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An Updated Statement for the Clinical Case Applications Section: Suggestions for Clinical and Empirical Case Reports

Justin D. Smith,

Child and Family Center, University of Oregon

Robert E. Erard, and

Psychological Institutes of Michigan, LLC

Leonard Handler

University of Tennessee Knoxville

The Clinical Case Applications section (CCA) has been a popular component of the *Journal of Personality Assessment* (JPA) throughout the past decade. We have seen an increasing number of high-quality submissions, and the articles published in the section have been followed with interest by the readership. When the CCA was launched, a case study section aimed at practicing psychologists was unique among scientific journals with high methodological standards. More recently, however, other prominent scientific psychology journals have added sections devoted to case study methodology: *Psychotherapy*, the *Journal of Clinical Child and Adolescent Psychology*, and the *Journal of Pediatric Psychology* are a few examples. Clearly, well-conceptualized and well-written case studies continue to hold a place in contemporary psychology, despite some continuing controversy about their utility and standing in psychological science (Borckardt et al., 2008; Dattilio, Edwards, & Fishman, 2010).

The CCA as presently constituted is particularly well suited to the journal published by the Society for Personality Assessment (SPA), whose members include a substantial number of practicing clinicians and applied assessment psychologists, as well as researchers. Thus, the scope of the section remains largely unchanged from previous statements and calls for submissions (Meyer, Nichols, & Handler, 2005; Nichols & Handler, 2003). However, we offer in this statement some potential topics and areas of personality assessment that are underrepresented or have yet to appear in the section that we think might be of interest to the readership of *JPA* and to the personality assessment community at large. We also encourage authors to submit more “hybrid” articles that combine case studies with scientific research methods to inform the everyday activities of assessment practitioners. To that end, we also describe an array of single-case experimental and quasi-experimental research designs and methodologies to strengthen the conclusions drawn from case studies and case series. Finally, we discuss the editorial and review process of the CCA, which differs somewhat from traditional journal review procedures. We hope this updated statement provides prospective authors with guidance in preparing and submitting clinical case study manuscripts to the CCA, with or without formal research components.

A Brief History of the Case Study in Psychology

The case study and case series have a storied place in the history of psychology. Seminal discoveries by the “fathers” of psychology, such as Fechner (1889), Watson (1925), and Skinner (1938), stemmed from the experimental single-case design. Pioneering work in the

fields of clinical psychology and psychiatry similarly relied on case studies, which informed important theoretical and clinical developments. The case study work of Freud is perhaps the most prominent in the lore of clinical psychology. The familiarity of Anna O., the “Rat Man,” and the “Wolf Man” to generations of trainees attests to the legacy of Freud’s single-case work (see Gay, 1989). However, the field has shifted significantly in the past half century and now relies almost exclusively on group designs (e.g., Wachtel, 2010; Westen & Bradley, 2005). Skinner (1938) voiced his objection to this shift, believing that group designs obscured the process of change in individual subjects.

Skinner’s lament notwithstanding, for many years controversies regarding the generalizability and utility of case studies led many editors to prohibit their publication in scientific journals (Dattilio et al., 2010). Lately, however, the case study seems to be enjoying resurgence. Published studies using single-case methodology are cropping up across nearly all subspecialties of psychology in the recent literature (Hammond & Gast, 2010; Shadish & Sullivan, 2011; Smith, 2012), particularly in clinical, counseling, educational, and school psychology (e.g., Borckardt et al., 2008; Dattilio et al., 2010; Horner et al., 2005; Kratochwill, 2007; Kratochwill & Levin, 2010). This development suggests the belated recognition that research-informed practice depends on a closer dialogue between the academy and the consulting room and that case studies and illustrations have an important role to play in this process.

History of the CCA

One of the changes Gregory Meyer proposed when applying for the position of Editor of JPA was to create a section in the journal devoted to contending with a significant gap in the personality assessment literature: That is, how to integrate nomothetic empirical findings with the idiographic requirements of clinical practice. The purpose of the section would be to (a) highlight the disciplined clinical reasoning and subsequent feedback that forms the bedrock of applied personality assessment; (b) offer examples for how to integrate nomothetic research findings into applied clinical practice; and (c) serve as a reminder to all JPA readers and contributors that the research base must serve clinical practice. The first issue published under Dr. Meyer’s Editorship contained an introduction to the CCA, written by the first section Editors, Leonard Handler and David Nichols (2003). In the beginning, there was a strong desire for contributions to the CCA to be accompanied by commentary from a third party, which seemed to impede submissions. In response, a revision to the CCA statement of purpose was published in 2005 (Meyer et al., 2005) to reflect a growing openness to the more traditional clinical case study and related clinically relevant articles. As can be seen in contemporary published CCA articles, these changes substantially broadened the scope of the journal and led to the publication of many excellent articles. It has helped to highlight the importance of case studies in the personality assessment literature when authors of articles from the CCA section were selected to receive the Martin Mayman Award: (Bram, 2010; Finn, 2003, 2011a; Nichols, 2006; Rivera & Viglione, 2010; Smith, Wolf, Handler, & Nash, 2009).

Recent and Anticipated Trends in Articles for the CCA

In recent years, the CCA has fostered the development of collaborative and therapeutic assessment by providing a “home” for the clinical talent reflected in these models¹. This can be seen in the now numerous articles covering various aspects of CTA, with a number of excellent clinical case examples (e.g., Austin, Krumholz, & Tharinger, in press; Finn, 2003,

¹The broad paradigm of collaborative and therapeutic assessment described by Finn and Tonsager (1997), including Finn’s (2007) TA model, is abbreviated as CTA in this article.

2011a; Guerrero, Lipkind, & Rosenberg, 2010; Hamilton et al., 2009; Haydel, Mercer, & Rosenblatt, 2010; Peters, Handler, White, & Winkel, 2008; Smith & Handler, 2009), quasi-experimental case studies (e.g., Aschieri & Smith, 2012; Smith & George, 2012; Smith, Nicholas, Handler, & Nash, 2011; Smith et al., 2009), and papers describing and illustrating CTA techniques with rich case material (e.g., Tharinger et al., 2012; Tharinger et al., 2008). We certainly encourage continued submission of manuscripts about CTA, but we also hope that prospective authors do not conclude that submissions to the CCA *must* be about this topic. To the contrary, we want to publish articles that span all areas pertinent to practicing personality assessors and applied personality assessment researchers. We expect two broad areas to be of particular interest to our readers at this juncture: the clinical utility of personality assessment and the illustration of novel techniques and applications.

The Utility of Personality Assessment

Many observers have noted that the practice and prominence of personality assessment seem to be in a state of worrisome decline, particularly in psychology doctoral training programs (e.g., Curry & Hanson, 2010; Eisman et al., 2000; Huprich & Meyer, 2011; Poston & Hanson, 2010). The need exists for research that identifies the ways in which personality assessment is an essential clinical resource at this critical juncture. Personality assessment is uniquely poised to inform treatment matching and treatment selection strategies that facilitate clinical decision making, streamline care, and result in improved outcomes, particularly as economic and political forces demand an ever increasing focus on cost-effective treatments (see Bram, 2010). Unfortunately, the published literature offers surprisingly few examples of how the findings and processes of personality assessment specifically contribute to treatment outcomes. Indeed, in some traditional clinical settings even today, evaluation results are often discarded or ignored after the client enters treatment, and a wealth of data gathered is unused and forgotten (Finn & Tonsager, 1997). As we discuss later in this article, experimental single case designs offer an effective means for demonstrating the clinical utility of personality assessment.

Although psychologists conduct personality assessments for a variety of reasons, the common thread tying them all together is that we aspire to understand and address the client's problems. This can be accomplished in many ways. In the CTA paradigm, the goal might be to help clients come to view themselves and their difficulties differently, in the service of reducing distress, changing relationship patterns, and paving the way for skill acquisition. The results of our assessments also help other professionals, family members, and significant people in clients' lives by providing them with information about how best to interact with the person and shape his or her environment for success. This process occurs directly and indirectly when assessments are conducted in healthcare settings, forensic and correctional settings, schools, mental health agencies, residential and inpatient treatment centers, and other systems of care. With an increasing emphasis on team-based models, integrated healthcare, and the patient-centered medical home, carving a niche for the utility of personality assessors will be critical to the longevity of personality assessment practices in these settings. It will be incumbent upon practitioners to demonstrate the benefits to the client and to the "team," organization, or system.

Integrating Third-Party Data and Research Designs Into Case Studies

In previous CCA section statements, the Editors have invited the perspectives of referring professionals and other outside observers in the presentation of case studies. We also encourage authors to consider using quantitative, along with qualitative, third-party observations. In other words, we encourage authors to think of ways to integrate third-party-generated ratings into their conceptualizations and case reports where appropriate and feasible. Such data can provide a valuable additional check on the accuracy and utility of

assessment findings and recommendations. In later sections of this article, we present the basic building blocks of case-based research designs, which can be used to empirically evaluate the utility of personality assessment. But we hasten to add that for those who still prefer to write or to read classic clinical case studies, there is no cause for alarm. Submissions to the CCA need not be designed as research studies to demonstrate the utility of assessment practices in order to be relevant, interesting, and publication worthy.

Novel Techniques and Applications

We encourage submissions illustrating the use of new and existing assessment instruments and methods in novel settings or with unique client populations. For example, a recent special section in *JPA* (Finn, 2011b; George & West, 2011; Lis, Mazzeschi, Di Riso, & Salcuni, 2011; Webster & Joubert, 2011) focused on the assessment of adult attachment representations as measured by the Adult Attachment Projective Picture System (George & West, 2012). With the advent of updated versions and scoring systems of some of our most venerable personality assessment instruments, such as the MMPI and the Rorschach, the *JPA* readership would surely benefit from clinical examples and thoughtful critiques of their utility, based on real-world clinical application (Wygant & Fleming, 2008).

Similarly, we encourage submissions of entirely novel personality assessment techniques and methods that practitioners will find applicable and that are grounded in clinical experience. These types of submissions could include descriptions of administration and scoring procedures, techniques specific to a particular type of assessment (e.g., forensic, biopsychosocial, collaborative/therapeutic), and broad techniques applicable to all personality assessment practice, such as conducting an effective initial interview and establishing a therapeutic alliance with clients. *JPA* has previously published case studies of parent-child interaction assessment (Holigrocki, Crain, Bohr, Young, & Bensman, 2009; Holigrocki & Raches, 2006), the personality assessment of Asberger's and Nonverbal Learning Disorder (Yalof, 2006), short- and long-term changes on the Rorschach (Silverstein, 2007), personality assessment in healthcare settings (Quirk, Erdberg, Crosier, & Steinfeld, 2007), and forensic case studies of the MMPI-A (Pennuto & Archer, 2008).

Other Topics of Interest

A host of other topics are of interest to the *JPA* readership, and many have not yet been published in the CCA section. We especially encourage authors to submit manuscripts concerning ethical dilemmas, multicultural and diversity issues, and the interpretation of data sources. Ethical dilemmas arise in personality assessment in connection with releasing information to referring professionals, the judicial system, third parties, and even the client (e.g., Kaplan & Saccuzzo, 2008). Multicultural and diversity considerations are a growing area of attention in the larger field of assessment psychology (Suzuki & Ponterotto, 2008). Psychology and psychiatry generally are paying greater attention to these issues as well, as evidenced by initiatives of the American Psychological Association (American Psychological Association Public Interest Directorate, 2011, April) and the National Institute of Mental Health (Boyce & Fuligni, 2007; National Institutes of Health, 1998). In personality assessment, clinicians are being encouraged to select instruments that are valid and reliable for the cultural background of the client. It is also considered best practice to interpret the findings within the client's larger cultural context and to seek consultation from experts in the assessment of nonmajority populations (Suzuki & Ponterotto, 2008). Despite this recent emphasis, these areas are underrepresented in the personality assessment literature, particularly from a practical standpoint, but this work has begun in *JPA* in recent years (e.g., Guerrero et al., 2010).

Finally, we encourage case studies and manuscripts that focus on resolving discrepant findings between personality assessment instruments and other methods of assessment. We are seeking submissions that consider the test construction and evaluation method (e.g., self-report, other-report, performance-based, direct observation), contextual factors, potential sources of bias (e.g., effort, motivation to overreport or underreport problems), and the unique contribution of different assessment methods and reporters in the interpretation and integration of findings within a comprehensive assessment. It is important to contextualize this process and address the potential real-world implications for our clients.

The CCA Editorial Process

Authors submitting to the CCA may notice that our section editors often take a particularly active role in the editorial process compared to what they may have experienced with their *JPA* research manuscripts or submissions to other journals. Because the CCA is designed to be of practical use for practitioners, it is important to provide clinicians who have extensive experience and clinical knowledge with the opportunity to share their work and insights with the larger assessment community. The CCA also provides researchers with a venue for illustrating the clinical implications of their empirical work in the context of clinical practice. We recognize that many talented practicing clinicians are unaccustomed to presenting their work in professional journals and that the case study may be an unfamiliar format for even seasoned academic researchers. As such, we strive to work collaboratively with authors to develop publishable manuscripts by clarifying problem areas, offering suggestions rather than merely rejecting submissions, and asking authors to decipher what is needed in a revision to increase the publishability of their study. Although the formal reviews and editorial support begin once a manuscript is submitted for publication, we are happy to also provide direction to prospective authors prior to submission. This may be particularly applicable when designing an empirical case study or case series in which the research methods might be unfamiliar to prospective authors.

Case Study Types, Designs, and Functions

Orientation of the Case Study

Any case study ought to describe in sufficient detail the characteristics of the client(s), the setting in which the assessment occurred, relevant background information about the client and the assessor, presenting issues and reasons for assessment, the observed and hypothesized outcomes, and the significance of the case. Authors should not assume that the reader would automatically grasp the significance of the work described. Rather, authors should describe the significance of the case in the context of prior published works and explicitly state how this particular case contributes to the literature and clinical applications.

Types of Case Studies

There are many types of case studies, each with varying levels of clinical, empirical, and experimental elements. In the following paragraphs we describe the primary features of some of the more common types of case studies and case series.

The clinical case study—The clinical case study narratively illustrates a clinical problem or situation. The format is very flexible. Authors of clinical case studies may opt to present the entire case of a particular client, synthesize clinical experiences from multiple similar cases, or select one or more specific areas to focus on. The format of the clinical case study depends upon its content and aims, but authors would do well to include the basic elements of the systematic case study (Fishman, 2005; Kazdin, 2003), including: (a) gathering of descriptive and psychological assessment data in a planned manner, (b)

conceptualizing the case based on the available assessment findings and observations within one or more theoretical orientations and/or personality theories, (c) formulating clinical hypotheses regarding the meaning of assessment results outside of the testing situation, and (d) describing the assessment endeavor in detail. In some cases, manuscripts submitted to the section might describe an assessment technique or process as used in multiple cases. In terms of empirical elements, the clinical case study generally relies on observed changes, outcomes reported by the client or other significant people in the client's life, and the clinician's disciplined but informal inference process, but it does not include formal outcome measurement. Qualitative outcome assessments, such as postassessment interviews with the client, are desirable but not required. They provide the reader with additional information about the outcomes experienced by the client and can stimulate testable future research questions. When particular tests were heavily relied upon while clinical inferences were formed, *JPA* readers will usually want to see a detailed description of test results (e.g., an MMPI-2 or PAI profile, a CS Structural Summary or R-PAS Profile Pages, or a listing of TAT or AAP stories and scores).

The single-case research study—Single-case research studies are designed as scientific demonstrations and not simply as case illustrations. *Single case* refers to the participant or cluster of participants (e.g., hospital, mental health agency, classroom) under investigation. The purpose of such studies is to test one or more hypotheses using systematic methods in the context of a single case or series of single cases. Such studies may use experimental or quasi-experimental designs. Authors might opt to demonstrate changes through a pre–post assessment, a repeated-measures design, or a clinical case series. Each of these options adds an element of empirical support for any proposed clinical outcomes. Pre–post designs are simple to conduct and require the researcher to select measures that are congruent with the hypothesized outcomes of the case study. The same is true of repeated-measures designs, which might involve assessment of outcomes of interest at each session, each week, or any other specified interval. The time-series design, which we discuss in more detail throughout the remainder of this article, is a particular type of repeated-measure, single-case experiment.

Case series represent a variation for clinical researchers that can be accomplished in a variety of settings. Case series or replicated case studies include more than one, and generally three or more, cases. Case series are most useful and informative when there is a high level of uniformity in the cases. This might be in terms of the presenting concern, client demographics, personality profile or diagnostic category, or any number of other factors. Case series allow the authors to discuss similarities and differences in processes and outcomes across the cases and demonstrate replication of outcomes. Authors of case series would likely choose to include clinical vignettes and examples from the cases in lieu of detailed case presentations for each subject, as would be customary in a case study focusing on one or two cases (see, for example, Rivera & Viglione, 2010).

Quasi-experimental designs—Authors submitting case study manuscripts to the section might elect to conduct a quasi-experimental study, which boosts the validity of clinician-observed conclusions and allows for more rigorous hypothesis testing. Kazdin (2010) and Shadish, Cook, and Campbell (2002) have described the differences between true experiments and a quasi-experiment. When researchers do not have the ability or desire to control each of these design elements (e.g., the collection of a representative pretreatment baseline assessment, the necessary number of replications of the effect), the resultant study is considered quasi-experimental. In quasi-experiments the conditions of a true experiment are approximated or not readily under the control of the researcher (Kazdin, 2010; Shadish et al., 2002).

Smith and colleagues have recently published quasi-experimental case studies in the *JPA* CCA Section (Aschieri & Smith, 2012; Smith & George, 2012; Smith et al., 2011; Smith et al., 2009). In each of these cases, the required number of replications of the effect (three) was not demonstrated because only one case is presented in a baseline, treatment, and follow-up design. Several measures are taken to control some threats to internal validity, such as inclusion of a prospective design, a representative pretreatment baseline assessment, a follow-up period, continuous daily measurement of the dependent variable, and multiple outcome assessment methods and sources, distinguishing these quasi-experimental case studies from clinical case studies; however, because they do not constitute true experimental designs, causal inferences based on such designs are not permissible.

Researchers conducting single-case experiments (experimental and quasi-experimental) with repeated or time-series measurement strategies generally attempt to empirically address one or both of the following broad research questions: (1) Does the introduction or manipulation of the independent variable result in significant or meaningful change in the *level* of the dependent variable (referred to as a *level-change analysis* or *phase-effect analysis*)? (2) Does the introduction or manipulation of the independent variable result in significant or meaningful change in the *slope* of the outcome (also referred to as a *slope-change analysis*)? Examples of each of these types of analyses can be found in recent articles by Smith and colleagues: level-change (Aschieri & Smith, 2012; Smith & George, 2012; Smith, Handler, & Nash, 2010; Smith et al., 2009) and slope change (Aschieri & Smith, 2012; Smith et al., 2011). Quasi-experimental designs control some threats to internal validity but fall short of a rigorous experimental design that encompasses random assignment and other randomization strategies. They are useful for highlighting interesting and informative correlations and framing hypotheses for future research. Researchers conducting quasi-experimental designs may not draw *causal* inferences from their studies.

Basics of the single-case experimental design—The primary goal of the single-case experiment is to determine whether a causal or functional relationship exists between an independent variable and a meaningful change in the dependent variable. In contrast to group designs, in which one group is compared with another, participants in single-case research provide their own control data for comparison, resulting in a within-subject rather than a between-subjects design. Experimental single-case designs involve a comparison between two time periods, known as *phases*. This approach typically includes collecting a representative baseline phase to serve as a comparison with subsequent phases that follow the introduction of an independent variable (e.g., assessment, intervention). Single-case experiments involve repeated, systematic measurement of one or more independent and dependent variables over time. The dependent variable must be measured repeatedly or continuously across and within all conditions or phases of the independent variable. For the researcher to exercise experimental control, single-case experimental research includes a replication of the effect either within or between participants (Horner et al., 2005).

The requirements of an experimental single-case study that is methodologically sound can be complex and are well beyond the scope of this article. Fortunately, a number of available sources provide guidelines and standards for researchers and reviewers, such as the What Works Clearinghouse's single-case designs technical documentation (Kratochwill et al., 2010) and the single-case section of the Procedural and Coding Manual for Review of Evidence-Based Interventions (Members of the Task Force on Evidence-Based Interventions in School Psychology. Chair: T. R. Kratochwill, 2003). Smith (2012) provides a basic introduction to the main design, outcome measurement, and data analysis options of the single-case experimental study, along with a synthesis of six recently developed single-case research design standards to guide authors.

Single-case experimental designs relevant to personality assessment—

Experimental single-case studies and case series, in which more than one case is involved in the study design, can be used to address a variety of research questions. The recent paradigm shift toward more collaborative and therapeutic personality assessment methods noted by Finn (2007), Fischer (1985/1994), and Handler (2006) has stimulated a relatively large body of research regarding therapeutic outcomes of collaborative assessment approaches (see Poston & Hanson, 2010, for a meta-analytic review of these studies). In such situations, where effectiveness of assessment as an intervention is under investigation, researchers are able to simply use many of the single-case intervention designs already described in the clinical psychology literature by Kazdin (2010) and Barlow, Nock, and Hersen (2008), among others. These single-case designs include the changing criterion, crossover, multiple baseline, alternating or simultaneous element, and reversal designs. Some of these designs are more readily applicable to personality assessment research than others. Some examples of experimental designs that can be used to test hypotheses in personality assessment research are provided here. However, the single-case experimental design is very flexible, and many other types and variations thereof could be used effectively.

The multiple-baseline design—A recent review of the published single-case experimental design literature by Smith (2012) indicates that the multiple-baseline design is the most widely used, occurring in about 70% of the 409 studies reviewed. The multiple-baseline design allows the researcher to demonstrate that changes in the dependent variable reliably occur only when the independent variable is introduced. This is accomplished by temporally staggering the introduction of the independent variable across multiple subjects or multiple times within a single subject. For this type of design to be experimental and not quasi-experimental, there must be three replications of the effect, either within or across subjects. This design is highly flexible, does not require removal of the manipulation, and is most applicable in situations where the intervention is hypothesized to result in long-lasting changes that are unlikely to reverse if the independent variable is discontinued. In the field of personality assessment, Smith, Handler, and Nash (2010) provide an example of using this design to assess the effectiveness of Finn's (2007) TA model with children and families.

The alternating/simultaneous element design—Alternating and simultaneous element designs involve an iterative manipulation of the independent variable (e.g., assessment) across different phases to show that changes in the dependent variable(s) vary systematically as a function of manipulating the independent variable. In the alternating variation, the researcher is able to determine the relative impact of two different independent variables on the dependent variable when all other conditions are held constant. The simultaneous element design occurs when the independent variables are presented at the same time within the same phase of the study. A very important consideration facing personality assessment practice today is the need to demonstrate the utility of assessing clients, both as assessment on its own and also in conjunction with other interventions and services. The alternating treatment design could address this concern by introducing personality assessment at different points among multiple clients within the course of an ongoing intervention. The hypothesis would be that improvements in the level or rate (slope) of improvement occur when personality assessment has been introduced.

Measurement considerations in single-case experiments—One of the primary measurement requirements in single-case experimental research is the necessity of repeated or continuous assessment of the dependent variable across all phases of the study. This characteristic of the design requires the researcher to select instruments that can reliably and validly capture within-person change over time. Behavioral observation is the gold standard in most applications of single-case research, but it is time and resource intensive, making it

unsuitable for clinicians to use in most situations. Self-report measures of clinically distinct outcomes are acceptable but ought to be supplemented with other well-validated pre–post assessment measures or systematic behavioral observations. Researchers should aim to also include outcome assessments from multiple sources, such as therapist reports, trained observers, family members, or other staff members. Kazdin (2010) suggests that measures be dimensional rather than categorical or binary, which can more readily detect effects. Researchers need to also consider if the selected measures reflect clinically significant outcomes that can be shown to be meaningful to the client(s).

Time-series measurement represents a particular type of measurement strategy that is commonly used in single-case experiments. Reporting of the dependent variable at uniform intervals (e.g., daily, weekly) defines the time-series. This sampling strategy has two primary advantages: (a) Measurements are typically continuous and can therefore reveal the trajectory of change the client(s) experienced; and (b) a number of powerful, yet accessible, methods are available for the statistical analysis of this type of data. Time-series analytic methods, such as multilevel modeling and Simulation Modeling Analysis for time-series (Borckardt, 2006), assume uniform reporting intervals and cannot be used with other types of data. Simple parametric approaches for level-change analysis (e.g., standardized mean differences such as Cohen's *d*) can be used with non-time-series data, but these methods do not account for the nonindependence of sequential observations, also known as *autocorrelation*, which invariably occurs in repeated-measures designs. Borckardt et al. (2008) and Smith (in press) provide accessible introductions to these issues.

Conclusion

As the first decade of the Clinical Case Applications section ends, we are pleased with the quality of articles being made available for publication. We now hope to increase the diversity of the subject matter and research designs of the manuscripts we receive. We intend to continue the primary focus of the section, which is to provide our authors with a forum for publishing and our readers with a means to obtain state-of-the-art-and-science observations and illustrations of personality assessment in practice. We continue to welcome systematic clinical case studies, but for those clinician-researchers who wish to strengthen the empirical findings of case studies and case series, we also offer some suggestions on how to get started in this direction. More than anything we hope to continue to provide the readership with articles that assist personality assessment practitioners in their clinical endeavors and also spur new clinically relevant research. This section is a distinctive communication resource that is well suited to promote the symbiotic relationship between research and practice in personality assessment. The Editors may be reached for questions or presubmission consultation at the following email addresses: Robert Erard: rerard2000@ameritech.net; Leonard Handler: bhhandler@aol.com; Justin Smith: jsmith6@uoregon.edu.

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