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Pepperdine University
Graduate School of Education and Psychology

INTERNSHIP DIRECTORS' PERSPECTIVES ON PSYCHOLOGICAL ASSESSMENT
TRAINING: CURRENT STATUS AND EMERGING TRENDS

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

by

Shannon Bates, M.A.

August, 2016

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

This clinical dissertation, written by

Shannon Bates, M.A.

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

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

Carolyn Keatinge, Ph.D., Chairperson

Cary Mitchell, Ph.D., Chairperson

Carolyn O'Keefe, Psy.D.

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VITA

SHANNON M. BATES, M.A.

EDUCATION

Pepperdine University, Graduate School of Education and Psychology, Los Angeles, CA
Doctor of Psychology, Clinical Psychology, Psy.D. **September 2012-present**
Expected degree: 2016

Pepperdine University, Graduate School of Education and Psychology, Los Angeles, CA
Master of Arts in Clinical Psychology **September 2008- May 2010**

Virginia Polytechnic Institute and State University, Blacksburg, VA
Bachelor of Science in Mass Communications **September 1995- May 1999**

CLINICAL EXPERIENCE

Psychology Intern **August 2015 - present**
Sepulveda Ambulatory Care Center, *U.S. Department of Veteran Affairs & VA Greater Los Angeles Healthcare System*, North Hills, CA

- **Health Psychology - Geriatrics (August – December 2015)**
Supervisor: Falguni Chauhan, Ph.D.
 - Provide weekly, individual psychotherapy to Veterans spanning middle-age to elderly, in the outpatient Adult Day Health Care (ADHC) program and inpatient Community Living Center (CLC), utilizing a variety of evidence-based and best practice approaches including Acceptance & Commitment Therapy (ACT), Reminiscence Therapy, and art therapy.
 - Lead weekly psychotherapy groups designed to assist older Veterans in coping with life transitions, as well as manage behavioral factors associated with health problems and promote medical compliance.
 - Collaborate and establish working relationship with professionals across disciplines through consultation and participation in weekly interdisciplinary team meetings to address patients' needs, promote continuity of care, and enhance professional development.
 - Conduct supervised home visits to Veterans through the Home Based Community Program to deliver optimal psychological services in the home setting within a primary care team.

- **Mental Health Recovery & Intensive Treatment (MHRIT) (January – April 2015)**
Supervisor: Shana Spangler, Psy.D.
 - Provide individual and group psychotherapy utilizing evidence- and recovery-based treatment, including Cognitive Behavioral Therapy (CBT), ACT, Dialectical Behavior Therapy (DBT), Cognitive Processing Therapy (CPT), and Prolonged Exposure (PE), to Veterans with a variety of diagnoses, co-occurring disorders, and generally complex presentations (e.g., PTSD, mood and anxiety disorders, psychotic disorders, chronic pain and medical conditions, and personality disorders).

- Facilitate weekly, psychoeducational and skills-based groups such as CBT for Depression, Emotions Management, and CPT.
 - Coordinate patient care across multiple treatment teams, attend interprofessional team meetings, and contribute to case management, formulation, and treatment planning.
 - Administer, interpret, and report results of psychodiagnostic assessments (e.g., Clinician-Administered PTSD Scale for DSM-5, MMPI-2) designed to provide diagnostic clarification and appropriate treatment referrals.
 - Complete weekly intakes and Mental Health Initial Assessments (MHIA) and coordinate appropriate treatment recommendations in alignment with recovery-oriented goals.
- **Addictive Behaviors Clinic (ABC) (May – August 2016)**
Supervisors: Melissa Lewis, Ph.D. & Alexander Barrad, Psy.D.
 - Deliver evidence-based, recovery-oriented, mental health services in an intensive outpatient setting to Veterans with primary diagnoses of substance use disorders and various comorbidities.
 - Lead multiple abstinence-based and harm-reduction groups, including psychoeducational Matrix Relapse Prevention groups, DBT skills-based Emotions Management group, Seeking Safety, and an ABC Aftercare support group.
 - Conduct individual therapy from an integrative stance designed to match patient needs, imparting interventions from cognitive, behavioral, and acceptance- and strength-based approaches.
 - Complete weekly intakes with Veterans seeking substance use treatment, in an effort to deepen understanding of clinical presentation and needs, devise treatment plan, and provide appropriate referrals.
 - Provide interdisciplinary care as an active member of a treatment team made up of psychologists, psychiatrists, social workers, registered nurses, rehabilitation therapists, and peer support specialists.
- **Anxiety Disorders Clinic (October 2015 – April 2016)**
Supervisor: Sarah Duman, Ph.D., BCB
 - Provide individual psychotherapy, in collaboration with psychiatry for medication management, for the treatment of anxiety disorders utilizing CBT, Exposure and Response Prevention (ERP), Biofeedback, and Relaxation training.
 - Participate in weekly didactics and group supervision.
- **Couples & Family Seminar (August 2015 – August 2016)**
Supervisor: Falguni Chauhan, Ph.D.
 - Provide evidence-based therapy to couples and families, primarily utilizing Integrative Behavioral Couple Therapy (IBCT) and Emotionally Focused Couple Therapy (EFT).
 - Receive weekly didactic instruction and group supervision.
- **Neuropsychology Seminar (August 2015 – August 2016)**
Supervisor: Alexis Kulick, Ph.D., ABPP/CN

- Administer, score, and interpret comprehensive neuropsychological assessments, write integrated reports, and conduct feedback sessions with Veterans with known or suspected central nervous system injury or disease.
- Give case presentations in the context of group supervision.
- **Evidence-Based Practice Seminar I (August 2015 – August 2016)**
Supervisors: Shana Spangler, Psy.D., Melissa Lewis, Ph.D., & Alexander Barrad, Psy.D.
 - Deliver individual and group therapy for treatment of PTSD, depression, and anxiety using evidence-based treatments including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE).
 - Engage in weekly supervision in both group and individual formats.
- **Evidence-Based Practice Seminar II (August 2015 – August 2016)**
Supervisors: Charles Deleeuw, Ph.D. & David Schafer, Psy.D
 - Implement individual Acceptance and Commitment Therapy (ACT) with Veterans with a range of presenting problems and diagnoses.
 - Receive group supervision, didactic instruction, and live observation of patient sessions.
- **Psychology Training Seminar (August 2015 – August 2016)**
 - Participate in a weekly lecture series designed to provide weekly didactic instruction on diverse issues relevant to the practice of psychology.

Psychology Pre-Intern

September 2014 – July 2015

Addictive Behaviors Clinic (ABC), Sepulveda Ambulatory Care Center, U.S. Department of Veteran Affairs & VA Greater Los Angeles Healthcare System, North Hills, CA

Supervisors: Alexander Barrad, Psy.D. & Melissa Lewis, Ph.D.

- Collaborated with interdisciplinary team to provide clinical services to Veterans with substance use disorders and other concomitant psychopathology in a 16-week, intensive outpatient program.
- Lead and co-facilitated abstinence-based psychotherapy groups, including early recovery and relapse prevention groups following the Matrix treatment model, DBT skills-based Emotions Management groups, and a CBT for Substance Abuse group.
- Provided weekly, individual psychotherapy to Veterans with complex clinical presentations, most often with patients dually-diagnosed with substance- and trauma-related disorders.
- Conducted intake evaluations and Mental Health Initial Assessments in weekly Intake Clinic.

Psychology Extern

July 2013 - September 2014

Kaiser Permanente, Pediatric Department, Los Angeles, CA

Supervisor: Juliet Warner, Ph.D.

- Administered and scored diagnostic and neurocognitive late effects screening batteries to patients across pediatric oncology, neurology, ophthalmology, endocrinology, ADHD/School Clinic, metabolic disorders, and psychiatry departments to provide detailed academic and clinical recommendations, meet the goals of annual assessment for

oncology patients, enhance patient academic aptitude, and to afford prospective development of a longitudinal database to monitor patient development. Evaluations examine cognitive (e.g., WAIS-IV, WISC-IV), executive (e.g., DKEFS, NEPSY-II), academic (e.g., PPVT-4, KTEA-2, GORT-5), and behavioral and socio-emotional functioning (e.g., BASC-2, BRIEF).

- Provided individual, outpatient psychotherapy, behavioral modification planning, and parent education to assist adults and adolescents develop skills and strategies to manage and cope with attentional and behavioral dysregulation, and incorporate a healthy understanding of their unique cognitive strengths and weaknesses.
- Conducted patient and parent feedback sessions to deliver assessment results, psychoeducation, and treatment recommendations, in order to enhance patient academic, social, and emotional functioning.
- Wrote integrative neurocognitive, behavioral, and psychodiagnostic assessment reports, which incorporated relevant research literature into clinical conceptualizations, and included community and psychoeducational resources for patients, parents, educators, and treatment providers.

Doctoral Practicum Student Therapist
Union Rescue Mission, Los Angeles, CA

September 2012 - July 2015

Supervisors: Aaron Aviera, Ph.D., Cary Mitchell, Ph.D., & Neva Chauppette, Psy.D.

- Provided individual, short, and long-term treatment for adult homeless population with typical presenting problems including substance abuse, mood instability, experience of psychotic symptoms, interpersonal difficulties, trauma, medication adherence and management of comorbidities, in order to support client's successful completion of rehabilitation and community reintegration.
- Completed intake evaluations and diagnostic assessments to obtain clinically relevant and comprehensive psychosocial history, collaboratively formulate and execute treatment plan, and establish a working therapeutic framework.
- Utilized evidence-based approaches and interventions including, but not limited to CBT, DBT, ACT, Motivational Interviewing, MBSR, and Somatic Experiencing, to individualize treatment, effectively work towards treatment goals, and enhance overall quality of life.
- Participated in weekly dyadic and group supervision, as well as bi-weekly trainings to inform therapy, assess progress towards treatment goals, and enhance cultural awareness and competency.

Doctoral Practicum Student Therapist
Pepperdine University Counseling Clinic, Los Angeles, CA

June 2013 - July 2015

Supervisor: Aaron Aviera, Ph.D.

- Provided psychological evaluation and individual, outpatient psychotherapy for students, university employees, and individuals from the community with typical presenting problems including mood disorders, anxiety disorders, developmental disorders, trauma, relational difficulties, personality disorders and general life distress, in order to enhance the quality of life across multiple areas of functioning.
- Completed comprehensive intake evaluations, develop case conceptualizations, generate and execute evidenced-based treatment plans.

Group Therapy Leader**January 2011 - September 2012****UCLA PEERS[®] Clinic**, Department of Psychiatry and Biobehavioral Sciences, Semel Institute for Neuroscience and Human Behavior, Los Angeles, CA*Supervisor: Elizabeth A. Laugeson, Psy.D.*

- Served as lead therapist for all clinic groups throughout an evidence-based, parent/caregiver assisted intervention for young adults and adolescents with social deficits for clinical populations with Autism Spectrum Disorders, Attention Deficit Hyperactivity Disorders, Mood Disorders, and Psychotic Disorders.
- Provided psychoeducation to parents and caregivers regarding behavioral modifications, reinforcement and development of their young adult or adolescent child simultaneously participating in social skills groups.

Clinical Consultant**February 2011 - August 2012****Lanterman Regional Center (LRC)**, Los Angeles, CA

- Conducted program evaluations, quality assurance assessments, and record reviews of social skills providers within the Lanterman Regional Center catchment area.
- Delivered comprehensive reports pertaining to mandatory and recommended changes to service providers in an effort to enhance program outcomes, secure funding, and influence statewide policies.

Clinical Psychology Assistant**September 2010 - April 2012****Social Skills Groups of Orange County: PEERS[®] and Children's Friendship**, Laguna, CA*Supervisor: Helena Johnson, Ph.D.*

- Co-facilitated weekly social skills groups for adolescents with Autism Spectrum Disorder to address social, behavioral, and communication excesses and deficits.
- Assisted in and conducted diagnostic evaluations, designed and administered assessment batteries, provided feedback to parents and children directly, consulted with teachers, and wrote integrated clinical reports.
- Encouraged behavior modification using techniques from behavioral learning and social comparison theories including positive reinforcement via token economy and modeling.

Clinic Coordinator**August 2010 - September 2012****UCLA PEERS[®] Clinic**, Department of Psychiatry and Biobehavioral Sciences, Semel Institute for Neuroscience and Human Behavior, Los Angeles, CA*Supervisor: Elizabeth A. Laugeson, Psy.D.*

- Conducted intakes to gain thorough client profile, in efforts to deepen understanding of clinical presentation and needs, assess appropriateness for social skills intervention, and formulate treatment plan.
- Coordinated recruitment and screening processes for all clinic groups to determine goodness of fit and assess level of functioning and motivation for group participation.
- Administered, scored, and interpreted battery of neuropsychological assessments to monitor treatment outcome and evaluate efficacy of evidence-based treatment intervention.
- Ensured continuity of care across disciplines as the liaison and point of reference between the clinic, department heads, and hospital executives within the university.
- Provided secondary supervision to team of pre-doctoral interns and graduate students regarding treatment fidelity, test administration, and clinic policies.

Behavioral Coach**August 2009 - August 2010**

UCLA PEERS[®] Clinic, *Department of Psychiatry and Biobehavioral Sciences, Semel Institute for Neuroscience and Human Behavior*, Los Angeles, CA

Supervisor: Elizabeth A. Laugeson, Psy.D.

- Supported facilitation of young adult, parent/caregiver, and adolescent therapy groups by demonstrating targeted behaviors, direct observation of group interactions, and providing immediate feedback to promote generalization of skills taught.
- Maintained and completed clinical documentation, progress reports, and homework compliance to ensure consistency of treatment policy and procedures, identify barriers to treatment, and enhance future sessions.
- Administered pre-intervention assessments at time of intake to determine level of functioning, establish rapport, and coordinate services with multidisciplinary team of therapist, psychologists, and administrative staff.

Counselor**September 2009 - January 2011**

Didi Hirsch Suicide Prevention Center, Los Angeles, CA

Supervisor: Celia Pool

- Provided counseling via the 24-hour hotline to assist at-risk callers experiencing active suicidal ideation using effective crisis management skills.
- Documented services provided and interventions utilized with caller reports in order to maintain records and uphold legal and ethical standards.
- Assessed level of crisis and severity to provide emotional support and additional community resources and /or coordinate emergency rescue.

RESEARCH EXPERIENCE

Doctoral Dissertation**April 2013 - present**

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

Study: Internship Directors' Perspective on Psychological Assessment Training: Current Status and Emerging Trends

Objective: To identify and describe current trends in psychological assessment measures used at the internship level.

Committee Chairs: Carolyn Keatinge, Ph.D. and Cary Mitchell, Ph.D.

Preliminary Oral Examination: December 9, 2014

Scheduled Defense: April 11, 2016

Research Assistant**July 2014 - July 2015**

Pepperdine University, Los Angeles CA

Supervisors: Stephanie Woo, Ph.D. & Carolyn Keatinge Ph.D.

- Assisted authors in preparation of second edition of *Diagnosis and Treatment of Mental Disorders Across the Lifespan* to reflect diagnostic information in alignment with the DSM-5, as well as to incorporate new information in the field on etiology, lifespan issues, and treatment.
- Conducted extensive reviews of existing literature, edit manuscript, update tables and appendices, ensure information is grammatically and stylistically correct, and make recommendations for changes related to current research prior to submission for publication.

- Edited instructor transition guide designed to assist users of the first edition of the book as they shift to the *DSM-5* system.

Research Consultant

September 2011 - September 2012

The Help Group – UCLA Autism Research Alliance, Sherman Oaks, CA

Study #1: Sounds of Learning: The Impact of Music Education on Social Communication, Emotional Functioning and Music Skills in Children with Autism Spectrum Disorders

Objective: This study tested the effectiveness of school-based music education upon the social development of children with autism spectrum disorders (Funding: NAMM Foundation).

Principal Investigator: Elizabeth A. Laugeson, Psy.D.

- Collaborated on data collection procedures of observational coding.
- Trained staff on the use of a cognitive-behavioral intervention, effective modes of didactic instruction, and research methods.
- Instructed team of research assistants on administration, scoring, and interpretation of study-specific assessment measures.
- Supported recruitment efforts.

Study #2: Parent-Assisted Teacher-Facilitated Social Skills Training for Adolescents with Autism Spectrum Disorders in the School Setting

Objective: This study examined the effectiveness of adding a parent-assisted component to a school-based teacher-facilitated social skills intervention for adolescents with autism spectrum disorders.

Principal Investigator: Elizabeth A. Laugeson, Psy.D.

- Coordinated and facilitated pre and post testing for parents and adolescents across middle and high school campuses within Village Glen Schools.
- Trained teachers on social skills intervention at weekly conferences.
- Supported three weekly parent group therapy sessions.
- Managed research team in collaboration with principal investigator.
- Collaborated with project coordinator to secure and effectively manage study funding.

Project Coordinator

September 2010 - September 2011

UCLA PEERS[®] Clinic, Department of Psychiatry and Biobehavioral Sciences, Semel Institute for Neuroscience and Human Behavior, Los Angeles, CA

Study #1: Caregiver-Assisted Social Skills Training for Young Adults with Autism Spectrum Disorders

Objective: This study tested the effectiveness of improving social functioning and maintaining treatment gains using a parent-assisted social skills intervention for transitional-aged youth 18-23 years old with Autism Spectrum Disorders (Funding: Organization for Autism Research).

Principal Investigators: Elizabeth A. Laugeson, Psy.D. & Alexander Gantman, Psy.D.

- Created and maintained complete database of pre and post assessments, and administered post-testing to young adult participants.
- Supervised 10-15 research assistants through the data scoring and verification process.
- Collaborated on manuscript preparation.
- Monitored treatment fidelity in both parent and young adult group sessions.

Study #2: PEERS®: Program for the Education and Enrichment of Relational Skills

Objective: This clinic-based study examined and monitored the treatment outcome of a 14-week, manualized, parent-assisted, social skills intervention for teens 13-17 years of age with Autism Spectrum Disorders.

Principal Investigator: Elizabeth A. Laugeson, Psy.D.

- Maintained project database consisting of young adult, parent, adolescent, and teacher pre and post assessments across hundreds of participants.
- Provided direct supervision to research assistants on the collection, scoring, verification and entry of data
- Conducted literature reviews and manuscript preparation.
- Managed IRB application and renewal process for all studies conducted within the PEERS research lab.

Research Assistant

August 2009 - September 2010

UCLA PEERS® Clinic, Department of Psychiatry and Biobehavioral Sciences, Semel Institute for Neuroscience and Human Behavior, Los Angeles, CA

Study: Long-Term Treatment Outcomes for Parent-Assisted Social Skills Training for Adolescents with Autism Spectrum Disorders: The UCLA PEERS® Program.

Objective: This study examined the durability of the Program for the Education and Enrichment of Relational Skills (PEERS).

Principal Investigator: Joshua Mandelberg, Ph.D.

- Organized pre-testing data across hundreds of participants in preparation for analysis.
- Managed recruitment for study participants.
- Completed scoring, verification and data entry of pre and post test measures.
- Aided project coordinator on statistical analysis for presentations and publications.
- Collaborated with research team on manuscript preparation.

Research Assistant

August 2009 - September 2010

The Help Group – UCLA Autism Research Alliance, Sherman Oaks, CA

Study: Improving Social Skills in Adolescents with Autism Spectrum Disorders

Objective: This study compared the effectiveness of two school-based teacher-facilitated social skills interventions for middle school students with autism spectrum disorders.

Principal Investigator: Elizabeth A. Laugeson, Psy.D.

- Gathered data across multiple campuses, research and control groups.
- Scored, verified, and entered all pre and post data.
- Assisted in eligibility screening of study participants.

Research Assistant

August 2009 - January 2010

UCLA Center for Autism Research and Treatment, Semel Institute for Neuroscience and Human Behavior, Los Angeles, CA

Study: Music as the Doorway to Emotion Understanding in Individuals with Autism Spectrum Disorders

Objective: This study investigated the brain systems involved in emotional music perception using fMRI technology in adolescents with autism spectrum disorders (Funding: Grammy Foundation).

Principal Investigators: Istvan Molnar-Szakacs, Ph.D. & Elizabeth A. Laugeson, Psy.D.

- Entered and verified Autism Diagnostic Observation Schedule database.
- Administered, scored, and verified autism diagnostic measures.
- Attended weekly team meetings to assess and troubleshoot study progress.

SUPERVISORY EXPERIENCE

Clinical Peer Supervisor **September 2014 - present**

Pepperdine University Psychological and Educational Clinic, Los Angeles, CA

Supervisor: Aaron Aviera, Ph.D.

- Provided individual peer supervision for a total of 6, first- and second-year, doctoral level therapists on a weekly basis, to foster the development of clinical skills, including intake evaluation, diagnosis, treatment planning, and the application of ethical and legal issues.
- Co-facilitated case conferences and participated in weekly supervision-of-supervision trainings.

Assessment Peer Supervisor **July 2014 - December 2014**

Kaiser Permanente, Pediatric Department, Los Angeles, CA

Supervisor: Juliet Warner, Ph.D.

- Provide weekly individual peer supervision for two second-year, doctoral level externs to promote development of neuropsychological and psychodiagnostic assessment skills, including administration, scoring, and integrated report writing.
- Participate in weekly supervision-of-supervision trainings.

TEACHING EXPERIENCE

Teaching Assistant **August 2013 - May 2015**

Pepperdine University, Los Angeles CA

Supervisors: Carolyn Keatinge Ph.D. & Susan Himelstein, Ph.D.

- Assist in the instruction of doctoral and master level students enrolled in Cognitive & Personality Assessment courses on administration, scoring, and interpretation of assessment batteries.
- Lead assessment workshops, review clinical reports, grade assignments and exams, and deliver feedback regarding student test administration performance, scoring, and integrative report writing.

Instructor **September 2011 - September 2012**

UCLA PEERS[®] Training Institute, *Department of Psychiatry & Biobehavioral Sciences*,

Semel Institute for Neuroscience & Human Behavior, Los Angeles, CA

Supervisor: Elizabeth A. Laugeson, Psy.D.

- Co-led university hospital-based training seminars to instruct clinicians, researchers, and educators on the effective implementation of the PEERS intervention.

Instructor **August 2012**

Folkhälsan (Public Health) Organization, Helsinki, Finland

- Co-led 4-day invited *PEERS[®] Training Seminar* to instruct medical and psychological clinicians on the effective implementation of the PEERS intervention including cross cultural considerations.

Instructor**January 2012**

California State University, Department of Educational Psychology & Counseling, San Bernadino, CA

- Co-led 4-day invited *PEERS*[®] Training Seminar to instruct researchers and educators on the effective implementation of the *PEERS*[®] intervention.

Instructor**December 2011**

San Diego State University, Department of Special Education, in collaboration with the National Foundation for Autism Research and Rady Children's Hospital, San Diego, CA

- Co-led 4-day invited *PEERS*[®] Training Seminar to instruct students, clinicians, and educators on the effective implementation of the *PEERS*[®] intervention.

Instructor**November 2011**

Geneva Centre for Autism, Toronto, Canada

- Co-led 4-day invited *PEERS*[®] Training Seminar to assist clinicians and service providers in program development utilizing the *PEERS*[®] intervention.

PUBLICATIONS

Laugeson, E. A., Ellingsen, R., Sanderson, J., Tucci, L., & **Bates, S.** (January 01, 2014). The ABC's of Teaching Social Skills to Adolescents with Autism Spectrum Disorder in the Classroom: The UCLA *PEERS*[®] Program. *Journal of Autism and Developmental Disorders*, 44, 9, 2244-2256.

Mandelberg, J., Laugeson, E. A., Cunningham, T. D., Ellingsen, R., **Bates, S.**, & Frankel, F. (January 01, 2014). Long-term treatment outcomes for parent-assisted social skills training for adolescents with Autism Spectrum Disorders: The UCLA *PEERS*[®] program. *Journal of Mental Health Research in Intellectual Disabilities*, 7:1, 45-73

PRESENTATIONS AND PUBLISHED ABSTRACTS

Veytsman, E., Ellingsen, R., Ashbaugh, K., Ferrendelli, C., **Bates, S.**, Laugeson, E. (2016, March). Selecting informants to assess social functioning and treatment outcome for adolescents with ASD. In E. Laugeson (Chair), *The delivery of evidence-based social skills for youth and young adults with autism spectrum disorders: Theory, research, and practice*. Symposium conducted at the Gatlinburg Conference, San Diego, CA, USA.

Mandelberg, J., Laugeson, E. A., Cunningham, T. D., Ellingsen, R., **Bates, S.**, & Frankel, F. (2014). *Long-term treatment outcomes for parent-assisted social skills training for adolescents with Autism Spectrum Disorders: The UCLA PEERS*[®] program. Paper presented at the American Psychological Association (APA) Annual Convention, Washington, DC.

Shiple, E., Bolourian, Y., **Bates, S.**, Laugeson, E.A. (2014). *Empathy as a predictor of treatment outcome in young adults with ASD following the UCLA PEERS*[®] intervention. Poster presented at the American Psychological Association (APA) Annual Convention, Washington, DC.

- Diaz, D., Costa, C., Hopkins, J., **Bates, S.**, Cronin, M., Laugeson, E.A. (2014). *Positive self-esteem as a predictor of decreased problem behaviors in adolescents with ASD following the UCLA PEERS[®] intervention*. Poster presented at the American Psychological Association (APA) Annual Convention, Washington, DC.
- Bolourian, Y., Hopkins, J., **Bates, S.**, & Laugeson, E. (2014). *Social motivation as a predictor of decreased problem behaviors in adolescents with ASD following the UCLA PEERS[®] program*. Poster presented at the American Psychological Association (APA) Annual Convention, Washington, DC.
- Hopkins, J., Schwartzman, B., **Bates, S.**, & Laugeson, E. A. (2014). *Creating symptom profiles to anticipate treatment outcomes for adolescents with ASD following the UCLA PEERS[®] intervention*. Poster submitted to the International Meeting for Autism Research (IMFAR), Atlanta, GA.
- Shiple, E., Bolourian, Y., **Bates, S.**, Laugeson, E.A. (2014). *Empathy as a predictor of treatment outcome in young adults with ASD following the UCLA PEERS[®] intervention*. Poster presented at the International Meeting for Autism Research (IMFAR), Atlanta, GA.
- Laugeson, E., Tucci, L., **Bates, S.** (2013). *Teaching social skills to teens with Autism: The PEERS[®] school-based curriculum*. Paper presented at the American Psychological Association (APA) Annual Convention, Honolulu, HI.
- Lin, C.E., Park, M., **Bates, S.**, Hopkins, J., Laugeson, E. (2013). *Symptoms of psychiatric comorbidity and social functioning in adolescents with ASD*. Poster presented at the American Psychological Association (APA) Annual Convention, Honolulu, HI.
- Hopkins, J., Ellingsen, R., **Bates, S.**, & Laugeson, E. (2013). *PEERS[®] for Young Adults: predictors of social skills treatment outcome in young adults with Autism Spectrum Disorders*. Poster presented at the American Psychological Association (APA) Annual Convention, Honolulu, HI.
- Bolourian, Y., Hopkins, J., **Bates, S.**, Laugeson, E. (2013). *Social motivation as a predictor of decreased problem behaviors in adolescents with ASD following the UCLA PEERS[®] program*. Poster presented at the International Meeting for Autism Research (IMFAR), San Sebastian, Spain.
- Hopkins, J., Ellingsen, R., **Bates, S.**, & Laugeson, E. (2013). *PEERS[®] for Young Adults: predictors of social skills treatment outcome in young adults with Autism Spectrum Disorders*. Poster presented at the International Meeting for Autism Research (IMFAR), San Sebastian, Spain.
- Clark, K., Tucci, L., **Bates, S.**, Harrell, S. (2013). *enGayging Awareness among Lesbian, Gay,*

and Bisexual (LGB) Homeless Youth: Mindfulness-Based Interventions in the Context of Stigma. Poster presented at the Bridging the Hearts and Minds of Youth: Mindfulness in Clinical Practice, Education and Research Conference, San Diego, CA.

Hopkins, J., Ellingsen, R., **Bates, S.**, & Laugeson, E.A. (2013, January). *PEERS[®] for Young Adults: predictors of social skills treatment outcome in young adults with Autism Spectrum Disorders.* Poster presented at the Association for Behavior Analysis International (ABAI) Annual Autism Conference, Portland, OR.

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ABSTRACT

The psychological assessment literature has consistently reflected the importance of psychological assessment competency for professional psychologists across all training and practice settings. Past surveys of pre-doctoral internship directors have highlighted a troublesome misalignment between internship directors' assessment-related expectations of students and the actual competencies demonstrated by many beginning pre-doctoral psychology interns. The purpose of the present study was to survey psychology internship directors within the United States to examine their perspectives regarding current practices, emerging trends, and desired modifications in psychological assessment training at the internship level. A 32-item, online questionnaire was developed for this study that consisted of five distinct sections: (a) administration instructions; (b) respondent demographics; (c) characteristics of the internship program, including assessment training methods, role/function of assessment, and director's satisfaction with assessment-related preparation of incoming interns; (d) training expectations and current psychological assessment measures used within the internship program; and (e) future directions of psychological assessment practices. The present dissertation maintained a particular focus on the fourth section, while two co-investigators addressed the other sections. Participants included 182 directors of pre-doctoral internships nationwide (26% response rate), as identified in the 2014-2015 APPIC directory of approved internship programs. The majority of the 182 responders identified as Caucasian (88%), with a mean age of 46.88 years; 66% were female and 34% were male. The results revealed broad similarities with past studies, including the continued importance of psychological assessment as a core competency and varying usage patterns of specific psychological measures across different types of internship settings. Likewise, a handful of measures were found to be relatively stable regarding high use by interns

compared to earlier studies, including several Wechsler scales, the MMPI-2, and the BDI-II. Reported BAI and PAI use increased compared to earlier surveys. Results also revealed a significant decline in internship directors' reported use of projective instruments by interns, as well as a remarkable decrease in projective assessment emphasis overall. However, the Rorschach remained a highly valued assessment measure for pre-internship experience. These findings present significant implications for academic curriculum and practicum-level training in assessment. Other findings, recommendations, study limitations, and suggestions for future research are explored.

Chapter I: Introduction

Psychological Assessment: A Core Competency

Psychological assessment is a competence domain uniquely associated with psychologists; it has long been, and continues to be, highly important in psychological training and practice, regardless of setting (Clemence & Handler, 2001; Craig & Horowitz, 1990; Weiner, 2013b). Numerous studies have attested to the continued importance of assessment skills for graduate psychology students and practicing psychologists (Brown & McGuire, 1976; Fitzgerald & Osipow, 1988; Norcross & Karpiak, 2012; Tipton, 1983a, 1983b). In addition, an appropriate level of competency in psychological assessment is generally regarded as an essential requirement for pre-doctoral internship placement.

In 2004, Krishnamurthy and colleagues distinguished the following eight core components of psychological assessment that are widely accepted as foundational elements of psychological assessment competency:

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.
 - a. Problem and or goal identification and case conceptualization.
 - b. Understanding and selection of appropriate assessment methods including both test and non-test data (e.g., suitable strategies, tools, measures, time lines, and targets).
 - c. Effective application of the assessment procedures with clients and the various systems in which they function.
 - d. Systematic data gathering.
 - e. Integration of information, inference, and analysis.
 - f. Communication of findings and development of recommendations to address problems and goals.

They further concluded that developing competency in psychological assessment is a complex, intensive, and multifaceted process that presents numerous responsibilities and challenges to educators, trainers, learners, and professional practitioners (Krishnamurthy et al., 2004). As such, close examination of psychological assessment training and practice is required to understand whether expectations and standards are being met across academic, training, and practice settings, particularly given the inherent changes over time in population demographics, instrumentation options, consumer needs, and technological advances.

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

1. 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.
2. Graduate students, who are well trained and relatively proficient in psychological assessment, will likely have increased opportunities to obtain internship and job placements.
3. Based on the relative stability of assessment practices over the years, a number of tests and assessment methods are recommended for graduate students to learn, across a variety of domains.

While more recent studies revealed subtle changes in the types of assessment emphasized within the field (e.g., intelligence, projective, neuropsychology), in the years since Watkins' review, as a whole, it appears the prominence and value of assessment and its use remains steadfast throughout professional organizations, practice, and research (Butcher, 2006; Piotrowski & Belter, 1999; Stedman, Hatch, & Schoenfeld, 2001a; Weiner, 2013a, 2013b). Furthermore, the importance of assessment in psychological training and practice continues to be recognized, regardless of the clinical setting (Clemence & Handler, 2001; Weiner, 2013a, 2013b).

Consistent with these trends, assessment remains a critical element of training at the pre-doctoral level, as psychological testing competency continues to be deemed an essential component for graduate students to be competitive for predoctoral internship placement, and internship is of critical importance for the development and refinement of assessment competency (Belter & Piotrowski, 2001; Clemence & Handler, 2001; Stedman, Hatch, & Schoenfeld, 2001b; Weiner, 2013a). Therefore, the present study focused on psychological assessment practice and training during internship, based on the perspectives of internship program directors.

Psychological Assessment Training and Practice

Pre-internship training. Despite the unwavering presence of psychological assessment across clinical practice domains, professional organizations, and published literature, Weiner (2013b) describes a growing concern regarding recent trends associated with training in the field of psychological assessment. Specifically, he suggests as a result of misconceptions about the importance of assessment in clinical psychology, the emphasis on assessment in pre-doctoral training has decreased considerably, which has compromised the caliber of assessment training in many clinical psychology graduate programs. He further posits that a limited grasp of the value of psychological testing and lack of focus on the usefulness of assessment skills have led to reductions in assessment course offerings, scaled-down requirements for assessment competency, and minimal reinforcement for students to conduct assessment related research. Weiner and others have concluded that a notable gap now exists between the amount of quality assessment training conducted at the pre-doctoral level and the actual amount of assessment involvement found among practicing clinical psychologists (Butcher, 2006; Childs & Eyde, 2002; Weiner, 2013a, 2013b). A 1993 survey of directors of 80 APA-accredited clinical

psychology doctoral programs revealed that training in psychological testing and assessment was a large portion of their core curriculum, and the prominence of training in this area had been generally stable for about 10 years (Piotrowski & Zalewski, 1993).

Almost a decade later, Belter and Piotrowski (2001) detected a slight decline in the depth and breadth of assessment training provided in psychology graduate programs. More specifically, their survey of 82 training directors of APA-approved doctoral programs in clinical psychology found that 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. Of note, 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 40% reported greater focus on competence in interviewing. Moreover, they found that 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.

A study by Stedman, Hatch, and Schoenfeld (2001b), based on data collected from pre-doctoral psychology students, found that many students did not receive sufficient training in psychological testing to address the requirements of internship. The amount of experience was operationalized by examination of the amount of assessment reports written before initiation of internship, and findings indicated only 25% of psychology graduate students had enough experience with the 13 most frequently used tests to meet the needs and expectations of internship directors. Also worthy of note, as much as 25% of students surveyed reported minimal levels of instruction on report writing before internship. Not surprisingly, some graduate students

often find it difficult to obtain internship program placements, or find their lack of assessment skills place them at a disadvantage during the internship application and match process (Butcher, 2006.)

Internship training. The predoctoral internship is an essential component of most doctoral degree programs in the field of psychology, including clinical, counseling, and school psychology programs (Prinstein, 2013). The internship year is considered the capstone of training experiences at the doctoral level (Keilin & Constantine, 2001). It typically occurs during the final or penultimate year of doctoral training and usually takes place in an applied setting that emphasizes clinical practice (Keilin & Constantine, 2001; Prinstein, 2013).

Research has demonstrated that numerous internship directors have recognized assessment skill deficits among doctoral students for some time (Durand, Blanchard, & Mindell, 1988; Garfield & Kurtz, 1973; Goldberg, 1998; Lopez, Oehlert, & Moberly, 1997; Malouf, Hass, & Farah, 1983; Shemberg & Leventhal, 1981). Surveys of psychology internship directors have reflected a desire for potential interns to have obtained assessment knowledge and skills for several measures prior to starting internship (Pietrowski & Belter, 1999), and upon initiation of the internship year, many students are ill-prepared to administer, score and integrate assessment data, and thus, often require additional training in psychological assessment during the predoctoral internship year (Clemence & Handler, 2001; Stedman & Hatch, 2000; Stedman, Hatch, & Schoenfeld, 2001b). For example, in a survey study of training directors from 382 professional psychology internship sites in North America, Clemence and Handler (2001) found that 56% of the responding directors indicated that they found it necessary to provide introductory-level assessment training to their interns. Specifically, the authors discovered that 79% of the surveyed sites trained their interns in intellectual testing, 64% in objective and

projective personality testing, and 54% in neuropsychological testing. These percentages differed based on the type of internship setting, with university counseling centers training the least in assessment. Clemence and Handler (2001) concluded that most graduate students do not possess the basic skills needed to conduct the types of assessments performed at their internship facilities. Subsequently they proposed a re-evaluation of assessment training modules within graduate clinical psychology programs.

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

A national survey by Stedman, Hatch, Schoenfeld, and Keilin (2005) expounded on the aforementioned studies by examining the assessment training patterns of 573 internship programs, all of which were members of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Their data indicated that of the 21 specialty rotations included in the survey (e.g., serious mental illness, trauma, forensics, substance abuse), an assessment rotation was the most frequently offered specialty, comprising 64% of sites surveyed. Furthermore, they found that major rotations in assessment were most frequently offered in military (80% of 10 military sites) and child (92% of 48 child sites) internships. Remarkably, of the 105 university

counseling centers and 28 private hospitals surveyed, none offered a major rotation in psychological assessment. This data offers further evidence that a significant amount of internship programs may not provide enough enhancement of assessment training to yield clinical psychology graduates with sufficient assessment competency (Stedman, 2007).

In sum, developing competence in the administration, scoring, and subsequent integration and interpretation of psychological measures continues to be an essential and critical element of training for graduate students who wish to obtain and be successful on internship (Belter & Piotrowski, 2001; Clemence & Handler, 2001; Stedman et al., 2001a; Weiner, 2013a).

Assessment measures. Multiple studies have detected subtle fluctuations in the emphasis placed on psychological assessment use at the internship training level over the years. Surveys of psychology internship directors have also noted a desire for potential interns to have obtained assessment knowledge and skills for several measures prior to starting internship (Piotrowski & Belter, 1999), as well as experience administering both intellectual and personality tests (Clemence & Handler, 2001). In 1999, Piotrowski and Belter surveyed 84 APPIC-affiliated internships and their data indicated that the vast majority of internship programs had retained or increased their emphasis in most areas of psychological assessment, at a rate exceeding 90%. The authors found that internship directors endorsed a continued emphasis on objective personality and intelligence testing; a rising focus on neuropsychological instruments; and a slight reduction of emphasis on projective testing (Piotrowski & Belter, 1999). Results also showed that the majority of responding directors expected their interns to be proficient in a variety of assessment methods and endorsed primary use with various traditional measures and techniques, which have been the foundation across both academic and clinical training settings (Belter & Piotrowski, 2001; Butcher, 2006; Childs & Eyde, 2002; Durand et al., 1988; Norcross

& Karpiak, 2012; Piotrowski & Belter, 1999; Piotrowski & Zalewski, 1993). The MMPI/MMPI-2 (86%), WAIS (83%), Rorschach (80%), TAT (76%), and MCMI (50%) were the assessment measures that training directors emphasized most for use by interns (Piotrowski & Belter, 1999). Piotrowski and Belter (1999) also identified the MMPI/MMPI-2 (61%), Wechsler IQ scales (54%), and Rorschach (42%) to be the top three assessment measures considered by training directors as “essential for practicing psychologists” (p. 385). Consistent with previous studies on the rising popularity of the Millon inventories (Piotrowski, 1999), the MCMI (20%) was ranked fourth (Piotrowski & Belter, 1999).

In 2001, Clemence and Handler investigated the types of assessment measures regularly used at internship sites by surveying 382 internship directors. Their results revealed that while expectations for applicants’ training in assessment differed across the various types of facilities surveyed, directors across all settings preferred interns to be familiar with the well known and widely used intellectual and personality tests. In particular, the WAIS/WISC (91%), the MMPI-2/MMPI-A (80%), the Rorschach (72%), and the TAT (56%) were most frequently endorsed as components of a standard battery or regularly referenced set of assessment instruments used across the surveyed sites (Clemence & Handler, 2001). The MCMI was ranked seventh, with 31% of directors endorsing it as regularly included in a standard battery, and military medical centers were the only setting in which a majority of directors (78%) identified it as regularly included in assessment batteries (Clemence & Handler, 2001). The authors (2001) further reported that the top six measures that internship directors desired their interns to be familiar with prior to the internship training year were the WAIS/WISC (87%), MMPI-2/MMPI-A (83%), Rorschach (69%), Beck Depression Inventory (64%), TAT (62%), and Wechsler Memory Scale-Revised (52%). As a whole, the results of Clemence and Handler’s (2001) study

were found to be relatively consistent with previous studies by supporting the sustained importance of assessment in the training of clinical psychologists, despite evidence of subtle fluctuations in the emphasis placed on psychological assessment use at the internship training level over the years. Moreover, the results demonstrated the continued use by interns and high valuation of pre-internship experience with the psychological assessment instruments that have been considered a mainstay in the field (Piotrowski & Belter, 1999; Piotrowski & Zalewski, 1993; Stedman et al., 2000; Tipton, 1983b; Watkins, 1991).

Critique and Need for Further Study

Given that assessment continues as the second most common practice activity of clinical psychologists (Weiner, 2013b) and past surveys have shown many internship directors to be dissatisfied with the level of training in assessment displayed by entering pre-doctoral psychology interns, there is cause for concern. As such, a thorough examination of the assessment-related practices and expectations reported by APPIC internship directors was sought to better understand the current state of affairs and to inform academic programs. Identification of any changes in the importance of specific assessment instruments used across internship programs and setting types (e.g., medical centers, college counseling, community mental health), and across various domains (e.g., intelligence, objective personality, performance-based personality, neuropsychological, behavioral), was also considered necessary in this regard.

Regarding internship directors' views, Stedman, Hatch, and Schoenfeld (2001a) reported that internship directors expected strong preparation in intelligence and objective personality testing. They valued projective test preparation to a relatively high degree: they rated it more highly than neuropsychological and achievement testing, yet not so highly as intelligence or objective personality assessment. In Stedman and Hatch's (2000) quantitative investigation of

internship expectations for graduate school preparation in psychological testing and psychotherapy across APPIC-affiliated internship programs, results varied by type of internship setting. They found that hospitals and other sites that serve multiple patient populations appeared to place more weight on assessment experience than others; however, across all settings internship directors wanted more experience in integrative report writing. In agreement with Watkins (1991), these findings further illustrate that while competency in testing skills is considered highly important among internship directors, a discernable number of pre-doctoral students lack the extent of skill preferred at the internship level. Overall, past surveys indicated a lack of alignment between internship directors' assessment-related expectations and the actual competencies demonstrated by many entering pre-doctoral psychology interns. More research is needed to determine whether this misalignment continues, and to further explore current assessment-related practices and expectations at the internship level. As such, this study aimed to identify and describe internship directors' perspectives on the following three areas:

1. The degree of emphasis on psychological assessment in internship programs and the perceived assessment competency of incoming interns. (This was addressed by co-principal investigator, Elizabeth Shipley, M.A.)
2. The current use and preferred pre-internship experience with psychological tests and assessment measures. (This was addressed in the present dissertation.)
3. Emerging trends, expected training themes for the future, and recommendations for academic programs regarding pre-internship training in psychological testing and assessment. (This was addressed by co-principal investigator, Angel Faith, M.A.)

Chapter II: Method

The purpose of this study was to identify and describe current and emerging trends in psychological assessment practices across psychology internship programs in the United States, in an effort to inform future academic curriculum and training emphasis in the field of assessment. This study was conducted through participation in an Applied Scholarship Community (ASC) group at Pepperdine University and utilized shared methods and data between the three principal co-investigators (i.e., Bates, Faith, & Shipley), as detailed in the sections below.

Research Approach and Design

This non-experimental, descriptive study utilized a survey approach to obtain self-report data from internship directors regarding current practices and emerging trends in psychological assessment. Areas covered in this survey included internship directors' perspectives on specific measures being utilized, training expectations and needs, emerging trends, and related concerns. A survey approach to data collection was chosen to allow participants, from across the United States, to anonymously complete a questionnaire at their own convenience. It was anticipated this would increase the likelihood of obtaining a significant number of responses from a national sample. In an effort to gather data from potential participants, in a cost-effective and secure manner, and to increase the ease of administration and minimize the subsequent burden on the respondents, this study used an online survey format, administered through Qualtrics, a web-survey company commonly used in academic settings (<https://www.qualtrics.com>).

Sample

The target sample consisted of training directors from internship programs that are members of the Association of Psychology Postdoctoral Internship Centers (APPIC) within the United States. Established in 1968, APPIC has helped to regulate the internship application

process, by promoting fairness and common sense in application deadlines and developing an equitable method of selection (Prinstein, 2013). While not a prerequisite, many psychology internship programs are accredited by the American Psychological Association (APA). APA-accreditation is the highest form of certification that a psychology internship program can obtain, as accredited internships are designed to provide high-quality training in clinical practice and specialties (“Doctoral Internships,” 2016). APA-accreditation reflects a distinguished standard of internship training across the field of professional psychology, which many licensing boards and employers of clinical psychologists respect, adhere to, and demand of their applicants. For example, many state boards require completion of an APA-accredited internship for licensure and federally funded facilities such as Veterans hospitals typically require the same for employment as a psychologist (Prinstein, 2013). Currently, APPIC (2016) states, “internships that are accredited by the American Psychological Association or the Canadian Psychological Association are recognized as meeting APPIC doctoral membership criteria” (para. 1), and all others must meet 16 broad criteria and are reviewed for adherence to these criteria every three years (see Appendix B).

Regarding identification of the population surveyed, internship directors and their subsequent contact information were identified via the use of the APPIC directory of approved internship programs for the 2014-2015 academic year. APPIC was selected as the source of the study’s sample pool because it is the leading psychology internship organization in North America. All internship directors in the United States who provided their email contact information in the most recent APPIC directory were eligible to participate and each participant was informed that their responses would be anonymous. As of November 2014, the list of

participants eligible for administration of the survey was comprised of 741 doctoral psychology internship sites.

Participants

The list of potential participants was identified from the APPIC directory, which is readily available on the publically accessible APPIC website. The APPIC Directory is provided as a service to students, graduate faculty, and training directors in identifying APPIC-member internship and post-doctoral training programs, across the United States and Canada, that are likely to meet specific training needs. The APPIC Directory offers a relatively comprehensive overview of each internship program and is updated yearly. Programs included in the directory are those that have received accreditation through the American Psychological Association (APA) or the Canadian Psychological Association (CPA), as well as non-accredited programs that have met the 16 criteria for APPIC membership.

The 741 eligible training directors were contacted via electronic mail (e-mail) from a Pepperdine University account. The e-mail account was established specifically and solely for this study and maintained by a principal investigator. This initial e-mail requested their participation in the study (see Appendix C), provided a link to the questionnaire, listed the deadline to respond if interested, and offered recipients the option to “unsubscribe” from any further contact for this study. Subsequently, 32 directors were subtracted from the potential sample pool due to declining responses or undeliverable e-mails. Similarly, any autoreply e-mails (e.g., “out of office,” or, “recipient is no longer affiliated with the site”) were reviewed to assess the potential for participation based on (a) if their noted return dates were within the established recruitment period, and (b) if contact information for replacement training director

was supplied; none were determined ineligible based on the aforementioned criteria. The total number of remaining potential participants was 709.

Of the initial 709 training directors that were invited via e-mail to participate in the survey, 208 clicked on the link and provided consent. Of those, 26 individuals were removed from the data set due to failure to (a) confirm their understanding of the directions, (b) submit at least one response to the survey, or (c) confirm their desire to submit their responses prior to terminating the survey. As such, these potential participants were considered to have withdrawn their consent to participate in the study. This left 182 participants that both consented and responded to at least some portion of the questionnaire, which represented a 26% ($N = 182$) return rate. Participant demographic and professional background information is provided in the Results chapter.

Instrumentation

The survey instrument developed for this study was a questionnaire comprised of 32 items (see Appendix D). No identifying information was elicited on the survey, to ensure the anonymity of participants and encourage participation. In an effort to enhance validity and utility, the questionnaire presented 28 closed-ended questions, in either multiple-choice or Likert style response formats, and four open-ended questions, as well as opportunities for participants to provide comments or clarification of responses via an “Other” response option on eight of the closed-ended questions. This allowed for standardized data to be collected, while also supporting the potential for additional qualitative data, variability in responses, and minimizing limitations placed on respondents regarding their responses.

The survey consisted of five distinct sections: (a) instructions for completing the questionnaire; (b) demographics of the respondent (six items); (c) characteristics of the

internship site and program (14 items); (d) training expectations and current use of psychological assessment measures within the internship site and program (three items); and (e) future directions of psychological assessment practices, per the opinion of the survey respondent (nine items). Initial questions addressed the demographic characteristics and professional backgrounds of the respondents. Descriptive information about the internship program was then requested, including information regarding the treatment setting, emphasis on assessment, and training methods. Subsequent questions focused on the use, type, and importance of specific psychological assessment measures, attitudes about competency of trainees, and internship directors' needs and perceptions on future directions or trends in the field.

The initial written materials presented to participants were devoted to orienting the respondent to the basic premise of the survey, identification of the principal investigators, the rights and privacy of the respondent, and obtaining informed consent. Next, participants were directed to a page providing them with brief instructions on completing the questionnaire. Information on this page included (a) the expected time of completion, (b) a statement indicating that while there are no time limitations to complete the survey, it must be completed in one sitting, as participants will not be able to save completed items and return to the survey at a later time, (c) encouragement to answer each item, (d) how to move to the next item, (d) how to change an answer, and (e) the option to skip a question if necessary. Of note, instructions regarding how to complete each item (e.g., choose one of the following options, rank your top three choices) were provided on the corresponding item page.

In the second portion of the survey, respondents were asked to provide demographic information about themselves, including: (a) age, (b) gender, (c) ethnic/racial identity, (d) academic degree held, and (e) licensure. Basic internship site characteristics and information

pertaining to the internship program was requested in the third part of the survey. These included questions clarifying: (a) internship setting type, (b) number of interns and other trainees selected per year, (c) if assessment training and supervision are offered, and (d) methods used for psychological assessment training and supervision. Respondents were also asked to provide their opinions regarding the assessment competency of incoming interns and the emphasis on psychological assessment training within their respective internship program. This included questions centered on (a) requirements of interns' prior assessment experience, (b) assessment training during internship, (c) level of satisfaction with the assessment-related knowledge and clinical experience of incoming interns, and (d) satisfaction with incoming interns' preparation to conduct assessment with diverse populations. As indicated, the fourth part of the questionnaire contained items designed to address the current use of specific psychological assessment measures, including questions regarding (a) the measures used by interns within the internship program, (b) the psychological assessment measures most commonly used by psychology interns, and (c) the measures internship directors want interns to have experience with prior to beginning internship.

The last section was devoted to identifying new and emerging assessment measures; exploring several contemporary issues relevant to assessment; and providing respondents opportunity to make open-ended comments. Questions included addressed (a) current methods of test administration and scoring, including computer- or tablet-based administration; (b) the importance of technology in psychological assessment training and practice within the internship; (c) anticipated future changes regarding funding and resources allocated for psychological testing and assessment within the internship; (d) anticipated future changes regarding the emphasis on testing and assessment within the internship; (e) the extent to which

the emphasis on evidence based practice has impacted psychological testing and assessment within the internship; (f) what new tests or measures had been introduced for use within the internship within the past 5 years; and (g) what tests or measures the respondent would like to see introduced for use within the internship program. Also, included in this portion of the survey, internship directors were provided the opportunity to share their opinions regarding (a) recommendations to academic programs regarding their psychological assessment training; and (b) any other comments related to psychological assessment training or practice that were not discussed or addressed elsewhere in the survey that the respondent would care to make.

Research Procedures

The following sections outline the recruitment process, collection, recording, and analysis of data, which was initiated upon approval from the Graduate and Professional School's Institutional Review Board (IRB) at Pepperdine University.

Participant recruitment. The total recruitment time spanned May 28, 2015 to July 31, 2015. This start date was chosen because it 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. The intention was to increase the likelihood of obtaining a substantial number of responses, given it is common for an internship director to also be significantly involved in practicum training at his or her site.

Internship directors who wished to participate in the study were advised to click a link on the initial email message, which took them to the survey, as hosted on Qualtrics. The first page consisted of the informed consent document, which described what participation in the study entailed (see Appendix E). Individuals who consented to participate were advised they might print a copy of the informed consent statement for their records. After indicating their consent,

participants were presented with the survey instrument. Individuals who elected not to participate in the study were presented with a webpage that thanked them for their consideration and exited them from the survey; they had no additional involvement.

Prospective participants were sent another e-mail 10 days after the initial distribution, reminding them of their opportunity to respond should they not have done so at that time (see Appendix F). Any autoreply e-mails (e.g., “out of office, recipient is no longer affiliated with the site) were reviewed to assess the potential for participation (e.g., return dates within the established recruitment period, contact of replacement training director supplied). Ten days later, a second reminder e-mail (see Appendix G) was sent and autoreplies were documented and assessed accordingly. The final reminder e-mail (see Appendix H) was sent 15 days later and autoreplies were documented and assessed consistently.

Data collection and recording. Data was collected through the Web-based survey host, via SSL (Secure Sockets Layer) encrypted software, and was anonymously tracked by the principal investigators. SSL is a standard security technology for establishing an encrypted link between a server and a client, allowing sensitive information to be transmitted securely. Once data collection was finalized (i.e., recruitment is closed), a co-investigator downloaded the final data report and database table from the secure host site. Subsequently, the principal investigators screened the data file for answers that were out of the possible range (e.g., someone reporting an age of 156 years old). If found, those types of error responses were to be deleted from the data set (and any edits recorded) to ensure they were not analyzed with the legitimate data, given the anonymity of responses prevented the option of correcting these errors (i.e., contacting a respondent for clarification); none of these types of errors were detected.

The host site, Qualtrics, produced a master data table with coded responses to be downloaded and analyzed by the principal investigators. All data within this table was verified by each co-investigator, to assess for the possibility of entry errors by the host site; none were found. The master data table included a clearly documented list of codes for each possible response across all items, as determined by the principal investigators. For example, values of 1-4 were used to record responses about gender, in which case the corresponding codes were documented as: 1 = *Male*; 2 = *Female*; 3 = *Transgender*; 4 = *Other*. The issue of potential missing values in the data set was addressed using a recording code of “999,” which indicated the response was refused or was unintentionally missing.

Confidentiality and anonymity. Data collecting software within most web-based survey hosts store the IP addresses of respondents in survey results by default, which while useful for tracking respondents, represented a considerable threat to confidentiality and anonymity. As such, IP addresses were masked from the survey authors across all settings (i.e., web-link, e-mail), an option available through Qualtrics. Additionally, the host site automatically assigned each survey response a unique response ID number, which further ensured anonymity of respondents.

While no identifying information was collected, all data files, coding keys, and any other study resources (e.g., contact information gathered from the APPIC directory), were stored on an investigator’s personal computer in a hidden, password-protected folder. A back up copy was kept on an encrypted, password protected external hard drive, and data will be securely stored for at least five years before being destroyed.

Data analysis. This study was descriptive in nature, thus frequencies and descriptive statistics (e.g., means, standard deviations) were used in the data analysis. Cross-tabulations of

frequencies were conducted when comparing responses to setting type. Responses to the open-ended questionnaire items, which provided respondents an opportunity to offer comments and recommendations, were evaluated on logical bases and categorized thematically. Upon evaluating all individual responses and establishing the general topic addressed, similar responses were grouped together. The theme of each category was then determined based on summary of each response's content within that group. The three co-investigators shared the demographic data on the internship directors, as well as the descriptive information on the associated internship programs, as gathered from relevant questionnaire items. The remainder of the questionnaire data was divided such that each investigator completed an individual dissertation based on her respective portion of the survey data set, as denoted in the previous chapter. Therefore, the data presented in the present dissertation includes the aforementioned shared areas (items 1-10), while also maintaining a particular focus on the data pertaining to internship directors' perspectives on current use and preferred pre-internship experience with psychological assessment instruments (items 21-23, 29, 30, and 32). Of note, items 21-23 were fixed-choice response options that provided quantitative data, and items 29, 30, and 32 were open-ended questions that provided qualitative data.

Ethical Considerations

The following sections describe ethical considerations of the study, including human subjects protection, consent for participation, and potential risks and benefits.

Human subjects protection. The 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 investigators conducted the study in accordance with the ethical guidelines for human subjects research established by the APA.

Consent for participation. Given that requiring the study participants to provide a documentation of consent would indirectly result in a request for identifying information and a subsequent compromise of anonymity, the principal investigators applied for a waiver of the requirement for documentation of informed consent from the IRB at Pepperdine University. IRB approval of this request allowed for implied consent from the directors of clinical training and/or appropriate training program directors, indicating that the respondents demonstrated implied consent as a research participant by completing the online survey.

Potential participants were notified of the purpose and intent of the study, potential risks and benefits, as well as the procedure for accessing and responding to the online survey. Participants were informed that participation was on a voluntary basis and made aware that they had a choice to participate in the study, with no type of penalty for choosing not to participate. It was made clear that confidentiality and anonymity of each respondent and internship site would be maintained. The researchers also offered the opportunity for the participants to receive a summary of the survey results via e-mail, subsequent to full completion of study. Responding to the survey served as confirmation that the participant understood the nature, risks, and benefits of the study, his or her rights to confidentiality, steps taken to ensure confidentiality, and the participant's right to refuse to participate or withdraw at any point.

Given the ethical norm of voluntary participation applied to the survey study as a whole and each part of the questionnaire, if a participant did not want to answer a particular question, she or he was able to click a "no response" button located on each page, which directed her or him to the next question. This ensured that respondents could move freely through the survey at their convenience, while also attempting to avoid missing key data if a respondent might have accidentally skipped a question by clicking the "next page" button too early. Furthermore,

individuals were given information outlining their right to refuse or terminate participation at any time during the initial introduction and consent, as well as the option for terminating and leaving the survey at any time during administration.

Potential benefits and risks. Given that the participants in the current study were human subjects, certain benefits and risks of their participation were described to ensure each participant understood what participation entailed. While there were no direct benefits for one's participation in the study, as outlined in the consent document, participants were given the option to request a copy of the final study, which may be informative. Additionally, participants may have experienced some satisfaction in knowing that their participation potentially contributed to knowledge in the field of psychological assessment and psychology in general, particularly given the researcher's intention of disseminating the final study results at national conferences of professional organizations within the field.

Given the contents under study, (i.e. information about psychological assessment use and training at the psychology internship level), and the use of a survey design, the study posed no more than minimal risk to participants. The risk was similar to the risks encountered in daily life or in routine psychological testing. Moreover, given that no specific identifying information was collected, there was no risk of influencing the participant's or the training program's reputation or standing in the community.

Chapter III: Results

In an effort to expand upon previous research studies that focused on psychological assessment training and practice, this study identified specific assessment measures that are currently used by psychology interns during the internship-training year, the frequency with which those measures are used, and the measures that internship directors prefer intern applicants to have experience using. In total, 182 usable questionnaires were completed and a descriptive data analysis was subsequently performed. The following sections present the survey data collected that pertained to participant demographics, internship program characteristics, and specific assessment measures used by interns and those that training directors prefer their incoming interns have clinical experience with prior to the initiation of internship (i.e., questionnaire items 1-10, 21-23, 29, 31, and 32).

Participants Demographic Information

The final sample of 182 participants included 118 (66%) females and 62 (34%) males. There were no participants that self-identified as Transgender ($n = 0$) or Other ($n = 0$). Participants ranged in age from 29 to 72 with a mean of 46.9 years ($SD = 10.6$; $N = 180$; two abstained from responding). Regarding ethnic or racial identification, 88% of survey participants identified as Caucasian, 4% as Latino, 3% as Asian, 2% as African-American, 2% as Multiracial, and 1% as American Indian or Alaskan Native. Three participants (2%) selected the “Other” category; they wrote in “Mediterranean,” “Middle Eastern,” and “Hispanic.” Two individuals abstained from responding. When asked to identify their highest academic degree, 62% of participants endorsed “Ph.D.,” 37% endorsed “Psy.D.,” and 1% endorsed “Ed.D.” One participant selected the “Other” category (1%) and wrote “J.D., Psy.D.” The nature of their degrees was also requested and results revealed 76% as Clinical Psychology, 16% as Counseling

Psychology, 4% as School Psychology, and 2% as Combined Program. The “Other” category was endorsed by four participants (2%), who specified “Experimental and later retrained in Clinical Psychology, also have a JD,” “Developmental Clinical,” “Clinical Neuropsychology,” and “General Psychology.” Concerning licensure, 98% indicated they were licensed to practice psychology, with 65% first obtaining licensure before 2006 and 37% in 2006 or later (mean = 2001; range = 1965 to 2014). Four participants indicated they were not licensed (2%). See Table 1 for complete participant demographic information, Table 2 for write-in responses to demographic information, and Table 3 for results pertaining to licensure year.

Table 1

Survey Participants’ Demographic Characteristics

Characteristic	<i>n</i>	%
Age	180	--
Range 29-72		
Mean = 46.9 years		
SD = 10.6		
Gender		
Male	62	35%
Female	118	65%
Trangender	0	0%
Other	0	0%
* <i>Abstained from Responding</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%

Note. N=182.

^{a,b,c} Category combines verbatim responses under “Other” heading.

(continued)

Characteristic	<i>n</i>	%
Racial/Ethnic Identity		
Multiracial	4	2%
Other ^a	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 ^b	1	1%
Nature of Degree		
Clinical Psychology	138	76%
Counseling Psychology	29	16%
Educational Psychology	0	0%
School Psychology	8	4%
Combined Program	4	2%
Other ^c	4	2%
License Status		
Licensed ^d	178	98%
Not Licensed	4	2%

Note. *N*=182.

^{a,b,c} Category combines verbatim responses under “Other” heading.

Table 2

Write-In Responses: Survey Participants Demographics

Category	Response ^a
Other^a: Ethnic or Racial Identity	
1.	Hispanic
2.	Mediterranean
3.	Middle Eastern
Other^b: Highest Academic Degree	
1.	JD/PsyD

(continued)

Category	Response ^a
Other ^c : Nature of Degree	<ol style="list-style-type: none"> 1. Experimental and later retrained in Clinical Psychology, also have a JD (law) 2. Developmental clinical 3. Clinical Neuropsychology 4. General Psychology

^{abc}Categories includes verbatim responses.

Table 3

Demographics: Year First Obtained Licensure, as Reported by Participants

Category	<i>n</i>	%
License Status:		
Licensed	178	98%
Prior to 2006	114	62%
2006 or Later	64	36%
* <i>Abstained from Responding</i>	4	2%

Mean	2001.12
Standard Deviation	8.68
Range (Min-Max)	41 Years
*Max	2014
*Min	1973

Note. *N*=178. Corresponds with Survey Item #6a and #6b: “Are you currently, or have you ever been, licensed to practice psychology?”; “If so, what year did you first obtain licensure?”.

General Characteristics of Training Sites

Of the 182 internships represented in the sample, 67% indicated their internship program was APA accredited at the time surveyed, 17% were in process of receiving APA accreditation, and 16% were non-accredited programs. When asked to describe their internship program

setting, 16% classified as Veteran's Affairs medical centers (VAMC), 15% as university counseling centers (UCC), 14% as community mental health centers (CMH), 12% as state/county/other public hospitals (SCPH), 8% as consortiums (CON), 7% as prisons or correctional facilities (PC), 5% as medical schools (MS), 4% as child/adolescent psychiatric or pediatric clinics (CAP), 3% as private outpatient clinics (POH), 3% as private psychiatric hospitals (PPH), 3% as private general hospitals (PGH), 2% as Armed Forces medical centers (AFMC), 2% as school districts (SCH), and 1% as psychology departments (PD). Seventeen participants (9%) responded as "other" sites; similar responses were collapsed under the categories of Non-profit (2%), Residential Treatment (2%), Private Outpatient Clinic (1%), Court/Forensic (1%), Prison or Correctional Facility (1%), University Counseling Center (<1%), State/County/Other Public Hospital (1%), and Community Mental Health (<1%).

When asked to describe the predominant theoretical orientation of their internship program's site by selecting up to three from the 10 options provided, Cognitive Behavioral was endorsed the most (78%), followed by Integrative (49%), Psychodynamic (26%), Interpersonal (26%), Behavioral (21%), Eclectic (16%), Systems (15%), Humanistic/Existential (9%), and Biological (4%). Ten participants indicated "Other." Similar responses were collapsed under the categories of third wave/ACT/DBT (3%), Evidence-based (2%), and other specified answers included "multicultural" and "depends on the site but most of the above."

Finally, participants were asked about the type of trainees accepted at their site and were allowed to select multiple options. Predoctoral Interns was endorsed by 100% of respondents, 73% endorsed Practicum Students, and 66% endorsed Postdoctoral Fellows. Complete training site information results are displayed in Table 4. Participants' verbatim responses regarding setting and theoretical orientation can be found in Table 5 and Table 6, respectively.

Table 4

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%
Predominant Theoretical Orientation		
Humanistic/Existential	17	9%
Integrative	93	49%
Interpersonal	50	26%
Systems	29	15%
Psychodynamic	49	26%
Other ^b	10	5%
Type of Trainees Accepted		
Practicum Students	140	73%
Predoctoral Scholars	191	100%
Postdoctoral Scholars	126	66%

Note. *N*=182.

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

(continued)

Category	<i>n</i>	%
APA Accreditation		
Internship APA Accredited	129	67%
Internship not APA accredited	30	16%
APA accreditation in Progress	33	17%

Note. *N*=182.

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

Table 5

Write-In Responses: Internship Site Settings

Setting Type Category	Response ^a
Prison or Correctional Facility	1. Correctional inst. 2. Civilly committed sex offenders in secure setting
Private Outpatient Clinic	1. Private practice 2. outpatient clinic
Community Mental Health	1. Primary care community health center
Non-Profit	1. Nonprofit outpatient neurorehab 2. Not-for profit behavioral health 3. Private Human Services agency/nonprofit 4. Non-Profit Mental Health Center
University Counseling Center	1. University based clinic with school rotations
Residential Treatment	1. Chemical dependency treatment 2. neurorehabilitative residential program 3. Private PHP and IOP with community housing
State/County/Other Public Hospital	1. Public Hospital Behavioral Health/Addictions Div. 2. Multisite Multidisciplinary Outpatient Setting
Court/Forensic Setting	1. County Court Services 2. Forensic

Note. *n*=17. Corresponds to Survey Item #8: “Which of the following best describes the setting of your internship program?”. ^aCategory includes verbatim responses.

Table 6

Write-In Responses: Internship Site Primary Theoretical Orientation

Theoretical Orientation Type Category	Response ^b
Third-Wave/ACT/DBT	<ol style="list-style-type: none"> 1. DBT 2. Intrapsychic Humanism 3. Third Wave/ ACT 4. DBT 5. ACT

Note. *n*=10. Corresponds to Survey Item #9: “Which of the following best describes the predominant theoretical orientation(s) of your internship program?”. ^bCategories includes verbatim responses.

(continued)

Table 6

Write-In Responses: Internship Site Primary Theoretical Orientation

Theoretical Orientation Type Category	Response ^b
Evidence-based	<ol style="list-style-type: none"> 1. Evidence-Based 2. Empirically Supported Rxs 3. Motivational Interviewing 4. Developmental Psychopathology
Other specified answers	<ol style="list-style-type: none"> 1. Multicultural 2. “depends on the site but most of the above”

Note. *n*=10. Corresponds to Survey Item #9: “Which of the following best describes the predominant theoretical orientation(s) of your internship program?”. ^bCategories includes verbatim responses.

Tests/Assessment Instruments Used by Psychology Interns

Participants were asked to identify specific measures generally used by interns during their training year (item #21), as well as those used most frequently by interns during the training year (item #22). For each of these items, a list of 45 commonly used measures, based on literature review, past survey studies, and lists of most commonly used measures (Belter &

Piotrowski, 2001; Butcher, 2006; Childs & Eyde, 2002; Clemence & Handler, 2001; Groth-Marnat, 2009; Norcross & Karpiak, 2012; Piotrowski & Belter, 1999; Piotrowski & Zalewski, 1993) was provided and participants were instructed to either “select all that apply” or “select up to 10,” specific to their training site, depending on the questionnaire item. This list included a wide array of formal psychological testing measures, such as standardized and norm-referenced measures, questionnaires, or checklists, and organized according to the following categories: cognitive functioning, symptom inventories, diagnostic interview protocols, neuropsychological functioning, emotional functioning, academic functioning, and forensic/risk assessment. Results were organized according to the respective questionnaire item addressed and detailed accordingly in the following sections.

General use. Regarding general use of specific measures by interns (item #21), respondents were asked, “In your internship program, which of the following measures do interns use?” They were instructed to “select all that apply” from the list of measures provided. Of the 181 participants who responded to this question, the top 10 measures endorsed were the Wechsler Intelligence Scales (WAIS-IV, WISC-IV/V; 91%); Beck Depression Inventory, 2nd edition (BDI-II; 87%); Beck Anxiety Inventory (BAI; 76%); Minnesota Multiphasic Personality Inventory, 2nd edition (MMPI-2; 71%); Weschler Memory Scale, 3rd edition (WMS-III; 67%); Millon Clinical Multiaxial Inventory, 3rd edition (MCMI-III; 64%); Trail Making Test A & B (Trails; 62%); Personality Assessment Inventory (PAI; 62%); Wide Range Achievement Test, 4th Edition (WRAT-4; 59%); and Wisconsin Card Sorting Test (WCST; 51%). Other remarkable findings included the lack of projective measures in the top 10 endorsed by internship directors as generally used by interns. The Thematic Apperception Test (TAT) was ranked 12th (45%), Sentence Completion (SC) was ranked 13th (44%), the Rorschach was ranked 20th (40%), and

projective drawing tests (e.g., DAP/H-T-P/K-F-D) were ranked 27th (32%). The complete list of all measures and the percentage they were endorsed can be found in Table 7.

Table 7

Testing/Assessment Instruments Generally Used by Interns

Testing/Assessment Instrument	<i>n</i>	%
Wechsler Intelligence Scales (WAIS-IV, WISC-IV/V)	164	91%
Beck Depression Inventory, 2nd Edition (BDI-II)	158	87%
Beck Anxiety Inventory (BAI)	138	76%
Minnesota Multiphasic Personality Inventory, 2nd Edition (MMPI-2)	129	71%
Wechsler Memory Scale-III	122	67%
Millon Clinical Multiaxial Inventory, 3rd Edition (MCMI-III)	115	64%
Trail Making Test A & B	113	62%
Personality Assessment Inventory	112	62%
Wide Range Achievement Test, 4th Edition (WRAT-4)	106	59%
Wisconsin Card Sorting Test	92	51%
Wechsler Individual Achievement Test (WIAT)	89	49%
Thematic Apperception Test	82	45%
Sentence Completion Test	79	44%
MMPI-2-Restructured Form (MMPI-2-RF)	78	43%
Woodcock Johnson-III (Achievement; Cognitive)	78	43%
California Verbal Learning Test	77	43%
Bender Gestalt	75	41%
Brief Rating Scale of Executive Function (BRIEF)	73	40%
Rey-Osterrieth Complex Figure	73	40%
Rorschach Inkblot Method	73	40%
Continuous Performance Test	72	40%
Wide Range Assessment of Memory and Learning	72	40%
TONI-3	67	37%
Delis Kaplan Executive Function System	65	36%
SCID	60	33%
Dementia Rating Scale-II	59	33%
Drawings (DAP, HTP, KFD, etc.)	58	32%
Structured Interview of Reported Symptoms (SIRS)	51	28%
Miller Forensic Assessment of Symptoms Test (M-FAST)	39	22%
Psychopathy Checklist-Revised (PCL-R)	34	19%
Kaufman Assessment Battery for Children (KABC)	33	18%
Boston Diagnostic Aphasia Exam	32	18%
Stanford-Binet 5	27	15%

Note. *n*=181. Corresponds to survey item #21: “In your internship program, which of the following do interns use?”

(continued)

Testing/Assessment Instrument	<i>n</i>	%
Rey 15- Item Test	26	14%
Hamilton Depression Scale	23	13%
NEO Personality Inventory-Revised (NEO-PI-R)	22	12%
History-Clinical-Risk 20 (HCR-20)	22	12%
Rorschach Performance Assessment System (R-PAS)	21	12%
Strong Interest Inventory	21	12%
Static 99	20	11%
Violence Risk Assessment Guide (VRAG)	20	11%
Validity Indicator Profile	17	9%
SADS	14	8%
Adult Manifest Anxiety Scale	8	4%
DIS	3	2%

Note. *n*=181. Corresponds to survey item #21: “In your internship program, which of the following do interns use?”

In an effort to examine general use of testing and assessment instruments by interns across the various types internship program settings represented in this study, responses regarding the top 10 measures identified were compared by setting type. For this analysis, a *general* level of use for each measure was defined as endorsement by a majority of responding directors within each respective internship setting type. Results indicated that a majority of directors across all types of internship programs reported their interns used the Wechsler Intelligence Scales (i.e., WAIS-IV, WISC-IV/V) and the BDI-II (WAIS-IV, WISC-IV/V = 54%-100%; BDI-II = 67%-100%). Of particular note the Wechsler Intelligence Scales were endorsed by 100% of training directors at all setting types except for university counseling centers (UCC = 54%) and Veteran’s Affairs medical centers (VAMC = 86%). The BAI was generally used across all settings except school districts (SCH = 33%). The MMPI–2 was also used generally by interns at all settings with the exception of private general hospitals (PGH = 40%) and child/adolescent facilities (CAP = 33%). Overall, internship directors from school district and psychology department settings reported the lowest levels of use by interns of the top 10 psychological assessment measures identified for the whole sample. However, this may have

been related to the very small numbers of school district and psychology department internship programs represented in the sample. For full results of the top 10 testing and assessment measures endorsed for general intern use by training directors, as compared to setting type, see Table 8.

Frequency of responses associated with general use of the Rorschach, TAT, Sentence Completion, and projective drawing tests (e.g., DAP/H-T-P/K-F-D) was also compared by internship setting type. Results indicated that across all of these projective measures, internship directors at community mental health (CMH) and state/county/other public hospital (SCPH) settings reported the highest rates of use by interns (CMH: TAT = 18%, Rorschach = 25%, projective drawings = 26%, Sentence Completion = 18%; SCPH: TAT = 17%, Rorschach = 25%, projective drawings = 19%, Sentence Completion = 16%). See Table 9 for full results of reported projective measure use by internship setting type.

Table 8

Top 10 Testing/Assessment Instruments Endorsed for General Intern Use by Setting Type

Instrument	Setting																														
	AFMC ^a		CON ^b		MS ^c		PC ^d		PGH ^e		POC ^f		PPH ^g		PD ^h		SCH ⁱ		SCPH ^j		UCC ^k		VAMC ^l		CAP ^m		CMH ⁿ		Other ^o		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
WAIS-IV; WISC-IV/V	3	100	14	100	8	100	13	100	5	100	5	100	6	100	1	100	2	67	21	100	13	54	25	86	8	100	24	96	16	100	
BDI-II	3	100	11	79	7	88	12	92	5	100	4	80	5	83	1	100	2	67	19	90	21	88	28	97	6	75	23	92	11	69	
BAI	3	100	10	71	5	63	8	62	4	80	4	80	4	67	1	100	1	33	18	86	20	83	27	93	4	50	21	84	8	50	
MMPI-2	2	67	10	71	5	63	10	77	2	40	3	60	5	83	1	100	1	33	13	62	19	79	26	90	5	63	19	76	8	50	
WMS-II/IV	3	100	10	71	5	63	10	77	4	80	3	60	5	83	0	--	0	--	19	90	10	42	25	86	3	38	14	56	11	69	
MCMII-III	3	100	8	57	4	50	6	46	3	60	3	60	4	67	0	--	0	--	18	86	14	58	23	79	4	50	16	64	9	56	
Trails A & B	3	100	10	71	6	75	4	31	4	80	3	60	4	67	1	100	0	--	19	90	4	17	26	90	6	75	13	52	10	63	
PAI	3	100	8	57	5	63	11	85	2	40	2	40	5	83	1	100	0	--	21	100	12	50	24	83	1	13	10	40	7	44	

Note. AFMC = Armed Forces medical center; CON = consortium; MS = medical school; PC = prison or correctional facility; PGH = private general hospital; POC = private outpatient clinic; PPH = private psychiatric hospital; PD = psychology department; SCPH = State/County/Other Public Hospital; UCC = university counseling center; VAMC = Veteran’s Affairs medical center; CAP = child or adolescent facility; CMH = community mental health. WAIS-IV/WISC-IV/V = Wechsler Adult Intelligence Scales; BDI = Beck Depression Inventory; MMPI-2 = Minnesota Multiphasic Personality Inventory-2; MCMII-III = Millon Clinical Multiaxial Inventory, 3rd Ed; PAI = Personality Assessment Inventory; WMS-III/IV = Wechsler Memory Scales; BAI = Beck Anxiety Inventory; Trails A&B = Trail Making Test A& B.

^an = 3. ^bn = 14. ^cn = 8. ^dn = 13. ^en = 5. ^fn = 5. ^gn = 6. ^hn = 1. ⁱn = 3. ^jn = 21. ^kn = 24. ^ln = 29. ^mn = 8. ⁿn = 25. ^on = 16.

(continued)

Setting

Instrument	AFMC ^a		CON ^b		MS ^c		PC ^d		PGH ^e		POC ^f		PPH ^g		PD ^h		SCH ⁱ		SCPH ^j		UCC ^k		VAMC ^l		CAP ^m		CMH ⁿ		Other ^o	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
WRAT-4	2	67	6	43	6	75	10	77	3	60	2	40	4	67	0	0	0	--	18	86	5	21	17	59	8	100	14	56	11	69
WCST	3	100	7	50	6	75	5	38	3	60	3	60	4	67	1	100	0	--	16	76	2	8	23	79	5	63	8	32	6	38

Note. AFMC = Armed Forces medical center; CON = consortium; MS = medical school; PC = prison or correctional facility; PGH = private general hospital; POC = private outpatient clinic; PPH = private psychiatric hospital; PD = psychology department; SCPH = State/County/Other Public Hospital; UCC = university counseling center; VAMC = Veteran's Affairs medical center; CAP = child or adolescent facility; CMH = community mental health. WRAT-4 = Wide Range Achievement Test, 4th Ed; WCST = Wisconsin Card Sorting Test.

^an = 3. ^bn = 14. ^cn = 8. ^dn = 13. ^en = 5. ^fn = 5. ^gn = 6. ^hn = 1. ⁱn = 3. ^jn = 21. ^kn = 24. ^ln = 29. ^mn = 8. ⁿn = 25. ^on = 16.

Table 9

Projective Measures Endorsed for General Intern Use by Setting Type

Instrument	Setting																														
	AFMC ^a		CON ^b		MS ^c		PC ^d		PGH ^e		POC ^f		PPH ^g		PD ^h		SCH ⁱ		SCPH ^j		UCC ^k		VAMC ^l		CAP ^m		CMH ⁿ		Other ^o		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Thematic Apperception Test (TAT)	0	0	6	7	3	4	6	7	2	2	4	5	5	6	1	1	0	0	14	17	10	12	6	7	4	5	15	18	6	7	
Sentence Completion Test	1	1	4	5	3	4	8	10	3	4	4	5	3	4	1	1	2	3	13	16	8	10	2	3	5	6	14	18	8	10	
Rorschach Inkblot Method	0	0	4	5	2	3	6	8	0	0	3	4	4	5	0	0	0	0	18	25	5	7	5	7	2	3	18	25	6	8	
Drawings (DAP, HTP, KFD, etc.)	0	0	4	7	3	5	2	3	2	3	5	9	4	7	1	2	2	3	11	19	3	5	0	0	2	3	15	26	4	7	

Note. AFMC = Armed Forces medical center; CON = consortium; MS = medical school; PC = prison or correctional facility; PGH = private general hospital; POC = private outpatient clinic; PPH = private psychiatric hospital; PD = psychology department; SCPH = State/County/Other Public Hospital; UCC = university counseling center; VAMC = Veteran's Affairs medical center; CAP = child or adolescent facility; CMH = community mental health. ^an = 3. ^bn = 14. ^cn = 8. ^dn = 13. ^en = 5. ^fn = 5. ^gn = 6. ^hn = 1. ⁱn = 3. ^jn = 21. ^kn = 24. ^ln = 29. ^mn = 8. ⁿn = 25. ^on = 16.

Frequent use. Item #22 stated, “Please identify the measures used most frequently by interns at your internship program site,” and respondents were prompted to select “up to 10” from the list provided. Of the 179 participants who responded to this question, the top 10 measures endorsed were the Wechsler Intelligence Scales (84%); Beck Depression Inventory, 2nd edition (65%); Minnesota Multiphasic Personality Inventory, 2nd Edition (56%); Beck Anxiety Inventory (46%); Personality Assessment Inventory (39%); Millon Clinical Multiaxial Inventory, 3rd Edition (35%); Trail Making Test A&B (33%); Wechsler Memory Scale, 3rd edition (30%); Wide Range Achievement Test, 4th Edition (30%); and MMPI-2-Restructured Form (28%). Similar to the previous question on general use, results of this question were also remarkable for a lack of projective measures in the top 10. The Rorschach was ranked 12th (26%), Sentence Completion was ranked 14th (23%), the TAT was ranked 15th (22%), and projective drawing tests (e.g., DAP/H-T-P/K-F-D) were ranked 22nd (15%). The complete list of measures and percentages endorsed can be found in Table 10.

Table 10

Testing/Assessment Instruments Frequently Used by Interns

Testing/Assessment Instrument	<i>n</i>	%
Wechsler Intelligence Scales (WAIS-IV, WISC-IV/V)	150	84%
Beck Depression Inventory, 2nd Edition (BDI-II)	117	65%
Minnesota Multiphasic Personality Inventory, 2nd Edition (MMPI-2)	101	56%
Beck Anxiety Inventory (BAI)	83	46%
Personality Assessment Inventory (PAI)	70	39%
Millon Clinical Multiaxial Inventory, 3rd Edition (MCMI-III)	62	35%
Trail Making Test A & B	59	33%
Wide Range Achievement Test, 4th Edition (WRAT-4)	54	30%
Wechsler Memory Scale-III	53	30%
MMPI-2-Restructured Form (MMPI-2-RF)	51	28%
Wechsler Individual Achievement Test (WIAT)	49	27%
Rorschach Inkblot Method	47	26%
Woodcock Johnson-III (Achievement; Cognitive)	43	24%
Sentence Completion Test	42	23%
Thematic Apperception Test (TAT)	40	22%
California Verbal Learning Test	37	21%
Continuous Performance Test	38	21%
Wisconsin Card Sorting Test (WCST)	35	20%
Delis Kaplan Executive Function System	32	18%
Brief Rating Scale of Executive Function (BRIEF)	32	18%
Rey-Osterrieth Complex Figure	30	17%
Drawings (DAP, HTP, KFD, etc.)	26	15%
Test of Nonverbal Intelligence (TONI-3, TONI-4)	23	13%
Dementia Rating Scale-II	24	13%
Structured Interview of Reported Symptoms (SIRS)	23	13%
Bender Gestalt	21	12%
Wide Range Assessment of Memory and Learning	22	12%
Structured Clinical Interview for the DSM (SCID-I, SCID-II, SCID-5)	16	9%
Miller Forensic Assessment of Symptoms Test (M-FAST)	17	9%
History-Clinical-Risk 20 (HCR-20)	15	8%
Stanford-Binet 5	12	7%
Rorschach Performance Assessment System (R-PAS)	12	7%
Strong Interest Inventory	12	7%
Psychopathy Checklist-Revised (PCL-R)	12	7%
Kaufman Assessment Battery for Children (KABC)	11	6%
Static 99	10	6%
Violence Risk Assessment Guide (VRAG)	10	6%
Boston Diagnostic Aphasia Exam	8	4%
Rey 15- Item Test	8	4%
NEO Personality Inventory-Revised (NEO-PI-R)	5	3%
Validity Indicator Profile	5	3%
Hamilton Depression Scale	4	2%
Adult Manifest Anxiety Scale	2	1%
DIS	1	1%

Note. *N*=179. Corresponds to survey item #22: "Which measures are most frequently used at your site?"

Responses regarding the top 10 measures identified for most frequent use were compared by setting type; a *frequent* level of use for each measure was defined as endorsement by a majority (51% or higher) of responding directors within each respective internship setting type. This analysis showed that university counseling centers were the only type of internship in which less than a majority of responding directors endorsed the Wechsler Intelligence Scales for frequent use by interns (UCC = 50%). The majority of internship directors in all other types of settings included the Wechsler Intelligence Scales on their lists of measures most frequently used by interns (the percentages ranged from 67%-100%). Additionally, the three instruments endorsed at a majority level by directors from university counseling centers were all self-report measures of psychopathology, but with varying breadth of scope (BDI-II = 75%; MMPI-2 = 67%; BAI = 58%). Within medical schools, the Wechsler Intelligence Scales were the only measure that all responding internship directors included among their tests most frequently used by interns (100%). Results showed the BDI-II is frequently used by interns across all internship settings represented, with the exception of state/county/other public hospitals, where just 38% of directors included it. Both the MMPI-2 and the BAI were indicated for frequent intern use at Armed Forces medical centers (MMPI-2 = 67%; BAI = 100%), psychology departments (MMPI-2 = 100%; BAI = 100%), university counseling centers (MMPI-2 = 67%; BAI = 58%), VA medical centers (MMPI-2 = 76%; BAI = 72%), and community mental health facilities (MMPI-2 = 64%; BAI = 52%). A majority of training directors within 3 of the 15 setting types represented endorsed only 2 of the 10 top overall frequently used measures. Among them, internship directors at private psychiatric hospitals (PPH), school districts (SCH), and state/county/other public hospital facilities (SCPH) endorsed the Wechsler Intelligence Scales at the highest rate (PPH = 100%; SCH = 67%; SCPH = 95%), followed by the MMPI-2 for private psychiatric

hospitals (67%), the BDI-II for school districts (67%), and the PAI for state/county/other public hospitals (62%). See Table 11 for complete results of the top 10 measures endorsed for frequent use by interns relative to setting type.

Table 11

Top 10 Testing/Assessment Instruments Endorsed for Frequent Intern Use by Setting

Instrument	Setting																														
	AFMC ^a		CON ^b		MS ^c		PC ^d		PGH ^e		POC ^f		PPH ^g		PD ^h		SCH ⁱ		SCPH ^j		UCC ^k		VAMC ^l		CAP ^m		CMH ⁿ		Other ^o		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
WAIS-IV; WISC-IV/V	3	100	12	86	8	100	13	100	5	100	3	60	6	100	1	100	2	67	20	95	12	50	19	66	8	100	23	92	15	94	
BDI-II	3	100	8	57	3	38	8	62	4	80	3	60	3	50	1	100	2	67	10	48	18	75	27	93	5	63	16	64	6	38	
MMPI-2	2	67	8	57	2	25	6	46	2	40	3	60	4	67	1	100	1	33	10	48	16	67	22	76	1	13	16	64	7	44	
BAI	3	100	6	43	2	25	5	38	3	60	2	40	2	33	1	100	1	33	5	24	14	58	21	72	2	25	13	52	3	19	
PAI	3	100	5	36	4	50	7	54	1	20	2	40	3	50	0	--	0	--	13	62	7	29	14	48	0	0	6	24	5	31	
MCMII-III	2	67	5	36	2	25	3	23	1	20	3	60	3	50	0	--	0	--	7	33	6	25	12	41	2	25	11	44	5	31	
Trails A & B	2	67	3	21	1	13	3	23	1	20	2	40	3	50	0	--	0	--	6	29	2	8	17	59	4	50	9	36	6	38	
WRAT-4	1	33	3	21	2	25	4	31	2	40	1	20	1	17	0	--	0	--	8	38	3	13	7	24	5	63	11	44	6	38	

Note. AFMC = Armed Forces medical center; CON = consortium; MS = medical school; PC = prison or correctional facility; PGH = private general hospital; POC = private outpatient clinic; PPH = private psychiatric hospital; PD = psychology department; SCPH = State/County/Other Public Hospital; UCC = university counseling center; VAMC = Veteran’s Affairs medical center; CAP = child or adolescent facility; CMH = community mental health. WAIS-IV/WISC-IV/V = Wechsler Adult Intelligence Scales; BDI = Beck Depression Inventory; MCMII-III = Millon Clinical Multiaxial Inventory, 3rd Ed; PAI = Personality Assessment Inventory; WRAT-4 = Wide Range Achievement Test, 4th Ed; WCST = Wisconsin Card Sorting Test; BAI = Beck Anxiety Inventory; Trails A&B = Trail Making Test A&B.

^an = 3. ^bn = 14. ^cn = 8. ^dn = 13. ^en = 5. ^fn = 5. ^gn = 6. ^hn = 1. ⁱn = 3. ^jn = 21. ^kn = 24. ^ln = 29. ^mn = 8. ⁿn = 25. ^on = 16.

(continued)

Setting

Instrument	AFMC ^a		CON ^b		MS ^c		PC ^d		PGH ^e		POC ^f		PPH ^g		PD ^h		SCH ⁱ		SCPH ^j		UCC ^k		VAMC ^l		CAP ^m		CMH ⁿ		Other ^o	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
WMS-II/IV	3	100	4	29	3	38	3	23	2	40	1	20	1	17	0	--	0	--	6	29	3	13	15	52	1	13	6	24	5	31
MMPI-2-RF	3	100	5	36	3	38	6	46	2	40	0	0	2	33	0	--	0	--	9	43	3	13	9	31	0	0	6	24	3	19

Note. AFMC = Armed Forces medical center; CON = consortium; MS = medical school; PC = prison or correctional facility; PGH = private general hospital; POC = private outpatient clinic; PPH = private psychiatric hospital; PD = psychology department; SCPH = State/County/Other Public Hospital; UCC = university counseling center; VAMC = Veteran's Affairs medical center; CAP = child or adolescent facility; CMH = community mental health. MMPI-2 = Minnesota Multiphasic Personality Inventory-2; WMS-III/IV = Wechsler Memory Scales;

^an = 3. ^bn = 14. ^cn = 8. ^dn = 13. ^en = 5. ^fn = 5. ^gn = 6. ^hn = 1. ⁱn = 3. ^jn = 21. ^kn = 24. ^ln = 29. ^mn = 8. ⁿn = 25. ^on = 16.

Analysis of responses associated with frequency of use with the Rorschach, TAT, projective drawing tests (e.g., DAP/H-T-P/K-F-D), and Sentence Completion tests were also compared by setting type. The percentages of internship directors who included projective measures among the tests most frequently used by interns was highest among directors from community mental health (CMH: TAT = 28%, Rorschach = 26%, projective drawing tests = 27%, Sentence Completion = 17%) and state/county/other public hospital settings (SCPH: TAT = 15%, Rorschach = 28%, projective drawing tests = 19%, Sentence Completion = 12%). Of note, 12% of the internship directors from university counseling centers included the Sentence Completion test on their most frequent list, and 12% of public outpatient clinic directors endorsed frequent use of projective drawings. To see full results of these projective measures frequently used by setting type, see Table 12.

Table 12

Projective Measures Endorsed for Frequent Intern Use by Setting Type

Instrument	Setting																														
	AFMC ^a		CON ^b		MS ^c		PC ^d		PGH ^e		POC ^f		PPH ^g		PD ^h		SCH ⁱ		SCPH ^j		UCC ^k		VAMC ^l		CAP ^m		CMH ⁿ		Other ^o		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Thematic Apperception Test (TAT)	0	0	3	6	1	1	1	8	0	3	2	4	4	7	0	0	0	0	13	24	4	4	1	8	5	8	1	1	12	25	
Sentence Completion Test	1	3	3	3	0	3	3	9	1	6	3	6	3	3	1	0	2	3	5	24	5	6	1	6	4	9	3	6	7	15	
Rorschach Inkblot Method	0	0	3	5	0	2	3	9	1	4	3	5	4	7	0	0	1	0	3	14	6	11	1	7	3	9	1	4	11	23	
Drawings (DAP, HTP, KFD, etc.)	0	0	2	0	1	3	1	10	0	3	3	3	2	6	1	0	1	3	3	23	1	6	0	3	2	6	2	6	7	26	

Note. AFMC = Armed Forces medical center; CON = consortium; MS = medical school; PC = prison or correctional facility; PGH = private general hospital; POC = private outpatient clinic; PPH = private psychiatric hospital; PD = psychology department; SCPH = State/County/Other Public Hospital; UCC = university counseling center; VAMC = Veteran’s Affairs medical center; CAP = child or adolescent facility; CMH = community mental health.
^an = 3. ^bn = 14. ^cn = 8. ^dn = 13. ^en = 5. ^fn = 5. ^gn = 6. ^hn = 1. ⁱn = 3. ^jn = 21. ^kn = 24. ^ln = 29. ^mn = 8. ⁿn = 25. ^on = 16.

Preferred Pre-Internship Assessment Experience

Respondents were also asked, “Please indicate which measures you prefer your interns to have had clinical experience with before starting internship,” and instructed to “select all that apply” from the previously described list of 45 common assessment measures (item #23). Of the 176 participants who responded to this question, 100% endorsed the Wechsler Intelligence Scales. The remaining top nine measures endorsed were the Minnesota Multiphasic Personality Inventory, 2nd edition (78%); Beck Depression Inventory, 2nd edition (56%); Beck Anxiety Inventory (45%); Rorschach (48%); Personality Assessment Inventory (45%); Millon Clinical Multiaxial Inventory, 3rd edition (41%); Woodcock Johnson-III/IV (38%); Wechsler Memory Scale-III/IV (38%); and Wechsler Individual Achievement Test (37%). Beyond the Rorschach, no other projective measures were included in this list of top measures preferred for experience before internship. The TAT was ranked 12th (33%), Sentence Completion was ranked 17th (19%), and projective drawing tests (e.g., DAP/H-T-P/K-F-D) were ranked 31st (18%). The complete list of measures and the percentage each was endorsed can be found in Table 13.

Table 13

Preferred Testing/Assessment Experience Prior to Internship

Testing/Assessment Instrument	<i>n</i>	%
Wechsler Intelligence Scales (WAIS-IV, WISC-IV/V)	176	100%
Minnesota Multiphasic Personality Inventory, 2nd Edition (MMPI-2)	138	78%
Beck Depression Inventory, 2nd Edition (BDI-II)	98	56%
Rorschach Inkblot Method	84	48%
Personality Assessment Inventory (PAI)	80	45%
Beck Anxiety Inventory (BAI)	79	45%
Millon Clinical Multiaxial Inventory, 3rd Edition (MCMI-III)	72	41%
Woodcock Johnson-III/IV (Achievement; Cognitive)	67	38%
Wechsler Memory Scale-III	66	38%
Wechsler Individual Achievement Test (WIAT)	65	37%
Wide Range Achievement Test, 4th Edition (WRAT-4)	58	33%
Thematic Apperception Test (TAT)	58	33%
Trail Making Test A & B	52	30%
MMPI-2-Restructured Form (MMPI-2-RF)	52	30%
Structured Clinical Interview for the DSM (SCID-I, SCID-II, SCID-5)	48	27%
Wisconsin Card Sorting Test (WCST)	38	22%
Sentence Completion Test	34	19%
Drawings (DAP, HTP, KFD, etc.)	31	18%
Brief Rating Scale of Executive Function (BRIEF)	28	16%
California Verbal Learning Test	28	16%
Continuous Performance Test	28	16%
Bender Gestalt	27	15%
Test of Nonverbal Intelligence (TONI-3, TONI-4)	24	14%
Wide Range Assessment of Memory and Learning	24	14%
Stanford-Binet 5	19	11%
Dementia Rating Scale-II	19	11%
Rorschach Performance Assessment System (R-PAS)	20	11%
Delis Kaplan Executive Function System	18	10%
Rey-Osterrieth Complex Figure	17	10%
Structured Interview of Reported Symptoms (SIRS)	16	9%
Strong Interest Inventory	12	7%
Psychopathy Checklist-Revised (PCL-R)	13	7%
Miller Forensic Assessment of Symptoms Test (M-FAST)	13	7%
Hamilton Depression Scale	9	5%
Kaufman Assessment Battery for Children (KABC)	9	5%

Note. *N*=176. Corresponds to survey item #23: "Please indicate which measures you would prefer your interns to have academic and/or practicum training on before initiation of internship?"

(continued)

Testing/Assessment Instrument	<i>n</i>	%
Boston Diagnostic Aphasia Exam	9	5%
NEO Personality Inventory-Revised (NEO-PI-R)	9	5%
Violence Risk Assessment Guide (VRAG)	9	5%
History-Clinical-Risk 20 (HCR-20)	9	5%
Rey 15- Item Test	8	5%
Adult Manifest Anxiety Scale	7	4%
SADS	7	4%

Note. *N*=176. Corresponds to survey item #23: “Please indicate which measures you would prefer your interns to have academic and/or practicum training on before initiation of internship?”

Upon comparison by setting type, results revealed that internship directors throughout most setting types preferred pre-internship experience with the Wechsler Intelligence Scales at a rate of 100%, except community mental health centers (96%) and university counseling centers (63%). The MMPI-2 also stood out as a preferred experience measure among a majority of responding directors across all setting types, except directors from school district (33%) and child/adolescent (25%) internships. Overall, internship directors at Armed Forces medical centers, VA medical centers, and psychology departments were shown to prefer pre-internship experience with the majority of the top 10 measures (AFMC = 7 of 10; VAMC = 6 of 10; PD = 6 of 10). Finally, pre-internship experience with the Rorschach was shown to be highly preferred by internship directors of state/county/public hospitals (85%), private psychiatric hospitals (83%), community mental health sites (72%), and public outpatient clinics (60%), despite its absence from the top measures identified for general and frequent intern use across all settings. Complete results of the top 10 measures preferred for pre-internship experience relative to setting type are presented in Table 14.

The percentages of internship directors who expressed a preference for pre-internship experience with the TAT, projective drawing tests (e.g., DAP/H-T-P/K-F-D), and Sentence Completion tests were also examined by internship setting type. Results indicated that once

again, the highest rates of endorsement of these projective measures were found among internship directors from community mental health and state/county/other public hospital settings (CMH: TAT = 18%, drawings = 26%, Sentence Completion = 15%; SCPH: TAT = 17%, drawings = 23%, Sentence Completion = 24%). Of note, university counseling center internship directors were found to prefer experience with the TAT at a rate of 11%. To see complete results for projective measures preferred for pre-internship experience by setting type see Table 15.

Table 14

Top 10 Preferred Testing/Assessment Experience Prior to Internship by Setting Type

Instrument	Setting																															
	AFMC ^a		CON ^b		MS ^c		PC ^d		PGH ^e		POC ^f		PPH ^g		PD ^h		SCH ⁱ		SCPH ^j		UCC ^k		VAMC ^l		CAP ^m		CMH ⁿ		Other ^o			
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
WAIS-IV; WISC-IV/V	3	100	13	100	8	100	12	100	5	100	5	100	6	100	1	100	3	100	20	100	15	63	28	100	8	100	24	96	15	100		
MMPI-2	2	67	7	54	5	63	11	92	3	60	4	80	6	100	1	100	1	33	16	80	18	75	26	93	2	25	20	80	11	73		
BDI-II	2	67	6	46	4	50	8	67	3	60	2	40	2	33	1	100	2	67	10	50	13	54	24	86	3	38	13	52	5	33		
Rorschach	0	0	4	31	1	13	6	50	2	40	3	60	5	83	0	0	0	0	17	85	3	13	6	21	1	13	18	72	6	40		
PAI	2	67	2	15	3	38	8	67	2	40	0	0	4	67	1	100	0	0	15	75	12	50	17	61	0	0	7	28	6	40		
BAI	2	67	6	46	3	38	7	58	2	40	2	40	1	17	1	100	1	33	8	40	12	50	19	68	1	13	10	40	4	27		
MCMII-III	2	67	6	46	2	25	6	50	2	40	1	20	4	67	0	0	0	0	9	45	8	33	17	61	2	25	7	28	6	40		

Note. AFMC = Armed Forces medical center; CON = consortium; MS = medical school; PC = prison or correctional facility; PGH = private general hospital; POC = private outpatient clinic; PPH = private psychiatric hospital; PD = psychology department; SCPH = State/County/Other Public Hospital; UCC = university counseling center; VAMC = Veteran's Affairs medical center; CAP = child or adolescent facility; CMH = community mental health. WAIS-IV/WISC-IV/V = Wechsler Adult Intelligence Scales; BDI = Beck Depression Inventory; MMPI-2 = Minnesota Multiphasic Personality Inventory-2; MCMII-III = Millon Clinical Multiaxial Inventory, 3rd Ed; PAI = Personality Assessment Inventory; BAI = Beck Anxiety Inventory.

^an = 3. ^bn = 14. ^cn = 8. ^dn = 13. ^en = 5. ^fn = 5. ^gn = 6. ^hn = 1. ⁱn = 3. ^jn = 21. ^kn = 24. ^ln = 29. ^mn = 8. ⁿn = 25. ^on = 16.

(continued)

Setting

Instrument	AFMC ^a		CON ^b		MS ^c		PC ^d		PGH ^e		POC ^f		PPH ^g		PD ^h		SCH ⁱ		SCPH ^j		UCC ^k		VAMC ^l		CAP ^m		CMH ⁿ		Other ^o	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
WJ-III/IV	0	0	9	69	6	75	5	42	2	40	1	20	2	33	1	100	3	100	3	15	10	42	3	11	6	75	7	28	7	47
WMS-III/IV	3	100	3	23	3	38	4	33	1	20	0	0	3	50	0	0	1	33	11	55	5	21	14	50	3	38	5	20	8	53
WAIT	1	33	9	69	5	63	5	42	3	60	0	0	1	17	0	0	2	67	7	35	2	8	6	21	5	63	11	44	8	53

Note. AFMC = Armed Forces medical center; CON = consortium; MS = medical school; PC = prison or correctional facility; PGH = private general hospital; POC = private outpatient clinic; PPH = private psychiatric hospital; PD = psychology department; SCPH = State/County/Other Public Hospital; UCC = university counseling center; VAMC = Veteran's Affairs medical center; CAP = child or adolescent facility; CMH = community mental health. WJ-III/IV = Woodcock Johnson 3rd or 4th Ed; WMS-III/IV = Wechsler Memory Scales; WAIT = Weschler Individual Achievement Test
^an = 3. ^bn = 14. ^cn = 8. ^dn = 13. ^en = 5. ^fn = 5. ^gn = 6. ^hn = 1. ⁱn = 3. ^jn = 21. ^kn = 24. ^ln = 29. ^mn = 8. ⁿn = 25. ^on = 16.

Table 15

Projective Measures Endorsed as Preferred Testing/Assessment Experience Prior to Internship

Instrument	Setting																														
	AFMC ^a		CON ^b		MS ^c		PC ^d		PGH ^e		POC ^f		PPH ^g		PD ^h		SCH ⁱ		SCPH ^j		UCC ^k		VAMC ^l		CAP ^m		CMH ⁿ		Other ^o		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Thematic Apperception Test (TAT)	0	0	3	5	1	2	5	9	2	4	3	5	4	7	0	0	0	0	8	14	6	11	4	7	5	9	2	4	13	23	
Sentence Completion Test	1	3	1	3	1	3	3	9	2	6	2	6	1	3	0	0	1	3	8	24	2	6	2	6	3	9	2	6	5	15	
Drawings (DAP, HTP, KFD, etc.)	0	0	0	0	1	3	3	10	1	3	1	3	2	6	0	0	1	3	7	23	2	6	1	3	2	6	2	6	8	26	

Note. AFMC = Armed Forces medical center; CON = consortium; MS = medical school; PC = prison or correctional facility; PGH = private general hospital; POC = private outpatient clinic; PPH = private psychiatric hospital; PD = psychology department; SCPH = State/County/Other Public Hospital; UCC = university counseling center; VAMC = Veteran’s Affairs medical center; CAP = child or adolescent facility; CMH = community mental health.

^an = 3. ^bn = 14. ^cn = 8. ^dn = 13. ^en = 5. ^fn = 5. ^gn = 6. ^hn = 1. ⁱn = 3. ^jn = 21. ^kn = 24. ^ln = 29. ^mn = 8. ⁿn = 25. ^on = 16.

Other Measures Used by Interns

While the questionnaire items regarding measures used by interns (#21 and #22) did not provide an “other” option for respondents to write in measures not listed, a small amount of respondents utilized later, open-ended questionnaire items (#29 and #32) to write in other measures used by interns at their respective sites. One item asked, “What new psychological tests or measures has your site begun using in the last five years?” (item #29), and the other stated, “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” (item #32). Responses were identified as relevant by direct reference to questionnaire item #21 or #22, or by language that unequivocally stated the respondent’s intention (e.g., “other measures used by our interns that were not on your list include...”). Only these responses to items 29 and 32 were addressed by the present researcher given this dissertation focus; as noted earlier, these questionnaire items were primarily addressed by the co-investigators.

Using this criterion, 10 internship directors were found to include 29 other measures used by their program’s interns. Similar responses were organized under the categories of adaptive behavior measures (1), Autism Spectrum Disorder (ASD)-related measures (2), brief cognitive measures (2), child/adolescent measures (18), malingering measures (2), neuropsychological functioning instruments (2), nonverbal intelligence measures (2), and updated versions of measures already included in the list provided (1). Further analysis indicated that each of these respondents also endorsed measures included in the list provided in the general use question (item #21), where they were allowed to “select all” that applied. Each respondent also endorsed the allotted amount of measures requested in the frequent use question (item #22), where they were instructed to “select up to 10” that applied. Thus, these added measures did not increase the

total number of participants who endorsed either question (item #21, $n=181$; item #22, $n=179$).

The percentage each of these additional measures was endorsed was determined, and none were found at a rate higher or equal to any of the top 10 measures used by interns. The complete list of additional measures and associated percentages may be found in Table 16.

Table 16

Write-In Responses: Additional Testing/Assessment Instruments Used by Interns

Category	Response ^b
Adaptive Behavior	1. Adaptive Behavior Assessment System, 2nd Edition (ABAS-II)
ASD-related measures	1. ADOS 2. Social Responsiveness Scale, 2nd Edition
Brief cognitive measures	1. MoCA 2. Shipley-2
Child/Adolescent	1. Adolescent Anger Rating Scale (AARS) 2. Adolescent Substance Abuse Subtle Screening Inventory 3. BASC-2 4. BRIEF-A 5. CBCL 6. CDI 7. Connors 8. M-PACI 9. MDI-C 10. Millon Adolescent Clinical Inventory (MACI) 11. MMPI-A 12. Multidimensional Anxiety Scale for Children, 2nd Edition 13. NEPSY-II 14. Piers Harris 15. Revised Children's Manifest Anxiety Scale, 2nd Edition 16. Structured Assessment of Violence Risk in Youth™ 17. Tell-Me-A-Story (TEMAS) 18. Youth Self Report (YSR)

Note. $n= 10$. Responses identified as relevant to the topic of measures generally used by interns, as written survey item #29: “What new psychological tests or measures has your site begun using within the last five years?” and item #32: Please add anything else you would like to offer regarding psychological assessment training and practice at the internship level that was not covered in this survey.”

^bCategories includes verbatim responses.

(continued)

Category	Response ^b
Malingering	1. Rey-15 2. TOMM
Neuropsychological Functioning	1. Behavioural Assessment of the Dysexecutive Syndrome 2. RBANS
Nonverbal Intelligence	1. Universal Nonverbal Intelligence Test - Second Edition
Updated versions of measures listed	1. WMS-IV 2. WISC-V

Note. $n = 10$. Responses identified as relevant to the topic of measures generally used by interns, as written survey item #29: “What new psychological tests or measures has your site begun using within the last five years?” and item #32: Please add anything else you would like to offer regarding psychological assessment training and practice at the internship level that was not covered in this survey.”

^bCategories includes verbatim responses.

Other Measures Recommended for Pre-internship Experience

Respondents were also provided an opportunity to expand upon their answers about training preferences in questionnaire item #31, an open-ended question that asked, “What recommendations do you have for academic programs regarding pre-internship training in psychological testing and assessment?” Responses that included recommendations regarding specific measures, broad categories of measures, or specific domains of functioning were deemed relevant to the present investigator’s area of focus. Similar responses were collapsed under the headings of projective measures (8%), personality assessment (4%), cognitive assessment (2%), therapeutic assessment (2%), and diagnostic measures (1%). Other specified answers were reported by <1% of respondents to this question. See Table 17 for the complete list of relevant recommendations and the percentages of respondents who mentioned them.

Table 17

Testing/Assessment Instruments Recommended for Increased Pre-Internship Training

Testing/Assessment Instrument ^b	<i>n</i>	%
Projective measures	12	8%
Personality assessment measures	6	4%
Cognitive assessment measures	3	2%
Therapeutic assessment	3	2%
Diagnostic measures	2	1%
Millon	1	<1%
RBANS	1	<1%
Treatment outcome measures	1	<1%
SIB-R	1	<1%
Neuropsychological assessment measures	1	<1%

Note. *n*=24

^bCategories includes verbatim responses.

Additional Data

Questionnaire item #29 was opened-ended and asked, “What new psychological tests or measures has your site begun using within the last five years?” Upon review of the responses from the 130 participants who chose to address this item, it appeared that the question might not have been understood equally by all respondents and/or a lack of clear wording may have caused a majority of respondents to interpret the question differently than the principal investigators intended. Specifically, the use of the word “new” in this item was meant by the principal investigators to identify newly developed psychological tests or measures, as opposed to updated versions of existing instruments that were already included in the list of measures provided to participants in questionnaire items #21-23, or any test or measure that was newly introduced at the respective internship program site. However, as this important distinction was not clearly stated, 58 respondents listed solely or mostly updated versions of existing tests and measures, and another 12 respondents included statements such as, “updated versions of all tests used,”

“simply updated versions,” and “updates/revisions of test measures.” All but two of these 70 total respondents had also already endorsed the same measures in their responses for the earlier items addressing use by interns (#21 & #22). This confusion regarding the intention of this questionnaire item was directly addressed by one participant who stated, “I'm not sure if you mean newly developed tests or new measures for our site. I'm also unclear if a new measure would be something such as the WISC-V, when we had been using the WISC-IV.” Additionally, one response to this item was found to be relevant to questionnaire item #21 (as described in the previous section) due to language that unequivocally stated the respondent’s intention: “Your list of tests is very partial. Many that we use that you don't list: MACI, Conners, CBCL, ABAS, BADS, CDI, MASC, ASRS, MMPI-A, ADOS, UNIT, AARS, etc. These are not new, but the info you are getting from this survey is incomplete.” Further, three more responding participants appeared to have answered this question based on new methods of administration, scoring, and/or reporting (e.g., “iPad for WISCV”). Given clear evidence that vague wording seemed to lead to confusion and/or misunderstanding for a total of 73 out of 130 responding participants, it was determined that the usefulness of the item was compromised by a lack of sufficient clarity. The complete list of verbatim responses can be found in Appendix I.

Chapter IV: Discussion

The purpose of this study was to identify and describe current practices and emerging trends in psychological testing and assessment across psychology internship programs in the United States. The intent of the study was to expand upon previous research on assessment-related practices and training expectations at the internship level, in an effort to inform academic training programs in the field of psychology. The current literature base on psychological assessment reflected the high importance of psychological assessment competency in training and practice across all settings, while also highlighting a troublesome lack of alignment between internship directors' assessment-related expectations of students and the actual competencies demonstrated by many beginning pre-doctoral psychology interns. Past studies detected subtle changes in emphasis of psychological assessment methods (e.g., projective, objective, behavioral), typically based on internship setting; however, primary intern use of assessment measures and techniques that are considered foundational throughout the field of psychology has remained generally stable. Results of the present study reflect broad similarities to past research regarding the importance of strong training in psychological assessment. Likewise, the present findings included some evidence of continued discrepancies between internship directors' assessment-related expectations of incoming interns and the actual competency levels of beginning interns. For example, some internship directors in the current study expressed concern that incoming interns lack adequate training in projective methods such as the Rorschach and apperception tests. However, the current study also revealed noteworthy shifts in psychological testing and assessment instrument use at the internship level, in the years since similar survey studies were conducted. Further, this study found notable changes from previous studies

regarding internship directors' expectations regarding the clinical experience in psychological assessment interns obtain prior to the internship year.

The present survey study results support the conclusions of previous research regarding the critical importance of assessment in the training of clinical psychologists. The current results further support past studies that indicated continued use and internship directors' high appraisal of pre-doctoral training experience with well-known, established psychological assessment instruments. In particular, the Weschler Intelligence Scales (i.e., WAIS-IV, WISC-IV, WISC-V) and the MMPI-2 are generally and/or frequently used and preferred for pre-internship training experience by internship directors across all settings, which appears unchanged from earlier research.

Also consistent with past literature, this study demonstrates variability in intern use of testing and assessment instruments and preferred experience with specific measures, based on setting type. Directors of university counseling center internships appeared to place less importance on assessment training than did the directors of internship programs in other settings. Given that the apparent measures used frequently by interns at university counseling centers were all self-report measures of psychopathology (two of which are brief, symptom-focused measures), this may be a function of the demands of these training sites, the populations served, and the program resources. University counseling centers typically serve a large amount of students on a regular basis, which inherently places limitations on the amount of time they may dedicate to assessment, without sacrificing time allotted for psychotherapy services. It may be suggested that for university counseling centers, the perceived value of providing intervention and prevention services to broader range of students is considered greater than providing time-intensive, traditional assessment and psychotherapy services to a smaller number of overall

students. In response to an open-ended survey item allowing participants to include anything they “would like to offer” regarding the survey topic, a training director from a college counseling setting spoke directly to this point:

A challenge (at least in a college counseling setting) to effectively implementing quality testing training relates to time allocation. Should interns be allotted several hours per week to perform/score/interpret tests? If so, this diminishes the number of regular clients they might consistently schedule. However, providing relevant testing time on an ad hoc basis potentially interrupts services provided to regularly scheduled clients.

It is also important to consider that psychoeducational evaluations may often be conducted by other supporting university departments (e.g., Academic Services/Support) rather than the university counseling center. Perhaps within university settings, assessment and intervention services may be independent of one another and/or serve different functions than in other settings. Nonetheless, this decreased emphasis in assessment within university counseling centers has been well established in past studies. As such, it does not likely present any significant new implications on current or future academic training practices in the field of psychological assessment.

There are multiple additional measures identified for intern use and preferred pre-internship assessment experience that were indicated in earlier studies, but at variable levels. The current study found that the BDI-II is still used regularly at internship program sites, but at even higher rates than detected in past survey studies of internship directors (e.g., 26%, Clemence & Handler, 2001; 8%, Piotrowski & Belter, 1999). In fact, the BDI-II was shown to be the second highest testing instrument used by interns both generally and frequently, with internship directors overall endorsing it at rates of 87% for general intern use and 65% for frequent intern use. Additionally, 64% of all responding directors reported that interns were using the MCMI-III in their programs, which is relatively higher than previous study results (31%, Clemence &

Handler, 2001; 50%, Piotrowski & Belter, 1999). Finally, the present study showed the PAI was consistently listed within the top 10 measures overall for general use by interns (62%), frequent use (39%), and preferred prior experience (45%), according to all responding internship directors. This reflects a noticeable difference from prior research, which demonstrated much lower rates of use with the PAI (15%, Piotrowski & Belter, 1999), and a smaller percentage of internship directors' preferring pre-internship experience with the PAI (21%; Clemence & Handler, 2001).

Despite the presence of broad similarities between present and past study results, with some subtle changes detected, the current findings also reflected notable shifts in focus regarding internship directors' perspectives on what specific measures are used most frequently by interns, as well as what measures directors prefer interns to obtain experience with before initiation of the internship year. One of the most remarkable differences apparent from past studies is the apparent decline of projective measures indicated for intern use and preferred pre-internship assessment experience, according to internship directors. In various past studies, projective measures were found to play a central role in the psychological assessment activity of predoctoral interns, with the Rorschach, TAT, human figure drawings, and sentence completion tests reported by internship directors as among the most widely used instruments (Clemence & Handler, 2001; Garfield & Kurtz, 1973; Levitt, 1973; McCully, 1965; Shemberg & Keeley, 1970). In stark contrast, the Rorschach was not indicated among the top 10 measures indicated by internship directors overall for general or frequent intern use. Whereas in previous studies this projective instrument has been ranked within the top three measures identified by internship training directors as regularly used by interns, in the current study it ranked 20th in regard to general use and 12th among the measures most frequently used by interns. Examination of

responses by setting type revealed that across all types of settings surveyed, the largest percentages of responding directors to endorse intern use of the Rorschach were from community mental health centers (25%) and state/county/other public hospitals (25%).

Despite the overall decrease in rates of intern use compared to past survey studies, the Rorschach remained in the top list of measures that internship directors prefer interns to have had experience with prior to starting their internships. These results suggest that while many internship program trainees do not use the Rorschach frequently, it remains a highly valued pre-doctoral training experience among internship directors. This suggests that internship applicants with prior experience using the Rorschach may be at a distinct advantage over applicants without Rorschach experience, regardless of setting type. Moreover, for graduate students seeking internship positions at public hospital, private psychiatric hospital, community mental health, and private outpatient clinic settings, obtaining pre-internship Rorschach experience may be important for a successful match.

Additionally, overall respondents did not identify the TAT, Sentence Completion, and projective drawing tests at a majority level for general use by interns (32%-45%) or frequent use by interns (15%-23%), nor were these measures highly favored for pre-internship assessment experience (18%-33%). However, when responding to open-ended survey items regarding recommendations for academic programs (item #31) or the opportunity to offer any additional comments (item #32), a total of 20 internship directors, with each surveyed setting type represented, commented on the need for increased pre-internship training with projective assessment techniques. An example of these responses included, “We are finding that fewer and fewer applicants have training in projective testing, yet we still use projective measures on occasion at our inpatient facility.” Another director stated: “My hope would be that programs are

ensuring that those leaving for internship have received the proper training on this [Rorschach] and other projective measures.” Perhaps this point is best illustrated by the following recommendation from a training director at a private outpatient clinic:

It is vitally important for programs to continue to train students in the use and interpretation of personality based assessment for the purposes of assessing current functioning AND personality organization and structure. Of particular importance is the continuation or amplification of training in projective measures, particularly the Rorschach and apperception tests. It is my opinion that this training is vitally important for becoming a practicing clinical psychologist.

In sum, the study findings reveal some broad similarities to past research, while also highlighting remarkable changes in specific psychological assessment practices during internship and in the expectancies internship directors hold for incoming interns regarding prior training with specific testing and assessment instruments. The similarities with earlier studies included internship directors’ strong endorsement of the overall importance of psychological assessment to the field of clinical psychology. The finding of variable assessment emphasis across internship program settings was also consistent with earlier research. Multiple assessment instruments and tests identified in past research as used by interns and preferred by directors for pre-internship experience were also reflected in the present findings. However, among these measures, most of them were endorsed for intern use and preferred for pre-internship experience at noticeably higher levels than reported by internship directors in previous studies. The most significant change is the decline in internship directors’ endorsement of projective instruments used by interns, as well as a remarkable decrease in projective assessment emphasis overall. Despite these results, the Rorschach remains a highly valued assessment measure for pre-internship experience. These findings present significant implications for academic curriculum and practicum-level training, particularly in light of continued discrepancies between internship

director's expectations pertaining to specific assessment tests and measures and their actual experience with incoming interns' competency with those tests and measures.

Limitations

There are distinct limitations associated with surveys in general that must be considered when conducting survey research. The first pertains to survey nonresponses. The difference between internship training directors who chose to respond to the survey and those who did not may be correlated with the subject content of the survey, given evidence that those not interested in the substantive topic of a research project are more likely to refuse participation (Couper, 1997; Fan & Yan, 2010; Rindfuss, Choe, Tsuya, Bumpass, & Tamaki, 2015).

Directors of internship programs that emphasize psychological assessment may have been more likely to respond to a survey on this topic, while internship directors from programs with less assessment emphasis may have chosen not to participate. Additionally, internship directors' individual views related to the value of psychological assessment may influence their choice to participate in a study with this focus. For example, those with a higher appreciation or use for testing and assessment practices may have been more inclined to participate than those with less use or appreciation for psychological assessment. Likewise, individuals with very positive or very negative views about assessment training issues may be more likely to participate. It is also important to consider potential demographic differences between respondents and non-respondents. The present study's response sample was composed predominantly of Caucasian internship directors who first obtained licensure over 10 years ago. This suggests the potential for variable results based on a more demographically diverse sample. Thus, results obtained may not be generalizable to all internship directors, to the extent that such differences between responders and non-responders may exist.

Other limitations related to web survey non-response are associated with research design and method. The most obvious concern in this regard is that such studies are skewed to Internet users, and the target population may or may not be skilled in or have access to the necessary technology. In the present study however, the population surveyed (i.e., APPIC internship directors in their workplace settings) would be expected to have a high rate of Internet use, making online distribution of the survey and data collection an effective research method. Additionally, work-time availability and timing of participant recruitment may have influenced response rates. For example, some internship directors may not have had the time available in their workdays to participate. Similarly, the “out of office” autoreply emails that were received subsequent to the initial invitation e-mail and subsequent reminder e-mails, presented the possibility these correspondences may have been overlooked upon these directors’ return to their offices. Another limitation of design was that the questionnaire items were created with individual training sites in mind, while directors of consortium internships were representing multifaceted programs. These training directors may have found it difficult to comment on the various measures used by interns, or on their preferences for pre-internship assessment experience due to the nature of consortia versus individual training sites. The investigators attempted to maximize the response rate through various methods, including multiple reminders to participate and also by limiting the length of the questionnaire.

Another limitation is that this study incorporated a self-report method pertaining to internship directors, which could have been impacted by a social desirability bias or response set (Mitchell & Jolley, 2007). However, the assurance that participation was anonymous and no identifying information was collected may have decreased the influence of such factors. The investigators also relied upon on the participants’ capacity to objectively describe and represent

their internship programs and their predoctoral interns. Self-administered surveys also involve limitations related to nonresponse to particular items. Respondents are more likely to skip or not answer questions that are ambiguous, sensitive, or difficult (Fowler, 2014). As such, the investigators made efforts to design the questionnaire items in a clear and straightforward manner. When possible, response options were displayed in a format familiar to internship directors (e.g., the list of assessment measures was identical to the list found on the APPIC Application for Psychology Internship [AAPI] online form). The use of a web-survey host site addressed potential reliability risks related to the survey appearing differently to different respondents, depending upon the browser and/or computer platform used by the respondent (Fowler, 2014). Additionally, the investigators attempted to write the questionnaire items as clearly and straightforwardly as possible, so that each participant would understand them in a similar way, and in turn, provide answers based on equal and consistent comprehension of each question. However, there was one item (#29) that appeared to be misunderstood by some responders, and in the absence of any formal reliability analyses, it is impossible to know to what extent there was consistency across all items. Further, participants were provided clear instruction on how the terms psychological “assessment” and psychological “testing” were to be defined and differentiated for the purpose of the present study. These efforts were made to increase understanding and to enhance reliability; however, the extent to which this goal was met cannot be determined at this time, given the absence of quantitative analyses of reliability.

Other limitations existed due to basic issues related to content included and/or excluded in the questionnaire. For example, the list of assessment measures presented to responders for their consideration was limited to 45 instruments or measures. Steps were taken to include as many of the commonly used measures as possible, but given the multitude of psychological

testing and assessment instruments available and variety of setting types represented in this study, there were assessment measures that were not included and the option for respondents to endorse “other” and type in responses was not provided on these particular items. While the researcher’s intention was to examine the use and training preferences related to the assessment measures identified as common in previous studies and in the psychological assessment literature base, this nevertheless, represents a study limitation. Likewise, many of the measures included pertained to adult assessment rather than child or adolescent assessment measures.

Lastly, the limited amount of space provided for qualitative responses was commented on by a few respondents. This study was primarily quantitative in nature, which naturally posed restrictions on the amount of information and detail collected. In addition, there were limited questions (3) addressing the topic of the use and preferred experience with specific psychological testing and assessment instruments and the items were specific in nature. Thus, the lack of in-depth examination regarding intern use and preferred pre-internship experience with specific measures represented a limitation. Moreover, the fact that the open-ended items were grouped into categories by one rater on purely rational grounds represents a limitation, as it is unclear if other raters might have grouped them in a similar fashion.

Despite the aforementioned limitations, there are significant strengths to this study and the data produced. Most notably, this study provides academic programs the opportunity for enhanced understanding of assessment practices at the internship level. It also provides insight about internship directors’ preferences regarding pre-internship assessment experience, which could help ensure students are well prepared to meet the assessment-related demands of internship. This is especially important given the presence of some uncertainty in the current literature regarding what should be emphasized in doctoral psychology programs. In particular,

this study provides evidence of the continued importance of psychological assessment as a core area of practice in clinical psychology, while also highlighting internship directors' perspectives on future trends and areas that warrant continued and added focus to meet the needs of diverse populations requiring services. Similarly, this study's potential usefulness to graduate students by increasing their knowledge of how internship directors regard psychological assessment also represents a significant strength. Additionally, the topic covered in this study is largely under-investigated and the use of a mixed methods approach permitted for the collection of both quantitative and qualitative information, including a host of comments and recommendations from a national sample of experts on addressing potential issues and/or deficits in pre-doctoral psychological assessment training. For a more comprehensive understanding of the present survey study, the two co-investigators' dissertations should also be considered. Taken together, the findings of these three dissertations draw attention to many areas for future research by initiating discussions regarding the impact of evidence based practice on assessment, the value of therapeutic assessment, and the importance of attention to diversity in psychological assessment practice and training at the pre-doctoral level. The findings also illustrate the complexity of psychological assessment competency across settings, populations, and training opportunities. Further strengths include an impressive response rate (especially given the lack of incentives offered), a broad variety of high-quality internship programs represented, and a considerable amount of relevant data for this area of core competency in clinical psychology. Such information may be considerably useful to academic program directors and graduate students alike, in anticipation of future training needs to meet those of prospective internship directors.

Recommendations for Future Research

Results of this study begin to reveal current internship directors' perspectives on psychological assessment practice and training. Still, given the multifaceted nature of achieving and maintaining competency in psychological assessment, additional research is needed to gain a broader and deeper understanding of assessment-related practices and training expectations. For instance, the consistent detection of variations in the views of internship directors, regarding the specific testing or assessment instruments used at the pre-doctoral level, depending on setting, supports a recommendation for a more in-depth inspection of such differences across and within setting types. Additionally, the evidence of a marked shift in the emphasis on projective assessment measures at the internship level warrants taking a closer look at possible reasons for these changes. For example, to what extent are factors such as managed care, resource concerns, or questions about validity or efficiency at play in the observed decline in the reported use of projective measures on internships? Research on the reasons for this apparent change may be useful in further shaping psychological assessment practices and training in the future. The present study's findings that internship directors expressed continued appreciation for pre-internship experience with the Rorschach, yet reported a relative decrease in Rorschach use at the internship level leaves much room for interpretation. Thus, closer examination of the meaning of these findings may provide important information for academic programs, psychology graduate students, and the field of psychological assessment in general.

It is also recommended that pre-doctoral interns, doctoral academic program directors, assessment instructors within academic training institutions, and assessment supervisors of practicum trainees be surveyed regarding their perspectives on this study topic as well. This would allow for comparisons among training directors, interns, academic program faculty, and

supervisors of pre-interns, and thus, provide a more comprehensive view of the current state of psychological assessment practice and training. Moreover, should survey research be conducted with any of these target groups, careful attention should be paid to the potential issue of non-response and attempts to resolve this limitation through optimal study design should be made whenever possible (e.g., incentives for participation, reminders, brief in length, clear wording, consistent presentation, provision of adequate space for open-ended responses). Also, including questions that allow responders to identify why they are completing the questionnaire might be illuminative. Finally, qualitative studies of psychological assessment practice and training at the pre-doctoral level may be necessary to afford participants, such as internship directors, academic program directors, assessment instructors, and pre-doctoral interns, the opportunity to provide their perspectives in a less restricted, more comprehensive and open-ended format.

Conclusions

Overall, the findings of this national survey study underscored the continued multifaceted nature of competency in psychological assessment, which appears to be growing increasingly intricate as instrument options, setting resources and requirements, population growth, and consumer needs change over time. As such, the challenging task of resolving any misalignment that may exist between pre-internship academic training and internship program expectancies appears crucial, especially given the resounding consensus within the profession that psychological assessment is a distinct, vital, and highly valued component of clinical psychology. The results from this study provide evidence of notable shifts in the focus of psychological assessment practices at the internship level, particularly as they pertain to projective assessment methods. The results suggest some alterations to the existing academic curriculum within this field may be needed, in effort to address the recent developments in

psychological assessment and psychology as a whole. Such findings are essential to inform academic and practicum-level training and contribute to enhancing assessment competency of developing practitioners of clinical psychology.

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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 40% reported greater focus on competence in interviewing. 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.
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	<ul style="list-style-type: none"> a) Directors across all settings preferred interns to be familiar with the well-known and widely used intellectual and personality tests. b) 56% of the surveyed sites indicated that they found it necessary to provide introductory-level assessment training to their interns. 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. d) Most graduate students do not possess the basic skills needed to conduct the types of assessments performed at their internship facilities.

J. M. Stedman & J. P. Hatch	“Preinternship preparation in psychological testing and psychotherapy: what internship directors say they expect”	2000	324 internship directors	Survey	<p>a) Most internship sites provided interns with extensive access to intellectual, objective personality, projective personality, and neuropsychological test training.</p> <p>b) Lack of uniformity among responding internship directors, as emphasis on test-based assessment training varied considerably across settings.</p> <p>c) Results varied by type of internship setting.</p> <p>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.</p>
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	<p>a) Internship training directors expected twice as much student experience in projective measures than did program directors.</p> <p>b) 65% of internship directors endorsed that projective measures are as important as they used to be while only 49% of program directors agreed.</p> <p>c) 15% of program directors reported that training in projective measures is not required, while only 4% of training directors agreed.</p> <p>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.</p>
J.L. Malouff, 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	<p>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.</p> <p>b) Interns reported to have more knowledge than training directors attributed to them.</p> <p>c) Training directors claimed that their program covered a larger variety of topics than interns reported.</p>
C. Piotrowski & R. W. Belter	“Internship training in psychological assessment: Has managed care had an impact?”	1999	84 APPIC-affiliated internship programs	Survey	<p>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.</p> <p>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</p>
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	<p>a) Training in psychological testing and assessment was a large portion of their core curriculum</p> <p>b) The prominence of training in this area had been generally stable for about 10 years</p>

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	<p>a) Counseling students were found to have treated significantly more adult individual therapy clients before entering internship than clinical students.</p> <p>b) Clinical students had completed significantly more child/adolescent assessment reports than counseling students before entering internship.</p> <p>c) Both categories of students generally met or exceeded the expectation of clinical directors in regards to completed psychotherapy hours.</p> <p>d) Clinical students exceeded, met or nearly met expectations of training directors in regards to psychological testing.</p> <p>e) Counseling students fell short of expectations in regards to testing experience.</p>
J.M. Stedman, J.P. Hatch & L.S. Schoenfeld	“Internship Directors' Valuation of Preinternship Preparation in Test-Based Assessment and Psychotherapy”	2001a	524 Internship directors of APPIC-affiliated programs	Survey	<p>a) Internship directors expect strong preparation in intelligence and objective personality testing yet.</p> <p>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.</p>
J.M. Stedman, J.P. Hatch & L.S. Schoenfeld	“The current status of psychological assessment training in graduate and professional schools”	2001b	238 clinical psychology students, 96 counseling psychology students	Extraction and analysis of data from standardized APPIC application form	<p>a) Many students did not receive sufficient training in psychological testing to address the requirements of internship.</p> <p>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.</p> <p>c) As much as 25% of students surveyed reported minimal levels of instruction on report writing prior to internship.</p>
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 Internship programs (members of APPIC)	Survey	<p>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.</p> <p>b) Major rotations in assessment were most frequently offered in military (80% of 10 military sites) and child (92% of 48 child sites) internships.</p> <p>c) Of the 105 university counseling centers and 28 private hospitals surveyed, none offered a major rotation in psychological assessment.</p>
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	<p>a) The primary intern deficit noted by training directors was in the area of assessment experience.</p> <p>b) Projective testing experience, specifically, was noted as an area of weakness.</p> <p>c) Another deficient area noted by internship directors was clinical experience.</p> <p>d) The three most important selection criteria identified by training directors were clinical experience, the interview, and letters of recommendation.</p>

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.

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</p>

	<p>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"> Officially designated as psychology intern supervisors. 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"> Provides psychological services directly to consumers in the form of psychological assessment, treatment, and consultation. 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"> Completion of formal academic coursework at a degree-granting program in

	<p>professional psychology (clinical, counseling, school), and</p> <p>b. Closely supervised experiential training in professional psychology skills conducted in non-classroom settings.</p>
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>
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> <ul 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'

	<p>further growth by identifying areas that would benefit from additional training.</p> <p>d. The program provides the doctoral psychology intern's graduate training director with feedback concerning the intern's progress in the internship program.</p>
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>

APPENDIX C

Initial E-mail - Survey Cover Letter

SUBJECT: Invitation to participate in research study – Internship Directors’ Perspectives on Psychological Assessment Training: Current Status and Emerging Trends
Dear [Name to be added],

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

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

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

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

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

Respectfully,

Co-Investigators’ names

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

[Insert link to survey]

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 D

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!

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:

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Other (<i>please specify</i>) |
| <input type="checkbox"/> Caucasian (White) | |
| <input type="checkbox"/> Latino/a | |

4. What is your highest academic degree?

- Ph.D.
- Psy.D.
- Ed.D.

- Other (*please specify*)

5. What is the nature of your degree?

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

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

- Yes
 No

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

III. INTERNSHIP SITE & PROGRAM INFORMATION

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

- Yes
 No
 In Process

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

- | | |
|--|---|
| <input type="checkbox"/> Armed Forces Medical Center | <input type="checkbox"/> Private Outpatient Clinic |
| <input type="checkbox"/> Child/Adolescent Psychiatric or Pediatric | <input type="checkbox"/> Private Psychiatric Hospital |
| <input type="checkbox"/> Community Mental Health Center | <input type="checkbox"/> Psychology Department |
| <input type="checkbox"/> Consortium | <input type="checkbox"/> School District |
| <input type="checkbox"/> Medical School | <input type="checkbox"/> State/County/Other Public Hospital |
| <input type="checkbox"/> Prison or Correctional Facility | <input type="checkbox"/> University Counseling Center |
| <input type="checkbox"/> Private General Hospital | <input type="checkbox"/> Veterans Affairs Medical Center |
| | <input type="checkbox"/> Other (<i>please specify</i>) |

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 Malinger (TOMM)

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)

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)

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?

- None

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

- None

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

- None

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

None

Thank you for participating in this study!

APPENDIX E

Informed Consent Form

PURPOSE OF STUDY:

This study is being conducted as part of a dissertation scholarship by Shannon Bates, M.A., Angel Faith, M.A., and Elizabeth Shipley, M.A., under the supervision of Carolyn Keatinge, Ph.D. and Cary Mitchell, Ph.D., within the Psy.D. Program of Pepperdine University. The purpose of this study is to examine the current use, training practices and needs, and emerging trends in psychological assessment during psychology internship training. **Your participation in this study is strictly voluntary, and you are free to discontinue participation at any time; Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled.**

PROCEDURES:

The online survey consists of 32 items and is hosted by Survey Monkey, a secure, Web-based host. The survey consists of 32 items, and will include questions about demographic characteristics and professional backgrounds of the respondents, as well as descriptive information about the internship program, including information regarding the treatment setting, emphasis on assessment, and training methods. Additional questions will focus on the use, type, and importance of specific psychological assessment measures, attitudes about competency of trainees, and internship directors' needs and perceptions on future directions or trends in the field. **The survey will take approximately 10-12 minutes to complete.**

After completing the survey, you may request a summary of the study's findings by sending an e-mail to the principal investigators at [insert e-mail address]. Such requests will be stored independently of survey responses and will be deleted after the results are distributed.

RISKS OR DISCOMFORTS:

This 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. Some participants may experience fatigue, boredom, or mild discomfort while reflecting upon assessment practices in their internship program. Should you experience any of these discomforts while completing the survey, you may take a break at anytime and may omit any questions you do not want to answer.

BENEFITS:

While there is no compensation or direct benefits for participation in this study, you may to request a copy of the final study, which may be informative. Participants may also experience some satisfaction in knowing that their involvement may contribute to knowledge in the field of psychological assessment and psychology in general, particularly given the researcher's intention of disseminating the final study results at national conferences of professional organizations within the field.

CONFIDENTIALITY:

To protect your confidentiality, no identifying information will be collected and responses are entirely anonymous. Data will be collected via SSL encrypted software, IP addresses will be masked across all settings, and each survey response will automatically be assigned a unique response ID number by the host site, which further ensures anonymity of respondents. All data

will be stored in an encrypted, password-protected, electronic format and will be kept for a minimum of 3 years after the study is completed before being destroyed in its entirety.

To further ensure anonymity, written documentation of consent is not required. **Responding to the survey will serve as your voluntary consent to participate in this research study.** As a potential participant in this study, you are authorized to keep this statement of informed consent for your records.

CONTACT INFORMATION:

If you wish to obtain more information regarding your rights as a research subject or have additional questions, you may contact the investigators via e-mail at XXXXX. You 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 [insert contact number] for further questions. Remove contact information

ELECTRONIC CONSENT:

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

Please select your choice:

AGREE

DISAGREE

APPENDIX F

Reminder E-mail

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

Dear [Name to be added],

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

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

A link to access the informed consent document and the survey is again provided: [insert hyperlink].

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

Sincerely,

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 study - 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 consider taking a few moments to participate in a study on psychological testing and assessment at the internship level. Our initial invitation was e-mailed to you approximately three weeks ago. The link to access the informed consent document and survey is again provided: [insert hyperlink].

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

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

Sincerely,

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

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 study - Internship Director's Perspectives on Psychological Assessment Training: Current Status and Emerging Trends

Dear [Name to be added],

This is the final reminder to consider taking a few moments to participate in an important study on psychological testing and assessment at the internship level. Our initial invitation to participate was e-mailed to you approximately six weeks ago. The link to access the informed consent document and online survey is again provided: [insert hyperlink]. The survey will only be accessible until [insert date].

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

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

Sincerely,

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

APPENDIX I

Verbatim Responses to Item #29

1. A number of measures; can't recall all right now.
2. ADOS-2
3. ADOS-2
4. ADOS-2 / Mullen Scales
5. ADOS-2, TOMM, NEPSY-II
6. ADOS-2, upgraded versions of all tests used, CPT, NEPSY,
7. ADOS-2, WPPSI-III, WIAT-III, WAIS-IV, PSI-4, NEO-PI-3,
8. ADOS, WISC 5
9. all of them
10. BCSE (cognitive screening); VAS-R and VAS-E (receptive and expressive language); we also keep current re: updates/revisions of test measures (e.g., WISC-V, ABAS-3, etc.).
11. Bilateral finger tapping. Koh's blocks. Eysenck Personality Questionnaire.
12. Bilingual Verbal Abilities Test, D-KEFS, RBANS, child tests
13. BRIEF
14. BRIEF-A; CVLT-II; WMS-IV; Green's Word Memory Test; NAB; BVMT-R
15. C-CAPS
16. CCAPS (I think within 5 years....might be more?)
17. CCAPS / Schedule of Non-adaptive and Adaptive Personality
18. CCAPS, MCMII
19. CNS Vital Signs, a computerized cognitive screening test we use to assess effects of TBI.
20. Connors Continuous Performance Test / PAI / WAIS-IV
21. CPT-2, CATA, WISC 5, WJIV, new editions all other tests
22. CPT-III, ACS, CAARS-2
23. CVLT, DKEFS, RCTF, Towry
24. DAS
25. Delis Kaplan, Cadda, aspect, beery.
26. DKEFS, TOMM,
27. Do not know of any--trying to get more people to use the ones we already have!
28. Eating Disorder Inventory
29. EDI-III
30. Functional behavioral assessment / Functional Analysis / Direct observation measures / Curriculum-based measures of academic performance
31. Hawthorne A-ADDES
32. HCR-20 V. 3, Static-99R, VRAG/SORAG, STABLE/ACUTE
33. HCR-20 v3
34. Health Dynamics Inventory, Nepsy, GADS, CAARS, Connors 3, CELF, MOCA
35. I'm not sure if you mean newly developed tests or new measures for our site. I'm also unclear if a new measure would be something such as the WISC-V, when we had been using the WISC-IV. But, a few measures that we recently began using are the RST-I, FAVT-A, ARES, SEARS, PAI-A, SIPA
36. Instruments related to Autism Spectrum Disorders

37. Ipad for WISCV
38. IVA-2, WJ-IV Tests of Achievement, Oral Language, and Cognitive Abilities
39. Just updated versions of tests from the aforementioned lists (e.g., WMS-IV, etc.).
40. K-BIT 2, IORNS
41. Learning Style Assessment
42. Leiter-3, ABAS, ADOS (all Modules), DKEFS
43. Leiter, ABAS 3, WISC-V, ADOS, MASC-2, UCLA PTSD Index for DSM 5, Connors 3
44. MBMD
45. Millon College Counseling Inventory / Jessness Inventory
46. Millon for college population
47. MMPI 2 - RF, DKEFS
48. MMPI 2RF
49. MMPI IIRF
50. MMPI RC scales
51. MMPI-2 RF; CVLT-C; WISC-5;
52. MMPI-2-RF
53. MMPI-2-RF
54. MMPI-2-RF
55. MMPI-2-RF I think - I do not have this information available right now and it would take some time to gather it
56. MMPI-2-RF, IVA+
57. MMPI-2-RF, new version of HCR-20
58. MMPI-2RF
59. MMPI-II RF
60. MMPI-RF
61. MMPI-RF2 / RBANS / WAIS4, WISC5
62. MMPI2RF
63. MMPIA-2 and MMPI-A, MMPIA QG Interp; MMPI2 QG Adult Clin Sys Interp, MCMI-III QG Interp, MACI QG Interp, BASC-2 Clinical Report and Scoring
64. MOCA
65. MoCA, Stroop word color,
66. N/A
67. n/a
68. N/A
69. NA
70. NAB
71. NEPSY-2, WJ-4, WISC V, MACI, MPACI
72. NEPSY, ADOS-2, Batteria Woodcock-Munoz, Leiter 3, Conner's CPT 3
73. Neuropsychological Assessment Battery / WAIS-IV / WISC-IV / WMS-IV
74. New to incorporation in our training program: NEPSY, FAV-T, TOWRE, Woodcock Munoz, BASC, CTQ
75. No changes within past 5 years. More pen/paper items added to computer administered application, however.
76. none
77. none

78. NONE
79. None
80. None
81. None.
82. None.
83. None...we do not have an assessment/testing emphasis at our site. We are strictly a therapy site with a few opportunities to do bariatric assessments.
84. Novaco Anger/Provocation Scale; Suicide Probability Scale; WASI-II; Validity Indicator Profile; Standardized Assessment of Miranda; Evaluation of Competency to Stand Trial; Psychopathy Personality Inventory; Dot Counting Test; Firestone Assessment of Violent Thoughts; MSI-II; Parenting Satisfaction Scale; Psychosocial Evaluation and Threat Risk Assessment; Childhood Trauma Questionnaire; Standardized Assessment of Miranda Abilities
85. one of our sites has developed its own risk assessment tool
86. PAI
87. R-PAS; MMPI-RF; V-RISK-10; HCR-20
88. RBANS is not mentioned here. We use that frequently. We are a government agency and therefore our testing is limited to purchased packages. We also use WHODAS. CAPS. Any assessment that is based on DSM IV should not be used anymore like a DSM IV structured interview.
89. RBANS (new to us), WISC-V, WMS-IV
90. RBANS, Wisconsin Card Sort, Bender
91. RIAS, NAB, CNS Vital Signs
92. RPAS
93. RPAS, MEGA, WISC-V,
94. Social Responsiveness Scale (self report and other report), Test of Nonverbal Intelligence Fourth Edition (TONI4), Wechsler Adult Intelligence Scale-IV (WAIS-IV), Word Memory Test
95. Tests for Attention Deficit/Hyperactivity Disorders in Adults: Ruff 2 and 7 Selective Attention Tests, Adult Self-Report Scale, and Brief Test of Attention
96. The b Test; Digit Vigilance Test; measures of pain coping styles (several different ones)
97. The Kokmen Short Test of Mental Status, the St. Louis University Mental Status Exam (SLUMS), Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), Trails, Independent Living Skills (ILS), Mini Mental Status Exam (MMSE), Dementia Rating Scale (DRS), Clock Drawing test, Geriatric Depression Scale (GDS), Geriatric Anxiety Scale (GAS), and Hopkins Competency Assessment Test.
98. The updated versions of the Wechsler tests and MMPI tests
99. too many to name; recently added several neuropsychologists to our department and our testing resources increased significantly.
100. Updated versions of measures already used. / BRIEF /
101. Updates of batteries, ADOS
102. Updates to measures including: / Children's Depression Inventory- 2nd Edition / BASC-3 (will start using in August) / MASC-2 / ASRS / ADOS-2 /
103. UPSA / MMAA / SSAA / MATRICS
104. Vineland, WISC V, PAI

105. WAIS IV and WMS IV
106. WAIS-4
107. WAIS-IV, WPPSI-IV, WISC-V, WJ-IV, ADOS-2, CDI-2, MASC-2 (all previously used, simply updated versions)
108. WAIS, WJ3-Cognitive and Academic, MMPI-2, MCCI, TAT, Bender, CTI, Nelson
109. Denney, CPT-3
110. We are moving toward an ipad based qinteractive system for administration of tests; but have not significantly and will not significantly change the types of measures used.
111. We have not begun using any new tests.
112. We have only had an assessment component for 1. 5 years
113. We use a broad range of objective measures from the CBT literature (e.g., DAS, YBSQ, ASI, SPSI-R, etc)
114. We use a number of brief screenings to aid in preliminary diagnosis and treatment planning, e.g. the QIDS/Depression Self-Rating Test, the CAARS, the Bipolar Spectrum Scale, the MDS, the Yale-Brown, etc.
115. Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) / / Woodcock-Johnson NU Tests of Achievement / / Wide Range Achievement Test 4 (WRAT4) / / Rorschach Exner Manual / / Rorschach Software Interpretation Program / / Wechsler Memory Scale-Fourth Edition (WMS-IV) / / Thematic Apperception Test (TAT) / / Rotter Incomplete Sentences Blanks, 2nd Edition (RISB-2) / / Test of Memory Malinger (TOMM) / / Structured Interview of Reported Symptoms, 2nd Edition (SIRS-2) / / MMPI-2-RF®
116. Wechsler Memory Scale-IV / Woodcock Johnson-IV Tests of Achievement
117. WIAT-III; WISC-V
118. WIAT, SIRS-2, MMPI-2 RF
119. WISC V, WPPSI-IV, BRIEF,
120. WISC-V
121. WISC-V / Barkley Deficits in Executive Functioning / Social Responsiveness Scale
122. WISC-V and WISC-V interactive, WASI-II,
123. wisc-v, leiter-3, ctoni2, cpt3/cata,
124. WISC-V; WJ-IV We would like to start RPAS but not enough training for psychologists
125. WISC-V; WJ-IV; NEPSY-II; CARS-2; CELF-5
126. WISC, WAIS
127. WMS-IV, MMPI-2-RF
128. WMS-IV, WASI-II, R-PAS
129. Woodcock Johnson IV-Test of Cognitive Abilities and Tests of Achievement, WISC-V, WRAML-2, WIAT-III, WPPSI-IV, GORT-5, KeyMath, CSRPI, WRAT-4
130. your list of tests is very partial. Many that we use that you don't list: MACI, Conners, CBCL, ABAS, BADS, CDI, MASC, ASRS, MMPI-A, ADOS, UNIT, AARS, etc. These are not new, but the info you are getting from this survey is incomplete.

APPENDIX J

Pepperdine IRB Approval Notice

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

May 4, 2015

Elizabeth Shipley
[address removed for publishing]

Shannon Bates
[address removed for publishing]

Angel Faith
[address removed for publishing]

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,

A handwritten signature in cursive script that reads "Thema Bryant-Davis".

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

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