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## A national study of internship directors' perspectives on psychological assessment practices

Elizabeth Shipley

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Pepperdine University  
Graduate School of Education and Psychology

A NATIONAL STUDY OF INTERNSHIP DIRECTORS' PERSPECTIVES ON  
PSYCHOLOGICAL ASSESSMENT PRACTICES

A dissertation submitted in partial satisfaction  
of the requirements for the degree of  
Doctor of Psychology

by

Elizabeth Shipley

January, 2020

Carolyn Keatinge, Ph.D., Cary Mitchell, Ph.D. – Dissertation Chairpersons

This dissertation, written by

Elizabeth Shipley

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

Carolyn Keatinge, Ph.D., Chairperson

Cary Mitchell, Ph.D., Chairperson

Carolyn O'Keefe, Psy.D.

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## TABLE OF CONTENTS

|   | Page |
|---|------|
| LIST OF TABLES .....  | vi   |
| LIST OF FIGURES .....                                       | vii  |
| DEDICATION .....  | viii |
| ACKNOWLEDGMENTS .....                                       | ix   |
| VITA .....  | xi   |
| ABSTRACT .....  | xix  |
| Chapter I. Introduction .....                               | 1    |
| Psychological Assessment: A Core Competency .....           | 1    |
| Psychological Assessment: Training and Practice .....       | 5    |
| Pre-internship and graduate training .....                  | 6    |
| Internship training .....                                   | 8    |
| Assessment measures .....                                   | 10   |
| Emerging Issues in Psychological Assessment .....           | 10   |
| Diverse and multicultural populations .....                 | 10   |
| Age demographics, gerontology, and early intervention ..... | 12   |
| Critique and Need for Further Study .....                   | 13   |
| Chapter II. Methodology .....                               | 16   |
| Overview .....  | 16   |
| Research Approach and Design .....                          | 16   |
| Subjects .....  | 16   |
| Instruments .....   | 17   |
| Research Procedures .....                                   | 19   |
| Participant identification .....                            | 19   |
| Participant recruitment .....                               | 19   |
| Ethical Considerations .....                                | 21   |
| Human subjects' protection .....                            | 21   |
| Consent for participation .....                             | 21   |
| Potential benefits and risks .....                          | 21   |
| Confidentiality and anonymity .....                         | 22   |
| Data Collection and Recording .....                         | 22   |
| Data Analysis .....   | 23   |
| Chapter III. Results .....                                  | 25   |
| Overview .....  | 25   |
| Study Results .....   | 25   |
| Sample Population .....                                     | 25   |
| Participant Demographics .....                              | 26   |

|   |    |
|---|----|
| Gender, age, and racial/ethnic identification .....                                       | 26 |
| Educational attainment and licensure status .....   | 27 |
| Internship Program and Site Characteristics .....   | 29 |
| Assessment on Internship: Training, Supervision, and Applications .....                   | 32 |
| Assessment and Training Prior to Internship: Ratings of Importance and Satisfaction ..... | 37 |
| Directors' Recommendations for Programs .....   | 42 |
| Additional Feedback from Program Directors.....   | 44 |
| Additional Findings .....   | 45 |
| Chapter IV. Discussion .....  | 47 |
| Discussion of Results .....   | 48 |
| Recommendations for Future Training and Research .....                                    | 51 |
| Study Limitations.....  | 53 |
| Methodology and instrumentation .....   | 53 |
| Conclusions.....  | 56 |
| REFERENCES .....  | 57 |
| APPENDIX A Institutional Review Board Documentation.....                                  | 63 |
| APPENDIX B Questionnaire.....   | 66 |
| APPENDIX C APPIC Membership Requirements: Doctoral Psychology Internship Programs.....    | 77 |
| APPENDIX D Initial E-mail - Survey Cover Letter .....                                     | 87 |
| APPENDIX E Reminder E-mail.....   | 89 |
| APPENDIX F Second Reminder E-mail .....   | 91 |
| APPENDIX G Final reminder E-mail .....  | 93 |
| APPENDIX H Informed Consent.....  | 95 |

## LIST OF TABLES

|   | Page |
|---|------|
| Table 1. Core Competencies for Psychological Assessment .....   | 4    |
| Table 2. Participants' Demographics: Age, Gender, and Racial/Ethnic Identity .....                    | 27   |
| Table 3. Participants Demographics: Nature and Type of Degree .....                                   | 28   |
| Table 4. Participants' Demographics: Status of Licensure .....  | 29   |
| Table 5. Internship Programs and Sites: Reported Characteristics.....                                 | 30   |
| Table 6. Program and Site Characteristics: "Other" Responses .....                                    | 31   |
| Table 7. Testing and Assessment on Internship: Emphasis, Training Methods, and Functions Served ..... | 34   |
| Table 8. Methods of Training and Supervision: "Other" Responses .....                                 | 35   |
| Table 9. Functions of Testing and Assessment: "Other" Responses .....                                 | 36   |
| Table 10. Importance of Clinical Experience in Psychological Testing When Selecting Interns .....     | 37   |
| Table 11. Importance of Knowledge about Psychological Testing When Selecting Interns.....             | 38   |
| Table 12. Satisfaction with Incoming Interns' Clinical Experience in Assessment.....                  | 39   |
| Table 13. Satisfaction with Incoming Interns' Level of Theoretical Knowledge in Assessment.....       | 40   |
| Table 14. Satisfaction with Preparation for Conducting Assessment with Diverse Populations .....      | 41   |
| Table 15. Correlations Between Emphasis on Assessment with Ratings of Importance and Satisfaction..   | 46   |

## LIST OF FIGURES

|   | Page |
|---|------|
| Figure 1. Frequency and distribution of participants' reported age. ....  | 26   |
| Figure 2. Importance of clinical experience when selecting interns.....   | 37   |
| Figure 3. Importance of knowledge in testing and assessment when selecting interns.....                           | 38   |
| Figure 4. Reported satisfaction with incoming interns' clinical experience. ....                                  | 39   |
| Figure 5. Reported satisfaction with interns' theoretical knowledge in assessment. ....                           | 40   |
| Figure 6. Reported satisfaction with interns' preparation for conducting assessment with diverse populations..... | 41   |



## DEDICATION

To my family, without whose support I never could have finished, and my beautiful baby girl, who ultimately gifted me with the reason and motivation I would need in order to do so.

## ACKNOWLEDGMENTS

First and foremost, thank you to each of my amazing committee members. Drs. Keatinge and Mitchell, you've served as teachers, mentors, editors, advocates, and cheerleaders throughout my graduate career, and I can never thank each of you enough for all of the work and support you have put forth on my behalf. I've been so blessed to have had you on my team, advocating for and working beside me, throughout what has turned into quite the journey. I owe you each so much, for which I shall be eternally grateful.

Additionally, thank you to each of the phenomenal instructors and supervisors who have played a role in shaping and nurturing the individual, clinician, and professional I am today and for serving as sources of inspiration for the person I wish to become. To Drs. deMayo, Shafranske, Harrell, Aviera, Reesman, Amarri, Yates, Mohapatra, O'Neil, and more, I feel so fortunate to have been given the privilege and opportunity to continue to grow and learn from you while spending time in your classrooms, offices, and clinics. Thank you for being the individuals that you are, and for the work that you do.

I owe so many thanks to the individual clients and families who've allowed me the opportunities to work with and learn from them. Thank you for being brave, for opening up and sharing moments and parts of your lives with me, for all of the lessons you've imparted, and for shaping my own life. You have been my best teachers.

To Traci and Gimel, I can't find the words to capture the feelings I have for each of you or thanks enough for all of the love and support you've shown me. You've become more like family than friends over these past years, have been my cheerleaders and sounding boards through the ups and downs, and I love you both so dearly. In the end, there is no one else who better understands the process and journey that we've been through over these past few years, the moments and experiences which will forever serve to bind us, and there is no one else I'd rather have by my side if we had to do it all again.

Finally, thank you to my amazing family. To my husband William: Thank you for being you, for loving me the way you do, and for everything you do for us. You are my rock, always steady and

persevering no matter the storm, and words can't capture the love, respect, and gratitude I feel for you. Everything in my life is better because you are in it with me. I love you so much!!!

To my father: Thank you for supporting me and for being so determined to give me every opportunity in life, including those you never had, and for serving as the inspiration and a daily reminder that we can create our own destinies. You are our family's Walt Disney; always seeing, creating, embracing, and enthusiastically driving towards the possibilities of "what can be."

To my mother, thank you for being the person you are, in every way, as you are the reason that I am who I am. You, more than anyone else, have been there during the longest and hardest days, answering countless calls, purchasing plane tickets home, and finding ways to care for me in moments where I was struggling to care for myself. Thank you for always being there, supporting me, encouraging me to pick myself up, pushing me to continue, and for being the little voice in my head that reminds me that ultimately it's all going to be ok. It's your kindness, compassion, and love, as well as your ability to empathize with others, which have served as the foundation for who I am both as a person and as a clinician.

VITA

**Elizabeth M. Shipley, M.A.**

**EDUCATION**

---

**Pepperdine University**, Graduate School of Education & Psychology Expected 2020  
*Doctor of Psychology (Psy.D.) in Clinical Psychology*  
APA-Accredited Program in Clinical Psychology

Dissertation: *Internship Directors' Perspectives on Psychological Assessment Training: Current Status and Emerging Trends*. Defended April, 2016.  
Advisors: Carolyn Keatinge, Ph.D., Cary Mitchell, Ph.D.

**Pepperdine University**, Graduate School of Education & Psychology 2011  
*Master of Arts (M.A.) in Clinical Psychology*

**University of Nevada, Reno** 2009  
*Bachelor of Science (B.S.) in Biology*  
*Bachelor of Arts (B.A.) in Psychology, Minor in Sociology*

**CLINICAL EXPERIENCE**

---

**Kennedy Krieger Institute/Johns Hopkins School of Medicine, Baltimore, MD** 2016 – 2017  
*Pediatric Psychology Consultation Program / Pediatric Neuropsychology and Deafness*  
APA-Accredited Pre-Doctoral Internship Program  
Doctoral Intern

**Kennedy Krieger Institute/Johns Hopkins School of Medicine, Baltimore, MD**  
*Pediatric Neuropsychology and Deafness*  
Doctoral Intern, Pediatric Neuropsychology

Supervisors: Jennifer Reesman, Ph.D., ABPP, Leena Mohapatra, Ph.D., and Rachael Plotkin Ph.D.

- Provided neuropsychological assessments to a diverse outpatient pediatric population in three neuropsychology outpatient clinics: (1) Deafness-Related Evaluations and More (DREAM) clinic treating children who are deaf/hard of hearing and providing pre and post cochlear implant evaluations (2) Oncology Clinic with patients who are currently undergoing treatment for or are survivors of cancer or organ transplants and (3) Congenital Disorders Clinic serving children with a variety of common and rare congenital, genetic, and metabolic disorders.
- Additional clinical activities included classroom observations, multidisciplinary consultations (e.g. physicians, nurses, audiologists, teachers, etc.), conducting therapy/evaluations with interpreters (e.g. Spanish, Mandarin, ASL, etc.) and clinical research.
- Obtained exposure and direct clinical training for a broad range of diagnoses, including leukemia's, tumors, CNS-related cancers, osteosarcoma, Astrocytoma, and other brain tumors who receive their care locally (e.g., Johns Hopkins Hospital, University of Maryland) or nationally.
- Attended grand rounds, pediatric oncology rounds, pediatric neurology grand rounds, neuropsychology seminar, brain dissection at Johns Hopkins Hospital, neuropsychology journal group, and completing requirements of Leadership Education in Neurodevelopmental and Related Disabilities (LEND).

**Kennedy Krieger Institute/Johns Hopkins School of Medicine, Baltimore, MD**  
***Behavioral Psychology- Pediatric Psychology Consultation Program***  
Doctoral Intern, Behavioral Psychology

Supervisors: Adrianna Amari, Ph.D. and Melissa Hendricks, Ph.D.

- Provided consultation and psychological services within an interdisciplinary rehabilitation setting for patients with traumatic brain injury, chronic medical conditions, post-orthopedic surgery, spinal chord injury, feeding disorders, and chronic pain.
- Worked within the pediatric consultation-liaison service to Johns Hopkins Hospital providing psychological evaluations and interventions to children receiving acute medical treatments for various disorders and medical conditions, including NMDA receptor antibody encephalitis, oncology, diabetes, and cystic fibrosis.
- Addressed medical adherence in managing chronic health conditions (e.g. diabetes, postural orthostatic tachycardia syndrome, and sickle cell disease) during inpatient and outpatient treatment.
- Provided cognitive-behavioral therapy and motivational interviewing for chronic pain during inpatient and outpatient treatment.
- Utilized empirically supported interventions to address psychosocial concerns related to anxiety, depression, conduct disturbance, trauma, and co-occurring medical conditions.
- Incorporated objective clinical measures (e.g. biofeedback and actigraphy) to inform treatment, enhance patient understanding, and improve intervention effectiveness.
- Completed rotations in interdisciplinary outpatient subspecialty clinics including: traumatic brain injury/rehabilitation clinic, sleep clinic, pain clinic, concussion clinic, cystic fibrosis clinic, and sickle cell clinic.
- Participated in weekly inpatient rounds, outpatient rounds, and team research meetings in addition to additional didactic experiences.

**Loma Linda University Health & Children’s Hospital, Loma Linda, CA** July 2015 – June 2016  
***Pediatric Neuropsychology Program – Consultation and Liaison Service***  
Pediatric Neuropsychology, Trainee

Supervisor: Sharis Rostamian, Ph.D.

- Provided neuropsychological consultations and brief, evidence-based interventions to hospitalized children and adolescents, from 18-months to 18-years, presenting with complex medical and psychiatric concerns.
- Obtained exposure to culturally and diagnostically diverse patient populations, including cystic fibrosis, diabetes, sickle cell disease, Epilepsy, craniofacial abnormalities, cancer, and trauma.
- Provided verbal and written reports and recommendations to medical treatment team members, participated in interdisciplinary rounds, completed medical records review, and maintained documentation of services in patient’s electronic medical records.

**UCLA Center for Autism Research and Training, Los Angeles, CA** July 2015 – June 2016  
**Semel Institute for Neuroscience and Human Behavior**  
***CBT Treatment for Youth with Autism Spectrum Disorders and Anxiety***  
Practicum Student

Supervisors: Jeffrey Wood, Ph.D., Karen Sze-Wood, Ph.D., Patricia Renno, Ph.D.

- Administered pre, mid, post, and follow up assessments with children, aged 8-13 diagnosed with autism spectrum disorder as part of a multi-site clinical trial on the use of cognitive behavioral therapies (CBT) for treating anxiety.
- Trained in CBT-based interventions for treating children and adolescents with anxiety disorders; treatment components included psychoeducation, constructing fear hierarchies, performing graduated exposures to feared stimuli, and increasing the number, quality, and use of adaptive coping skills.

- Completed participant outreach and recruitment for research studies, conducted brief screenings with potential participants, maintained research files, and documented outcomes in study database.

**Pepperdine University Psychological & Educational Clinic, Los Angeles, CA** Sept 2012 – June 2016  
**Pepperdine University Community Counseling Center**

Student Therapist

Supervisor(s): Aaron Aviera, Ph.D., Michelle Margulis, Psy.D., Dity Brunn, Psy.D.

- Provided long- and short-term individual psychotherapy to adult clients with a range of presenting difficulties, including mood disorders, anxiety, interpersonal/relational problems, eating disorders, personality disorders, and substance use disorders.
- Administered psychological measures determining level of emotional functioning, progress in treatment (e.g., PHQ-9, OQ-45.2, EDE-Q, CIA-3.0) and subjective treatment effectiveness (e.g., Working Alliance Inventory).
- Attended weekly group supervision (9/2013-6/2016), dyadic supervision (9/2012-8/2013), and case conferences. Expectations included providing case presentations, conducting psychotherapy and assessment chart reviews, and attending weekly group supervisions.
- Completed initial intake interviews, provided written intake reports and summaries, maintained case notes, developed case conceptualizations and individual treatment plans.
- Provided emergency and on-call psychological services to clinic clientele during crisis situations to facilitate client safety, adaptive coping, and the use of effective problem solving strategies.

**Loma Linda University Health & Children's Hospital, Loma Linda, CA** July 2014 – July 2015  
**Pediatric Neurology and Assessment Program**

Pediatric Neuropsychology Extern

Supervisor: Vidhya Krishnamurthy, Ph.D.

- Worked as part of a multidisciplinary team conducting comprehensive neuropsychological evaluations in an outpatient medical clinic.
- Populations served included children and adolescents, from 2-years to 18-years of age, with histories of traumatic brain injury, seizure disorders, genetic conditions, neurodevelopmental disorders (e.g., ADHD, dyslexia, intellectual disabilities, etc.) and learning disorders. Patients were diverse for socioeconomic, ethnic, and cultural backgrounds.
- Responsibilities included writing comprehensive neuropsychological reports, developing appropriate treatment recommendations and referrals, and completing administrative and case management tasks (e.g., contacting teachers, school psychologists, physicians, and allied providers).
- Attended weekly didactics on neuropsychological and psycho-diagnostic assessment, test administration, clinical intervention, pediatric psychology, child development, treatment strategies, and multicultural considerations.
- Led didactic seminars on topics related to pediatric neuropsychological assessment, including the history, administration, and application of the Stanford-Binet, Fifth Edition (SB-5).

**Children's Hospital Los Angeles, Los Angeles, CA** July 2013 – July 2014  
**Clinical Translational Science Institute- Clinical Trials Unit**

Neuropsychology Extern

Supervisor: Sharon O'Neil, Ph.D., MHA

- Administered assessment batteries for children (ranging in age from 3-months to 17-years) and adults, who presented with diverse socioeconomic, cultural, and medical histories.
- Patient populations served included epilepsy, sickle cell disease, neurofibromatosis, brain tumors, biliary atresia/congenital hepatic fibrosis, genetic mutations, opsoclonus myoclonus syndrome (OMS) and optic nerve hypoplasia (ONH).

- Wrote brief and comprehensive integrative reports, which included a review of medical records, clinical interview, observations, and outcomes from assessment measures administered.
- Attended brain-cutting seminar instructed by Floyd Gilles, MD (Neuropathology).
- Attended neural tumors meetings, comprised of a multidisciplinary team including neuro-oncologists, social workers, nurses, neuropsychologists, and medical fellows.
- Attended weekly three-hour didactic seminars and related trainings on brain-based disorders, neuropsychological testing administration, and brain anatomy.
- Attended Grand Rounds and academic lectures on varied topics related to mental health and the pediatric-hospital community, including lectures on neurofibromatosis, imaging uses and techniques, craniofacial abnormalities, language, trauma, and disease transmission.

## **OTHER CLINICAL EXPERIENCE**

---

### **The Children's Cabinet, Reno, NV**

2011 - 2012

#### ***Safety and Intervention Program***

##### Case Manager

Supervisors: Kathleen Sandoval, M.S.

- Worked in collaboration with Child Protective Services in order to identify, seek out, and obtain resources and services needed for eligible CPS-involved youth and their families.
- Responsible for evaluating and establishing safety measures and interventions in order to reduce the likelihood of child-removal, assisting families in obtaining and completing any necessary documentation in order to receive needed services, searching for and identifying potential alternative caregivers within the family system, and working to keep parents informed of their legal rights and responsibilities.
- Responsible for the collection and maintenance of data and statistics required for program and grant compliance, enrollment options, and reports.
- Received hands-on training in collaboration with other child protective social workers on assessing for child or adolescent abuse, neglect, and/or increased risk for harm.
- Received extensive training and supervised experience assessing CPS-referred and/or involved parents and caregivers for increased child safety risks/concerns, setting up interventions and services with at-risk families in order to increase child safety and decrease the likelihood of child removal, and act as liaison with regards to providing families with the appropriate referrals for additional wrap around and support services.

### **The Children's Cabinet, Reno, NV**

2011 - 2012

#### ***Family & Youth Intervention Program***

##### Case Manager

Supervisors: Kathleen Sandoval, M.S.

- Completed initial intakes and established services with at-risk children and families.
- Coordinated services for individuals and families to minimize psychosocial stressors and barriers impacting the child or family's well-being. Difficulties included poverty, homelessness, legal involvement, substance use, mental health, and academic concerns (e.g., truancy, delinquency, academic neglect, etc.).
- Conducted family and individual intake interviews to determine initial eligibility for a variety of social support programs, assisted families with applications for local, state, and federal supports and services.
- Completed and maintained required documentation outlined by grant and program guidelines.
- Provided ongoing case management services, including re-certifying qualifying families according program guidelines, obtaining supervision on client progress towards case-dependent goals, and providing referrals for additional resources, as needed.

- Planned, organized, and assisted in the management of a large group of adolescents in organizational programming, including programs focused on gang reduction and prevention (e.g., Gang Reduction Alternatives for Success Program), and “Adolescent Drug and Alcohol Program Treatment.”
- Coordinated and supervised teen and adolescent groups, such as “Teens doing Stuff,” a program for at-risk youth that aims to increase community involvement and decrease truancy and detention via having the youth perform various community-directed volunteer activities, as well as supervised and managed a student-work program geared towards teaching and providing at-risk youth with work experience and work-related skills.

**The Children’s Cabinet, Reno, NV**

***Youth Education and Work Study Intervention***

2011 - 2012

Supervising Case Manager

Supervisors: Kathleen Sandoval, M.S.

- Recruited and supervised adolescents in a federally funded student work program geared towards teaching and providing at-risk youth with work experience and work-related skills.
- Involved in establishing working alliances with community businesses and local organizations to create supervised work experiences and job opportunities for at risk youth with minimal to no prior job experience.
- Collected and presented data and statistics on enrollment, progress and outcomes to meet program and grant requirements.

**Pepperdine University, West Covina, CA**

2010 - 2011

***Pepperdine Resource Youth Diversion and Education Program***

Student Therapist

Supervisor: Robert Hohenstein, Ph.D.

- Performed intakes, assessments, interventions, and counseling for at-risk youth.
- Worked with youth and their families to address concerns related to conflict management, substance use, poor academic performance, effective communication use, developing coping/relaxation skills, and engaging in effective problem-solving.

**The Center for Advanced Learning, Honakaa, HI**

2010

Private Behavioral Coach, Private Instructor

Supervisor: Kendra Rickard, Ph.D., B.C.B.A.

- Responsible for the design and implementation of various behavioral interventions for a child with autism spectrum disorder.
- Provided instruction and supervision for the education of an individual adolescent in areas of basic and advanced math computation, reading and comprehension, handwriting fluency, and fine motor skill development.
- Responsible for the instruction, supervision, and ongoing development of basic adaptive and daily living skills and behaviors, provided social skills and effective communication training to improve daily social and peer interactions, as well as provided parent, caregiver, and sibling trainings surrounding implementing behavioral strategies and interventions effectively across a variety of settings.

**The Center for Advanced Learning, Reno, NV**

2008 - 2010

Case Manager, Instructor

Supervisors: Nicholas Berens, Ph.D., Kendra Rickard, Ph.D., B.C.B.A.



- Responsible for supervision, instruction, and attainment of academic and treatment-related goals for selected students, from 3-years to 16-years-old, with a range of cognitive and academic skills and abilities, including diagnoses of Autism, ADHD, Anxiety, dysgraphia, and dyslexia.
- Provided training and peer supervision to new and entry-level instructors.
- Completed observations and functional behavior assessments to identify antecedents and environmental conditions influencing occurrence of problematic behaviors.
- Gained experience operationalizing treatment goals, implementing behavioral interventions (e.g., shaping, fading, chaining, etc.), and incorporating differential reinforcement programs (e.g., DRO's, DRA's, etc.) to achieve desired outcomes.
- Reviewed goals, interventions, emergent concerns, and provided progress updates to assigned case supervisor(s) during weekly meetings.
- Administered, scored, and reviewed outcomes of curriculum-based assessments with families.

## **RESEARCH EXPERIENCE**

---

### **The Help Group - UCLA Autism Research Alliance, Burbank, CA**

2013 – 2014

#### Research Assistant

Principal Investigator: Elizabeth Laugeson, Psy.D.

- Recruited research participants for planned and ongoing research projects and clinical studies.
- Created and maintained databases related to participant recruitment for current and upcoming studies and trainings.
- Scored, verified, and maintained documentation of results from initial, mid, and post-treatment assessments for future analysis.
- Prepared training materials and sample research and clinic files for attendees of the UCLA PEERS® Certified Providers and UCLA PEERS® School-Based Training Seminars.

### **Pepperdine University, Los Angeles, CA**

2013 – 2014

#### ***Harrell Research Group***

#### Research Assistant

Principal Investigator: Shelly Harrell, Ph.D.

- Attended weekly lab meetings, contributed to projects centered on the study of and the promotion of wellness and general well-being, and attended conferences and meetings with lab members, including “The Association of Humanistic Psychology Conference: Phoenix Rising.”
- Completed SPSS training, participated and contributed to the review and revision of literature and study measures with other research group members, and recruited study participants.

### **Pepperdine University, Irvine, CA**

2010 – 2011

#### ***Pepperdine Applied Research Center***

#### Research Assistant

Principal Investigators: Susan Hall, J.D., Ph.D., Christopher Ogle, M.A.

- Maintained clinic research database, conducted data entry, reviewed relevant research articles, and participated in monthly lab meetings.

### **University of Nevada, Reno, NV**

2013 – 2014

#### ***University Student Research Experience Program***

#### Research Assistant

Principal Investigators: Nicholas Berens, Ph.D. & Steven C. Hayes, Ph.D.

Project Title: Building Fluency with Arbitrarily Applicable Derived Relational Response Frames: A Basic and Applied Evaluation of Generalized Operants

- Responsible for scheduling, coordinating, and conducting research sessions with study participants. Collected and stored data for later analysis, attended lab meetings, reviewed literature related to study, discussed participant attendance and recruitment, and reviewed lectures on topics of research.

## **CONFERENCE PRESENTATIONS**

---

**Shipley, E., Landsman, R., & Reesman, J.** (2017, February). *The Test of Memory Malingering (TOMM): Use with Deaf or Hard of Hearing Children Referred for Neuropsychological Assessment*. Poster session presented at the International Neuropsychological Society (INS), New Orleans, Louisiana.

**Shipley, E., Bolourian, Y., Bates, S., & Laugeson, E.** (2013, December). *Empathy and treatment outcome in young adults with Autism Spectrum Disorder: UCLA PEERS®*. Poster session presented at the American Psychological Association (APA) Convention, Washington, D.C., USA.

**Shipley, E., Bolourian, Y., Bates, S., & Laugeson, E.** (2013, November). *Empathy as a predictor of treatment outcome in young adults with ASD following the UCLA PEERS® Intervention*. Poster session presented at the International Meeting for Autism Research (IMFAR), Atlanta, Georgia.

## **TEACHING EXPERIENCE**

---

**Adjunct Professor of Psychology, Pepperdine University** 2019 - Present  
**Graduate School of Education and Psychology, Online Psychology Program**

### Courses Taught:

- PSY 603 - Assessment of Individuals and Families
- PSY 659 - Principles and Theories of Learning and Behavioral Modification

**Pepperdine University: Irvine Graduate Campus, Irvine CA** 2010 - 2011  
**Principles and Theories of Learning and Behavioral Modification**

Course Instructor: Shannon Wilson, Psy.D.

### Teaching Assistant

- Provided several lectures per semester for graduate-level course on subjects pertaining to behavior modification and human learning, including shaping, fading, chaining, and positive reinforcement.
- Supervised and provided student support related to research, design, and implementation of behavioral modification projects.
- Developed handouts and supplemental course materials, provided academic support, proctored examinations, and maintained records of student performance during course.

**Private Household** 2008 – 2010

Supervisors: Dr. Joseph and Stephanie Peri, Kendra Rickard, Ph.D., B.C.B.A.

### Behavioral Tutor

- Designed and Implemented behavioral interventions for a child with a diagnosis of Autism Spectrum Disorder.
- Provided instruction and remediation in basic life skills, and worked to improve social interaction skills and abilities.
- Supervised coursework on Basic and Advanced Math Computation, Reading, Writing, Fine Motor Skill Development, and Handwriting.

**Center for Advanced Learning, Reno, NV**

2008 - 2010

Supervisor: Kimberly Berens, Ph.D., Kendra Rickard, Ph.D., B.C.B.A.

Instructor

- Subjects emphasized included Beginning and Intermediate Mathematics, Reading, Writing and Phonemic Awareness curriculum.

**SCHOLARSHIPS, HONORS, AND AWARDS**

---

|                    |   |
|--------------------|---|
| <b>2012 - 2015</b> | Pepperdine University's Colleague's Grant                       |
| <b>2012 - 2014</b> | Glen and Gloria Holden GSEP Scholarship                         |
| <b>2010 - 2011</b> | Pepperdine University's Colleague's Grant                       |
| <b>2008 - 2009</b> | University of Nevada College of Liberal Arts Dean's List Nevada |
| <b>2004 - 2008</b> | The Governor Guinn Millennium Scholarship                       |
| <b>2005 - 2006</b> | Blue and Silver Scholarship                                     |
| <b>2004 - 2006</b> | College of Science Dean's List                                  |
| <b>2004 - 2005</b> | University of Nevada College of Science Dean's List             |
| <b>2004 - 2005</b> | Pack Pride Scholarship  |

**PROFESSIONAL ACTIVITIES AND ASSOCIATIONS**

---

|                       |  |
|-----------------------|--|
| <b>2016 - Present</b> | International Neuropsychological Society   |
| <b>2013 - Present</b> | Society for Clinical Neuropsychology, Division 40 of the American Psychological Association, Neuropsychology Division, Student Member                |
| <b>2012 - Present</b> | Los Angeles County Psychological Association, Student Member   |
| <b>2011 - Present</b> | Psi Chi- The International Honor Society in Psychology, Pepperdine University's Graduate School of Education and Psychology, Graduate Student Member |
| <b>2009 - Present</b> | American Psychological Association, Graduate Student Member  |
| <b>2009 - Present</b> | Association for Psychological Science, Graduate Student Member   |

## ABSTRACT

This study examined the perspectives of a national sample of pre-doctoral internship directors regarding psychological testing and assessment practices at the internship level. Study participants were from member programs of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The study's goals were to better understand the current state of affairs regarding the role of assessment in internship programs and to develop findings that may be useful to academic training programs and graduate students in psychology. A 32-item questionnaire was developed which inquired about general internship program information, types of assessment instruments used at each internship setting, the form and amount of assessment-related training offered at each site, emphasis placed on assessment in pre-doctoral internship programs, and types of assessment experience desired of interns before beginning internship. Information about directors' current levels of satisfaction with beginning interns' assessment-related clinical experience and theoretical knowledge, and their perspectives on incoming interns' level of competency in conducting psychological assessment was also sought. Several open-ended items were included in the questionnaire to permit opportunities for offering recommendations or additional comments. The sample consisted of 182 internship directors (26% response rate) who responded to an online survey. Findings confirmed the continued importance of psychological assessment in most internship programs. Overall, participants reported being moderately satisfied with beginning interns' assessment-related theoretical knowledge and clinical experience. However, nearly 1 in 5 participants reported low satisfaction with interns' preparation to conduct assessment with diverse populations. Themes from open-ended responses included the need for academic programs to strengthen pre-internship training in assessment, while areas needing improvement included integration of test results and report writing; competence in testing and assessment with diverse populations; and continued or increased emphasis on pre-internship experience in personality assessment, including projective measures. Additional findings, study limitations, and recommendations for future research are also discussed and considered.

## Chapter I. Introduction

### Psychological Assessment: A Core Competency

The systematic assessment of human behavior has long been established as an integral, defining piece of what it means to be a professional psychologist (Clemence & Handler, 2001; Groth-Marnat, 2009; Watson, 1953; Whiteley, 1984). There is substantial evidence linking the practice of psychology to the creation and utilization of psychometric tests as a method for measuring, evaluating, and predicting human behavior (Gregory, 2004). Historically, the development and application of psychometric tests has been primarily performed by psychologists, with standardized and test-based assessment serving as one of the skills that distinguishes psychologists from other health-related professions (Meyer et al., 2001). Groth-Marnat asserts that assessment serves as “one of professional psychology’s unique contributions to the broader clinical field, with early psychologists even defining themselves largely in the context of their role as psychological testers” (2009, p. 5). Moreover, competence in assessment endures as a defining characteristic of psychologists in clinical practice across a variety of settings (Anastasi & Urbina, 1997; Lezak, Howieson, Loring, Hannay, & Fischer, 2004; Watkins, Campbell, Nieberding, & Hallmark, 1995).

Competence in psychological assessment has consistently been identified as one of the core competencies both within and across subfields and specialties of psychology (Schaffer et al., 2013). In 2006, the APA Presidential Task Force on Evidence-Based Practice cited assessment as one of eight components of clinical expertise for psychologists. This is no surprise, given that surveys have indicated practicing psychologists spend, on average, 10% to 25% of their clinical time conducting psychological assessments (Camara, Nathan, & Puente, 2000; Watkins, 1991; Watkins et al., 1995; Wright et al., 2017). This percentage of time has been indicated as even higher for specific specialty fields, namely in forensic and neuropsychology settings, where clinicians have reported spending nearly half of their time, on average, conducting psychological assessments (Wright et al., 2017). Psychologists who endorse conducting psychological assessments in their practices reported using a mean of over 13 different tests or measures (Camara et al., 2000). This underscores the importance of practicing psychologists achieving competency in not just one or two assessment measures, but in several different tests, across multiple

domains of functioning. It also speaks to the importance of their ability to integrate multiple test results, and ultimately to then be able to utilize those results appropriately (e.g., providing feedback, differential diagnosis, treatment planning, etc.).

Given the established importance of assessment, there has been an increased awareness of the need to examine and regulate assessment-related training and practice of psychologists (APA Presidential Task Force on Evidence-Based Practice, 2006). These are not new concerns, with standards providing guidance on issues such as test security, test interpretation, and test publication being found in the very first edition of the American Psychological Association (APA) Ethics Code (1953). The current version of the APA Code of Ethics (2017) devotes an entire section to psychological assessment and addresses a broad range of assessment related concerns (APA, 2010 [amended 2017]). However, as the patterns of use and relative importance attached to psychological assessment have evolved over time, so have the standards required for practice (American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 2014; Lubin, Larsen, & Matarazzo, 1984; Lubin, Larsen, Matarazzo, & Seever, 1985, 1986; Rabin, Barr, & Burton, 2005; Watkins et al., 1995). The review and ongoing development of what constitutes ethical and scientifically sound practices and standards within the field helps to ensure that psychological assessment continues to be seen as a valid, reliable, and effective component of psychological services.

There has more recently been a shift towards cultural competence in all aspects of practice, including assessment, as well as a strong emphasis on the demonstration of competence in specific domains of knowledge and skills (Durley, 2005; Epstein & Hundert, 2002; Roberts, Borden, Christiansen, & Lopez, 2005; Rodolfa et al., 2005; Schaffer et al., 2013). However, what comprises “competency” in psychological assessment and the methods used for assessing it remains in the process of being defined and developed. In part, this can be attributed to a lack of consensus and differing perspectives regarding what comprises “competent” clinical practice. Specific skills and attitudes identified as important and necessary to demonstrate competency have varied and evolved over time, often having been influenced

and shaped by the goals and values of the respective parties or organizations forming and advocating for them (Palermo et al., 2014).

Despite such complexities, significant strides have been made towards addressing these issues (AERA, APA, & NCME, 2014; APA Commission on Accreditation, 2015; APA SOA, 2015; CCPTP, 2005; Fouad et al., 2009; Hatcher & Lassiter, 2007; Kenkel & Peterson, 2010; Rodolfa et al., 2005; Scheel, Stabb, Cohn, Duan, & Sauer, 2018). This included the identification of core competencies required of psychologists during the Competencies Conference: Future Directions in Education and Training in Professional Psychology (Kaslow, 2004; Kaslow et al., 2004). The Psychological Assessment Work Group, working as part of the Competencies Conference, also identified and outlined eight core components specific to psychological assessment (Krishnamurthy et al., 2004). These included psychometric theory, the bases of psychological assessment (e.g., theoretical, empirical), assessment techniques, outcomes assessment, functional assessment, collaborative professional relationships in assessment, associations between assessment and intervention, and technical skills (see Table 1). Since then, these components have been widely accepted as the foundation for achieving competency in psychological assessment. Since they refer to competent assessment practices in relation to the very broad field of psychological assessment, additional guidelines and statements have also been developed to provide even further details and recommendations relevant to specific subfields or domains of testing (Society for Personality Assessment, 2006; Guidelines Regarding the Use of Nondoctoral Personnel in Clinical Neuropsychological Assessment, 2006). The Competency Assessment Toolkit for Professional Psychology was developed in an attempt to promote the use of best practice resources for academic programs, clinical training programs, and licensing boards (Fouad et al., 2009; Kaslow, et al., 2009).

Table 1

*Core Competencies for Psychological Assessment*

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1. A background in the basics of psychometric theory
2. Knowledge of the scientific, theoretical, empirical, and contextual bases of psychological assessment.
3. Knowledge, skill, and techniques to assess the cognitive, affective, behavioral, and personality dimensions of human experience with reference to individuals and systems.
4. The ability to assess outcomes of treatment/intervention.
5. The ability to evaluate critically the multiple roles, contexts, and relationships within which clients and psychologists function, and the reciprocal impact of these roles, contexts, and relationships on assessment activity.
6. The ability to establish, maintain, and to understand the collaborative professional relationship that provides a context for all psychological activity including psychological assessment.
7. An understanding of the relationship between assessment and intervention, assessment as an intervention, and intervention planning.
8. Technical assessment skills that include.
  - i. Problem and or goal identification and case conceptualization.
  - ii. Understanding and selection of appropriate assessment methods including both test and non-test data (e.g., suitable strategies, tools, measures, time lines, and targets).
  - iii. Effective application of the assessment procedures with clients and the various systems in which they function.
  - iv. Systematic data gathering.
  - v. Integration of information, inference, and analysis.
  - vi. Communication of findings and development of recommendations to address problems and goals.
  - vii. Provision of feedback that is understandable, useful, and responsive to the client, regardless of whether the client is an individual, group, organization, or referral source.

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*Note.* Adapted from “Achieving competency in psychological assessment: Directions for education and training,” by Krishnamurthy et al., 2004, *Journal of Clinical Psychology*, 80, p725-740. Copyright 2004 by Wiley Periodicals, Inc. Adapted with Permission.



In summary, psychological assessment is a skill that is largely unique to psychologists and numerous studies have attested to the sustained value of proper skill development in administration, scoring, integration, and interpretation of psychological measures for practicing psychologists (Brown & McGuire, 1976; Fitzgerald & Osipow, 1988; Norcross & Karpiak, 2012; Tipton, 1983; Wright et al., 2017). Nonetheless, a closer examination of assessment training and practice is required to best assess potential uniformity or discrepancies in the expectations and standards of psychological assessment competency across academic, training, and practice settings.

### **Psychological Assessment: Training and Practice**

Based on a review of the clinical and counseling psychology assessment survey literature published over a 30-year period extending from 1960 through 1990, Watkins (1991) reported the following conclusions regarding past and present assessment training and practice across various settings:

- Internship directors place considerable importance on psychodiagnostic assessment skills, expect graduate programs to prepare their students in assessment skills, seek interns who have these abilities, and generally feel that beginning interns are not very well prepared in psychodiagnostics.
- Graduate students, who are well trained and relatively proficient in psychological assessment, will likely have increased opportunities to obtain internship and job placements.
- Based on the relative stability of assessment practices over the years, a number of tests and assessment methods are recommended for graduate students to learn, across a variety of domains.

While more recent studies have revealed subtle changes in the types of assessment being emphasized in training and practice (e.g., intelligence, projective, neuropsychology), in the years since Watkins' review, as a whole, it appears the prominence and perceived value of assessment have remained steadfast throughout professional organizations, practice, and research (Butcher, 2006; Piotrowski & Belter, 1999; Stedman, Hatch & Schoenfeld, 2000; Weiner, 2012;). Not surprisingly, assessment remains

a critical element of training at the pre-doctoral level, as psychological testing competency continues to be an essential component for graduate students to be competitive for pre-doctoral internship placement. Internship also represents a time of critical importance for the development and further refinement of the assessment competency (Belter & Piotrowski, 2001; Clemence & Handler, 2001; Stedman et al., 2000; Weiner, 2012). For many students, internship represents a capstone year in which they learn to refine their psychological assessment skills and complete complex evaluations. However, there have been growing concerns regarding discrepancies between what is being taught in graduate programs and the assessment-related skills needed for internship and for evidence-based practice (Clemence & Handler, 2001; Hunsley & Mash, 2007; Stedman, 2007).

**Pre-internship and graduate training.** Despite the continued presence of psychological assessment, Weiner (2013) describes a growing concern regarding recent trends associated with assessment-related training in psychology graduate programs. Specifically, he observes that as a result of misconceptions about the importance of assessment in clinical psychology, the emphasis on assessment in doctoral programs has decreased considerably. In fact, Weiner expresses concern about the degree to which the caliber of assessment training in many clinical psychology graduate programs has been compromised. He posits that a limited grasp of the value of psychological testing and a lack of focus on the usefulness of assessment skills have led to reductions in assessment course offerings, scaled-down requirements for assessment competency, and minimal reinforcement for students to conduct assessment-related research. Weiner and others have concluded that a notable gap now exists between the time and quality of assessment training provided by doctoral programs and the actual amount of assessment involvement found among practicing clinical psychologists (Childs & Eyde, 2002; Butcher, 2006; Weiner, 2013).

In a study using data collected from psychology doctoral students on internship, Stedman, Hatch, and Schoenfeld (2001b) found that many students endorsed not receiving sufficient pre-internship training in psychological testing to address the requirements of their pre-doctoral internships. The amount of experience was operationalized by examination of the number of assessment reports written before

initiation of internship, and findings indicated only 25% of psychology graduate students had enough experience with the 13 most frequently used tests to meet the needs and expectations of internship directors. Also worthy of note, as much as 25% of students surveyed reported minimal levels of instruction on report writing before internship. Not surprisingly, some graduate students have difficulties obtaining internship program placements, or find their insufficient skills or experiences in assessment places them at a disadvantage during the internship application and match process (Butcher, 2006).

Interestingly, a 1993 survey of 80 directors of APA-accredited clinical psychology doctoral programs revealed that training in psychological testing and assessment was a large portion of their core curriculum, with the prominence of training in this area having remained generally stable for about 10 years (Piotrowski & Zalewski, 1993). This has contributed to some arguments suggesting that the emphasis and quality of training in psychological testing has not decreased, but has simply shifted over time with regard to which forms of assessment are being taught and emphasized in graduate programs. For example, while surveying 82 training directors of APA-approved doctoral programs in clinical psychology, Belter and Piotrowski (2001) found that over 90% of graduate programs actually reported an increased emphasis on all areas of psychological assessment when asked about the degree to which their training program had increased, decreased, or retained emphasis on six common areas of assessment over the prior five years. Of note, over half (65%) endorsed an increased emphasis on neuropsychological assessment and 40% reported greater focus on competence in interviewing. The only exception occurred with projective tests and measures, where just 4% reported an increased emphasis on projective testing in the prior five years, and more than half of surveyed directors actually indicated a decreased emphasis on projective assessments in their programs. Clemence and Handler (2001) came to similar conclusions regarding trends in decreased emphasis on projective tests and assessment when conducting a similar study examining assessment-related training in graduate programs. However, when examining the amount and type of training in assessment being offered at internships, they found that 99% of their respondents endorsed needing to offer training in assessment to their interns. Of those internship directors who endorsed a need to provide training, 56% reported feeling that it was necessary to conduct training in

introductory assessment. These results led the authors to conclude that there were clear discrepancies existing between academic program training in assessment and internship needs (Clemence & Handler, 2001). Other authors have reached similar conclusions (Durand, Blanchard, & Mindell, 1998; Ready & Veaque, 2014; Watkins, 1991).

**Internship training.** The completion of a pre-doctoral internship represents an essential component of many doctoral programs within the field of psychology, including counseling, clinical, and school psychology programs (Prinstein, 2013). Internship typically occurs during the final year of doctoral training and typically takes place in an applied setting that emphasizes clinical practice (Keilin & Constantine, 2001; Prinstein, 2013). The internship year is considered the capstone of training experiences at the doctoral level (Keilin & Constantine, 2001). In several states, internship also constitutes the final formal training required before an individual is eligible for licensure and the ability to practice independently, highlighting the importance that the necessary skills and training are achieved during this time.

Research has demonstrated that numerous internship directors have recognized deficits in psychological testing and assessment skills among doctoral students for some time (Durand, et al., 1988; Garfield & Kurtz, 1973; Goldberg, 1998; Lopez, Oehlert, & Moberly, 1997; Malouf, Hass, & Farah, 1983; Shemberg & Leventhal, 1981). Surveys of psychology internship directors have reflected a desire for potential interns to have assessment knowledge and skills for several psychological assessment measures prior to starting internship (Piotrowski & Belter, 1999). Upon initiation of the internship year, many students are ill-prepared to administer, score, and integrate assessment data, and thus, often require additional training in psychological assessment during the predoctoral internship (Clemence & Handler, 2001; Stedman, Hatch, & Schoenfeld, 2000; Stedman, Hatch, & Schoenfeld, 2001b). For example, in a survey study of training directors from 382 professional psychology internship sites in North America, Clemence and Handler (2001) found directors across all settings preferred interns to be familiar with the well-known and widely used intellectual and personality tests. It is worth mentioning that 56% of the surveyed sites indicated they found it necessary to provide introductory-level assessment training to their

interns. Specifically, the authors discovered that 79% of the surveyed sites trained their interns in intellectual testing, 64% in objective and projective personality testing, and 54% in neuropsychological testing. These percentages differed based on the type of internship setting, with university counseling centers training the least in assessment. Clemence and Handler concluded that most graduate students do not possess the basic skills needed to conduct the types of assessments performed at their internship facilities. Subsequently they proposed a re-evaluation of assessment training modules within graduate clinical psychology programs.

In a similar vein, Stedman et al., (2001b) surveyed 324 internship directors and found most sites provided interns with extensive access to intellectual, objective personality, projective personality, and neuropsychological test training. Moreover, consistent with Clemence and Handler (2001), Stedman and coauthors reported a lack of uniformity among responding internship directors, as emphasis on test-based assessment training varied considerably across settings. As a whole, these studies are critical of the adequacy of pre-internship assessment training. They also raise questions about whether assessment training during internship can provide consistent and sufficient levels of training to meet the demands of clinical practice beyond graduation.

A national survey by Stedman, Hatch, Schoenfeld, and Keilin (2005) expounded on the aforementioned studies by examining the assessment training patterns of 573 internship programs, all of which were members of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Their data indicated that of the 21 specialty rotations included in the survey (e.g., serious mental illness, trauma, forensics, substance abuse, etc.), an assessment rotation was the most frequently offered specialty, comprising 64% of sites surveyed. Furthermore, they found that major rotations in assessment were most frequently offered in military (80% of 10 military sites) and child (92% of 48 child sites) internships. Remarkably, of the 105 university counseling centers and 28 private hospitals surveyed, none offered a major rotation in psychological assessment. This data offers further evidence that a significant number of internship programs may not provide enough enhancement of assessment training to yield clinical psychology graduates with sufficient assessment competency (Stedman, 2007).

Surveys of psychology internship directors note a desire for potential interns to have obtained assessment knowledge and skills for several measures prior to starting internship (Piotrowski & Belter, 1999), as well as experience administering both intellectual and personality tests (Clemence & Handler, 2001). In sum, developing competence in the administration, scoring, and subsequent integration and interpretation of psychological measures continues to be an essential and critical element of training for most graduate students who wish to obtain and be successful on internship (Belter & Piotrowski, 2001; Clemence & Handler, 2001; Stedman et al., 2000; Weiner, 2012).

**Assessment measures.** Multiple studies have detected subtle fluctuations in the emphasis placed on specific assessment measures at the internship level over the years. For example, in Piotrowski and Belter's (1999) study of 84 APPIC-affiliated internships, one of few that have addressed the emphasis on training for specific testing instruments, their data indicated that internship directors reported a continued emphasis on objective personality and intelligence testing; a rising focus on neuropsychological instruments; and a slight reduction of emphasis on projective testing. This study also found the majority of responding internship directors endorsed frequent use of traditional measures and techniques, which have been the foundation across both academic and clinical training settings (Belter & Piotrowski, 2001; Butcher, 2006; Childs & Eyde, 2002; Durand et al., 1988; Norcross & Karpiak, 2012; Piotrowski & Zalewski, 1993). The MMPI/MMPI-2, Wechsler Intelligence scales, and Rorschach were ranked as the top three assessment measures utilized, and consistent with previous studies on the rising popularity of the Millon inventories (Piotrowski, 1997), the MCMI was ranked fourth.

### **Emerging Issues in Psychological Assessment**

**Diverse and multicultural populations.** The population of the United States continues to increase in ethnic and cultural diversity (Butcher, 2006). It is projected that in 2043, for the first time in history, the United States will become a "majority-minority nation," meaning that there will no longer be a single ethnicity making up a majority of the population (Hempel, 2013). In the 25 years from 1985 to 2010, the percentage of white or Caucasian individuals decreased from 76% to 64%. Meanwhile, the Latino population increased from 9% to 16%, the African American population grew from 11.8% to

12.8%, the American Indian population share expanded from .75% to 1.2%, and the number of Asian and Pacific Islander persons increased to approximately 5.5% of the population (Wright, Ellis, Holloway, & Wong, 2014). In addition, these statistics do not accurately represent those individuals who identify as multicultural or of a multi-racial background. Consequently, communities in which psychologists practice the United States are increasingly more diverse, multicultural, multiethnic, and multinational than ever before and will continue to be so (Fernandez-Ballesteros, 1999).

In order to become effective as professionals, psychology graduate students must develop competencies that reflect the complex needs of those individuals who are assessed and treated. To achieve this, it becomes necessary to continuously evaluate the assessment measures that psychologists are using to ensure that the assessment practices in culturally diverse communities are valid, effective, and do not place individuals at a disadvantage (Suzuki & Ponterotto, 2008). There have been many adaptations and translations of instruments for the purpose of utilization with diverse populations, however in many cases there continues to be a need to further investigate validity and reliability to ensure appropriate use of such adaptations. A significant concern is the continued need for development of culturally sensitive assessment instruments that may be used within diverse communities (Butcher, 2006). More importantly, multicultural assessment education and training is needed to assist developing clinicians in the complex process of choosing appropriate instruments for their clients and interpreting data in a way that is culturally sensitive and culturally informed. Currently, there exists no widely agreed-upon model for the effective and appropriate supervision of multicultural assessment in research and practice (Allen, 2007). There is a significant need for development of culturally competent assessment education, training, and supervision (Krishnamurthy, et al., 2004). Furthermore, training methods in multicultural assessment would likely benefit from the creation of specific guidelines and procedures in order to promote more accurate assessment of diverse client populations and mitigate potential barriers which may arise when doing so (Braun, Fine, Greif, & Devenny, 2010). This is an area of development needing further attention if future generations of psychologists are to attain multicultural competency as it pertains to psychological assessment of diverse populations.

Childs and Eyde (2002) found that just 1% of clinical psychology doctoral programs offered courses specifically focused on multicultural and diversity issues within assessment. Most programs do not organize the curriculum based on population or setting, but rather on types of assessment or instruments instead (Childs & Eyde, 2002). Thus, there is a growing need for psychology training programs to integrate culturally competent assessment models into the core curriculum (Krishnamurthy et al., 2004). Gathering information from internship directors can aid in the development of an education and training in multicultural assessment administration and interpretation that would reflect the skills needed during internship and address the current areas of weakness. This information can also highlight the needs of the populations served and the challenges that the settings and communities may place on the administration of psychological assessment measures.

**Age demographics, gerontology, and early intervention.** In addition to the multicultural diversification of the United States, the population is also aging and growing in its representation of older individuals. Current life expectancy in the U.S. is now close to 79, with recent population estimates of individuals age 65 and older projected to nearly double in size between the years of 2012 and 2050 (Ortman, Velkoff, & Hogan, 2014). This suggests assessment of older adults will be an area of growth needing attention and development. In addition, the symptom presentation of older adults often differs from that of younger generations, even when the same psychological disorder is present. For instance, in the case of clinical depression, elderly individuals will often cite somatic symptoms as a primary complaint while pre-adolescent individuals will often present with mood reactivity and/or irritability (Fiske, Wetherell, & Gatz, 2009). There is an increased need to train doctoral students and clinicians in the administration and interpretation of assessment measures that address the specific needs of older individuals and aging adults (Naglieri & Graham, 2003).

There is also an increasing emphasis on the assessment of young children for the purpose of early assessment and intervention (National Research Council, 2008). The number of measures and tools available for use with children has grown significantly, suggesting increased need for enhanced training,



supervision, and experience in all aspects of the psychological assessment of children (National Research Council, 2008).

Despite the changing needs of society, the development of different population demographics, the growing complexity of setting variety, and the creation of new advancements in technology, assessment training at a doctoral level has remained relatively stable in the past decade, with research supporting psychological assessment training in doctoral programs remaining as active, if not more active, than in previous years (Mihura, Roy, & Graceffo, 2017). There remains, however, room for improvement. According to Krishnamurthy et al., there appears to be a significant “discrepancy between the assessment training provided in graduate programs and the assessment skills expected by directors of internship programs” (2004, p. 728). This suggests the need for adjustment and improvement of assessment training in academic programs. Furthermore, continuing efforts need to “be directed toward strengthening prerequisite knowledge for doctoral training...and achieving greater continuity between training in the academic, internship and practice environments” (Krishnamurthy et al., 2004, p.737). As such, it becomes of primary importance to evaluate the current perspectives of internship directors regarding assessment practices on internship, including directors’ views of any areas needing attention. Such information could prove valuable in identifying what aspects of assessment-related education and training need attention in academic programs.

### **Critique and Need for Further Study**

Given that assessment continues as the second most common practice activity of clinical psychologists (Weiner, 2012) and that past surveys have shown many internship directors to be dissatisfied with the level of training in assessment of entering pre-doctoral psychology interns, there is cause for concern. As such, a thorough examination of the assessment-related practices and expectations reported by APPIC internship directors is required to better understand the current state of affairs and to inform academic training programs. Such an effort should include an examination of directors’ current levels of satisfaction and their perspectives regarding incoming interns level of competency in psychological tests and assessment measures to determine whether areas for improvement continue to

exist, and to help guide future training and practice at the pre-internship level. The identification of specific assessment instruments used across internship programs and settings (e.g., in medical centers, college counseling centers, community mental health clinics, etc.) and whether this represents a deviation from prior studies would be beneficial. It would also prove helpful to examine whether discrepancies continue to exist, and if so, in what areas so that steps can begin to be taken to improve training.

Regarding internship directors' views, Stedman, Hatch, and Schoenfeld (2001a) reported that internship directors expected strong preparation in intelligence and objective personality testing. They valued projective test preparation to a relatively high degree: they rated it more highly than neuropsychological and achievement testing, yet not so highly as intelligence or objective personality assessment. In a quantitative investigation of internship expectations for graduate school preparation in psychological testing and psychotherapy across APPIC-affiliated internship programs, results varied by type of internship setting (Stedman et al., 2000). They found that hospitals and other sites that serve multiple patient populations appeared to place more weight on assessment experience than others; however, across all settings internship training directors wanted more experience in integrative report writing. In agreement with Watkins (1991), these findings further illustrate that while competency in testing skills is considered highly important among internship directors, a significant number of pre-doctoral students lack the level of skill and experience preferred at the internship level. Overall, past surveys indicated a lack of alignment between internship directors' assessment-related expectations and the actual competencies demonstrated by many entering pre-doctoral psychology interns. More research is needed to determine whether this misalignment continues, and to further explore current assessment-related practices and expectations at the internship level. The current study aimed to identify and expound upon internship directors' current views and perspectives regarding the following three areas:

- The degree of emphasis on psychological assessment in internship programs and the perceived competency of incoming interns. This was addressed in the present dissertation.
- The current use and preferred pre-internship experience with psychological tests and assessment measures. (This was addressed by co-principal investigator, Shannon Bates.)

- Emerging trends, expected training themes for the future, and recommendations for academic programs regarding pre-internship training in psychological testing and assessment. (This was address by co-principal investigator, Angel Faith.)

## Chapter II. Methodology

### Overview

The purpose of this study was to survey psychology internship directors regarding psychological assessment practices at the internship level. The researcher and her co-investigators sought to learn about internship directors' perspectives regarding current practices and emerging trends in psychological assessment. This included the opportunity to examine internship directors' levels of satisfaction with the assessment-related knowledge and training of incoming pre-doctoral interns, as well as their recommendations to academic programs. It was anticipated that this study would provide information that could help inform academic programs about needs and highlight potential areas for further improvement as it relates to psychological testing and assessment training at the doctoral level.

### Research Approach and Design

A non-experimental, descriptive study was used to collect self-report data from internship directors regarding current perspectives, practices, and trends as they relate to psychological testing and assessment training and competency at internship training programs. An online survey approach was selected due to the opportunity to collect large amounts of data over relatively brief periods of time while also minimizing several potential barriers to study participation. While there are limitations to utilizing an online survey approach, the benefits of doing so were found to outweigh potential limitations and drawbacks. For the present study, increased accessibility, the minimization of geographic and temporal constraints, and the maintenance of anonymity increased the likelihood of obtaining a significant number of responses from a national sample.

### Subjects

A total of 182 internship directors participated in the study. They had a mean age of 46.88 years and the sample included 118 women and 62 men. Additional details about study participants are provided in the Results chapter.

## Instruments

A survey instrument was created for this study as part of a collaborative project involving three co-investigators- the writer, Shannon Bates, and Angel Faith, as well as the co-investigators' dissertation committee members. The questionnaire was comprised of 32 items that were organized into five distinct sections (see Appendix B). These sections included instructions for completing the questionnaire; demographic and descriptive information about the respondents (6 items); internship site and program information, directors' training expectations, and current levels of satisfaction with incoming interns' assessment-related training and knowledge (14 items); current psychological assessment measures used within the internship program (3 items); and, lastly, the directors' views and opinions on future directions of psychological assessment practices (9 items).

The initial written materials presented to participants provided information to orient the respondent to the basic premise of the study, identified the principal investigators, reviewed the rights and privacy of the respondent, and solicited the respondent's consent for participation. Next, participants were directed to a page providing them with brief instructions on completing the questionnaire. Information on this page included (a) the expected time of completion, (b) a statement indicating that while there was no time limit to complete the survey, it had to be completed in one sitting, as participants would not be able to save completed items and return to the questionnaire at a later time, (c) encouragement to answer each item, (d) directions how to move to the next item, (e) instructions how to change an answer, and (f) a statement regarding the option to skip a question if desired.

In the second portion of the questionnaire, respondents were asked to provide demographic and professional information including: (a) age, (b) gender, (c) ethnic/racial identity, (d) academic degree held and major area of study, and (e) licensure history.

Basic internship site characteristics and information pertaining to the internship program were requested in the third part of the questionnaire. This section included questions clarifying: (a) internship setting type, (b) number of interns and other trainees selected per year, (c) if assessment training and supervision were offered, and (d) methods used for psychological assessment training and supervision.

Respondents were asked to provide opinions regarding the competency of incoming interns in assessment and the emphasis on psychological assessment training within their respective internship programs. Questions centered on (a) importance of interns' prior assessment experience, (b) assessment training during internship, and (c) level of satisfaction with the knowledge, skills, and attitudes of incoming interns.

In the fourth part of the questionnaire, respondents identified (a) the tests and measures being used by interns in their programs (b) the ten measures that were most frequently used by interns in their internship programs, (c) any measures they preferred their interns to have had experience in prior to starting internship. Many of the most commonly used psychological measures were presented, organized into eight categories or domains. These categories included common psychological tests for cognitive functioning, symptom inventories, diagnostic interview protocols, neuropsychological functioning, emotional functioning, academic functioning, and forensic/risk assessment.

In the fifth section of the questionnaire, respondents were asked a series of multiple choice and open-ended questions designed to elicit their views and opinions regarding emerging trends and future directions of psychological assessment practices. Two open-ended items requested information about: any new psychological tests or measures introduced within the past five years; and any tests or measures the respondent would like to see introduced at his or her internship in the future.

There was also an opportunity for internship directors to share their opinions by providing written responses about (a) recommendations to academic programs regarding pre-internship training in psychological assessment and (b) any other issues and concerns related to current assessment practices that had not been addressed elsewhere in the survey.

Once data collection had been completed, each of the three co-investigators took responsibility for one particular section of the questionnaire, with this researcher's interest and emphasis laying in directors' perspectives regarding psychological assessment at internship and their satisfaction with the training and experience of incoming interns. This represented the following survey items: item #s 16, 17,

18, 19, and 20. Study participant demographics and general internship program information (i.e., survey item #s 1-15) were shared among the three researchers for each of their respective projects.

### **Research Procedures**

The following sections review and present information related to survey participant recruitment, human subjects' participation, data collection, and methods used for analyzing data.

**Participant identification.** The participants included in this study were all directors of pre-doctoral psychology internships. The list of eligible participants was comprised of the 741 pre-doctoral psychology internship directors in the 2014-2015 Association of Psychology Postdoctoral and Internship Centers (APPIC) directory (APPIC, 2015). The list of program directors is readily available and publicly accessible via the APPIC website. The directory is provided as a service to students, graduate faculty, and training directors in identifying internship and post-doctoral training programs located across the United States and Canada. The APPIC Directory offers a comprehensive overview of each internship program, and is updated yearly to reflect eligible and participating internship programs. Programs included in the directory are those that have received accreditation through the American Psychological Association (APA) or the Canadian Psychological Association (CPA), as well as non-APA accredited programs that meet APPIC criteria and therefore qualify for membership (See Appendix C). Directory search results were limited to all APPIC member programs within the United States. All internship directors within the United States who provided their email contact information for the APPIC directory from the 2014-2015 academic year, were initially considered eligible and invited to participate in the study.

**Participant recruitment.** In an attempt to obtain the most accurate results and minimize likelihood for sampling error, each of the 741 internship program directors were invited to participate in the survey study. A designated Pepperdine University email account was obtained and used by the principal investigators for contacting each of the directors. E-mail addresses of eligible training directors were obtained via the APPIC directory.

Directors were informed during the initial e-mail contact that they had until July 31, 2015 to respond to the survey if they wished for their responses to be considered and included in the study. All declining responses and e-mails that were returned as undeliverable were subtracted from the potential sample pool when determining the final total sample size. Autoreply e-mail responses (e.g., “out of office, recipient is no longer affiliated with the site) were reviewed and followed up with attempts to contact the site and requests for updated contact information.

Those internship directors who wished to participate in the study were provided instructions to select a link provided within the email message in order to access the questionnaire. The first page directors saw upon selecting the embedded survey link was an informed consent document. This first document provided potential participants with a description and explanation of the study, outlined the voluntary nature of the study and what participation would entail, and described the consent procedures (see Appendix E). Individuals who provided their consent for participation were advised to print a copy of the informed consent document for their own records, if desired. At that point, those individuals who elected not to participate in the study simply exited the website and had no additional involvement.

Upon providing their consent for participation, internship directors were then able to access the survey instrument. Prospective participants were sent an e-mail 10 days following the initial distribution of the survey as a reminder to respond in case they had not already done so at that time (see Appendix F). Autoreply e-mails to this second invitation/reminder were reviewed once again to minimize unnecessary exclusion and promote increased participation by the relevant parties. Individuals who declined to participate were subsequently removed from the potential sample pool so that their responses were not included when calculated the final sample population and analyzing results. A second e-mail reminder (see Appendix H) was sent approximately four weeks after the initial distribution of the study materials, and all autoreplies and declinations for participation were again handled in the same manner described above. A third and final reminder and invitation for participation was sent approximately six weeks after the initial email. Overall, participant recruitment and data collection took place from May 28, 2015 through July 31, 2015.



## **Ethical Considerations**

**Human subjects' protection.** The study was conducted in accordance with accepted federal and state laws and standards regarding human subjects research. Ethical and professional guidelines for human subjects' research established by the APA were adhered to throughout the research process. This included an application being submitted and approved by the Pepperdine University Graduate and Professional Schools Institutional Review Board (IRB) prior to the start of participant recruitment and data collection.

**Consent for participation.** Given that requiring the study participants to provide written documentation of informed consent would indirectly result in a request for identifying information and a subsequent compromise of anonymity, a waiver of the requirement for written documentation of informed consent was requested and obtained from the IRB at Pepperdine University. Approval of this request by the University's IRB allowed for implied consent from participants, thereby indicating that respondents provided implied consent as a research participant by completing the online questionnaire. Responding to the survey thereby acted as confirmation that the research participant understood the nature, risks, and benefits of the study and agreed to take part. Participants were informed of their right to refuse to answer any question and/or to withdraw from participation in the study at any point. Those that elected to withdraw prematurely were considered as having withdrawn their consent for participation, and their responses were removed from the final data set accordingly.

**Potential benefits and risks.** Participation in the study posed no more than minimal risk. The consent document informed participants of such risks and benefits associated with the study. As no specific identifying information was collected on the research materials, the risk of damaging the participant's or internship program's reputation or standing in the training community was eliminated. Minimal risks that may have come as a result of participation in the study included possible boredom or discomfort in answering questions related to assessment practices or training activities. While there were no direct benefits for electing to participate, participants might have experienced some satisfaction in knowing that their participation could contribute to knowledge and promote increased understanding in

the field of psychology. Participating and/or interested directors were also offered the choice to receive an emailed summary of the final results following the survey's completion, pending their submitting a separate e-mail request to the co-investigators.

**Confidentiality and anonymity.** Steps were taken to protect the identity and anonymity of participants. This included masking the IP addresses of respondents from the co-investigators across all settings (i.e., web-link, e-mail). This was an additional option that had been made available through the Qualtrics program software. Additionally, the host site automatically assigned each survey response a unique response ID number, which further ensured anonymity of respondents. While no identifying information was collected, all data files, coding keys, and any other study resources were stored on the investigator's personal computer in a password-protected folder. One additional back up copy of the original data set was stored separately on an external hard drive that had been encrypted and password protected.

#### **Data Collection and Recording**

Data was collected through the Web-based survey host "Qualtrics" via SSL (Secure Sockets Layer) encrypted software, and was anonymously tracked by the co-investigators. SSL is a standard security technology for establishing an encrypted link between a server and a client, allowing sensitive information to be transmitted securely. Once the specified period for data collection had passed, the survey was closed to additional respondents. Once recruitment was closed and data collection was finalized, the final data file was downloaded from the secure host site.

An initial review of the data file was completed in order to screen for answers that were outside of the possible range (e.g., someone reporting an age of 156 years). The responses were then coded and entered into a master database table for analysis. A list of codes was then generated for each possible response across all questionnaire items. For example, values of 1-4 were used to record responses about gender, in which case the corresponding codes would be documented as: 1 = Male; 2 = Female; 3 = Transgender; 4 = Other. As previously noted, subjects were permitted to abstain from responding to any question at any time, but were asked to confirm their intentions of leaving an item unanswered before

moving to the next questionnaire item. Items left intentionally blank were coded as such (i.e., using a recording code of “-99”). Participants who elected to terminate the survey prematurely and without confirming their desire to submit their prior responses before doing so were considered as having withdrawn their consent for participation in the study and screened out from the data set accordingly. Lastly, comparisons were made between the original and final data sets to assess for significant differences in results. Records were kept of all edits made to the data set.

### **Data Analysis**

The questionnaire was created with distinct sections for the purpose of division of data between the three co-investigators. Information from items pertaining to demographic information was shared and utilized by all three coinvestigators for the purposes of their independent projects. The present study specifically focused on the following questionnaire items: 1-20. These items addressed demographic information and the perspectives of internship training directors on issues related to the use, emphasis, training, and supervision of future psychologists in assessment-related practices within pre-doctoral internship programs. Questionnaire items 31-32 were also addressed in the present dissertation, and included an open-ended request for recommendations to academic programs regarding psychological testing and assessment (item #31) as well as an open item (item #32) prompting respondents to provide additional comments or recommendations as they felt necessary.

Given the nature of the study’s design, frequency data and descriptive statistics (e.g., means and standard deviations) were calculated on all relevant variables. These included directors’ perspectives regarding (a) the importance of interns’ prior assessment experience, (b) assessment training during internship, and (c) level of satisfaction with the knowledge, skills, and attitudes of incoming interns (i.e., graduate level training and preparation in assessment prior to starting internship).

Opportunities were provided throughout the questionnaire for respondents to provide a written response should they find that the presented categories were insufficient for capturing their answer (i.e., options for “Other” responses). These opportunities occurred in questions pertaining to demographics, methods of training, and the applications and functions served by assessments at their respective site.

There were also opportunities at the end of the survey where respondents were asked to submit additional thoughts and/or recommendations relevant to the survey or assessment-related training and practices.

Following the completion of data collection, submitted written responses were reviewed with regard to their thematic content and subsequently grouped into thematic categories. These thematic categories were identified after evaluating each individual response and determining the general topic addressed.

Responses containing similar content and themes were subsequently grouped together. After grouping each item response with similar others, the general theme was then identified by summarizing the content provided in each response within that group.

Pearson correlations were calculated to determine whether there were relationships between the extent that directors' reported psychological testing and assessment was emphasized in their program and (a) the importance placed on prior clinical experience in psychological testing when selecting interns, (b) the importance of knowledge of psychological testing (gained from coursework or didactic training) when selecting interns, (c) level of satisfaction with incoming interns' clinical experience in psychological assessment, (d) level of satisfaction with incoming interns' knowledge of psychological assessment, and (e) level of satisfaction with incoming interns' preparation to conduct assessment with diverse populations. Guidelines suggested by Cohen (1988) for interpreting the strength of linear correlations were utilized and are outlined as followed: a weak correlation typically had an absolute value of  $r = .10$  (about one percent of the variance explained), a moderate correlation typically had an absolute value of  $r = .30$  (about nine percent of the variance explained), and a strong correlation typically had an absolute value of  $r = .50$  (about 25 percent of the variance explained). Results are presented in the following section.

## Chapter III. Results

### Overview

The purpose of this study was to assess trends and perspectives of internship directors with regard to the (a) emphasis placed on assessment experience when selecting interns, (b) emphasis of psychological testing and assessment-related practices in internship settings, (c) level of satisfaction with the knowledge, training, and preparation of incoming interns in psychological assessment, and (d) trends in methods of training and supervision offered in psychological testing at the internship level.

Additional analyses were completed to examine whether significant correlation existed between directors' reported emphasis placed on psychological assessment within their internship training program and (a) directors' reported levels of satisfaction with the knowledge of incoming interns, (c) directors' reported satisfaction with the clinical experience of incoming interns, (d) the importance directors placed on knowledge about psychological assessment and testing, as gained through didactics and courses, (e) the importance directors placed on skills gained via clinical experience when selecting interns, and (f) directors' satisfaction with incoming interns' level of preparation for conducting assessments with diverse populations.

### Study Results

As previously noted, the survey questionnaire was designed so that results obtained could be divided and shared amongst the three coinvestigators. For this reason, those results specifically obtained from questionnaire items 1-20 and items 31-32 are presented in the following sections.

### Sample Population

The target population consisted of 709 internship directors who were listed in the 2014-2015 APPIC Internship Site Directory. Out of the original 709 directors who received email invitations, 208 elected to follow the link to the survey and provided their consent for participation. Of those individuals, an additional 26 individuals were omitted due to either (a) failing to confirm their understanding of directions; (b) not submitting at least one response to the survey; or (c) not confirming their desire to submit their responses prior to prematurely terminating the survey, and as such, were considered to have

withdrawn their consent for participation. This yielded a final sample population of 182 participants, and a response rate of 26% ( $N = 182$ ).

### Participant Demographics

**Gender, age, and racial/ethnic identification.** The sample was made up of 65% females ( $n = 118$ ) and 34% males ( $n = 62$ ). There were 2 individuals who elected not to disclose their gender. No respondents elected to identify as either “transgender” or “Other.” Survey respondents ranged in age from 29 to 72-years, with a mean age of 46.9 years ( $SD = 10.5$ ;  $n = 180$ ; two individuals refrained from responding). See Figure 1 for information regarding survey participants’ reported age distribution.

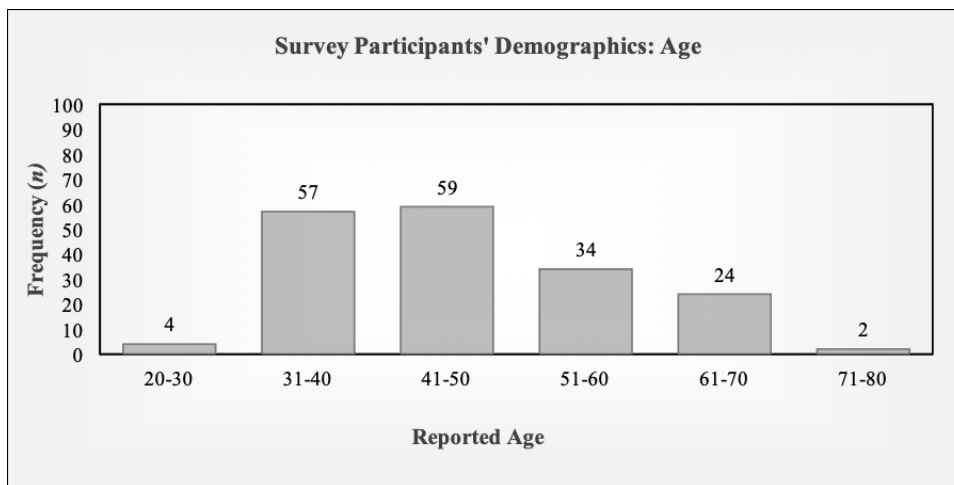


Figure 1. Frequency and distribution of participants' reported age.  $n = 180$ , as 2 individuals elected not to respond.

When asked to describe their ethnic identity, 87% of participants self-identified as Caucasian ( $n = 158$ ), 4% as Latino/a ( $n = 7$ ), 2% as Asian ( $n = 4$ ), 2% as multiracial ( $n = 4$ ), 2% as Black or African-American ( $n = 3$ ), and less than 1% as American Indian or Alaskan Native ( $n = 1$ ). Approximately 2% of the sample ( $n = 3$ ) categorized themselves as “Other,” and elected to self-identify as “Hispanic,” “Mediterranean,” and “Middle Eastern,” respectively (See Table 3). No directors identified as “Native Hawaiian or Other Pacific Islander.” There were two individuals who abstained from responding to the

age, gender, and racial/ethnic identity demographic questions ( $n = 2$ ; 1%). See Table 2 for data on gender, age, and racial/ethnic identity.

Table 2

*Participants' Demographics: Age, Gender, and Racial/Ethnic Identity*

| Characteristic                         | <i>N</i> | %   |
|--|----------|-----|
| Age                                    |          |     |
| 20-30                                  | 4        | 2%  |
| 31-40                                  | 57       | 32% |
| 41-50                                  | 59       | 33% |
| 51-60                                  | 34       | 19% |
| 61-70                                  | 24       | 13% |
| 71-80                                  | 2        | 1%  |
| Gender                                 |          |     |
| Male                                   | 62       | 34% |
| Female                                 | 118      | 65% |
| Transgender                            | 0        | 0%  |
| Other                                  | 0        | 0%  |
| Abstained                              | 2        | 1%  |
| Racial/Ethnic Identity                 |          |     |
| American Indian/Alaskan Native         | 1        | <1% |
| Asian                                  | 4        | 2%  |
| Black or African American              | 3        | 2%  |
| Caucasian (White)                      | 158      | 87% |
| Latino/a                               | 7        | 4%  |
| Native Hawaiian/Other Pacific Islander | 0        | 0%  |
| Multiracial                            | 4        | 2%  |
| Other <sup>a</sup>                     | 3        | 2%  |
| Abstained                              | 2        | 1%  |

*Note.* ( $N = 182$ ). This included the two abstainers (see above) as these individuals responded to the other questionnaire items. Mean = 46.9 years, Range = 43 (29-72 years), and SD = 10.5.

<sup>a</sup>Category combines written-in responses under “Other” heading; Includes “Hispanic,” “Mediterranean,” and “Middle Eastern” responses.

**Educational attainment and licensure status.** When asked, 62% of participants identified their highest academic degree as a Ph.D. ( $n = 112$ ), 37% had a Psy.D. ( $n = 68$ ), and less than 1% an Ed.D ( $n = 1$ ). There was one “Other” individual ( $n = 1$ ) who reported having a “J.D./Psy.D.” When identifying the nature of their degrees, 76% of respondents identified Clinical Psychology ( $n = 138$ ), 16% reported Counseling Psychology ( $n = 29$ ), 4% reported School Psychology ( $n = 8$ ), and 2% chose Combined Program ( $n = 3$ ) as the nature of their degree. The remaining 2% of participants who identified as Other ( $n = 4$ ) listed their degree majors as “Clinical Neuropsychology,” “General Psychology,” “Developmental

Clinical Psychology,” and “Experimental Psychology and later trained in Clinical Psychology, along with a JD.” See Table 3 regarding the type and nature of participating directors’ educational attainment (e.g., degree type).

Table 3

*Participants Demographics: Nature and Type of Degree*

| Characteristic          | <i>n</i> | %   |
|-------------------------|----------|-----|
| Highest Academic Degree |          |     |
| Ph.D.                   | 112      | 62% |
| Psy.D.                  | 68       | 37% |
| Ed.D.                   | 1        | <1% |
| Other <sup>a</sup>      | 1        | <1% |
| Nature of Degree        |          |     |
| Clinical Psychology     | 138      | 76% |
| Counseling Psychology   | 29       | 16% |
| Educational Psychology  | 0        | 0%  |
| School Psychology       | 8        | 4%  |
| Combined Program        | 3        | 2%  |
| Other <sup>b</sup>      | 4        | 2%  |

*Note.* *N* = 182.

<sup>a</sup>Category combines verbatim written-in responses submitted under “Other” heading; includes: “JD/PsyD”

<sup>b</sup>Category combines verbatim written-in responses submitted under “Other” heading; Included: “Clinical Psychology,” “General Psychology,” “Developmental Clinical Psychology,” and “Experimental Psychology and later trained in Clinical Psychology, along with a JD.”

Of the 182 survey participants, 98% endorsed having been licensed to practice psychology at some point in time ( $n = 178$ ), while the remaining 2% ( $n = 4$ ) reported that they had not. Those that endorsed licensure were asked to identify the initial year that they had been licensed. Dates of licensure ranged from 1973 through 2014 (range of 41 years), with a mean reported year falling between 2001 and 2002, and the most frequently endorsed year as 2006 ( $SD = 8.7$ ;  $Mdn = 12$  years;  $n = 178$ ). See Table 4 regarding participants’ licensure information.



Table 4

*Participants' Demographics: Status of Licensure*

| Characteristic | <i>n</i>        | %   |
|----------------|-----------------|-----|
| License Status |                 |     |
| Not Licensed   | 4               | 2%  |
| Licensed       | 178             | 98% |
| Mean           | 12 years        |     |
| Mode           | 9 years         |     |
| <i>SD</i>      | 8.7 years       |     |
| Range          | 41 (1-42 years) |     |

*Note.* *N* = 182. Corresponds with Survey Items #6a and #6b: "Are you currently, or have you ever been, licensed to practice psychology?"; "If so, what year did you first obtain licensure?"

**Internship Program and Site Characteristics**

Approximately 68% of internship training program directors reported their internship sites were APA-accredited ( $n = 124$ ), 18% reported that they were in the process of obtaining APA accreditation ( $n = 32$ ), while the remaining 14% identified as neither accredited nor in the process of obtaining APA accreditation ( $n = 26$ ). See Table 5 regarding general characteristics of the internship sites. Of the 182 survey participants, 15% categorized their internship program setting as University Counseling Centers ( $n = 28$ ), 15% were Veterans Affairs Medical Centers ( $n = 27$ ), 14% were Community Mental Health Centers ( $n = 25$ ), and 11% were State/County/Other Public Hospitals ( $n = 20$ ). Additional internship program settings represented included Consortiums ( $n = 15$ ; 8%), Prisons or Correctional facilities ( $n = 12$ ; 7%), Child/Adolescent Psychiatric or Pediatric settings ( $n = 8$ ; 4%), Medical Schools ( $n = 8$ ; 4%), Private Psychiatric Hospitals ( $n = 6$ ; 3%), Private Outpatient Clinics ( $n = 5$ ; 3%), Private General Hospitals ( $n = 5$ ; 3%), School Districts ( $n = 3$ ; 2%), Armed Forces Medical Centers ( $n = 3$ ; 2%), and Psychology Departments ( $n = 1$ ; <1%).

Table 5

*Internship Programs and Sites: Reported Characteristics*

| Category   |  | N   | %    |
|--|--|-----|------|
| <u>APA Accreditation (Item #7)</u>                   |  |     |      |
|  | Internship APA Accredited                          | 124 | 68%  |
|  | APA Accreditation in Progress                      | 32  | 18%  |
|  | Internship not APA Accredited                      | 26  | 14%  |
| <u>Internship Settings (Item #8)</u>                 |  |     |      |
|  | Armed Forces Medical Center                        | 3   | 2%   |
|  | Child/Adolescent Psychiatric or Pediatric Settings | 8   | 4%   |
|  | Community Mental Health Center Consortium          | 25  | 14%  |
|  | Medical School                                     | 15  | 8%   |
|  | Medical School                                     | 8   | 4.4% |
|  | Prison or Correctional Facility                    | 12  | 7%   |
|  | Private General Hospital                           | 5   | 3%   |
|  | Private Outpatient Clinic                          | 5   | 3%   |
|  | Private Psychiatric Hospital                       | 6   | 3%   |
|  | Psychology Department                              | 1   | <1%  |
|  | School District                                    | 3   | 2%   |
|  | State/County/Other Public Hospital                 | 20  | 11%  |
|  | University Counseling Center                       | 28  | 15%  |
|  | Veterans Affairs Medical Center                    | 27  | 15%  |
|  | Other <sup>a</sup> (Please Specify)                | 16  | 9%   |
| <u>Predominant Theoretical Orientation (Item #9)</u> |  |     |      |
|  | Behavioral   | 38  | 21%  |
|  | Biological   | 7   | 4%   |
|  | Cognitive Behavioral                               | 140 | 77%  |
|  | Eclectic   | 28  | 15%  |
|  | Humanistic/Existential                             | 17  | 9%   |
|  | Integrative  | 88  | 48%  |
|  | Interpersonal                                      | 50  | 27%  |
|  | Systems  | 27  | 15%  |
|  | Psychodynamic                                      | 46  | 25%  |
|  | Other <sup>b</sup>                                 | 10  | 5%   |
| <u>Trainee Types Accepted (Item #10)</u>             |  |     |      |
|  | Practicum Students                                 | 133 | 73%  |
|  | Predoctoral Scholars                               | 182 | 100% |
|  | Postdoctoral Scholars                              | 117 | 64%  |

Note. N = 182.

<sup>a,b</sup>Categories combine verbatim written-in responses under "Other" heading.

Out of the 182 directors surveyed, 9% of directors elected to categorize their internship program settings under the heading of Other ( $n = 16$ ) and submitted written responses identifying their program's

setting. Write-in responses submitted under “Other” were categorized and clustered with similar responses and are presented separately (see Table 6).

Table 6

*Program and Site Characteristics: "Other" Responses*

| Category                                    | Response <sup>a</sup>  |
|---|--|
| “Other” Internship Setting Classification   | <ol style="list-style-type: none"> <li>1. Chemical dependency treatment</li> <li>2. University based clinic with school rotations</li> <li>3. Not-for-profit behavioral health organization</li> <li>4. Outpatient clinic</li> <li>5. Correctional inst.</li> <li>6. Private human services agency/non-profit</li> <li>7. Non-profit mental health center</li> <li>8. Nonprofit outpatient neurorehab</li> <li>9. Multisite multidisciplinary outpatient setting</li> <li>10. Private practice</li> <li>11. Public Hospital’s behavioral Health &amp; Addictions Div.</li> <li>12. Neurorehabilitative residential program</li> <li>13. County Court Services</li> <li>14. Private PHP and ICP w/ community housing</li> <li>15. Forensic</li> <li>16. Primary care community health center</li> </ol> |
| “Other” Predominant Theoretical Orientation | <ol style="list-style-type: none"> <li>1. Developmental Psychopathology</li> <li>2. Evidence-Based</li> <li>3. Empirically Supported Rxs</li> <li>4. DBT</li> <li>5. Depends on the site, but most of the above</li> <li>6. Intrapsychic Humanism</li> <li>7. Third wave/ACT</li> <li>8. Motivational Interviewing</li> <li>9. ACT</li> <li>10. Multicultural</li> </ol>   |

*Note.* Responses provided are verbatim.

Directors were also asked to select up to three classifications which best described their respective program’s predominant theoretical orientation. The five most frequently selected theoretical orientations included Cognitive Behavioral ( $n = 140$ ; 77%), Integrative ( $n = 88$ ; 48%), Interpersonal ( $n = 50$ ; 28%), Psychodynamic ( $n = 46$ ; 25%), and Behavioral ( $n = 38$ ; 21%) orientations. Additional

theoretical orientations identified by internship directors included Eclectic ( $n = 28$ ; 15%), Systems ( $n = 27$ ; 15%), Humanistic/Existential ( $n = 17$ ; 9%), and Biological ( $n = 7$ ; 4%) orientations (see Table 5). There were also 6% ( $n = 10$ ) of respondents who listed orientations under the “Other” category, and who submitted written responses. Examples of write-in responses submitted under the “Other” heading included orientations like Third Wave/ACT, Developmental Psychopathology, Multicultural, and Evidence-based Treatments (see Table 6).

Of the 182 training directors surveyed, 100% of them ( $N = 182$ ) endorsed accepting pre-doctoral interns each year, 73% reported accepting practicum students ( $n = 133$ ), and 64% reported taking postdoctoral interns or fellows ( $n = 117$ ). With regard to the number of trainees selected at each site, the responses from directors varied from 2 to 25 interns, with the average number selected per year falling between 4-5 interns ( $M = 4.85$ ,  $SD = 3.25$ ).

### **Assessment on Internship: Training, Supervision, and Applications**

Survey data was also collected on psychological testing and assessment-related training opportunities and practices at internship programs. Regarding questionnaire item #11, 51% ( $n = 93$ ) of directors reported that their internship offered a primary rotation with an emphasis in psychological testing, while the remaining 49% ( $n = 89$ ) indicated that their internship program site did not offer a primary rotation in psychological testing and assessment (see Table 7).

Questionnaire item #12 asked directors to identify how much psychological testing and assessment was emphasized within their internship program (see Table 7; see Figure 2). Of those who responded, 18% reported assessment was Extremely Emphasized ( $n = 33$ ), 42% noted it was Strongly Emphasized ( $n = 76$ ), 31% noted psychological assessment as Somewhat Emphasized ( $n = 56$ ), and 6% indicated assessment was Slightly Emphasized ( $n = 11$ ) at their site. The remaining 3% of surveyed internship program directors reported psychological testing and assessment was Not at All Emphasized at their internship site ( $n = 6$ ).

Item #13 on the questionnaire inquired into how training in psychological testing and assessment was provided to students on internship. A total of 87% of directors endorsed Didactic Seminars/Training

Sessions ( $n = 159$ ), 77% endorsed offering Individual/one-on-one training ( $n = 140$ ), 64% identified training as occurring Across Multiple Settings ( $n = 117$ ), and 35% indicated offering training through a Dedicated Assessment Rotation ( $n = 64$ ). Of the remaining responses, 3% of directors endorsed offering Structured Trainings Yielding Certifications ( $n = 6$ ), while 11% ( $n = 20$ ) reported their internship programs offered some other form of assessment and testing-related training. Of those who endorsed offering “Other” forms of assessment training, verbatim responses that were submitted included examples such as “observation and modeling,” and “group trainings.” Data collected on training methods used are presented in Table 7. Verbatim write-in responses categorized and submitted by internship program directors under the “Other” category are presented in Table 8.

Item #14 of the questionnaire sought to identify information regarding methods of testing and assessment supervision provided to students on internship. Nearly all directors who responded (98%) indicated their programs provided Individual Supervision ( $n = 178$ ), while 65% of directors reported offering Group Supervision ( $n = 119$ ). Of the 182 directors who participated in the survey, 7% ( $n = 12$ ) endorsed providing “Other” methods of psychological testing and assessment-related supervision at their internship site, and submitted examples such as providing dyadic supervision, didactics, direct observation, and specialized teams. Results outlining supervision methods for psychological testing and assessment on internship can be found in Table 7, while verbatim, written responses categorized and presented under “Other” are provided in Table 8.

Questionnaire item #15 requested respondents identify all of the functions served by psychological testing and assessment at their internship site. Of the 182 individuals surveyed, 93% selected Differential Diagnosis ( $n = 169$ ), 91% endorsed Treatment Planning ( $n = 166$ ), 46% indicated use for Accommodations/Access to special programs ( $n = 83$ ), 43% for Psycho-education ( $n = 78$ ), 42% endorsed Assessing Treatment Outcomes ( $n = 77$ ), and 41% indicated Monitoring Response to Treatment ( $n = 74$ ).

Table 7

*Testing and Assessment on Internship: Emphasis, Training Methods, and Functions Served*

| Category   | <i>n</i> | %   |
|--|----------|-----|
| Primary Rotation in Psychological Testing (Item #11)                 |          |     |
| Offered  | 93       | 51% |
| Not Offered  | 89       | 49% |
| Emphasis on Psychological Assessment and Testing (Item #12)          |          |     |
| Extremely Emphasized   | 33       | 18% |
| Strongly Emphasized  | 76       | 42% |
| Somewhat Emphasized  | 56       | 31% |
| Slightly Emphasized  | 11       | 6%  |
| Not at All Emphasized  | 6        | 3%  |
| Methods of Training Provided in Testing and Assessment (Item #13)    |          |     |
| Didactic Seminars/Training Sessions                                  | 159      | 87% |
| Individual/One-on-One  | 140      | 77% |
| Across Multiple Rotations  | 117      | 64% |
| Dedicated Assessment Rotation  | 64       | 35% |
| Structured Trainings that Yield Certifications                       | 6        | 3%  |
| Other <sup>a</sup>   | 20       | 11% |
| Methods of Supervision Provided in Testing and Assessment (Item #14) |          |     |
| Individual Supervision   | 178      | 98% |
| Group Supervision  | 119      | 65% |
| Other <sup>b</sup>   | 12       | 11% |
| Functions of Psychological Testing and Assessment (Item #15)         |          |     |
| Differential Diagnosis   | 169      | 93% |
| Treatment Planning   | 166      | 91% |
| For Accommodations/To Access Special Programs                        | 83       | 46% |
| Psychoeducation  | 78       | 43% |
| Assessing Treating Outcomes  | 77       | 42% |
| Monitoring Response to Treatment                                     | 74       | 41% |
| As a Therapeutic Intervention  | 65       | 36% |
| Disability Determinations  | 60       | 33% |
| Research Purposes ( <i>n</i> = 26; 14%).                             | 26       | 14% |
| Other <sup>c</sup>   | 22       | 12% |

Note. *N* = 182.

<sup>a,b,c</sup>Categories combine verbatim written-in responses under "Other" heading, and presented separately in following tables.

Table 8

*Methods of Training and Supervision: "Other" Responses*

| Category   | Response <sup>s</sup>  |
|--|--|
| "Other" Training Methods in<br>Testing and Assessment (Item #13)                 | <ol style="list-style-type: none"> <li>1. Supervision</li> <li>2. 1-year Assessment Clinic approximately 8 hours per week including interview, testing, report writing</li> <li>3. Case conference</li> <li>4. Not provided</li> <li>5. Short measures for intake &amp; progress reporting. No batteries.</li> <li>6. Year-long, 6 hrs/wk</li> <li>7. Observation and modeling</li> <li>8. Dyadic Supervision Model</li> <li>9. Optional neuropsychology rotation</li> <li>10. Varies site-to-site w/in Consortium- some sites emphasize more assessment than others, although all interns complete a minimum number of assessments</li> <li>11. Forensic Evaluation</li> <li>12. Interns conduct testing and are supervised on it</li> <li>13. 2 weeks set aside with NAP accredited psychometrists to ensure accurate admin &amp; scoring</li> <li>14. Intern site placement</li> <li>15. We have only one track and it constitutes approximately 25% of the time spent in that track</li> <li>16. Group supervision for assessment weekly</li> <li>17. Observation and practice</li> <li>18. Dedicated group supervision, 2 hr per week</li> <li>19. Group supervision in testing/assessment</li> <li>20. Observation/modeling</li> </ol> |
| "Other" Methods of Supervision<br>Provided in Testing & Assessment<br>(Item #14) | <ol style="list-style-type: none"> <li>1. Supervision</li> <li>2. Didactics</li> <li>3. Didactic seminars</li> <li>4. Dyadic</li> <li>5. Direct Observation</li> <li>6. Direct Observation</li> <li>7. Assessment Seminar</li> <li>8. Professional Teams</li> <li>9. Assessment Clinic</li> <li>10. Across track collaboration on cases (supervision)</li> <li>11. Administrative</li> <li>12. A consultant meets with us bimonthly for case consultation on psychological testing interpretation and analysis</li> </ol>  |

*Note.* Corresponds with Item #13: "How is training in psychological testing and assessment provided within your internship site?" and with Item #14: "How is supervision of psychological testing and assessment provided within your internship program? Please SELECT ALL that apply)."

<sup>a</sup> Category includes verbatim responses.

Table 9

*Functions of Testing and Assessment: “Other” Responses*

| Category  | Response   |
|---|--|
| Other <sup>a</sup> : Functions of Psychological Testing and Assessment (Item #15) | <ol style="list-style-type: none"> <li>1. Military specific schools</li> <li>2. Child welfare proceedings</li> <li>3. Placement purposes</li> <li>4. separate service / program accessed by other service systems</li> <li>5. Court disposition</li> <li>6. Courts</li> <li>7. court ordered</li> <li>8. DCS Child Welfare</li> <li>9. forensic evaluations</li> <li>10. offender management</li> <li>11. Forensic assessment and discharge planning</li> <li>12. Discharge Planning</li> <li>13. Training</li> <li>14. risk assessment</li> <li>15. Special Education Eligibility</li> <li>16. Pre-employment, pre-surgical</li> <li>17. Capacity decision making</li> <li>18. state required for residential placement; assisting in court disposition/providing information to the court</li> <li>19. Risk and guardianship</li> <li>20. LD ADHD assessment</li> <li>21. Court-ordered evaluations</li> <li>22. Risk Assessment for increase in privilege or discharge</li> </ol> |

*Note.* Corresponds with Item #15: “What functions do psychological testing and assessment serve at your internship site? (Please SELECT ALL that apply).

<sup>a</sup>Category includes verbatim responses.

Additional uses endorsed included for Therapeutic Intervention ( $n = 65$ ; 36%), Disability Determinations ( $n = 60$ ; 33%), and for Research Purposes ( $n = 26$ ; 14%). Approximately 12% of survey respondents identified “Other” ( $n = 22$ ) uses and functions of psychological assessment at their internship, such as determining special education and/or disability eligibility and for use in court and legal decision making processes. Table 7 presents data on the primary functions of psychological tests and assessments at internship sites, while Table 9 includes verbatim, written responses directors had submitted as “Other.”



## Assessment and Training Prior to Internship: Ratings of Importance and Satisfaction

When asked to rate the importance of clinical experience in psychological testing when selecting interns for their programs (item #16), 23% of training directors rated it as Extremely Important ( $n = 41$ ), 38% as Very Important ( $n = 70$ ), 27% as Somewhat Important ( $n = 50$ ), 9% as Slightly Important ( $n = 16$ ), and 3% as Not at All Important ( $n = 5$ ). Collected data and descriptive statistics related to the importance and use of clinical experience in testing when selecting interns is compiled and presented in Table 10 and Figure 2.

Table 10

### Importance of Clinical Experience in Psychological Testing When Selecting Interns

| Category             | $n$ | %   |
|----------------------|-----|-----|
| Level of Importance  |     |     |
| Extremely Important  | 41  | 23% |
| Very Important       | 70  | 38% |
| Somewhat Important   | 50  | 27% |
| Slightly Important   | 16  | 9%  |
| Not At All Important | 5   | 3%  |

Notes. ( $N = 182$ ). Corresponds to Item #16: "How important is clinical experience in psychological testing when selecting interns for your program?"

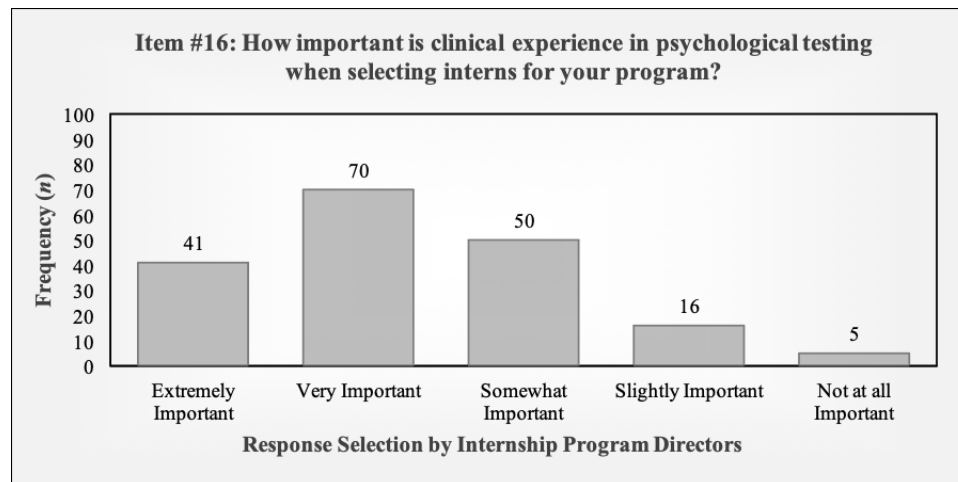


Figure 2. Importance of clinical experience when selecting interns.

Item #17 examined the importance of knowledge about psychological testing (gained from coursework and/or didactic training) in the selection of interns (see Table 11; see Figure 3). Results indicated that 21% of directors identified knowledge of assessment as Extremely Important ( $n = 39$ ) in their selection of interns for internship, 49% as Very Important ( $n = 89$ ), 22% as Somewhat Important ( $n = 40$ ), 7% as Slightly Important ( $n = 12$ ), and 1% indicated it was Not at All Important ( $n = 2$ ) in their selection of interns.

Table 11

*Importance of Knowledge about Psychological Testing When Selecting Interns*

| Category             | <i>n</i> | %   |
|----------------------|----------|-----|
| Level of Importance  |          |     |
| Extremely Important  | 39       | 21% |
| Very Important       | 89       | 49% |
| Somewhat Important   | 40       | 22% |
| Slightly Important   | 12       | 7%  |
| Not At All Important | 2        | 1%  |

Notes. ( $N = 182$ ). Corresponds to Item #17: “How important is knowledge about psychological testing (e.g., as gained from coursework and/or didactic training) when selecting interns for your program?”

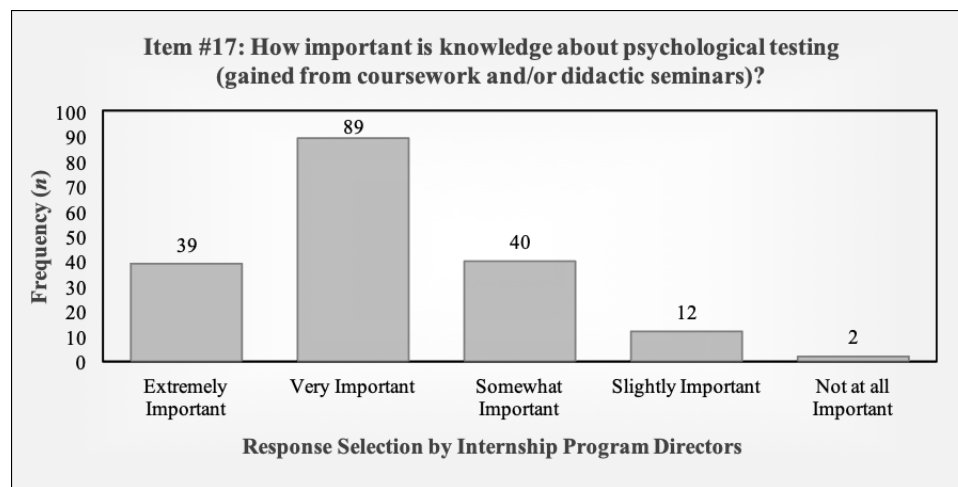


Figure 3. Importance of knowledge in testing and assessment when selecting interns.

The survey questionnaire included items about internship directors' levels of satisfaction with their incoming interns' knowledge and clinical experience related to psychological assessment. When asked to rate their satisfaction with incoming interns' level of clinical experience in psychological assessment (item #18), 2% reported feeling Extremely Satisfied ( $n = 4$ ), 33% were Very Satisfied ( $n = 60$ ), 47% said Somewhat Satisfied ( $n = 86$ ), and 17% endorsed being Slightly Satisfied ( $n = 30$ ). Of the 182 directors surveyed, 1% indicated feeling Not at All Satisfied with interns' level of clinical experience in psychological assessment ( $n = 2$ ). Refer to Table 12 and Figure 4.

Table 12

*Satisfaction with Incoming Interns' Clinical Experience in Assessment*

| Category              | <i>n</i> | %   |
|-----------------------|----------|-----|
| Level of Satisfaction |          |     |
| Extremely Satisfied   | 4        | 2%  |
| Very Satisfied        | 60       | 33% |
| Somewhat Satisfied    | 86       | 47% |
| Slightly Satisfied    | 30       | 16% |
| Not At All Satisfied  | 2        | 1%  |

Note. ( $N = 182$ ). Corresponds to Item #18: "How satisfied are you with incoming interns' level of clinical experience in psychological assessment?"

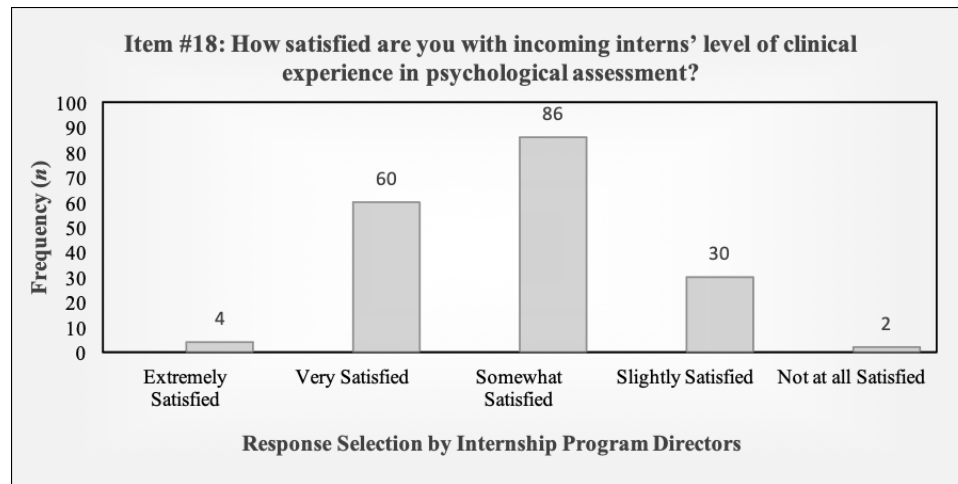


Figure 4. Reported satisfaction with incoming interns' clinical experience.

When rating their level of satisfaction with incoming interns' level of theoretical knowledge about psychological assessment (item #19), 1% endorsed being Extremely Satisfied ( $n = 1$ ), 31% chose Very Satisfied ( $n = 56$ ), 53% were Somewhat Satisfied ( $n = 96$ ), and 14% of directors indicated feeling Slightly Satisfied ( $n = 26$ ). The remaining 2% of directors endorsed Not at All Satisfied ( $n = 3$ ) with incoming interns' level of theoretical knowledge about psychological assessment (see Table 13; see Figure 5).

Table 13

*Satisfaction with Incoming Interns' Level of Theoretical Knowledge in Assessment*

| Category              | <i>n</i> | %   |
|-----------------------|----------|-----|
| Level of Satisfaction |          |     |
| Extremely Satisfied   | 1        | <1% |
| Very Satisfied        | 56       | 31% |
| Somewhat Satisfied    | 96       | 53% |
| Slightly Satisfied    | 26       | 14% |
| Not At All Satisfied  | 3        | 2%  |

Note. ( $N = 182$ ). Corresponds to Item #19: "How satisfied are you with incoming interns' level of theoretical knowledge about psychological assessment?"



Figure 5. Reported satisfaction with interns' theoretical knowledge in assessment.

Internship program directors were also asked to rate their satisfaction with incoming interns' level of preparation for conducting psychological assessment with diverse populations (Survey Item #20). Of the 182 individuals who responded, 1% reported they were Extremely Satisfied ( $n = 2$ ), 21% indicated they were Very Satisfied ( $n = 39$ ), 58% reported being Somewhat Satisfied ( $n = 106$ ), and 15% endorsed being Slightly Satisfied ( $n = 28$ ). Approximately 4% of respondents endorsed feeling Not at All Satisfied with their incoming interns' level of preparation for conducting assessments with diverse populations ( $n = 7$ ). Please refer to Table 14 and Figure 6.

Table 14

*Satisfaction with Preparation for Conducting Assessment with Diverse Populations*

| Category              | <i>n</i> | %   |
|-----------------------|----------|-----|
| Level of Satisfaction |          |     |
| Extremely Satisfied   | 2        | 1%  |
| Very Satisfied        | 39       | 21% |
| Somewhat Satisfied    | 106      | 58% |
| Slightly Satisfied    | 28       | 15% |
| Not At All Satisfied  | 7        | 4%  |

Note. ( $N = 182$ ). Corresponds to Item #20: "How satisfied are you with incoming interns' level of preparation for conducting psychological assessment with diverse populations?"

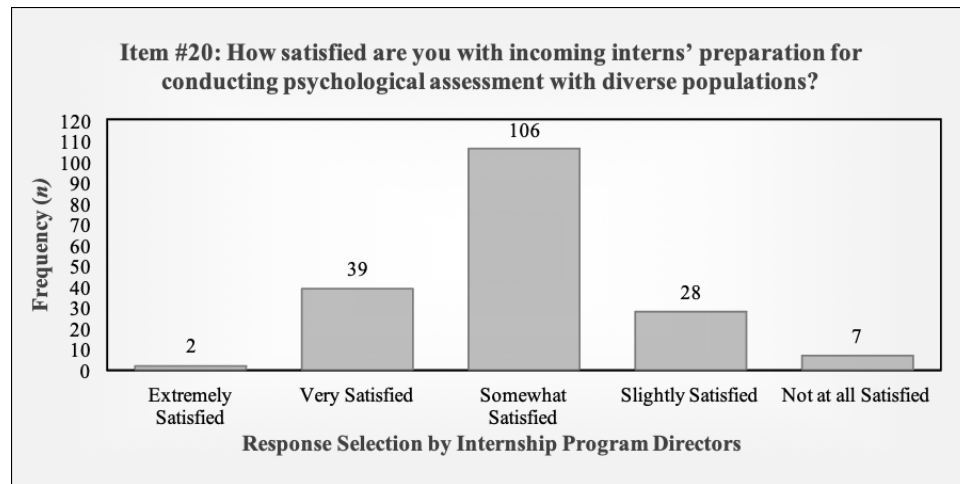


Figure 6. Reported satisfaction with interns' preparation for conducting assessment with diverse populations.

## Directors' Recommendations for Programs

In addition to the closed-ended questions, participants were provided with open-ended prompts and given the opportunity to provide their opinions, recommendations, and comments. As previously noted, these were reviewed and grouped together based on shared or similar thematic content. Responses that included several themes were coded for each of the relevant themes so that the director's entire response was accounted for when determining the frequency of various themes.

Questionnaire item #31 presented directors with the opportunity to provide recommendations for academic programs regarding pre-internship and graduate-level training in psychological testing and assessment. Specifically, item #31 asked, "What recommendations do you have for academic programs regarding pre-internship training in psychological testing and assessment?" Of the 182 participants, 26% of individuals ( $n = 48$ ) endorsed having no feedback (e.g., "none" or "n/a") or elected to abstain from responding. The majority of respondents, however, provided suggestions to increase or improve the quantity or quality of graduate training in assessment in some way.

The first significant theme that emerged was a desire for increasing the amount or breadth of assessment training that students receive prior to internship ( $n = 71, 39\%$ ). This included increasing the number of hours spent administering or scoring tests, improving the quality of training, as well as increasing the variety and breadth of measures that students are exposed to. One example from a respondent included "Many trainees are limited in the assessment experiences offered by local practicum/externship sites. Perhaps academic programs could increase collaboration with local clinical placements in order to increase opportunities to obtain hands-on, clinical assessment experiences." "Require more clinical exposure to the most commonly used tests," was suggested by one individual, while another respondent stated "Provide more opportunities for clinical experience in testing with a variety of testing instruments."

The second theme that emerged was a desire for improvements related to the integration and interpretation of data ( $n = 49, 26\%$ ). This category included recommendations related to skills integrating test data, writing integrated reports, and improving students' abilities to conceptualize and interpret test

results when examining data collected from several measures. Specific examples included “Complete more integrated reports; I believe an increased focus on integrative assessment will assist students transition into applied internship placements,” and “More focus on helping students learn how to integrate test findings.” Many highlighted a need to increase students’ awareness or understanding regarding the applications of test data, such as “Greater emphasis on clinical applications of data, more practical training (outside of administering as part of coursework) and improved integration of test results.”

The third major theme that emerged regarding recommendations was an increase or the continuation of training in projective tests and personality assessments ( $n = 29$  responses total; 16%). The Rorschach was noted as one of the most frequently cited and recommended of the projective measures. One respondent suggested that programs, “Teach projective assessment and give students some experience administering the Rorschach!” while another noted that, “At our site, interns with Rorschach experience are at an advantage.” Some directors were less specific about which measures they would like emphasized more, but included more general comments such as “Stronger emphasis on personality assessment.”

The next trend noted was that several respondents identified a need for increased skills related to therapeutic assessment and feedback ( $n = 9$ , 5%). Responses included statements like “Training in assessment scoring and interpretation is necessary but also please train in how to give the results to patients in a therapeutic manner.” Another respondent simply suggested, “More emphasis on therapeutic assessment.”

A general desire to improve students’ understanding of the psychometric and statistical properties underlying assessments was also noted by several directors ( $n = 7$ , 4%). This category included statements such as, “Focus more on test construction, selection, theory, etc.,” or as another respondent simply stated “Fluency with psychometrics.”

Finally, 3% of directors ( $n = 5$ ) provided suggestions highlighting the need to address multicultural or diversity concerns, including age, socioeconomic status, and/or other types of contextual information. One responder recommended: “More training and, if at all possible experience, with

multicultural considerations as they relate to the provision of assessment services.” Another respondent stated that he or she would like to see a “continued emphasis on multicultural considerations for testing and assessment.”

### **Additional Feedback from Program Directors**

The internship directors were also given the opportunity to provide any additional comments they desired related to psychological assessment training and practice at the internship level (see survey item #32). Of the 182 directors, 43% ( $n = 79$ ) either elected to leave this item blank or responded with either “none” or “N/A.” Of those that provided responses, seven themes were noted to emerge. These included comments suggesting dissatisfaction with interns and/or training, recommendations/critiques related to the survey instrument, statements about the general importance of assessment for psychologists, limitations in assessment use or decreased emphasis, recommendations about specific measures or tests, and a few general miscellaneous comments. Within the theme of dissatisfaction with interns and/or training, there were a total of 22 responses (12%). One responder stated, “Over the past few years, during our internship recruitment and selection process, we have noticed a decline in the amount of academic and practicum experience in testing. I find this distressing since psychological assessment continues to be needed and it is the domain of clinical work that only psychologists can do.” Another responder commented on the need for students to understand the differences between assessing children and adults and noted, “Different approaches and strategies must sometimes be used with children and adolescents.”

Another theme related to recommendations or feedback regarding the survey instrument itself ( $n = 11$ , 6%). These included, “It is difficult to answer questions for a consortium, since each site is different,” and, “You should have people operationalize the amount/intensity/extent of their assessment rotation, not just assume ‘major’ covers it.”

The next three themes related to statements about the general importance of assessment for psychologists, limitations in assessment use or decreased emphasis, and general miscellaneous comments, had 5 responses within each theme (3% of the sample for each category). The theme regarding the general importance of assessment for psychologists included any statement that highlighted testing as a core



competence or unique domain of psychologists. One responder stated, “Psychological testing is the one unique skill that psychology has compared to other disciplines and it is important that those in our field be well trained in their use.”

The theme about limitations in assessment use and/or decreased emphasis highlighted perspectives on reduced funding, financial concerns, and time constraints preventing the frequent use of assessment in particular settings. One training director noted that he or she was “concerned because the reimbursement rates for psychological testing and assessment are so low which makes the work less feasible financially for practicing psychologists in the real world.” Another individual stated, “A challenge (at least in a college counseling center setting) to effectively implementing quality testing training relates to time allocation.” Another expressed concern and stated that “decreased training in assessment and reimbursement of psychological testing are problematic.” As a more general concern, one participant communicated, “We have been working hard in our program to figure out how to keep psychological testing alive and relevant.” This participant explained that this has been particularly difficult within a “large managed care environment.”

Responses were placed within the general miscellaneous comments theme if the content did not fit with one of the other identified prominent themes. Within this category, 5 (3%) responded with statements such as, “Counseling center settings don’t emphasize as much overall,” and, “I would imagine for most internships the amount of exposure to testing within a class can be quite variable.”

### **Additional Findings**

Pearson product-moment correlations were also calculated in order to determine whether there were significant relationships between certain questionnaire items. In particular, the relationship of item #12, the extent to which psychological testing and assessment was emphasized at an internship program, was examined in relation to the following items: item #16, how important directors rated clinical experience in psychological testing when selecting interns; item #17, how important directors rated knowledge about psychological testing (gained from coursework and/or didactic training) when selecting interns; item #18, directors’ satisfaction with incoming interns’ level of clinical experience in

psychological assessment; item #19, directors' satisfaction with incoming interns' theoretical knowledge about psychological assessment; and item #20, how satisfied directors were with incoming interns' preparation to conduct psychological assessment with diverse populations. Because this was an exploratory aspect of the study, no predictions were made about the direction of the relationships.

There was a modest, but statistically significant, positive correlation between the reported emphasis on psychological assessment in the internship and the degree of importance directors placed on clinical experience in psychological testing when selecting interns,  $r(182) = 0.16, p < .05$ . A strong positive correlation was obtained between directors' reported emphasis on psychological assessment in the internship and the importance directors placed on knowledge about psychological testing and assessment when selecting interns,  $r(182) = 0.60, p < .001$ .

No significant relationship was found between the emphasis placed on psychological testing and assessment and directors' reported satisfaction with incoming interns' level of clinical experience in psychological assessment,  $r(182) = 0.10, p > .05$ . A statistically significant correlation was found between the emphasis on psychological testing and assessment at an internship and the directors' level of satisfaction with incoming interns' theoretical knowledge of psychological assessment,  $r(182) = 0.18, p < .05$ . Finally, there was no statistically significant relationship found between the emphasis on psychological testing and assessment and internship directors' reported levels satisfaction with incoming interns' preparation for assessment with diverse populations,  $r(182) = 0.09, p > .05$ . See Table 15.

Table 15

*Correlations Between Emphasis on Assessment with Ratings of Importance and Satisfaction*

| Variable   | Pearson's <i>r</i> |
|--|--------------------|
| Importance of Clinical Experience in Intern Selection (Item #16)           | 0.16*              |
| Importance of Knowledge in Intern Selection (Item #17)                     | 0.60**             |
| Satisfaction with Interns' Clinical Experience (Item #18)                  | 0.10               |
| Satisfaction with Interns' Knowledge (Item #19)                            | 0.18*              |
| Satisfaction with Preparation for Work with Diverse Populations (Item #20) | 0.09               |

*Note.* Corresponds with questionnaire item numbers 16 – 20.  
\* $p < .05$ , \*\* $p < .001$

## Chapter IV. Discussion

The purpose of this study was to identify and describe the current perspectives of internship directors regarding psychological testing and assessment practices in pre-doctoral internship programs within the United States. The objective was to conduct a survey of internship directors that would expand upon previous research on assessment-related practices and training expectations at the internship level, with the goal of informing academic training programs in the field of psychology.

Previous literature on psychological assessment training and practices indicated a high level of importance placed by academic program directors and predoctoral internship directors upon competence in assessment. This is consistent with the reality that psychological assessment represents one of the core competencies for practicing psychologists. The systematic assessment of human behavior has long been established as an integral, defining component of what it means to be a professional psychologist (Watson, 1953; Whiteley, 1984; Clemence & Handler, 2001; Groth-Marnat, 2009), with the literature indicating the prominence and value of psychological assessment remaining consistent over the years (Weiner, 2012; Butcher, 2006; Piotrowski & Belter, 1999; Stedman et al., 2000). However, some past studies on training in psychological assessment reflected several concerning trends, including a growing discrepancy between academic program training in assessment and the skills needed for success on pre-doctoral internship (Clemence & Handler, 2001; Durand et al., 1988). Hence, additional research was needed to evaluate the current status of training and practice in psychological assessment during internship.

The data collected provides an interesting look at the 182 internship directors who completed the study, as well as suggesting some trends and directions for further research. The following sections include a discussion of the findings in light of current literature, followed by recommendations for future research and training, and ends with a discussion regarding study limitations that may have impacted the results.

## Discussion of Results

Results obtained during this study included that over half of internship directors indicated that their programs offered a primary rotation that emphasized psychological testing. Regardless of whether they reported offering a primary rotation in assessment, the majority of directors indicated that assessment was at least “somewhat” (30%), if not “strongly” (42%) or “extremely” (17%) emphasized in their internship program. These results are consistent with previous literature citing the importance of psychological testing and assessment during internship. These findings also highlight the ongoing importance of obtaining training in psychological assessment during graduate school if students wish to be well prepared for the roles and tasks required of them during their internship year.

Results further suggest that training, skills, and experience in psychological assessment are regarded as essential for psychology graduate students in their applications for pre-doctoral internships. Specific survey questions (#16 and #17) asked internship directors about the importance of clinical experience and knowledge related to psychological testing and assessment when selecting interns. When asked to rate the importance of clinical experience in psychological testing when selecting interns, 89% of respondents indicating that testing experience was considered to be either “Somewhat,” “Very,” or “Extremely” important. These results suggest that graduate students who wish to be competitive when applying to internship should take steps to ensure they have ample training and assessment-related experience during their graduate training. This includes opportunities which support and foster a strong theoretical foundation and knowledge of assessment (e.g., coursework, didactic courses, etc.) in addition to opportunities that provide more hands-on learning and application-based training (e.g., practicum training). The fact that 92% of responding directors indicated “knowledge of psychological assessment” as “Somewhat” (22%), “Very” (48%), or “Extremely” (22%) important when selecting interns for internship highlights the ongoing need for graduate programs to continue teaching courses and providing didactic instruction related to psychological assessment. In summary, the results support the importance placed on assessment in general and the need for graduate programs to continue to provide training in assessment should they wish their students to have the necessary skills and knowledge to be successful on

internship. These findings also emphasize the need for graduate students themselves to make sure they have substantial experience in assessment, even if that means seeking out additional training in assessment and testing in order to be competitive candidates when applying to internship.

The survey results highlight the need for psychology graduate programs to provide training in the theoretical and conceptual aspects of assessment, especially in academic programs with students seeking assessment-focused internships. There was a strong positive correlation between the emphasis on psychological assessment within internships (item 12) and the level of importance directors placed on knowledge about psychological testing when selecting interns (item 17;  $r = .60$ ). The more importance placed on assessment at the internship level, the more internship directors valued the knowledge intern applicants have obtained from academic coursework and other forms of didactic training prior to internship.

There was a statistically significant yet relatively small positive relationship between assessment emphasis within an internship (item 12) and the importance of clinical experience in testing when selecting interns (item 16;  $r = .16$ ). This was initially surprising, as many studies have used clinical experience as an estimate of competency in assessment. It also appears inconsistent with the large number of directors who recommended that programs increase the breadth and depth of training by increasing students' exposure to and time spent conducting psychological assessment. One explanation for this could be that those sites that strongly emphasize testing tend to seek out candidates with strong theoretical knowledge about assessment as a means of differentiating between hours spent conducting assessment versus those students who have received formalized education or training, and who are more likely to possess a strong conceptual and theoretical understanding regarding assessment practices as a whole. This would be consistent with directors' comments and concerns that interns often lack a strong understanding of what is being measured, and lack skills related to integrating, interpreting, and applying test results. As one director put it, "The easy part of training is administration/scoring. The hard part is the integration and how to effectively and accurately present the information." In other words, it could also be hypothesized that knowledge and understanding would be more valued than actual practice, as one could

possess hours of experience but still lack competency or in-depth understanding. The present results suggest that internship directors value the depth and quality of assessment-related education that interns have obtained.

While the small positive correlation between the items 12 (How much is psychological testing and assessment emphasized within your internship program?) and 16 (How important is clinical experience in psychological testing when selecting interns for your program?) was somewhat surprising, it should be noted that internship directors strongly endorsed the importance of clinical experience in psychological testing when selecting interns. The mean rating to questionnaire item 16 was 4.37, which fell between “Very Important” (rating of 4) and “Extremely Important” (rating of 5) on the rating scale.

Previous literature has reported significant gaps in academic program training in assessment and relatively low levels of satisfaction among internship directors with the assessment-related knowledge and skills of incoming interns. However, the present study found that 82% of internship directors ( $n = 150$ ) in the sample reported being either “Somewhat,” “Very,” or “Extremely Satisfied” with their incoming interns clinical experience in psychological assessment. In addition, 85% of directors ( $n = 153$ ) reported being “Somewhat,” “Very,” or “Extremely Satisfied” with interns’ knowledge of psychological assessment and testing. These results suggest the gap between training in assessment at the academic program level may be decreasing as graduate programs seek to prepare competitive students and fulfill testing and assessment-related training requirements outlined by the APA. It may also be that internship applicants have correctly perceived the importance of assessment-related knowledge and experience and therefore work hard to acquire assessment competence before applying to internships.

While results suggest improvements compared to previous studies, it should also be noted that the number and nature of responses from directors still suggests ample room for improvement as it relates to training in psychological assessment. This is suggested by the large proportion of directors ( $n = 134$ , 74%) who later elected to provide recommendations when given an opportunity to provide feedback about graduate-level training in assessment. For instance, 17% of the sample ( $n = 32$ ) indicated feeling just “Slightly” or “Not At All” satisfied when asked to rate their satisfaction with interns’ clinical

experience in testing, and 16% of directors ( $n = 29$ ) likewise endorsed these suboptimal responses when asked about satisfaction with interns' theoretical knowledge of testing. The largest growth area, however, was seen when respondents were asked to rate their satisfaction with incoming interns' preparation for conducting psychological assessment with diverse populations. Here, nearly one in five directors ( $n = 35$ , 19%) indicated suboptimal levels of satisfaction. The modal response to this item was "Somewhat" satisfied, with 58% selecting this option. This is further supported by several directors submitting feedback recommending programs improve training in a broader array of assessments, and to improve students' knowledge and skills related to assessment with diverse populations. It is clear that from internship directors' perspectives, there is much need for improvement and growth in this area.

In conclusion, the survey results showed that when it comes to the competitive process of intern selection, internship directors value clinical experience in psychological testing as well as assessment-related knowledge gained from coursework and didactic training. The directors in the present study also reported relatively high levels of satisfaction with both the testing experience and assessment-related knowledge displayed by incoming interns. Satisfaction with incoming interns' preparation for assessment of diverse populations was modest at best, and a substantial number of participants reported lower levels of satisfaction in this area. Despite the generally positive ratings in most areas, internship directors' responses suggest that there is still significant room for improvement and growth by graduate programs regarding meeting the needs and expectations of internship directors. This was particularly true in regard to preparation to conduct assessment with diverse populations.

### **Recommendations for Future Training and Research**

The results of the current survey of internship directors suggest several areas of future training and additional research. One such area of concern includes training related to working with culturally diverse populations, and incorporating culturally sensitive assessments and skills into practice. Consistent with current and previous research on training and skills related to working with diverse populations, results from this study reflected concerns with the training and preparation of students with regard to conducting psychological assessment with diverse populations. Earlier research by Childs and Eyde

(2002) found that just 1% of clinical psychology doctoral programs offered courses specifically focused on multicultural and diversity issues within assessment. Most programs do not organize the curriculum based on population or setting, but rather on types of assessment or instruments instead (Childs & Eyde, 2002). Thus, there is a growing need for psychology training programs to integrate culturally competent assessment models into the core curriculum (Krishnamurthy et al., 2004). In the current study, 4% ( $n = 7$ ) of respondents indicated that they were “Not at all satisfied” with incoming interns level of preparation, while another 15% ( $n = 28$ ) indicated only being “Slightly satisfied” with incoming interns level of preparation in this important area. Overall, this would suggest that almost 20% of directors are finding beginning interns less than adequately prepared to conduct assessments with multicultural and diverse populations. This represents an area for future research and further investigation, so that graduate programs may begin to make the necessary changes in training so as to better equip future practitioners with the knowledge and skills necessary to competently work with diverse populations. This would include an evaluation of which measures would be considered appropriate for work with diverse populations. One consideration may be including internship training directors’ recommendations about how to best meet future needs and work with diverse populations when determining the development of assessment-related curriculum in academic programs.

An additional recommendation for future research includes conducting further statistical analyses on the collected data in order to determine whether the type of internship (i.e., internship type setting) influenced training directors’ levels of satisfaction with incoming interns’ assessment-related knowledge and skills, or with the level of importance they placed on assessment skills and training when selecting interns. This would allow for students with particular internship goals to evaluate and tailor their training to meet those goals and desires as indicated by their preferred types of settings.

The use and training of projective assessments and measures represents another potential area of future focus. Many directors noted the need and desire to see students trained in particular measures, including the Rorschach and the TAT. Graduate psychology programs may wish to begin reincorporating training in projective measures, as this was frequently cited as important and indicated as being highly



desired by internship directors. Additional research needs to be conducted on the advantages and disadvantages of training students in projective measures during graduate academic programs versus during internship, as well as their use and general application in day-to-day clinical practice. With results indicating the presence of a large number of internship directors who desire or recommend graduate programs continue training students in projective measures, it is recommended that programs consider either continuing or increasing their training in projective measures if they wish to prepare students who are competitive when applying to internship.

Additionally, 26% of directors ( $n = 49$ ) in this sample indicated either deficits or a desire for improved training in students' skills related to integrating and interpreting test data. This included integrating test results into case conceptualizations and treatment planning, and improving skills for writing integrative assessment reports. This need is further highlighted when considering the frequent use of psychological assessment for aiding in differential diagnosis and/or assisting in treatment planning. Therefore, it is highly recommended that graduate-level training programs (e.g., practicum sites, academic programs, etc.) begin providing training focused on the integration and interpretation of test data, with emphasis on improving students' integrative report-writing skills and their ability to provide appropriate and effective feedback and recommendations based upon results.

### **Study Limitations**

Significant steps were taken to minimize concerns that might compromise the validity of the study's results. However, no research is without limitations. For this particular study, there were limitations involving the methodology of data collection (i.e., instrumentation and use of survey research design), potential sampling errors, and data analysis. These will be reviewed and discussed in the following section.

**Methodology and instrumentation.** As the instrument used during the study was designed by the investigator and co-investigators, there are concerns regarding the validity and reliability of the survey instrument itself. This included potential for the researchers' biases to impact the presentation or wording of questions and possible responses to select from. A 5-item Likert scale was chosen for many of the

items to allow for individuals to be able to provide a full range of responses, while also permitting for resulting data to be quickly and easily numerically coded for subsequent analysis. However, Likert scales can be subject to distortion from central tendency bias (e.g., avoidance of using extreme response categories), acquiescence bias (e.g., agreeing with statements as presented), and social desirability bias (e.g., attempts to present oneself or one's organization as more desirable). Additional concerns include the fact that respondents are more likely to skip or not answer questions that are ambiguous, sensitive, or difficult (Fowler, 2014). In order to address this, the co-investigators made efforts to design questions with clear wording in a simple structure, and when possible, potential responses were displayed in a format familiar to internship training directors (e.g., list of assessment measures identical to those found on the APPIC Application for Psychology Internship (AAPI) online form) to facilitate ease of completion.

**Sampling.** There are several concerns with regard to whether the sample obtained provides an accurate representation of the true population. Braverman (1996) points out three sources of error in sampling for surveys, including coverage errors, nonresponse error, and errors in sampling methodology. Such limitations raise questions regarding coverage, and whether a sample is truly representative of the target population.

As the survey sample was nonrandom, the potential for sampling biases, such as with self-selection, responder bias, and non-responder bias, must be considered. A common limitation for survey studies of this nature is that individuals who choose to participate may be different than non-participants in important ways. For example, individuals with very positive or very negative views about psychological testing and assessment issues may be more likely to participate in the study. Directors from internship programs that primarily emphasize therapy, or who were less interested in assessment-related training, or whose internship programs were relatively weak in testing and assessment may have simply chosen not to participate. Considerations were made and several steps were taken in an attempt to minimize such sampling bias. These included multiple efforts made to encourage responding (e.g., following up with reminders to participate).

An additional limitation is whether internship directors had equal access to the survey instrument. The use of a web-survey host site also creates potential reliability risks related to the survey appearing differently to different respondents, depending upon the browser and/or computer platform used by the respondent (Fowler, 2014). This includes potential concerns about whether the sample may have been skewed towards directors possessing ease and a higher rate of internet use. However, the population surveyed (i.e., APPIC internship directors in their workplace settings) consisted of individuals with unusually high access to and rate of internet use, thus decreasing the likelihood that internet access presented as a significant limitation.

Other limitations relate to the research design and methodology. This study incorporates a self-report method pertaining to internship directors, which may lead to a social desirability bias or response set (Mitchell & Jolley, 2007). Responders were informed that results were anonymous and would be kept confidential in an attempt to minimize the concerns about socially desirable responding.

Another limitation had to do with the grouping of responses to item 31 into categories on rational grounds by one rater only. Ideally, multiple raters would have been used so that an acceptable level of inter-rater reliability could have been established and to improve the reliability of results obtained.

The accuracy and validity of the data also relies on a participant's capacity to present an objective representation of her or his training program and incoming interns. This limitation was undoubtedly present in the study, as there were several directors who reported experiencing difficulty responding due to overseeing consortiums or programs including multiple tracks that differed greatly between each other. The sample included 15 internships identified as consortium programs, which was 8% of the total. In those cases it might have been preferable if directors could have repeated the questionnaire for each distinct track or sub-program in the consortium.

There were also several directors who reported they were using psychological tests or measures that were not included on the lists there were presented in questionnaire items 21, 22, and 23. This concern was noted by several directors who also identified as overseeing child and adolescent internships, which would suggest that the data may not accurately represent these particular sites. This concern was

partially addressed in that each of the questionnaire items listed above included an “Other” option where respondents could enter tests or measures that were not included in the lists. However, it would have been more ideal if a greater number of tests and measures were listed, including more for children and adolescents.

## **Conclusions**

Despite there being some ongoing gaps in training (e.g., assessment with diverse populations, training in projective assessment; expanding training towards integration of data and skills in integrated report writing), overall, directors in the present sample appeared largely satisfied with the knowledge and experience of incoming interns in psychological testing and assessment. Overall, the results obtained from this study demonstrate the high level of importance placed on assessment by internship directors, the importance that graduate academic programs continue to provide training in assessment should they wish their students to have the necessary knowledge required to do well on internship, and the need for psychology graduate students themselves to ensure they have ample training and experience in psychological testing and assessment if they wish to be competitive candidates when applying for internships.

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## APPENDIX A

### Institutional Review Board Documentation

# PEPPERDINE UNIVERSITY

## Graduate & Professional Schools Institutional Review Board

May 4, 2015

Elizabeth Shipley  
(Private Address)

Shannon Bates  
(Private Address)

Angel Faith  
(Private Address)

Protocol #: P0315D01

Project Title: Internship Directors' Perspectives on Psychological Assessment Training: Current Status and Emerging Trends

Dear Ms. Shipley, Ms. Bates and Ms. Faith:

Thank you for submitting your amended exempt application, *Internship Directors' Perspectives on Psychological Assessment Training: Current Status and Emerging Trends*, to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). The IRB appreciates the work you and your faculty advisors, Dr. Keatinge and Dr. Mitchell have done on the proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations (45 CFR 46 - <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>) that govern the protections of human subjects. Specifically, section 45 CFR 46.101(b)(2) states:

(b) Unless otherwise required by Department or Agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:

**Category (2) of 45 CFR 46.101**, research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: a) Information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and b) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

In addition, your application to waive documentation of informed consent has been **approved**.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit a **Request for Modification Form** to the GPS IRB. Because your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the GPS IRB.

6100 Center Drive, Los Angeles, California 90045 ■ 310-568-5600

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the GPS IRB and the appropriate form to be used to report this information can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* (see link to "policy material" at <http://www.pepperdine.edu/irb/graduate/>).

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval. Should you have additional questions, please contact Kevin Collins, Manager of the Institutional Review Board (IRB) at [gpsirb@pepperdine.edu](mailto:gpsirb@pepperdine.edu). On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

Sincerely,



Thema Bryant-Davis, Ph.D.  
Chair, Graduate and Professional Schools IRB

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives  
Mr. Brett Leach, Compliance Attorney  
Dr. Carolyn Keatinge, Faculty Advisor  
Dr. Cary Mitchell, Faculty Advisor

## APPENDIX B

### Questionnaire

## I. INSTRUCTIONS

The purpose of this questionnaire is to obtain psychology internship directors' perspectives on training and practice issues related to psychological testing and assessment. Please complete the survey in one sitting; it should take about 10 to 12 minutes. We encourage you to respond to every item, but you are free to omit items if you so choose. Click the “**Next**” button at the bottom of each page in order to proceed. You may discontinue at any time by clicking the “**Exit Survey**” button at the bottom of the page. After finishing, click the “Submit Responses” button. Please complete the questionnaire only once.

For this study, psychological “**assessment**” refers to the broad competence that incorporates multiple methods and sources of information to address referral questions and guide clinical practice. The methods used may include interviews, record reviews, standardized and non-standardized tests, and behavioral observation. Psychological “**testing**” is defined as the use of formal tests, such as standardized and norm-referenced measures, questionnaires, or checklists (e.g., WAIS-V; MMPI-II, DKEFS).

Thank you for your participation!

## II. DEMOGRAPHIC INFORMATION

1. What is your age?

2. What is your gender?

- Male
- Female
- Transgender
- Other (*please specify*)

3. Please select the category that best describes your ethnic or racial identity:

- American Indian or Alaskan Native
- American Indian or Alaskan Native
- Asian
- Black or African-American
- Caucasian (White)
- Latino/a
- Native Hawaiian or other Pacific Islander
- Multiracial
- Other (*please specify*)

4. What is your highest academic degree?

- Ph.D.
- Psy.D.
- Ed.D.
- Other (*please specify*)

5. What is the nature of your degree?

- Clinical Psychology
- Counseling Psychology
- Educational Psychology
- School Psychology
- Combined Program
- Other (*please specify*)

6. Are you currently, or have you ever been, licensed to practice psychology?

- Yes
- No

1. If yes, what year did you first obtain licensure?

### **III. INTERNSHIP SITE & PROGRAM INFORMATION**

7. Is your internship program APA accredited at this time?

- Yes
- No
- In Process

8. Which of the following best describes the setting of your internship program? (*Please **SELECT ONE** from the list below.*)

- Armed Forces Medical Center
- Child/Adolescent Psychiatric or Pediatric
- Community Mental Health Center
- Consortium
- Medical School
- Prison or Correctional Facility
- Private General Hospital
- Private Outpatient Clinic
- Private Psychiatric Hospital
- Psychology Department
- School District
- State/County/Other Public Hospital
- University Counseling Center



- Veterans Affairs Medical Center
- Other (*please specify*)

9. Which of the following best describes the predominant theoretical orientation(s) of your internship program's site? (*Please select **UP TO THREE** from the list below.*)

- |   |  |
|---|--|
| <input type="checkbox"/> Behavioral             | <input type="checkbox"/> Integrative                     |
| <input type="checkbox"/> Biological             | <input type="checkbox"/> Interpersonal                   |
| <input type="checkbox"/> Cognitive Behavioral   | <input type="checkbox"/> Psychodynamic                   |
| <input type="checkbox"/> Eclectic               | <input type="checkbox"/> Systems                         |
| <input type="checkbox"/> Humanistic/Existential | <input type="checkbox"/> Other ( <i>please specify</i> ) |

10. On average, how many trainees do you typically accept each year in each of the following categories?

a. *Practicum Students:*

- N/A

b. *Pre-doctoral Interns:*

- N/A

c. *Postdoctoral Interns:*

- N/A

11. Does your site offer a **PRIMARY** rotation with an emphasis in psychological testing?

- Yes
- No

12. How much is psychological testing and assessment emphasized within your internship program?

- Extremely emphasized
- Strongly emphasized
- Somewhat emphasized
- Slightly Emphasized
- Not at all emphasized

13. How is **training** in psychological testing and assessment provided within your internship program? (Please **SELECT ALL** that apply.)

- A dedicated assessment rotation
- Across multiple rotations
- Didactic seminars/training sessions
- Structured trainings that yield certifications (e.g., with certified trainers)
- Individual/one-on-one
- Other (please specify)

14. How is **supervision** of psychological testing and assessment training provided within your internship program? (Please **SELECT ALL** that apply.)

- Individual Supervision
- Group Supervision
- Other (please specify)

15. What functions do psychological testing and assessment serve at your internship site? (Please **SELECT ALL** that apply.)

- Psychoeducation
- Differential diagnosis
- Treatment planning
- Monitoring response to treatment
- Assessing treatment outcome
- As a therapeutic intervention
- Disability determinations
- For accommodations/access to special programs
- Research purposes
- Other (please specify)

16. How important is **clinical experience** in psychological testing when selecting interns for your program?

- Extremely Important
- Very Important
- Somewhat Important
- Slightly Important
- Not at all Important

17. How important is **knowledge** about psychological testing (gained from coursework and/or didactic training) when selecting interns for your program?

- Extremely Important

- Very Important
- Somewhat Important
- Slightly Important
- Not at all Important

18. How satisfied are you with incoming interns' **level of clinical experience** in psychological assessment?

- Extremely satisfied
- Very satisfied
- Somewhat satisfied
- Slightly satisfied
- Not at all satisfied

19. How satisfied are you with incoming interns' **level of theoretical knowledge** about psychological assessment?

- Extremely satisfied
- Very satisfied
- Somewhat satisfied
- Slightly satisfied
- Not at all satisfied

20. How satisfied are you with incoming interns' **level of preparation** for conducting psychological assessment with **diverse populations**?

- Extremely satisfied
- Very satisfied
- Somewhat satisfied
- Slightly satisfied
- Not at all satisfied

#### IV. ASSESSMENT MEASURES

21. In your internship program, which of the following measures do **interns** use? (Please **SELECT ALL** that apply.)

##### COGNITIVE FUNCTIONING

- Wechsler Intelligence Scales (WAIS-IV, WISC-IV/V)
- Stanford-Binet 5
- TONI-3, TONI-4
- Kaufman Assessment Battery for Children (KABC)

##### SYMPTOM INVENTORIES

- Beck Depression Inventory, 2<sup>nd</sup> Edition (BDI-II)
- Hamilton Depression Scale
- Beck Anxiety Inventory (BAI)
- Adult Manifest Anxiety Scale

##### DIAGNOSTIC INTERVIEW PROTOCOLS

- SADS
- Structured Clinical Interview for the DSM (SCID-I, SCID-II, SCID-5)
- DIS

##### NEUROPSYCHOLOGICAL FUNCTIONING

- Boston Diagnostic Aphasia Exam
- Brief Rating Scale of Executive Function (BRIEF)
- Dementia Rating Scale-II
- California Verbal Learning Test
- Continuous Performance Test
- Delis Kaplan Executive Function System
- Rey-Osterrieth Complex Figure
- Bender Gestalt
- Trail Making Test A & B
- Wechsler Memory Scale III
- Wide Range Assessment of Memory and Learning
- Wisconsin Card Sorting Test

##### EMOTIONAL FUNCTIONING

- Millon Clinical Multiaxial Inventory, 3<sup>rd</sup> Edition (MCMI-III)
- Minnesota Multiphasic Personality Inventory, 2<sup>nd</sup> Edition (MMPI-2)
- MMPI-2-Restructured Form (MMPI-2-RF)
- Personality Assessment Inventory
- Rorschach Inkblot Method
- Rorschach Performance Assessment System (R-PAS)
- Thematic Apperception Test
- Sentence Completion Test
- Drawings (DAP, HTP, KFD, etc)
- NEO Personality Inventory-Revised (NEO-PI-R)

##### ACADEMIC FUNCTIONING

- Strong Interest Inventory
- Wechsler Individual Achievement Test (WIAT)
- Woodcock Johnson-III (Achievement; Cognitive)
- WRAT-4

##### FORENSIC/RISK ASSESSMENT

- Psychopathy Checklist-Revised (PCL-R)
- Static 99
- Violence Risk Assessment Guide (VRAG)
- History-Clinical-Risk 20 (HCR-20)
- Validity Indicator Profile
- Structured Interview of Reported Symptoms (SIRS)
- Miller Forensic Assessment of Symptoms Test (M-FAST)
- Rey 15- Item Test

22. Please identify the measures used **most frequently** by interns at your internship program site?  
(Please **SELECT UP TO 10.**)

COGNITIVE FUNCTIONING

- Wechsler Intelligence Scales (WAIS-IV, WISC-IV/V)
- Stanford-Binet 5
- TONI-3, TONI-4
- Kaufman Assessment Battery for Children (KABC)

SYMPTOM INVENTORIES

- Beck Depression Inventory, 2<sup>nd</sup> Edition (BDI-II)
- Hamilton Depression Scale
- Beck Anxiety Inventory (BAI)
- Adult Manifest Anxiety Scale

DIAGNOSTIC INTERVIEW PROTOCOLS

- SADS
- Structured Clinical Interview for the DSM (SCID-I, SCID-II, SCID-5)
- DIS

NEUROPSYCHOLOGICAL FUNCTIONING

- Boston Diagnostic Aphasia Exam
- Brief Rating Scale of Executive Function (BRIEF)
- Dementia Rating Scale-II
- California Verbal Learning Test
- Continuous Performance Test
- Delis Kaplan Executive Function System
- Rey-Osterrieth Complex Figure
- Bender Gestalt
- Trail Making Test A & B
- Wechsler Memory Scale III
- Wide Range Assessment of Memory and Learning
- Wisconsin Card Sorting Test

EMOTIONAL FUNCTIONING

- Millon Clinical Multiaxial Inventory, 3<sup>rd</sup> Edition (MCMI-III)
- Minnesota Multiphasic Personality Inventory, 2<sup>nd</sup> Edition (MMPI-2)
- MMPI-2-Restructured Form (MMPI-2-RF)
- Personality Assessment Inventory
- Rorschach Inkblot Method
- Rorschach Performance Assessment System (R-PAS)
- Thematic Apperception Test
- Sentence Completion Test
- Drawings (DAP, HTP, KFD, etc)
- NEO Personality Inventory-Revised (NEO-PI-R)

ACADEMIC FUNCTIONING

- Strong Interest Inventory
- Wechsler Individual Achievement Test (WIAT)
- Woodcock Johnson-III (Achievement; Cognitive)
- WRAT-4

FORENSIC/RISK ASSESSMENT

- Psychopathy Checklist-Revised (PCL-R)
- Static 99
- Violence Risk Assessment Guide (VRAG)
- History-Clinical-Risk 20 (HCR-20)
- Validity Indicator Profile
- Structured Interview of Reported Symptoms (SIRS)
- Miller Forensic Assessment of Symptoms Test (M-FAST)
- Rey 15- Item Test

23. Please indicate which measures you prefer your interns to have had clinical experience with **before** starting internship? (Please **SELECT ALL** that apply.)

COGNITIVE FUNCTIONING

- Wechsler Intelligence Scales (WAIS-IV, WISC-IV/V)
- Stanford-Binet 5
- TONI-3, TONI-4
- Kaufman Assessment Battery for Children (KABC)

SYMPTOM INVENTORIES

- Beck Depression Inventory, 2<sup>nd</sup> Edition (BDI-II)
- Hamilton Depression Scale
- Beck Anxiety Inventory (BAI)
- Adult Manifest Anxiety Scale

DIAGNOSTIC INTERVIEW PROTOCOLS

- SADS
- Structured Clinical Interview for the DSM (SCID-I, SCID-II, SCID-5)
- DIS

NEUROPSYCHOLOGICAL FUNCTIONING

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- Brief Rating Scale of Executive Function (BRIEF)
- Dementia Rating Scale-II
- California Verbal Learning Test
- Continuous Performance Test
- Delis Kaplan Executive Function System
- Rey-Osterrieth Complex Figure
- Bender Gestalt
- Trail Making Test A & B
- Wechsler Memory Scale III
- Wide Range Assessment of Memory and Learning
- Wisconsin Card Sorting Test

EMOTIONAL FUNCTIONING

- Millon Clinical Multiaxial Inventory, 3<sup>rd</sup> Edition (MCMI-III)
- Minnesota Multiphasic Personality Inventory, 2<sup>nd</sup> Edition (MMPI-2)
- MMPI-2-Restructured Form (MMPI-2-RF)
- Personality Assessment Inventory
- Rorschach Inkblot Method
- Rorschach Performance Assessment System (R-PAS)
- Thematic Apperception Test
- Sentence Completion Test
- Drawings (DAP, HTP, KFD, etc)
- NEO Personality Inventory-Revised (NEO-PI-R)

ACADEMIC FUNCTIONING

- Strong Interest Inventory
- Wechsler Individual Achievement Test (WIAT)
- Woodcock Johnson-III (Achievement; Cognitive)
- WRAT-4

FORENSIC/RISK ASSESSMENT

- Psychopathy Checklist-Revised (PCL-R)
- Static 99
- Violence Risk Assessment Guide (VRAG)
- History-Clinical-Risk 20 (HCR-20)
- Validity Indicator Profile
- Structured Interview of Reported Symptoms (SIRS)
- Miller Forensic Assessment of Symptoms Test (M-FAST)
- Rey 15- Item Test

## V. FUTURE DIRECTIONS OF PSYCHOLOGICAL ASSESSMENT

24. Currently, which methods of administration and scoring are typically used within your site? (*Please **SELECT ALL** that apply*)

- Traditional paper-based test administration
- Traditional hand scoring
- Computer-based test administration
- Computer-based test scoring
- Computer based test result interpretation
- Tablet-Based Assessment (e.g., IPAD)
- App-based assessment (e.g., on a smartphone or tablet)
- Other (*please specify*)

25. How significant is the use of technology in the training and practice of psychological assessment within your internship program?

- Extremely Important
- Very Important
- Somewhat Important
- Slightly Important
- Not at all Important

26. In the next five years, what do you expect regarding funding and resources for psychological testing and assessment in your internship program?

- Significant increase in funding/resources
- Slight increase in funding/resources
- No change in funding/resources
- Slight decrease in funding/resources
- Significant decrease in funding/resources

27. In the future, how do you expect your internship program's emphasis on psychological testing and assessment to change?

- Significantly increase
- Slightly increase
- Stay the same
- Slightly decrease
- Significantly decrease

28. How much has the profession's emphasis on evidence-based practice impacted your program's approach to psychological testing and assessment?

- Extremely impacted
- Strongly impacted
- Somewhat impacted
- Slightly impacted
- Not impacted at all

29. What new psychological tests or measures has your site begun using within the last 5 years?

None

30. Within your site, what psychological tests or measures would you like to see used in the future that are not currently being used?

None

31. What recommendations do you have for academic programs regarding pre-internship training in psychological testing and assessment?

None

32. Please add anything else you would like to offer regarding psychological assessment training and practice at the internship level that was not covered in this survey.

None

*Thank you for participating in this study!*



## APPENDIX C

### APPIC Membership Requirements: Doctoral Psychology Internship Programs

|                 |   |
|-----------------|---|
| <b>Preamble</b> | Internships that are accredited by the American Psychological Association or the Canadian Psychological Association are recognized as meeting APPIC doctoral membership criteria. All others must meet all of the following criteria (i.e., 1 through 16 below) and are reviewed for adherence to the criteria every three years.   |
| <b>Criteria</b> |   |
| 1               | <p><b>A psychology internship is an organized training program, which in contrast to supervised experience or on-the-job training, is designed to provide the intern with a planned, programmed sequence of training experiences. The primary focus and purpose is assuring breadth and quality of training.</b></p> <p><u>Clarification:</u> The organization of an internship program is evident in a clear:</p> <ol style="list-style-type: none"> <li>a. Statement of the goals and objectives of the training activities.</li> <li>b. Description of the plan, location, and sequence of direct service experiences.</li> <li>c. Description of the training curriculum; i.e., the content, duration, and frequency of the training activities.</li> <li>d. Description of how the psychology training program is integrated into the larger organization.</li> </ol> <p>For programs with multiple sites, the services rendered by interns, the supervision offered, and the training director's involvement is clearly described at each site.</p> |
| 2               | <p><b>The internship agency has a clearly designated doctoral level staff psychologist who is responsible for the integrity and quality of the training program. This person is actively licensed, certified, or registered by the State Board of Examiners in the</b></p>  |

|   |   |
|---|---|
|   | <p><b>jurisdiction where the program exists, and is present at the training facility for a minimum of 20 hours a week.</b></p> <p><u>Clarification:</u> The internship is administered by a doctoral level licensed (certified or registered for independent practice) psychologist who:</p> <ul style="list-style-type: none"> <li>a. Directs and organizes the training program and its resources.</li> <li>b. Is responsible for selection of interns.</li> <li>c. Monitors and evaluates the training program's goals and activities.</li> <li>d. Documents and maintains interns' training records.</li> </ul>   |
| 3 | <p><b>The internship agency training staff consists of at least two full time equivalent doctoral level psychologists who serve as primary supervisors and who are actively licensed, certified, or registered as a psychologist by the Board of Examiners in the jurisdiction where the program exists.</b></p> <p><u>Clarification:</u> "Full time equivalent" typically refers to 40 hours/week. However, there may be a range of hours that qualify as "full time equivalent" depending on the norms of the program; 35 hours/week is the minimum that will qualify for "full time equivalent" for APPIC member programs. "Full time" for interns could also be set at 35 hours/week if this meets licensure requirements in your jurisdiction. APPIC believes supervisor expectations should be similar to intern expectations.</p> <p><b>It is expected that interns receive supervision during the year from at least two different supervisors.</b> Interns' primary clinical supervision and role modeling must be provided by psychologists on the program's staff members who are licensed (certified or registered) for independent practice at the doctoral level and who are:</p> |

|   |  |
|---|--|
|   | <p>a. Officially designated as psychology intern supervisors.</p> <p>b. Significantly involved in the operation of the training program.</p>   |
| 4 | <p><b>Intern supervision is provided by staff members of the internship agency or by qualified affiliates of that agency who carry clinical responsibility for the cases being supervised. Regularly scheduled individual supervision is provided by one or more doctoral level licensed psychologists, at a ratio of no less than one hour of supervision for every 20 internship hours. Supervision is provided with the specific intent of dealing with psychological services rendered directly by the intern.</b></p> <p><u>Clarification:</u> Supervisors need to be clearly designated by the agency as clinically responsible for the cases (for example, countersigning documentation or having their name on the treatment plan or case summary). Depending on clinical needs, increased hours of supervision are expected. The required hours shall be through face-to-face individual supervision (rural sites may use visual telecommunication technology in unusual circumstances and when face-to-face supervision is impractical, but must demonstrate that such technology provides sufficient oversight). Programs shall adhere to all requirements of their state licensing boards.</p> |
| 5 | <p><b>The internship provides training in a range of psychological assessment and intervention activities conducted directly with recipients of psychological services.</b></p> <p><u>Clarification:</u> Internship training in Psychology is primarily based on experiential learning which:</p> <p>a. Provides psychological services directly to consumers in the form of psychological assessment, treatment, and consultation.</p>  |

|   |   |
|---|---|
|   | b. Exposes interns to a variety of types of psychological services and consumers.   |
| 6 | <b>At least 25% of trainees' time is in face-to-face psychological services to patients/clients.</b>  |
| 7 | <p><b>The internship must provide at least two hours per week in didactic activities such as case conferences, seminars, in-service training, or grand rounds.</b></p> <p><u>Clarification:</u> The Psychology training program should have scheduled didactic experiences available to meet the training needs of their interns, a minimum of 2 hours per week on average with not less than 8 hours in any given month. "Didactic activities" refers to actual training opportunities and should include training activities beyond Intern Case Presentations. Formal processes must be in place to encourage intern socialization.</p> |
| 8 | <p><b>Internship training is at post-clerkship, post-practicum, and post-externship level, and precedes the granting of the doctoral degree.</b></p> <p><u>Clarification:</u> Interns must have completed adequate and appropriate prerequisite training prior to the internship. This would include both:</p> <ol style="list-style-type: none"> <li>a. Completion of formal academic coursework at a degree-granting program in professional psychology (clinical, counseling, school), and</li> <li>b. Closely supervised experiential training in professional psychology skills conducted in non-classroom settings.</li> </ol>      |
| 9 | <b>The internship agency has a minimum of two interns at the predoctoral level of training during any training year. These interns must be at least half-time (i.e., 20</b>   |

|    |  |
|----|--|
|    | <p><b>hours per week). The minimum number of interns must be on site and in training at the time of the initial application for APPIC membership.</b></p> <p><u>Clarification:</u> The intention of this criterion is to allow opportunities for personal (face-to-face) interaction with peers in formal settings in the training program and on the training site during each training week. Part-time internships must ensure that intern schedules sufficiently overlap to allow substantial and meaningful peer contact.</p>  |
| 10 | <p><b>The internship level psychology trainees have a title such as "intern," "resident," "fellow," or other designation of trainee status.</b></p>  |
| 11 | <p><b>The internship agency has a written statement or brochure which provides a clear description of the nature of the training program, including the goals and content of the internship and clear expectations for quantity and quality of the trainee's work. It is made available to prospective interns.</b></p> <p><u>Clarification:</u> Internship programs must make available descriptions of their training program, which give their applicants and interns a clear understanding of the program in terms of:</p> <ol style="list-style-type: none"> <li>a. The program's training goals and objectives.</li> <li>b. The program's training methods, content, and curriculum (for example, required rotations, sample weekly schedules, or available training seminars).</li> <li>c. The program's training resources (e.g., training/supervisory staff, physical facilities and training equipment, clerical support, etc.)</li> </ol> |

|    |  |
|----|--|
|    | <p>d. The sites at which training and services are provided. For programs with multiple sites, clear descriptions are given for each site of services rendered by interns, supervision offered, and involvement of the training director.</p> <p><u>Clarification:</u> APPIC must be notified in writing of substantive changes to the training program (personnel, placements, etc.) that have the potential to impact quality of training or which substantially alters the advertised training experience. The training program is likewise responsible for maintaining an up-to-date and accurate description of the program in the APPIC Directory.</p>   |
| 12 | <p><b>Internship programs have documented due process procedures that describe separately how programs deal with (1) concerns about intern performance, and (2) interns' concerns about training. These procedures include the steps of notice, hearing, and appeal, and are given to the interns at the beginning of the training period.</b></p> <p><u>Clarification:</u> Due process procedures describe how an agency deals with intern deficiencies and how the interns' handle grievances with the training program. The documentation would include:</p> <ul style="list-style-type: none"> <li>a. Description of formal evaluation and complaint procedures.</li> <li>b. The program's and intern's responsibilities and rights in the process.</li> <li>c. The appeal process.</li> </ul> |

|    |  |
|----|--|
|    | <p>d. Description of procedures if interns have grievances about their training or supervision.</p> <p>Programs need two written policies: (1) Due Process and (2) Grievance Process. The procedures must be specific to the internship training program; reliance on a more general HR policy is insufficient. Both procedures should be provided to interns at the commencement of training. Due Process is a written procedure that comes into use when an intern's behavior is problematic. (The use of the term "impaired" is discouraged because if one identifies an intern by that term, legal issues having to do with the Americans with Disabilities Act (ADA) could be invoked.) Due process must include three elements: Notice (i.e. the intern must be notified that problematic behavior has been identified and that the internship is addressing the problem); Hearing (i.e. the program must have a formal process by which the identified problematic intern has an opportunity to hear concerns and to respond to the concerns); and Appeal (i.e. the intern must have an opportunity to appeal the actions taken by the program in regards to the identified problematic behavior. The appeal should extend at least one step beyond the Training Director). Grievance Procedure is a process that is invoked when an intern has a complaint against the training program. The procedure should include specific steps an intern takes in the complaint process and be broad enough to cover any and all complaints that may arise for interns (e.g. complaints about evaluations, supervision, stipends/salary, harassment, etc.)</p> |
| 13 | <p><b>The internship experience (minimum 1500 hours) must be completed in no less than 9 months and no more than 24 months.</b></p>  |



|    |  |
|----|--|
|    | <p><u>Clarification:</u> Internships may be conducted on a full or part-time basis. Only School Psychology programs will be accepted at 1500 hour or for 9-10 month internships. It is required that internships provide training that meets the requirements for licensure eligibility in the state, province, territory or jurisdiction in which it is located.</p>  |
| 14 | <p><b>APPIC member programs are required to issue a certificate of internship completion, which includes the word "Psychology," to all interns who have successfully completed the program.</b></p>  |
| 15 | <p><b>At least twice a year the internship program conducts formal written evaluations of each trainee's performance.</b></p> <p><u>Clarification:</u> The written evaluation process provides comprehensive evaluative feedback to doctoral psychology interns as follows:</p> <ol style="list-style-type: none"> <li>a. The evaluation provides summary information of performance in all major competence areas that are a focus of internship training.</li> <li>b. Interns have the opportunity to review their evaluation with supervisors to ensure the fullest possible communication between supervisors and interns.</li> <li>c. Evaluation procedures provide feedback that validates trainees' achievements by noting areas of unusual strength and excellence and facilitate trainees' further growth by identifying areas that would benefit from additional training.</li> <li>d. The program provides the doctoral psychology intern's graduate training director with feedback concerning the intern's progress in the internship program.</li> </ol> |

|    |  |
|----|--|
| 16 | <p><b>The program has the necessary financial resources to achieve its training goals and objectives. Intern stipends shall be reasonable, fair, and stated clearly in advance. Unfunded internship positions are allowable only in unusual and infrequent circumstances.</b></p> <p><u>Clarification:</u> APPIC requires internship positions to be equitably funded across the site. Intern stipends shall be set at a level that is representative and fair in relationship to the geographic location and clinical setting of the training site. Stipends should be reasonable based on a comparison with other APPIC member programs in your area. Unfunded or poorly funded internship positions are allowed only in unusual and infrequent circumstances in which the creation of such a position would serve to alleviate a hardship for the potential intern candidate. The "burden of evidence" lies with the program to demonstrate that the lack of funding does not adversely affect morale or quality of training. In addition, training resources should be sufficient to afford the same training for an unfunded or poorly funded position as for fully funded positions.</p> <p>The payment of a stipend is a concrete acknowledgment that a trainee in the agency is valued and emphasizes that the primary task of the year is educational in nature. Stipends are generally lower than a salary received by a regular employee and implies that there is a significant training component in addition to experiential learning. Stipends are equal among trainees unless there is an extenuating circumstance (e.g., specialized skills, consortia agreements). This distinction between trainee and regular employee emphasizes that an internship is "an organized training program, in contrast to supervised experience or on-the-job training.</p> |
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## APPENDIX D

Initial E-mail - Survey Cover Letter

**SUBJECT:** Invitation to participate in research survey – Internship Director’s Perspectives on Psychological Assessment Training: Current Status and Emerging Trends

Dear Internship Director,

Our names are Shannon Bates, M.A., Angel Faith, M.A. and Elizabeth Shipley, M.A., and we are doctoral candidates in the Psy.D. Program in Clinical Psychology, at Pepperdine University’s Graduate School of Education and Psychology. We are writing to invite you to participate in a brief study on psychological testing and assessment practices at the internship level. This study is being conducted to meet clinical dissertation requirements, under the supervision of Drs. Carolyn Keatinge and Cary Mitchell.

We request your participation because of your position as a director of a psychology predoctoral internship, as listed in the 2014-2015 APPIC directory. Psychological assessment is a core competency area in psychology and the predoctoral internship plays a critical role in its development. Internship directors are uniquely positioned to report on current testing practices, to comment on the assessment-related preparation of entering interns, and to provide observations and recommendations to academic programs. **With your participation, this study should contribute to the knowledge base of our discipline and may lead to improved training practices.**

Your participation would consist of completing a 32-item, online survey that should take **10 to 12 minutes**. The survey is administered by Qualtrics, a secure, web-based host. **No identifying information will be collected and the survey responses are anonymous.** You have the option of requesting a summary of the study findings by sending your email address to the co-investigators. Such requests will be stored independently of survey responses and will be deleted after the results are distributed.

To participate in the study, please click the link provided below, which will direct you to the statement of informed consent. Please read the consent document and print it for your records if you wish to retain a copy. After indicating consent, you will be presented with the survey; please complete the survey only one time.

Thank you for your time and your consideration of this request. If you have questions or need more information, please contact us by reply email. This study has been approved by Pepperdine University’s IRB, and contact information for the IRB is provided on the consent document.

Respectfully,

Shannon Bates, M.A., Angel Faith, M.A., & Elizabeth Shipley, M.A.

**Please click on the survey link below and complete no later than July 31, 2015. ([Survey Link](#))**

APPENDIX E

Reminder E-mail

**SUBJECT:** Reminder of research survey - Internship Director's Perspectives on Psychological Assessment Training: Current Status and Emerging Trends

Dear Internship Director,

Approximately ten business days ago, we sent you an e-mail invitation to participate in a study of internship directors' perspectives on psychological testing and assessment at the predoctoral internship level. If you have completed the survey, thank you very much for your participation.

If you have not, we respectfully request that you take a few moments to fill out this important survey now. Internship directors are ideally positioned to comment upon testing and assessment practices on internships. Your participation will expand current knowledge about a vital component of training and practice in psychology.

**A link to access the informed consent document and the survey is again provided:** [\(Survey Link\)](#)

Please be sure to complete the survey only once. If you would like a summary of the study results, please send a request to the co-investigators by reply e-mail. Thank you for your time.

Sincerely,

Shannon Bates, M.A., Angel Faith, M.A., & Elizabeth Shipley, M.A.  
Doctoral Candidates, Pepperdine University

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If you do not wish to receive further survey invitations from this sender and would like to be removed from the potential participant list, please reply, "UNSUBSCRIBE" to this e-mail.

## APPENDIX F

### Second Reminder E-mail

**From: Assessment Survey**

**Date: Thursday, June 25, 2015 at 10:19 AM**

**SUBJECT: Reminder of Research Study - Internship Director's Perspectives on Psychological Assessment Training: Current Status and Emerging Trends**

Dear Internship Director,

This is a friendly reminder to please consider taking a few moments to participate in a study on psychological testing and assessment at the internship level. Our initial invitation was e-mailed to you approximately 3 weeks ago. Please disregard this message if you have already completed the survey.

**A link to access the informed consent document and the survey is again provided: ([Survey Link](#))**

The goal of this study is to examine internship directors' perspectives on current practices and emerging trends in psychological assessment during psychology internship training. Your participation is essential to advance understanding in this important area of study.

Please be sure to complete the survey only once. If you would like a summary of the study results, please send an email request to the co-investigators by reply e-mail. Thank you for your time

Sincerely,

Shannon Bates, M.A., Angel Faith, M.A., & Elizabeth Shipley, M.A.  
Doctoral Candidates, Pepperdine University

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If you do not wish to receive further survey invitations from this sender and would like to be removed



## APPENDIX G

Final reminder E-mail

From: Assessment Survey >

Date: Thu, Jul 9, 2015 at 2:24 PM

SUBJECT: Final notice of research survey - Internship Director's Perspectives on Psychological Assessment Training: Current Status and Emerging Trends

Dear Internship Director,

This is the final reminder to please take a moment to fill out an important survey about psychological assessment use and training, as e-mailed to you approximately 6 weeks ago. **The survey will only be accessible until July 31, 2015.**

No headings found. **A link to access the informed consent document and online survey is again provided:** ([Survey Link](#)).

The goal of this study is to examine internship directors' perspectives on current practices and emerging trends in psychological assessment during psychology internship training. Your participation is essential to advance understanding in this important area of study.

Please be sure to complete the survey only once. If you would like a summary of the study results, please send an email request to the co-investigators by reply e-mail. Please disregard this message if you have already completed the survey. Thank you for your time.

Sincerely,

Shannon Bates, M.A., Angel Faith, M.A., & Elizabeth Shipley, M.A.  
Doctoral Candidates, Pepperdine University

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If you do not wish to receive further survey invitations from this sender and would like to be removed

## APPENDIX H

### Informed Consent

### **Informed Consent**

I agree to participate in the research study being conducted by Shannon Bates, M.A., Angel Faith, M.A., and Elizabeth Shipley, M.A., under the supervision of Carolyn Keatinge, Ph.D., and Cary Mitchell, Ph.D. I understand this study will meet the researchers' Psy.D. dissertation requirements at Pepperdine University. The purpose of this study is to examine internship directors' perspectives on psychological testing and assessment practices at the internship level. I understand that my participation is voluntary and that I am free to discontinue my participation at any time.

My participation will consist of completing an online survey hosted by Qualtrics, a secure, Web-based host. I understand the survey has 32 items that cover: my demographic characteristics and professional background; descriptive information about the internship program I direct; and questions about the testing and assessment practices and related training methods at my internship. I understand both fixed response and open-ended items are included, and I will be asked for my views on current practices and emerging trends. I understand the survey takes 10-12 minutes to complete.

If I would like to receive a summary of the study findings, I may send an e-mail to the principal investigators at [assess.survey@pepperdine.edu](mailto:assess.survey@pepperdine.edu). I understand my request will be stored independently of survey responses and will be deleted after the results are distributed.

I understand participating in this study poses no more than minimal risk, similar to the risk encountered in daily life or in routine psychological testing. I understand that I might experience fatigue, boredom, or mild discomfort while reflecting on assessment practices in my internship program. I understand I am free to take a break at any time and I may omit any questions I do not want to answer.

While there is no compensation or direct benefit for participation in this study, I understand that the results may add to the knowledge base in psychology and may contribute to the development of improved training practices. It is also possible I may feel some satisfaction from participating in a study on an important aspect of psychological practice and training.

I understand that my participation in the study is confidential. No identifying information will be collected and my survey responses will be entirely anonymous. Data will be collected via SSL encrypted software, IP addresses will be masked across all settings, and each survey response will automatically be assigned a unique response ID number by the host site, which further ensures the anonymity of all respondents. All data will be stored in an encrypted, password-protected, electronic format and will be kept for a minimum of three years before being permanently deleted.

If I have questions about the study, I may contact Dr. Cary Mitchell or Dr. Carolyn Keatinge. If I have questions about my rights as a research subject, I may contact Dr. Thema Bryant-Davis, Chairperson of the Graduate and Professional Schools Institutional Review Board at Pepperdine University. If I want to retain a copy of this consent document, I may print it for my records.

By clicking the "AGREE" button below, I am indicating that: 1) I have read and understood the above information, and 2) I voluntarily agree to participate. If I do not wish to take part in the study, I may decline by clicking the "DISAGREE" button.

**Please select your choice below:**

AGREE

DISAGREE