Assessing Personality and Advocating for the Profession

Practitioner Profile: Mark Alan Blais, PsyD

Back when Mark Alan Blais, PsyD, was a psychology major at the State University of New York at Cortland in the 1970s, behavioralism ruled.

“I remember my personality instructor telling us personality was a construct that occurred as you interacted with the environment, that there weren’t really these traits inside you,” he remembers. “That didn’t strike me as real, because I was 450 miles from home but still pretty much the same person.” That experience prompted Blais’ interest in personality. And, he says, “I’ve been hooked ever since.”

After earning a clinical psychology doctorate from Nova Southeastern University in 1990 and doing a post-doc at Massachusetts General Hospital, Blais now directs the Psychological Evaluation and Research Laboratory at Mass General. He’s also the hospital’s associate chief of psychology and an associate professor at Harvard Medical School.

Over the course of his career, Blais has conducted personality and neuropsychological assessments of adults with all kinds of issues. His patients have included individuals about to enter religious orders, business executives whose companies want to ensure they’re capable of greater challenges, and the Boston Red Sox.

Blais’ specialty, however, is complex cases – individuals with multiple psychiatric diagnoses, psychological problems that don’t map onto one clear diagnosis, along with neurological problems like head injuries and other medical issues that have “baffled their treaters,” says Blais, who won the Theodore Millon Award for advancing the science of personality psychology from the American Psychological Foundation and APA’s Div. 12 (Society of Clinical Psychology) in 2009.

Blais’ findings can help those treaters – many of them psychiatrists – decide how to change treatment plans so patients make better progress.

Based on findings from what’s typically a four-hour battery of personality assessment instruments, Blais might recommend that a clinician focus more on psychotherapy than psychopharmacology. He might suggest more aggressive treatment of a mood disorder. Or he might discover that an individual could better benefit from a more structured, behaviorally-oriented, problem-solving form of psychotherapy than the type of intervention currently being used.

Psychologists are uniquely qualified for this work, says Blais. “We’re the only discipline really trained to do personality assessment” says Blais, co-editor of Clinical Applications of the Personality Assessment Inventory (Routledge, 2010). “It’s an area where psychologists at a medical facility like Mass General can have their own area of authority, set guidelines and create their own policies and procedures.”

Opportunities and challenges

According to Blais, health care reform is bringing new hope as well as concerns for psychologists specializing in personality assessment.

On the plus side is reform’s emphasis on integrating behavioral and physical health care. “Health care reform is going to move a lot of services into primary-care settings, which is going to be great,” says Blais, explaining that there will be increased emphasis on rapidly identifying common psychological conditions like depression, anxiety and substance misuse. Psychologists will have a crucial role to play in designing such screening programs and determining how to use resulting data. But, he says, “We can’t let people think that because you’ve screened for
depression, anxiety and alcohol misuse, you’ve done a comprehensive evaluation.”

Another new role for psychologists specializing in personality assessment is demonstrating treatment outcomes. Blais and his colleagues have already developed an innovative model for tracking their patients’ treatment progress.

At their first appointment, patients fill out an intake version of the treatment monitoring instrument. Every 13 weeks thereafter, the system triggers the generation of a form with standard outcome measures. Patients use a “smart pen” to fill out the form. Although they write like regular pens, these devices photograph the information inscribed and then upload it to a server when docked at night. The information then flows into the hospital’s electronic medical record system.

Blais notes that the process was developed with the hospital’s information technology department and complies with Health Insurance Portability and Accountability Act (HIPAA) requirements.

This technology allows clinicians to easily track whether patients are progressing or deteriorating. The data generated by this system is analyzed using the Reliable Change Index and Clinically Significant Improvement methods developed for psychotherapy research. “These indices were created by psychologists,” says Blais, adding that these analyses take into account statistical factors, such as regression to mean along with score variations due to differences in standard deviations and sample sizes.

“We’re the only mental health discipline – or even health care discipline – trained in measurement and psychological evaluation,” says Blais. “We’re also unique in that we’re all trained in statistics.”

As health care reform implementation continues, psychologists must also get involved in designing appropriate electronic medical records, says Blais. And they should get involved now.

While electronic medical records may not be implemented for a few years, the groundwork is being laid now. “If psychologists, especially those at institutions, aren’t actively giving input about what instruments and what kind of data manipulation they want to do in the beginning, it’s going to be very hard to have much impact when it’s rolled out at the end,” he warns.

A “mosaic” of a career

Blais doesn’t just conduct psychological assessments. In fact, he conducts just half a dozen a month.

“I’m one of those lucky people with a job that’s like a quilt or mosaic,” says Blais.

In addition to personality assessment, Blais sees patients, mostly men around his own age, for short-term psychotherapy. “Men of my generation – say 45 to 65 years of age – underutilize mental health services in general and psychotherapy in particular,” he says. “It can be helpful when a primary care doctor says, ’I have someone you can see who specializes in talking with men.’”

Blais also supervises psychology interns and post-doctoral fellows. He teaches a seminar on personality assessment. And he conducts assessment research and test development projects.

One of the things Blais is proudest of is his work with colleagues to create the Schwartz Outcome Scale (SOS-10), a 10-item measure of well-being versus distress that asks patients questions like whether they have peace of mind or can have fun, not whether they’re depressed or have severe mood swings. The scale has been translated into French, Arabic, Chinese, Spanish and other languages.

Blais has also created a model of personality that helps those conducting personality assessments write integrated comprehensive reports. “One of the most difficult things to do is integrate the vast amount of data an assessment creates,” says Blais, explaining that comprehensive evaluations can produce more than 150 points of information that must be incorporated with the patient’s clinical history and psychologist’s clinical observations. “It can be overwhelming,” he says. “You can wind up picking and choosing the data that’s easiest to report.” To prevent that, Blais’ personality model – and the worksheets that
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How can psychologists take advantage of the opportunities health care reform is bringing? The first step should be to apply for medical staff privileges at your local hospital, says Henderson. “That’s where you build relationships,” she says, encouraging psychologists to join physicians on grand rounds and invite medical colleagues out for coffee. Together, she says, you can start brainstorming about ways to integrate services and thus improve care.

And you can start small, Henderson adds. Even an experiment with a handful of patients or even just one can become the basis for improvements on a larger scale, she says, urging psychologists to launch pilot projects.

“All of our transformation initiatives were small ideas someone had that we took and turned into big action and big cash,” she says. “That’s how we’re going to change health care.”

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go with it – help psychologists align test data with the personality structures most related to the test construct.

Blais is also active in the Society for Personality Assessment (SPA), chairing the Personality Assessment Proficiency Committee. In 2010, APA recognized personality assessment as an area of proficiency within professional psychology. SPA is responsible for implementing the proficiency, which includes awarding of proficiency status to qualified psychologists along with creating educational materials to serve as models for proficient personality assessment training and practice.

“The society is dedicated to using proficiency status to help enhance training at the doctoral and internship levels and help guide psychologists interested in having personality assessment be a significant portion of their practice,” says Blais.

**Changing payment models and the need for advocacy**

Noting that it can be difficult to get psychological testing authorized and to get an adequate number of hours authorized to do a good job, Blais is also an advocate for personality assessment on the reimbursement front. As the health care system shifts from fee-for-service to a bundled care model, he says, “We have to be ever vigilant that our services are not only recognized for their value but reimbursed at a level that makes it possible for us to make a living.”

Blais is working with SPA and other groups to encourage psychologists to adopt a model similar to that used by radiologists in the 1990s, when the proliferation of imaging technologies prompted pushback from insurers. In response, radiologists examined different clinical scenarios, identified appropriate imaging procedures for each of them, and then determined the relative value and time involved.

Psychologists specializing in personality assessment should do the same, Blais says, urging his colleagues to identify 20 to 30 clinical indications that warrant a comprehensive evaluation, identify the tests that are appropriate to conduct those evaluations, then determine how much they could impact patient care and how much time those evaluations would take.

“If we could create that kind of model and get buy-in from payers,” says Blais, “we would take back control.”