

Using Self-Ratings

An assessor's decision to collect self-ratings from the person with a disability should turn on assessment of the person's ability to 1) read the items, 2) use the rating scale anchors, 3) understand that self-ratings will be statistically matched against a database, and 4) that results of matching are statistical estimates rather than precise jobs. Readability of PAQ directions and PAQ items reaches college- graduate readability levels,¹ which underscores the evaluator's requirement to check reading skill. Although no readability data are available for the WRQ, it is doubtful that readability requirements are any less because of their common use of PAQ definitions and because this documentation requires a high level of reading comprehension. Collection of self-report data need not be thought of as consisting of "pure self-report," as would be the case with an MMPI-2 or a cognitive ability test.

The main idea in WRQ self-report is to draw on the person's self-knowledge to generate as accurate a representation of capabilities and tolerances as possible, always using PAQ item definitions and rating scale anchor points in the process. Whether the inventory is completed in the examiner's office, at home, or online, the examiner should review the individual's WRQ ratings and limits to ensure adherence to item definitions and the examiner's understanding of person's occupational frame of reference. Ratings of the individual by family members or significant others can be helpful. How ratings from various sources are combined or weighted is a matter of examiner judgment.

Westen and Weinberger² have summarized advantages and disadvantages of self-reports. Advantages include the facts that individuals are the most obvious sources of data about themselves, and if we want to know what they believe or feel, we should ask them. Self-reports are easy to obtain and have paid off empirically. Spector and Jex,³ for example, found moderate convergent validity between self-report scales involving stressful aspects of jobs and resulting strains on workers.

¹ Ash, R. A. & Edgell, S. L. (1975). A note on the readability on the Position Analysis Questionnaire (PAQ). *Journal of Applied Psychology*, 60, 765-766.

² Westen, D. & Weinberger, J. (2004). When clinical description becomes statistical prediction. *American Psychologist*, 59, 595-613.

³ Spector, P. E. & Jex, S. M. (1998). Development of four self-report measures of job stressors and strain: Interpersonal Conflict at Work scale, Organizational Constraints Scale, Quantitative Workload Inventory, and Physical Symptoms Inventory. *Journal of Occupational Health Psychology*, 3, 356-367.

Disadvantages of self-reports in most psychological assessment include the need for training and experience to understand personality and psychopathology and the minimal access individuals have to many of their cognitive processes. In most areas of psychology, skills or aptitudes can be measured, which is better than relying on self-report.⁴ Finally, and significantly, self-reports can be limited by defensive and self-representational biases.² Spector and Jex³ have discussed frequent criticisms of the validity of self-report measures and questions raised about interpretations of findings in the literature based on self-report scales. Vasilopoulos, Reilly and Leaman⁴ used self-report methodology to study conscious distortion of self-report responses to present favorable images in job applications. Clearly, occupational specialists who choose to collect self-report data for its advantages must be aware of its limitations.

The examiner can [print a set of item definitions](#) for the individual to study at home. The individual can bring these self-ratings to a subsequent appointment for discussion and modification before [entering data](#) online.

Budman⁵ has discussed the skillful and cost-effective use of computer-mediated communications, of which the WRQ is an example. The WRQ is designed to accommodate self-administration, at the occupational specialist's discretion, through an Internet connection and password access to the account. The evaluator can sign onto the person's account and observe progress in self-rating. An occupational specialist who observes inappropriate use of item ratings or item limits can telephone the individual to provide guidance and improve understanding of the task. Such a discussion could improve understanding or prove futile in the sense of failing to understand the self-rating process, responding carelessly, or revealing self-representational bias. An occupational specialist can document uncooperative self-rating behavior by locking the person out of the system. Technological advances in health services, ethical responsibilities of examiners, and maintenance of psychometric standards with respect to Internet

⁴ Vasilopoulos, N. L., Reilly, R. & Leaman, J. A. (2000). The influence of job familiarity and impression management on self-report measure scale scores and response latencies. *Journal of Applied Psychology*, 85, 50-64.

⁵ Budman, S. H. (2000). Behavioral health care dot-com and beyond: Computer-mediated communications in mental health treatment and substance abuse treatment. *American Psychologist*, 55, 1290-1300.

testing have been addressed by Jerome, DeLeon, James, Folen, Earles and Gedney,⁶ Budman⁶, Naglieri, Drasgow, Schmit, Handler, Prifitera, Margolis, et al.⁷, and others.

⁶ Jerome, L. W., DeLeon, P. H., James, L. C., Folen, R., Earles, J. & Gedney, J. J. (2000). The coming of age of telecommunications in psychological research and practice. *American Psychologist*, 55, 407-421.

⁷ Naglieri, J. A., Drasgow, F., Schmit, M., Handler, L., Prifitera, A., Margolis, A., et al. (2004). Psychological testing on the Internet: New problems, old issues. *American Psychologist*, 59, 150-162.