and pathological traits.

Description of test items and scoring: The PAI is a 344-item multiple-choice self-report test that can be administered individually or within groups. Test items are answered on a four-point Likert scale ranging from False (not at all true) to Very True. The PAI is appropriate for English speakers with a fourth-grade reading level or greater, and has been translated into several other languages, including Spanish. Test items comprise four validity scales, which detect inconsistencies and discrepancies in the test-taker’s responses; 11 clinical scales, which assess anxiety, mania, depression, paranoia, schizophrenia, borderline and antisocial features, and alcohol and drug problems; five treatment consideration scales, which assess levels of aggression, stress, suicidality, and possible resistance to treatment; and two interpersonal scales, which assess dominance, submissiveness, warmth, and rejection displayed in interpersonal relationships. Raw scores are converted into T-scores, with a mean of 50 and standard deviation of 10, and scores of 70 or above, or two standard deviations above the mean, typically indicate significant problems requiring clinical attention.
Practical Evaluation

Adequacy of directions, training required to administer: For counselors who have training in administering self-report instruments, the PAI is considered to be relatively easy to administer. Counselors who have training in the interpretation of such instruments are also considered qualified to interpret the PAI’s results, and the manual’s guidelines and accompanying software can further assist the counselor in interpretation. Individual or group test-takers need approximately 50-60 minutes to complete the test, and designated “critical” test items can serve to guide follow-up questioning. For counselors who do not feel confident in their abilities to interpret the PAI’s results, completed tests can be sent to the publisher for interpretation reports.

Technical Considerations

Norms and Scoring: The PAI is also considered to be easy to score. Hand scoring should take no longer than 20 minutes and no scoring key is necessary. Scoring forms that accompany the manual assist the counselor in converting raw scores to T-scores and making comparisons against the norm group. For counselors who are not confident in their scoring abilities, scoring reports can be computer-generated with accompanying software or requested from the publisher.

Adequacy of norms: The sample population selected for standardization was comprised of 1,051 college students, 1,265 clinical patients, and 1,000 other adults who were selected to match U.S. Census data in terms of age, race, and gender.

Reliability: Alpha and test-retest coefficients are high (greater than .80) for all 22 scales within the PAI. Reliability studies between 1994 and 2005 also yielded high internal consistency coefficients, between .70 and .80.

Validity: The PAI is comparable to the widely accepted and popular Minnesota Multiphasic Personality Interview-2 (MMPI-2), and correlations between the PAI and the Neuroticism-Extroversion-Openness Personality Inventory (NEO-PI), another common personality assessment, can be found in the test’s manual. Convergent and discriminant validity has been found with over 50 other psychopathological measures. Construct validity has also been demonstrated by a variety of studies.

Cross-cultural fairness: With a large norm population, demonstrated reliability and validity, and studies done with a variety of additional populations, the PAI appears to be cross-culturally fair.

Evaluation

Practicality: The PAI assists the counselor in screening, diagnosis, and treatment planning; can alert the counselor to potential complications in treatment that may not be readily apparent from diagnostic information; and can provide further insight into clients’ interpersonal styles, which may be particularly useful in couples and family counseling. The PAI has also been found to detect pain-related malingering (Hopwood, Orlando, & Clark, 2010); emotional and psychiatric disturbances among individuals with traumatic brain injuries (Till, Christensen, & Green, 2009); depression, schizophrenia, and interpersonal difficulties among Internet sex offenders (Laulik, Allam, & Sheridan, 2007); post-traumatic stress disorder (PTSD) among women (McDevitt-Murphy, Weathers, Adkins, & Daniels, 2005); and suicidality and psychotic features among self-injuring female college students (Kerr & Muehlenkamp, 2010).

Aids to user: The test manual, accompanying forms and software, and availability of the publisher to provide assistance appear to provide a variety of aids to the user.
References


Student perspectives: Get Involved!

Student Perspectives is a new column for the AACE Newsletter developed in response to a recommendation from the AACE executive council to increase participation by student members. In the age of managed care and limited fiscal resources, research-based practice is a growing need among counselors. In order to facilitate counselor development, students are encouraged to integrate assessment and research best practices throughout their education and emerging practice as counseling professionals. AACE assists students by providing resources for developing efficacious standards-based counseling practice among students. However, counselor educators and long-time practicing counselors often have a different perspective than those of new professionals and students who are in the process of becoming professional counselors.

Student Perspectives fills an important gap in the organization’s existing services by providing an outlet for students to identify, discuss, and make recommendations regarding research-based practice that may be less evident to experienced professional counselors. In this light, both master’s and doctoral level students are encouraged to submit contributions to column editor, Rebekah Byrd, at ByrdRJ@etsu.edu. Submissions should highlight issues related to the process of research proposal development; teaching methods they have experienced that have assisted their development as researchers and as users of assessment measures; topics related to research design, dissertation writing, and presentation of research; experiences as students learning research methods; 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 AACE mission.

Submissions should range between 500-800 words, with a writing style that is consistent with the APA 6th edition Style Manual, and clearly indicate a student-based perspective on the topic featured. Further questions and comments regarding this column may be forwarded to the column editor. If you have thoughts about a particular experience or if you are unsure about a topic, you may email the column editor for assistance with further idea development. The approach taken will be developmental in nature, assisting emerging professionals with their first efforts at writing and publication in a less formal context, although with the opportunity for national exposure.
Review of the Professional Quality of Life Scale

By Lisa A. Gray, Bridgewater State University

General Information

Title: Professional Quality of Life Scale (ProQOL)
Authors: Beth Hudnall Stamm,
Publisher: The ProQOL.org, P.O. Box 4362, Pocatello, ID
Date of Publication: 2009

Forms, groups to which applicable: People who in helping professions may respond to individual, community, national, and even international crises. Helpers can be found in healthcare professionals, social service workers, teachers, attorneys, police officers, firefighters, clergy, airline and other transportation staff, disaster site clean-up crews, and volunteers who help administer help at the time of the event or later.

General type: This instrument was developed to measure the positive and negative effects of working with people who have experienced extremely stressful events.

Practical features: The instrument is easy to administer and to correct. It is free and available on-line.

Cost: No monetary cost. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.

Time to administer: 15-20 minutes

Purpose and Nature of the Instrument

Stated Purpose: This assessment is to be used in research studies and to monitor the professional quality of life among staff at an organization. The tool can also be used to self-monitor one’s status for personal interest or as a part of a self-care program.

Professional quality of life incorporates two aspects, the positive (Compassion Satisfaction) and the negative (Compassion Fatigue). Compassion fatigue breaks into two parts Burnout and Secondary Trauma. Secondary Traumatic Stress is a negative feeling driven by fear and work-related trauma. Some trauma can be direct (primary) trauma or a combination of primary and secondary trauma. While the incidence of developing problems associated with the negative aspects of providing care seems to be low, they are serious and can affect an individual, their family and close others, the care they provide, and their organizations. Research has shown that people that have been exposed to traumatic stresses either primary or secondary Traumatic Stress are at risk for developing negative symptoms associated with burnout, depression, and post-traumatic stress disorder.

Test items: The ProQOL is a thirty-item questionnaire. The overall concept of the professional quality of life questionnaire is to address the characteristics of the work environment (organizational and task-wise), the individual’s personal characteristics and the individual’s exposure to primary and secondary trauma in the work setting.
Practical Evaluation

**Adequacy of direction, training required:** The test can be administered by a professional, individually or in a group or it can be self-administered. It is recommended that the test be administered by a professional in order to ensure that the test taker understands what they are being asked to do. If the test taker feels like he is being “observed” and measured for their (bad) behavior, they are unlikely to want to participate or provide reliable answers. It is important to explain the logic of the measure and to engage the person’s desire to take the test. Since this test is used as a tool for those in the helping profession to recognize the negative symptoms (he may experiencing) associated with their work environment and profession, the test should be self-scored. Prior to taking the test, it is important to establish with the test taker(s) exactly what will happen with the test results. The ProQOL is not a diagnostic test but is administered to raise issues to be addressed with the use of appropriate diagnostic procedures.

The ProQOL is both a paper and pencil test and available on-line.

Technical Considerations

**Norms and scoring:** The Professional Quality of Life Scale is the most commonly used measure of the positive and negative effects of working with people who have experienced extremely stressful events. Of the 100 papers in the PILOTS database (the Published Literature in Posttraumatic Stress Disorder), 46 used a version of the ProQOL. The ProQOL has 3 scales: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress.

There are 3 steps to scoring this instrument. The first step is to reverse some items. The second step is to sum the items by subscale and the third step is to convert the raw scores to t-scores.

**Reliability:** The alpha reliabilities for the scales have good to excellent reliability. The alpha reliability for the Compassion Scale is $\alpha = .88$ ($n=1130$); the alpha reliability for Burnout is $\alpha = .75$ ($n=976$) and Compassion Fatigue is $\alpha = .81$ ($n=1135$). The measure has good item-to-scale properties with no single item adding or subtracting from the overall scale quality. The standard errors of measure are quite small, and are as follows: CS .22, BO .21 and STS .20. These small standard errors indicate that the test typically has small error interference, improving the potential measureable effect size.

**Validity:** There is good construct validity with over 200 published papers.

The three scales measure separate constructs. The Compassion Fatigue scale is distinct. The inter-scale correlations show 2% shared variance ($r = -.23; \text{co-}\sigma = 5%; n=1187$) with Secondary Traumatic Stress and 5% shared variance ($r = -.14; \text{co-}\sigma = 2%; n = 1187$) with Burnout. While there is shared variance between Burnout and Secondary Traumatic Stress the two scales measure different constructs with the shared variance likely reflecting the distress that is common to both conditions. The shared variance between these two scales is 34% ($r = .58; \text{co-}\sigma = 34% ; n = 1187$). The scales both measure negative affect but are clearly different; the BO scale does not address fear while the STS scale does.

**Cross-cultural fairness:** The author of this assessment, Beth Hudnall Stamm, Ph.D. has worked primarily with helpers and underserved people; her efforts focused on secondary trauma among helpers and cultural trauma. She has worked with humanitarian aid organizations from around the world assisting them in developing professional quality of life resiliency programs that focus on prevention and intervention of burnout and secondary trauma.
Evaluation

Practicality: It is easy to use and practical as a tool for use as a part of an organizational prevention program or as part of a self-care program.

Aids to user: One of the most rewarding aspects of this assessment is that it provides a platform for change. At the individual level, a person may review both personal and professional work environments. This may then be discussed with a family member, a friend, a colleague, or with a professional. Regardless of the method, the plan that results is about that person, for that person; not for their employer or anyone else unless they choose to share the details.

This assessment is stable across time, which means that the scores across time reflect change in the person, not in the measurement itself. Some people self-administer the test at a regular self-determined interval to see how they are doing. Some organizations will require multiple administrations while others may ignore professional quality of life altogether.

Reference

The Association for Assessment in Counseling and Education (AACE) is an organization of counselors, educators, and other professionals that advances the counseling profession by providing leadership, training, and research in the creation, development, production, and use of assessment and diagnostic techniques. The mission of AACE is to promote and recognize scholarship, professionalism, leadership, and excellence in the development and use of assessment and diagnostic techniques in counseling.

AACE NEWSNOTES

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CALL FOR SUBMISSIONS

If you have any information related to the activities of AACE members that you think should be highlighted, please send pictures and commentary to Amanda Healey at ahealey@odu.edu. Of particular interest are stories related to conference activities, publication, assessment development, and members who have received professional awards. Please submit any information as a Microsoft Word attachment and send photographs as a .jpg file attachment. Do not send more than three photographs related to any individual article. Interest articles from students, practitioners, and counselor educators are equally welcome and encouraged. Newsletters are published four times per year:

February/March, May/June, August/September, and November/December

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