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Pepperdine University
Graduate School of Education and Psychology

INTERNSHIP DIRECTORS' PERSPECTIVES ON EMERGING TRENDS IN
PSYCHOLOGICAL ASSESSMENT TRAINING AND PRACTICE

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

by

Angel Faith, M.A.

August, 2016

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

This clinical dissertation, written by

Angel Faith, M.A.,

under the guidance of a Faculty Committee and approved by its members, to be 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

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Carolyn O'Keefe, Psy.D.

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VITA

EDUCATION

**Pepperdine University, Graduate School
of Education and Psychology, Los Angeles, CA**

September 2012-Present

Doctor of Psychology, Clinical Psychology
Expected Degree Completion: May 2016
GPA: 3.98

**Pepperdine University, Graduate School
of Education and Psychology, Malibu, CA**

September 2010-May 2012

Master of Arts in Clinical Psychology,
Emphasis in Marriage & Family Therapy
GPA: 3.97

University of California, Los Angeles, CA

September 2006-June 2009

Bachelor of Arts in Psychology
Magna cum Laude
GPA: 3.86

PRE-DOCTORAL INTERNSHIP

University of Miami Counseling Center, Miami, FL

August 2015-Present

Primary Supervisor: Dr. Carolyn Eberhardt, Ph.D.
Training Director: Dr. Edward Rappaport, Ph.D.

Doctoral Intern

- Provide crisis intervention and triage services to university students seeking urgent psychological attention and facilitate internal or external referrals when appropriate
- Complete initial evaluations and intake assessments for the purpose of identifying therapeutic goals and developing a treatment plan that will effectively meet the student's needs
- Administer psychological and career assessments, interpret findings, integrate data and provide feedback to students in a therapeutic and organized manner
- Sit on the University of Miami Counseling Center Outreach Committee, develop and participate in outreach programs such as workshops, presentations, tabling events, campus emergency response tasks, peer educator meetings and depression screenings
- Utilize evidence-based practices to provide psychotherapeutic services to students in a variety of formats including brief individual therapy, long term individual therapy, couple's counseling, process focused group therapy and skill-based psychoeducational group therapy
- Provide collaborative supervision to doctoral level practicum students at the University of Miami Counseling Center
- Attend and participate in ongoing 'Racial Cultural Dialogues' seminar focused on facilitating courageous conversations, greater self-awareness, improved cultural competency and increased knowledge of diversity counseling issues
- Deliver well organized presentations in Case Conference meetings and work collaboratively with other members of the multidisciplinary team

GRADUATE CLINICAL EXPERIENCE

Los Angeles Valley College

Student Psychological Services, Los Angeles, CA

September 2014-July 2015

Supervisor: Dr. Carl King, Ph.D.

Therapist/Extern

- Conducted initial intake evaluations and structured interviews with college students seeking psychological services
- Collaborated with students to identify meaningful and appropriate therapeutic goals
- Develop a treatment plan and utilize empirically-supported interventions to help students meet their goals while in short term psychotherapy
- Created and delivered outreach workshops to students on topics related to mental health such as substance abuse, communication skills, domestic violence and test anxiety
- Provided resources and referrals for adjunctive treatment relevant to student's presenting problem or area of concern
- Participated in weekly inservice trainings on Humanistic theory, case conceptualization, treatment planning and intervention
- Attended local Service Area Advisory Committee (SAAC) meetings as a representative for Los Angeles Valley College Student Psychological Services, documented meeting events and presented important information in group supervision

Ventura Youth Correctional Facility, Camarillo, CA

August 2013- August 2014

Supervisor: Dr. James Morrison, Ph.D.

Therapist/Extern

- Provided individual therapeutic services to incarcerated males, ages 16-24, residing in a California State Juvenile Justice facility
- Administered, scored, and interpreted cognitive and personality assessments
- Formulated accurate and appropriate diagnoses following DSM-5 guidelines
- Targeted ongoing difficulties related to substance use, aggression, and academic problems
- Used empirically-supported interventions to address traumas, symptomology, and stressors contributing to criminal thinking patterns and antisocial behavior
- Provided rehabilitation services to facilitate reentry into society and reduce recidivism
- Strengthened decision-making, emotion regulation, communication, anger management and coping skills
- Attended board hearings and met with parole agents to monitor and assess youths' progress
- Collaborated with multidisciplinary team of professionals, including psychologists, teachers, social workers, psychiatrists, and parole officers
- Facilitated weekly psychotherapy groups for incarcerated youth on topics related to commitment offense, victim awareness, substance abuse, relapse prevention, stress reduction, anger management, crisis intervention, life skills, and criminal thinking
- Provided evidenced-based treatment groups employing psychoeducational and process-oriented approaches

**Pepperdine University Community Counseling Center,
and Children of the Night Program, Encino, CA**

September 2012-January 2015

Supervisors: Dr. Michelle Margules, Psy.D.

Dr. Joan Rosenberg, Ph.D.

Clinical Psychology Doctoral Trainee

- Provided individual, evidence-based psychotherapy to a population including adults, adolescents and children to aid in symptom reduction, facilitate goal achievement and enhance quality of life
- Conducted weekly individual therapy sessions with clients from Children of the Night, a shelter for underage former sex workers for the purpose of improving functioning, developing appropriate coping skills and symptom management
- Utilized Cognitive Behavioral, Humanistic and Psychodynamic theories and interventions to address Major Depressive Disorder, Post-Traumatic Stress Disorder, Generalized Anxiety Disorder, Specific Phobia, Dysthymic Disorder and Substance Abuse
- Completed intake interviews and compose complete reports with the intention of developing appropriate case conceptualization, treatment planning, recommendations and referrals
- Administered baseline and follow-up psychological measures to individualize treatment, monitor progress, and evaluate treatment efficacy
- Managed a caseload of 5-7 individual psychotherapy clients as well as maintaining complete clinical documentation including process and progress notes
- Participated in weekly peer, group, and dyadic supervision with regular video review to aid in professional and clinical skill development and evaluate effectiveness of interventions utilized in weekly sessions

1736 Family Crisis Center, Los Angeles, CA

Supervisor: Eva Clay, LCSW

January 2011-April 2012

Marriage and Family Therapy Trainee

- Co-led weekly women's empowerment group for victims of domestic violence directed to provide psychoeducation focused on domestic violence cycles, assertiveness skills, and early signs of a violent partner
- Facilitated weekly therapy group for the purposes of developing anger management skills, promoting healthy emotional expression, solidifying habits of appropriate communication and improving self-esteem in children who have witnessed or endured domestic violence within the home
- Created, developed and organized materials and curriculum for children's therapeutic group as well as composed group notes and advocate on behalf of children when necessary
- Conducted weekly therapy sessions with individual clients for the purposes of assessment, goal development, objective planning and progress management
- Completed Department of Mental Health paperwork as well as Client Care Coordination Plan, quarterly updates, treatment plans and employment plans on all clients
- Executed extensive initial intake practices for the purpose of collecting a detailed history from the client, as well as generated and maintained detailed notes on all group and individual sessions

LEADERSHIP EXPERIENCE

Beating the Odds Foundation, Hollidaysburg, PA

August 2005-Present

Co-Chair Person and Representative

- Participated in seminars aimed at providing guidance, goal development, planning and resource opportunities to underserved youth throughout the country
- Discussed tools and objectives for overcoming hardships with at risk students
- Contributed to the organization and planning of charity events with the purpose of raising money for the foundation and/or getting underprivileged teens and children involved in positive community activities

University of California, Los Angeles

March 2007-June 2007

Covel Commons Student Workshops, Los Angeles, CA

Workshop Coordinator: "Finding Research Opportunities"

- Organized and prepared materials and resources to be provided to students attending workshop
- Participated in weekly presentations within the workshop to discuss research methods, opportunities and methods by which one should pursue such opportunities
- Acted as a peer mentor and service provider to other students seeking information about research opportunities at UCLA

TEACHING EXPERIENCE

Pepperdine University

January 2012-May 2012

Graduate School of Education and Psychology, Malibu, CA

Supervisor: Dr. Dennis Lowe Ph.D.

Teaching Assistant

- Aided Dr. Dennis Lowe in the management, organization of course materials and general facilitation of course PSY600: Clinical Management of Psychopathology
- Co-facilitated academic review sessions to help students gain better understanding of course material and prepare for midterms and finals
- Conducted literature reviews and research in order to obtain relevant materials and resources for students to use in conjunction with text and lecture
- Participated in the review and grading process of intake evaluations, assignments and exams

Pepperdine University

Graduate School of Education and Psychology, Malibu, CA

September 2011-January 2012

Supervisor: Dr. Dennis Lowe Ph.D.

Teaching Assistant

- Aided Dr. Dennis Lowe in the management and organization of course materials and general facilitation of course PSY639: Marriage and Family Therapy I
- Co-facilitated academic review sessions to help students gain better understanding of course material and prepare for midterms and finals
- Met weekly with small student groups for the purpose of providing assistance and guidance in development of course presentations and assignments

- Conducted literature reviews and research in order to obtain relevant materials and resources for students to use in conjunction with text and lecture
- Participated in the review and grading process of course papers, assignments, midterms and finals

OUTREACH EXPERIENCE

Acting Member of the University of Miami Outreach Committee University of Miami, Miami, FL	September, 2015-Present
Campus Crisis, Emergency Response University of Miami, Miami, FL	December 2015
Workshop Facilitation: “The Expression of Depression” With COPE Peer Educators University of Miami, Miami, FL	November 2015
Workshop Facilitation: “Stress Management” For the Multicultural Student Association University of Miami, Miami, FL	October 2015
Consultant for the Theatre Department Sexual Assault Interactive Theatre Project University of Miami, Miami, FL	October 2015
Presentation: “Sexual Assault & Bystander Effect” University of Miami, Miami, FL	September 2015
Training: “Outreach Planning & Program Development in a University Setting” University of Miami, Miami, FL	August 2015
Tabling Event: Cane Fest University of Miami, Miami, FL	August 2015
Tabling Event: Mental Health Fair Los Angeles Valley College, Los Angeles, CA	April 2015
Workshop: Finding Work/Life Balance Los Angeles Valley College, Los Angeles, CA	March 2015
Workshop: Healthy Relationships Los Angeles Valley College, Los Angeles, CA	January 2015
Workshop: Sleep Hygiene Los Angeles Valley College, Los Angeles, CA	November 2014

Workshop: Time Management September 2014
Los Angeles Valley College, Los Angeles, CA

HONORS AND PROFESSIONAL AFFILIATIONS

Colleagues Grant, Doctor of Clinical Psychology
Pepperdine University September 2012-June 2015

Psi Chi Honor Society of Psychology,
Pepperdine University, Member May 2011-Present

Phi Beta Kappa Honor Society,
University of California Los Angeles, Member June 2009-Present

Golden Key International Honor Society,
University of California Los Angeles, Member November 2008-Present

The National Society of Collegiate Scholars,
University of California Los Angeles, Member June 2007-Present

Alpha Lambda Delta Academic Honor Society,
University of California Los Angeles, Member May 2007-Present

Phi Eta Sigma Honor Society,
University of California Los Angeles, Member May 2007-Present

Sigma Alpha Lambda National Leadership Organization,
University of California Los Angeles, Member April 2007-Present

ASSESSMENT EXPERIENCE

Cognitive and Neuropsychological Assessments

- Mini Mental Status Exam (MMSE)
- Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV)
- Wechsler Intelligence Scale for Children – Fourth Edition (WISC-IV)
- Test of Non-Verbal Intelligence – Fourth Edition (TONI-4)
- Kaufman Brief Intelligence Test – Second Edition (KBIT-2)
- Wide Range of Achievement Test – 4th Edition (WRAT-4)

Personality and Emotional Assessments

- Minnesota Multiphasic Personality Inventory - 2 (MMPI-2)
- Myers-Briggs Type Inventory (MBTI)
- Millon Clinical Multiaxial Inventory – III (MCMI-III)

- NEO Personality Inventory – Revised (NEO PI-R)
- Thematic Apperception Test (TAT)
- Rotter Incomplete Sentence Blank (RISB)
- Rorschach Inkblot Personality Test

Psychodiagnostic Assessments

- Substance Abuse Subtle Inventory (SASSI)
- Trauma Symptoms Inventory (TSI)
- Conners – 3rd Edition (CONNERS-3)
- Beck's Depression Inventory (BDI)
- Outcomes Questionnaire 45.2 (OQ)
- Patient Health Questionnaire – 9th edition (PHQ-9)

Career Assessments

- Strong Interest Inventory (SII)
- Campbell Interest and Skills Survey (CISS)

Child and Adolescent Assessments

- Minnesota Multiphasic Personality Inventory - Adolescent (MMPI-A)
- Youth Outcomes Questionnaire 2.01 (YOQ 2.01)
- Youth Outcomes Questionnaire SR 2.0 (YOQ 2.0)
- Beck Youth Inventory (BYI)
- Trauma Symptoms Checklist for Children (TSCC)

CERTIFICATIONS AND TRAININGS

Outreach Planning & Program Development in a University Setting Training, August 2015

Department of Juvenile Justice Trainings, August 2013

Suicide Prevention & Response Training, August 2013

Completion of online training course on Trauma-Focused Cognitive Behavioral Therapy (*TF-CBTWeb*), December 2008

ABSTRACT

Psychological assessment represents a core competency domain that continues to be uniquely associated with professional psychology. Despite the necessity and value of psychological assessment across domains of practice, there is growing concern regarding the training provided to developing clinicians, specifically psychology graduate students. Past studies have drawn attention to the discrepancy between predoctoral internship directors' expectations related to assessment and the competency levels of incoming psychology interns. The purpose of this study was to conduct a national, online survey of psychology internship directors to examine their perspectives regarding current practices, emerging trends, and needed changes regarding psychological assessment at the internship level. The participants were 182 directors of predoctoral internships within the United States, which represented a 26% response rate.

Participants were identified using the 2014-2015 APPIC directory of approved internship programs. Of the 182 responders, 66% were female and 34% were male, with a mean age of 46.88 years. Most of the responders self-identified as Caucasian (88%). Participants completed a questionnaire that included 32 items organized into five sections: (a) questionnaire instructions; (b) respondent demographics and background variables; (c) internship site/program characteristics; (d) current uses of psychological assessment measures within the internship program; and (e) respondent opinions regarding key considerations and future directions regarding psychological assessment practices. The present study focused mainly on section 5 of the questionnaire while two co-investigators addressed other sections. Results indicated trends toward increased technology use, stable or increased funding for psychological assessment, stable or increased emphasis on psychological assessment, an increasing influence of evidence based practices on psychological assessment, increased patient diversity and growing need for

multicultural competence in assessment, increased need for training in therapeutic assessment, and increased need for experience in the psychological assessment of patients of varying developmental stages. A theme that emerged in the open-ended comments was a recommendation that academic programs strengthen their commitment to provide comprehensive, high-quality education and training in psychological assessment. The present study offers current findings that may be used to inform and strengthen education and training practices in psychological assessment.

Chapter I: Introduction

Psychological Assessment: A Core Competency

Psychological assessment represents a core competency domain that continues to be uniquely associated with professional psychology (Lezak, 2004; Sattler, 2002; Watkins, Campbell, Nieberding, & Hallmark, 1995). Over the years, awareness regarding the necessity of assessment-related training and practice regulation has increased. Standards of practice and training have evolved over time in a manner that reflects changes in the patterns of use and perceived importance of psychological testing and assessment (Watkins et al., 1995). One example of a changing emphasis is the recognition of the need to develop cultural competence in all aspects of psychological assessment and testing (Roberts, Borden, Christiansen, & Lopez, 2005; Schaffer, Rodolfa, Hather, & Fouad, 2013). At this time, there exists a lack of consensus regarding what is considered appropriate and necessary training to produce competence for psychological assessment practice.

In order to develop training expectations and standards that are consistent and agreed upon, it is first necessary to identify the skills, attitudes and practices that are inherent in competent psychological assessment practice. Krishnamurthy et al. (2004) identified eight core components of psychological assessment that are widely accepted as foundational elements of psychological assessment competency (see Table 1). However, as population demographics, consumer needs, technology and instrumentation options change, there is an ongoing necessity to re-evaluate what constitutes competency and what training, education and practice needs are being met and/or neglected. The information and insights gained from this type of ongoing review may be used to inform and strengthen education and training practices in psychological assessment.

Table 1.

Core Competencies for Psychological Assessment

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 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.
 - 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.

Psychological Assessment Training and Practice

Practicum and internship training. Despite the necessity and value of psychological testing across domains, there is growing concern regarding the training provided to developing clinicians, specifically psychology graduate students. According to Weiner (2013b), there has recently been a decreased emphasis on assessment education in graduate psychology programs. Currently, there appears to be a significant gap between pre-doctoral assessment training (in

terms of quality and quantity) and the amount of psychological testing conducted by pre-doctoral interns and post-doctoral clinical psychologists (Butcher, 2006; Childs & Eyde, 2002; Weiner, 2013a). The variety and depth of assessment training at the pre-doctoral level is not adequately preparing pre-doctoral interns for the assessment responsibilities and expectations at pre-doctoral internship and professional practice (Clemence & Handler, 2001). Additionally, there is a discrepancy at the pre-doctoral internship level between internship directors' expectations of assessment competency and incoming interns' actual level of skill (Durand, Blanchard, & Mindell, 1988; Goldberg, 1998; Lopez, Oehlert, & Moberly, 1996; Malouf, Hass, & Farah, 1983; Shemberg & Leventhal, 1981). Previous research has shown that internship directors have perceived their incoming intern cohorts as ill-prepared for basic tasks such as administration, scoring, interpretation and integration of psychological assessment data, thus requiring additional assessment training during the internship year (Clemence & Handler, 2001; Stedman & Hatch, 2000; Stedman, Hatch, & Schoenfeld, 2001b). Consequently, internship directors have reported some dissatisfaction with the skill and preparedness of incoming predoctoral interns when it comes to psychological assessment and testing. This suggests a need for further investigation regarding internship directors' assessment-related expectations, their current perceptions regarding the adequacy of training, and their views about any emerging trends related to assessment that may inform potential adjustments to academic and training procedures. In the sections that follow, a number of contemporary issues are discussed that impact psychological assessment training and practices at the predoctoral internship level. Specifically the impact of technology, the role of managed care, the emergence of evidence-based assessments and the needs to address a more diverse population will now be reviewed.

Emerging Issues in Psychological Assessment

Technology assisted assessment. The rapid developing advancements in technology and increased access to computer software, the Internet, and electronic devices have created significant opportunities for the advancement of psychological assessment administration, data collection, scoring, and interpretation (Olson, 2001). Computer assisted assessment allows for increased efficiency, decreased administration bias, decreased clinician burden and improved scoring reliability (Butcher, Perry, & Hahn, 2004). Early uses of technology in psychological assessment focused on scoring and interpretation programs. More recently, there has been a move to develop versions of tests that are administered in a tablet format, e.g., the Beck inventories and scales and the WISC-V. Several existing areas of psychological assessment, including neuropsychological, intellectual, and personality, are beginning to make use of Internet and computer technology. For example, the MMPI-2 is a specific instrument where computer administration, scoring, and narrative report configurations have been utilized successfully (Butcher, Perry, & Hahn, 2004). The development of computerized adaptive testing has opened doors for more abbreviated versions of existing tools that maximize efficiency by tailoring item choice to each individual so that the referral question can be answered quickly and accurately (Butcher, Perry, & Hahn, 2004). These types of successes point toward significant changes in testing administration and testing technology development opportunities for the future. Such changes may increase accessibility to assessment

In 2001, up to 75% of training programs accredited by the American Psychological Association (APA) reported the use of computer based assessment instrumentation, with the remaining 25% reporting that lack of use was primarily due to inadequate training among faculty and staff (Olson, 2001). There is a need for improved education in the administration of

electronically based measures, as it appears to be a rapidly developing area for assessment practices in the future.

Another noteworthy technological advancement is the rapid development of smartphone applications for the purpose of clinical assessment and symptom monitoring (Luxton, McCann, Bush, Mishkind, & Reger, 2011). Also, utilization of mobile phones for assessment and self-monitoring is a promising development and provides a highly useful alternative to previous procedures such as physical logs, journals and hard copy symptom inventories. Additionally, research has indicated that there is a higher level of questionnaire compliance when individuals complete items through a Smartphone application compared to a paper and pencil version (Preziosa, Grassi, Gaggioli, & Riva, 2009). With the growing variety of mobile phone applications in addition to the Internet and computer based assessment, it becomes necessary for students to receive assessment education and training that reflects the trends of the field and the technology that is not only available, but prevalent. It is not clear to what extent psychology internships are leveraging these technological advances to improve assessment practices. Also, it is not clear if internship directors are satisfied with the assessment-related technology skills of entering interns. The current study sought to explore some of these areas.

Managed care and funding. Another issue in the field of psychological assessment is the pressure imposed by managed care programs to prioritize brevity, utility and cost effectiveness over the more comprehensive and thorough approach that has long been the standard for clinicians conducting psychological assessments (Naglieri & Graham, 2003). There has been a good deal of criticism from managed health care stating that traditional testing procedures for in-depth assessment require an excessive amount of time and expense, which could be minimized if more focused assessment measures were used to address the specific

presenting problem, referral question or assessment need (Piotrowski, 1999). The use of brief, self-report instruments is anticipated as a means for increasing cost-effectiveness and addressing the economic reality of managed care.

It is suggested that improvements in clinical utility can be made by increasing focus on the needs of the consumer and using instruments that are specifically designed to address the referral question or presenting problem (Brenner, 2003). Utilizing such measures would allow for decreased cost, client burden and administrative time and increased opportunities for use in “real world” settings where resources may be limited (Ebestani, Bernstein, Chorpita, & Weisz, 2012).

There is a distinction made between effective and efficacious measures, such that effective measures have the potential for reduced burden and enhanced transportability (e.g., computer administered self-report scales). Efficacious procedures are often associated with high burden, high precision, and low transportability across practitioners and settings (e.g., clinician guided structured interviews) (Ebestani et al., 2012). Although transportability, low cost and decreased burden are valuable properties, there is concern that favoring more brief instrumentation will lead to overly simplistic procedures with narrow focus and restricted reliability or compromised validity (Weiner, 2013a). Despite these concerns, the development of managed care and the consequential pressures are leading the field of psychological assessment down a path which may require increased education or training in brief measures with specific focus as to meet the changing needs of society and care.

It appears that test developers may be recognizing the need for briefer, more efficient measures. For example, the MMPI-2-RF (Ben-Porath & Tellegen, 2011) was developed as a briefer adaptation of the existing MMPI-2, in which Clinical Scales were restructured to address

issues of high intercorrelation between clinical scales and heterogeneity of scale content (Ben-Porath, 2012). The MMPI-2-RF is a 338-item self-report measure that is intended to be conceptually linked to modern models and theories of personality and psychopathology (Ben-Porath & Tellegen, 2011). Additionally, the R-PAS was created as an alternative to the traditional Rorschach Inkblot Test and it emphasizes utility, efficiency, and empirical evidence (Meyer & Eblin, 2012). As available tools are adapted to meet the complex demands of a changing health-care culture and societal needs, it is important that doctoral level training and curriculum grows in a way that mirrors the developments in the assessment field as a whole.

Despite the changing needs of society, the development of diverse population demographics, the growing complexity of types of clinical training settings and the creation of new advancements in technology, assessment training at a doctoral level has remained relatively stable in the past decade. 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,” (Krishnamurthy et al., 2004, p.728), suggesting a need for adjustment and improvement. Furthermore, it is suggested that continuing efforts “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 training directors regarding assessment practices and any emerging areas needing attention, in order to better inform training development.

Evidence-based practice and evidence-based assessment. In recent years, there has been a strong movement towards the use of Evidence Based Assessment (EBA) to complement the Evidence Based Practice (EBP) progress being made in treatment settings (Jensen-Doss,

2011). EBA refers to “an approach to clinical evaluation that uses research and theory to guide the selection of constructs to be assessed for a specific assessment purpose, the methods and measures to be used in the assessment, and the manner in which the assessment process unfolds” (Hunsley & Mash, 2007, p.30). There is an increasing interest in the field to emphasize evidence and stay in touch with research literature. There is also a need to address the “utility gap” found in current assessment training and practice for the purpose of achieving improved accuracy, reliability, diagnosis and treatment planning (Youngstrom, 2013). In a study on the diagnosis of Post-Traumatic Stress Disorder, an open-ended, unstructured clinical interview was compared to a more evidence-based, standardized approach that included a structured interview (Speroff et al., 2012). It was found that “standardized assessment elicited an increase in relevant information and nearly eliminated variation between examiners and medical centers” (Speroff et al., 2012, p. 612). Despite accumulating evidence of the superiority of structured interviews, survey studies have shown that many settings routinely use open-ended, unstructured interview formats instead (Speroff et al., 2012). It has been suggested that the current state of psychological assessment lacks the “directness and clarity” (Youngstrom, 2013, p. 152) that is desired by many practitioners. Moving toward a model where training in EBP is supplemented with EBA would improve the likelihood that the appropriate treatments are being used with specific clients and that clinicians have collected all information necessary for their effective use (Jensen-Doss, 2011). There is a general trend towards the use of EBA in conjunction with EBP in practice and treatment settings alike, making it an important area for investigation in this study.

Diversity: Culture, ethnicity, language and age. The population within the United States continues to increase in ethnic 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 past 25 years, the percentage of white or Caucasian individuals has decreased from 76% to 64%. Meanwhile the Latino population has increased from 9% to 16%, the African American population has grown from 11.8% to 12.8%, the American Indian population share has expanded from .75% to 1.2%, and Asian/Pacific Islanders have increased to approximately 5.5% of the population in 2010 (Wright, Ellis, Holloway, & Wong, 2014). In addition, these data do not accurately represent those individuals who identify as multicultural or of a multi-racial background. Consequently, communities in which psychologists practice in the United States are more multicultural, multiethnic, and multinational than ever before (Hempel, 2013). Despite this increasing diversity, 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 (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 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). Many of the assessment measures that are being used today were developed within a different context, different time, and for different and often much more culturally homogeneous groups

(Naglieri & Graham, 2003). Additionally, many of the existing instruments were normed primarily on a cultural majority group, which raises the question as to whether such norms can be used with individuals who do not fit within the majority population (Suzuki & Ponterotto, 2008). While there have been many adaptations and translations of instruments for the purpose of utilization with diverse populations, 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 the development of culturally sensitive assessment instruments that may be used within the populations for which they were created (Butcher, 2006). More importantly, multicultural assessment education and experience is needed to assist training clinicians in the complex process of choosing appropriate instruments for their clients and interpreting data in ways that are 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). Furthermore, training methods in multicultural assessment would likely benefit from the creation of specific guidelines and procedures in order to ensure accurate assessment practices of diverse populations (Braun, Fine, Greif, & Devenny, 2010). This is an area of training development needing further attention if future generations of psychologists are to attain multicultural competency as it pertains to psychological assessment of diverse populations.

Gathering information from internship directors could increase awareness and aid in the development of education and training in multicultural assessment. A goal of this study was to learn about internship directors' perspectives regarding entering interns' preparation for conducting psychological assessment with diverse clients. To what extent do interns demonstrate the diversity-related assessment skills that are needed during internship? The

researchers sought to address the current areas of weakness or strength in this regard. This information could highlight the needs of the populations served and the challenges that the settings and communities may place on the administration of psychological assessment measures.

In addition to the multicultural diversification of the United States, the population is also aging and growing in its representation of older individuals. Approximately 100 years ago, the average life expectancy was 46 years. Currently the life expectancy is closer to 75 (Fernandez-Ballesteros, 1999). This suggests assessment of older adults will be an area warranting attention and development. In addition, the symptom presentation of older adults is often different than that of younger generations, even when the same psychological disorder is present. For example 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 (Naglieri & Graham, 2003). 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 and that include developmental considerations.

There is also an increasing emphasis on the assessment of young children for the purpose of access to early intervention programs (Snow & Van Hemel, 2008). The number of measures and tools available for use with children has grown significantly, increasing the need for enhanced training, supervision and experience in the decision of what assessments should be used, administration of such measures and interpretation of data (Snow & Van Hemel, 2008).

Critique and Need for Further Study

Past surveys have identified a significant degree of internship director dissatisfaction with the quality and amount of prior assessment training among incoming pre-doctoral psychology interns (Lopez et al., 1997; Stedman, Hatch & Schoenfeld., 2001b). This degree of dissatisfaction is cause for concern and suggests that further investigation of expectations and assessment related practices is needed. Such investigation could shed light on the current state of affairs and provide information about the need for any adjustments in academic training programs. Additionally, with recent changes in population diversity, age demographics, setting variety, funding and technology, it becomes necessary to gather information about the ways in which such changes are influencing assessment practices and training expectations at the internship level.

In general, past studies have drawn attention to the discrepancy between internship directors' expectations related to assessment training and the level of competency on incoming pre-doctoral psychology interns (Lopez et al., 1997; Stedman et al., 2001b). Additional investigation is necessary to explore whether this discrepancy persists and to further investigate emerging trends in assessment related practices and the ways in which such trends influence the expectation of training directors. The purpose of this study was therefore to conduct a national survey of psychology internship directors to examine their perspectives regarding current practices, emerging trends, and needed changes regarding psychological assessment at the internship level.

Chapter II: Methodology

Research Approach and Design

The purpose of this study was to identify and describe current practices and emerging trends in psychological assessment at the predoctoral internship level. The focus was on the perspectives of internship directors at accredited psychology internship training programs from throughout the United States. A non-experimental, descriptive, survey study approach was utilized for the purpose of obtaining self-reported data regarding psychological assessment practices on internship. The areas of focus included information on specific instruments being utilized, training expectations, training needs and emerging trends.

Data was collected by utilizing an online survey approach in which participants (internship directors) from across the United States completed an anonymous questionnaire at a time most convenient for them. The intention with this design choice was to maximize response rates from training directors in a variety of geographic locations. The web-based survey host company Qualtrics was utilized for the purpose of security, cost efficiency, ease of administration and minimal participant burden.

Participants

The target sample consisted of predoctoral internship directors from programs that are members of the Association of Psychology Postdoctoral Internship Centers (APPIC) within the United States. APPIC was selected as the sample pool source for this study due to its status as the leading psychology internship organization in North America. According to APPIC guidelines (2014), all internships that are accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) have met the doctoral membership criteria and are eligible to participate in APPIC. Internship programs not accredited by APA or

CPA must meet 16 specified criteria in order to participate and such programs are reviewed/re-evaluated for adherence every three years (see Appendix B).

The list of potential participants was identified from the readily available, publicly accessible APPIC website directory of approved internship programs for the 2014-2015 academic year. The APPIC Directory provides information on APPIC-member internship and post-doctoral training programs from across the United States and Canada. The APPIC Directory is updated yearly and offers an overview of each internship program. All internship directors within the United States who had provided their email contact information in the most recent APPIC directory were eligible for participation.

As of November 2014, there were 741 pre-doctoral psychology internship program directors that were eligible for inclusion in the study. Of the 741 invitations to participate sent via email to internship directors, 32 resulted in declining responses or were returned as undeliverable, resulting in a final list of 709 directors for potential participation. Of 709 delivered messages inviting participation, there were 208 responses, 26 of which were removed from the data set due to incomplete submission and/or lack of response to any survey questions. The result was 182 consented responders who completed at least some portion of the questionnaire. This represented a 26% ($N = 182$) return rate. The demographic characteristics and professional qualifications of the 182 participants of this study are provided in the Results chapter.

Instrumentation

The questionnaire created for this study was composed of 32 items (see Appendix C). The questionnaire was developed as a collaborative effort of the author and her two co-investigators, Shannon Bates and Elizabeth Shipley, as well as the members of each of these

three individuals' dissertation committees at Pepperdine University. The study was conducted to meet Doctor of Psychology program dissertation requirements for the principal co-investigators. After reviewing the relevant literature and other published survey studies regarding psychological assessment, the questionnaire for the present study was developed. The research team sought to build on the strengths of earlier survey instruments, while also developing questionnaire items that would tap emerging issues and other questions that grew out of the literature review. Areas of interest to cover on the survey were first identified and then specific questions were developed to investigate such interests. After questions were created, organization, phrasing and word choice was evaluated and discussed in detail for the purpose of constructing items that were easily read and understood. Questionnaire items were kept and/or eliminated based on perceived level of importance within this study and with the aim of maintaining brevity, focus and clarity.

To ensure anonymity, no identifying information was collected or elicited on the questionnaire. The questionnaire was predominantly comprised of closed-ended items with fixed-choice response options (Likert format or multiple choice) for the purpose of maximizing efficiency. There were several items that featured an open-ended format as well as options for the responder to provide additional data by selecting "Other" and inputting desired comments. This questionnaire format was used to allow for collection of standardized data, while also providing the opportunity for variability in responses and avoiding response limitation. As a goal of the study was to obtain internship directors' opinions and recommendations, open-ended items were deemed to be essential.

There are a total of five sections within the questionnaire: (a) questionnaire completion instructions; (b) respondent demographics and background variables (6 items); (c) internship

site/program characteristics (14 items); (d) current use of psychological assessment measures within the internship program (3 items); and (e) respondent opinions regarding future directions of psychological assessment practices (9 items). Items at the beginning of the questionnaire addressed demographic information and collected information regarding professional backgrounds of the participants. Internship program details and descriptive information about the internship program was also collected and included details about the emphasis on assessment, training methods and treatment setting. The remaining sections focused on the use, type, and importance of specific psychological assessment measures, attitudes about the competency of trainees, and internship directors' views and perspectives regarding future directions or trends in the field. The investigators in the study made an effort to design items that were unambiguous, with simple wording and structure, and formatting that was clear and familiar. Thus many items were constructed in a format similar to that used on the APPIC Application for Psychology Internship (AAPI) as to display information in a manner that would be recognizable to the participants (training directors that utilize the AAPI).

Research Procedures

Participant recruitment. The research study was approved by the Graduate and Professional Schools Institutional Review Board of Pepperdine University. E-mail addresses of eligible training directors were obtained via the APPIC directory, as accessed from the APPIC website. The training directors at APPIC approved internship programs within in the United States were contacted via electronic mail (e-mail) from a Pepperdine University account of a principal investigator. The initial e-mail requested their participation in the study (see Appendix D), and notified them of the response deadline (approximately two months).

Any internship director who desired to participate was advised to click a link on the email message, which then took her/him to the survey, as hosted on Qualtrics. The first page included the informed consent, which described what participation in the study entailed (see Appendix E). Training directors who consented were then informed that they could print a copy of the informed consent for their records, if desired. Next, participants were presented with the questionnaire. Individuals who did not consent and decided not to participate exited the website at this time and had no further involvement in the study.

All prospective participants were sent an e-mail ten days following the initial distribution, reminding them of their opportunity to respond had they not yet done so (see Appendix F). All declining responses were subtracted from the potential sample pool. At approximately four weeks after the initial survey distribution, a second reminder e-mail (see Appendix G) was sent. At approximately six weeks after initial survey distribution, a final notice reminder was sent (See Appendix H). Recruitment began on May 28th, 2015, a date that was chosen in an effort to increase the likelihood of response. The total data collection time occurred from May 28th, 2015 to June 12, 2015. The start date fell after both APPIC Internship Match Day (i.e., February 20, 2015) and national practicum matching dates, which are typically in early- to mid-April. It was intended that the survey disbursement would occur at a time when internship directors would not be in the process of completing these particular demanding and time-critical APPIC tasks.

Participants were first provided with written materials outlining the basic premise of the questionnaire as well as providing information about the identity and affiliation of the principal investigators. The nature of participation in the study was explained in detail and informed consent was carefully obtained. Participants were then directed to a page providing brief instructions on questionnaire completion. The information on this page included (a) time

expectations, (b) a statement indicating the absence of completion, and explanation that completion must take place in one sitting, as participants will not be able to save completed items and return later, (c) encouragement to answer each item, (d) instruction on how to move to the next item, (e) procedure for how to change an answer, and (f) the option to skip a question if desired. Instructions outlining how to complete each item (e.g., choose one of the following options, rank your top three choices) was provided on the corresponding item page.

Participants then completed the data collection sections of the survey outlined above. The survey questions in the remaining sections of the questionnaire included quantitative and qualitative items. After completion of all desired items, participants submitted the completed questionnaire electronically.

Data Collection and Recording

Data were collected through the Web-based survey host (Qualtrics), via SSL (Secure Sockets Layer) encrypted software, and was anonymously tracked by the principal investigators. SSL allows for secure transmission of information by establishing an encrypted link between a server and a client. Once recruitment was closed and data collection was finalized, the final data file was downloaded from the secure host site. The data file was screened for answers that were out of the possible range (e.g., someone reporting an age of 156 years old). No answers of this nature were found. No edits were made to the data set.

Some survey items were descriptive, and provided qualitative information which was examined and clustered based on thematic content areas. All fixed-item responses were 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 may be used to record responses about gender, in which case the corresponding codes would be documented as:

1 = *Male*; 2 = *Female*; 3 = *Transgender*; 4 = *Other*. The issue of missing values in the data set was addressed using a recording code of “999,” which indicates the response was refused or is unintentionally missing.

Confidentiality and anonymity. Caution was taken to protect anonymity by masking IP addresses from the investigators across all settings (i.e., web-link, e-mail). This feature was an option available through Qualtrics. Then, the host site assigned each survey response a unique response ID number. This step was taken as an additional strategy for protecting anonymity.

Although no identifying information was collected, all data files, coding keys, and any other resources (e.g., contact information gathered from the APPIC directory) was stored in a password-protected file on an investigator’s computer. A back up copy was stored on an encrypted, password protected external hard drive. All information and data related to this study will be retained for at least five years after data collection before being destroyed.

Data Analysis

Frequencies and descriptive statistics (e.g., means and standard deviations) were calculated on all the relevant variables included in the questionnaire. The questionnaire included open-ended items that permitted respondents to offer their comments and recommendations. Those responses were evaluated on rational grounds and grouped into thematic categories. The thematic categories were identified after evaluating each individual response and determining the general topic addressed. Responses were then grouped with other responses of similar content. After grouping each item response with similar others, the theme was identified by summarizing the content provided in each response within that group. The questionnaire was created with distinct sections for the purpose of division of data among the three co-investigators. In other words, each of the three principal investigators (Bates, Shipley, and the writer) took

responsibility and ownership of one portion of the data. The present dissertation was intended to address the data collected from the section addressing future trends in psychological assessment. Specifically, this study focused on the following questionnaire items: 1-10, 24-28 and 30-32. These items addressed demographic information regarding the internship directors; descriptive information regarding the internship programs; and issues related to future trends and expectations in psychological assessment at the pre-doctoral internship level. For that reason, only results pertaining to this research topic are discussed in the present document.

Ethical Considerations

Human subjects protection. This study was conducted in accordance with accepted federal and professional standards for research, and in alignment with Pepperdine University policy regarding the use of human subjects. In addition, the study was conducted in accordance with the ethical guidelines for human subjects research established by the APA.

Consent for participation. Requiring participants to provide documentation of consent would indirectly result in the request for identifying information and thus threaten anonymity. The investigators of this study applied for a waiver of the requirement for documentation of informed consent from the IRB at Pepperdine University. This request was approved, which allowed for implied consent from participants. As noted earlier, participants were instructed to print a copy of the informed consent document if they wanted it for their records.

Participants were informed of the purpose of the study, potential risks and benefits, as well as the procedure for accessing and responding to the online survey. They were also informed that participation was voluntary and that there was no penalty for deciding not to participate. Maintenance of confidentiality and anonymity was ensured. Participants were also offered the opportunity to receive a summary of results via email after the study was complete.

Clicking the link to move to the study's questionnaire was assumed to confirm that the participant understood all aspects of participation in the study to her or his satisfaction and was in fact consenting to participate.

The study followed the ethical norm of voluntary participation and subjects were free not to answer questions. If a responder did not want to answer a specific item, he or she was able to click the "NEXT" button at the top of each page. If a subject clicked "NEXT," he or she was directed to a prompt that informed he or she that the question was left blank. At this time, the subject had the option to select "YES" and continue without answering the question, or select "NO" if he or she desired to answer the question before moving on. This feature was intended to provide participants with the freedom to move through the survey at their own convenience, meanwhile ensuring the respondents did not skip items by mistake.

Potential benefits and risks. This study utilized a survey design that posed no more than minimal risk to participants, especially given the relatively straightforward content of the information investigated (pre-doctoral internship practices regarding psychological testing and assessment). The risks and potential benefits of participation in the study were carefully explained in the consent document.

Chapter III: Results

Demographic Data

Demographic and background information was collected on the responding internship directors (see Table 2). Of the 182 responders, 66% were female ($n = 118$), 34% were male ($n = 62$) and 0% identified as transgender or other ($n = 0$). Two participants did not respond to this item. The age range was 29 to 72 with a mean of 46.88 years ($SD = 10.49$). The majority of the responders self-identified as Caucasian (88%; $n = 169$); 4% identified as Latino/a ($n = 7$); 3% identified as Asian ($n = 5$); 2% identified as Black or African American ($n = 3$); 2% identified as Multiracial ($n = 4$); 1% identified as American Indian or Alaska Native ($n = 1$); 0% identified as Native Hawaiian or Pacific Islander ($n = 0$); and 2% identified as Other ($n = 3$). In regard to highest earned academic degree, 61% reported obtaining a Ph.D. ($n = 119$); 37% reported obtaining a Psy.D. ($n = 72$); 1% reported obtaining an Ed.D. ($n = 2$); and 1% reported that they had obtained another degree not listed ($n = 1$). When asked to identify the nature of their degree, 76% identified Clinical Psychology ($n = 148$), 16% identified Counseling Psychology ($n = 30$), 4% identified School Psychology ($n = 8$), 2% identified a Combined Program ($n = 4$), 0% identified Educational Psychology ($n = 0$) and 2% reported that the nature of their degree was not listed ($n = 4$). Of the 182 participants, 98% reported that they are currently licensed ($n = 189$) and 2% reported that they are not ($n = 5$).

Training site information. In addition to collecting background information on the internship directors themselves, information was also collected on the pre-doctoral internship programs (see Table 3). Of the 182 pre-doctoral internships represented, 67% were APA accredited ($n = 129$), 16% were not APA accredited ($n = 30$), and 17% were in the process of seeking APA accreditation ($n = 33$). There was a wide range of setting types represented such

that 16% were identified as Veterans Affairs Medical Centers ($n = 30$), 15% were identified as University Counseling Centers ($n = 28$), 14% were identified as Community Mental Health Centers ($n = 26$), 12% were identified as State/County/Other Public Hospitals ($n = 22$), 8% were described as Consortia ($n = 15$), 7% were identified as Prisons or Correctional Facilities ($n = 13$), 5% were identified as Medical Schools ($n = 9$), 4% were described as Child/Adolescent Psychiatric or Pediatric settings ($n = 8$), 3% were identified as Private General Hospitals ($n = 5$), 3% were identified as Private Outpatient Clinics ($n = 5$),

Table 2.

Survey Participants Demographics

Characteristic	<i>n</i>	%
Age	Range: 29 to 72 years; Mean 46.88	
Gender		
Male	62	33%
Female	118	65%
Transgender	0	0%
Other	0	0%
* <i>No Response</i>	2	<1%
Racial/Ethnic Identity		
American Indian or Alaskan Native	1	1%
Asian	4	3%
Black or African American	3	2%
Caucasian (White)	158	88%
Latino/a	7	4%
Native Hawaiian or other Pacific Islander	0	0%
Multiracial	4	2%
Other	3	2%
* <i>Abstained from Responding</i>	2	<1%
Highest Academic Degree		
Ph.D.	112	62%
Psy.D.	68	37%
Ed.D.	2	1%
Other	1	1%

(continued)

Characteristic	<i>n</i>	%
Nature of Degree		
Clinical Psychology	138	78%
Counseling Psychology	29	16%
Educational Psychology	0	0%
School Psychology	8	4%
Combined Program	4	2%
Other	4	2%
License Status		
Licensed	178	98%
Not Licensed	4	2%

Note. n = 182

3% were identified as Private Psychiatric Hospitals ($n = 6$), 2% were identified as Armed Forces Medical Centers ($n = 3$), 2% were identified as School Districts ($n = 3$), 1% were identified as Psychology Departments ($n = 1$), and 9% identified as Other ($n = 17$).

Respondents were asked to identify the predominant theoretical orientations at their respective training sites and were permitted to choose up to three responses. The results indicated that 78% of the training directors identified Cognitive Behavioral as one of the top three orientations at their site ($n = 149$), 49% identified Integrative ($n = 93$), 26% identified Interpersonal ($n = 50$), 26% identified Psychodynamic ($n = 49$), 21% identified Behavioral ($n = 40$), 16% identified Eclectic ($n = 30$), 15% identified Systems Based ($n = 29$), 9% identified Humanistic/Existential ($n = 17$), 4% identified Biological ($n = 7$), and 5% identified predominant theoretical orientations that were not listed as options ($n = 10$). Finally, responders were asked to indicate what types of trainees their training programs typically accept. Of the training sites represented in the survey, 100% of those who responded indicated they accept pre-doctoral interns ($N = 182$), 73% reported they accept practicum students ($n = 133$) and 66% stated they accept postdoctoral interns ($n = 120$). The mean number of predoctoral interns accepted per site was 6.36 ($SD = 22.6$). While it was valuable to know of the involvement of practicum and

postdoctoral students at many of the sites, the focus of the questionnaire items was on training and practices associated with each site's pre-doctoral internship program.

Quantitative Data

The main focus of the present dissertation was on internship directors' perspectives on future trends impacting psychological assessment training and practices at the internship level.

This corresponded to items 24 to 28 and 30 to 32 on the survey. Items 24 to 28 were fixed-choice response options and provided quantitative data which will be summarized below.

Table 3.

Training Site Demographics, as Reported by Survey Participants

Category	<i>n</i>	%
Setting Description		
Armed Forces Medical Center	3	2%
Consortium	15	8%
Medical School	9	5%
Prison or Correctional Facility	13	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	22	12%
University Counseling Center	28	15%
Veterans Affairs Medical Center	30	16%
Child/Adolescent Psychiatric or Pediatric	8	4%
Community Mental Health	26	14%
Other ^a (Please Specify)	17	9%
Predominant Theoretical Orientation		
Behavioral	40	21%
Biological	7	4%
Cognitive Behavioral	149	78%
Eclectic	30	16%
Humanistic/Existential	17	9%
Integrative	93	49%
Interpersonal	50	26%

(continued)

Category	<i>n</i>	%
Systems	29	15%
Psychodynamic	49	26%
Other ^b	10	5%
Type of Trainees Accepted		
Practicum Students	133	73%
Predoctoral Scholars	182	100%
Postdoctoral Scholars	120	66%
APA Accreditation		
Internship APA Accredited	129	67%
Internship not APA Accredited	30	16%
APA accreditation in progress	33	17%

Note. *n* = 182

^{a,b,c} Category combines verbatim responses involving similar response components

Responses to items 30 to 32 were open-ended comments and provided qualitative data which will be reviewed in the following section.

Question number 24 asked: “Currently, which methods of administration and scoring are typically used within your site? (Please select all that apply).” There were a total of 181 responses to this survey item. “Computer-based test scoring” was the most frequently endorsed scoring method used by the participating training directors at their respective internship sites (93%, *n* = 168). The most frequently endorsed administration method was “Traditional paper-based test administration (86%, *n* = 156). “Traditional hand scoring” was a method endorsed by 70% of participants (*n* = 126), followed by “Computer-based test administration” (57%, *n* = 103). Of the 181 training directors who responded to this item, 43% identified “Computer-based test result interpretation” as a method used at their internship site (*n* = 77). Only 4% of responders reported that they used “Tablet-based assessment (e.g., IPAD)” at their training site (*n* = 7) and no participants endorsed “App-based assessment (e.g., on a smartphone or tablet)” or “Other (please specify)”.

Table 4.

Item 24 Results: “Currently, which methods of administration and scoring are typically used within your site? (Please select all that apply).”

Category	<i>n</i>	%
Computer-based test scoring	168	93%
Traditional paper-based test administration	156	86%
Traditional Hand Scoring	126	70%
Computer-based test administration	103	57%
Computer-based test result interpretation	77	43%
Tablet-based assessment (e.g. iPad)	7	4%
App-based assessment (e.g., smartphone or tablet)	0	0%
Other (please specify)	0	0%

Note. n = 181

In the remaining four quantitative questions, a 5-point rating scale was utilized such that the higher number corresponded with the greater value of the issue being investigated. There was a total of 182 responses to each of the quantitative items discussed below.

Question number 25 asked: “How significant is the use of technology in the training and practice of psychological assessment within your internship program?” The results indicated that 7% reported that it was “extremely important” (rating of 5, *n* = 13), 26% indicated that it was “very important” (rating of 4, *n* = 47), 46% identified it as “somewhat important” (rating of 3, *n* = 83), 12% reported that it was “slightly important” (rating of 2, *n* = 21), and 10% stated that it was “not at all important” (rating of 1, *n* = 18). The mean rating for this item was 3.09 (*SD* = 1.03), which was closest to the descriptor “somewhat important.”

Item number 26 posed the following question: “In the next five years, what do you expect regarding funding and resources for psychological testing and assessment in your internship program?” In response to this question, 3% anticipated a “significant increase in funding/resources” (rating of 5, *n* = 5), 29% indicated that they expected a “slight increase in funding/resources” (rating of 4, *n* = 53), 61% reported that they anticipated “no change in

Table 5.

Item 25 Results: “How significant is the use of technology in the training and practice of psychological assessment within your internship program?”

Category	Numerical Value	<i>n</i>	%
“Extremely Important”	5	13	7%
“Very Important”	4	47	26%
“Somewhat Important”	3	83	46%
“Slightly Important”	2	21	12%
“Not at all Important”	1	18	10%

Mean: 3.09
SD: 1.03

Note. *n* = 182

funding/resources” (rating of 3, *n* = 111), 7% stated that they expected a “slight decrease in funding/resources” (rating of 2, *n* = 12), and 1% expect a “significant decrease in funding/resources” for psychological testing and assessment within their program (rating of 1, *n* = 1). The mean rating for this item was 3.27 (*SD* = 0.65), which was closest to the descriptor “no change in funding/resources.

Table 6.

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

Category	Numerical Value	<i>n</i>	%
“Significant increase in funding/resources”	5	5	3%
“Slight increase in funding/resources”	4	53	29%
“No change in funding/resources”	3	111	61%
“Slight decrease in funding/resources”	2	12	7%
“Significant decrease in funding/resources”	1	1	1%

Mean: 3.27
SD: 0.65

Note. *n* = 182

The following item (# 27) inquired about the respondents' expectations regarding changes in their program's emphasis on psychological assessment. Participants were asked, "In the future, how do you expect your internship program's emphasis on psychological testing and assessment to change?" In response to this question, 5% anticipated that the emphasis on psychological assessment would "significantly increase" (rating of 5, $n = 10$), 34% reported that they expected the emphasis on psychological assessment to "slightly increase" (rating of 4, $n = 61$), most participants indicated that they expected the emphasis to "stay the same" (53%, rating of 3, $n = 97$), 7% stated that they anticipated a "slight decrease" (rating of 2, $n = 12$), and 1% reported that they expected it to "significantly decrease" (rating of 1, $n = 2$). The mean rating for this item was 3.36 ($SD = 0.74$), which fell between the descriptors "stay the same" and "slightly increase" (although closer to "stay the same").

Table 7.

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

Category	Numerical Value	n	%
"Significantly increase"	5	10	5%
"Slightly increase"	4	61	34%
"Stay the same"	3	97	53%
"Slightly decrease"	2	12	7%
"Significantly decrease"	1	2	1%

Mean: 3.36

SD : 0.74

Note. $n = 182$

With the recent emphasis on evidence based practice in psychological intervention, it was important to investigate whether that emphasis has impacted psychological assessment practice.

Item number 28 asked, "How much has the profession's emphasis on evidence-based practice

impacted your program’s approach to psychological testing and assessment?” To this inquiry, 12% reported that their program has been “extremely impacted” (rating of 5, $n = 21$), 27% indicated that there has been a strong impact (rating of 4, $n = 50$), 41% reported that their program has been “somewhat impacted” (rating of 3, $n = 74$), 12% reported a slight impact (rating of 2, $n = 21$), and 9% stated that their program’s approach to psychological testing and assessment has not been impacted at all (rating of 1, $n = 16$). The mean for this item was 3.21 ($SD = 1.08$), which was closest to the rating “somewhat impacted.”

Table 8.

Item 28 Results: “How much has the profession’s emphasis on evidence-based practice impacted your program’s approach to psychological testing and assessment?”

Category	Numerical Value	n	%
“Extremely impacted”	5	21	12%
“Strongly impacted”	4	50	27%
“Somewhat impacted”	3	74	41%
“Slightly impacted”	2	21	12%
“Not impacted at all”	1	16	9%

Mean: 3.21
 SD : 1.08

Note. $n = 182$

In summary, there appears to be a strong trend toward increased use of technology, increased funding, increased emphasis on psychological testing within pre-doctoral internship training programs, as well as a strong impact of the trend toward evidence based practice.

Qualitative Data

In addition to the closed-ended questions, participants were provided with open-ended prompts and opportunities to provide their opinions, recommendations and comments. The first open-ended question presented to participants was the following (item number 30): “Within your

site, what new psychological tests or measures would you like to see used in the future that are not currently being used?” In total, there were 116 separate responses to this item. Of the 116 responses, 35 individuals (30.2%) stated “none”, “N/A”, “I don’t know,” or some other indication that they did not have any tests or measures to name.

A total of 83 individuals mentioned specific measures or general assessment areas that they would like to see used in the future. After rational analysis of the responses, nine general groupings or categories emerged. The most prominent category was that of Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), and Achievement Measures. This theme was identified after responses were individually evaluated and grouped with responses of similar content. This group included any response that made reference to specific ADHD, ASD or Achievement measures as well as those that mentioned the topic in general. Overall, 18 responders (15.5%) reported specific ADHD or achievement instruments that they would like to see utilized more in the future. Some examples of responses within this category included “Continuous Performance Test” and “ADHD Screening Instrument (e.g., Conner’s).”

The second most prominent theme was Brief Versions/Tools Maximizing Efficiency. This theme was identified to include all responses that either cited specific measures that were brief versions of their longer counterparts or other tools utilized for time efficiency such as structured interviews or abbreviated scoring systems. In total, 16 responders (13.8%) identified brief versions of assessments or mentioned tools that maximize efficiency. Some examples of responses within this theme include the following: “Lots of briefer measures for medical populations (NAB, NBSI, etc.)”; “MMPI-2-RF”; “R-PAS, Structured Diagnostic Interviews.”

The frequency of responses in this domain seemed to highlight the importance that in the future there needs to be greater use of assessment measures that are efficient, brief, and/or streamlined.

The third theme or category was Cognitive Assessments; 12 responders (10.3%) identified specific cognitive instruments or intelligence tests in general. Some examples of responses within this grouping included the following: “Alternatives to the WAIS for evaluation of IQ”; “WRAT-4”; and “WISC-V.”

The fourth most predominant theme was the use of Technology and related advancements in assessment practices. In total, nine participants (7.8%) provided responses that fell within this area. One individual wrote “iPad or other tablet based measures; more computer scoring for rapid turnaround; ability to use iPad measures via telehealth for working in highly rural areas between VA community-based outpatient clinics and the main training sites.” Another responder described “plans to move to tablet administration and scoring” and indicated that at his or her internship they “have the iPads, but [are] waiting for agency and Pearson [testing company] to reach [a] use agreement.”

The next theme involved Neuropsychological Assessments. Out of the 116 responders, seven (6.0%) identified the general area of neuropsychological assessment as a recommendation for increased activity in the future. Some responses include the following: “Plans are being developed to begin doing more neuropsychological testing,” and, “Neuropsychological batteries.”

The theme of Personality Assessments had seven responses (6.0%), the theme of Forensic Instruments had five responses (4.3%) and Diversity Recommendations had four responses (3.5%). One example of a response within the Personality Assessments theme was, “MMPI, Rorschach, MCMI.” An example of a response within the Forensic Instruments theme

was, “More integration of forensic measures.” Some examples of responses within the Diversity Recommendations theme were the following: “Bilingual Spanish based tests”; “Spanish versions of the MMPI-2-RF, Wechsler ISC-4 in Spanish”; and more tests that are “standardized with different clinical populations.”

The final identified theme was Symptom Inventories and Risk Assessment. Out of the 116 responders, three (2.6%) reported that they would like to see increased use of symptom inventories and risk assessment tools. One example of a response within this area was the following: “Symptom inventories, suicide assessment.”

Table 9.

Item 30 Qualitative Results: “Within your site, what new psychological tests or measures would you like to see used in the future that are not currently being used?”

Category	<i>n</i>	%
“None,” “N/A” etc.	35	30.2%
ADHA, ASD, and Achievement Measures	18	15.5%
Brief Measures and Efficiency Tools	16	12.9%
Cognitive Assessments	12	10.3%
Technology and Advancements	9	7.8%
Neuropsychological Assessments	7	6.0%
Personality Assessments	7	6.0%
Forensic Instruments	5	4.31%
Diversity Recommendations	4	3.5%
Symptom Inventories and Risk Assessment	3	2.6%

Next, participants were asked to provide comments on any recommendations they had for academic programs regarding pre-internship training in psychological testing and assessment.

The following prompt was presented (item 31): “What recommendations do you have for academic programs regarding pre-internship training in psychological testing and assessment?”

In response to this prompt, 147 participants provided some type of response. There were nine

individuals (6.1%) who responded by writing “none”, “N/A” or a similar response. Among the remaining responses, seven distinct themes emerged based on rational analysis. The themes included the following: Improved and/or Increased Training/Experience/Education, Increased Training in Projectives, Decreased Testing Emphasis, Therapeutic Assessment, Multicultural or Diversity Concerns, Increased Education/Training in Neuropsychological Assessment and Miscellaneous Comments.

The most prominent of these themes was the need for Improved and/or Increased Training/Experience/Education. Of the 147 responses, 95 fell into this category (64.6%). This theme included recommendations on improvement in education, training and experience in psychological assessment at the pre-internship level such as: “Internship applicants need more hands on assessment experience.” Other responses included recommendations for training in more varied assessments as well as more experience in integrated report writing such as: “Teach effective report writing in addition to broad test familiarity,” and, “Train earlier for assessment.” While other responses included general complaints about the current lack of training and test proficiency, for example, “Please train students in testing. Stop delegating assessment training to outside practicum supervisors, who invariably often do not have time to conduct individual supervision, let alone review testing protocols and written reports.”

The second most frequent theme was the perceived need by internship directors for Increased Training in Projectives (14 total responses in this category; 9.5%). This theme included any response that recommended increased or improved education/training in projective measures. Two examples of responses in this category were, “I would like to see projectives taught again,” and, “Do not give up on the Rorschach.”

The next theme, Decreased Testing Emphasis, had a total of six responses (4.1%) and included any suggestion to decrease emphasis on assessment training. This theme also included any comments suggesting decreased training in specific measures such as the Rorschach or MCMI, in addition to indications that current training is adequate and needing no adjustment. One example of a response within this theme was the following: “Stop using worthless, if not dangerous tests: any projectives, any Millon test, the MMPI...more emphasis on direct measures of behavior.”

The theme of Therapeutic Assessment also had a total of six responses (4.1%) and included any response that indicated a greater need for training in therapeutic assessment and feedback. Responses in this theme included the following: “Training in assessment scoring and interpretation is necessary but also please train in how to give the results to patients in a therapeutic manner,” and, “More emphasis on therapeutic assessment”.

When internship directors’ responses were examined the next theme had a total of five responses (3.4%) and highlighted suggestions regarding Multicultural or Diversity Concerns (including age-related concerns). 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 indicated desire for, “Continued emphasis on multicultural considerations for testing and assessment.”

There were three responses (2%) that suggested Increased Education/Training in Neuropsychological Assessment (the sixth theme), the last and least frequent theme, Miscellaneous Comments, included four responses (2.7%). Examples of responses within these themes (respectively) were the following: “Offer basic neuro batteries for all students,” and

“Assist students applying to internship in the completion of the APPI so that they accurately reflect their experience with testing and assessment.”

Table 10.

Item 31 Qualitative Results: “What recommendations do you have for academic programs regarding pre-internship training in psychological testing and assessment?”

Category	<i>n</i>	%
Improved Training and Education	95	64.6
Projectives	14	9.5
“None,” “N/A” etc.	9	6.1
Decreased Testing Emphasis	6	4.1
Therapeutic Assessment	6	4.1
Diversity Concerns	5	3.4
Neutral/Miscellaneous	4	2.7
Neuropsychological Assessments	3	2.0

The final item on the survey (#32) provided the opportunity for participants to add anything (related to psychological assessment) that they felt was not covered elsewhere in the questionnaire. Participants were presented with the following prompt: “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.” There were 79 responses to this item and 26 of the responses (32.9%) were statements such as “none”, “N/A” or other indications that the responder did not have anything additional to add. Six other themes emerged including:

1. dissatisfaction with interns and/or training;
2. recommendations/critiques regarding the questionnaire used in the study;
3. statements about the general importance of assessment for psychologists;
4. limitations in assessment use or decreased emphasis;
5. general miscellaneous comments; and

6. recommendations regarding specific instruments.

Within the theme of dissatisfaction with interns and/or training there were a total of 22 responses (27.8%). 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.”

There were a total of 12 responses within the theme of recommendations/critiques of the survey instrument (15.2%). Some examples of responses that fell into this category included the following: “It is difficult to answer questions for a consortium, since each site is different”; “You did not include options to indicate most of the tests we use”; and, “You should have people operationalize the amount/intensity/extent of their assessment rotation, not just assume ‘major’ covers it.”

The next three themes, 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 (6.3% of responses 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 participant 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 setting) to effectively implementing quality testing training relates to time allocation.” Another expressed concern and stated, “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 there were five total responses (6.3%) and responders made 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.”

The final theme included any responses that provided recommendations regarding specific instruments or populations. There were four responses provided within this category (4.4%). One example was the following: “All students should get some experience with cognitive screening at least, even if they don’t get experience with a wide variety of neuropsychological tests...with the growth of our geriatric population, all psychologists need this skill.”

Table 11.

Item 32 Qualitative Results: “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.”

Category	<i>n</i>	%
“None,” “N/A” etc.	26	32.9%
Dissatisfaction (Interns or Training)	22	27.8%
Survey Critiques	12	15.2%
Importance of Assessment	5	6.3%
Limitations/Concerns in Assessment	5	6.3%
Miscellaneous	5	6.3%
Specific Instrument Recommendations	4	4.4%

In sum, there appeared to be some consistencies in regard to the future trends, expressed needs, and general concerns regarding psychological assessment, training, and practice at the internship level. Many training directors provided recommendations for increased depth and variety of training in psychological assessment before matriculation to pre-doctoral internship. The strongest themes communicated in items 31 and 32 were dissatisfaction with intern training upon entry to internship (voiced by 22 respondents) and recommendations to academic programs for improvements in assessment training (expressed by 95 respondents).

Chapter IV: Discussion

Psychological assessment is a core competence in professional psychology. The purpose of this study was to conduct a national survey of psychology internship directors regarding psychological assessment at the internship level. A questionnaire was developed to explore internship directors' reported practices, beliefs, attitudes, and recommendations. Responses were received from 182 individuals, which represented a 26% return rate. The respondents were predominantly female, had a mean age of 46.9, and represented a broad range of internship programs. It was clear from the responses that psychological assessment continues as a core, substantive component of the predoctoral internship experience and as an important factor in the selection of interns.

Recent changes in population diversity, age demographics, variety of clinical practice settings, funding/resources for assessment, and technology inspired the investigators in this project to ask internship directors about the ways in which such developments have impacted their psychological assessment practices. The results of this study provided specific insight into internship directors' perspectives on emerging trends and future directions. In regard to the use of technology in psychological assessment at their training sites, 79% of internship directors indicated that use of technology was somewhat important, very important, or extremely important. In addition, 93% of participants reported that they are already utilizing computer-based test scoring at their training site, while 57% reported using computer-based test administration and 43% reported using computer-based result interpretation. The data collected on this issue was supported by the comments within the open-ended sections of the survey where respondents described their current use of tablet and computer based assessment as well as their intentions to move toward more tablet/computer based methods in the future. When asked about

which measures training directors would prefer to see used more in the future, technology related responses made up the fourth most dominant theme. This illustrated the significant role that technological advances are playing in the development of psychological assessment administration and scoring at the internship level. This finding suggests a need for training in technology based assessment administration and scoring before matriculation to pre-doctoral internship placement.

Although most respondents anticipated that their funding resources for psychological testing would remain the same in the next five years, 32% reported that they expect either a slight or significant increase in funding for psychological assessment in the next five years. Increased funding for psychological assessment suggests increased practice of and emphasis on psychological testing and assessment at the internship level and thus a need for increased training in the academic setting pre-internship. Consistent with the findings related to expectations of increased funding for psychological assessment in specific internship programs, more training directors reported an anticipated increase in emphasis on psychological testing at their programs than those who anticipated a decrease. Although 53% of directors indicated that the emphasis on psychological assessment at their internships would stay the same, 39% reported that they anticipated some degree of increased emphasis. Both the anticipation of increased funding and increased emphasis on psychological assessment within internship programs speak to the growing development of psychological assessment use and value within a variety of different internship settings represented in this study. Clearly the findings suggest that academic programs in psychology should at least maintain and perhaps increase the emphasis on psychological testing and assessment in doctoral programs. Academic programs that do not at

least maintain or perhaps strengthen their emphasis on assessment may find their students to be less competitive in the predoctoral internship selection process.

Another area of interest was that of evidence-based practice (EBP) and the degree to which trends towards EBP are influencing the approach to psychological assessment at the internship level. Most of the respondents (80%) indicated that the approach to psychological assessment at their internship site has been impacted (to some degree) by the profession's growing emphasis on EBP. Although the questionnaire did not inquire further, it would be helpful to gain more specific information about the ways in which an emphasis on EBP has impacted psychological assessment at these sites. For example, a future survey study could ask internship directors to identify what measures or assessment practices they have found to be useful in moving toward more emphasis on EBP and EBA.

Participants also noted the need for training in therapeutic assessment. When asked about recommendations for academic programs regarding psychological assessment, one of the significant themes was the need or desire for improved/increase training in therapeutic assessment. These findings suggest the need for academic programs to provide more systematic training on how to work collaboratively in assessment, how to provide feedback to clients, and how to use the assessment process to achieve therapeutic gains.

Another theme that arose was the need for increased assessment training with clients of different ages, ethnic identity and levels of development. The comments provided communicated training directors' desire for incoming interns to have training in and experience with assessing individuals varying in ethnic background, culture, language fluency, and age. Diversity issues were a prominent theme in two of the three open-ended questions (items 30 and 31), reflecting population demographic changes and the need to provide clinical services to previously

underserved individuals and communities. The participants communicated the importance of such education before matriculation to the internship placement, suggesting a need for improved training and variety of experiences at the pre-internship level.

Overall, internship directors communicated a need for a number of improvements in assessment-related training and education in academic programs. Item #31 asked internship directors to provide recommendations for academic programs in regard to assessment education and training. Within this item, 64.6% communicated either a complaint about intern preparedness or an opinion on the need for improved education and training before internship. This number does not include those responses that communicated dissatisfaction that was more specific, such as the need for experience with projective measures, the importance of multicultural competence in assessment, or the need for greater attention to neuropsychological assessment. There was significant consistency in the recommendations of training directors surveyed: the depth, breadth, quality and quantity of assessment training before internship needs improvement. The results from this study are important in that they may inform changes in psychological assessment education and training at the pre-internship level. Based on these findings, there are some areas of the existing psychological assessment curriculum that may benefit from alterations made to address the recent developments in psychological testing and psychology as a whole. Some internship directors offered specific recommendations for academic programs including: more emphasis on measures of ADHD, ASD, and academic achievement; more emphasis on measures that have been translated into languages other than English; increased education and training in projective measures; and increased education and training in brief measures for the purpose of efficiency in practice.

Finally, there was a theme that was apparent in the two final open ended questions (items 31 and 32) communicating a desire for improved education and training in assessment before matriculation to internship. A number of internship directors expressed dissatisfaction with the level of preparedness of incoming interns in regard to psychological assessment. Their comments highlight the need for academic programs to place greater emphasis on helping graduate student gain practice in writing integrated psychological assessment reports and administering/scoring/interpreting a broad range of psychological measures.

To summarize the findings, there appear to be trends toward increased technology use, stable or increased funding for psychological assessment, stable or increased emphasis on psychological assessment, an increasing influence on psychological assessment related to the profession's emphasis on EBP, increased patient diversity and growing need for multicultural competence in assessment, increased need for training in therapeutic assessment, and increased need for experience in the psychological assessment of patients of varying developmental stages.

Recommendations for Future Research

Although the results from this national survey study begin to shed light on internship directors' perspectives on emerging trends within psychological assessment practice and training, several findings within this study call for follow-up investigation with more specific questions pertaining to future trends of psychological testing within pre-doctoral internships. For example, it would be helpful to ask internship directors about specific perceived deficits in the training/education of their incoming interns. Another recommendation would be to survey psychology graduate students who are on their predoctoral internships to learn their perspectives on how well their academic programs and practicum experiences have prepared them for internship psychological assessment experiences. It would also be worthwhile to conduct a

survey of assessment instructors within academic training institutions to gain their perspectives on the topic of emerging trends in psychological assessment practice and training. Such studies would allow for comparisons among internship directors, interns, and academic program faculty. Finally, the topic of future trends in assessment might be appropriate for a qualitative study where internship directors are provided with a more open format of questioning or perhaps in-depth interviews so that they may have the opportunity to develop their perspectives more fully.

Limitations

The first limitation of this study is the analysis of open-ended data, which was completed by one individual. Themes were identified and organized by one rater and inter-rater reliability was not established. This potentially leaves room for bias and/or errors. One other limitation is the fact that the open-ended items were grouped into categories on purely rational grounds. It is unclear whether other raters would have grouped them similarly.

A limitation is that of sampling bias which occurs frequently in survey studies. Individuals who choose to participate may, in some way, be different from those who choose not to. For example, internship directors who hold extremely polarized (negative or positive) opinions on psychological assessment and/or training may be more likely to participate than those whose opinions on the topic are more balanced or neutral. Due to this possibility and the extent to which this bias takes place, the obtained results may not generalize to all internship directors. Another possibility is that sites focusing primarily on therapy did not respond at the same frequency as those with more of a testing and assessment emphasis. This would present another potential factor limiting generalizability.

The methodology and research design chosen for this study also pose some potential limitations. A self-report method was used in this survey, which has the potential to be impacted

by socially desirable responding or other response set biases (Mitchell & Jolley, 2007). As the survey was anonymous the impact of social desirability may have been decreased. The survey method also relies on the respondent's ability to objectively provide information about his or her training program and pre-doctoral interns. Surveys that are self-administered also present an additional limitation of non-response rates. It has been found that participants are more likely to skip questions that are difficult, sensitive, unclear and/or ambiguous (Fowler, 2014). To combat this potential limitation, the investigators in the study made an effort to design items that were unambiguous, with simple wording and structure, and formatting that was clear. Additionally, many items were constructed in a format similar to that used on the APPIC Application for Psychology Internship (AAPI) as to display information in a manner that was familiar to the participants (training directors that utilize the AAPI). This step was taken to increase familiarity and to enhance reliability. A goal or desire was to design items so that each respondent would comprehend them similarly, thus providing information based on equal and consistent understanding of each question across individuals. However, in the absence of quantitative analyses of reliability, the extent to which this goal was met cannot be determined at this time.

Other limitations exist due to basic survey design and content included/excluded. One such limitation was that of a finite number of assessment measures that were listed for responders to choose. Although steps were taken to include as many relevant and widely used measures as possible and present them in a familiar format (similar to that on the APPI), there were assessment measures that were not included. In a similar vein, many of the measures listed were adult versions rather than those pertaining to child or adolescent assessment. In an effort to have a questionnaire that could be completed in a relatively brief amount of time, some measures that should have been included may have been omitted.

Another limitation of the study's design was that internship directors from internship consortia were responding to questions that were constructed with individual training sites in mind. Some consortia directors may have found it difficult to comment on different measures used and future trends due to the nature of consortia as opposed to traditional, one-site training programs.

When utilizing web surveys in general, all participants must be Internet users, thus preventing the inclusion of individuals who do not have access to technology, may not be skilled in that area, or who may prefer not to communicate in that manner. However, the target population in this study, i.e., training directors of APPIC-member internship programs, would be expected to have a high rate of Internet use and comfort with technology. For example, they would be familiar with the internship application and matching process, all of which is conducted online, and with professional forums conducted online or through email. Therefore, use of the Internet for data collection would appear to be less of a limitation for internship directors than other groups in the community. In fact, one could argue that an online distribution format would be a relatively effective, if imperfect, research strategy for this population.

Finally, some participants commented on the limited amount of space provided for qualitative responses. This study was primarily quantitative in nature, which inherently limited the amount of information and detail collected. In addition, there were limited questions addressing the topic of future trends in psychological assessment and the items were quite specific in nature. It is a significant limitation that there was not more depth of investigation in regard to use of technology, cultural diversity issues, evidenced-based assessment, managed care and other emerging trends in the field of psychological assessment.

Despite the limitations listed above, there were many important strengths regarding this study and the data collected. Some strengths include an impressive response rate, a significant variety of APA accredited internship programs represented, a great deal of data generated that were relevant to this core competency area, and many rich suggestions and comments from a national sample of experts. The mixed methods nature of this study also allowed for the collection of quantitative as well as qualitative information. Additionally, this is a topic that is largely under-investigated and this study has opened up discussion of EBP, therapeutic assessment and diversity in psychological assessment practice and training at the pre-doctoral level. Many areas for future research were highlighted and identified. In a time where there are some uncertainties about what to emphasize in doctoral psychology programs, this study provided evidence on the importance of psychological assessment as a core, distinctive area of practice for psychologists. It also shed light from the perspectives of internship directors on future trends at the internship level and on areas that warrant continued and additional focus to meet the needs of a more diverse population in need of services. Such information will be useful to academic program directors trying to anticipate what is ahead for their graduate students in the upcoming years.

Conclusions

The results from this study highlight some important trends in psychological assessment practices at the pre-doctoral internship level. The use of technology in psychological assessment has been identified as of increasing importance and there is also a trend toward maintaining if not increasing the overall emphasis on assessment on psychology internships. Although funding is expected to stay mostly the same, there is a slight trend toward increased funding for psychological assessment and testing on internships. The profession's emphasis on evidence-

based practice has also played a role in changes. Participants identified their approach to assessment as being at least somewhat impacted by the developing emphasis on evidence-based practice.

The qualitative section of this survey also provided important information about internship directors' opinions on the future of assessment at their internship programs. Some significant themes that arose were the increased use of new ADHD, ASD and Achievement measures, as well as the necessity of brief measures and tools maximizing efficiency. Responders also identified specific cognitive, personality, forensic, risk assessment, symptom inventories, and neuropsychological instruments that they would like to see utilized more in the near future. Other themes included the increased use of technology-based assessment as well as the need for culturally competent assessment use and instruments in different languages. The single most significant finding from the open-ended items was the need for improvements in the education and assessment training in academic programs. The majority of responders to item 31 provided recommendations for improvements in the method, variety, breadth and/or depth of assessment training at the pre-internship level. In addition, 22 respondents to item 32 expressed dissatisfaction with the assessment-related training or preparation of incoming interns. Overall, responders were clear about the importance of psychological assessment at the internship level. They were also clear about the need for academic programs to strengthen their commitment to provide comprehensive, high-quality education and training in psychological assessment.

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APPENDIX A

Summary Table of Selected Literature

Author	Name of Study	Year	Sample	Methods	Relevant Findings
C. Edward Watkins, Jr.	"What have surveys taught us about the teaching and practice of psychological assessment?"	1991	All clinical and counseling psychology assessment survey literature published over a 30-year period extending from 1960 through 1990	Literature Review	<ul style="list-style-type: none"> a) 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; b) graduate students who are well-trained and relatively proficient in psychological assessment will likely have increased opportunities to obtain internship and job placements; c) based on the relative stability of assessment practices over the years, there are a number of tests and assessment methods that are recommended for graduate students to learn across a variety of domains.
R. W. Belter & C. Piotrowski	"Current status of doctoral-level training in psychological testing"	2001	Training directors of 82 APA-approved doctoral programs in clinical psychology	Survey	<ul style="list-style-type: none"> a) There was a slight decline in the depth and breadth of assessment training provided in psychology graduate programs. b) When asked about the degree to which their training program had increased, decreased, or retained emphasis on six common areas of assessment over the past five years, over 90% reported an increased emphasis on all areas of psychological assessment except one: projective testing. c) While results revealed a little more than half of the program directors reported a decrease in emphasis placed on projective assessment, over half (65%) endorsed an increased emphasis on neuropsychological assessment and

					<p>40% reported greater focus on competence in interviewing.</p> <p>d) Just 7% of program directors reported an increase in the emphasis on intelligence testing and only 4% identified increased emphasis on projective testing in the prior five years.</p>
A. J. Clemence & L. Handler	“Psychological assessment on internship: a survey of training directors and their expectations for students”	2001	Internship training directors at 382 internship settings in professional psychology across the United States and Canada	Survey	<p>a) Directors across all settings preferred interns to be familiar with the well-known and widely used intellectual and personality tests.</p> <p>b) 56% of the surveyed sites indicated that they found it necessary to provide introductory-level assessment training to their interns.</p> <p>c) 79% of the surveyed sites trained their interns in intellectual testing, 64% in objective and projective personality testing, and 54% in neuropsychological testing. Proportions differed based on the type of internship setting, with university counseling centers training the least in assessment.</p> <p>d) Most graduate students do not possess the basic skills needed to conduct the types of assessments performed at their internship facilities.</p>

J. M. Stedman, J. P. Hatch & L.S. Schoenfeld	“Preinternship preparation in psychological testing and psychotherapy: what internship directors say they expect”	2000	324 internship directors	Survey	<ul style="list-style-type: none"> a) Most internship sites provided interns with extensive access to intellectual, objective personality, projective personality, and neuropsychological test training. b) Lack of uniformity among responding internship directors, as emphasis on test-based assessment training varied considerably across settings. c) Results varied by type of internship setting. d) 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.
V.M. Durand, E.G. Blanchard & J.A. Mindell	“Training in projective testing: Survey of clinical training directors and internship directors”	1988	140 APA-accredited clinical psychology doctoral programs and 284 APA-accredited clinical psychology internships	Survey	<ul style="list-style-type: none"> a) Internship training directors expected twice as much student experience in projective measures than did program directors. b) 65% of internship directors endorsed that projective measures are as important as they used to be while only 49% of program directors agreed. c) 15% of program directors reported that training in projective measures is not required, while only 4% of training directors agreed. d) 51% of internship directors believed that responsibility for training in projective measures lies primarily in the department, while only 35% of program directors concurred.

J.L. Malouf, L.J. Hass & M.I. Farah	“Issues in the preparation of interns: Views of trainers and trainees”	1983	170 APA-approved internship directors and 170 1st year interns	Survey	<ul style="list-style-type: none"> a) Interns and training directors showed high levels of agreement in regards to how they ranked issues that were important before beginning to see clients. b) Interns reported to have more knowledge than training directors attributed to them. c) Training directors claimed that their program covered a larger variety of topics than interns reported.
C. Piotrowski & R. W. Belter	Internship training in psychological assessment: Has managed care had an impact?”	1999	84 APPIC-affiliated internship programs	Survey	<ul style="list-style-type: none"> a) 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. b) The majority of responding directors endorsed frequent use with traditional measures and techniques that have been the foundation across both academic and clinical training settings
C. Piotrowski & C. Zalewski	“Training in psychodiagnostic testing in APA-approved PsyD and PhD clinical psychology programs”	1993	80 APA-accredited clinical psychology doctoral programs	Survey	<ul style="list-style-type: none"> a) Training in psychological testing and assessment was a large portion of their core curriculum b) The prominence of training in this area had been generally stable for about 10 years

J.M. Stedman, J.P. Hatch & L.S. Schoenfeld	“Preinternship preparation of clinical and counseling students in psychological testing, psychotherapy, and supervision: Their readiness for medical school and non-medical school internships”	2002	238 clinical psychology students, 96 counseling psychology students	Extraction and analysis of data from standardized APPIC application form	<ul style="list-style-type: none"> a) Counseling students were found to have treated significantly more adult individual therapy clients before entering internship than clinical students. b) Clinical students had completed significantly more child/adolescent assessment reports than counseling students before entering internship. c) Both categories of students generally met or exceeded the expectation of clinical directors in regards to completed psychotherapy hours. d) Clinical students exceeded, met or nearly met expectations of training directors in regards to psychological testing. e) Counseling students fell short of expectations in regards to testing experience.
J.M. Stedman, J.P. Hatch & L.S. Schoenfeld	“The current status of psychological assessment training in graduate and professional schools”	2001a	238 clinical psychology students, 96 counseling psychology students	Extraction and analysis of data from standardized APPIC application form	<ul style="list-style-type: none"> a) Many students did not receive sufficient training in psychological testing to address the requirements of internship. b) Only 25% of psychology graduate students had enough experience with the 13 most frequently used tests to meet the needs and expectations of training directors. c) As much as 25% of students surveyed reported minimal levels of instruction on report writing prior to internship.
J.M. Stedman, J.P. Hatch & L.S. Schoenfeld	“Internship Directors' Valuation of Preinternship Preparation in Test-Based Assessment and	2001b	524 Internship directors of APPIC-affiliated programs	Survey	<ul style="list-style-type: none"> a) Internship directors expect strong preparation in intelligence and objective personality testing yet. b) Although less than intelligence and objective personality testing, internship directors still valued projective test preparation, and even more so than neuropsychological and achievement testing.

	Psychotherapy”				
J.M. Stedman, J.P. Hatch, L.S. Schoenfeld & W.G. Keilin	“The Structure of Internship Training: Current Patterns and Implications for the Future of Clinical and Counseling Psychologists”	2005	573 Internships (members of APPIC)	Survey	<ul style="list-style-type: none"> a) Of the 21 specialty rotations included in the survey (e.g., serious mental illness, trauma, forensics, substance abuse), assessment was most frequently offered, comprising 64% of sites surveyed. b) Major rotations in assessment were most frequently offered in military (80% of 10 military sites) and child (92% of 48 child sites) internships. c) Of the 105 university counseling centers and 28 private hospitals surveyed, none offered a major rotation in psychological assessment.
S.J. Lopez, M.E. Oelbert & R.L. Moberly	“Selection criteria for APA accredited internships stratified by type of site and competitiveness”	1997	208 internship training directors at APA-accredited internship sites	Survey	<ul style="list-style-type: none"> a) The primary intern deficit noted by training directors was in the area of assessment experience. b) Projective testing experience, specifically, was noted as an area of weakness. c) Another deficient area noted by internship directors was clinical experience. d) The three most important selection criteria identified by training directors were clinical experience, the interview, and letters of recommendation.

A.M. Gloria, L.G. Castillo, C.P. Choi-Pearson & D.K. Rangel	“Competitive internship candidates: A national survey of internship of internship training directors”	1997	500 training directors at APPIC internship sites	Survey	<ul style="list-style-type: none"> a) The three most important internship criteria were listed as personal interviews, supervised therapy experience and letters of recommendation. b) Criteria that were ranked at low importance were academic course work, GPA, prestige of institution, publications, professional presentations and completion of dissertation. c) Psychopathology, personality assessment and Intellectual assessment were ranked as the three most important topic in coursework. d) All agencies (with the exception of university counseling centers) expected students to have experience administering and scoring psychological tests. e) In all settings (besides university counseling centers) assessment experiences were identified as the most significant training experience distinguishing one intern candidate from their peers.
K.M. Shemberg & D.B. Leventhal	“Attitudes of internship directors toward pre-internship training and clinical models”	1981	282 internship directors within the United States	Survey	<ul style="list-style-type: none"> a) 12% of directors believed that interns were less than adequately prepared in the area of intelligence testing. b) 65% of directors reported that interns were less than adequately prepared in Rorschach administration, scoring and interpretation. c) 42% of respondents reported inadequate preparation with the MMPI. d) Regarding use of the Halstead-Reitan battery, 90% of directors reported that interns were inadequately prepared. e) Regarding the Bender-Gestalt, diagnostic interviewing, and report writing, 45% of training directors

					reported that interns were inadequately prepared.
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APPENDIX B

APPIC Membership Requirements: Doctoral Psychology Internship Programs

Preamble	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.
Criteria	
1	<p>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.</p> <p><u>Clarification:</u> The organization of an internship program is evident in a clear:</p> <ol style="list-style-type: none"> a. Statement of the goals and objectives of the training activities. b. Description of the plan, location, and sequence of direct service experiences. c. Description of the training curriculum; i.e., the content, duration, and frequency of the training activities. d. Description of how the psychology training program is integrated into the larger organization. <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>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 jurisdiction where the program exists, and is present at the training facility for a minimum of 20 hours a week.</p> <p><u>Clarification:</u> The internship is administered by a doctoral level licensed (certified or registered for independent practice) psychologist who:</p> <ol style="list-style-type: none"> a. Directs and organizes the training program and its resources. b. Is responsible for selection of interns. c. Monitors and evaluates the training program's goals and activities. d. Documents and maintains interns' training records.

3	<p>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.</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>It is expected that interns receive supervision during the year from at least two different supervisors. 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> <ol style="list-style-type: none"> a. Officially designated as psychology intern supervisors. b. Significantly involved in the operation of the training program.
4	<p>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.</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>The internship provides training in a range of psychological assessment and intervention activities conducted directly with recipients of psychological services.</p> <p><u>Clarification:</u> Internship training in Psychology is primarily based on experiential learning which:</p> <ol style="list-style-type: none"> a. Provides psychological services directly to consumers in the form of psychological assessment, treatment, and consultation. b. Exposes interns to a variety of types of psychological services and consumers.
6	<p>At least 25% of trainees' time is in face-to-face psychological services to patients/clients.</p>
7	<p>The internship must provide at least two hours per week in didactic activities such as case conferences, seminars, in-service training, or grand rounds.</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>Internship training is at post-clerkship, post-practicum, and post-externship level, and precedes the granting of the doctoral degree.</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"> a. Completion of formal academic coursework at a degree-granting program in professional psychology (clinical, counseling, school), and b. Closely supervised experiential training in professional psychology skills conducted in non-classroom settings.

9	<p>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 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.</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>The internship level psychology trainees have a title such as "intern," "resident," "fellow," or other designation of trainee status.</p>
11	<p>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.</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"> a. The program's training goals and objectives. b. The program's training methods, content, and curriculum (for example, required rotations, sample weekly schedules, or available training seminars). c. The program's training resources (e.g., training/supervisory staff, physical facilities and training equipment, clerical support, etc.) 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><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>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.</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"> a. Description of formal evaluation and complaint procedures. b. The program's and intern's responsibilities and rights in the process. c. The appeal process. d. Description of procedures if interns have grievances about their training or supervision. <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>
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13	<p>The internship experience (minimum 1500 hours) must be completed in no less than 9 months and no more than 24 months.</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>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.</p>
15	<p>At least twice a year the internship program conducts formal written evaluations of each trainee's performance.</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"> a. The evaluation provides summary information of performance in all major competence areas that are a focus of internship training. b. Interns have the opportunity to review their evaluation with supervisors to ensure the fullest possible communication between supervisors and interns. 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. d. The program provides the doctoral psychology intern's graduate training director with feedback concerning the intern's progress in the internship program.

16	<p>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.</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 C

Questionnaire

I. SURVEY INSTRUCTIONS

This survey has been developed to collect data on internship Directors' perspectives on psychological assessment training. Data collected will be used to fulfill partial requirements for a doctoral degree in psychology, as set forth by Pepperdine University.

We respectfully ask that you complete the following survey and submit your responses by: **Mon/Day/2015**.

Your participation in this research study is voluntary. You can choose to omit or refrain from answering any question, and your omission(s) will not be used against you. You may also withdraw from this study at any time you wish to do so without penalty. None of your previous responses will be saved or used when calculating results. All responses will be anonymous and confidential.

The questionnaire will take approximately 10-15 minutes to complete. Please answer the questions to the best of your ability. Once you have finished responding, you may move to the following survey section by selecting the yellow button marked "**Next**," which can be located in the center at the bottom of each page. A prompt will appear informing you if there are any questions left unanswered. You may choose to refrain from answering any question(s) by leaving that item blank. You will not be penalized for doing so. If this is the case, and you want to leave those items blank, simply select "**YES**" to continue on to the next section. If you wish to complete all of the questions prior to moving on, please select "**NO**," and you will remain on the same page until again selecting to move forward. The survey must be completed in one sitting, as you will not be able to save completed items and return to the survey later.

Once you have completed the questionnaire, please select the yellow "**Submit Responses**" button that is located in the center at the bottom of the last section. You will then be redirected to a new page providing confirmation of whether your responses were successfully received.

You may withdraw from participation at any time you wish to do so. If you decide to withdraw prior to submitting your responses, simply press the "**Exit Survey**" button located at the top right corner of the screen, and you will be redirected away from the survey. No data will be collected and your responses will not be saved. Choosing to exit the questionnaire prior to completion will not result in penalization.

Please complete the survey one time only. If you have additional questions, concerns, or thoughts regarding your responses or the completion of this survey, please contact us directly at:

Shannon Bates, M.A.

Angel Faith, M.A.

Elizabeth Shipley, M.A.

Thank You For Your Time And For Contributing To Our Survey!

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 no more than 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 top 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!

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

SURVEY: Internship Directors’ Perspective on Psychological Assessment Training: Current Status and Emerging Trends

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
- 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

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.*)

- Behavioral
- Biological
- Cognitive Behavioral
- Eclectic
- Humanistic/Existential
- Integrative
- Interpersonal
- Psychodynamic
- Systems
- Other (please specify)*

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 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/to access 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. PSYCHOLOGICAL TESTS AND MEASURES USED BY YOUR INTERNS

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
- Kaufman Assessment Battery for Children (KABC)

SYMPTOM INVENTORIES

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

DIAGNOSTIC INTERVIEW PROTOCOLS

- SADS
- SCID
- 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, 3rd Edition (MCMI-III)
- Minnesota Multiphasic Personality Inventory, 2nd 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)
- Wide Range Achievement Test, 4th Edition (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
- Test of Memory Malingering (TOMM)

OTHER ASSESSMENT MEASURES:

(please specify)

22. Please identify the measures most frequently used by interns at your internship program?
(Please **select up to 10**)

COGNITIVE FUNCTIONING

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

SYMPTOM INVENTORIES

- Beck Depression Inventory, 2nd Edition (BDI-II)
- Hamilton Depression Scale

- Beck Anxiety Inventory (BAI)
- Adult Manifest Anxiety Scale

DIAGNOSTIC INTERVIEW PROTOCOLS

- SADS
- SCID
- 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, 3rd Edition (MCMI-III)
- Minnesota Multiphasic Personality Inventory, 2nd 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)

- Wide Range Achievement Test, 4th Edition (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
- Test of Memory Malingering (TOMM)

OTHER ASSESSMENT MEASURES:

(please specify)

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
- Kaufman Assessment Battery for Children (KABC)

SYMPTOM INVENTORIES

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

DIAGNOSTIC INTERVIEW PROTOCOLS

- SADS
- SCID
- 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, 3rd Edition (MCMI-III)
- Minnesota Multiphasic Personality Inventory, 2nd 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)
- Wide Range Achievement Test, 4th Edition (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
- Test of Memory Malingering (TOMM)

OTHER ASSESSMENT MEASURES:

(please specify)

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 five years?

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

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

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

Thank you again for your time and contribution to our study!

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 [Name to be added],

My name is [insert name of principal investigator], and I am a candidate in the Psy.D. Program in Clinical Psychology in the Graduate School of Education and Psychology (GSEP) at Pepperdine University. I am writing you today to inform you about and invite you to participate in a voluntary research study I am conducting, along with my colleagues [insert names of remaining principal investigators], as part of our clinical dissertations.

The goal of this study is to examine the current use, training practices and needs, and emerging trends in psychological assessment during psychology internship training. You have been selected to participate in this study given your position as director of a psychology predoctoral internship training program, as listed in the 2014-2015 APPIC directory. With your participation, this survey study will contribute to the existing body of literature, and in turn, may inform future academic curriculum and/or training emphasis in psychological assessment. Your participation would consist of answering questions on a brief, 24-item survey, which should take between **10-15 minutes to complete**.

The survey is administered by Survey Monkey, a secure, web-based host. **No identifying information will be collected and responses are entirely anonymous.** If you are interested in participating in the study, please click the link provided below, which will direct you to the statement of informed consent. Please read the statement of consent and print for your records. Upon consent you will be presented with the survey; please complete it to the best of your ability. Completion the questionnaire will indicate your willingness to participate in this study.

You are free to withdraw your participation from this study at any time. Your participation is greatly appreciated.

Thank you for your time and consideration of this request. If you have any questions or wish to receive a summary of the findings, please contact me at [insert E-mail address]. You may also contact Dr. Carolyn Keatinge, Dissertation Chairperson; Dr. Cary Mitchell, Dissertation Chairperson; or Dr. Thema Bryant-Davis, Chairperson of the Graduate and Professional Schools Institutional Review Board (GPS IRB) at Pepperdine University at (310) 568-5600 for further questions.

Please click on the survey link below and complete no later than Month XX, 2015.

[\[Insert link to survey\]](#)

Most Respectfully,

[Insert name]

Doctoral Candidate, Pepperdine University

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 E

Consent Form

Introduction

This study and the following 32-item survey examine the current use, training practices and needs, and emerging trends in psychological assessment during psychology internship training. This study is part of the dissertation scholarship conducted by Shannon Bates, M.A., Angel Faith, M.A., and Elizabeth Shipley, M.A., and supervised by Carolyn Keatinge, Ph.D. and Cary Mitchell, Ph.D., within the Psy.D. Program of Pepperdine University. Your participation in this study is voluntary; refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The survey is hosted by Survey Monkey, a secure, Web-based host. To help protect your confidentiality, no identifying information will be collected and responses are entirely anonymous. Data is collected via SSL encrypted software, IP addresses will be masked across all settings, and data is stored in an encrypted, password protected, electronic format. As a potential participant in this study, you are authorized to keep this statement of informed consent for your own records. The survey will take approximately 10-15 minutes to complete.

Consent to Participate

I understand that this study has been approved by the Pepperdine University Graduate and Professional Schools Institutional Review Board (IRB) and that my participation in this study is voluntary; refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled. I have been informed that the purpose of this study is to collect information and feedback regarding the use, training practices and needs, and future directions of psychological assessment at the internship training level. I understand that my anonymity will be ensured because the survey information will be gathered with no identifying information requested and that identifying information about the internship program will not be requested. While there are no direct benefits to participants in the study, I understand that I may request a copy of the final study, which may be informative, and I may experience satisfaction in knowing that my participation will contribute to knowledge in the field of psychology. I understand that the study poses no greater than minimal risk of harm, no greater than any ordinarily encountered in daily life, or during the performance of routine psychological examination or test. I understand that I may discontinue participation at any time.

I understand that by completing the survey, I have indicated my voluntary consent to participate in this research. I understand that in an effort to maintain a potential participant's anonymity in the data collection process, the principal investigators have chosen not to require written documentation of consent. Further, I understand that if I wish to obtain more information regarding my rights as a research subject or to request a copy of the findings, I may contact the investigators via e-mail at XXXXX. I may also contact Dr. Carolyn Keatinge, Dissertation Chairperson, at XXXXX or XXXXX, Dr. Cary Mitchell, Dissertation Chairperson, or Dr. Thema Bryant-Davis, Chairperson of the Graduate and Professional Schools Institutional Review Board (GPS IRB) at Pepperdine University at (XXX)XXX-XXX for further questions.

ELECTRONIC CONSENT: Clicking on the "agree" button below indicates that: 1) You have read the above information, and 2) you voluntarily agree to participate. If you do not wish

to participate in the research study, please decline participation by clicking on the "disagree" button.

Please select your choice below:

AGREE

DISAGREE

APPENDIX F

Reminder E-mail

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

Dear [Name to be added],

Approximately 10 days ago, you were sent an e-mail requesting that you complete a survey on psychological assessment use and training. The following link to access the survey was also provided: [\[insert hyperlink\]](#). This is a friendly reminder to please take a moment to fill out this important survey, which will be accessible until [insert date].

The goal of the survey study is to examine the current use, training practices and needs, and emerging trends in psychological assessment during psychology internship training. Your participation is essential to further research in this important area of study. Please disregard this message if you have already completed the survey. Thank you for your time.

Best Regards,

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

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 G

Second Reminder E-mail

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

Dear [Name to be added],

This is a friendly reminder to please take a moment to fill out an important survey about psychological assessment use and training, as e-mailed to you approximately 3 weeks ago. The following link to access the survey was also provided: [\[insert hyperlink\]](#). The survey will only be accessible until [insert date].

The goal of the survey study is to examine the current use, training practices and needs, and emerging trends in psychological assessment during psychology internship training. Your participation is essential to further research in this important area of study. Please disregard this message if you have already completed the survey. Thank you for your time.

Best Regards,

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

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 H

Final Reminder E-mail

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

Dear [Name to be added],

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 following link to access the survey was also provided: [\[insert hyperlink\]](#). The survey will only be accessible until [insert date].

The goal of the survey study is to examine the current use, training practices and needs, and emerging trends in psychological assessment during psychology internship training. Your participation is essential to further research in this important area of study. Please disregard this message if you have already completed the survey. Thank you for your time.

Best Regards,

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

APPENDIX I

IRB Exemption Notice

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

May 4, 2015

Elizabeth Shipley
XXXXXXXXXX
XXXXXXXXXX

Shannon Bates
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Angel Faith
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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.

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. 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