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Informational effects of assessment feedback

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INFORMATIONAL EFFECTS OF ASSESSMENT FEEDBACK

A thesis submitted in partial fulfillment of the

requirements for the degree of

MASTER OF SCIENCE

in

PSYCHOLOGY

by

Andrea Allen

2001

To: Dean Arthur W. Herriott
     College of Arts and Sciences

This thesis, written by Andrea Allen, and entitled Informational Effects of Assessment Feedback, having been approved in respect to style and intellectual content, is referred to you for judgment.

We have read this thesis and recommend that it be approved.

_____
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                                    Marilyn Montgomery

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                          Leslie Frazier, Major Professor

Date of Defense: June 21, 2001

The thesis of Andrea Allen is approved.

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                               College of Arts and Sciences

_____
                               Dean Douglas Wartzok
                               Division of Graduate Studies

        Florida International University, 2001

DEDICATION

I dedicate this thesis to my husband, Lawrence S. Allen, for his endless patience, support and love. Without his belief in me, the completion of this thesis would not have been possible.

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ABSTRACT OF THE THESIS

INFORMATIONAL EFFECTS OF ASSESSMENT FEEDBACK

by

Andrea Allen

Florida International University, 2001

Miami, Florida

Professor Leslie Frazier, Major Professor

This study tested the effects of informational assessment feedback on satisfaction, self-esteem and examiner ratings. 83 participants completed a self-report personality inventory (Millon Index of Personality Styles). Participants of the experimental group were given standardized, informational assessment. Participants in the control group received only general information about the personality inventory. Significant group differences were found for the Feedback Assessment Questionnaire with t (81) = 11.67, p < .001, for the Assessment Questionnaire-2 (AQ-2), with F (4, 78) = 18.63, p < .001, for the Self-Liking/Self-Competence Scale-Revised Version, with F (81, 1) = 9.97, p < .002 (self-liking factor) and F (81, 1) = 4.319, p = .041 (self-competence factor), and for the New York State Self-Esteem Scale with t (81) = 2.33, p = .023. The State Self-Esteem Scale and the Examiner Description Questionnaire yielded non-significant group differences. Results showed that the information given during the assessment feedback session positively impacts satisfaction and self-esteem.

TABLE OF CONTENTS

LIST OF TABLES

I.   LITERATURE REVIEW

<u>The Patient-Therapist Relationship</u>

When trying to design new treatment techniques aimed at enhancing therapy outcomes, it is important to take a closer look at the therapist-client relationship. By doing so, it becomes apparent that the dynamics of the therapeutic process are strongly influenced by the roles attributed and ascribed to the help-seeking client and the support-offering therapist.

The therapist-patient relationship has evolved significantly over the course of the last century. The relationship was conceptualized and originally defined by Freud (1890), as a classical, medical physician-patient interaction in which the 'ill' patient sought the doctor's advice and help. From this perspective, it was the physician's responsibility—for most 'early' therapists were medical doctors—to elicit and analyze underlying problems responsible for the patient's diminished sense of well-being. Freud (1890) stated that the therapist's goal was to unveil the patient's mental condition. Through the process of discovering what mechanisms may have caused the mental condition (*Seelenzustand*), it then became the therapist's responsibility to find suitable means to bring about positive change.

The model Freud proposed left little room for any type of active patient involvement in the shaping of the therapeutic process. The direction that treatment generally took relied completely on the physician's judgment. Even though Freud stressed that building rapport between the patient and the doctor was an important determinant for successful treatment outcome, he advocated maintaining a hierarchical

relationship in which the therapist asserted a powerful position, controlling access to diagnostic measures and interpretations. The therapist was the ultimate authority. In this model, the client was not an active participant in the therapeutic relationship but merely a passive, treatment-receiving patient.

Without a doubt, psychotherapy has come a long way since the turn of the twentieth century and has undergone many modifications since Freud's theoretical conceptualizations were initially developed. Interestingly though, actively involving the client in the treatment process, having him/her take a participatory role, is still a rather unfamiliar practice. Beck and Freeman (1990), however, stress that paying attention to the client's requests in therapy is very important. For example, they emphasize that collaborative goal-setting is an essential feature of therapy. Although, Beck and Freeman advocate having the client take a more active role, they fail to spell out how to accomplish this collaborative goal-setting. Others (see Wills, 1997) have attempted to define how this collaborative stance between the patient and the therapist can be attained. One way of inviting the client to embrace such an active role in the therapeutic process would be by giving him or her direct access to assessment results. Clients could receive feedback about their assessment from the therapist. The therapist would provide information about testing/assessment results gained from his or her initial conceptualization of the client within the framework of the therapeutic session. These results could be a combination of information gathered from various inventories, as well as the culmination of the therapist's clinical judgment about the client and his or her presenting problem.

Feedback as a Therapeutic Tool

Providing feedback to clients about assessment results as a formal approach to therapy has received relatively little attention in the clinical literature. Feedback has been described mostly as a therapeutic intervention aimed at enhancing and increasing a client's awareness of his or her thoughts, feelings, and actions (Arkowitz, 1992). This strategy also strengthens the doctor-patient relationship while giving the patient a rightfully deserved access to testing results (Rozensky, Sweet & Tovian, 1997). Others, such as Baker (1987) have emphasized that providing patients with testing results reduces their defensiveness about therapy, thereby enhancing a clinician's chances for building rapport and therefore a positive treatment outcome. Although not widespread, there does appear to be support for the notion that providing feedback to clients can be positive and therapy enhancing, yet empirical studies testing its effects are few.

Other Benefits of Assessment Feedback

Under the existing managed care system, doctors and clinicians face competing demands to, on one hand, help clients find relief from their symptoms, and on the other hand, to do so while satisfying health care administrators' specific requirements under a narrow set of guidelines. In order to provide clients with quality-oriented and effective therapy, new directions have to be developed (Quirk, Strohsahl, Kreilkamp & Erdberg, 1995). Providing feedback as an assessment tool could play an important role in re-shaping the therapist-client relationship. A systematic investigation into the effects of assessment feedback on therapy outcome offering an integrative, client-involved and efficient new approach could modify traditional therapy paradigms while satisfying the

increasing pressure clinicians feel to provide cost-effective therapy within a minimum of time.

A review of the literature showed that feedback has been identified as important by researchers from many different theoretical persuasions. In the sections that follow this, evidence will be discussed as it applies to our current interests.

Evidence from Clinical Practice

In clinical practice, a number of professionals have developed methodologies for providing feedback to clients. Escovar (1996, 1997a, 1997b, 1998, 1999) has developed a specific program for providing feedback to clients on the results of the Millon Clinical Multiaxial Inventory-III (MCMI-III; Millon, T., Millon, C. & Davis, 1994). According to Escovar, feedback about actual test results (profile elevations) are a first step in setting therapeutic goals. The feedback process also makes goal-setting more efficient, more collaborative, and, one hopes, more effective. The results of this process are to: a) enhance the therapeutic relationship and b) create greater positive outcomes in therapy. Clients are presented with information gathered both formally (through testing results) as well as informally (initial interview). Feedback is used during the initial sessions to help both the therapist and the patient identify where the problem or problems lie. Escovar suggests that the therapist gathers information about the patient's history, past and present relationships, and imminent presenting problems during the initial interview. The patient then completes the MCMI-III as part of a formal personality assessment. Within the framework of Millonian personologic theory (1996, 1999) this information enables the therapist to conceptualize the patient holistically. The feedback session consists of accurate and therapeutic information with the intent to enhance the possibility of a

positive outcome in therapy. A treatment plan, developed according to Millon's synergistic approach (Millon, 1999) in order to help both client and therapist set up goals for therapy, follows.

Escovar's approach to therapy with its emphasis on conceptualizing the patient and involving him/her actively in the treatment process is aimed at improving the patient's self-esteem, decrease their subjective symptom distress and increase the hopefulness about the outcome of therapy. Receiving concrete and accurate information about testing results also augments the patient's sense of self-verification: From the beginning on, the patient realizes that he/she is entering into a collaborative relationship with the therapist, where both parties work together towards the goal of decreasing symptomatology.

Another clinical approach to providing feedback has been developed by G. Miller (1997) for use with substance abuse clients. Since the hallmark of addiction is denial, Miller believes that "feedback to clients on their SASSI profiles is useful in order to increase awareness, eliciting further information, and establishing rapport (p.1)." In addition, this feedback methodology aims to reduce and breakdown the defensive denial that addicted clients usually present. W. R. Miller's approach (Miller & Rollnick, 1992), termed Motivational Enhancement Therapy (MET) has been adopted for use in treatment with alcoholism by Aubrey (1998), DiClemente, Bellino and Neavins (1999) and Hickman (1999). Taken together, these studies showed support for feedback as a therapeutic intervention. Specifically, Feedback based on Miller's motivational interviewing has been shown to positively affect outcome and motivation for treatment.

Evidence from Marital and Couples Therapy

In the area of marital therapy, Truitt (1999) has developed a methodology to provide feedback to couples on the results of the MCMI (Millon et al., 1994) and the Millon Index of Personality Styles (MIPS; Millon, T., Weiss., Millon, C. & Davis, 1994). This approach focuses on developing ways of combining assessment information with domain-oriented conjoint treatment approaches to encourage couples to plan strategies for change.

Worthington, McCullough, Shortz, Mindes, Sandage & Chartrand (1995) used feedback techniques as part of a marital satisfaction assessment. These researchers found that individualized relationship assessment and feedback have a positive impact on perceived satisfaction in the relationship. The study involved 48 college students and their respective partners. Couples were assigned to either an assessment feedback condition or to a written-assessment-only condition. The results of the study showed that the couples in the assessment feedback group showed more improvement over time than did the written-assessment-only couples. The findings of this study are significant for two reasons. First, the results lend support to the theory that assessment feedback has positive effects, the findings also show that these effects on outcomes such as satisfaction. Second, the findings are not restricted to a clinical sample but can be generalized to a non-clinical group of people.

Baucom and Epstein (1990) extended these findings and demonstrated the appropriateness of giving feedback to couples about not only their relationship but also about the therapist's conceptualization of their relationship and proposed treatment thereof. Several reasons for this are pointed out. Not only can feedback help clients view

their problems more objectively and therefore more clearly—something that may not always be feasible in times of marital discord without therapeutic intervention. Providing feedback can also aid couples in understanding their problems better. Moreover, feedback provides the clients with information about the therapist's proposed intervention methods and this helps to establish concrete treatment goals for the course of therapy. Finally, Baucom and Epstein (1990) stress that the client-therapist relationship is enhanced and rapport building is increased when feedback-providing approaches are taken.

Evidence from Behavioral Research

Feedback has been identified as an effective therapeutic variable in behavioral research as well (Leitenberg, Agras, Thompson and Wright, 1968). In two separate case studies, Leitenberg et al. (1968) showed that feedback reduced phobic responses in two phobic patients. For a claustrophobic female, results showed that time spent in a closed room increased when feedback regarding progress was given and dropped significantly during the non-feedback phase.

These results were replicated with a knife-phobic. However, in this case, in addition to feedback about progress, praise was provided. Interestingly, feedback was found to be a more significant predictor of therapeutic gains than praise.

Another behavioral study specifically tested the relationship between reinforcement and feedback with participants suffering from anorexia nervosa (Agras, Barlow, Chapin, Abel and Leitenberg, 1974). The reinforcement condition consisted of granting privileges based on increases in weight. Feedback on the other hand consisted of providing exact information about weight, number of mouthfuls eaten, and calorie intake. Surprisingly, results showed that feedback of information proved to be the most

important variable in the therapeutic setting. Moreover, when combined, reinforcement added positively to the effect of feedback. Feedback, however, appeared to maximize the effectiveness of reinforcement. The researchers concluded that feedback is a critical variable in producing positive therapy outcome.

Evidence from Personality Research

Research examining personality assessment using the Minnesota Multiphasic Personality Inventory and the Minnesota Multiphasic Personality Inventory 2 (MMPI and MMPI-2; Butcher, Dahlstrom, Graham, Tellegen and Kaemmer, 1989) as testing tools further underlines the positive effects of feedback (Finn & Tonsager, 1992; Finn, 1996; Newman & Greenway, 1997).

In a study by Finn and Tonsager (1992) the MMPI-2 was administered and assessment results were provided as feedback. In addition, participants provided their subjective impressions of their test feedback session. The sample was recruited from an outpatient college clinic waiting list. The experimental group (N=32) was asked to complete the MMPI-2 and then received feedback about their test results. The control group (N=28) did not complete the MMPI-2 but received attention from the experimenter equal in time to that of the experimental group. The experimental group showed a significant decrease in symptomatology and increase in self-esteem, and was more hopeful about the future when compared to the control group.

Finn (1996) has also developed a practical methodology in the form of a manual for providing feedback to clients on the results of the MMPI. This approach is based on helping the client set up treatment relevant questions which he/she would like to get answered based on the test results. Once the client completes the instrument, the clinician

addresses the questions and provides answers based on the test results. The whole process is done within a collaborative approach. In this manual Finn tries to combine MMPI-2 and Rorschach findings and incorporates them into the feedback paradigm. He proposes considering all results in order to arrive at a conceptualization of the client. After this initial organization, Finn developed an individualized MMPI-2 feedback session for the client. While doing this, he recommends trying to relate the findings to the client's questions.

A methodological flaw of the Finn & Tonsager (1992) study was that only the experimental group took the MMPI-2. Newman and Greenway (1997) address this problem by having both groups of participants complete the MMPI-2. Participants (N=60; 46 female, 14 male) were recruited from a university counseling center in Australia. The experimental group received MMPI-2 test feedback within two weeks of taking the test, whereas the control group received test feedback one week after having completed the test and only after having completed the outcome measures. Participants in the experimental group reported a significant increase in self-esteem and decrease in symptomatology during the 2-week follow-up when compared to the control group.

These personality studies lend support to the hypothesis that feedback about the results of an assessment has positive effects. The findings show clearly that simply filling out an inventory does not bring about positive therapeutic outcome but that the feedback itself, provided by the therapist following test administration, makes a difference in the clients' perceived well-being.

<u>Evidence from Other Disciplines</u>

Feedback is a well known variable in the field of industrial-organizational psychology since it is generally part of performance evaluation. It has been successfully incorporated into formal human-resource programs, such as performance appraisal, upward and 360-degree surveys (Smither, Wohlers & London, 1995), and assessment centers. Feedback to groups of employees has been shown to be effective in enhancing coordination and cooperation (London, 1997; London & Smither, 1995).

Integrating patient feedback into the treatment plan has also received attention in the medical setting. Gustafson and Burrows-Hudson (1997) describe the importance of adding patient feedback to the overall assessment when striving to achieve a comprehensive and satisfactory treatment plan with positive outcomes and higher levels of patients' perceived quality of life.

Neuropsychological assessment feedback has also been shown to have positive effects. Malla, Lazosky, McLean, Rickwood, Cheng and Norman (1998) used a case study approach to investigate the role of feedback from neurological assessment in the treatment of schizophrenic patients. These researchers found that the psychosocial rehabilitation process for severely mentally ill patients can be positively enhanced when feedback about the client's neuropsychological test results is provided to the client and their case managers. The information gathered from the assessment does not simply become a diagnostic code on a certain chart but is integrated into the treatment plan. Clients who receive feedback about their test results are aided in gaining insight into their diagnosis and level of functioning. They are also better able to develop realistic goals, which in turn positively affect the therapy process.

The previous discussion shows that feedback has positive effects on multiple levels. Not only does feedback help decrease symptomatology within a clinical setting, it also increases perceived well-being in a non-clinical setting. Using testing batteries such as personality inventories as part of therapy does not only aid the clinician in arriving at a valid diagnosis, but giving the client direct feedback about the administered test will significantly decrease symptomatology while increasing a sense of self-efficacy. The test becomes a vital part of the client-therapist interaction rather than remaining a mere diagnostic tool.

Present Study

These studies indicate that feedback has positive effects when integrated into a therapeutic program. Yet, why this is so, is still not clear. It is evident from the literature that information about a patient's progress towards a goal is superior to praise. Feedback may make it easier to think about the outcome of therapy for both the clinician and the patient and by doing so may change the dynamics of the relationship.

Information about progress towards a goal invites the patient to become an active player in the therapeutic process and increases his or her willingness to cooperate with the therapist. Information then, changes the very nature of the therapeutic dyad. No longer is it a hierarchical arrangement where one member passively accepts guidance while the other holds all the knowledge and the means to attain therapeutic goals. Accountability is enhanced for both sides by actively inviting discussions between the therapist and the client about the natural progression of therapy. Whether the established goals have been achieved or not, whether goals need to be modified or changed, can be

the subject of discussion and can also subsequently lead to an increase in rapport-building between the client and the therapist.

A review of the studies presented in the previous sections reveals that feedback has been operationally defined in a number of different ways. Escovar (1996-1999) provides feedback to clients on actual scale elevations of the MCMI (Millon et al., 1994) and discusses the meaning of the elevations with the client in a therapeutic context. A similar approach is used by Miller (1997), Aubrey (1998) and Hickman (1999) who engage the client on a give-and-take discussion of the meaning of scale elevations and items within the scale. Truitt (1998-1999), Worthington (1995), and Baucom and Epstein (1990) provide feedback on the conceptualization of the couples' relationships arrived at by the therapist. For Leitenberg et al. (1968) and Agras (1974) feedback is provided about treatment progress measured in time units. Finally, Malla et al. (1998) provide feedback about the results of neuropsychological assessment.

All of these studies treat feedback as a variable within a therapeutic context. While the results clearly lend ample support for the effectiveness of feedback, the actual factors causing the positive effects have not been isolated. One important question remains: What is it that produces the positive outcomes? Is it the actual information that is provided which has the positive effects, or are there other mediating factors? Is it the intensified attention given by the therapist and the expectation to get "better?"

Operational Definition

Since all of these studies have given feedback operationalized in different ways, it is difficult to ascertain what exactly it is about feedback that has the positive impact it appears to have. It is possible, for example, that in the Finn and Tonsager (1996) and

Newman and Greenway (1997) studies it is the informational value of having questions answered that has the positive effect. Alternatively, it could be that the demeanor and attentiveness of the feedback giver increases the participants' subjective state of well-being.

Accordingly, it may be important to clearly specify what is given to participants as feedback. For this study, a modified version of Escovar's original approach (1996, 1997a, 1997b, 1998, 1999) was used. Feedback was operationalized in the form of presenting profile elevations, scale scores, and interpretations to participants. It is our contention in this study that the positive effects obtained when giving feedback to clients are based exclusively on their informational value. In other words, feedback answers a fundamental and ever-present question in the mind of anyone who has ever taken a test: "How did I do?" By providing information on test results and their meaning, the therapist starts to answer that question in an assessment feedback situation.

This study uses as its major inventory one of the Millon Inventories, the Millon Index of Personality Styles (MIPS; Millon et al., 1994). Millon believes that assessment should precede treatment, therefore, he has developed several personality inventories which are based on his theoretical constructs—the Millon Clinical Multiaxial Inventory-III (MCMI-III; Millon et al., 1994), and the Millon Index of Personality Styles (MIPS; Millon et al., 1994) are among them. These tests can be easily integrated into a therapeutic setting in which therapist and client interact in a collaborative, dynamic way. We believe that such a setting can be fostered by ensuring that the client perceives the nature of the therapeutic relationship to be clear in its structure, purpose and direction. If this is accomplished, the therapist and client have entered into a 'contractual relationship'

which can be described as a fundamental part of down-to-earth cognitive counseling (Murgatroyd, 1985; Wills, 1997).

Beck (1976) stresses that a therapeutic relationship should be collaborative to ascertain rapport building with the client. In such a setting, focusing in on the presenting problem will not be perceived as an attack by the client. We believe that giving clients feedback about their testing results would aid in creating such a collaborative relationship. Millon's personality-guided therapy (1999) and the Millon Inventories (Millon et al. 1994, Millon, 1996, Millon & Davis, 1997) offer an ideal framework to reach such a therapeutic climate.

The general hypothesis of this study is that participants' positive evaluation of the examiner, satisfaction with the assessment, and self-esteem are enhanced by receiving feedback about their testing results from a personality inventory. Specifically, we predicted the following pattern of results:

Hypothesis 1. Participants who are provided specific, personalized test feedback will demonstrate higher levels of self-esteem at the conclusion of the session than participants who are provided only general test information.

Hypothesis 2. Participants who are provided specific, personalized test feedback will, at the conclusion of the session, evaluate the assessment session as more personally valuable than participants who are provided only general test information.

Hypothesis 3. Participants who are provided specific, personalized test feedback will, at the conclusion of the session, evaluate the evaluator more positively than participants who are provided only general test information.

II.   METHOD

Participants

A non-clinical sample of 83 college students was recruited from undergraduate psychology courses at a large urban university in Miami, Florida. The participants were told that they were voluntary participants in an experiment which required filling out several questionnaires and meeting with the experimenter for a 15-minute session afterwards. In addition to experimental measures, demographic data was collected. The experiment took approximately 45-60 minutes to complete. Students received course credit for participation.

Measures

MIPS. The Millon Index of Personality Styles (MIPS; Millon et al., 1994) measures the personal styles of so-called 'normal,' non-clinical individuals. It is a self-report questionnaire consisting of 180 true-false items.

The MIPS has 24 sub-scales, grouped into 12 pairs. The 12 pairs are divided into three areas: Motivating Aims, Cognitive Modes, and Interpersonal Behaviors. In addition to those categories, the MIPS also contains an Adjustment Index and three validity indicators. A sample description of the MIPS scales can be found in Appendix A.

Assessment Questionnaires. In order to assess how the participants felt about the feedback session, and to measure the impact of the assessment procedure, two assessment questionnaires were used. First, the Feedback Assessment Questionnaire (FAQ) was specifically written for this study to assess participants' satisfaction with the assessment session. It contains seven face-valid questions and provided participants with the opportunity to write comments about their testing experience. A compilation of these

comments according to group can be found in Appendix L. The reliability coefficient for this questionnaire was $\alpha = .90$. A copy of the questionnaires can be found in Appendix B.

The Assessment Questionnaire-2 designed by Finn and Tonsager (1994) was also used to test participants' attitude about the testing experience. Some of the items were slightly changed from their original form because this experiment used a non-clinical sample and did not involve an actual therapeutic setting. The questionnaire has four factors: Factor 1—New Self-Awareness/Understanding is comprised of items 1 (the only item that needed reverse scoring), 5, 9, 13, 17, 21, 24, 30, 34, 40, 43, 44, 45. According to Finn and Tonsager (1994) people scoring high on this subscale feel that they learned attributes about themselves and that they regard this information useful in the future, whereas low scorers do not feel that they have gained new awareness. This subscale yielded a reliability coefficient of $\alpha = .94$.

Factor 2—Positive Accurate Mirroring is comprised of items 2, 6, 10, 14, 18, 22, 25, 27, 31, 35, 41. People scoring high feel that their perceptions about themselves are reaffirmed and they feel proud, special, secure and important after the testing experience. This subscale yielded a reliability coefficient of $\alpha = .91$.

Factor 3—Positive Relationship with the Examiner is comprised of items 3, 7, 11, 15, 19, 23, 26, 28, 32, 36, 38, 42. People scoring high report positive feelings between themselves and the examiner, whereas people scoring low report negative ones. This subscale yielded a reliability coefficient $\alpha = .92$.

Factor 4—Negative Feelings about the Assessment is comprised of items 4, 8, 12, 16, 20, 29, 33, 37, 39. People scoring high on this scale report feeling hurt, judged and

exposed whereas people with low scores deny feeling uncomfortable during the experiment. This subscale yielded a reliability coefficient of $\alpha = .88$.

Self-Liking/Self Competence Scale. The Self-Liking/Self-Competence Scale (SLCS-R) developed by Tafarodi and Swann (2000) was used in this study (see also Newman & Greenway, 1997). The SLCS-R is a 20-item scale that measures self-liking—or a sense of self worth, and self-competence—a sense of personal efficacy. The measure has established internal and predictive validity. The SLSC-R yields two factors: a self-liking factor, comprised of items 3, 5, 9, 11, 1, 6, 7, and 15 (the alpha reliability coefficient for this factor was $\alpha = .88$) and the self-competence factor, comprised of items 2, 4, 12, 14, 8, 10, 13 and 16 (the alpha reliability coefficient for this factor was $\alpha = .79$). Items 1, 6, 7, 8, 10, 13, 15 and 16 had to be reverse-scored in order to obtain unidirectional responses. The scale can be found in Appendix C.

The State Self-Esteem Scale. The State Self-Esteem Scale (SSES) developed by Heatherton and Polivy (1991) was used. This scale consists of 20 items measuring three correlated factors: performance, social, and appearance self-esteem. The first factor (performance) is comprised of items 1, 5, 4, 9, 14, 18, 19; the alpha reliability for this factor was $\alpha = .73$. The second factor (social) is comprised of items 2, 8, 10, 13, 15, 17, 20 the alpha reliability for this factor was $\alpha = .80$. The third factor (appearance) is comprised of items 3, 6, 7, 11, 12, 16; the alpha reliability for this factor was $\alpha = .79$. A copy of the scale can be found in Appendix D.

Rosenberg Self-Esteem Scale. The Rosenberg Self-Esteem Scale (Rosenberg, 1965, 1979) is a ten-item self-report measure that assesses self-esteem and self-concept. Because a high score equals a negative response (poor self-esteem) for this scale, the

17

items were reverse-scored before a grand mean was computed. Alpha reliability for the Rosenberg items was $\alpha = .85$. A copy of the scale appears in Appendix E.

Examiner Description Form. A modified version of McLennan's (1990) Counselor Perception Measure (CPM) was used to rate the examiner. Participants were provided with 12 positive, descriptive adjectives and were asked to rate the examiner along those adjectives on a 1 to 7 scale. The measure has been shown to have good concurrent and construct validity, as well as high internal consistency. The reliability coefficient was $\alpha = .88$. A copy of the questionnaire can be found in Appendix F.

Design and Procedure

All participants were asked to provide general demographic information (a copy of the questionnaire can be found in Appendix G). Participants were asked to sign an informed consent form according to APA guidelines and were given an explanation of the study (Appendix H & I). Participants were randomly assigned to one of two conditions. All participants completed the MIPS. The experimental (feedback group) completed the actual MIPS on the computer, whereas the control group (general information group) completed a modified version of the MIPS. The modified version consisted of the same questions with one exception: rather than asking the questions in the first person, all questions were asked in the third person. This was done to prevent the general information group from receiving personalized information from a face valid inventory such as the MIPS. After the completion of the test, participants were asked to wait for an individual session with the experimenter.

Experimental Condition. Participants in the experimental group were given feedback about their MIPS testing results. The feedback session was given both in an

auditory version (participants listened to a tape recording) and visually (participants saw their actual profile of the results and were given a write-up of what was said in the tape recording). The session lasted 15 minutes. The modalities of the feedback session will be described in greater detail below. After the feedback session, the participants were asked to complete the Assessment Questionnaires, the SLCS-R, the SSES, the Rosenberg scale, and the Examiner Description Form.

Control Condition. The nature of the informational feedback given to the participants in the control group differed. In order to control for attention as a possible confound, participants in the control group also met with the experimenter for a 15-minute session, following the administration of the MIPS. During this session they were given a tape recording and a written description of the MIPS as a testing instrument. No personal profile information was given; participants received general information about the nature of the test they completed. Participants then filled out the Assessment Questionnaires, the SLCS-R, the SSES, the Rosenberg scale, and the Examiner Description Form.

In order to test for significant between group-differences, MANOVAs, ANOVAs and t-tests, as well as non-parametric tests were conducted. Dependent variables were as follows: ratings in the questions of the Assessment Questionnaires, scores on the SLCS-R, scores on the SSES, scores on the Rosenberg Self-Esteem Scale, and scores on the Examiner Description Form.

Feedback Session: Description and Rationale

According to Finn (1996), a feedback session should be aimed at not overwhelming the client with too much information. Generally, an individualized feedback session should be delivered in an empathic way. Escovar (1996-1999) defines assessment feedback as an integral part of synergistic, collaborative psychotherapy. The feedback session used in this study was based on the information gathered from the MIPS results only.

As mentioned above, the MIPS scales assess personality traits within a normal range. In a simplistic way, the MIPS could be called the 'normal' version of the MCMI-III. While the MCMI-III assesses pathology, the MIPS looks at the other end of the continuum of personality. Therefore, the 10 Interpersonal Behavior Scales of the MIPS assess the normal variants of the MCMI-III personality scales excluding the ones measuring decompensated forms of personality disorders (See Appendix J).

The other groups of scales, Motivating Aims, measure the normal range of Millon's aforementioned polarities. The Cognitive Modes measure information processing. For the purpose of this study, feedback will be based on the Interpersonal Behavior scales, the ten normal variants of personality styles.

Weiss (1997), one of the co-authors of the MIPS, provides a brief definition of the scales, and an interpretive report is available from the publisher of the scale, the Psychological Corporation. In order to provide specific feedback to a client, however, a detailed, as well as therapeutically appropriate description of the personality prototypes is necessary. While there is an interpretative guide to the MCMI (Choca and Van Denburg, 1997) no such manual exists for the MIPS. The feedback session used for the MIPS has

therefore been written and can be found in Appendix K. The descriptions are based on Millon (1994), Weiss (1997), Choca and van Denburg (1997), Sperry (1995), as well as Oldham and Morris (1990).

Experimental Condition: The individual feedback sessions took place right after the test results had been obtained. Usually, a profile was available within less than 2 minutes. Each participant of the experimental group was provided with a profile of scores obtained on the MIPS and written versions of the feedback of the two scales with the highest elevations. In addition, participants listened to a tape recording of each scale. The length of the written material had been standardized to be approximately 300 words in length ($\underline{M}$ = 296.5).

Instructions to participants: "Now we will give you feedback information about one of the tests you just took, the MIPS. The MIPS is the Millon Index of Personality Styles. The results of the testing show that you scored highest in the ......scale and second highest in the ......scale. Here are written descriptions of the meaning of those two scores. I want you to read them as you listen to a tape recording of the same material. You can feel free to underline or write on the sheets I am handing to you. If you have any questions, I'll answer them at the end." [Play tape recording of highest].

"And now here is the description of the second highest scale." [Play tape recording of second highest scale].

"Now that you have finished reading and listening to the tapes, do you have any questions?" [To experimenter: answer any questions by re-reading the passage in question and reframing it].

"Now I would like you to answer some brief questionnaires." [Give the Assessment Questionnaires, the SLCS-R, the SSES, the Rosenberg Scale and the Examiner Description Form].

Control Condition: The participants of the control group were also asked to meet again with the experimenter within the same time-frame. Participants in that group were thanked for participating in the experiment and general information about the types of tests and their nature will be given. Participants were provided with a written description of the MIPS equivalent in length to two scale descriptions. A copy of this description can be found in Appendix L.

Instructions to participants: "Now we will give you feedback information about one of the tests you just took, the MIPS. Here is a written description of the test. I want you to read it as you listen to a tape-recording of the same material. You can feel free to underline or write on the sheet I am handing to you. If you have any questions, I'll answer them at the end." [Play tape recording describing the MIPS].

"Now that you have finished reading and listening to the tape, do you have any questions?" [To experimenter: answer any questions by re-reading the passage and reframing it].

"Now I would like you to answer some brief questionnaires." [Give the Assessment Questionnaires, the SLCS-R, the SSES, the Rosenberg Scale and the Examiner Description Form].

As can be noted, precise attention was paid to ensure a high level of consistency of the feedback session. The participants were told on which of the scales they showed elevations by providing them with a profile. Participants were given information about

the two highest elevations. A taped version of those styles was played to the participant with the help of a tape recorder, and head-phones to ensure privacy. After having listened to the taped version and having had a chance to look over the typed copy, participants were asked whether or not they had any questions. In case there were questions about the content of the feedback, the researcher together with the participant re-read the applicable section of the feedback version and used minor explanatory elaboration in order to help the participant understand the section in question. Control participants received the same amount of attention and information but no test result information. The information control participants received was a description of the test materials. In concluding the feedback section, the participants were thanked for their participation in the experiment.

III.   RESULTS

Figures 1 and 2 show the ethnic and gender distributions of the two groups. A non-parametric (Mann-Whitney) test was performed for both gender and ethnicity to analyze whether the two groups differed significantly in their distribution. The results were: U (n_1= 40, n_2 =43) = 704.5, p = .84 for ethnicity and U (n_1= 40, n_2 =43) = 827.5, p = .627 for gender. Therefore, there was no significant difference between the groups in that respect.

Hypothesis 1. Participants who are provided specific, personalized test feedback will demonstrate higher levels of self-esteem at the conclusion of the session than participants who are provided only general test information.

In order to test this hypothesis, a series of inferential analyses were performed. An alpha level of .05 was used for these and all subsequent analyses.

SLSC-R. A one-way analysis of variance (ANOVA) was performed to determine the effect of the two types of feedback on two self-esteem factors. Significant differences were found between the experimental (personalized feedback) and the control group (general feedback): $F_{(81,1)} = 9.97$, $p = .002$ for the self-liking factor and $F_{(81, 1)} = 4.319$, $p = .041$ for the self-competence factor. Results for this measure can be found in Table 1. As can be seen in Table 1, the experimental group had significantly higher self-liking scores ($M = 35.33$; $SD = 4.79$), as well as significantly higher self-competence scores ($M = 30.63$; $SD = 4.96$) than the control group ($M = 31.51$; $SD = 6.08$ and $M = 28.30$; $SD = 5.19$, respectively).

Rosenberg Self-Esteem Scale. For the Rosenberg Scale, a t-test was performed. The results of the t-test also revealed significant group differences, with $t_{(81)} = 2.326$, $p = .023$. Results for this measure can be found in Table 2. Participants in the experimental group had significantly higher levels of self-esteem ($M = 3.53$; $SD = .412$) than did participants in the control group ($M = 3.32$; $SD = .389$).

The State-Self-Esteem Scale. A multivariate analysis of variance (MANOVA) was performed on the three factors comprising the State Self-Esteem Scale. Overall results were not significant with Pillai's $F_{(3, 79)} = 1.59$, $p = .197$. The univariate results were also not significant. There were no group effects on the performance factor with $F_{(1, 81)} = 2.85$, $p = .095$; or the social factor, $F_{(1, 81)} = 3.323$, $p = .072$; or the appearance factor, $F_{(1,81)} = 3.351$, $p = .071$. Results for this measure can be found in Table 3a & b.

Thus, there was partial support for Hypothesis 1. Personalized feedback resulted in higher self-esteem than general feedback, when measured by the SLSC-R and the Rosenberg Scale, but not by the SSES.

Hypothesis 2. Participants who are provided specific, personalized test feedback will, at the conclusion of the session, evaluate the assessment session as more personally valuable than participants who are provided only general test information.

The Feedback Questionnaire. In order to test whether a difference in group means existed, a t-test was performed. The results were significant at an alpha level of .001 with t (81) = 11.67, p < .001. The results are summarized in Table 4.

Assessment Questionnaire-2. A multivariate analysis of variance (MANOVA) was conducted to determine the effect of the two groups on the four factors of the Assessment Questionnaire (AQ-2). The MANOVA was significant with Pillai's statistic F (4, 78) = 18.63, p < .001. Significant univariate results were found for all of the four factors: There was a significant group difference on the self-awareness factor, F (1,81) = 46.61, p < .001; the experimental group scored significantly higher on this factor (M = 3.77; SD = .54) than did the control group (M = 2.66; SD = .88). There was a significant group difference on the positive accurate mirroring factor, F (1,81) = 47.54, p < .001; again, the experimental group scored significantly higher (M = 3.84; SD = .59) than did the control group (M = 2.78; SD = .78). There was a significant group difference on the positive relationship with the examiner factor, F (1,81) = 11.06, p = .001; the experimental group scored significantly higher (M = 3.63; SD = .74) than did the control group (M = 3.14; SD = .62). Finally, there was a significant group difference on the negative feelings about the assessment factor, F (1,81) = 8.70, p = .004; here also, the

experimental group scored significantly higher ($\underline{M}$ = 1.30; $\underline{SD}$ = .41) than the control group ($\underline{M}$ = 1.69; $\underline{SD}$ = .74). The results are summarized in Table 5a & b.

Thus, there was support for Hypothesis 2. Participants who received personalized feedback rated the experience more positively than did participants who only received general information.

Hypothesis 3. Participants who are provided specific, personalized test feedback will, at the conclusion of the session, ascribe the evaluator with more positive attributes than participants who are provided only general test information.

Examiner Description Form. A $\underline{t}$-test was conducted to test whether the two groups differed in their responses about examiner attributes. The results were not significant, $\underline{t}$ (81) = .434, $\underline{p}$= .665. A summary of the results can be found in Table 6.

Thus, there was no support for Hypothesis 3. Whether or not participants received testing feedback did not affect the way they described the examiner.

IV.   DISCUSSION

The purpose of this study was to show that providing informational assessment feedback has positive effects on participants' sense of satisfaction, self-esteem and rating of the assessment experience.

The results of this study clearly support Hypothesis 1. Participants who were provided specific, personalized test feedback demonstrated higher levels of self-esteem than participants who received general test information. Specifically, the results of the SLSC-R showed that feedback-receiving participants reported higher scores on the self-liking factor. This finding is consistent with the significant results on the positive-

mirroring factor of the AQ-2. It appears that receiving testing feedback to some extent

supports one's views about oneself and maybe even helps one like and accept oneself.

The highly significant scores on the self-competence factor also support this hypothesis.

Learning more about oneself, and finding one's own views supported appears to increase

one's subjective ratings of self-competence. The same trend holds true for the results of

the Rosenberg scale. Participants who were in the experimental, personalized feedback-

receiving group, reported significantly higher self-esteem than did subjects in the general

information group.

Significant group differences could not be found for the SSES. Further research

validating this measure or attempting to replicate the results of this study may be of use in

answering the question why this was the case. Another explanation might be that

assessment feedback on personality measures influences a more general perception of

self-worth, as measured by the Rosenberg scale, and self-liking and self-competence, as

measured by the SLSC-R, but not factors like performance, appearance and social self-

esteem, as measured by the SSES. Such factors (performance, appearance, social self-

esteem) appear to be more extrinsically driven than self-liking and self-competence. The

findings of this study support the assertion that receiving assessment feedback from a

personality measure positively affects that part of self-esteem that is most closely

connected with a sense of self-liking and self-worth but not with a sense of external

affirmation of one's performance. This finding poses interesting implications for therapy

in that it can help a client increase his/her intrinsically-driven perception of self.

Hypothesis 2 was also supported by the research findings. Participants in the

feedback group reported that their experience with receiving testing results was of

personal value to them. The factors of the Finn and Tonsager (1994) AQ-2 also showed that the feedback group felt that they gained a new self-awareness and understanding after having received their testing results. Perhaps they felt confirmed in their perceptions about themselves and therefore reported a more positive relationship with the experimenter. Personalized feedback recipients did not report negative feelings about the assessment, nor did their experience upset them. More importantly, this was the case regardless of the actual personality profile that was discussed in the personalized feedback session. In other words, a less "favorable" personality profile did not negatively affect satisfaction. This finding can prove very helpful in a therapeutic context when using the feedback assessment approach in dealing with personality disorders.

Hypothesis 3 was not be supported by the data. Participants of both groups rated the examiner positively. All of the questions asked about attributes of the examiner, however, the relationship between examiner and participants was not investigated in this questionnaire. The results show that receiving personalized feedback did not change the way participants viewed the examiner, nor did not receiving any personal information have any negative effects on the rating. This may be due to features of the examiner or aspects of the experiment, i.e. the format in which feedback was given. These issues need to be addressed in future research by using different examiners and different feedback formats. The perceived relationship between examiner and participant was, however, rated more highly as mentioned in the discussion of the AQ-2, above.

This study offers further empirical support for the positive effects of assessment feedback. One of the questions that remained unanswered by Finn & Tonsager (1992) was what the actual factors were that caused the positive results. In other words,

specifically what components of the feedback process mediate positive outcome and increased self-esteem? We believe that this study managed to isolate one such contributing factor: the personal value of the information provided. Our manipulation showed that the general information regarding the personality scale had <u>no</u> influence on participants' self-esteem or the prescribed value of the experience. However, when the information was personalized feedback on an individual's results on the MIPS, it had a significant effect on self-liking, self-competence and value of the experience. This clearly demonstrates that the <u>type</u> of information provided in feedback is important. Moreover, although feedback did not directly influence the perception of the examiner, the examiner did have a subtle impact—both groups rated her favorably and this may have influenced the positive relationship between participant and examiner.

<u>Limitations.</u> This study used a non-clinical sample. We use caution in generalizing from these findings to clinical samples. The pool of participants for this study consisted of undergraduate psychology students. The majority of the students were female and Hispanic. Even though the two groups did not differ significantly along those variables, a more normally distributed sample would be desirable for possible follow-up studies.

More research is needed to empirically validate the positive benefits of feedback. As mentioned above, earlier research (Finn & Tonsager, 1992; Newman & Greenway, 1997), as well as more recent research (Aubrey, 1998 & Hickman, 1999) provides support for the implementation of feedback in a therapeutic context. This study lends support to the notion that positive outcomes, as a result of feedback, can also be reached in a non-therapeutic setting, or prior to therapy in the assessment phase. We therefore

believe that the results are overwhelmingly supportive of the hypothesis that assessment feedback is a valuable tool. Providing feedback may positively dispose individuals who are initially resistant to therapeutic intervention and thus affect the therapeutic outcome. It may establish a positive dynamic and rapport in the relationship between therapist and client. It may facilitate goal-setting and outcome expectancies for therapy. Finally, it may positively influence clients' perception of efficacy and control over their therapy which usually enables clients to maintain change-over-time results in a therapeutic setting.

Tables

Table 1.

<u>Means, Standard Deviations, and Analysis of Variance (ANOVA) Results for Self-Liking/Self-Competence Scale-Revised</u>

Measure	Experimental			Control		
	<u>M</u>	<u>SD</u>	<u>F</u>	<u>M</u>	<u>SD</u>	<u>F</u>
Self-Liking Factor	35.33	4.79	9.97**	31.51	6.08	4.32*
Self-Competence Factor	30.63	4.96		28.30	5.19	

*$p < .05$. **$p < .005$.

Table 2.

Group differences for New York State Self-Esteem Scale (Rosenberg Scale)

Measure	Experimental		Control		
	M	SD	M	SD	t (81)
Rosenberg	3.53	.412	3.32	.389	.023*

*p < .05

Table 3a.

Means and Standard Deviations for SSES

Measure SSES	Experimental M	SD	Control M	SD
Performance	4.40	.44	4.22	.54
Social	4.20	.67	3.92	.73
Appearance	3.99	.66	3.72	.68

Table 3b.

Multivariate and Univariate Analyses of Variance F Ratios for Group Effects on SSES

	Multivariate $F(3, 79)$	Univariate $F(1, 81)$ Performance	$F(1, 81)$ Social	$F(1, 81)$ Appearance
Group	1.59	2.85	3.32	3.35

Note. F ratios were generated from Pillai's statistic.

*$p < .05$

Table 4.

Group differences for Main Assessment Questionnaire

Measure	Experimental		Control		
	M	SD	M	SD	t (81)
Main Assessment	4.21	.44	2.79	.64	.024*

*p < .05

Table 5a.

Group differences for AQ-2

Measure AQ-2	Experimental		Control	
	M	SD	M	SD
New Self-Awareness/ Understanding (Factor 1)	3.77	.54	2.66	.88
Positive Accurate Mirroring (Factor 2)	3.84	.59	2.78	.78
Positive Relationship with the Examiner (Factor 3)	3.63	.74	3.14	.62
Negative Feelings about the Assessment (Factor 4)	1.30	.41	1.69	.74

Table 5b.

Multivariate and Univariate Analyses of Variance F-Ratios for Group Effects on AQ-2

	Multivariate	Univariate			
	F (4, 78)	F (1, 81) Factor 1	F (1, 81) Factor 2	F (1, 81) Factor 3	F (1, 81) Factor 4
Group	18.63***	46.61***	47.54***	11.06**	8.70**

Note. F ratios were generated from Pillai's statistic.

***p < .001, ** p < .005.

Table 6.

Group Differences for Examiner Description Form

	Experimental		Control		
Measure	M	SD	M	SD	t (81)
Examiner Description	5.82	.94	5.74	.89	.665

*p < .05

Figures

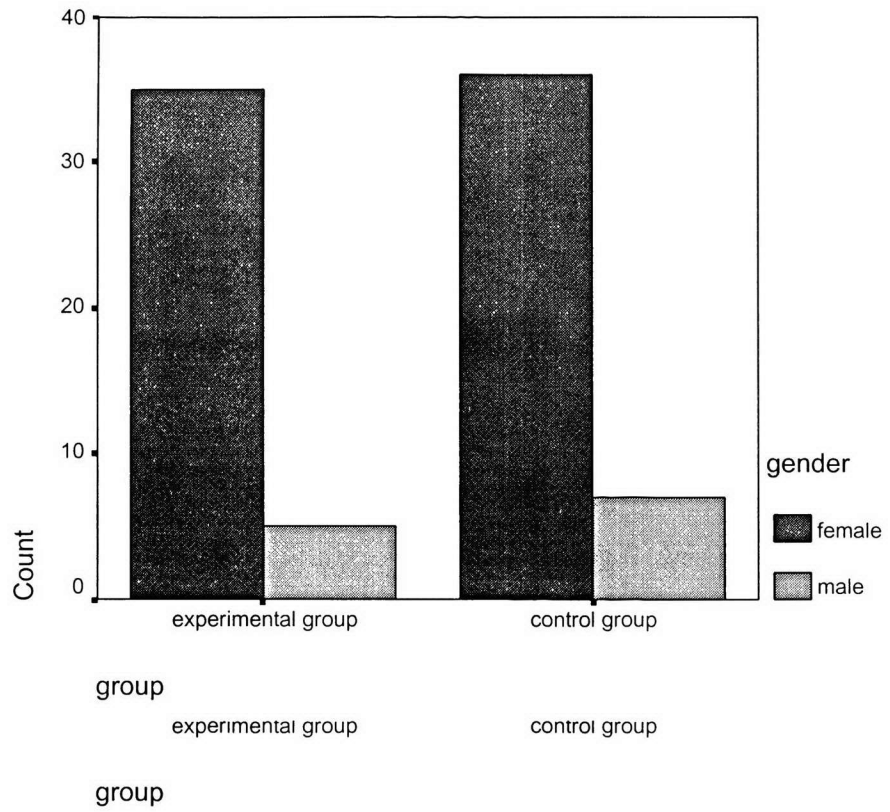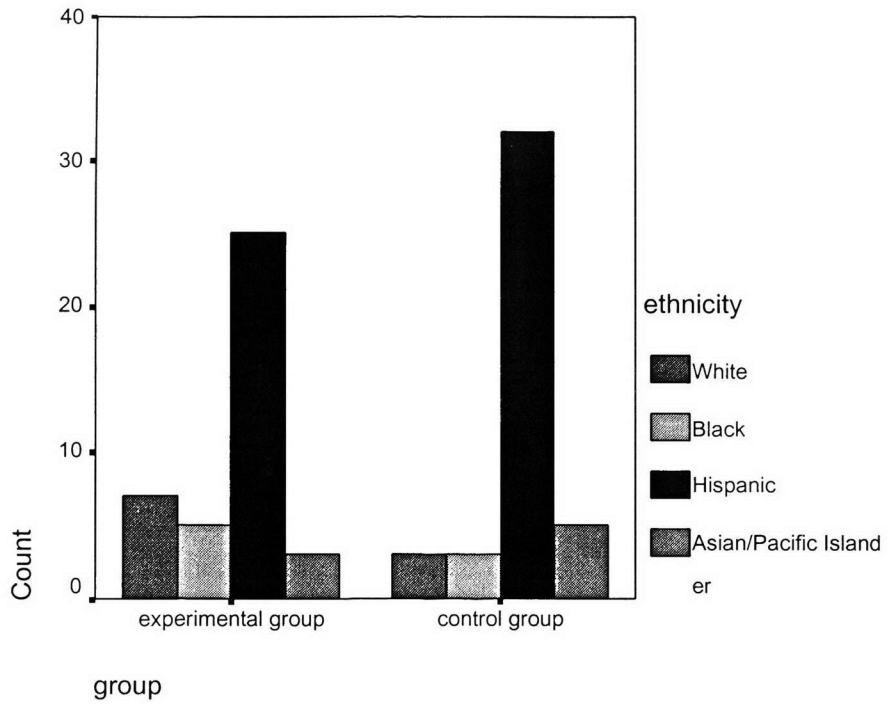Figure 1.

Distribution of participants according to gender

Figure 2.

Distribution of participants according to ethnicity

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Appendix A

MIPS Scales by Domain

<u>Motivating Aims:</u>   Enhancing

Preserving

Modifying

Accommodating

Individuating

Nurturing

<u>Cognitive Modes:</u>   Extroversing

Introversing

Sensing

Intuiting

Thinking

Feeling

Systematizing

Innovating

<u>Interpersonal Behaviors:</u>   Retiring

Outgoing

Hesitating

Asserting

Dissenting

Conforming

Yielding

Controlling

Complaining

Agreeing

Appendix B

Assessment Questionnaire

We would like to ask your opinion about your experience with the test you completed. Please indicate how much you agree with each of the statements below. <u>Be as honest and as accurate as possible</u>. Do not skip any statements. Use the following scale:

1	2	3	4	5
strongly		neutral		strongly
disagree				agree

Indicate your responses by placing a number (1-5) in the space provided before each statement.

___

1. ____ The contact session with the researcher after I completed the test gave me a lot to think about.

2. ____ I feel that the information I received is very useful to me as a person.

3. ____ I felt that the researcher really liked me.

4. ____ I feel that participating in this experiment was a <u>positive</u> and <u>valuable</u> experience for me as a person.

5. ____ I feel that the information I received in this experiment was of <u>personal value</u> to me.

6. ____ After the information I received, I felt really good about myself.

7. ____ I would recommend that a friend go through this testing experience.

Use this space to write any additional comments or thoughts you may have:

___

___

Assessment Questionnaire (AQ-2)

This questionnaire deals with your thoughts and feelings about your participation in this experiment.

Please read each statement carefully. Once you decide how much you agree or disagree with a statement, circle the number that best matches how the statement applies to you. *Please be as honest and as accurate as possible.* Please do not skip any item and circle only one number for each statement.

Use the following scale to rate each statement:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

	Strongly Disagree				Strongly Agree
1. Participation in this experiment did not teach me anything new about myself.	1	2	3	4	5
2. Participating in this experiment made me proud of who I am.	1	2	3	4	5
3. The examiner earned my respect.	1	2	3	4	5
4. I felt I was under a microscope.	1	2	3	4	5
5. The examiner introduced me to new aspects of myself.	1	2	3	4	5
6. Participation in this experiment made me feel good about myself.	1	2	3	4	5
7. It was easy to trust the examiner.	1	2	3	4	5
8. Participation in this experiment hurt me.	1	2	3	4	5
9. I gained a new understanding of myself.	1	2	3	4	5
10. This experiment captured the 'real' me.	1	2	3	4	5
11. The examiner seemed to like me.	1	2	3	4	5
12. Participation in this experiment was unsettling to me.	1	2	3	4	5
13. Parts of me that I had only suspected were confirmed.	1	2	3	4	5
14. The examiner said nice things about me.	1	2	3	4	5
15. I felt close to the examiner.	1	2	3	4	5

16. Participation in this experiment was a humiliating
    and degrading experience.   1   2   3   4   5

17. Participation in this experiment made me think of
    myself.   1   2   3   4   5

18. Participation in this experiment made me feel important.   1   2   3   4   5

19. The examiner treated me warmly.   1   2   3   4   5

20. Participation in this experiment was emotionally draining.   1   2   3   4   5

21. I'm more aware of how I behave with other people.   1   2   3   4   5

22. I felt special.   1   2   3   4   5

23. I really connected with the examiner.   1   2   3   4   5

24. Participation in this experiment helped me organize my
    thoughts about myself.   1   2   3   4   5

25. Participation in this experiment confirmed how I see myself.   1   2   3   4   5

26. I liked the examiner.   1   2   3   4   5

27. I feel more sure of who I am.   1   2   3   4   5

28. The examiner was interested in what I had to say.   1   2   3   4   5

29. I felt judged by the examiner.   1   2   3   4   5

30. I am more aware of how I am feeling.   1   2   3   4   5

31. I felt my strengths were recognized.   1   2   3   4   5

32. The examiner treated me as an equal.   1   2   3   4   5

33. The examiner made me feel inadequate.   1   2   3   4   5

34. Participation in this experiment will make a difference
    in my upcoming decisions.   1   2   3   4   5

35. Participation in this experiment made me think about
    where I am headed in my life.   1   2   3   4   5

36. I felt that the examiner respected me.   1   2   3   4   5

37. The examiner insulted me.   1   2   3   4   5

38. The examiner and I worked as a team to learn more about me.   1   2   3   4   5

39. I felt exposed.   1   2   3   4   5

40. I came to think of myself as I never had before.   1   2   3   4   5

41. Thoughts and feelings I have about myself were described.   1   2   3   4   5

42. The questions I had after taking the test were sufficiently

answered.   1   2   3   4   5

43. Participation in this experiment made me rethink the way

I already viewed myself.   1   2   3   4   5

44. I feel that participation in this experiment was a positive and

valuable experience for me as a person.   1   2   3   4   5

45. I would recommend that a friend go through this testing

experience.   1   2   3   4   5

Appendix C

The SLCS-R

Please indicate how much you agree with each of the 16 statements below. <u>Be as honest and as accurate as possible</u>. Do not skip any statements. Respond to the statements in the order they appear. Use the following scale:

1	2	3	4	5
strongly disagree				strongly agree

Indicate your responses by placing a number (1-5) in the space provided before each statement.

---

1. ____ I tend to devalue myself.
2. ____ I am highly effective at the things I do.
3. ____ I am very comfortable with myself.
4. ____ I am almost always able to accomplish what I try for.
5. ____ I am secure in my sense of self-worth.
6. ____ It is sometimes unpleasant for me to think about myself.
7. ____ I have a negative attitude toward myself.
8. ____ At times, I find it difficult to achieve the things that are important to me.
9. ____ I feel great about who I am.
10. ____ I sometimes deal poorly with challenges.

11. ____ I never doubt my personal worth.
12. ____ I perform very well at many things.
13. ____ I sometimes fail to fulfill my goals.
14. ____ I am very talented.
15. ____ I do not have enough respect for myself.
16. ____ I wish I were more skillful in my activities.

Appendix D

The State Self-Esteem Scale
(SSES)

This is a questionnaire designed to measure what you are thinking at this moment. There is, of course, no right answer for any statement. The best answer is what you feel is true of yourself at this moment. Be sure to answer all of the items, even if you are not certain of the best answer. Again, answer these questions as they are true for you RIGHT NOW.

Indicate your responses by placing a number (1-5) in the space provided before each statement.

1	2	3	4	5
not at all	a little bit	somewhat	very much	extremely

1. I feel confident about my abilities.
2. I am worried about whether I am regarded as a success or failure.
3. I feel satisfied with the way my body looks right now.
4. I feel frustrated or rattled about my performance.
5. I feel that I am having trouble understanding things that I read.
6. I feel that others respect and admire me.
7. I am dissatisfied with my weight.
8. I feel self-conscious.
9. I feel as smart as others.
10. I feel displeased with myself.
11. I feel good about myself.
12. I am pleased with my appearance right now.
13. I am worried about what other people think of me.
14. I feel confident that I understand things.
15. I feel inferior to others at this moment.
16. I feel unattractive.
17. I feel concerned about the impression I am making.
18. I feel that I have less scholastic ability right now than others.
19. I feel like I'm not doing well.
20. I am worried about looking foolish.

Appendix E

New York State Self-Esteem Scale
(Rosenberg Self-Esteem)

Respondents are asked to strongly agree, agree, disagree, or strongly disagree with the following items

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2.	At times I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I feel I do not have much to be proud of.	SA	A	D	SD
6.	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.	I wish I could have more respect for myself.	SA	A	D	SD
9.	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD

Appendix F

Examiner Description Form

Examiners can be described in terms of various characteristics. There are 12 possible examiner characteristics listed on this sheet. For each of these, please mark the number on the scale that reflects the extent to which the examiner you saw showed that characteristic.

Here are two examples:

1.　Humorous

X_1　　　_2　　　　_3　　　　_4　　　　_5　　　　_6　　　　_7

2.　Organized

　_1　　　_2　　　　_3　　　　_4　　　　_5　　　　_6　　　　X_7

*Answers like these would mean that you saw the examiner as being **not at all humorous** and **very we organized**.*

All the examiner characteristics listed below are positive, but examiners differ a great deal in the characteristics they show. For each of these, please mark the number on the scale that reflects the ext which the examiner you saw showed that characteristic.

1.　Friendly

　_1　　　_2　　　　_3　　　　_4　　　　_5　　　　_6　　　　_7
　Never　　　　Seldom　　　Sometimes　　　　Often　　　　Alwa

2.　Firm

　_1　　　_2　　　　_3　　　　_4　　　　_5　　　　_6　　　　_7
　Never　　　　Seldom　　　Sometimes　　　　Often　　　　Alwε

3.　Caring

　_1　　　_2　　　　_3　　　　_4　　　　_5　　　　_6　　　　_7
　Never　　　　Seldom　　　Sometimes　　　　Often　　　　Alw

4.　Accepting

　_1　　　_2　　　　_3　　　　_4　　　　_5　　　　_6　　　　_7
　Never　　　　Seldom　　　Sometimes　　　　Often　　　　Alw

5.　Straight-forward

　_1　　　_2　　　　_3　　　　_4　　　　_5　　　　_6　　　　_7
　Never　　　　Seldom　　　Sometimes　　　　Often　　　　Alw

6.　Expert

　_1　　　_2　　　　_3　　　　_4　　　　_5　　　　_6　　　　_7
　Never　　　　Seldom　　　Sometimes　　　　Often　　　　Alv

7. Sensitive

_1 Never _2 Seldom _3 Sometimes _4 _5 Often _6 _7 Alwa

8. Competent

_1 Never _2 Seldom _3 Sometimes _4 _5 Often _6 _7 Alwa

9. Knowledgeable

_1 Never _2 Seldom _3 Sometimes _4 _5 Often _6 _7 Alwa

10. Supportive

_1 Never _2 Seldom _3 Sometimes _4 _5 Often _6 _7 Alwa

11. Confident

_1 Never _2 Seldom _3 Sometimes _4 _5 Often _6 _7 Alwa

12. Understanding

_1 Never _2 Seldom _3 Sometimes _4 _5 Often _6 _7 Alwa

Appendix G

Demographic Questionnaire

We would like to ask you to answer the following questions. Please be informed that your answers are optional and will be used for statistical purposes only. Thank you very much!

Please check the categories that apply to you.

Ethnic Information:

   White (Not of Hispanic Origin)   Black (Not of Hispanic Origin)   Hispanic

   American Indian/Alaskan Native   Asian/Pacific Islander   Do not

choose to provide this information

Gender:

   Female   Male

Age:

_____years

Appendix H

Informed Consent Form

I freely and voluntarily consent to be a participant in the research project entitled 'Assessment Feedback' to be conducted at Florida International University during the Summer and Fall Semester, 2000 with Dr. Luis A. Escovar as Principal Investigator and Andrea Allen as Co-Investigator. I have been told that this experiment will last approximately 50 minutes.

I understand that the purpose of this research is to learn more about personality assessment.

I understand that the research procedure will be as follows: A brief overview of the experiment by the investigator, administration of one personality test, a 15 minute meeting with the investigator to discuss the tests, followed by the completion of some questionnaires.

I understand that there are no known risks or benefits involved in my participation in this experiment. I have been told that my responses will be kept strictly confidential. All scores will be identified only by a code number, and my individual performance will not be revealed to anyone without my expressed permission.

I understand that I may withdraw my consent and discontinue participation in this research project at any time with no negative consequences. I have been given the right to ask questions concerning the procedure, and any questions have been answered to my satisfaction.

I understand that if I desire further information about this research, I should contact Luis A. Escovar, Ph.D. at (305) 348-3379. I have been offered a copy of this informed consent form.

I have read and I understand the above.

_____   _____

Participant's Signature   Date

I have explained and defined in detail the research procedure in which the participant has agreed to participate, and have offered him/her a copy of this informed consent form.

_____   _____

Principal Investigator   Date

Appendix I

Explanation

Informational Effects of Assessment Feedback

This experiment aims to elucidate the informational effects of assessment feedback on people. In particular, we are interested in studying people's reaction to specific information they receive about a test they just completed.

Usually, one completes an inventory or questionnaire and then either receives the results--which could be in form of a number or percentile--or does not receive any results at all, but rather knows that the results will be used by someone else, in order to provide them with more detailed knowledge about the test-taker. This study does not focus as much on the results of the test but on the reaction of the test-taker in the subsequent discussion of it. Your completion of the questionnaires will help us determine whether receiving information about an assessment inventory/test is important or not.

Thank you very much for your help in this study. If you are interested in knowing more about informational assessment feedback, please let us know.

Appendix J

Comparison between MCMI-III scales and MIPS scales

Schizoid

Depressive*   ⟹   Retiring

Avoidant   ⟹   Hesitating

Masochistic   ⟹   Yielding

Sadistic   ⟹   Controlling

Dependent   ⟹   Agreeing

Histrionic   ⟹   Outgoing

Narcissistic   ⟹   Asserting

Compulsive   ⟹   Conforming

Antisocial   ⟹   Dissenting

Complaining   ⟹   Negativistic

No equivalents exist for Schizotypal, Borderline, and Paranoid.

* If pattern is one of giving up.

Appendix K

The Retiring personality style

Persons scoring high on this scale usually feel most comfortable when they are alone. They tend to feel at ease when they are by themselves and do not necessarily seek companionship all the time.

When confronted with a problematic situation or difficult decision, persons scoring high on this scale are likely to 'use their heads.' They do not tend to become too emotional but rather remain rational and well composed. In relationships with others they tend to take the passive role without feeling the need to engage in social events frequently. They are satisfied focusing their attention on practical things. They are likely to choose solitary work or studious engagement over socializing events. A monotonous work schedule or scientifically oriented curriculum does not repel them; rather they choose it over something more people-oriented. They appreciate most to work with objects. Interpersonal contact at the workplace is secondary to them and is not necessary for them to be satisfied with their job. They are more interested in concrete things and shy away from exploring emotional and metaphysical things.

Persons scoring high on this scale do not tend to overreact in an emotionally charged situation. They do not let minor disappointments ruin their day. Moreover, they remain calm if things don't work out right. Even when faced with an exciting event, they tend to not become too emotionally aroused.

People scoring high on this scale sometimes have difficulties forming close friendships or relationships. They usually handle things on their own and are reluctant to

seek out support. They are more inclined to tackle the problems by themselves and are likely to come up with a strategic and rational problem solving approach.

These people are relatively private. They are likely to accept things for what they are and do not necessarily feel that they have to constantly 'change the world.' Their mood changes very infrequently. They do not tend to have emotional outbursts. While they are capable of having stable and lasting relationships, they tend to avoid overly dramatic ones. Due to their focus on the concrete, they have some difficulty reading 'between the lines.' Others might at times perceive such persons as uninvolved and indifferent. They usually do not feel compelled to analyze someone else's state of mind.

The Outgoing personality style

People scoring high on this scale are vivacious, fun-loving individuals. They are generally very sociable and outgoing. They take pride in their appearance, both physically and interpersonally and usually try to make a good impression on others. They do not mind being center-stage on occasion, and present themselves as very refined, stylish and eloquent. Others view them as charming, generous and friendly. They are usually considered to be fairly popular.

In their relationships they can be very seductive and passionate. They will quickly sweep their partners off their feet with their enthusiasm and love of life. They like exciting relationships with attentive partners and will not settle for less than what they truly desire. When they find a partner who keeps them intrigued and satisfied, they will devote themselves to that relationship; until then, they love to explore the social arena and enjoy flirtations and making flattering experiences. They like emotional roller

coasters, which keep their lives interesting and exciting. Even pursuing unavailable people can give them a temporary thrill.

They are generally very trusting and can be suggestible. In the workplace they are perceived as quite successful and inspiring. They appreciate the good work of others and are generous in the praise. They have a talent for motivating people and can have very good managerial skills. They are also very creative and have a natural gift towards the performing arts.

Their sensitivity towards emotions is reflected in their mood. They can experience mood shifts; while they sometimes feel cheerful at one point, they can feel frustrated at another. Generally, they do not hide their anger, but tend to express it appropriately.

They can at times react emotionally rather than rationally, a trait others might perceive as a tendency to overreact. Should such an emotional reaction occur, they do not spend too much time thinking about the underlying reasons for that. They rather enjoy leading a busy life filled with pleasure, and appreciate greatly being surrounded by people who love them.

The Hesitating personality style

People scoring high on this scale are usually quiet and reserved in social situations. They tend to be easily distracted and spend a lot of time thinking about what could happen in any given situation. They are on their guard feeling that they can be hurt by someone's reaction to them. In order to avoid being potentially rejected, they shy away from making friendships too quickly; rather they are slow to warm up.

Others might see them as inhibited and sometimes even as cold or aloof, whereas they might experience feelings of uneasiness and hesitation while exploring the social arena.

People scoring high on this scale tend to feel comfortable with a set routine. They prefer to adhere to their customs. They enjoy their home-life, and can have a very curious nature. They can be completely satisfied and content devoting themselves to a hobby or to some cherished activity.

They do not trust people easily. Rather, they keep their distance until having ascertained that the person is trustworthy. Even though they do not avoid spending time alone, they often long for somebody else. A somebody who can give them unconditional love and who does not reject them. Someone who accepts them for who and what they are; someone they can trust completely and who would not hurt them. People scoring high on this scale would rather be alone than compromise their high ideals for such a relationship. When they are in a relationship, they are very sensitive and responsive to the other person's needs and feelings. They are generally regarded as warm yet somewhat insecure.

Their thoughts about potentially being strongly criticized by others can leave them feeling tense and strained. They desire affection but feel that if they commit themselves to a relationship, they are faced with the possibility of rejection and embarrassment. In light of this, sadness and perceived emptiness are emotions felt sometimes by people scoring high on this scale.

The Asserting personality style

People scoring high on this scale do not like to follow conventional rules. They like to pursue their own path and are not likely to be swayed by others' opinions. They are not conformists. In relationships with others, people scoring high on this scale do not let themselves be exploited. They have a strong sense of knowing who they are and what they want. They know how they want to be treated by others and dislike feeling taken advantage of.

When they believe that a completed task is commendable, they expect others to show recognition. If this appreciation of their accomplishments fails to be delivered, they are likely to be somewhat disappointed. They will not, however, let that bother them for too long. While they do not invite criticism, their creative thinking and strive to excel are not diminished by it. Because of their strong sense of identity and positive self-image, others can sometimes regard them as being self involved or even arrogant.

People scoring high on this scale do not allow their mood to be depressed. They like to think positive and are future-oriented. They tend to focus on plans they hope will be successful. They believe in themselves and in their abilities.

They are generally up-beat and cheerful. They like to initiate social contact and love to let others partake of their lives. They are open and friendly; remain cool and calm in even stressful situations.

Others perceive them as charming and successful. They usually are very convincing and eloquent in conversations. They are compelling speakers. They like to apply their talents to their fullest potentials and expect self-confidently that others also pull their weight. This can lead to them sometimes being labeled as difficult by others. In

their personal relationships they can be very seductive and overwhelmingly romantic. They believe in leading an active, positive and socially enriched life.

The Dissenting personality style

People scoring high on this scale are very free-spirited. They do not like to be tied down by society's conventions and norms; rather, they tend to live by their own rules and values. They are usually generous and like to spend money without having to worry too much about where the next month's rent will come from. They like to enjoy their life under their conditions and they will not let anybody 'rain on their parade.'

They are independent, trust their own instincts best--sometimes to the point of showing disregard for other people's opinions. They are capable of overturning traditional standards in a very inventive and enterprising way. Because of their audacity and adventurousness, they are often seen as spirited and sometimes even as reckless. People who score high on this scale are the prototypical self-made entrepreneurs who defy norms and erect their own business or empire. They can make decisions easily and at the spur of the moment. They believe in capturing the momentum and seldom show regret or waste their time with second thoughts. They are not careful and apprehensive planners; they are much more goal-oriented go-getters. Anxiety is mostly unknown to them.

The way they tackle business matters more or less also applies to their personal lives. People scoring high on this scale like variety and excitement. They look for the thrill in a relationship and do not commit themselves or settle down too quickly. They cherish their freedom and autonomy. This is why they are sometimes seen as unreliable and irresponsible. They do no like to surround themselves with people who, as they think,

slow them down or try to control them. Such efforts on the part of others would likely lead to frustration, a feeling they truly detest.

They can be impulsive and unrestrained. They get irritable when they feel restricted. They are energetic and hardly ever slowed down by nervousness. Charmingly and charismatically, they like to always go ahead and they seldom look back.

The Conforming personality style

People scoring high on this scale like to do things right. They devote themselves to completing a set task or project flawlessly. They take great pride in their work and demand a lot of themselves. They are very polite and respectful towards others. They follow the rules and have generally very high morals and ethics.

Others see them as upstanding, fair, and decent human beings. They can be very cooperative and are capable of working in a team. They are no-nonsense people who do their work in a very disciplined manner. They are regarded as reliable and responsible people who take pride in their work and accomplishments.

In their interpersonal relationships, they are fair and honest. They do avoid being overly emotional though, and tend to tackle personal and professional things rationally and in a well thought out manner. They are usually very self-controlled and shy away from acting too spontaneously.

They have no difficulties appearing appropriate in social situations. They know very well how to act in a formal and proper manner. People scoring high on this scale gain great enjoyment out of collecting objects and they tend to become very attached to their little treasures. They are sometimes reluctant to discard things they are used to. They feel more comfortable in their set routines and familiar environment.

They keep their emotions under control and therefore appear a little tense sometimes. They are very industrious and meticulous people who are most comfortable in a structured environment with stable and mutually supportive relationships.

The Yielding personality style

People scoring high on this scale do not like to impose on others. They are generally very generous people who devote themselves to their friends and family members. They will gladly help them out or do them a favor even if it includes sacrifice on their part. They would rather do without than not lend support and be of assistance. On the other hand, they are not likely to accept help for themselves.

They do not want to be in the role of the opportunist, which is why they usually remain unassertive, demanding little. Others are often surprised by such behavior and can even react with feelings of guilt.

People scoring high on this scale do not pursue a relationship to make personal gains. On the contrary, they focus on what it is that they can do for their partner. It is not unusual for them to feel bored in a relationship.

People scoring high on this scale are not the ones to race to a goal; they are more likely to let others get a head start. They do not want to be presumptuous. They take painful experiences in stride without asking others to come to their rescue.

Their goal in life is not to pursue only pleasurable things; they view themselves as non-materialistic and non-indulgent. They are generally hesitant to emphasize the positive. They are unlikely to praise themselves but rather are more prone to be fairly

critical of themselves, their appearance and their accomplishments. They experience a mix of emotions at times, which can leave them feeling slightly apprehensive or worried.

The Controlling personality style

People scoring high on this scale are strong-willed and energetic. They like competition and are not afraid to be very assertive in pursuing their goals. They seek out challenges and are attracted to risky situations while being unimpressed by potential danger or even pain. They do not like to give in. Usually, they have strong opinions and are relatively unwilling to change their minds. Others might perceive them as wanting to be right all the time.

In their interpersonal relationships, they like to keep the upper hand. Socially, they like to take the role of the leader. They see themselves as the driving force in the relationship and expect to be respected. They will not be taken advantage of. They frequently express their opinions and are willing to defend their beliefs at all costs. They have a clear understanding of their priorities and do not hesitate to convince others to follow in their path. While they can be very persuasive and coercive, others do not easily influence them. They know how to set limits and boundaries in any given situation and have no problems appearing authoritative.

Their goal-oriented, ambitious and energetic way of relating to others makes them come across as being hardheaded and sometimes domineering. They shun weakness and generally approach situations in a fearless and strong-willed manner. They tend to become somewhat irritable at times and can be perceived as being temperamental to the point of being antagonistic. They are proud of their strong and steadfast character and strong will.

The Complaining personality style

People scoring high on this scale tend to have a rather skeptical outlook on life. They are not easily taken in but are used to reading between the lines and getting the unpolished version of the situation.

They do not simply succumb to authority but are prone to question direction and commands. If deemed necessary, they will defend an oppositional point of view. Their way of protesting is, however, one of a smiling resistance. They shy away from blunt aggression.

They do not feel the need to live up to someone else's expectations. In completing tasks, they generally work by their own schedules and dislike being given time restraints or strict deadlines. Others sometimes view them as assertive yet temperamental and touchy.

They consider themselves oftentimes somewhat misunderstood or underappreciated. These thoughts lead them to approach life's challenges and hurdles with trepidation and apprehension.

In interpersonal relationships they are cautious. They do not easily form trusting relationships and are more prone to expecting negative things than positive ones. They can posses a fairly dry sense of humor, which can sometimes be even perceived as sarcasm.

Frustrating experiences in their lives easily give them the tendency to withdraw emotionally—a characteristic that can come across as being moody and irritable. When faced with disappointment, people scoring high on this scale tend to not be openly confrontative but take a more passive approach to problem solving.

The Agreeing personality style

People scoring high on this scale tend to seek advice from others. They prefer to hear other people's opinions before they make a decision. They are the kind of people who prefer the company of friends to being alone. They are strongly committed to their relationships and work hard at sustaining them.

They are the perfect team players and work well under supervision. Others see them as helpful, friendly and sympathetic.

People scoring high on this scale tend to be very agreeable and concerned about others' opinions. They are usually polite and kind. They dislike conflict situations and much prefer harmonious relationships. Since they tend to be very committed in their friendships, they are likely to be very lenient and uncritical about others' more egocentristic behavior. Their objective is to retain the relationship, and they are unwilling to be suspicious of others. The fact that they sometimes shy away from disagreement might make them appear gullible and slightly naïve to others.

Generally, people scoring high on this scale avoid the role of the leader. They tend to underscore their abilities and achievements and sometimes experience feelings of insecurity and concerns about rejection by others. People scoring high on this scale are seen as warm, giving and tender. They are never 'sore losers.' They are helpful pacifists and refrain from becoming agitated or even aggressive.

Appendix L

Description of MIPS

The Millon Index of Personality Styles (MIPS) was designed by Theodore Millon, Lawrence Weiss, Carrie Millon, and Roger Davis in 1994. It is different from other psychological personality inventories, such as the MMPI or MCMI-III, in that it does not assess pathology but rather focuses on normal-ranger personality styles. The MIPS is theoretically based on Theodore Millon's biosocial and evolutionary model[1].

The MIPS is a 180-item, true-false questionnaire designed to be administered to normally functioning adults age 18 and over. Most test-takers who have an eighth grade education can complete the questionnaire within 30 minutes. After completion of the test, the examiner receives a comprehensive profile of the test-taker's personality reflecting his/her strengths and weaknesses. This profile can be supplemented by a detailed description of the test-taker's personality.

The MIPS has 24 scales which are divided into 12 pairs. Each pair consists of two opposite scales. For example, the Hesitating and Asserting scales are a pair. The 12 pairs of MIPS scales are organized into three domains: Motivating Aims, Cognitive Aims, and Interpersonal Behaviors. The three pairs of Motivating Aims Scales measure an individual's orientation towards gaining reinforcement from the environment.

The four pairs of Cognitive Modes Scales look at styles of information processing. Jungian theory is the theoretical foundation for those scales. The five pairs of Interpersonal Behaviors measure an individual's way of relating to others.

Additionally, the MIPS contains three Validity Indicators: Consistency, Positive Impression, and Negative Impression, as well as an overall Adjustment index. The MIPS

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[1] For a detailed discussion of Millon's model, refer to T.Millon (1996). Disorders of personality DSM-IV and beyond. New York, NY: Wiley.

can be used in a variety of organizational counseling settings, as well as in career counseling and normal-range personality assessment.

MIPS Scales:

Validity Indicators:	Consistency
	Positive Impression
	Negative Impression
Motivating Aims:	Enhancing/Preserving
	Modifying/Accommodating
	Individuating/Nurturing
Cognitive Modes:	Extraversing/Introversing
	Sensing/Intuiting
	Thinking/Feeling
	Systematizing/Innovating
Interpersonal Behaviors:	Retiring/Outgoing
	Hesitating/Asserting
	Dissenting/Conforming
	Yielding/Controlling
	Complaining/Agreeing

Appendix M

Compilation of Comments Made by Participants on Feedback Assessment Questionnaire

General Information Group:

It was good to participate in an experiment like this, but I don't think I learned something.

I cannot say whether or not this was a valuable experience because I have not gained the insight into my test results.

I did not get any feedback from the test.

The participation doesn't make me feel so wonderful, it's God and having Jesus in my life.

The questions were good. It asked us questions that I deal with in my everyday life.

This was a very general survey.

This experiment was interesting because it made me think of people I know and things I do or did that I wouldn't normally think of.

Feedback Group:

The description was very accurate.

The test results were very accurate.

I never had a personality test before and finding out about some characteristics from another stand point was enlightening.

The information was right on the nose. I would love a copy of the two personality types I am.

The study really helped me to understand and know myself a lot more.

The researcher was efficient and well organized.

The research really match(es) some of my personality traits.

I thought it was interesting how the test captured a big part of my personality.

I liked the fact that the questions were different and not about the same topic.

I find this is a good experience for anyone to go through because it gives you more knowledge of one's self.

It was very interesting to find out a little about myself.

I was somewhat surprised at how accurate the personality types were.

Very interesting, and I found to be a true assessment of me.

It was a well-done accurate assessment.

Some stuff said really surprised me of the type of person and I have seen myself in those situations.

This was fun and interesting!

Very interesting, the conductor of this experiment was very clam and understanding, very polite!