2019

Perspectives on psychological assessment from internship directors across six categories of internships

Katelyn M. Grusecki

Pepperdine University

Graduate School of Education and Psychology

PERSPECTIVES ON PSYCHOLOGICAL ASSESSMENT FROM INTERNSHIP DIRECTORS ACROSS SIX CATEGORIES OF INTERNSHIPS

A dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Psychology in Clinical Psychology

by

Katelyn M. Grusecki

July, 2019

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

This dissertation, written by:

Katelyn M. Grusecki

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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DEDICATION

To Dr. Lite, thank you for showing me the difference between assessment *experience* and assessment *training*, for better preparing me for internship and to be in the field of psychology.

ACKNOWLEDGEMENTS

I would like to acknowledge and thank my wonderful dissertation chairs and committee members: Dr. Keatinge, Dr. Mitchell, and Dr. O'Keefe. Thank you for your dedication to this project and your endless hours of reviewing and edits. You have taught me so much, and without your knowledge, commitment and encouragement, this project would not be complete. And, of course, Cecilia (YOU!), thank you for being my partner in this. We have grown together, and motivated and encouraged each other. I am so lucky to have you through this and all the things we have been through the last few years. Micharra, thank you for being a part of our team, we are rooting for you! To my friend, Dr. Lisa Moses, the smartest person I know. Thank you for helping us with our data—we would never have done this without you. Even more so, thank you for being my best friend, and for encouraging and supporting me—it all started in Degleman, and look at us now.

I would also like to acknowledge Dr. Dennis Lowe, Dr. Larkin Hoyt, and again, Dr. Carolyn Keatinge. I am so grateful for your continued support throughout all aspects of this journey. Thank you for your unwavering dedication and guidance, for believing in me, and for seeing me through. Dr. Lowe, you have been such a stakeholder in my success—you taught me that how I got up was more than how hard I fell at times. Larkin, I would never be here today without you taking a chance on me and allowing me to start this journey in San Diego. You have taught me so much, and you have become so much more than my old boss: you are one of my best friends, and someone I aspire to be both personally and professionally. Dr. Keatinge, your passion for this field, commitment to each and every student, and your personal compassion have truly inspired me since orientation; I also believe we share a passion for Exner like no other. You

are all amongst my greatest supports and biggest mentors, you inspire me, and I am eternally grateful. Thank you.

To my mother, thank you for always allowing me to pursue my dreams and for encouraging me to take on any challenge that comes my way. You have set the most incredible example for me, and you will forever be my greatest role model, favorite SFI, and shelf-mate. To my siblings, thank you for supporting me. Cory, I have always looked up to you. I am sorry there is not enough space to write more about you. Paul, you inspire me to grow one minute, one task, one day at a time—and with my head on a swivel. Tommy, your intelligence and success in all realms motivate me. Kelly, you are my best friend, and I aspire to be as kind as you. Colleen, your humor always provides me with an escape any time I need one. To my family out in SD, and my many friends—new and old, near and far—who have supported me along the way, thank you. You know who you are.

To all those mentioned specifically or in general, thank you. I could never put into writing something that would accurately reflect my gratitude. I firmly believe I would have never gotten to where I am without the shoulders I've stood on… thank you for allowing me to borrow all of yours.

Wrigley… you can finally call me doctor now.

VITA

Katelyn M. Grusecki, M.A.

EDUCATION

Pepperdine University, *Graduate School of Education & Psychology*, Los Angeles, CA
Doctor of Psychology in Clinical Psychology (Psy.D.), Doctoral Student September 2012-Present
Perspectives on psychological assessment from internship directors across six categories of internship
Defense Date: February 22, 2019

Pepperdine University, *Graduate School of Education & Psychology*, Malibu, CA
Master of Arts (M.A.) in Clinical Psychology, Marriage & Family Therapy September 2010-April 2012

Creighton University, *College of Liberal Arts & Sciences*, Omaha, NE
Bachelor of Arts (B.A.) in Psychology August 2004-May 2008

MacQuarie University, *Butler University International Studies*, New South Wales, Australia
Semester Abroad February 2007-July 2007

CLINICAL EXPERIENCE

New York University| Bellevue Hospital Center (NYU | Bellevue), APA-Accredited Internship
NYU | Bellevue Hospital Center & Kirby Forensic Psychiatric Facility, New York, NY
Pre-Doctoral Intern, Forensic Psychology Track July 2018-June 2019
Clinical Directors: Anna Odom, Ph.D.

Kirby Forensic Psychiatric Facility July 2018-June 2019
New York State Office of Mental Health (OMH), Ward Island, NY
Supervisor: James Beacher, Psy.D.

- Provided immediate and long-term evaluations and treatment of forensic patients at 200-bed, maximum-security forensic hospital whom are involuntarily committed under the New York Criminal Law (CL) and involuntarily committed civil patients found to be dangerous and unmanageable at other state facility including pre-trial for competency restoration, and, post-trial insanity acquittals or Not Guilty by Mental Defect or Disease (NGMDD), and those determined to have a Dangerous Mental Disorder
- Conducted forensic evaluations, violence risk assessments, evaluations of dangerousness, and neuropsychological testing for patients in order to garner better understanding of current presentation, diagnostic clarification, risk, and treatment needs
- Completed evaluations of competency to stand trial for patients pursuant to CL 730 deemed unfit to proceed with trial using structured interview, following review of collateral information and ultimately completing report and providing opinion of fitness
- Submitted comprehensive CL 330 evaluations which includes extensive review of historical information, formal, structured interview, HCL-20 risk assessment, and opinion of NGRMDD status, dangerous mental disorder and appropriate level of treatment based on risk and patient progress and participate in Hospital Forensic Committee review of report, prior to submitting report to the court
- Facilitated individual psychotherapy for adult male patients under legal status 330: not guilty by reason of mental disease or defect with serious mental illness, significant pathology and history of substance abuse and/or sexual offenses
- Co-facilitated psychotherapeutic and psychoeducational groups including Dialectical Behavioral Therapy and Social Skills Training to assist with skill development
- Supervised current doctoral-level and master-level externs and trainees conducting malingering, cognitive, neuropsychological, personality and emotional assessments

New York University | Bellevue Hospital Center (NYU | Bellevue), New York, NY
Forensic Treatment Rotation March 2019-June 2019
Supervisor: Jaye Satic, Ph.D.

- Worked as member of multi-disciplinary team comprised of a psychiatrist, psychologist, social worker, activity therapist and medical students on the Bellevue Prison Unit through the Forensic Psychiatry Service at Bellevue Hospital, which is a 60-bed service that provides acute psychiatric care to individuals who have been charged with a criminal act and are pre-arraignment, awaiting trial or post-conviction
- Conducted intake interviews, complete psychodiagnostic reports, provide individual therapy, and co-facilitate group psychotherapy
- Served as the primary therapist for 2-3 cases per day, meet with patients twice per day and complete two entries per shift for each patient
- Co-facilitated group therapy sessions for patients using cognitive-behavioral modalities that are psycho educational and focus on skill development or enhancement

New York University | Bellevue Hospital Center (NYU | Bellevue), New York, NY
Comprehensive Psychiatric Emergency Program (CPEP) November 2018-March 2019
Supervisor: Adria Adams, Psy.D.

- Acted as primary clinician on multidisciplinary team at the adult psychiatric emergency room at Bellevue Hospital Center utilizing a prevention-oriented service model, designed to maximize the variety of services available to the community that includes a Mobile Crisis Outreach Team, a 72-hour Interim Crisis Unit and crisis residence services
- Attended morning and afternoon rounds to present patients, assign caseload, discuss patient dispositions and relevant risk factors
- Conducted diagnostic evaluations, perform mental status examinations, conduct risk assessments and formulate appropriate disposition plans and to gain experience in rapid, in-depth psychiatric assessment, differential diagnosis, crisis management and psychopharmacology
- Met with individual patients in the Interim Crisis Clinic following their discharge from the CPEP to bridge outpatient psychiatric and psychotherapeutic services
- Presented cases to attending medical doctor to provide information on patient presentation, level of treatment need based on collateral information and individual assessment with the patient, and determine appropriate disposition plan of admission or discharge
- Accompanied Mobile Crisis Outreach Team to see patients in the community for necessary follow-up and to complete psychiatric evaluations

Outpatient Psychiatry Clinic July 2018-June 2019
Supervisor: Kathryn Rhindress, Ph.D.

- Facilitated individual treatment for three, long-term patients representing a spectrum of demographic and cultural backgrounds, clinical presentations and treatment needs at Bellevue Hospital Center
- Imparted interventions from cognitive behavioral therapy and dialectical behavioral therapy based on treatment needs and diagnoses
- Completed clinical documentation along with quarterly treatment plans in tandem with attending medical doctor and/or treating psychiatrist and to individualize treatment based on identified goals, diagnoses, objects and patient functioning
- Completed risk assessments, participate in collaborative risk assessments and develop safety plans
- Attended multidisciplinary meeting to discuss cases and clinical issues with the staff psychologists, social workers, medical doctors, psychiatry fellows and residents, and nursing staff
- Participated in weekly supervision to discuss cases and personal and professional competencies

New York University | Bellevue Hospital Center (NYU | Bellevue), New York, NY (Continued…)
Child and Adolescent Outpatient Psychiatry Clinic July 2018-June 2019
Supervisor(s): Kavita Tahilani, Ph.D., Alana Moses, Ph.D.

- Provided individual therapy for multicultural, socioeconomically diverse patients under the age of 18 with broad spectrum of developmental and psychiatric disorders various disorders including Mood, Anxiety and Autism Spectrum Disorders
- Worked as part of a multidisciplinary team that includes psychiatry residents and fellows, attending psychiatrists, nurses, social workers and other psychology trainees
- Completed clinical documentation including quarterly treatment plans to evaluate progress based on identified goals and objectives
- Facilitated sessions with parents and external systems for continuity of care and multimodal approach
- Administered brief self-report measures for symptom evaluation, to assess progress and continually refine treatment goals and approached

Chemical Dependency Outpatient Program (CDOP) November 2018-June 2019
Supervisor: Patrick Roebke, Psy.D.

- Facilitated evidence-based, individual therapy and group psychotherapy for adult patients at outpatient clinic for on chemical dependency, opioid treatment, and substance-related disorders

Child-Comprehensive Psychiatric Emergency Program (Child-CPEP) September 2018-November 2018
Supervisor: Alana Moses, Ph.D., Ruth Gerson, M.D., and Rachel Mandel, M.D.

- Provided comprehensive psychiatric services including psychiatric evaluation and extended observation in the Child CPEP and Interim Crisis Clinic
- Attended morning and afternoon rounds where cases in Emergency Observation Unit (EOU), Psychiatric Observation Unit (POU), and Crisis Clinic are presented and assigned, followed by group interview of each patient prior to patient and daily case assignment
- Served as a primary clinician on a multidisciplinary team with primary responsibility for the assigned patient's care including attending triage, evaluate patient upon arrival, including the diagnostic evaluation, mental status exam, and formulating an appropriate disposition plan
- In the Interim Crisis Clinic, served as primary clinician for short-term crisis intervention services in an outpatient setting in the Child CPEP while the patient is awaiting community outpatient follow-up
- Presented cases to the Attending Medical Doctor and present determination of disposition which includes formulation of case, diagnosis, risk factors and determination for admission or safety for discharge
- Completed comprehensive assessment including intake, formulation, formal assessment, safety planning and appropriate level of care
- Presented to multidisciplinary team of medical doctors, clinical psychologists, social workers, and nursing staff at teaching rounds

Sharper Future –Los Angeles August 2017-February 2018
Social Rehabilitation and Recidivism Prevention –Expert Resources
Pacific Forensic Psychology Association, Inc., Los Angeles, CA
Psychology Extern
Supervisor(s): Brian Abary, Ph.D., Stacey Samaro, Psy.D., and Sara Evans, Ph.D.

- Provided forensic mental health treatment and assessment services to adult, parolee sex offenders with mental health and behavioral issues, consistent with California Sex Offender Management Board (CASOMB), social habilitation and Containment Model
- Facilitated "High Risk Sex Offender" and "Non-High Risk Sex Offender" psychotherapy groups to change problematic, sexually dangerous behavioral patterns and reduce criminal recidivism
- Conducted individual psychotherapy sessions for high and low risk sex offenders enrolled in the court appointed, sex-offender treatment program using Cognitive-Behavioral Therapy (CBT), Good Lives Model, Motivational Interviewing to decrease recidivism and assist clients improve capacity for self-

management, increase accountability, improve self-control, and address co-occurring mental health or addiction issues
- Completed intake evaluations, comprehensive assessment reports that include diagnostic conceptualization, risk formulation, interpretation of risk and brief assessment measures (i.e., STABLE, LS-CMI, etc.) to assist with treatment planning and individualize treatment
- Completed clinical documentation and attend seminar, didactic and certification trainings, along with treatment team meetings, individual and group supervision on a weekly basis

Metropolitan State Hospital (DSH-Metropolitan/Metro)
California Department of State Hospitals (DSH), Norwalk, CA
Advanced Practicum Student/Graduate Assistant September 2017-July 2018
Psychology Extern September 2016-August 2017
Supervisor(s): Dae Peter Lee, Psy.D. and Alisa Lite, Psy.D.
- Completed brief, comprehensive and integrated assessment reports for adults, ages 21-65, who currently reside in the LPS Mental Health Conservator unit and the forensic compound; population consists of individuals with severe, chronic mental illness and whom have been civilly committed under various Penal Codes including Incompetent to Stand Trial, Not Guilty by Reason of Insanity, and Mentally Distorted Offender
- Conducted comprehensive admission assessments which include suicide, violence risk, cognitive, and malingering assessments, structured clinical intake interview, psychodiagnostic assessment, and competency tests to formulate a treatment plan and recommendations depending on level of risk and individual needs at time of admission
- Administered the Fitness Interview Test –Revised (FIT-R) and provide evaluative summary for patients at various intervals to assess baseline level of competency, identify barriers to competency, and provide treatment recommendations to assist in restoration of competency and expedited return to court
- Facilitated individual psychotherapy for dually diagnosed patients whom are in the process of transitioning into the Conditional Release Program via CONREP or Gateways using evidenced-based treatment interventions to aid in treatment goal achievement, behavioral change, and to address symptoms of various disorders, primarily serious mental illness, substance-related, and co-occurring psychiatric conditions
- Co-facilitated psychotherapy groups using structured group protocol, collaborate with individuals across disciplines including psychiatrists, social workers, occupational therapist and CONREP individuals to obtain clinically relevant collateral information, ensure continuity of care and aid in various aspects of treatment process
- Participated in weekly, individual and dyad supervision, attend treatment planning conferences and training seminars on various topics related to treatment modalities and assessments in the treatment of forensic and dually diagnosed populations
- Assisted Senior Psychologist with administrative tasks and training of practicum students

Pepperdine University Psychological & Educational Counseling Clinic
Pepperdine University, *Graduate School of Education & Psychology*, Los Angeles, CA
Doctoral Practicum Student August 2015-September 2017
Supervisor: Dity Brunn, Psy.D. and Aaron Aviera, Ph.D.
- Gathered clinically relevant and psychosocial history to complete comprehensive intake assessment, support diagnostic conceptualization based on DSM-5, collaboratively identify treatment goals, formulate treatment plan and establish a working therapeutic framework for adults patients, ages 18-65, seeking services at the university-based clinic
- Facilitated weekly individual psychotherapy and couples therapy sessions for adults with a variety of diagnoses while individualizing treatment and working towards decreased level of distress, increased level of functioning, goal attainment, and improved quality of life
- Imparted interventions and facilitate individual session from cognitive-behavioral, psychodynamic, humanistic-existential orientations and integrate techniques from Acceptance and Commitment Therapy

(ACT), Dialectical Behavioral Therapy (DBT), and Somatic Experience as indicated and as appropriate to further individualize treatment
- Administered, scored, and interpreted brief assessment measures at specified intervals throughout the course of treatment to obtain information regarding the manifestation of symptoms, effectiveness of interventions, and strength of the therapeutic alliance
- Completed clinical documentation including session and case notes, summary and comparison of measures, intake evaluations and treatment summaries to monitor client progress and modify treatment approach
- Participated in supervision on a weekly basis to discuss clients, cases, and professional development, as related to supervision and the provision of clinical services

VA Sepulveda Ambulatory Care Center (VA-SACC)
U.S. Department of Veterans Affairs & VA Greater Los Angeles Healthcare System, North Hills, CA
Psychology Pre-Intern September 2013-April 2014
Primary, Clinical Supervisor: Steven Ganzell, Ph.D.
- Provided evidenced-based, recovery-oriented mental health services guided in an outpatient setting to the Veterans population with a variety of diagnosis and presenting problems through the following clinical training rotations: *Mental Health Recovery & Intensive Treatment (MHRIT); Psychological Assessment (Individualized training); Primary Care-Mental Health Integrated Clinic (PC-MHIC); Women's Health Clinic (WHC); and the Anxiety Disorders Clinic (ADC)*
- Collaborated and established working relationship with professionals across disciplines through consultation and participation in weekly treatment team meetings, colloquia, training seminars, and brown-bag lunches to address patients' needs, promote continuity of care, and further develop working understanding of team processes and group role in services provided
- Participated in supervision in all rotations to discuss patient cases, formulate case conceptualizations, and receive feedback regarding personal training goals of proficiency in professional development and clinical competence in psychotherapy, assessment, case conceptualization, professional identity, ethical practice, interdisciplinary skills, scholarly inquiry, individual and cultural competence
- Provided crisis consultation and brief, short-term, individual therapy using an integrative approach, imparting interventions from cognitive, behavioral, motivational interviewing, and strength-based approaches for adult Veterans population with PTSD and a variety of diagnoses, presenting problems, and level of functioning
- Independently led and co-facilitated psychoeducational, process-oriented, and trauma-focused psychotherapy groups including Social Skills Training (SST), Cognitive Processing Therapy for Posttraumatic Stress Disorder (CPT/PTSD), Anger Management, iRest, Introduction to Meditation and Relaxation, and Understanding the Effects of Trauma –Women's Group

Kaiser Permanente, *Pediatric Oncology & Neuropsychology Department*, Los Angeles, CA
Pediatric Neuropsychology Extern September 2013-May 2014
Supervisor: Juliet Warner, Ph.D.
- Administered and scored Neurocognitive Late Effects (KP-NCLE) screening batteries for child and adolescent population at specified intervals throughout the course of oncology treatment to evaluate impact [of treatment] on development across domains including cognitive, socio-emotional, and executive functioning and to identify additional treatment needs when indicated
- Conducted School Clinic (SCH) diagnostic testing, through use of academic, cognitive, and behavioral measures to evaluate the prevalence of Neurodevelopmental Disorders (e.g., Attention-Deficit/Hyperactivity Disorder (ADHD) and Learning Disorders), mood and anxiety disorders, and assist with multimodal assessment and treatment planning for individuals, ages five- to 18-years-old, presenting with marked change or impairment in academic achievement
- Completed integrative neurocognitive and psychodiagnostic reports to summarize assessment results, provide individualized recommendations, academic and clinical interventions (e.g., IEP Plan, therapy

services, psychopharmacological treatment, etc.), and promote improved functioning and development across domains
- Provided client-centered psychoeducation, assessment results, and recommendations to patients, guardians, school faculty, and treatment team members by co-facilitating feedback sessions

Pepperdine University Psychological & Educational Counseling Clinic
Pepperdine University, *Graduate School of Education & Psychology*, Los Angeles, CA
Doctoral Practicum Student June 2013-August 2014
Supervisor: Aaron Aviera, Ph.D.
- Gathered clinically relevant and psychosocial history to complete comprehensive intake assessment, support diagnostic conceptualization based on DSM-IV-TR and DSM-5, collaboratively identify treatment goals, formulate treatment plan, and establish a working therapeutic framework for adults patients
- Facilitated weekly individual psychotherapy sessions for adults with a variety of diagnoses while individualizing treatment and working towards decreased level of distress, increased level of functioning, goal attainment, and improved quality of life
- Administered, scored, and interpreted brief assessment measures at specified intervals throughout the course of treatment to obtain information regarding the manifestation of symptoms, effectiveness of interventions, and strength of the therapeutic alliance
- Completed clinical documentation including session and case notes, summary and comparison of measures, and intake evaluations to monitor client progress and modify treatment approach

Union Rescue Mission, Located Downtown Los Angeles' "Skid Row," Los Angeles, CA
Doctoral Practicum Student September 2012-January 2014
Supervisors: Aaron Aviera, Ph.D., Gary Mitchell, Ph.D., & Neva Chauppette, Psy.D.
- Conducted and complete comprehensive and diagnostic intake evaluations and assessments to obtain clinically relevant information and psychosocial history, collaboratively identify treatment goals, formulate treatment plan, and establish a working therapeutic framework for adults in a residential setting for homelessness and substance abuse/dependence
- Provided individual psychological evaluations, short and long-term treatment for adult homeless population, whom also have chronic substance abuse and co-occurring mood disorders, psychotic symptoms, Axis II disorders, and acute psychological distress to support clients in their efforts to successfully complete rehabilitation program, develop relapse prevention skills, and reintegrate into society
- Utilized evidence-based approaches and interventions from a cognitive-behavioral, dialectical behavioral, and humanistic-based therapeutic framework to individualize treatment and effectively work to accomplish treatment goals
- Participated in weekly dyadic and group supervision, as well as bi-weekly in-service trainings to cultivate cultural awareness and improve ability to implement various treatment approaches and interventions

Brotman Medical Center –Intensive Outpatient Program, Culver City, CA
Marriage & Family Therapist Trainee April 2011-July 2012
Supervisor: Debra Jan Boczan, L.M.F.T.
- Independently led and co-facilitated outpatient process and psychosocial education groups and family therapy sessions at the Intensive Outpatient Program (IOP) for adults diagnosed with chronic mental illness, specifically schizophrenia, schizoaffective, and mood disorders
- Conducted individual psychotherapy sessions for clients with Axis I and II diagnoses as well as co-occurring substance abuse and personality disorders
- Completed individual and group process notes, assessments, and treatment plans for IOP patients and patients temporarily residing in the locked psychiatric unit
- Participated in weekly individual and group supervision sessions to discuss client progress, barriers to treatment, and feedback regarding personal, professional, and clinical skill development

Alpine Special Treatment Center Inc., Alpine, CA
Administrative & Interdisciplinary Staff July 2010-August 2011
Team Manager July 2009-July 2010
Mental Health Worker III December 2008-June 2009
Rehabilitation Counselor & Mental Health Worker I June 2008-December 2008
Supervisors: Larkin Hoyt, Psy.D. & Kristine Tiernan, Ph.D.

- Completed and updated Mulitnomah, GAF, substance abuse, and dual diagnosis assessments upon admission and discharge of individuals at a locked inpatient psychiatric treatment center with severe and pervasive chronic mental illness
- Facilitated psychosocial educational groups including Women's Substance Abuse, Relapse Prevention, Health and Wellness, Mindfulness and Distress Tolerance, and Healthy Relationships Group to assist clients in improving social functioning
- Participated in crisis intervention and completed staff debriefings following unusual occurrences to evaluate and provide support and feedback on effectiveness of utilized interventions, identify triggers, strengthen crisis management skills, and promote a therapeutic milieu
- Formulated and implemented short-term intervention, behavioral, and safety plans after completion of one-to-one client debriefings, homicidal, suicidal, or safety assessments to provide clients with necessary support and monitor post-crisis
- Produced clinical documentation including quarterly and annual progress evaluations for United Behavioral Health and San Diego County to convey client progress, barriers, and treatment recommendations

PEER SUPERVISION EXPERIENCE

Kirby Forensic Psychiatric Center, New York Office of Mental Health (NYC OMH)
Peer Supervisor, Clinical Peer Supervision & Assessment Supervision July 2018-June 2019

Pepperdine University, *Graduate School of Education & Psychology*, Los Angeles, CA
Peer Supervisor, Assessment Competency Exam September 2016-July 2018

TEACHING EXPERIENCE

Pepperdine University, *Graduate School of Education & Psychology*, Los Angeles & Malibu, CA
Teaching Assistant, Advanced Assessment Courses January 2016-June 2018
Supervisors: Carolyn Keatinge, Ph.D. and Susan Himelstein, Ph.D.

Teaching Assistant, *Personality & Emotional Assessment* January 2014-June 2018
Supervisors: Carolyn Keatinge, Ph.D. and Susan Himelstein, Ph.D.

Teaching Assistant, *Neuropsychology & Cognitive Assessment* September 2013-June 2018
Supervisors: Carolyn Keatinge, Ph.D. and Susan Himelstein, Ph.D.

Teaching Assistant, *Couple & Family Therapy II* January 2013-June 2018
Supervisor: Kathleen Eldridge, Ph.D.

Teaching Assistant, *Assessments and Interventions of Behavioral Therapy* April 2014-July 2014
Supervisor: Stephanie Woo, Ph.D.

Teaching Assistant, *Individual & Family Treatment of Substance Abuse* April 2013-June 2013
Supervisor: Jorid Nygard, LMFT

Teaching Assistant, *Clinical Interventions for Children & Adolescents* September 2012-April 2013
Supervisor: Kristen Nicole Dial, Ph.D.

Teaching Assistant, *Clinical Management of Psychopathology* September 2011-July 2012
Supervisor: Dennis Lowe, Ph.D.

ASSISTANTSHIP POSITIONS

Psi Chi International Honors Society in Psychology, Pepperdine Chapter
Pepperdine University, *Graduate School of Education & Psychology*, Malibu, CA
Student Officer, Vice President September 2011-August 2012

- Attended monthly meetings with other student officers to discuss organizational details, trends in psychology, and to plan events for all campuses
- Organized yearly event with featured guest speaker and the annual induction ceremony for the honors society

Pepperdine University, *Graduate School of Education & Psychology*, Malibu, CA
Graduate Assistant to Program Administrator September 2010-August 2012
Supervisor: Andrea Venkat-Lipnicki, M.A.

- Assisted with the organization of confidential student files, university documents, and application review process while maintaining ethical boundaries
- Assisted professors with weekly class preparation to ensure efficiency of program and courses by proctoring exams and organization or preparation of course documents

The Boone Center for the Family & Relationship IQ, *Pepperdine University*, Malibu, CA
Relationship Educator & Event Coordinator September 2010-May 2011
Supervisor: Hannah Parmalee, M.A.

- Assisted with the coordination of relationship educational events for Relationship IQ including convocation presentations to educate young adults on skills, attitudes, and traits associated with healthy relationships
- Assisted with the organization of the Annual Family of Faith Network Conference and Annual Couples Retreat to promote and enhance spiritual and interpersonal relationship satisfaction for couples and families
- Maintained database by collecting and updating participant information and transcribing conference calls or planning meetings

RESEARCH EXPERIENCE

Pepperdine University, *Graduate School of Education & Psychology*, Los Angeles, CA
Doctoral Dissertation April 2013-Present
Dissertation Title: *Perspectives on psychological assessment from internship directors across six categories of internship*
Chairpersons & Committee Member: Carolyn Keatinge, Ph.D., Cary Mitchell, Ph.D., Carolyn O'Keefe, Psy.D.

- Mixed-methods design using archival data and statistical analysis to examine the current trends in psychological assessment at the doctoral-level internship program and APPIC sites with specific focus on level of preparedness at the start of internship training year
- Aim to identify and understand the level of preparedness and satisfaction from the perspective of clinical training directors of VA, hospital settings, and major university training sites
- Preliminary Exam Completed: June 2017
- Anticipated Date of Dissertation Defense: February 22, 2019

Pepperdine University, *Graduate School of Education & Psychology*, Malibu, CA
Research Assistant May 2016-August 2017
Supervisor: Kathleen Eldridge, Ph.D.

- Complete literature review for Dr. Eldridge for the efficacious and empirically-validated, evidenced-based interventions for couple and family therapy

- Revitalize course materials for the masters-level course, Couple and Family Therapy II, using evidenced-based, empirically validated and culturally sensitive treatments

Pepperdine University, *Graduate School of Education & Psychology*, Los Angeles, CA
Research Assistant September 2013-December 2014
Supervisor: Carolyn Keatinge, Ph.D.

- Assisted with comprehensive literature review, retrieval of reference materials, and editing to aid in the development and preparation for the updated edition of *Diagnosis and treatment of mental disorders across the lifespan*

Pepperdine University, *Graduate School of Education & Psychology*, Los Angeles, CA
Research Assistant April 2013-August 2013
Supervisor: Edward Shafranske, Ph.D. & Carol Falender, Ph.D.

- Fulfilled research and assistantship duties including comprehensive literature reviews and retrieve reference materials pertaining to facets of the supervisory alliance, in preparation for release of *Getting the most out of clinical training and supervision: A guide for practicum students and interns* (2nd Ed.)
- Developed and maintained database for APA accreditation to support restructuring of the dissertation approach and implementation of the Applied Scholarship Communities (ASC) at Pepperdine University, Graduate School of Education and Psychology
- Participated in research group meetings on a monthly basis to discuss current and future projects

Pepperdine University, *Graduate School of Education & Psychology*, Malibu, CA
Research Assistant January 2012-May 2012
Supervisor: Dennis Lowe, Ph.D.

- Performed literature reviews, obtain scholarly research, and gathered information via professional organizations and training opportunities to integrate recovery-oriented principles and recovery-based treatment components into the Student Learning Objectives
- Revitalized curriculum for Master of Arts in Clinical Psychology to ensure the graduate program fulfills Board of Behavioral Science requirements
- Assisted with the revision and restructuring of course materials and student learning objectives and analyze curriculum requirements to ensure the courses and graduate program meet the Board of Behavioral Science requirements

The Boone Center for the Family & Relationship IQ, *Pepperdine University*, Malibu, CA
Research Assistant September 2010-May 2011
Supervisor: Hannah Parmalee, M.A.

- Maintained database by collecting and updating participant information and transcribing conference calls or planning meetings
- Conducted research regarding pre- and post-seminar views and to evaluate program effectiveness of student body population

Pepperdine Applied Research Center (PARC), *Forensic & Positive Psychology Trauma Dissertation Lab*
Pepperdine University, *Graduate School of Education & Psychology*, Los Angeles, CA
Research Assistant May 2011-August 2011
Supervisor: Susan Hall, Ph.D. & Clinical Psychology, Psy.D., Doctoral Candidates

- Assisted doctoral candidates and members of the Posttraumatic Growth Team through the obtain necessary data for analysis to complete dissertation project by viewing, completing verbatim transcription, and indicating disclosed trauma in videotaped psychotherapy sessions
- Participated in research team meetings to discuss status of assigned sessions and assisted in the maintenance of the confidential clinic research database
- Completed the National Institute of Health (NIH) training course "Protecting Human Research Participants" and fulfilled mandatory HIPAA requirements to sustain ethical standards

ACHIEVEMENT AWARDS: SCHOLARSHIPS, GRANTS, & HONORS

Colleagues Grant Academic Excellence Award, Pepperdine University, Los Angeles, CA

Conrad N. Hilton Foundation, Fellowship Grant, Union Rescue Mission, Los Angeles, CA

QueensCare Charitable Division Grant & Academic Scholarship, Union Rescue Mission, Los Angeles, CA

Scholastic Achievement & Academic Excellence Award, Psi Chi, International Honors Society | Psychology
Pepperdine University, Los Angeles, CA and Malibu, CA
Creighton University, Omaha, NE

**Specialized certifications and trainings omitted.*

ABSTRACT

Psychological assessment continues to be one of the defining, core domains of clinical psychology. The literature consistently reflects the importance of competency in psychological assessment for professional psychologists. In the present exploratory study, the researcher used archival data collected originally by Bates (2016), Faith (2016), and Shipley (2019). The original researchers developed a 32-item questionnaire to explore the perspectives of a national sample of APPIC-member internship directors on psychological assessment practices in internships. Internship directors' responses from the six most prevalent categories of internship program were examined to determine whether there significant differences across types of internship. The six most common types of internship in the dataset were: community mental health centers (CMHC); Veterans Affairs Medical Centers (VAMC); university counseling centers (UCC); state/county/other public hospitals (SCPH); prison and/or correctional facilities (PC); and consortium programs (CON). Descriptive statistics on the demographic characteristics of the internship directors in the present study (N = 124) were calculated. The questionnaire items selected for focus examined the importance of psychological testing and assessment in the internship program; the importance of assessment-related experience and theoretical knowledge for intern selection decisions; directors' satisfaction with beginning interns' assessment-related experience and knowledge; specific assessment measures that directors prefer interns to have experience with prior to internship; and psychological measures introduced in the internship program in the prior 5 years. Participants' responses to several open-ended items were also examined for themes across the six types of internship. The findings confirmed the continued importance of psychological assessment across internship categories. UCC internship directors, however, reported significantly less emphasis on psychological assessment than directors from

other categories. Internship directors reported moderate emphasis on assessment-related experience and knowledge in making intern selection decisions. The directors also reported moderate satisfaction with the assessment-related experience and knowledge of beginning interns. Between-group findings revealed that VAMC directors were significantly less satisfied with incoming interns' assessment-related theoretical knowledge than UCC and SCPH directors. A small but noteworthy number of internship directors recommended that more emphasis on psychological assessment is needed at the pre-internship level.

Chapter I: Introduction

Psychological Assessment: A Core Competency

Psychological assessment provides valuable insight and better understanding of an individual's behaviors, skills, personality, and various aspects of functioning (Framingham, 2018). Assessment is a core competency in the field of psychology and a hallmark of psychological practice (Goldstein & Beers, 2004). Psychological testing is one component of psychological assessment, and test results act as one of many sources of data in the assessment process. The utilization of psychometric tests is a skill that has been uniquely associated with psychologists, and it distinguishes their roles from other healthcare professionals (Groth-Marnat, 2009). Psychologists are the primary professionals that are expertly trained to administer and interpret psychological tests (Framingham, 2018). Although psychological assessment is a powerful tool, researchers have often reflected that its effectiveness depends on the skill and knowledge of the person conducting the assessment and testing (Framingham, 2018). Consequently, psychological assessment is considered to be an essential skill for inclusion in the training of psychology doctoral students, particularly within applied disciplines such as clinical, counseling, forensic, and school psychology (Fouad et al., 2009).

Pre-doctoral psychology internships often strongly emphasize psychological assessment. Clemence and Handler (2001) administered a survey to examine the role of psychological assessment at 329 internship programs including child facilities, university counseling centers, Veterans Affairs Medical Centers, private general medical centers, state hospitals, community mental health centers, medical schools, and private psychiatric hospitals. These authors found that 41% of respondents reported that assessment instruments were administered to the majority of patients who received services at their facilities. Clemence and Handler reported that 99% of

internship programs in their sample offered training in assessment and provided introductory assessment training to their students, suggesting that interns were not always prepared for conducting assessment at these sites. The researchers also specified that training in projective tests (e.g., Rorschach, TAT) was highly desired in particular settings such as psychiatric hospitals. These findings highlighted the prevalence of assessment in psychological pre-doctoral internship programs and indicated the importance of students receiving adequate prior training in assessment. The results also illustrated that assessment-related practices and needs might vary across different types of internship settings.

Assessment is frequently used by psychologists when providing clinical services, and assessment is considered a central component of their clinical training (Anderson, 2006; Schaffer, Rodolfa, Hatcher, & Fouad, 2013). Psychologists in professional settings have reported that 10-25% of their work involves conducting assessments (Camara, Nathan, & Puente, 2000; Watkins, 1991; Watkins, Campbell, Nieberding, & Hallmark, 1995), suggesting that there is a high probability that professional psychologists will utilize assessment during their careers. Psychologists who incorporate assessment instruments in their clinical work report utilizing an average of 13 tests (Camara et al., 2000), indicating that psychologists who desire to achieve competency in assessment need to develop competence in significant numbers of individual tests or measures (Camara et al., 2000). Krishnamurthy et al. (2004) identified eight core competencies that are required for psychological assessment (see Figure 1).

Competency in psychological assessment involves clinicians developing a number of acquired skill sets to ensure clients are receiving adequate services, including the consideration of cultural and contextual factors that impact clients' behaviors and lives. Obtaining this competency also requires fostering attitudes conducive to valid and useful assessment. These

attitudes are fundamental to case conceptualization, as well as the establishment and maintenance of rapport between clinicians and their clients (Krishnamurthy et al., 2004).

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

Figure 1. Core competencies for psychological assessment (Krishnamurthy et al., 2004).

While scholars have expressed differing opinions on which skills should be considered as benchmarks for competency, members of the American Psychological Association (APA) and the Association of State and Provincial Psychology Boards (ASPPB) have concurred that assessment should be included in psychologist training programs. In one attempt to provide benchmarks, Fouad et al. (2009) identified a range of skills that could be used to determine if and when a trainee is prepared for practicum, internship, and matriculation into professional practice (see Figure 2). Trainees who are prepared for internship should be able to choose reliable assessment measures that are valid to the population that they are serving. Additionally, well-

prepared trainees are expected to understand the interpretation and scoring of traditional psychological assessment and demonstrate an awareness of the strengths and limitations of these measures. Based on this awareness, trainees should be able to select appropriate assessment measures for diagnostic purposes, as well as to apply the findings to case formulations and conceptualizations. They must demonstrate that they are competent in systematically collecting information and writing progress and assessment reports. As Fouad et al. (2009) noted earlier, competency in assessment is gauged by a trainee's ability to conduct "assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations" (p. S16).

Guidelines for conducting psychological assessment and for the provision of appropriate and ethical services to clients are described in the APA's (2002) Ethical Principles and Code of Conduct for Psychologists. This code mandates that psychologists perform assessments for appropriate reasons (e.g., treatment recommendations, diagnostic questions, court mandates, etc.) and obtain the informed consent of the patients who are receiving assessment services. This code also requires that the assessments are conducted by properly trained and certified professionals, or by professionals in training under proper supervision. Further, the code requires assessors to consider diversity factors that may impact one's performance, utilize updated and relevant testing instruments, and provide feedback to the clients undergoing assessment (APA, 2002). The fact that assessment is included in the Ethical Principles for Psychologists and Code of Conduct attests to its significance in this field and its role as a core component of training in professional psychology.

Psychological Assessment Training and Practice

Over the last several decades, training practices for psychological testing and assessment

have continued to evolve and advance, beginning in 1961 with the founding of the Association of State and Provincial Psychology Boards (ASPPB). In 1964, in an effort to promote appropriate standards and to coordinate licensing procedures among the states, the ASPPB developed the Examination for Professional Psychology Practice (EPPP), a national examination for psychology (Hess, 1977). Many professionals consider this exam to be the best measure available of applied practice psychological knowledge, and it is currently in use in 49 states (Hess, 1977). Of the six knowledge areas covered by the EPPP, the first three are specific to assessment. These areas measure trainees' relevant knowledge and ability to:

1. Select, modify, and use psychological assessment techniques/instruments, e.g., tests, observation and interview procedures, survey instruments.
2. Interpret and report results of assessment, e.g., feedback as appropriate to client and/or referral source.
3. Design, implement, and evaluate an intervention plan, based on the interpretation of assessment results and including ongoing monitoring and final evaluation. (AASPB, as cited in Stigall, 1983).

Watkins (1991) reviewed a 30-year period (1960 through 1990) of clinical and counseling psychology assessment survey data (Krishnamurthy et al., 2004). Based on his findings, this author published the following concise set of conclusions concerning past and present assessment training across various settings, which were summarized by Bates (2016):

1. Internship directors place considerable importance on psychodiagnostic assessment skills. They expect graduate programs to prepare students with assessment skills, and seek interns who have these abilities. They 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.

More recently, researchers have reported subtle changes in the types of assessment (e.g., intelligence, projective, neuropsychological) emphasized within the field since Watkins' earlier review. While a considerable number of researchers have focused on recommendations for education and training in psychological assessment, few have explored how this training is actually delivered (Childs & Eyde, 2002). By focusing on APA-accredited clinical psychology doctoral programs, Childs and Eyde sought to examine actual test-based assessment training practices (Stedman, 2000; see Table 1).

Childs and Eyde (2002) found that clinical psychology doctoral programs most commonly taught the following instruments: the Wechsler Adult Intelligence Scale–III (WAIS–III; Wechsler, 1997); the Wechsler Intelligence Scale for Children–III (WISC–III; Wechsler, 1991); the Minnesota Multiphasic Personality Inventory–2 (MMPI–2; Butcher, Graham, Ben-Porath, Tellegen, & Dahlstrom, 2001) and the Rorschach Inkblot Test. Instruments that the programs taught less frequently included the Thematic Apperception Test (TAT; Murray, 1943), the Stanford–Binet Intelligence Scale (Termin & Merrill, 1973), the Bender Visual Motor Gestalt Test (Bender, 1946), the Millon Clinical Multiaxial Inventory–III (MCMI–III; Millon, Millon, & Davis, 1994), the Wechsler Preschool and Primary Scale of Intelligence–Revised (Wechsler, 1989), and the Woodcock–Johnson Tests of Achievement–Revised (Woodcock, Johnson, Mather, McGrew, & Werder, 1991). Many doctoral programs however focus on administration

and scoring, and that most programs required practice in interpretation (Stedman, 2000).

1. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
9A. Knowledge of Measurement and Psychometrics		
Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing	Selects assessment measures with attention to issues of reliability and validity	Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context
9B. Knowledge of Assessment Methods		
Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam	Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning
9C. Application of Assessment Methods		
Demonstrates knowledge of measurement across domains of functioning and practice settings	Selects appropriate assessment measures to answer diagnostic question	Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice
9D. Diagnosis		
Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity	Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity	Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
9E. Conceptualization and Recommendations		
Demonstrates basic knowledge of formulating diagnosis and case conceptualization	Utilizes systematic approaches of gathering data to inform clinical decision-making	Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment
9F. Communication of Assessment Findings		
Demonstrates awareness of models of report writing and progress notes	Writes assessment reports and progress notes and communicates assessment findings verbally to client	Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner

Figure 2. Competency benchmarks: assessment (Fouad et al., 2009).

Table 1

Most Recently Taught Assessment Measures (Childs & Eyde, 2002)

Instrument	% of Programs
Wechsler Adult Intelligence Scale–III	93%
Wechsler Intelligence Scale for Children–III	88%
Minnesota Multiphasic Personality Inventory–2	86%
Rorschach Inkblot Test	81%
Thematic Apperception Test	71%
Stanford-Binet Intelligence Scale: Fourth Edition	48%
Bender Visual Motor Gestalt Test	46%
Millon Clinical Multiaxial Inventory–III	38%
Wechsler Pre-School and Primary Scale of Intelligence –Revised	37%
Woodcock Johnson Test of Achievement –Revised	33%
Minnesota Multiphasic Personality Inventory–Adolescent	30%
Sentence Completion Test	29%
Wechsler Memory Scale–Revised	26%
Halstead-Reitan Neuropsychological Battery	25%
Wide Range Achievement Test –Third Edition	25%
Kaufman Assessment Battery for Children	24%
Projective Drawings	24%
Wechsler Individual Achievement Test	20%

Two studies noted that the most frequently administered testing instruments have been relatively stable for eh past 30 years (Belter & Piotrowski, 2001; Camara et al., 2000). However, practitioners in clinical psychology also reported using updated measures (e.g., MCMI-III and the MCMI-IV) and newer measures (e.g., the PAI) in recent years. The list of the "Top 13" tests used by clinical psychologists includes most of those reported by Childs and Eyde (2002), as well as additional instruments that are not frequently taught in clinical doctoral programs (Camara et al., 2000; Figure 3).

Piotrowski and Belter (1999) evaluated 84 internships affiliated with the Association of Psychology Postdoctoral and Internship Centers (APPIC) regarding training on specific testing instruments. Their findings indicated that internship directors were emphatic on testing on both intelligence and objective personality. These authors emphasized a focus on neuropsychological

assessment, but they were less emphatic on projective testing. Most of the respondents in this study were also insistent on the use of traditional measures and techniques based on clinical and academic training settings for decades. A consequent ranking of the methods identified that the MMPI/MMPI-2, Wechsler intelligence scales, and Rorschach were the top three assessment measures utilized. This study produced another finding that was consistent with earlier studies showing the growing importance of the Millon inventories. Piotrowski and Belter (1999) found that the MCMI was the fourth most frequently listed test when internship directors were asked to identify the essential measures for psychological practice.

Table 2

Tests Used by Clinical Psychologists (Camara et al., 1998)

Table 5
Frequency and Rank Order of Tests Used by Clinical Psychologists and Neuropsychologists

Test	Clinical psychologists		Neuropsychologists		
	Rank	*n*	Rank	*n*	Total *n*
Aphasia Screening Test[a]	23	27	17	156	186
Beck Depression Inventory	10	53	11	200	253
Bender Visual Motor Gestalt Test	5	112	25	96	208
Boston Naming Test	42	13	8	209	222
California Verbal Learning Test	36	18	14	189	207
Category Test	31	20	9	203	223
Children's Apperception Test (CAT-A)	16	38	60	29	67
Conners' Parent and Teacher Rating Scales	18	37	39	57	94
FAS Word Fluency Test	37	17	5	241	258
Finger Tapping Test[a]	29	22	6	228	250
Grooved Pegboard Test[b]	44	12	15	180	192
Halstead–Reitan Neuropsychological Test Battery	23	27	7	214	241
Hand Dynamometer (Dynamic Hand Grip Strength Test)	44	12	20	136	148
Hooper Visual Organization Test	59	8	19	145	153
House–Tree–Person (H-T-P) Projective Technique	8	60	31	78	138
Human Figures Drawing Test	13	49	41	55	104
Millon Adolescent Clinical Inventory	16	38	56	35	73
Millon Clinical Multiaxial Inventory	10	53	24	100	153
Minnesota Multiphasic Personality Inventory (MMPI) I and II	2	138	1	359	497
Peabody Picture Vocabulary Test—Revised	20	34	28	89	123
Rey Complex Figure Test	25	25	12	196	221
Rorschach Inkblot Test	4	124	18	153	177
Rotter Incomplete Sentences Blank	14	45	51	41	86
Sentence Completion Test	15	40	42	54	94
Thematic Apperception Test (TAT)	6	107	26	91	198
Trail Making Test A&B[c]	12	52	4	246	298
Vineland Adaptive Behavior Scales	18	37	44	51	88
Wechsler Adult Intelligence Scale—Revised (WAIS–R)	1	151	2	331	482
Wechsler Intelligence Scale for Children—Revised (WISC–R-III)	3	135	16	178	313
Wechsler Memory Scale—Revised	9	58	3	257	315
Wide Range Achievement Test—Revised and III	7	86	9	203	289
Wisconsin Card Sorting Test	33	19	12	196	215

The majority of a randomly selected sample of 412 clinical psychologists from the APA membership directory reported engaging in some form of assessment (Watkins et al., 1995). Specifically, 90% of the participants reported involvement in personality assessment. Sixty-six percent of respondents identified intellectual assessment services, 15% identified vocational/career assessment, and 13% of respondents reported ability/aptitude assessment activities (Watkins et al., 1995). Given such findings from clinician surveys, it is not surprising that professional organizations report that psychological assessment is highly relevant to a broad range of clinical practice and research applications (Butcher, 2006; Piotrowski & Belter, 1999; Stedman & Hatch, 2000; Weiner, 2012). This further emphasizes importance of training at the pre-doctoral level. Meyer et al. (1998) noted that psychological assessment requires a well-trained clinician who possesses the competence to integrate test data into a meaningful appraisal of a client or a client's behavior. The researchers further concluded that the feasibility of test-based assessment relies on the capacity to train and produce able clinicians who can conduct and produce these assessments. The ability to produce complex and integrated test-based assessment requires extensive training and supervised clinical experience. As such, there is a need to consider the capacity of academic programs to prepare future psychologists for the aforementioned tasks.

Since the 19th century, there have been noteworthy strides in the progress of psychological testing and assessment. Training in assessment still receives support across various academic programs and applied training sites such as internships (Anastasi & Urbina, 1997; Clemence & Handler, 2001; Weiner, 2013). Assessment training is principally critical in psychology doctoral programs that underline professional applications such as clinical, counseling, and school psychology. On the other hand, the assessment of psychological

competency is a foundational necessity for graduate students to remain competitive for pre-doctoral internship placement. The pre-doctoral internship phase is a pillar in the continuous development and enhancement of competence in assessment (Belter & Piotrowski, 2001; Clemence & Handler, 2001; Stedman, Hatch, & Schoenfeld, 2001a; Weiner, 2012).

Pre-internship training. In a survey of 80 directors at APA-accredited doctoral programs in clinical psychology, Piotrowski and Zalewski (1993) revealed that training in psychological testing and assessment was a large portion of the core curriculum in their programs. Belter and Piotrowski (2001) detected shifts in the caliber of assessment training at the graduate level when exploring these trends in training, a decade later. More specifically, in their survey of 82 training directors of APA-approved doctoral programs in clinical psychology, Belter and Piotrowski found that concerning the extent to which their training programs had increased, decreased, or retained emphasis on six common areas of assessment over the past 5 years, over 90% of the participants reported an increased emphasis on all areas of psychological assessment except one: projective testing. While these 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, these researchers found that just 7% of program directors reported an increase in the emphasis on intelligence testing, while only 4% identified an increased emphasis on projective testing in the prior 5 years.

Due to recent shifts in trends, there has been a growing concern that the emphasis on assessment in pre-doctoral training has decreased considerably. According to Weiner (2013), this shift may reflect misconceptions about the importance of assessment in clinical psychology, as well as a limited grasp of the value of psychological testing. Additionally, this lack of focus on

the usefulness of assessment skills has led to reductions in assessment course offerings, scaled-down requirements for assessment competency, and minimal reinforcement for students to conduct assessment related research (Weiner, 2013). Weiner and other scholars have concluded that a notable gap currently 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, 2013).

In another study, Stedman, Hatch, and Schoenfeld (2001b) collected data from 334 doctoral students in clinical and counseling psychology who had applied to pre-doctoral internship programs. Based on these students' responses, the authors concluded that doctoral students not receive sufficient training in psychological assessment to prepare them for the requirements of their internships. These researchers operationalized the variable of amount of experience through the examination of the amount of assessment reports written before initiation of internship. Their findings indicated that only 25% of psychology graduate students had enough experience with the 13 most frequently used tests to meet the needs and expectations of internship training directors (Stedman et al., 2001a). Stedman et al. (2001b) also noted that 25% of the surveyed students reported minimal levels of instruction on report writing before internship. Graduate students reported their lack of assessment skills placed them at a disadvantage when applying to internship. Specifically, they reportedly found it difficult to obtain an internship placement (Butcher, 2006). Academic programs should ensure their emphasis on assessment-related issues remains current with the trends in the field, given the changes in patient care and growing competitiveness in the mental health care. Practically speaking, such programs should prepare students to obtain internships, given the high level of assessment-related expectations that internship directors hold (Robiner, Arbisi, & Edwall, 1994).

Internship training. In the mid-1980s, the Council of Chairs of Training Councils (CCTC) was created to continually review, evaluate and modify the quality of training (CCTC, 2016). This umbrella organization developed the Psychology Internship Development Toolkit, and one of the core principles has been to continually review the quality of education and training experiences at the internship level (CCTC, 2016). The most salient of this council's core principles is the intent of doctoral internship training to provide high quality experiences to students (CCTC, 2016). Another core principle is the training in psychological assessment at the pre-doctoral internship level.

The pre-doctoral internship is an essential component of most applied doctoral degree programs in the various fields of psychology, including clinical psychology (Prinstein, 2013). The internship year serves as a capstone of students' training experiences at the doctoral level (Keilin & Constantine, 2001). This internship, which usually takes place in an applied setting, typically occurs during the students' final year of doctoral training (Keilin & Constantine, 2001; Prinstein, 2013). In order for students to be eligible to apply, academic institutions often require a minimum number of assessment and intervention hours, along with each internship program putting forth its minimum required hours. In 2017, the median doctoral assessment hours reported by students who participated in the internship application match was 178 (N = 1,752; M = 222; SD = 169), compared to the median intervention hours of 598 (N = 1,752; M = 649; SD = 294; Keilin, 2018).

In the study of Stedman et al. (2001a) that involved 324 internship directors, the findings indicated that directors of all types of internships valued prior training in intelligence, objective personality, and projective assessment for their interns. Clemence and Handler (2001) found there to be a lack of homogeneity across responding internship directors on the emphasis put on

test-based assessment training across the settings evaluated in their study. These two sets of researchers critically appraised the sufficiency of pre-internship assessment training. They also questioned whether assessment training in the internship period could offer adequate levels of training to meet the assessment-related demands of clinical practice after internship. Stedman, Hatch, Schoenfeld, and Keilin (2005) conducted a national survey that sought to expand on the above studies. These researchers analyzed the internship assessment patterns of 543 programs, which were under the APPIC. They concluded that among the 21 specialty rotations that were part of the survey, such as substance abuse trauma and mental illness, an assessment rotation was the most commonly offered specialty, representing 64% of the cases under investigation. Furthermore, the researchers identified that major assessment rotations were in 80% of 10 military internships and in 90% of internships focused on children's services. Oddly, among the 105 university counseling centers and 28 private hospitals that the authors included in this survey study, none of them offered a major rotation in psychological assessment. Stedman (2007) posited that a large number of internship programs do not offer sufficient development of assessment training that offers clinical psychology graduates the competency skills in assessment that they require. Again, it is critical to investigate the assessment-related training offered within specific internship programs. Previous researchers have indicated that significant differences may exist across various types of internship programs, especially in the arenas of assessment-related expectations, needs, and practices.

Internship Settings

The APPIC was established in 1968 in efforts to standardize the internship application process. The APPIC aims to promote objectivity through the implementation of application deadlines and an equitable method of selection (Prinstein, 2013). Further, programs need to meet

the 16 criteria for APPIC membership (Appendix A). Many of the psychology internship programs that abide by the APPIC guidelines hold an accreditation status; however, this is not a requirement, given that many APPIC programs can remain under a non-accredited status. Accredited internships provide high-quality training in clinical practice and specialties (APPIC, 2017). The accreditation status provides public notification that an institution or program meets standards of quality set forth by an accrediting agency (e.g., the psychology-accrediting agency is the Commission on Accreditation (APA, 2015b)).

The APA accredits many of the psychology internship programs found in the APPIC directory. This accreditation is considered to be the highest form of certification that a psychology internship program can obtain. Many licensing boards and employers recognize the value of APA accreditation for internships, and therefore expect applicants to demonstrate that their internships met such standards (Bates, 2016). For example, some state boards require completion of an APA-accredited internship for licensure and federally funded facilities such as veterans' hospitals typically employ the same standards when recruiting and hiring psychologists (Prinstein, 2013). The APPIC (2017) recognizes pre-doctoral internships that are accredited by the APA or the Canadian Psychological Association (CPA) to have met APPIC doctoral membership criteria. As noted earlier, non-accredited internship providers must demonstrate that they meet 16 broad criteria every 3 years (see Appendix A).

While there are no formal definitions for internship types and settings, most are categorized by programs to best describe their institution, training emphasis, services and populations served. In an overview of internship structures, Stedman et al. (2005) noted that traditional internship training prepares students for the delivery of psychotherapeutic services to adults, children, adolescents, and seriously mentally ill patient populations. Traditional

internships also emphasize the training required in order to provide group therapy and brief therapy, and to conduct assessments with some or all of those patient populations. The Council of Chairs of Training Councils (CCTC) identified a list of major internship settings categories, which included the following: (a) child psychology, (b) community mental health, (c) correctional facility, (d) medical school, (e) military facility, (f) private hospital (general), (g) private hospital (psychiatric), (h) state facility, (i) university counseling center, (j) Veterans Affairs, and (k) "other" sites that do not fall into the usual categories (e.g., community health center [primary care] and older adult mental health [geropsychology]) (CCTC, 2016). According to the 2017 Match Results Survey Report (Keilin, 2018), of the 1,791 psychology doctoral students who participated in the survey and successfully matched with an internship program, 219 (11%) students matched at community mental health centers, 183 (9%) matched at a consortium program, 85 (4%) matched at a prison/other correctional facility, 132 (6%) matched at a state/county/other public hospital, 279 (14%) matched at a university counseling center, and 404 (20%) students matched at a Veterans Affairs Medical Center. This further highlights the importance of focusing on these six categories. The sections below provide a brief description of each of these six internship settings.

Veterans Affairs Medical Centers. The Department of Veterans Affairs (VA) is a federal program geared towards providing supportive services to veterans who have served in the United States military (i.e., Army, Marines, Navy, Air Force, and Coast Guard). The VA takes note of the challenges that veterans face when re-entering society, and the goal is to assist with this transition. In addition to medical resources, the VA provides mental health services and commonly treats substance abuse disorders and PTSD. The VA also provides different levels of care, including inpatient, outpatient, ambulatory and emergency services.

From an historical perspective, the VA has played a significant role in the development of the doctoral internship (U.S. Department of Veterans Affairs, 2019). In fact, the first widespread doctoral internships began out of a need for psychologists to provide services to veterans of World War II. Financial resources from the federal government through the Department of Veterans Affairs were granted for training purposes. Federal support from the National Institute of Mental Health (NIMH) provided additional, financial support for internships. Currently, they remain federally funded programs that offer various levels of care.

According to APA, the VA is the largest single employer of psychologists in the United States. These psychologists work both as research scientists and clinicians, and are committed to improving the lives of U.S. veterans (U.S. Department of Veterans Affairs, 2019). The VA is also the largest provider of training for psychologists. Moreover, the VA plays a vital role in addressing the shortage of mental health workers who are equipped to provide culturally competent and integrated mental health services to veterans and their families (U.S. Department of Veterans Affairs, 2019; Zeiss, 2000). The U.S. Department of Veterans Affairs directly funds at least 18% of all accredited psychology internships (Zeiss, 2000). Currently, the VA provides over 111 psychology internship programs, which are located in 49 states. The VA internship provides broad and general training based on the scientist-practitioner model, and emphasizes practice informed by scientifically based research. Pre-doctoral interns obtain general training during rotations that vary based on each site.

Community mental health centers. In October 1963, President John F. Kennedy signed into law the Community Mental Health Act, also known as the Mental Retardation and Community Mental Health Centers Construction Act of 1963, which drastically altered the delivery of mental health services and inspired a new era of optimism in mental healthcare

(National Council for Behavioral Health, 2018). This law led to the establishment of comprehensive community mental health centers throughout the country in order to assist individuals with mental illnesses, who were described as being "warehoused" in hospitals and institutions, to move back into their communities. Along with this law, the development of more effective approaches to psychotherapy made community-based care for people with mental illnesses a feasible solution. Services to people with mental illness became more accessible and comprehensive and this coordinated brand of service was labeled as "behavioral healthcare." It is widely understood that providing comprehensive mental health and addictions services is the goal of community-based behavioral health organizations today. These organizations have evolved far beyond the original community mental health centers, and today are categorized as community mental health centers (National Council for Behavioral Health, 2018).

The category of community mental health centers (CMHC) include a mix of government and county-operated organizations, as well as private nonprofit and for-profit organizations. The CMHC settings deliver community-based behavioral healthcare. These mental health services and community clinics are funded by a patchwork of sources (e.g., Medicaid; Medicare; county, state, and federal programs; private insurance; and self-pays). CMHCs provide different levels of care, typically under a state department of mental health (e.g., California operates under the Department of Health Care Service – Mental Health Services Division). They provide outpatient services to all age ranges and individuals who present with a broad range of issues, diagnoses, level of functioning and treatment needs. Some services and clinics focus on those who are functionally disabled by severe and persistent mental illness. The populations served include those who are low-income, uninsured, temporarily impaired, or in situational crises. Children and youth services primarily focus on those who are seriously emotionally disturbed and diagnosed

with a mental disorder. Mental health services of these organizations include assessments, case management, crisis intervention, medication support, peer support, and other rehabilitative services. Services are provided in multiple settings including residential facilities, clinics, schools, hospitals, county jails, juvenile halls, detention camps, mental health courts, board and care homes, in the field, and in people's homes (California Department of Health Care Services, 2018). These providers place special emphasis on addressing co-occurring mental health disorders and other health problems such as addiction.

At the pre-doctoral internship level, interns working in CMHC settings are immersed in a range of training activities. Interns learn to assess cases formally and systematically. Psychology interns are also trained in and assigned psychological testing cases, different than therapy cases. They learn to administer a variety of cognitive and personality measures, to score and interpret data, to professionally document their findings and recommendations, and to provide feedback to patients and other professionals. Interns are generally expected to be competent enough in assessment techniques to perform diagnostic evaluations in all settings, both comprehensive as well as brief batteries. Some CMHC internships emphasize the role of psychological assessment throughout the year. Due to the nature of the setting and funding sources, psychological testing is a major component of psychological services and training at CMHC settings (California Department of Health Care Services, 2018).

University counseling centers. University counseling centers (UCC) are mental health clinics housed within universities and colleges. They commonly provide individual, short-term and group therapy services to undergraduate and graduate students for a wide-range of issues and with a range of presenting problems. These centers typically provide counseling services, targeting areas such as anxiety, depression, social anxiety, and stress management; yet have a

diverse range of patients and presenting problems. UCCs provide evaluative services for diagnosis and other evaluations associated with academic and emotional functioning, related to academics, although the nature of assessment varies for each UCC. Psychology interns are typically expected to have an interest in college-related issues and in working with diverse populations (APPIC, 2017).

In accordance with the Practitioner-Scholar Model, these internship programs aim to promote the integration of theory and practice through professional development speakers, scholarly reading assignments, and conferences. The overarching goal of many UCC internships is to help interns incrementally progress from the trainee position into that of a functionally competent professional. By the end of the internship, interns are expected to be able to provide a full range of professional activities for diverse populations. According to the Council of Counseling Psychology Training Programs (CCPTP, n.d.), training continues to be a significant part of typical UCC activities each year, with interns contributing to a substantial portion. Interns often contribute a substantial percentage (~27%) of the direct services provided to the university community at a UCC (CCPTP, n.d.). Throughout the pre-doctoral internship year, interns continue to develop a broad range of general clinical skills, including assessment activities such as initial screenings and more comprehensive or follow-up assessments.

State/county/other public hospitals. A state hospital is a hospital providing mental health services, funded and operated by the government of a state, whereas local governments operate general public hospitals. These publicly supported facilities strive to provide effective treatment in a safe environment and in a fiscally responsible manner (California Department of State Hospitals, 2018). According to the National Association of State Mental Health Program Directors (NASMHPD, 2018), there are over 195 state psychiatric hospitals located throughout

the United States, which serve over 7.5 million patients annually. These facilities include hospitals for children, adults, older persons, and people who have entered the mental health system via the court system (NASMHPD, 2018).

These treatment settings and internships are found in a variety of settings. For example, the State of California (i.e., the Department of State Hospitals) oversees five state hospitals and three psychiatric programs located in state prisons. This umbrella category of internship settings includes county mental health facilities, and may also include settings that are considered "forensic," given that they house civilly-committed, pre or post trial individuals (i.e., those deemed incompetent or unfit to stand trial, mentally distorted offenders, those deemed not guilty by reason of insanity, or sexually violent predators; California Department of State Hospitals, 2018).

As internship settings, the state hospitals' primary educational model is a professional model built on a Practitioner-Scholar orientation, in which both research and theory inform practice (APPIC, 2017). The psychiatric hospital mission is to treat individuals suffering from mental illness and disorders. These services are based on the science of psychology, with a firm foundation in accepted and validated processes and procedures. Training goals and objectives of such programs are to develop skills in assessment, evaluation, diagnosis, psychotherapy and/or intervention for a diverse population (California Department of State Hospitals, 2018).

Consortium programs. A consortium is comprised of multiple independently administered entities that have established a formal agreement to share resources and conduct a well-rounded, comprehensive and unified training program (APA, 2015b). Consortium internship programs usually reflect the collaborative efforts of multiple agencies to share resources and faculty for the purpose of providing a range of clinical and didactic experiences

that represent the necessary depth and breadth required for future professional psychological practice (APPIC, 2017). A graduate program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or in a partnership or consortium among separate administrative entities. A consortium is comprised of multiple independently administered entities that have formally agreed—in writing—to pool their resources to conduct a training or education program (APA, 2015a).

Consortia hold several advantages for interns. The benefits of the consortium model include shared resources (i.e., ideas, staff members, and financial means) that can enable smaller sites, or sites with fewer licensed psychologists and/or ability to financially afford more than one intern, to be part of an accredited consortium when otherwise they would not be able to sustain accreditation as an independent agency. As multiple agencies and psychologists are involved in a consortium, interns are exposed to more perspectives (e.g., theoretical orientations, treatment settings, client populations), training seminars, and role models than they would in a traditional single agency setting (Illfelder-Kaye, Lese-Folwer, Bursey, & Reyes, 2009). In recent years, the APA has allotted $3 million to fund the creation of new psychology internship programs, which has led to an increase in consortium programs available to take on interns (APA, 2015b).

Prison and/or correctional facilities. The APA has defined the focus of forensic psychology as the application of clinical specialties to the legal arena (Ward, 2013). Cronin (2009) defined this field as "the application of clinical specialties to legal institutions and people who come into contact with the law" (p. 5). This definition, although narrow, emphasizes the application of clinical psychology to the forensic setting; this definition includes psychological assessment, treatment, and evaluation in forensic settings.

The Federal Bureau of Prison (BOP) has trained doctoral-level psychologists for more

than 40 years (Federal Bureau of Prisons, 2018). Internships in forensic psychology include a range of sites. Sites are under federal, state, or county oversight, and facilities can include jails, prisons, state hospitals, and juvenile centers. One sector of forensic is categorized as prisons and/or correctional facilities; and while there are many other types of forensic settings, the current study will focus on this group. The Federal Bureau of Prisons, the U.S. Department of Justice, and a few state departments of corrections are the entities that are most likely to offer pre-doctoral internships in clinical psychology. In fact, as of July 2018, the Bureau of Prisons had 12 internship programs accredited by APA. Of these, they are further differentiated based on setting and population, with four considered/classified as a federal correction complex, two federal correction institutes, four federal medical centers, one detention center, and one being a medical center for federal prisoners. Similarly, there are up to 20 "correctional" APA accredited internships that are prisons (e.g., San Quentin State Prison), medical facilities (e.g., Correctional Medical Facility), and/or county or state facilities (e.g., Los Angeles County Internship in Forensic Psychology at Twin Towers or Lynwood Correctional Facility) with a specific unit devoted to forensic populations.

These doctoral internship programs in psychology are committed to training through the provision of a well-rounded, high-quality training experience for advanced clinical and counseling graduate students. While individual training sites utilize different training techniques and models to achieve the training objectives, all training sites have several common features. For example, the internship year includes opportunities for training and practice in psychological assessment, as well as research or other scholarly activities. Training sites may also provide interns with additional, site-specific training opportunities. For example, some sites offer experience in such areas as forensic assessment.

Psychological Assessment Across Pre-Doctoral Internship Settings

Over the years, there has been substantial growth in the variety of settings where psychological assessment takes place, such as, forensic, healthcare, and organizational settings (Weiner, 2013). Despite this growth, the assessment measures that professionals use across these settings vary minimally and have not been adapted for use with these different populations and contexts (Weiner, 2013). Too often, professionals use psychological measures for individuals and situations for which they were not intended, and appropriate norms have not been developed (Graham & Naglieri, 2003). Scholars have stressed the importance of evaluating the validity and generalizability of the interpretations made based on these norms for various cultural settings and groups (Graham & Naglieri, 2003).

Recently, Bates (2016), Faith (2016), and Shipley (2019) developed a 32-item questionnaire to explore assessment-related trends and practices at the internship level. They surveyed internship directors at APPIC pre-doctoral internship programs throughout the U.S. These researchers revealed important shifts in the reported usage patterns of specific psychological tests and found potentially important differences across types of internships regarding important aspects of psychological assessment practice. For example, Bates (2016) reported a general increase in the use of short, symptom-focused scales and some reduction in use of traditional projective measures such as the Rorschach. Bates' also indicated that overall, directors of APPIC-member internship programs reported relatively high levels of satisfaction with entering interns' knowledge and preparation in psychological assessment. Bates (2016), Faith (2016), and Shipley (2019) also found that internship directors, as a group, did not anticipate reduction in the emphasis on psychological testing and assessment at the internship level. Instead, they tended to report that the emphasis on assessment would stay the same or

increase in the future. While Bates (2016) examined test usage patterns across different types of internship setting, other study findings were typically reported only for the sample as a whole. Important questions remained about other potentially significant differences in psychological assessment practices or needs across various types of internship programs (e.g., VA Medical Centers, university counseling centers, prisons or correctional settings, etc.). For example, are there differences across different types of internship programs in directors' perceived satisfaction with the assessment-related training and preparation of beginning interns? There is a need to fine-tune the current scholarly understanding of the specific assessment-related practices and experiences that may exist across different types of internships.

Purpose of the Present Study

Assessment continues to be a critical element of training at the pre-doctoral level, as well as an essential component for graduate students to be competitive for pre-doctoral internship placement and for success at the internship level (Belter & Piotrowski, 2001; Clemence & Handler, 2001; Stedman et al., 2001a; Weiner, 2012). Developing competency in psychological assessment is considered to be a complex, intensive, and multifaceted process that presents numerous responsibilities and challenges to educators, trainers, learners, and professional practitioners (Krishnamurthy et al., 2004); therefore, it is important to identify and further explore differences that may exist across types of internship programs. The goal of this study was to attempt to shed light on differences in internship directors' perspectives that may exist across different categories of internship through the reanalysis of an existing dataset. The researcher explored whether there were differences across categories of internships regarding the emphasis on assessment in their internship program. The researcher also examined whether there were differences across categories of internship regarding internship directors' level of

satisfaction with beginning interns' preparation in assessment, defined by their clinical experience in psychological assessment and their level of theoretical knowledge about psychological assessment. The researcher explored directors' perceptions of incoming interns' preparedness to conduct psychological assessment and the extent to which incoming interns' level of clinical experience and theoretical knowledge of assessment impacted directors' selection of interns. Finally, the researcher determined which measures directors preferred interns to have had clinical experience with prior to starting their internship. The researcher reanalyzed several other items, including open-ended questions for the chosen categories of internship settings, in order to identify trends in assessment measures used at the site, along with directors' perspectives about issues related to training and preparedness. Utilizing the data collected by Bates (2016), Faith (2016), and Shipley (2019), the researcher explored internship directors' questionnaire responses as a function of six different groupings of internship type that these previous researchers identified in their original study.

Chapter II: Methodology and Procedures

This study was conducted as part of an Applied Scholarship Community (ASC) group at Pepperdine University, utilizing shared methods and data between the three principal co-investigators (i.e., Costa, Grusecki, and Joshua). The goals of this archival study were to identify and describe aspects of psychological assessment across six categories of pre-doctoral internship programs in psychology, from the perspectives of internship directors. The knowledge and insights gained from this study may be useful to psychology graduate students, and may inform future academic curriculum development and training emphasis in the area of psychological assessment. Utilizing the data collected by Bates (2016), Faith (2016), and Shipley (2019), the present study reanalyzed internship directors' questionnaire responses. The six internship settings that comprised the largest numbers of responses were identified and the presence of differences across six different types of internship programs based on directors' level of satisfaction with interns' preparation in assessment and readiness of incoming interns to conduct psychological assessment at the start of the internship year were examined. Additionally, internship directors' perspectives on emerging trends in assessment differed across the six different settings, which were explored.

Research Approach and Design

Parent study. The original research was a descriptive study, in which the authors utilized a survey approach to obtain self-report data from internship directors regarding current practices and emerging trends in psychological assessment. Bates (2016), Faith (2016), and Shipley (2019) developed a 32-item questionnaire to explore internship directors' perspectives on psychological assessment in their internship programs (Appendix B). The questionnaire addressed topics that included internship directors' views on specific measures being utilized, training expectations

and needs, emerging trends, and related concerns (Bates, 2016). The original researchers conducted an online survey through Qualtrics. This data collection process allowed participants to complete the questionnaire anonymously and at their convenience. This method aimed to increase the likelihood of obtaining a significant number of responses from a national sample in a cost-effective and secure manner.

The list of potential participants was identified by Bates (2016), Faith (2016), and Shipley (2019) by drawing from the APPIC directory and website. The directory is updated yearly and offers an overview of individual internship programs. Programs that were both accredited and non-accredited through the APA were included in the study (Bates, 2016).

A total of 741 of the eligible training directors were contacted via e-mail from a Pepperdine University account. In all, 191 participants consented and responded to at least some portion of the questionnaire, which represented a 26% (N = 191) return rate. Of the 191 internships represented in the original sample, the total number for the responses used was 182 due to non-completion of certain items. As such, 16% were directors of internship programs classified as Veterans Affairs Medical Centers (VAMC), 15% as university counseling centers (UCC), 14% as community mental health centers (CMHC), 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%) from "other" sites were collapsed together into categories on rational grounds (Bates, 2016).

The sample of internship directors from the original study (Bates, 2016; Faith, 2016;

Shipley, 2019) included 118 (66%) females and 62 (34%) males. Their mean age was 46.9 years (*SD* = 10.6), with a range of 29 to 72 years old. With regard to ethnic or racial self-identification, 88% of the respondents 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 "Other" and identified as "Mediterranean," "Middle Eastern," and "Hispanic," respectively. Regarding their highest academic degree, 62% of participants endorsed Ph.D., 37% selected Psy.D., and 1% indicated Ed.D. One participant selected the "Other" category (1%) and wrote that she or he had the following: "J.D., Psy.D." The survey requested information regarding the discipline and focus of directors' degrees. The descriptive statistics revealed that Clinical Psychology was the most common discipline, accounting for 76% of the responses. The results revealed Counseling Psychology (16%) and School Psychology (4%) as being the second and third most common disciplines, respectively, while 2% of participants indicated they had a Combined Program focus in their doctoral programs. The "Other" category was selected by four participants (2%) and included: "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 becoming licensed before 2006, and 37% becoming licensed in 2006 or later (*M* = 2001; range = 1965 to 2014). Four participants indicated that they were not licensed (2%; Bates, 2016; Table 2).

Table 3

Internship Directors' Demographic Information

Characteristic		*n*	%
Age		182	--
	Range = 29-72 years		
	Mean = 46.9 years		
	SD = 10.6		
Gender			
	Male	62	35%
	Female	118	65%
	**Abstained from Responding*	2	<1%
Racial/Ethnic Identity			
	American Indian or Alaskan	1	1%
	Asian	4	3%
	Black or African American	3	2%
	Caucasian (White)	158	88%
	Latino/a	7	4%
	Native Hawaiian or Other Pacific Islander	0	0%
	Multiracial	4	2%
	Other (Hispanic, Mediterranean, Middle Eastern)	3	2%
	**Abstained from Responding*	2	<1%
Highest Academic Degree			
	Ph.D.	112	62%
	Psy.D.	68	37%
	Ed.D.	2	1%
	Other (JD/Psy.D.)	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 (Experimental, Developmental, Clinical Neuropsychology, General)	4	2%
License Status			
	Licensed	178	98%
	Prior to 2006	114	62%
	2006 or later	64	36%
	**Abstained from responding*	4	2%

Current study. The purpose of the current study was to explore whether psychology internship directors' perspectives on psychological testing and assessment varied across different

categories of internship program. The three co-investigators involved in this study each examined different aspects of an archival dataset based upon the questionnaire-based survey findings that Bates (2016), Faith (2016), and Shipley (2019) obtained. The original internship director questionnaire explored assessment-related themes and contained items in a variety of response formats. Drawing from this questionnaire, the current study considered assessment-related intern selection factors and the extent to which internship directors were satisfied with incoming interns' general preparation in psychological assessment. Open-ended question responses that related to themes associated with the researchers' focus areas were reviewed. Basic demographic and descriptive characteristics of internship directors and their programs across categories of internship program were also reported.

Instrumentation and Procedure

This research was a descriptive and exploratory study based on these archival data. In order to more fully understand the nature of the internship site, the training directors' experience, and other contextual factors, the 32-item questionnaire asked about the demographic information of the internship directors (i.e., age, ethnic identification, and gender). Several questions explored characteristics of the respondent's internship program including APA accreditation status, nature of the institutional setting, predominant theoretical orientation/s, types and numbers of trainees accepted, importance of testing and assessment in the respondent's internship, and how training, experience, and supervision in testing and assessment were provided. The questionnaire included items addressing each of the topic areas that the three co-investigators would focus on. The questionnaire also included several open-ended items that allowed respondents to address assessment-related themes in their own words.

Participants and Clusters

The current researchers selected the six largest internship categories, which incorporated 124 of the 182 original respondents (68%). The six clusters and corresponding percentages were as follows: (a) community mental health centers (CMHC; *n* = 24; 19.4%); (b) Veterans Affairs Medical Centers (VAMC; *n* = 27; 20.9%); (c) university counseling centers (UCC; *n* = 27; 21.7%); (d) state/county/other public hospitals (SCPH; *n* = 18; 14.5%); (e) prison and/or correctional facilities (PC; *n* = 14; 11.3%); and (f) consortium programs (CON; *n* = 14; 11.3%). The researcher calculated descriptive statistics using the demographic and professional characteristics of the internship directors across the six categories.

In order to examine assessment-related factors in intern selection and overall satisfaction with incoming interns, the following questions from the original questionnaire were identified for particular focus in the present study:

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

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

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

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

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

Question 23: Please indicate which measures you prefer your interns to have had clinical experience with before starting internship?

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

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

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

Question 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.

Data Analysis

The researcher utilized the original questionnaire-based data from the parent study, and obtained permission from the original researchers to analyze and report on these data. The researcher did not gain access to the de-identified database until the Pepperdine University Institutional Review Board approved the present study (Appendix K). Once the six largest internship categories were selected, the data for those 129 respondents were reanalyzed. The analyses first required reformatting and coding of the dataset and survey response options (Appendix C and D) and included calculation of descriptive statistics, such as frequencies, means and standard deviations. Demographic and professional information included age, gender, ethnic or racial identity, in addition to the directors' highest academic degree, nature of degree, and if they obtained licensure at the time of the survey. This information was gathered from Questions 1 through 6 in the original survey (Appendix B).

Descriptive statistics were also calculated for selected questionnaire items (i.e., 12, 16, 17, 18, 19, and 23) prior to the additional analysis. After the descriptive statistics were calculated for these items, additional analyses were conducted to determine whether there were significant differences in directors' questionnaire responses across the six internship categories. Initially, the researcher anticipated using analysis of variance (ANOVA); however, the data did not meet the expectations for normal distribution. Instead, the researcher conducted a Kruskal-Wallis H test. The Kruskal-Wallis test, which is also known as the one-way ANOVA on ranks, is a rank-based, non-parametric test that scholars use to determine the presence of statistically significant differences between two or more groups of an independent variable on a continuous or ordinal dependent variable (Kruskal & Wallis, 1959). It is considered a nonparametric alternative to the one-way ANOVA to allow the comparison of more than two independent groups.

Bates (2016), Faith (2016), and Shipley (2019) emphasized closed-ended questions, in either multiple-choice or Likert-style response formats, for their questionnaire, as well as several open-ended questions. When possible, they also incorporated some opportunities for participants to offer comments, recommendations or clarification of responses through an "other" response option. This allowed for standardized data to be collected, while still permitting for some variability in the collected responses. Open-ended items can serve to reduce the limitations placed on respondents to a questionnaire. The current co-investigators recoded the Likert-style responses prior to data analysis in order to facilitate interpretation of the rating scale responses (Appendix C and D). For example, item 16 inquired about the importance of clinical experience in psychological testing when selecting interns. Response options ranged from "Extremely important" to "Not at all important," and were coded from 5 to 1, with the highest value (5) being assigned to the greatest emphasis. It is worth noting that the only questionnaire item that

was not recoded from the original data was Question 12, which is further discussed in the following chapters, and the coding is outlined in Appendix D. Finally, participants' responses to the open-ended questionnaire items were evaluated on a rational basis and categorized the responses thematically based on the chosen clusters.

Chapter III: Results

In this archival study, the perspectives of internship directors at six types of program settings—university counseling centers (UCC), state/county/public hospitals (SCPH), Veterans Affairs Medical Centers (VAMC), consortium (CON) internships, prison/corrections (PC) centers, and community mental health centers (CMHC)—were examined regarding their psychological assessment practices at the pre-doctoral internship level. In total, 124 directors' questionnaire-based responses were drawn from the original sample, which included an *N* of 182. The sub-sample of 124 internship directors represented the total number of persons in the original study who identified themselves as working in one of the six categories of internship setting mentioned above. The goal of the present study was to compare responses across internship settings to explore how and whether assessment practices differ across types of internships.

In the following sections, the researcher presents the data collected that pertained to participant demographics (Questions 1-6), level of emphasis on psychological assessment, intern selection, directors' level of satisfaction, 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., Questions 1-6, 12, 16-19, and 23). Responses to open-ended questions at the specific internship settings were also included and analyzed (i.e., Questions 29, 30, 31 and 32). Descriptive statistics were calculated to compare and contrast the questionnaire responses. A Kruskal-Wallis test was conducted to determine whether there were significant differences across internship groups on rating scale items. Any statistically significant Kruskal-Wallis test findings were followed by Dunn's tests to determine what pairwise contrasts between groups were significantly different from one another at the .05 level (Appendix G).

Participants and Demographic Information

The age of internship directors (*N* = 124) ranged from 43 to 50, with the mean age being 47.02 years (*SD* = 10.0; see Table 4). Additionally the mean ages of directors at each type of internship were also calculated.

Table 4

Internship Directors' Age by Setting

Characteristic(s)	Setting	*n*	Mean	*SD*
Age		124	47.02	10.0
	CON	14	46.21	9.50
	PC	14	43.5	9.79
	SCPH	18	43.4	7.96
	UCC	27	46.74	8.85
	VAMC	27	48.66	11.17
	CMHC	24	50.66	12.31

The average age for internship directors at CON programs (*n* = 14; 11%) was 46.21 years (*SD* = 9.50); in PC settings (*n* = 14; 11%), the mean age was 43.5 years (*SD* = 9.79); at SCPH internships (*n* = 18; 15%), the mean age was 43.4 years (*SD* = 7.96); for UCC programs (*n* = 27; 22%), the mean age was 46.74 years (*SD* = 8.85); at VAMC programs (*n* = 27; 22%), the mean age was 48.66 years (*SD* = 11.17); and among directors at CMHC settings (*n* = 24; 19%), the mean age was 50.6 years (*SD* = 12.31), as reflected in the table above.

With regard to gender, 70% of the internship directors were female (*n* = 87) and 30% were male (*n* = 37). At CON internship settings, 36% of internship directors were male and 64% female. At PC internship sites, 21% of the internship directors were male and 79% were female. Of the survey responses from SCPH settings, 28% of internship directors were male and 72% female. Likewise, the majority of internship directors at UCC sites were female (78%), compared a minority (22%) of males. At the VAMC settings, 41% of internship directors were male and

59% were female. Finally, at the participating CMHC internship sites, 29% of directors were male, with 71% of the responding internship-training directors being female (Table 5).

Of the entire sample, the majority (85%; *n* = 106) identified themselves as being Caucasian (White). Five directors (4%) identified as Latino/a, four (3%) identified as Asian, three (2%) identified as Black or African American, and three (2%) identified as Native Hawaiian or Other Pacific Islander. A small percentage (2%) identified as being Multiracial, and 1% of directors were American Indian or Alaskan Native.

Table 5

Internship Directors' Gender by Setting

Characteristic(s)	Setting	*n*	%
Gender		124	--
Male		37	30%
Female		87	70%
	CON	14	11%
	Male	5	35%
	Female	9	64%
	PC	14	11%
	Male	3	21%
	Female	11	79%
	SCPH	18	15%
	Male	5	28%
	Female	13	72%
	UCC	27	22%
	Male	6	22%
	Female	21	78%
	VAMC	27	22%
	Male	11	41%
	Female	16	59%
	CMHC	24	19%
	Male	7	29%
	Female	17	71%

The least variance in ethnic and racial identity was seen in PC settings. Of the 14 respondents in PC settings, all 14 (100%) of the training directors self-identified as being Caucasian. Of the 14 responses at CON programs, 12 of the internship directors identified themselves as Caucasian (86%), one identified as Latino (7%), and one identified as being Multiracial (7%). In 18 SCPH settings, 17 internship directors (94%) identified as Caucasian with the remaining internship director identifying as Multiracial (6%). More diversity was seen in internship directors at UCC, VAMC, and CMHC programs. The sample of 27 directors at UCCs was comprised of 19 (70%) Caucasian, three (11%) Latino/a, two (7%) Asian, two (7%) Black or African American, and one (4%) American Indian or Alaskan Native. Of the 27 participating VAMCs, 23 (85%) directors identified as Caucasian, one (4%) identified as Asian, one (4%) identified as Black or African American, and one (4%) identified as Multiracial. Among the CMHC directors there were 21 (88%) participants who identified as Caucasian and one (4%) who identified as Asian. The two remaining CMHC internship directors identified as "Other" (8%), of which one reported identifying as Mediterranean and the other as Middle Eastern.

Question 4 inquired about the directors' highest academic degree and provided four response options: Ph.D., Psy.D., Ed.D., and Other. The results indicated that 63% of internship directors had a Ph.D., 36% had a Psy.D., and 1% had an Ed.D. When analyzing the data across clustered settings, results varied. At CON settings, 64% of internship directors had a Ph.D. and 36% had a Psy.D. At PC settings, 43% of internship directors had a Ph.D. and 57% had a Psy.D. Among internship directors at SCPH settings, 56% reported they had a Ph.D. and 44% had a Psy.D. At UCC programs, 59% of internship directors reported having a Ph.D., 37% had a Psy.D., and 4% had an Ed.D. At VAMC settings, 85% of internship directors held a Ph.D., and

15% held a Psy.D. Lastly, at CMHC settings, 58% of internship directors had a Ph.D., and 42% held a Psy.D.

Table 6

Internship Directors' Ethnic/Racial Identity by Setting

Setting	Ethnicity/Race	*n*	%
CON		14	11%
	Caucasian (White)	12	86%
	Latino/a	1	7%
	Multiracial	1	7%
PC		14	11%
	Caucasian (White)	14	100%
SCPH		18	15%
	Caucasian (White)	17	94%
	Multiracial	1	6%
UCC		27	22%
	American Indian or Alaskan Native	1	4%
	Asian	2	7%
	Black or African-American	2	7%
	Caucasian (White)	19	70%
	Latino/a	3	11%
VAMC		27	22%
	Asian	1	4%
	Black or African-American	1	4%
	Caucasian (White)	23	85%
	Latino/a	1	4%
	Multiracial	1	4%
CMHC		24	20%
	Asian	1	4%
	Caucasian (White)	21	88%
	Other	2	8%
	Mediterranean	1	--
	Middle Eastern	1	--

Note. $N = 124$. Ethnic/racial Identity for the entire sample is as follows: American Indian or Alaskan Native ($n = 1$, 1%); Asian ($n = 4$, 3%); Black or African-American ($n = 3$, 2%); Caucasian (White) ($n = 106$; 85%); Latino/a ($n = 5$; 4%); Native Hawaiian or Other Pacific Islander ($n = 3$, 2%); Multiracial ($n = 2$; 2%).

In relation to the academic disciplines of the directors' degrees, the results indicated that 73% of internship directors had their highest degree in Clinical Psychology, 22% held a degree in Counseling Psychology, 2% held a degree in Educational Psychology, 1% held a degree in

School Psychology, 2% had completed a Combined Programs degree, and 1% held a degree in another specialty. Those in the "Other" category indicated degrees in Clinical Neuropsychology, Experimental Psychology, and Developmental Clinical Psychology. Across clustered settings, the majority of internship directors at CON settings indicated having degrees in Clinical Psychology (71%). At PC settings, the majority held degrees in Clinical Psychology (86%). In SCPH settings, 100% of the directors held degrees in Clinical Psychology. At UCC internship settings, the majority of internship directors held degrees in Counseling Psychology (63%). In VAMC programs, the majority of internship directors had degrees in Clinical Psychology (85%). Lastly, in CMHC settings, the majority of internship directors had degrees in Clinical Psychology (71%).

The final questionnaire item related to demographics investigated whether internship directors were, or had ever been, licensed to practice psychology (Yes or No). Of the 124 training directors, 100% responded, "Yes," indicating that at the time of the original study, all of them were or had been licensed to practice psychology.

Emphasis on Psychological Testing and Assessment

Question 12 asked, "How much is psychological testing and assessment emphasized within your internship program?" The participants' responses were scored using a Likert-style scale with five options (i.e., 1=*Extremely emphasized*, 2=*Strongly emphasized*, 3=*Somewhat emphasized*, 4=*Slightly emphasized*, 5=*Not at all emphasized*). Based on the coding system used, lower ratings meant stronger emphasis on assessment. The results showed that internship directors at SCPH settings (n = 18) reported the greatest emphasis on psychological testing and assessment with a mean of 1.89 (SD = 0.76). CON programs (n = 14) had a mean of 2.14 (SD = 1.03), as did the directors of PC programs (n = 14; M = 2.14, SD = 0.95).

Table 7

Internship Directors' Academic Degree and Discipline by Setting

Setting	Academic Degree	Academic Discipline	*n*	%
CON			14	11%
	Ph.D.		9	64%
	Psy.D.		5	36%
		Clinical	10	71%
		Counseling	2	14%
		Other:	2	14%
		Clinical Neuropsychology	2	--
		Developmental clinical	2	
PC			14	11%
	Ph.D.		6	43%
	Psy.D.		8	57%
		Clinical	12	86%
		Counseling	2	14%
SCPH			18	15%
	Ph.D.		10	56%
	Psy.D.		8	44%
		Clinical	18	100%
UCC			27	22%
	Ph.D.		16	59%
	Psy.D.		10	37%
	Ed.D.		1	4%
		Clinical	10	37%
		Counseling	17	63%
VAMC			27	22%
	Ph.D.		23	85%
	Psy.D.		4	15%
		Clinical	23	85%
		Counseling	3	11%
		Other:	1	4%
		Experimental, clinical also have a JD	1	--
CMHC			24	19%
	Ph.D.		14	58%
	Psy.D.		10	42%
		Clinical	17	71%
		Counseling	3	12%
		School	3	12%
		Combined	3	5%

The mean of 2.14 was closest to the rating of "Strongly emphasized" on the questionnaire. Directors of CMHC internships (n = 24) obtained a mean of 2.21 (SD = 0.98), which also suggested strong emphasis. VAMC directors obtained a mean of 2.56 (SD = 0.64), falling between "Somewhat emphasized" and "Strongly emphasized." Finally, directors from UCC settings (n=27) obtained the highest mean value, indicating less emphasis on psychological testing and assessment within their internship programs (M = 3.11, SD = 0.97). These results are further reflected below (Table 8).

Table 8

Internship Directors' Responses to Question 12 by Setting

Setting	*N*	Mean	SD	Median	Range
CON	14	2.142	1.03	2	4
PC	14	2.14	0.95	2	3
SCPH	18	1.89	0.76	2	2
UCC	27	3.11	0.97	3	4
VAMC	27	2.56	0.64	3	3
CMHC	24	2.21	0.98	2	4

To explore whether there were statistically significant differences across the six internship categories in the degree of emphasis upon psychological testing and assessment, a nonparametric test was used because assumptions about the normal distribution of responses were not met. The test used was the Kruskal-Wallis test, which is sometimes referred to as a one-way ANOVA on ranks. This was followed up with the Dunn's test to explore pairwise comparisons to determine which mean differences between groups of internship directors were significantly different at the .05 level of confidence. The results of the Kruskal-Wallis test conducted on Question 12 were significant, χ^2 (5) = 25.24, $p < 0.0001$. These significant differences are depicted in Appendix H. The results show that directors from UCC (n = 14) reported significantly less emphasis on psychological testing and assessment than did directors

from other programs. Their mean value of 3.11 was significantly higher than other means, indicating significantly less emphasis on assessment. The results of the Dunn's tests showed that the emphasis on psychological testing and assessment reported by UCC directors was significantly less than the emphasis reported by internship directors at CMHC, SCPH, and CON programs.

Intern Selection

In order to examine assessment-related factors in intern selection and overall satisfaction with incoming interns, the researcher analyzed the responses to Questions 16, 17, 18, and 19. A Likert-style scale was used for the responses to these items on the original questionnaire, with the highest numerical value reflecting the greatest emphasis and the lowest value indicating the least (i.e., 5=*Extremely important*, 4=*Very important*, 3=*Somewhat important*, 2=*Slightly important*, and 1=*Not at all important*).

Question 16 asked directors, "How important is clinical experience in psychological testing when selecting interns for your program?" Internship directors at SCPH settings (n = 14) placed the greatest emphasis on clinical experience in psychological testing, when selecting interns (M = 4.22; SD = 0.73). Similarly, directors at PC (n = 14) and CMHC (n = 24) internships indicated that clinical experience in psychological assessment was very important when selecting interns (PC, M = 4.00; SD = 0.68; CMHC, M = 4.00, SD = 1.06). Similarly, the internship directors at CON settings (n = 14) obtained a mean of 3.93 (SD = 1.14), also suggesting that testing experience was very important to them when selecting interns. Internship directors at VAMCs (n = 27) obtained a mean of 3.41 (SD = 0.64), which fell almost midway between "Somewhat important" and "Very important." Finally, directors at UCC programs (n = 27) obtained a mean rating of 2.81 (SD = 1.11), indicating that clinical experience in

psychological testing was somewhat important. Directors who participated from UCC settings varied in their responses, from "Not at all important" to "Extremely important" (Table 9).

Table 9

Internship Directors' Responses to Question 16 by Setting

Setting	*N*	Mean	SD	Median	Range	Min	Max
CON	14	3.93	1.14	4	4	1	5
PC	14	4.00	0.68	4	2	3	5
SCPH	18	4.22	0.73	4	2	3	5
UCC	27	2.81	1.11	3	4	1	5
VAMC	27	3.41	0.64	3	2	3	5
CMHC	24	4.00	1.06	4	3	2	5

The results of the Kruskal-Wallis test showed highly significant differences across the six groups on Question 16, χ^2 (5) = 30.33, $p < .0001$. Specifically, the Dunn's tests of pairwise comparisons indicated significant differences in the emphasis on clinical experience in psychological testing when selecting interns in the following contrasts: UCC and CMHC; UCC and SCPH; UCC and PC; and UCC and CON. In other words, directors from all of the internship categories except VAMC reported significantly greater emphasis on clinical experience in psychological testing when selecting interns than did the UCC directors. These significant differences are depicted in Appendix H.

Question 17 asked, "How important is knowledge about psychological testing (gained from coursework and/or didactic training) when selecting interns for your program?" Directors answered using a Likert-style scale, with the highest numerical value reflecting the greatest emphasis and the lowest value indicating the least emphasis (i.e., 5=*Extremely important*, 4=*Very important*, 3=*Somewhat important*, 2=*Slightly important*, and 1=*Not at all important*). SCPH internship directors obtained the highest mean rating on this item, indicating they considered assessment knowledge very to extremely important when selecting interns (M = 4.33,

SD = 0.59). PC internship setting directors obtained a mean of 4.07 on this item (*SD* = 0.62), suggesting they regarded assessment knowledge as very important. The remaining internship director groups indicated knowledge of psychological testing gained from coursework and/or didactic training was somewhat to very important when selecting interns for their programs, as reflected in Table 10.

Table 10

Internship Directors' Responses to Question 17 by Setting

Setting	*N*	Mean	SD	Median	Range	Min	Max
CON	14	3.86	1.10	4	4	1	5
PC	14	4.07	0.62	4	2	3	5
SCPH	18	4.33	0.59	4	2	3	5
UCC	27	3.15	0.91	4	4	1	5
VAMC	27	3.59	0.64	3	3	2	5
CMHC	24	3.79	1.02	4	3	2	5

The Kruskal-Wallis test results indicated significant differences across the six groups on Question 17, χ^2 (5) = 24.43, *p* = .0002. The Dunn's test results indicated one statistically significant difference in regard to the pairwise contrasts. This was seen when comparing UCC and SCPH internship settings. SCPH internship directors placed significantly greater emphasis on knowledge of psychological assessment gained from coursework and/or didactic training when selecting interns than did the UCC directors. These significant differences are depicted in Appendix H**.**

Directors' Satisfaction

Question 18 asked internship directors, "How satisfied are you with incoming interns' level of clinical experience in psychological assessment?" Once again, a Likert-style scale was used to record responses (i.e., 5=*Extremely satisfied*, 4=*Very satisfied*, 3=*Somewhat satisfied*, 2=*Slightly satisfied*, and 1=*Not at all satisfied*). In terms of satisfaction levels, internship

directors from PC, CON, UCC, CMHC and SCPH settings all obtained means that fell closest to the rating of "Somewhat satisfied" (means of 3.11 to 3.43; see Table 11). In contrast, directors at VAMC internship programs obtained the lowest mean regarding their satisfaction with interns' level of clinical experience in psychological assessment (*M* = 2.70, *SD* = .72).

Table 11

Internship Directors' Responses to Question 18 by Setting

Setting	*N*	Mean	SD	Median	Range	Min	Max
CON	14	3.43	0.51	3.0	1	3	4
PC	14	3.43	0.64	3.5	2	2	4
SCPH	18	3.11	0.96	3.0	4	1	5
UCC	27	3.26	0.86	3.0	4	1	5
VAMC	27	2.70	0.72	3.0	2	2	4
CMHC	24	3.13	0.74	3.0	3	2	5

The results of the Kruskal-Wallis test showed a statistically significant difference across groups in regard to Question 18 (χ^2 (5) = 13.91, *p* = .0162; Appendix H). The results of the Dunn's tests on the pairwise comparisons, however, did not indicate any statistically significant contrasts. While it would appear that VAMC directors were less satisfied with their incoming interns' assessment experience (*M* = 2.70, *Median* = 3) than PC internship directors (*M* = 3.43, *Median* = 3.5), more research would be needed to confirm this suggestion.

Question 19 asked, "How satisfied are you with incoming interns' level of theoretical knowledge about psychological assessment?" Internship directors responded using a Likert-style scale (i.e., 5=*Extremely satisfied*, 4=*Very satisfied*, 3=Somewhat satisfied, 2=*Slightly satisfied*, and 1=*Not at all satisfied*). PC setting directors' mean fell midway between "Somewhat satisfied" and "Very satisfied" with incoming interns' level of theoretical knowledge about psychological assessment (*M* = 3.50, *SD* = 0.65, *Median* = 4). Directors from CON, SCPH, UCC, and CMHC internships obtained means that fell closest to a rating of "Somewhat

satisfied". Directors from VAMC internships obtained a slightly lower mean in regard to their satisfaction with incoming interns' level of theoretical knowledge about psychological assessment (*M* = 2.62, *SD* = 0.62, *Median* = 3).

Table 12

Internship Directors' Responses to Question 19 by Setting

Setting	*N*	Mean	SD	Median	Range	Min	Max
CON	14	3.28	0.61	3.0	2	2	4
PC	14	3.50	0.65	4.0	2	2	4
SCPH	18	3.22	0.73	3.0	2	2	4
UCC	27	3.22	0.84	3.0	3	1	4
VAMC	27	2.62	0.62	3.0	2	2	4
CMHC	24	3.20	0.72	3.0	4	1	5

The Kruskal-Wallis test results indicated statistically significant differences across internship groups in regard to Question 19, χ^2 (5) = 18.64, p = .0022. The Dunn's test results indicated two significant differences among the pairwise contrasts. Specifically, VAMC internship directors reported lower satisfaction with incoming interns' theoretical knowledge about assessment than either the UCC or SCPH internship directors.

Preferred Pre-Internship Assessment Experience

Question 23 asked, "Please indicate which measures you prefer your interns to have had clinical experience with before starting internship." Respondents were instructed to "select all that apply" from a list of 45 common assessment measures. The most commonly identified assessment measures were selected and the complete results of the most frequent measures preferred for pre-internship experience relative to setting type are presented in Table 13.

Similar to the other questionnaire items, the responses were analyzed and compared by setting type and compared. The results revealed 100% of internship directors at the chosen six settings expressed that they preferred pre-internship experience with one or more of the measures

listed in Question 23. In general and most notably, 100% of directors at SCPH, VAMC, and CMHC settings preferred pre-internship experience with the Wechsler Intelligence Scales, while 93% of directors at CON programs, 92% of directors at PC settings, and 63% of those at UCC preferred pre-internship experience with the Wechsler Intelligence Scales as well. Pre-internship experience with the second edition of the Minnesota Multiphasic Personality Inventory (MMPI-2) was preferred by significant majorities of directors at the VAMC (96%), SCPH (89%), PC (85%), CMHC (83%), and UCC (75%) internships, while only 50% of CON program directors preferred experience with this measure. Internship directors from all six settings indicated that they preferred pre-internship clinical experience with the Rorschach and Beck Inventories, although the percentages of endorsement varied considerably for these and the other measures listed (see Table 13).

When each setting was analyzed individually, there was some variability in the measures that internship directors preferred interns to have experience with prior to commencing their internship year. These differences may relate directly to the setting type, the population served, the internship training requirements, or other factors. These results will be explored further in the Discussion chapter. In addition to the preferred experience with the Wechsler tests and the MMPI-2, internship directors at the CON programs who responded to this item preferred interns to have experience with the following psychological assessment measures, listed in order of frequency of endorsement: Woodcock Johnson (WJ-III/IV, 64%), Wechsler Individual Achievement Test (WIAT, 64%), Beck Depression Inventory (BDI-II, 43%), Beck Anxiety Inventory (BAI, 43%), Millon Clinical Multiaxial Inventory (MCMI-III, 43%), Rorschach Inkblot Test (Rorschach, 26%), Wechsler Memory Scale (WMS-III/IV, 23%), Personality Assessment Inventory (PAI, 14%), and Sentence Completion (7%). None of the respondents at

the CON programs indicated that they preferred experience with any tests of drawing [i.e., Draw a Person (DAP), House Tree Person (HTP), Kinetic Family Drawing (KFD)].

Internship directors at prison/correctional (PC) settings most commonly preferred pre-internship experience with the BDI-II (61%) and the PAI (61%), in addition to the mentioned preferential experience with the Wechsler Intelligence scales and the MMPI-2. Over half of the respondents from PC settings preferred interns have experience with the BAI as well (54%). The Rorschach and the MCMI-III were both preferred by almost half of the directors, with each being selected by 45% of directors. The directors also preferred that interns have experience with the WJ-III/IV (38%), the WIAT (38%) and the WMS-III/IV (31%). In contrast to the directors at CON settings, 23% preferred pre-internship experience with both Sentence Completion and Drawing tests.

Among SCPH directors, there was a heavy emphasis on pre-internship experience with the Rorschach, with 94% selecting this on Question 23. Similarly, 83% of directors prefer pre-internship experience with the PAI. SCPH directors also indicated they prefer interns to have had clinical experience with the WMS-III/IV (61%), the BDI-II (56%), and the MCMI-III (50%) before starting internship. Interestingly, 44% of directors prefer interns have pre-internship, clinical experience with the BAI and Sentence Completion Test. Directors from 34% of SCPH settings indicated that they would prefer interns to have experience with the WIAT and Drawings, and they placed the least emphasis on the WJ-III/IV test (17%).

In addition to preferring that interns have previous clinical training in the WAIS and MMPI, 54% of directors at UCC settings indicated that they would like interns to have experience with the BDI-II. Half of the respondents (50%) reported that they prefer pre-internship experience with the PAI and the BAI. Other common psychological assessments

preferred by UCC directors included the WJ-III/IV (42%), MCMI-III (33%) and the WMS-III.IV (21%). Only 13% of UCC directors prefer pre-internship experience with the Rorschach and 8% selected each of the remaining measures listed (i.e., WIAT, Sentence Completion Test, and Drawings).

While 100% of directors at VAMC prefer pre-internship clinical training with the WAIS and 96% on the MMPI-2, they also frequently endorse a preference for pre-internship clinical experience with the Beck inventories (BDI-II, 89% and BAI, 70%). Over half of the directors indicated they prefer interns have pre-internship clinical experience with the PAI (63%), MCMI-III (63%), and the WMS-III/IV (52%). Only 23% prefer clinical experience with the Rorschach before starting internship, while 22% prefer interns have experience with the WIAT. Less emphasis was placed on the WJ-III/IV (11%), Sentence Completion (7%) and Drawings (4%).

Somewhat similar to SCPH settings, 75% of directors at CMHC prefer interns to have clinical experience with the Rorschach prior to starting their pre-internship training year, while 54% preferred experience with the BDI-II and 42% with the BAI. Prior experience with the WIAT was preferred by 46% of CMHC directors. Directors at CMHC internships placed equal pre-internship emphasis on the PAI (29%), MCMI-III (29%), and the WJ-III/IV (29%); 21% indicated a preference for the WMS-III/IV. Only 8% of directors prefer interns to have pre-internship experience with the Sentence Completion and Drawing tests.

Table 13

Most Commonly Preferred Assessments, Pre-Internship Clinical Experience

	Setting[1]					
Instrument	CON *n* %	PC *n* %	SCPH *n* %	UCC *n* %	VAMC *n* %	CMHC *n* %
WAIS-IV, WISC-IV/V	13 93	12 92	18 100	15 63	27 100	24 100
MMPI-2	7 50	11 85	16 89	18 75	26 96	20 83
BDI-II	6 43	8 61	10 56	13 54	24 89	13 54
Rorschach	4 26	6 46	17 94	3 13	6 22	18 75
PAI	2 14	8 61	15 83	12 50	17 63	7 29
BAI	6 43	7 54	8 44	12 50	19 70	10 42
MCMI-III	6 43	6 46	9 50	8 33	17 63	7 29
WJ-III/IV	9 64	5 38	3 17	10 42	3 11	7 29
WMS-III/IV	3 21	4 31	11 61	5 21	14 52	5 21

Note. CON = Consortium; PC = Prison/Correctional; SCPH = State/County/Public Hospital; UCC = University Counseling Center; VAMC = Veteranss's Affairs Medical Center; CMHC = Community Mental Health Centers. WAIS-IV, WISC-IV/V = Wechsler Intelligence Scales; MMPI-2 = Minnesota Multiphasic Personality Inventory-2; BDI-II = Beck Depression Inventory-II; Rorschach = Rorschach Inkblot Test; PAI = Personality Assessment Inventory; BAI = Beck Anxiety Inventory; MCMI-III = Millon Clinical Multiaxial Inventory-III; WJ-III/IV = Woodcock Johnson-III/IV; WMS-III/IV = Wechsler Memory Scale-III/IV.

[1] CON, *n* = 14; PC, *n* = 13; SCPH, *n* = 18; UCC, *n* = 24; VAMC, *n* = 27; CMHC, *n* = 24

(continued)

	Setting[2]					
	CON	PC	SCPH	UCC	VAMC	CMHC
Instrument	*n* %	*n* %	*n* %	*n* %	*n* %	*n* %
WIAT	9 64	5 38	7 34	2 8	6 22	11 46
TAT	3 21	5 38	8 44	6 25	4 15	2 8
Sentence Completion	1 7	3 23	8 44	2 8	2 7	2 8
Drawings (DAP, HTP, KFD, etc.)	0 0	3 23	7 34	2 8	1 4	2 8

Note. CON = Consortium; PC = Prison/Correctional; SCPH = State/County/Public Hospital; UCC = University Counseling Center; VAMC = Veterans's Affairs Medical Center; CMHC = Community Mental Health Centers. WIAT = Wechsler Individual Achievement Test; TAT = Thematic Apperception Test; Drawings (DAP, HTP, KFD, etc.) = Drawings (Draw A Person, House Tree Person, Kinetic Family Drawing, etc.)

[2] CON, *n* = 14; PC, *n* = 13; SCPH, *n* = 18; UCC, *n* = 24; VAMC, *n* = 27; CMHC, *n* = 24

Open-Ended Items

The original survey included four open-ended items (i.e., Questions 29, 30, 31 and 32), to which the respondents were invited to write in other measures used by interns, other measures the respective sites had started using during the last 5 years, and anything else they wished to offer related to assessment and training practices. The responses to these questions made by directors from the six categories of internship setting were reviewed. Similar to the original analysis of these questionnaire items for the entire sample in the parent study, the present researcher considered the content of each response on rational grounds. Responses such as "None", "N/A", "TBD," or of similar nature were not included.

Question 29 asked, "What new psychological tests or measures has your site begun using within the last 5 years?" Among the 24 CMHC directors, 14 provided responses to this question. Sixteen (16) of 27 VAMC directors provided responses. Of the 27 UCC directors, 18 provided responses. Of the 14 PC directors, eight responded to this item. Among the 18 SCPH directors, 14 responded to Question 29, while 13 of the 14 CON directors provided responses to this item.

The measures identified were organized under the categories of (a) Cognitive Functioning, (b) Emotional Functioning, (c) Symptom Inventories/Behavioral Rating Scales, (d) Neuropsychological Functioning, (e) Academic Functioning/Achievement, (f) Forensic/Risk Assessment, and (g) Other Assessments, which included those responses that were not specified assessment measures. The assessment measures were tabulated for each of the six categories of internship settings and a complete list of additional measures and associated percentages can be found in Table 14.

In total, the CON internship directors identified 40 assessment measures. Of that number, the most frequently listed were Symptom Inventory/Behavioral Rating Scales (27.5%), followed

by Academic Functioning/Achievement (20%) and Emotional Functioning (17.5%) measures. Cognitive Functioning and psychological assessment measures of Neuropsychological Functioning each accounted for 15% of the measures identified by CON directors, while only one Forensic/Risk Assessment measure (2.5%) was mentioned.

The most common Symptom Inventory/Behavioral Rating Scales were the Autism Diagnostic Observation Schedule (ADOS) and its update (Autism Diagnostic Observation Schedule, Second Edition (ADOS-2). The Conners Continuous Performance Test –Third Edition (CPT-3) and Woodcock-Johnson (WJ) – Cognitive and Academic were reported twice. The Millon Adolescent Clinical Inventory (MACI) and the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) were the most common measures of emotional and personality functioning. The most frequently listed cognitive assessments were the Wechsler Adult Intelligence Scale –Fourth Edition (WAIS-IV) and the Wechsler Intelligence Scale for Children –Fifth Edition (WISC-V). Two directors from CON settings identified the Wechsler Memory Scale –Fourth Edition (WMS-IV). The Other Assessment category included one response (2.5%), which was "WIC." Two directors provided responses that did not list any specific measures. One of them stated, "Many that we use that you don't list. These are not new, but the info you are getting from this survey is incomplete." The other director wrote, "Updates of the batteries," which appeared to be a reference to incorporating revised editions of tests.

Table 14

Recent Testing/Assessment Instruments Used by Consortium Programs (CON)

CON

Domain	Measure	Responses	%
Cognitive Functioning		6	15%
	Universal Nonverbal Intelligence Test (UNIT)	1	
	Wechsler Adult Intelligence Scale –Fourth Edition (WAIS-IV)	3	
	Wechsler Intelligence Scale for Children –Fifth Edition (WISC-V)	2	
Emotional Functioning		7	17.5%
	Millon Adolescent Clinical Inventory (MACI)	2	
	Minnesota Multiphasic Personality Inventory-2 (MMPI-2)	2	
	Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)	1	
	Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)	1	
	Thematic Apperception Test (TAT)	1	
Symptom Inventories/Behavioral Rating Scales		11	27.5%
	Adaptive Behavior Assessment System (ABAS)	1	
	Adolescent Anger Rating Scale (AARS)	1	
	Autism Diagnostic Observation Schedule (ADOS)	2	
	Autism Diagnostic Observation Schedule (ADOS-2)	2	
	Autism Spectrum Rating Scale (ASRS)	1	
	Behavioral Assessment of Dysexecutive Syndrome (BADS)	1	
	Child Behavioral Checklist (CBCL)	1	
	Child Depression Inventory (CDI)	1	
	Multidimensional Anxiety Scale for Children (MASC)	1	

(continued)

CON

Domain	Measure	Responses	%
Neuropsychological Functioning		6	15%
	Bender Gestalt Test	1	
	Developmental Neuropsychological Assessment-II (NEPSY-II)	1	
	Neuropsychological Assessment Battery (NAB)	1	
	Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)	1	
	Wechsler Memory Scale –Fourth Edition (WMS-IV)	2	
Academic/Achievement		8	20%
	Career Thoughts Inventory (CTI)	1	
	Conners Continuous Performance Test –Third Edition (CPT-3)	2	
	Nelson-Denney Reading Test	1	
	Wechsler Individual Achievement Test –Third Edition (WIAT-III)	1	
	Woodcock-Johnson (WJ) –Cognitive and Academic	2	
	Woodcock-Johnson-III (WJ-III) -Cognitive and Academic	1	
Forensic/Risk Assessment		1	2.5%
	Test of Memory Malingering (TOMM)	1	
Other Assessment		1	2.5%
	WIC-IC	1	

Directors from PC internship settings identified 33 instruments in their responses to Question 29, with the most categorized under Emotional Functioning (24%), followed by Symptom Inventories/Behavioral Rating Scales (18%) and Neuropsychological Functioning (18%). Two directors identified the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF). PC directors identified six assessment instruments in the Cognitive Functioning (15%) domain, with the most frequent being the Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V). The remaining responses were categorized as being measures assessing Academic Functioning/Achievement (12%) and Forensic/Risk Assessments (12%; Table 15).

Based on the responses to this item, SCPH directors most commonly reported introducing Forensic/Risk Assessment measures in the past 5 years. Such instruments represented 27% of the 41 measures identified and included the Historical Clinical Risk Management-20 (HCR-20) and HCR-20 Version 3. They also reported introducing measures to assess Academic Functioning/Achievement (17%), Cognitive Functioning (15%) and Emotional Functioning (15%). The most common measure of academic functioning was the Conners Continuous Performance Test –Third Edition (CPT-3) and the Minnesota Multiphasic Personality Inventory-2-Restructured Form® (MMPI-2-RF) was the most frequently identified emotional and personality assessment measure. They also reported introducing Symptom Inventories/Behavioral Rating Scales (7.3%) within the last 5 years, as reflected in Table 16 below.

Table 15

Recent Testing/Assessment Instruments Used by Prison/Correctional (PC) Settings

PC

Domain	Measure	Responses	%
Cognitive Functioning		5	15%
	Kaufman Brief Intelligence Test, Second Edition (KBIT-2)	1	
	Montreal Cognitive Assessment (MoCA)	1	
	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV)	1	
	Wechsler Intelligence Scale for Children –Fifth Edition (WISC-V)	2	
Emotional Functioning		8	24%
	Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)	2	
	Personality Assessment Inventory –Adolescent (PAI-A)	1	
	Rorschach Inkblot Test, Exner Manual	1	
	Rorschach Inkblot Test, Software Interpretation Program	1	
	Rotter Incomplete Sentences Blanks, 2nd Edition (RISB-2)	1	
	Social-Emotional Assets and Resilience Scales (SEARS)	1	
	Thematic Apperception Test (TAT)	1	
Symptom Inventories/Behavioral Rating Scale		6	18%
	Anger Regulation and Expression Scale (ARES)	1	
	Behavior Assessment System for Children, Third Edition (BASC™-3)	1	
	Childhood Trauma Questionnaire (CTQ)	1	
	Firestone Assessment of Violent Thoughts (FAVT)	1	
	Firestone Assessment of Violent Thoughts –Adolescents (FAVT-A)	1	
	Stress Index for Parents of Adolescents (SIPA)	1	

(continued)

PC

Domain	Measure	Responses	%
Neuropsychological Functioning		6	18%
	Bender Gestalt Test	1	
	Developmental Neuropsychological Assessment-II (NEPSY-II)	1	
	Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)	1	
	Wechsler Memory Scale-Fourth Edition (WMS-IV)	1	
	Wisconsin Card Sort	1	
	Stroop Color and Word Test	1	
Academic/Achievement		4	12%
	Test of Word Reading Efficiency –Second Edition (TOWRE-2)	1	
	Wide Range Achievement Test 4 (WRAT4)	1	
	Woodcock-Johnson NU Tests of Achievement	1	
	Woodcock-Munoz Language Survey (WMLS III)	1	
Forensic/Risk		4	12%
	Inventory of Offender Risks, Needs, and Strengths (IORNS)	1	
	Risk-Sophistication-Treatment-Inventory (RST-I)	1	
	Structured Interview of Reported Symptoms, 2nd Edition (SIRS-2)	1	
	Test of Memory Malingering (TOMM)	1	

Table 16

Recent Testing/Assessment Instruments Used by State/ County/Other/Public Hospital (SCPH) Settings

SCPH

Domain	Measure	Responses	%
Cognitive Functioning		6	15%
	Brief Cognitive Status Exam (BCSE)	1	
	Comprehensive Test of Nonverbal Intelligence, Second Edition (CTONI-2)	1	
	MATRICS Consensus Cognitive Battery	1	
	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV)	1	
	Wechsler Intelligence Scale for Children –Fifth Edition (WISC-V)	2	
Emotional Functioning		6	15%
	Minnesota Multiphasic Personality Inventory-2 (MMPI-2)	1	
	Minnesota Multiphasic Personality Inventory-2-Restructured Form® (MMPI-2-RF)	4	
	Rorschach Performance Assessment System (R-PAS)	1	
Symptom Inventories/Behavioral Rating Scale		3	7%
	Adaptive Behavior Assessment System, Third Edition (ABAS-3)	1	
	Autism Diagnostic Observation Schedule (ADOS-2)	1	
	Childhood Autism Rating Scale, Second Edition (CAARS-2)	1	
Neuropsychological Functioning		5	12%
	Bilingual Verbal Abilities Test	1	
	Delis-Kaplan Executive Functioning System (D-KEFS)	1	
	Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)	1	
	Wechsler Memory Scale – Fourth Edition (WMS-IV)	2	

(continued)

SCPH

Domain	Measure	Responses	%
Academic/Achievement		7	17%
	Conners Continuous Auditory Test of Attention (CATA)	1	
	Conners Continuous Performance Test –Third Edition (CPT-3)	2	
	Leiter International Performance Scale, Third Edition (Leiter-3)	1	
	University Performance-Based Skills Assessment (UPSA)	1	
	Vocabulary Assessment Scales–Expressive (VAS-E)	1	
	Vocabulary Assessment Scales–Receptive (VAS-R)	1	
Forensic/Risk		11	27%
	ACUTE Assessment	1	
	Historical Clinical Risk Management-20 (HCR-20) (Version not specified)	2	
	Historical Clinical Risk Management-20, Version 3 (HCR-20, v3)	3	
	Sex Offender Risk Appraisal Guide (SORAG)	1	
	Stable Assessment	1	
	Static-99R	1	
	Violence Risk Appraisal Guide (VRAG)	1	
	Violence Risk Screening-10 (V-RISK-10)	1	
Other Assessment		3	7.3%
	Safe Shooting Ability Assessment (SSAA)	1	
	Medication Management Ability Assessment (MMAA)	1	
	ACS Migration Skills Assessment	1	

Internship directors from UCC settings identified 32 measures that they had begun using in the last 5 years, with the modal category being Symptom Inventories/Behavioral Rating Scales (34%) and more specifically, the Counseling Center Assessment of Psychological Symptoms (C-CAPS). Twenty percent of UCC directors reported introducing measures to assess Emotional Functioning. Each of these assessment measures was listed at least twice: the Millon College Counseling Inventory (MCCI), the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF), and the Personality Assessment Inventory (PAI). Of the measures categorized as Academic Functioning/Achievement (20%), the most commonly listed was the Woodcock Johnson-IV Tests of Achievement. These UCC directors also indicated introducing measures of Neuropsychological Functioning (11%) and Cognitive Functioning (8.5%) in the prior 5 years. The Delis-Kaplan Executive Functioning System (D-KEFS) and Wechsler Memory Scale – Fourth Edition (WMS-IV) were the most frequently identified neuropsychological assessments and the Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) was included twice. Although directors from UCCs who responded to this item did not identify any assessments within the Forensic/Risk Assessment category, there were two responses included as Other Assessments (6%), which were the Minimal Data Set Assessment (MDS) and the Schedule of Non-adaptive and Adaptive Personality.

Table 17

Recent Testing/Assessment Instruments Used by University Counseling Centers (UCC)

UCC

Domain	Measure	Responses	%
Cognitive Functioning		3	8.5%
	Test of Nonverbal Intelligence Fourth Edition (TONI-4)	1	
	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV)	2	
Emotional Functioning		7	20%
	Millon College Counseling Inventory (MCCI)	3	
	Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)	2	
	Personality Assessment Inventory (PAI)	2	
Symptom Inventories/Behavioral Rating Scales		12	34%
	Adult-Attention Deficit Disorders Evaluation Scale (A-ADDES)	1	
	Bipolar Spectrum Scale	1	
	Conners' Adult ADHD Rating Scale (CAARS)	1	
	Counseling Center Assessment of Psychological Symptoms (C-CAPS)	4	
	Eating Disorder Inventory, Third Edition (EDI-III)	1	
	Jesness Inventory-Revised (JI-R)	1	
	Quick Inventory of Depressive Symptomatology (QIDS)	1	
	Social Responsiveness Scale (self-report and other report)	1	
	Yale-Brown Obsessive Compulsive Scale	1	
Neuropsychological		4	11%
	Delis-Kaplan Executive Functioning System (D-KEFS)	2	
	Wechsler Memory Scale, Fourth Edition (WMS-IV)	2	

(continued)

UCC

Domain	Measure	Responses	%
Academic/Achievement		7	20%
	California Verbal Learning Test (CVLT)	1	
	Conners Continuous Performance Test (CPT)	1	
	Integrated Visual and Auditory Continuous Performance Test-2 (IVA-2)	1	
	Learning Style Assessment	1	
	Test of Word Reading Efficiency –Second Edition (TOWRE)	1	
	Woodcock Johnson-IV Tests of Achievement	2	
Other Assessment		2	6%
	Minimal Data Set Assessment (MDS)	1	

The VAMC internship directors identified 34 assessment measures introduced in the prior 5 years, with the most frequently mentioned being Neuropsychological Functioning (38%) and Emotional Functioning (18%) measures. The Delis-Kaplan Executive Functioning System (D-KEFS), the Neuropsychological Assessment Battery (NAB), and the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) were each included more than once, as was the Wechsler Memory Scale –Fourth Edition (WMS-IV). The Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) was the most frequently identified emotional and personality assessment measure introduced in the last 5 years at VAMC internships. They also began using new measures of Cognitive Functioning (12%), Symptom Inventories/Behavioral Rating Scales (9%), and Forensic/Risk Assessment (6%). There were nine measures listed that were categorized under Other Assessment (18%), which are identified in Table 18.

Table 18

Recent Testing/Assessment Instruments Used by Veterans Affairs Medical Centers (VAMC)

VAMC			
Domain	Measure	Responses	%
Cognitive Functioning		4	12%
	Kokmen Short Test of Mental Status	1	
	Mini Mental Status Exam (MMSE)	1	
	St. Louis University Mental Status Exam (SLUMS)	1	
	Wechsler Abbreviated Scale of Intelligence - Second Edition (WASI-II)	1	
Emotional Functioning		6	18%
	Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)	4	
	Minnesota Multiphasic Personality Inventory (MMPI) Restructure Clinical (RC) Scales	1	
	Rorschach Inkblot Test, Software Interpretation Program (R-PAS)	1	
Symptom Inventories/Behavioral Rating Scales		3	9%
	Clinician-Administered PTDS Scale for DSM-5 (CAPS-5)	1	
	Geriatric Depression Scale (GDS)	1	
	Geriatric Anxiety Scale (GAS)	1	
Neuropsychological		13	38%
	Brief Visuospatial Memory Test-Revised (BVMT-R)	1	
	Behavioral Rating Inventory of Executive Functioning–Adult (BRIEF-A)	1	
	California Verbal Learning Test -Second Edition (CVLT-II)	1	
	Delis-Kaplan Executive Functioning System (D-KEFS)	2	
	Dementia Rating Scale (DRS)	1	
	Green's Word Memory Test	1	
	Neuropsychological Assessment Battery (NAB)	2	
	Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)	2	
	Wechsler Memory Scale –Fourth Edition (WMS-IV)	2	

(continued)

VAMC

Domain	Measure	Responses	%
Forensic/Risk		2	18%
	Test of Memory Malingering (TOMM)	1	
	Hopkins Competency Assessment Test	1	
Other Assessment		6	18%
	Clock Drawing Test	1	
	Digit Vigilance Test	1	
	Independent Living Skills (ILS)	1	
	Tests for Attention Deficit/Hyperactivity Disorders in Adults: Ruff 2 and 7 Selective Attention Tests, Adult Self-Report Scale, and Brief Test of Attention	1	
	The B Test	1	
	World Health Organizations Disability Assessment Schedule (WHODAS)	1	

Finally, directors from CMHC internship settings identified 40 measures that they had begun to use within the last 5 years, such as assessments of Emotional Functioning (22.5%), Cognitive Functioning (25%), and Neuropsychological Functioning (20%). Several of these measures were updated editions of earlier used measures. The Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A) and the Rorschach Performance Assessment System (R-PAS) were among the emotional functioning measures listed. Six directors who responded to this questionnaire item included the Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V). The most frequent neuropsychological assessment measures introduced within the last 5 years were the Conners 3rd Edition (Conners-3) and the Developmental Neuropsychological Assessment-II (NEPSY-II). There were five measures within the category of Symptom Inventories/Behavioral Rating Scales (12.5%) and also five in the area of Academic Functioning/Achievement (12.5%). While they did not report using any new Forensic/Risk Assessment within the last 5 years, the remaining three measures were listed under Other Assessments (7.5%) and included the Health Dynamics Inventory and the Missouri Educator Gateways Assessment (MEGA).

Table 19

Recent Testing/Assessment Instruments Used by Community Mental Health Centers (CMHC)

CMHC

Domain	Measure	Responses	%
Cognitive Functioning		10	25%
	Montreal Cognitive Assessment (MoCA)	1	
	Wechsler Abbreviated Scale of Intelligence - Second Edition (WASI-II)	1	
	Wechsler Adult Intelligence Scale –Fourth Edition (WAIS-IV)	2	
	Wechsler Intelligence Scale for Children –Fifth Edition (WISC-V)	6	
Emotional Functioning		9	22.5%
	Millon Adolescent Clinical Inventory (MACI)	1	
	Millon Clinical Multiaxial Inventory-III (MCMI-III)	1	
	Minnesota Multiphasic Personality Inventory -Adolescent (MMPI-A)	3	
	Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)	1	
	Personality Assessment Inventory (PAI)	1	
	Rorschach Performance Assessment System (R-PAS)	2	
Symptom Inventories/Behavioral Rating Scales		5	12.5%
	Adult Clinical Symptoms Interpretation	1	
	Autism Diagnostic Observation Schedule -Second Edition (ADOS-2)	1	
	Behavior Assessment System for Children, Second Edition (BASC-2) Clinical Report and Scoring	1	
	Conners' Adult ADHD Rating Scale (CAARS)	1	
	Gillam Asperger's Disorder Scale (GADS)	1	

(continued)

CMHC

Domain	Measure	Responses	%
Neuropsychological		8	20%
	Behavioral Rating Inventory of Executive Functioning–Adult (BRIEF)	1	
	California Verbal Learning Test -Second Edition (CVLT-II)	1	
	Conners Continuous Performance Test 3rd Edition (CPT 3)	1	
	Conners 3rd Edition (Conners-3)	2	
	Developmental Neuropsychological Assessment-II (NEPSY-II)	2	
	Wechsler Memory Scale –Fourth Edition (WMS-IV)	1	
Academic/Achievement		5	12.5%
	Batteria III Woodcock-Munoz	1	
	Clinical Evaluation of Language Fundamentals (CELF)	1	
	Differential Ability Scales (DAS-II)	1	
	Leiter International Performance Scale, Third Edition (Leiter-3)	1	
	Vineland Adaptive Behavior Scales (Vineland)	1	
Other Assessment		3	7.5%
	Health Dynamics Inventory	1	
	Instruments related to Autism Spectrum Disorders	1	
	Missouri Educator Gateways Assessment (MEGA)	1	

Question 30 asked, “Within your site, what psychological tests or measures would you like to see used in the future that are not currently being used?” Directors from CMHC internship sites provided 15 responses. The VAMC respondents provided 12 responses. There were 11 responses from internship directors from UCC settings. Of the PC settings, seven directors responded and those at SCPH provided five responses to this item. Finally, five directors of CON programs responded.

In total, there were nine measures identified by CON internship directors as being on their “wish lists” for future use. They included measures of Cognitive Functioning (2), Emotional Functioning (2), Symptom Inventories/Behavioral Rating Scales (2), Neuropsychological Functioning (2), and Academic Functioning/Achievement (1). Of the four measures identified by directors from PC, three were for Academic Functioning and one was a Forensic/Risk Assessment measure. SCPH directors identified seven measures they would like to see introduced in the future including Symptom Inventories/Behavioral Rating Scales (3), Neuropsychological Functioning measures (2), Forensic/Risk Assessment measures (1), and Other Assessments (1). SCPH directors provided a number of comments, including one related to technology: “Plans to move to tablet administration and scoring. We have iPads, but waiting for agency and Pearson (testing company) to reach use agreement.” One SCPH respondent wrote, “More integration of forensic measures,” but did not identify specific psychological tests. Three responses indicated these directors were content with their current usage stating: “We have access to so much that I'm happy with what we have to offer;” “We have a very large budget for test equipment;” and “Our site/department is fortunate to receive support from hospital administration to obtain new and revised test instruments and batteries.”

There were 14 measures identified by UCC internship directors who responded to this questionnaire item. Responses indicated they most frequently would like to see specific Emotional Functioning measures (6) introduced. Examples of Symptom Inventories/Behavioral Rating Scales (3) and Academic Functioning/Achievement measures (3) were noted multiple times. One Forensic/Risk Assessment measure was listed, as was one instrument categorized as Other Assessment. Additional comments were related to increased use of forensic measures (i.e., "more forensic violence potential measures"); personality measures; cognitive, academic, and neuropsychological measures; and measures that accurately assess for adult autism without identifying specific tests. One director responded, "We would love to be able to offer formal ADHD assessment but we don't have the staffing to accommodate the potential demand." Another UCC director stated, "None. We do not use tests."

Directors at VAMC internships reported 11 measures in total that they would like to see used in the future, with the most commonly mentioned being measures of Neuropsychological Functioning (4) and Emotional Functioning (4). They also identified Forensic/Risk Assessment measures (2) and one measure classified under Other Assessments. Additional comments were provided, some of which were the following: "Aptitude testing;" "Ideally, a better test than the MCMI-III (too devoted to DSM & Millon's Personality Theory), the PAI, and MMPI (that can less easily be invalidated by an over-reporting response set);" "Alternatives to the WAIS for evaluation of IQ;" "iPad or other tablet based measures; more computer scoring for rapid turnaround; ability to use iPad measures via telehealth for working in highly rural areas between VA community-based outpatient clinics and the main training sites;" "Would like to improve- more broadly than just the neuropsych track trainees—training and use of instruments for screening and identifying neurocognitive changes;" "More familiarity with neuropsych

assessments in general; Better familiarity with basic mental status and screening tools;" and "Lots of briefer measures for medical population."

There were a total of 20 measures identified by CMHC directors, nine of which were psychological tests used for Neuropsychological Functioning. The remaining tests were those categorized as Cognitive Functioning (5), Emotional Functioning (3), Symptom Inventories/Behavioral Rating Scales (2), and Academic Functioning/Achievement (1) measures. Comments included directors' desire for updated versions of existing measures, more neuropsychological tests, and bilingual or Spanish-based tests, without naming specific measures. Two responses related to the use of technology in the future: "Computerized Wisconsin Card Sorting Test" and "More tablet based tests." Two additional responses reflected the changes in their training programs as well: "We are currently getting training to implement use of the ADOS-2" and "We look forward to integrating auditory in additional to visual stimuli for the continuous performance test." A list of the responses is presented in Table 20.

Table 20

Write-In Reponses by Setting

CON Settings

Domain	Measure	Responses	%
Cognitive Functioning		2	22%
	Cognitive Performance Test (CPT)	1	
	Wechsler Intelligence Scale for Children - Fourth Edition (WISC-IV) Spanish Version	1	
Emotional Functioning		2	22%
	Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) Spanish Version	1	
	Rorschach Performance Assessment System (R-PAS®)	1	
Symptom Inventories/Behavioral Rating Scales		2	22%
	Beck Depression Inventory-II (BDI-II)	1	
	Test of Everyday Attention for Children (TEA-Ch)	1	
Neuropsychological Functioning		2	22%
	Delis-Kaplan Executive Function System (D-KEFS)	1	
	Sensory Profile 2	1	
Academic Functioning/Achievement		1	11%
	Differential Ability Scales -II (DAS-II)	1	

(continued)

PC Settings

Domain	Measure	Responses	%
Academic Functioning/Achievement		3	75%
	Batería III Woodcock-Muñoz	1	
	Woodcock-Johnson Tests of Achievement	1	
	Woodcock-Johnson Tests of Cognitive Abilities	1	
Forensic/Risk Assessment		1	25%
	Miller Forensic Assessment of Symptoms Test (M-FAST)	1	

SCPH Settings

Domain	Measure	Responses	%
Symptom Inventories/Behavioral Rating Scales		3	43%
	Schedule for Affective Disorders and Schizophrenia (SADS)	1	
	Structured Clinical Interview for DSM-5 (SCID-5)	2	
Neuropsychological Functioning		2	29%
	Conners Continuous Performance Test 3rd Edition (Conners CPT 3)	2	
Forensic/Risk Assessment		1	14%
	Miller Forensic Assessment of Symptoms Test (M-FAST)	1	
Other Assessments		1	14%
	DIS	1	

(continued)

UCC Settings

Domain	Measure	Responses	%
Emotional Functioning		6	43%
	Millon Clinical Multiaxial Inventory-III (MCMI-III)	2	
	Minnesota Multiphasic Personality Inventory (MMPI)	1	
	Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)	1	
	Personality Assessment Inventory (PAI)	1	
	Rorschach Technique	1	
Symptom Inventories/Behavioral Rating Scales		3	21%
	Schedule for Affective Disorders and Schizophrenia (SADS)	1	
	Structured Clinical Interview for DSM-5 (SCID-5)	2	
Academic Functioning/Achievement		3	21%
	Conners Continuous Performance Test (Conners CPT) (Ed. Not specified)	1	
	Conners Continuous Performance Test (Conners CPT)	1	
	Wonderlic Scholastic Level Exam	1	
Forensic/Risk Assessment		1	7%
	Miller Forensic Assessment of Symptoms Test (M-FAST)	1	
Other Assessments		1	7%
	DIS	1	

(continued)

VAMC Settings

Domain	Measure	Responses	%
Emotional Functioning		4	36%
	Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)	2	
	Rorschach Performance Assessment System (R-PAS)	1	
	Rorschach Technique	1	
Neuropsychological Functioning		4	36%
	Blessed Orientation Memory Concentration (BOMC)	1	
	Dementia Rating Scale–2 (DRS-2)	1	
	Neuropsychological Assessment Battery (NAB)	1	
	Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)	1	
Forensic/Risk Assessment		2	18%
	Miller Forensic Assessment of Symptoms Test (M-FAST)	1	
	Structured Interview of Reported Symptoms (SIRS)	1	
Other Assessments		1	9%
	NBSI	1	

(continued)

CMHC

Domain	Measure	Responses	%
Cognitive Functioning		5	25%
	Wechsler Adult Intelligence Scale-Fifth Edition (WAIS-V)	1	
	Wechsler Intelligence Scale for Children-Fifth Edition (WISC-V)	4	
Emotional Functioning		2	10%
	Rorschach Performance Assessment System (R-PAS)	2	
Symptom Inventories/Behavioral Rating Scales		3	15%
	Autism Diagnostic Observation Schedule (ADOS)	1	
	Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)	1	
	Millon Behavioral Medicine Diagnostic (MBMD)	1	
Neuropsychological Functioning		9	45%
	Behavior Rating Inventory of Executive Function (BRIEF)	1	
	California Verbal Learning Test (CVLT)	1	
	Conners Continuous Performance Test (Conners CPT)	1	
	Conners Continuous Performance Test 3rd Edition (Conners CPT 3)	1	
	Delis-Kaplan Executive Function System (D-KEFS)	2	
	Developmental Neuropsychological Assessment-II (NEPSY-II)	1	
	Weschler Memory Scale (WMS)	1	
	Wisconsin Card Sorting Test (WCST) Computerized	1	
Academic Functioning/Achievement		1	5%
	Wechsler Individual Achievement Test (WIAT)	1	

The respondents had an opportunity to express their opinions in Question 31, an open-ended item that asked, "What recommendations do you have for academic programs regarding pre-internship training in psychological testing and assessment?" Directors from CMHC provided 20 responses. Of the directors at VAMCs, 21 responded to this item. There were 15 responses from UCC directors, 10 from PC internship settings and 11 from CON programs. Of the participating SCPH directors, 18 responded to Question 31. Responses that included recommendations or comments regarding intern preparedness were deemed most relevant to the present investigator's area of focus. Rather than responses being collapsed into similar categories or trends, they were examined based on internship setting since the focus of this study was to understand perspectives on intern preparedness at the six different categories of internship setting. Common themes included those related to trends at the sites, their perspectives on interns needing additional training in assessment, and some challenges related to offering assessment. In addition, responses included specific measures the sites use or will use in the future. A complete list of responses can be seen in Appendix I.

Question 32 provided internship directors with the opportunity to provide additional comments, stating, "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." Several responses including "None" or "N/A" and were not included in the analysis. Likewise, several responses pertained to the usefulness or structure of the survey (e.g., "A pity there is not more room for those who are bothering to fill out your survey to say what we think. Quantitative research is overemphasized, especially for a study such as this—you would do better to have a semi-structured questionnaire especially for those of us who have been grappling with these issues for years. Instead, we get a tiny box to share our thoughts!" and, "Your questions won't

yield effective results since some questions include both assessment and testing, but sites may treat these differently so answers because they average response, but not accurate to what it actually happening on-the-ground"). There were also some critiques of the organization or format of the questionnaire. Responses of this nature were omitted, as were similar responses that did not necessarily relate to the areas of focus for the present study, such as intern preparedness or level of satisfaction with interns' pre-internship experience in psychological assessment, knowledge of psychological assessment, and considerations in intern selection. The remaining responses were organized by setting and were reviewed for common themes. A complete list of the responses is reflected in Appendix J.

There were five responses from internship directors at CON programs. Interestingly, one director responded, "It is difficult to answer questions for a consortium, since each site is different." While not directly related to the areas of focus for this study, this response may be relevant in discussing the common trends at CON programs and when comparing directors' satisfaction and perspectives, given the differences and, at times, lack of uniformity between settings within a consortium internship program. Of the remaining responses, two CON directors emphasized the need for interns to receive formal training in psychiatric diagnostic evaluation and the Rorschach scoring system prior to internship. This was noted to put greater pressure on supervisors to train interns. They also noted that interns frequently utilize standardized behavioral, social-emotional and adaptive measures in their use of psychological assessment.

One of the directors at a PC setting recommended students obtain a better understanding of the difference in testing adults versus children and, more specifically, the different approaches and strategies used with children and adolescents, such as the developmental considerations

when conducting psychological assessments with these populations. Another suggested students applying to internship understand that an integrated battery would include multiple tests.

Two SCPH directors noted the trend that fewer internship applicants have training in projective testing, and one indicated a significant decrease in clinical experience with projective measures. Yet, SCPH directors reported they still use projective measures at their inpatient facilities. Similar to the pressure mentioned by the CON directors to this questionnaire item, one director from SCPH reported that one of the most significant challenges reported by supervisors is trainees' limited ability to integrate test data in reports and to account for discrepancies in data. Two responses to this item highlight the significant need for applicants and pre-doctoral interns to receive training in integrating results into reports. Another respondent, who reported experience training pre-doctoral interns for 20 years, identified a noticeable decrease in the quality and quantity of assessment training prior to the internship year and specifically related that to the over-reliance on computerized scoring, which impacts interns' ability to interpret results that are not computer-generated.

Two respondents from UCC internship programs provided information regarding trends at their programs. One stated, "Counseling Center settings don't emphasize as much overall." Another indicated that despite previously requiring two full personality assessment batteries during the internship year, this particular UCC internship now no longer requires it due to an increasing clinical demand for therapeutic services, inability to determine intern competence based on two batteries, and not enough staff. That internship program now focuses more on risk assessment and diagnostic assessment. A third UCC respondent reported a challenge in a counseling center setting related to the ability to effectively implement quality testing training and time allocation. This director posed the question, "Should interns be allotted several hours

per week to perform/score/interpret tests?" This director further stated, "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." Yet, another respondent reported the need to continually emphasize and offer training in assessment, as an important part of treatment and a fundamental part of the professional identity of a psychologist. One respondent identified the recent use of the Social Responsiveness Scale-2 to screen for Autism Spectrum Disorder with adults.

The VAMC directors echoed similar emphasis on the importance of psychological assessment in the field of psychology and the need for interns to receive training in integrating results and data. However, respondents also noted barriers and difficulties in doing so. One responded stated, "In my experience, internship programs are generally equipped to improve psychological assessment skills but do not have the time to train." Another responded, "Difficulty on this within this large managed care environment." Another noted the change in assessment and specified that rarely do people complete comprehensive batteries, which they perceived to be due to referrals being "very problem focused" and therefore, requiring one to two measures. As a potential implication for intern selection, one VAMC director reported that prospective interns seem to only have "neuropsych" experience and it would be valuable to ensure that they are trained in a wide range of assessment measures. In contrast, another director highlighted that interns with a basic range of neurocognitive and personality assessment skills are much better able to generalize to new assessments, while a third response of this nature recommended students should receive experience with cognitive screening at least, even in the absence of experience with a wide variety of neuropsychological tests. This respondent noted the

growth of the geriatric population within the VAMC system and suggested exposure to instruments such as “Cognistat, MOCA, SLUMS, and MMSE.”

Similar to the SCPH responses, five of the six responses from directors at CMHC settings noted the observation that within the last few years they have noticed a decline in the amount of academic and practicum experience in testing throughout the intern recruitment and selection process. One respondent described students as being “significantly under-prepared,” while another described this trend as “distressing” given the need for psychological assessment and because this aspect of clinical work is unique to psychologists. Another respondent also emphasized this important service, stating, “Therapy without assessment is weak.” These directors believe interns will be better prepared if, while students in their academic programs, they receive greater opportunities for experience using and receiving supervision in major psychological tests, writing integrated reports, and conceptualization of assessment findings. One respondent identified the need to reduce the number of batteries required during the internship year from 12 to 8, due to what he or she believed to be the deficiencies in teaching assessment within the academic programs. This internship director further indicated—similar to several UCC and VAMC directors—that supervising students who lack the knowledge base and have less experience requires more time; and therefore, he or she has lowered his or her standards for interns regarding assessment. A student's pre-internship ability to understand and interpret testing was identified as being important, despite one site indicating they do not offer psychological assessment batteries. A complete copy of the participants’ verbatim responses to Question 32 can be found in Appendix J.

Chapter IV: Discussion

In this study, the researcher explored the perspectives of internship directors' at APPIC sites regarding practices and trends in psychological assessment. In previous studies, internship directors have indicated some misalignment between directors' assessment-related expectations of entering students versus directors' perceptions of students' actual competencies in psychological assessment at the start of the pre-doctoral internship year. The findings of previous investigations based on psychological assessment have reflected the importance of psychological assessment competency in training and practice. Over the years, scholars have revealed subtle changes in emphasis on certain categories of psychological assessments methods at different internship settings, including varying degrees of emphasis on projective, objective, and behavioral measures. Researchers have also illustrated a generally stable trend in the continued use of measures considered foundational in psychological assessment. The results of a more recent study by Bates (2016), Faith (2016), and Shipley (2019) revealed similarities to past research, including the importance of strong training in psychological assessment, and a small minority of internship directors who reported discrepancies between their expectations regarding assessment preparation and actual competency levels on incoming interns (Bates, 2016). Bates also revealed a shift in the psychological testing and assessment instruments used at the internship level.

Given the importance of psychological assessment in the field of psychology and its position as one of the core competency domains, the present researcher aimed to build upon existing studies in order to capture a more detailed and differentiated picture of issues related to psychological assessment and intern preparedness. As such, the current researcher focused on determining whether there were differences across categories of internship regarding internship

directors' level of satisfaction with interns' preparation in assessment at the start of the internship year. With the intention of building on previous research on assessment practices and training issues at the internship level, the current researcher analyzed archival data from Bates (2016), Faith (2016), and Shipley (2016). The researcher reanalyzed internship directors' responses to a questionnaire developed by these previous researchers (Appendix A) and identified six categories of internship settings based on the greatest number of responses in order to narrow the focus and obtain meaningful information from a subset of the original data. The researcher identified the six categories as: (a) community mental health centers (CMHC); (b) Veterans Affairs Medical Centers (VAMC); (c) university counseling centers (UCC); (d) state/county/other public hospitals (SCPH); (e) prison and/or correctional facilities (PC); and (f) consortium programs (CON).

Participants in the present study were primarily middle-aged, Caucasian females. The majority of directors reported having a Ph.D. or Psy.D., with all holding a degree in psychology. A small percentage of directors at UCC internship settings reported having an Ed.D., while the majority of the UCC directors held doctoral degrees in Counseling Psychology, unlike the other five settings.

At SCPH settings, directors reported that psychological testing and assessment is strongly to extremely emphasized in their internship programs, indicating that directors from this category of internship placed the greatest emphasis on psychological testing and assessment. Similarly, they reported the greatest emphasis on clinical experience in psychological testing when selecting interns, indicating it as being strongly to extremely emphasized. SCPH internship directors reported that when selecting interns, knowledge about psychological testing gained from coursework and/or didactic training is very important. SCPH directors reported being

somewhat to very satisfied with incoming interns' level of clinical experience in psychological assessment and level of theoretical knowledge about psychological assessment.

Directors at CON settings indicated they strongly emphasize psychological testing and assessment within their internship programs. When selecting interns for CON programs, directors strongly emphasize clinical experience in psychological testing. The directors indicated that knowledge of psychological testing gained from coursework and/or didactic training was somewhat to very important when selecting interns for their programs. Finally, they reported being somewhat to very satisfied with incoming interns' level of clinical experience in psychological assessment, as well as their level of theoretical knowledge about psychological assessment.

Directors in PC settings reported that they strongly emphasized psychological testing and assessment within their internship programs. They strongly emphasized clinical experience in psychological testing when selecting interns for PC programs. Similarly, they regard knowledge about psychological testing—which the interns gained from coursework and/or didactic training—as very important when selecting interns. Their overall responses about level of satisfaction with incoming interns' level of clinical experience in psychological assessment indicated they are somewhat to very satisfied. Finally, PC setting directors reported being somewhat to very satisfied with incoming interns' level of theoretical knowledge about psychological assessment.

Directors of CMHC internships suggested they strongly emphasize psychological testing and assessment within their internship programs. Similarly, they placed strong emphasis on clinical experience in psychological testing when selecting interns for their program. The participants' responses indicated that directors at CMHC settings feel knowledge about

psychological testing is somewhat to very important when selecting interns. Furthermore, they reported being somewhat to very satisfied with incoming interns' level of clinical experience in and level of theoretical knowledge about psychological assessment.

VAMC directors indicated that psychological testing and assessment is somewhere between somewhat emphasized to strongly emphasized in their internship programs. Similarly, their responses fell between somewhat and strongly emphasized when indicating the importance of clinical experience in psychological testing in selecting interns. VAMC internship directors indicated that knowledge of psychological testing gained from coursework and/or didactic training was somewhat to very important when selecting interns for their programs. VAMC internship programs obtained the lowest mean regarding their satisfaction with incoming interns' level of clinical experience in psychological assessment (2.70 on the 5-point scale). The mean rating fell between slightly satisfied (a rating of 2) and somewhat satisfied (a rating of 3). Likewise, their responses indicated they were only slightly to somewhat satisfied with incoming interns' level of theoretical knowledge about psychological assessment (mean of 2.62 on the 5-point scale).

UCC directors reported the least emphasis on psychological testing and assessment within their internship programs. Directors at UCC programs indicated that clinical experience in psychological testing was somewhat important when selecting interns. In fact, directors from UCC settings varied in their responses to this question, from not at all important to extremely important; however, they reported that knowledge of psychological testing gained from coursework and/or didactic training was somewhat to very important when selecting interns for their programs. They reported being somewhat to very satisfied with incoming interns' level of

clinical experience in psychological assessment, and being somewhat to very satisfied with incoming interns' level of theoretical knowledge about psychological assessment.

Directors from all six settings indicated that they placed emphasis on psychological assessment in their internship program. There were significant differences in the emphasis on psychological assessment, when comparing settings and, more specifically, UCC directors reported the least emphasis on assessment and significantly less that SCPH, CMHC, and CON programs. Stedman et al. (2005) surveyed 573 internship programs that were also members of the APPIC. They identified 21 specialty rotations in the survey (e.g., serious mental illness, trauma, forensics, substance abuse, etc.) and 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. The present findings appear generally consistent with the earlier findings from Stedman et al. (2005).

After performing comparisons across these settings, significant differences in the emphasis on clinical experience in psychological testing when selecting interns were identified in the following contrasts: UCC and CMHC, UCC and SCPH, UCC and PC, and UCC and CON. In other words, directors from all of the internship categories except VAMC reported significantly greater emphasis on clinical experience in psychological testing when selecting interns than did the UCC directors. Interestingly, VAMC directors depicted clinical experience in psychological assessment as somewhat important when selecting interns, yet these directors also

reported being the least satisfied with incoming interns' level of clinical experience and theoretical knowledge about psychological assessment.

One way to gain context on the present findings is through a review of assessment-related application requirements at selected internships, especially the minimum number of assessment hours required for applicants to apply to those particular internships. To explore this issue, three sites were randomly chosen from each of the six categories of internships from the 2017 APPIC Directory, which was the directory available at the time of the study (Table 21). The internships selected reflected a broad range for the minimum number of assessment hours required in order for applicants to apply and be considered for each site. Based on the small number of programs selected at random, VAMC programs had both the highest mean number of hours required and the greatest range across the three programs selected. Unsurprisingly, the UCC internships had the lowest mean of the six categories. UCC settings also generally required the least amount of assessment hours to submit an application, with one of the sites requiring zero hours of assessment experience. This is consistent with the results of the study, in that not only did UCC internship directors place the least emphasis on assessment when selecting applicants, it also appeared that assessment tends not to be heavily emphasized in their internship programs. Likewise, UCCs placed the least emphasis on knowledge of psychological assessment gained from coursework and/or didactic training when selecting interns, with a significant difference between these settings and SCPH programs, which place a greater emphasis on this knowledge when selecting interns. This is consistent with the findings of previous scholars.

Table 21

AAPI Requirements for Pre-Doctoral Internship Applicants (APPIC, 2017)

Setting Type	Site	Min. No. of Assessment Hours
VAMC		
	VAMC Example 1	300
	VAMC Example 2	100
	VAMC Example 3	50
CMHC		
	CMHC Example 1	150
	CMHC Example 2	50
	CHMC Example 3	40
UCC		
	UCC Example 1	100
	UCC Example 2	30
	UCC Example 3	0
SCPH		
	SCPH Example 1	200
	SCPH Example 2	150
	SCPH Example 3	50
CON		
	CON Example 1	130
	CON Example 2	100
	CON Example 3	30
PC		
	PC Example 1	150
	PC Example 2	100
	PC Example 3	100

The differences in emphasis may be understood within the context of the settings as well. Pre-doctoral interns at the VAMCs tend to obtain general clinical training, often rotating through different rotations that vary based on each internship program. In addition, all interns complete training in psychological assessment. Some VAMCs have specific pre-doctoral internship positions dedicated to neuropsychology, which emphasize neuropsychological assessment. Many of the APA-accredited CMHC sites establish clinical requirements for the year (e.g., 400 therapy hours, eight test batteries, 15 intakes), along with a requirement to complete a set number of

assessment batteries prior to completing the internship. Testing experience is required, and prior experience and comfort with assessment are essential to be seriously considered for selection. Similar to CMHC settings, the internship curriculums at SCPH programs typically requires a set number of assessment batteries prior to completing the internship (e.g., completion of 15 psychological evaluations, six psychological testing batteries, seven forensic evaluations, one behavior modification plan, and 11 admission assessments). SCPH internships tend to place a high emphasis on assessment throughout the program year.

Throughout the pre-doctoral internship year at UCC programs, interns typically develop a broad range of general clinical skills, including assessment-related activities such as initial screenings and follow-up assessments. The number of assessment opportunities and the requirements in psychological assessment vary across UCC programs. For example, in its APPIC entry, one APA-accredited counseling center emphasized that each intern is required to complete two psychological test reports, over the course of the internship training year and will receive group and individual assessment supervision from the Psychological Assessment Series instructor (APPIC, 2017). One open-ended questionnaire response from a UCC internship director in the present study provided some useful perspective on assessment:

> Prefer they have broad training in intellectual, academic, and personality and symptom testing if possible, because we aren't able to do that much training here in formal psychological testing. Our emphasis is on using testing therapeutically. Intelligence and personality testing are still valued but as we move to shorter-term treatment (due to clinical demand), screenings have an important role as well.

Bates (2016) highlighted that UCC settings typically serve a large number of students on a regular basis. This places limitations on the amount of time allocated to assessment, with the majority of time dedicated to psychotherapy. Compared to the relatively low minimum number of assessment hours required to apply to UCC sites reported in Table 21, the minimum number

of intervention hours required for application to those programs is much greater. For the three UCC programs selected at random, the required minimum number of intervention hours ranged from 700 to 250 (APPIC, 2017). Bates (2016) noted in the original study that the perceived value of providing intervention and prevention services to a broad range of students is considered of greater importance than providing time-intensive, traditional assessment and psychotherapy services in many UCC internship programs. The current results, however, indicated that when UCC settings do conduct assessments, they use population-specific measures and favor behavioral or symptom assessments over traditional, comprehensive assessment batteries.

With regard to CON programs, because they are comprised of various sites, participating interns may have much more variable experiences in regard to assessment than interns at other internship settings. Moreover, the models, goals, objectives and training requirements may not be uniform across these different sites within a CON program. Given the differences in sites and rotations within a consortium, the clinical training often varies, as do the programs' relative emphases on treatment and assessment. Similarly, given the differences in sites and focus on treatment or assessment at PC settings, and the regulations these entities and settings are bound by, the emphasis on assessment may vary considerably across internship programs.

The results of the present study support the conclusions of previous research regarding the critical importance of assessment in the training of clinical psychologists. The results further support previous researchers' findings that indicate the continued use and internship directors' high appraisal of pre-doctoral training experience with well known, established psychological assessment instruments. Most notably, all settings preferred pre-internship experience with the Wechsler Intelligence Scales and the second edition of the Minnesota Multiphasic Personality Inventory (MMPI-2). Internship directors from all six settings indicated they preferred pre-

internship clinical experience with the Rorschach and Beck Inventories as well. One director from a PC setting highlighted the importance of these measures as a foundation, stating:

> Incoming interns really need to have a solid understanding of cognitive testing (especially the WISC/WAIS), and I think it is beneficial to have had training in the MMPI and the Rorschach. Most other measures can be easily learned if there is a solid foundation with those measures.

There was some variability in the other measures that internship directors preferred interns to have experience with prior to commencing their internship-training year, across the six settings. A small but noteworthy number of internship directors reported that interns are under-prepared in psychological assessment and need more experience prior to the internship year. The researcher identified at least one open-ended response from each of the six categories of internship concerning this point. One director from a CON program stated, "In general, graduate students need greater exposure to psychological testing prior to the internship year than they currently receive." One director from a PC program responded, "Train earlier for assessment. Some of our internship applicants are in their testing year at application time and so their assessment experience is very low at that time." Similarly, one SCPH director responded, "More practical experience doing assessment required pre-internship; more emphasis on report writing skills and diagnostic formulation." A director from a VAMC stated, "Applicants are consistently under trained in psychological assessment." One director from a CMHC setting stated, "Graduate students need much more experience in psychological testing and assessment, as well as how to utilize the assessment results in regard to intervention." A director from a UCC setting provided the following response:

> Students no longer have experience with batteries and report writing. Instead, they have administered many self-report measures such as the Beck. Testing cannot be taught on internship without more of a base from the applicant's prior training.

Several directors also reported a theme regarding interns needing more experience with integrative assessments or greater ability to integrate findings into a report. One director from a CON program reported, “Interns come better prepared in the ability to integrate multiple assessment findings in a comprehensive assessment report to answer a specific diagnostic question.” One SCPH stated, “I would like to see greater emphasis placed on integrated report writing in students' practicum experience,” while one director at a VAMC site simply suggested, “More integrated reports.” One PC director recommended:

> Make sure students are taught how to interpret tests and integrate them. Not simply rely on computerized interpretations. It is also extremely important for students to be able to integrate the test results - not just report results measure by measure without any kind of connection or interpretation and what it all means together—how the pieces/measures fit together. Also to continue using full tests, not just screening instruments.

In reviewing the responses and identifying themes, the researcher noted that CMHC and UCC directors did not appear to emphasize training in integration of assessment results in their open-ended comments. Rather, they similarly emphasized “therapeutic assessment” experience as being necessary prior to internship. It would be helpful for this to have been expanded upon to determine or more fully explain their concepts of therapeutic assessment.

Within the last 5 years, several SCPH programs appear to have begun using forensic and risk assessment measures. They also reportedly have begun using tests or measures used to assess academic, cognitive and emotional functioning. CMHC settings reported primarily using new psychological tests and measures used to assess cognitive functioning, along with measures or tests to evaluate emotional and neuropsychological functioning. VAMC directors indicated that most of the new psychological tests or measures introduced within the last 5 years at their sites were those used to assess neuropsychological functioning. CON program directors identified they had begun using various new psychological tests or measures, with the greatest

emphasis on symptom inventories/behavioral rating scales and those measures or tests used to assess academic functioning or achievement within the last 5 years. The most common measure identified was related to diagnosing Autism Spectrum Disorders (i.e., versions of the Autism Diagnostic Observation Schedule). CON internship directors also indicated they have begun using the updated version of the Conners' Continuous Performance Test (i.e., CPT-3) and unspecified versions of the Woodcock Johnson (WJ). Directors at PC settings reported the new psychological tests or measures they have begun using in the last 5 years were those used to assess emotional functioning, most commonly the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF). They also reported a recent increase in using symptom inventories, behavioral rating scales, and neuropsychological assessments. Directors of UCC internship programs reported that they have recently begun using symptom inventories and behavioral rating scales, more so than any other category or new measures within the last 5 years. Most commonly, they reported using the Counseling Center Assessment of Psychological Symptoms (C-CAPS) in the last 5 years.

While all participating directors provided a response to Question 19 that asked about the new assessment measures the site had begun using in the last 5 years, many of them included measures listed on Question 22. Yet, several directors listed psychological measures that were not on the list. Responses from CON settings included the Universal Nonverbal Intelligence Test (UNIT) and Career Thoughts Inventory (CTI). SCPH directors listed the following measures that were not on the list: ACUTE Assessment; Sex Offender Risk Appraisal Guide (SORAG); Stable Assessment; Static-99R; Violence Risk Screening-10 (V-RISK-10); Safe Shooting Ability Assessment (SSAA); Medication Management Ability Assessment (MMAA); and ACS Migration Skills Assessment. PC directors reported the following measures and tests: Anger

Regulation and Expression Scale (ARES); Behavior Assessment System for Children, Third Edition (BASC™-3); Childhood Trauma Questionnaire (CTQ); Firestone Assessment of Violent Thoughts (FAVT); Firestone Assessment of Violent Thoughts – Adolescents (FAVT-A); Stress Index for Parents of Adolescents (SIPA); Inventory of Offender Risks, Needs, and Strengths (IORNS); and Risk-Sophistication-Treatment-Inventory (RST-I). As the researcher previously mentioned, UCC directors listed the Counseling Center Assessment of Psychological Symptoms (C-CAPS) and the Millon College Counseling Inventory (MCCI). They also identified the following tests, in addition to those that were on the original list: Bipolar Spectrum Scale; Counseling Center Assessment of Psychological Symptoms (C-CAPS); Eating Disorder Inventory, Third Edition (EDI-III); Jesness Inventory-Revised (JI-R); Quick Inventory of Depressive Symptomatology (QIDS); Social Responsiveness Scale (self-report and other report); Yale-Brown Obsessive Compulsive Scale; Minimal Data Set Assessment (MDS); and the Schedule of Non-adaptive and Adaptive Personality. In addition to several other measures from the original list of psychological assessments, the VAMC directors identified that they had begun using the following measures within the last 5 years: Kokmen Short Test of Mental Status; Mini Mental Status Exam (MMSE); St. Louis University Mental Status Exam (SLUMS); Clinician-Administered PTDS Scale for DSM-5 (CAPS-5); Geriatric Depression Scale (GDS); and the Geriatric Anxiety Scale (GAS). Finally, CMHC directors identified the following measures they had begun using in the last 5 years that were not included in the original list: Batteria III ® Woodcock-Munoz; Clinical Evaluation of Language Fundamentals® (CELF); Differential Ability Scales® (DAS-II); Leiter International Performance Scale, Third Edition (Leiter-3); Vineland Adaptive Behavior Scales (Vineland); Health Dynamics Inventory; Instruments related to Autism Spectrum Disorders; and the Missouri Educator Gateways Assessment (MEGA).

The present findings are significant for a variety of reasons. The responses reflect a continued trend for psychological assessment to be an important component of the pre-doctoral internship year across a range of internship categories. Internship applicants to various types of program will continue to have to demonstrate a level of basic knowledge and experience in assessment in order to be viable candidates. There was a lack of uniformity across internship settings and within each category, however, regarding precisely how much pre-internship assessment experience is optimal.

Consideration of the instruments introduced within the past 5 years sheds light on emerging trends in assessment practice at the internship level. Even with some measures only being identified or included once, this illustrates the variability across sites and within the six internship categories. The participants' responses also reflected the integration of measures within the last 5 years that are not new to the field. The results may indicate changes in training and/or in populations served at the various sites. The measures introduced may also reflect efforts to not only integrate assessments into the program but also to further identify treatment needs and individualize treatment.

The reported level of emphasis in assessment at UCC internships in the present study is consistent with past studies and does not necessarily present significant new implications. The measures identified by SCPH directors may indicate that they are offering additional assessment training, given that several of the measures they identified introducing in the last 5 years require specific training and certification. For example, the ACUTE Assessment, Sex Offender Risk Appraisal Guide (SORAG), Stable Assessment and Static-99R all require intensive training courses and certification to complete these measures (SARATSO, 2018).

As noted earlier, VAMC program directors reported the lowest mean satisfaction with entering interns' assessment-related experience and knowledge. It is tempting to speculate whether this might be due to a tendency in some VAMC settings to focus on neuropsychological assessment. Given that the level of exposure to neuropsychological assessment in most academic programs is generally basic and may include only a limited number of measures, interns at VAMC programs may find themselves challenged by the neuropsychological assessment expectations in their programs. Some of the measures introduced in recent years at VAMC settings, such as the RBANS, may not be included in academic program courses or used at clinical practicum training sites. In addition, individuals who possess the level of neuropsychological assessment training that VAMC director's desire might be applying only to pre-doctoral internship programs with specialized tracks in neuropsychology, instead of general tracks or internship programs that provided generalized training. Further research is needed to shed light on these questions.

The present results continue to highlight the perspectives of some internship directors that academic programs need to provide their doctoral students with greater training in psychological assessment prior to the internship year. This is consistent with previous literature. Although dated, Shemberg and Leventhal (1981) highlighted the considerable dissatisfaction that existed among internship training directors with the university preparation in clinical skills. Interns were seen as not well prepared in assessment; in a related study, Shemberg and Keely (1974) found that directors of internship training facilities were dissatisfied with pre-internship training and approaches to assessment. This type of dissatisfaction was somewhat evident in the present findings, based on themes that were apparent in the responses to open-ended items. At least one director from each of the six categories of internship provided a response that indicated the need

for academic programs to provide better training in psychological assessment. While doctoral programs provide the basic assessment courses as part of the required curriculum, this appears to be inadequate for some internship directors. Furthermore, the findings suggest that interns seeking internships at any of the six categories should complete practicum rotations in assessment prior to the year in which they would be applying for internship so they can demonstrate their assessment experience more fully in their internship applications. Moreover, they would likely be wise to seek exposure to population-specific measures and to those instruments unique to their settings of interest, in addition to the general assessment training offered in doctoral programs and practicum training. This would appear to be especially important given the expectations of many sites that incoming interns have a broad, foundational preparedness in assessment to ensure their success at internship but to also minimize the time allocated to teaching students what directors perceive they should already know.

Limitations

The current, archival study featured the analysis of existing or secondary data. The parent study was conducted to meet the original authors' dissertation requirements at Pepperdine University. There are many distinct advantages to an archival study, including the ready access to a compiled dataset. Archival studies allow new investigators to further examine questions and issues related to the parent study, which in this case addressed psychological assessment practices and trends across categories of internship. Specifically, the current study made it possible for the researcher to examine internship directors' responses across different types of internship programs, in order to further understand important aspects of assessment in different environments. This allowed the researcher to explore similarities and differences across internship settings and to identify any indications for future research and/or issues related to the

advancement of assessment training. The researcher also had the opportunity to compare the data collected by the previous investigators to more recently published research.

Some of the limitations from the original study remain and are therefore considered again. The previous study was a non-experimental, descriptive study. The researchers utilized a survey approach to obtain self-report data from internship directors regarding current practices and emerging trends in psychological assessment (Bates, 2016). The limitations associated with surveys in general include that uncontrolled selection factors may have impacted who decided to participate or not participate in the study. For example, non-responders may have been less interested in the subject, whereas directors of programs that emphasize psychological assessment may have been more likely to respond (Bates, 2016). Several additional limitations from the original study remain including the demographic differences of responders, those related to the questionnaire and content of the questionnaire (Bates, 2016).

Another limitation of the current study related to the use of archival data. Many previous authors have noted the strengths and weaknesses of archival research methods in the social sciences in general (e.g., Berg, 2003; Kerlinger & Lee, 2000). The original data for the present study were comprised of survey responses from internship directors at APPIC-member sites in the United States. Had non-APPIC or international internships been included, the analyses may have yielded different results. Because the present study was an archival study, the current researchers had no ability to alter any aspect of the original method, including the survey instrument used. This is one of the most significant and obvious limitations of using existing data from a completed study. Therefore, all strengths and limitations of the original method, including the questionnaire, must be accepted for the present study.

In regard to generalizability, because the responses were clustered by type of internship

setting, the sample representation was narrower and excluded those sites that had fewer respondents. It is important to consider that generalizability was therefore further limited in the present study because of the exclusion of some of the respondents from the original study. The original study did not request surveyed or participating internship sites to specify whether they had a rotation dedicated to psychological assessment or an individual track in psychological assessment that interns would apply and match to. For example, some sites match interns with a specific rotation or track (i.e., child/adolescent, forensics psychology, neuropsychology, etc.) versus general clinical psychology. This may have impacted the data, added to the interpretation or identified an additional area of focus. In addition, the use of archival data may not necessarily reflect the most current trends in psychological assessment at internship settings.

The original researchers incorporated qualitative analyses to create a richer, more complete understanding of specific trends in psychological assessment at the pre-doctoral internship level. Overall, a mixed method design was used and integrated the use of quantitative analysis. Investigating an issue through multiple research methods can help researchers improve the generalizability of findings and present a panoramic view of a particular phenomenon (Kerlinger & Lee, 2000). The data for the current study did not meet expectations for being normally distributed. The researcher, therefore, employed nonparametric tests for statistical analysis. The statistical analyses that the researcher utilized were conservative tests, which likely made it harder to obtain statistically significant findings. In addition, the sample sizes for the six categories of internship were small. This limited the study's statistical power and may have made it more difficult to obtain statistically significant results.

Demographically, the sample was composed predominantly of Caucasian females who held a degree in clinical psychology and obtained licensure over 10 years ago. Similar to the

limitations of the original study, it is impossible to know whether the results might have been different had there been a more demographically diverse sample of internship directors (Bates, 2016). Thus, the results may not be generalizable to all internship directors, to the extent that such differences between responders and non-responders may exist. Also, it was somewhat arbitrary to limit the present study to the six categories of internship with the greatest numbers of respondents in the original study. As a result of that decision, it would be difficult to generalize the current findings to other types of internship programs, including those on military bases and those in child guidance clinics; researchers have indicated that these are important sites based on match rates.

Additional limitations related to the questionnaire and the online method of data collection should also be considered. The questionnaire items were created with individual training sites in mind, which likely posed challenges for directors of consortium internships, who were representing multifaceted programs. Although the original investigators made efforts to design the questionnaire items in a clear and straightforward manner, it could be that some participants experienced the items or sections of the questionnaire as less than fully clear and straightforward (Bates, 2016). For example, Question 29 asked internship directors, “What new psychological tests or measures has your site begun using within the last 5 years?” When analyzing the responses, this researcher noticed that many of the measures indicated were not “new” instruments and often they were various editions of measures already listed in a previous questionnaire item. The term “new” may have indicated new to the site, versus psychological tests or assessment measures that have been recently introduced to the field. It may have been helpful to clarify this or provide a less ambiguous term in the question itself.

There are significant strengths to this study and the data produced, in addition to the

aforementioned limitations. Given much of the research about the specific topic is dated, the study provides academic programs the opportunity for enhanced understanding of assessment practices at the internship level at six of the major categories of pre-doctoral internship settings. Insight into the directors' perspectives also provides an opportunity for students to be better prepared to meet the application requirements and the assessment-related demands at the pre-doctoral internship level. It is also useful to graduate students to increase their knowledge of how internship directors regard psychological assessment as being somewhat critical to level of preparedness and playing a role in students being selected for a particular internship program. The information may be considerably useful to academic programs and graduate students alike, in anticipation of future training needs to meet those of prospective internship directors. The findings also elucidate the continual importance on psychological assessment practices. In addition, the findings of the two co-investigators (i.e., Costa and Joshua) should be considered for a more comprehensive understanding of the current study and to better understand additional areas of emphasis at the six categories of internships and future trends in psychological assessment. Specifically, the three dissertations highlight additional areas for future research related to the importance of attention to diversity in psychological assessment practice and the use of technology as an emerging trend. Moreover, the findings continue to illustrate the complexity of psychological assessment and assessment-related competency across settings, populations, and training sites.

Future Research

In this study, the researcher built upon the existing and somewhat dated research on internship directors' perspectives on psychological assessment practice and training. Continual research is needed to gain a greater understanding of assessment-related practices and training

expectations in internships and academic programs. It may be beneficial for future scholars to explore and compare the other categories of internship programs that the current researcher excluded from this study. It is also recommended to survey pre-doctoral interns, academic program directors, assessment instructors, and/or clinical supervisors regarding this topic and to gain additional information on the current trends in assessment. Previously, academic program and internship directors were surveyed regarding practicum training and their views regarding the number of hours necessary for adequate preparation differed (Kaslow, Pate, & Thorn, 2005). Another area of research related to this study and specifically psychological assessment would be to survey internship directors regarding the average number of pre-internship assessment hours obtained by their applicants and selected interns. It would also be interesting to explore whether programs have a preference for total number of hours, versus specific assessment measures when selecting interns. It might be of benefit to survey these groups again and also explore ways in which specific competencies are determined to be achieved, especially those in assessment.

Conclusion

Overall, the current study's findings emphasize both the importance of psychological assessment practice in the field of psychology and the need for doctoral students to gain experience and exposure to assessment prior to the pre-doctoral internship year. The researcher considered assessment-related intern selection factors and the extent to which internship directors were satisfied with incoming interns' general preparation in psychological assessment. The researcher presented evidence of generally positive levels of internship director satisfaction with incoming interns' degree of knowledge and experience in psychological assessment across six major categories of internship. A small but noteworthy number of internship directors identified the need for additional training and preparation in psychological assessment prior to

internship. This included the mention of specific psychological tests and measures (i.e., RBANS), while other comments reflected the general theme and indications for students to have a stronger foundation in assessment, exposure to basic measures, experience with integrating results, and more experience in their doctoral programs and doctoral-level practicum training. Directors from all six categories of internship reported emphasis on psychological assessment in their internship programs. Directors from all categories of program indicated that clinical experience in psychological assessment and knowledge about psychological testing (gained from coursework and/or didactic training) were important when selecting interns for their programs. Finally, all of the surveyed directors indicated that they were at least somewhat satisfied with incoming interns' level of theoretical knowledge about psychological assessment. The results reflected some trends in assessment as being generally consistent across programs, while results also reflected trends in assessments emphasized at particular types of internship. The open-ended responses revealed the perceptions of some internship directors that there is need for additional exposure to and training in assessment prior to commencing the pre-doctoral internship year. The results suggest the review and modification of academic curriculum and practicum experiences in order to enhance doctoral students' competencies, preparedness, and success at the internship level and thereafter, given that psychological assessment remains a central component in the field of clinical psychology.

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APPENDIX A

APPIC Membership Requirements

APPIC Membership Requirements

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	**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.** Clarification: The organization of an internship program is evident in a clear: a. Statement of the goals and objectives of the training activities. b. Description of the plan, location, and sequence of direct service experiences. Description of the training curriculum; i.e., the content, duration, and frequency of the training activities. c. Description of how the psychology training program is integrated into the larger organization. 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.
2	**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.** Clarification: The internship is administered by a doctoral level licensed (certified or registered for independent practice) psychologist who: 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	**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.** Clarification: "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.

	It is expected that interns receive supervision during the year from at least two different supervisors. Interns' primary clinical supervision and role modeling must be provided by psychologists on the program's staff members who are licensed (certified or registered) for independent practice at the doctoral level and who are: a. Officially designated as psychology intern supervisors. b. Significantly involved in the operation of the training program.
4	**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.** Clarification: 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.
5	**The internship provides training in a range of psychological assessment and intervention activities conducted directly with recipients of psychological services.** Clarification: Internship training in Psychology is primarily based on experiential learning which: a. Provides psychological services directly to consumers in the form of psychological assessment, treatment, and consultation. b. Exposes interns to a variety of types of psychological services and consumers.
6	**At least 25% of trainees' time is in face-to-face psychological services to patients/clients.**
7	**The internship must provide at least two hours per week in didactic activities such as case conferences, seminars, in-service training, or grand rounds.** Clarification: 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.
8	**Internship training is at post-clerkship, post-practicum, and post-externship level, and precedes the granting of the doctoral degree.** Clarification: Interns must have completed adequate and appropriate prerequisite

	training prior to the internship. This would include both: a. Completion of formal academic coursework at a degree-granting program in professional psychology (clinical, counseling, school), and b. Closely supervised experiential training in professional psychology skills conducted in non-classroom settings.
9	**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.** Clarification: 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.
10	**The internship level psychology trainees have a title such as "intern," "resident," "fellow," or other designation of trainee status.**
11	**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.** Clarification: 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: 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. Clarification: 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.
12	**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. Clarification: 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: 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. 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.)
13	**The internship experience (minimum 1500 hours) must be completed in no less than 9 months and no more than 24 months.** Clarification: 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.
14	**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.**
15	**At least twice a year the internship program conducts formal written evaluations of each trainee's performance.** Clarification: The written evaluation process provides comprehensive evaluative feedback to doctoral psychology interns as follows:

	a. The evaluation provides summary information of performance in all major competence areas that are a focus of internship training. b. Interns have the opportunity to review their evaluation with supervisors to ensure the fullest possible communication between supervisors and interns. c. Evaluation procedures provide feedback that validates trainees' achievements by noting areas of unusual strength and excellence and facilitate trainees' further growth by identifying areas that would benefit from additional training. d. The program provides the doctoral psychology intern's graduate training director with feedback concerning the intern's progress in the internship program.
16	**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.** Clarification: 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. 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.

APPENDIX B

Original Questionnaire

(Bates, 2016; Faith, 2016; Shipley, 2019)

Original Questionnaire

(Bates, 2016; Faith, 2016; Shipley, 2019)

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

     ☐

4. What is your highest academic degree?
   - ☐ Ph.D.
   - ☐ Psy.D.
   - ☐ Ed.D.
   - ☐ Other *(please specify)*

     [ ]

5. What is the nature of your degree?
   - ☐ Clinical Psychology
   - ☐ Counseling Psychology
   - ☐ Educational Psychology
   - ☐ School Psychology
   - ☐ Combined Program
   - ☐ Other *(please specify)*

     [ ]

6. Are you currently, or have you ever been, licensed to practice psychology?
   - ☐ Yes
   - ☐ No

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

      [ ]

III. INTERNSHIP SITE & PROGRAM INFORMATION

7. Is your internship program APA accredited at this time?
   - ☐ Yes
   - ☐ No
   - ☐ In Process

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

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

     [ ]

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

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

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

a. Practicum Students:

☐ N/A

b. Pre-doctoral Interns:

☐ N/A

c. Postdoctoral Interns:

☐ N/A

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

- ☐ Yes
- ☐ No

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

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

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

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

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

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

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

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

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

- ☐ Extremely important
- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

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

    ☐ Extremely important
    ☐ Very important
    ☐ Somewhat important
    ☐ Slightly important
    ☐ Not at all important

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

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

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

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

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

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

IV. PSYCHOLOGICAL TESTS AND MEASURES USED BY YOUR INTERNS

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

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

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

DIAGNOSTIC INTERVIEW PROTOCOLS
- ☐ SADS
- ☐ SCID
- ☐ DIS

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

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

ACADEMIC FUNCTIONING
- ☐ Strong Interest Inventory
- ☐ Wechsler Individual Achievement Test (WIAT)
- ☐ Woodcock Johnson-III (Achievement; Cognitive)
- ☐ Wide Range Achievement Test, 4th Edition (WRAT-4)

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

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
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- ☐ 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 C

Group Coding by q8a for Data Analysis

Group Coding by q8a for Data Analysis

Please note the change in coding for the data below:

Original Code	Setting
2	Consortium Programs (CON)
7	Prison and/or Correctional Facilities (PC)
13	State/County/Other Public Hospital (SCPH)
14	University Counseling Centers (UCC)
15	Department of Veterans Affairs Medical Centers (VAMC)
20	Community Mental Health Centers (CMHC)

Coding by q8

q8 = 2	Consortium Programs (CON)
q8 = 7	Prison and/or Correctional Facilities (PC)
q8 = 13	State/County/Other Public Hospital (SCPH)
q8 = 14	University Counseling Centers (UCC)
q8 = 15	Department of Veterans Affairs Medical Centers (VAMC)
q8 = 20	Community Mental Health Centers (CMHC)

Coding by q8a[1]

q8a 6	Consortium Programs (CON)
q8a 5	Prison and/or Correctional Facilities (PC)
q8a 4	State/County/Other Public Hospital (SCPH)
q8a 3	University Counseling Centers (UCC)
q8a 2	Department of Veterans Affairs Medical Centers (VAMC)
q8a 1	Community Mental Health Centers (CMHC)

[1] The settings were re-coded as "q8a" to perform the statistical analysis and as reflected in the subsequent appendices. Each was assigned a number, not representational of a numerical value.

APPENDIX D

Questionnaire Response Coding

Questionnaire Response Coding

Item[1]	Response Option	Coding, Likert Scale
12[2]	Extremely emphasized	1
	Strongly emphasized	2
	Somewhat emphasized	3
	Slightly emphasized	4
	Not at all emphasized	5
16	Extremely important	5
	Very important	4
	Somewhat important	3
	Slightly important	2
	Not at all important	1
17	Extremely important	5
	Very important	4
	Somewhat important	3
	Slightly important	2
	Not at all important	1
18	Extremely satisfied	5
	Very satisfied	4
	Somewhat satisfied	3
	Slightly satisfied	2
	Not at all satisfied	1
19	Extremely satisfied	5
	Very satisfied	4
	Somewhat satisfied	3
	Slightly satisfied	2
	Not at all satisfied	1

[1] Questionnaire items: 12) How much is psychological testing and assessment emphasized within your internship program?; 16) How important is **clinical experience** in psychological testing when selecting interns for your program?; 17) How important is **knowledge** about psychological testing (gained from coursework and/or didactic training) when selecting interns for your program?; 18) How satisfied are you with incoming interns' **level of clinical experience** in psychological assessment?; 19) How satisfied are you with incoming interns' **level of theoretical knowledge** about psychological assessment?

[2] Item 12 was the only item that was not reverse coded. Therefore, the highest numerical value (5) is the lowest ("Not at all emphasized") and the lowest numerical value (1) is the highest ("Extremely emphasized").

APPENDIX E

Wilcoxon Scores (Rank Sums) for Variables

Wilcoxon Scores (Rank Sums) for Variables

Wilcoxon Scores (Rank Sums) for Variables "Q" Classified by Variable q8a

Q	q8a	N	Sum of Scores	Expected Under H0	Std Dev Under H0	Mean Score[1]
12	6	14	695.50	875.00	119.64	49.678571
	5	14	747.00	875.00	119.635067	53.357143
	4	18	787.00	1125.00	133.164150	43.722222
	3	27	2339.50	1687.50	156.014831	86.648148
	2	27	189.50	1687.50	156.014831	70.203704
	1	24	1285.50	1500.00	149.349494	53.562500
16	6	14	1052.50	875.00	121.688378	75.178571
	5	14	1038.00	875.00	121.688378	74.142857
	4	18	1478.00	1125.00	135.449662	82.111111
	3	27	988.00	1687.50	158.692532	36.592593
	2	27	1393.00	1687.50	158.692532	51.592593
	1	24	1800.50	1500.00	151.912797	75.020833
17	6	14	1002.00	875.00	117.898194	71.571429
	5	14	1048.00	875.00	117.898194	74.857143
	4	18	1547.00	1125.00	131.230861	85.944444
	3	27	1107.50	1687.50	153.749794	41.018519
	2	27	1483.50	1687.50	153.749794	54.944444
	1	24	1562.00	1500.00	147.181225	65.083333
18	6	14	1058.00	875.00	117.412675	75.571429
	5	14	1065.00	875.00	117.412675	76.071429
	4	18	1121.50	1125.00	130.690436	62.305556
	3	27	1856.50	1687.50	153.116634	68.759259
	2	27	1185.00	1687.50	153.116634	43.888889
	1	24	1464.00	1500.00	146.575115	61.000000
19	6	14	965.00	875.00	116.429059	68.928571
	5	14	1115.00	875.00	116.429059	79.642857
	4	18	1199.00	1125.00	129.595587	66.611111
	3	27	1841.50	1687.50	151.833910	68.203704
	2	27	1066.00	1687.50	151.833910	39.481481
	1	24	1563.50	1500.00	145.347193	65.145833

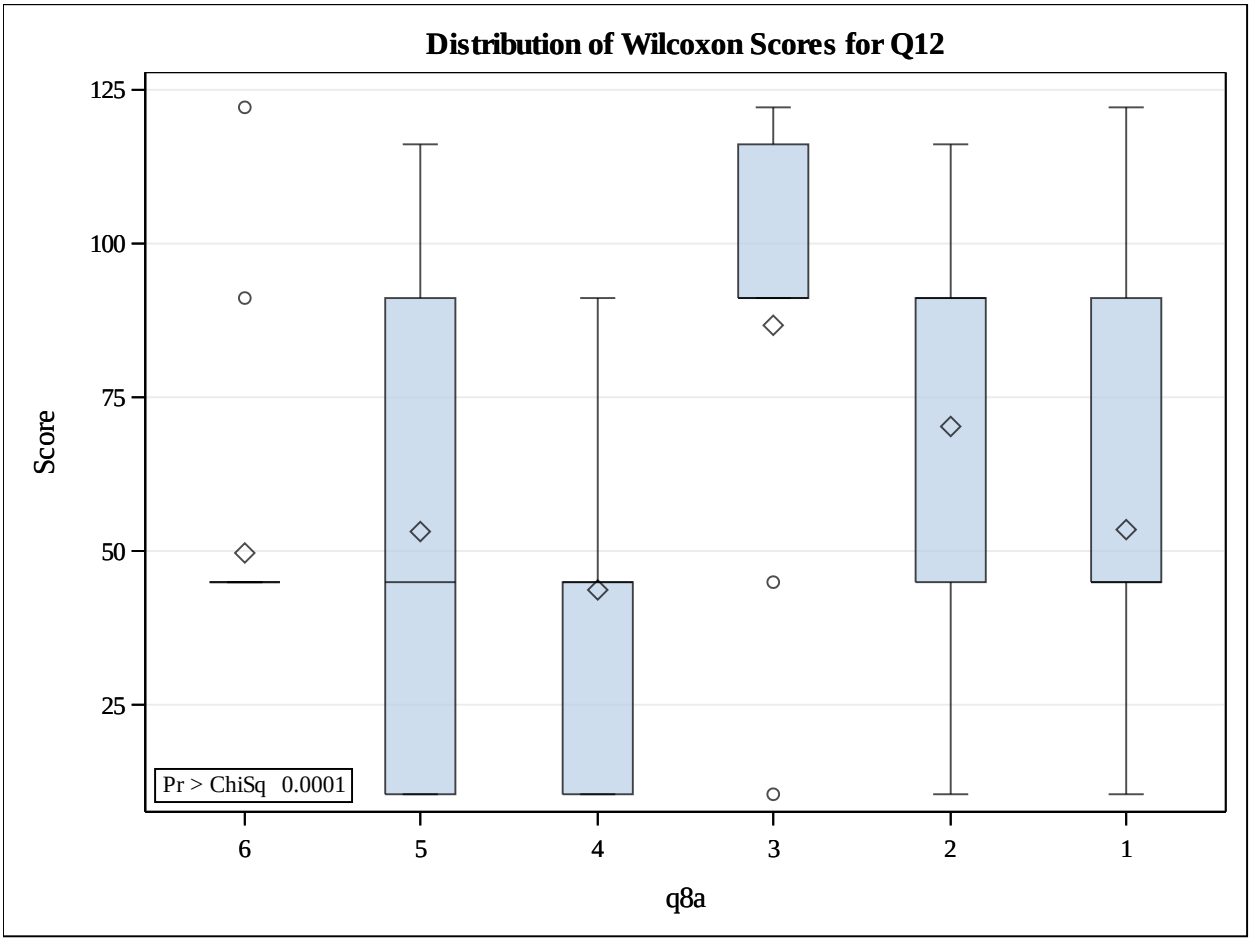
[1] Average scores were used for ties.

APPENDIX F

Distribution of Wilcoxon Scores

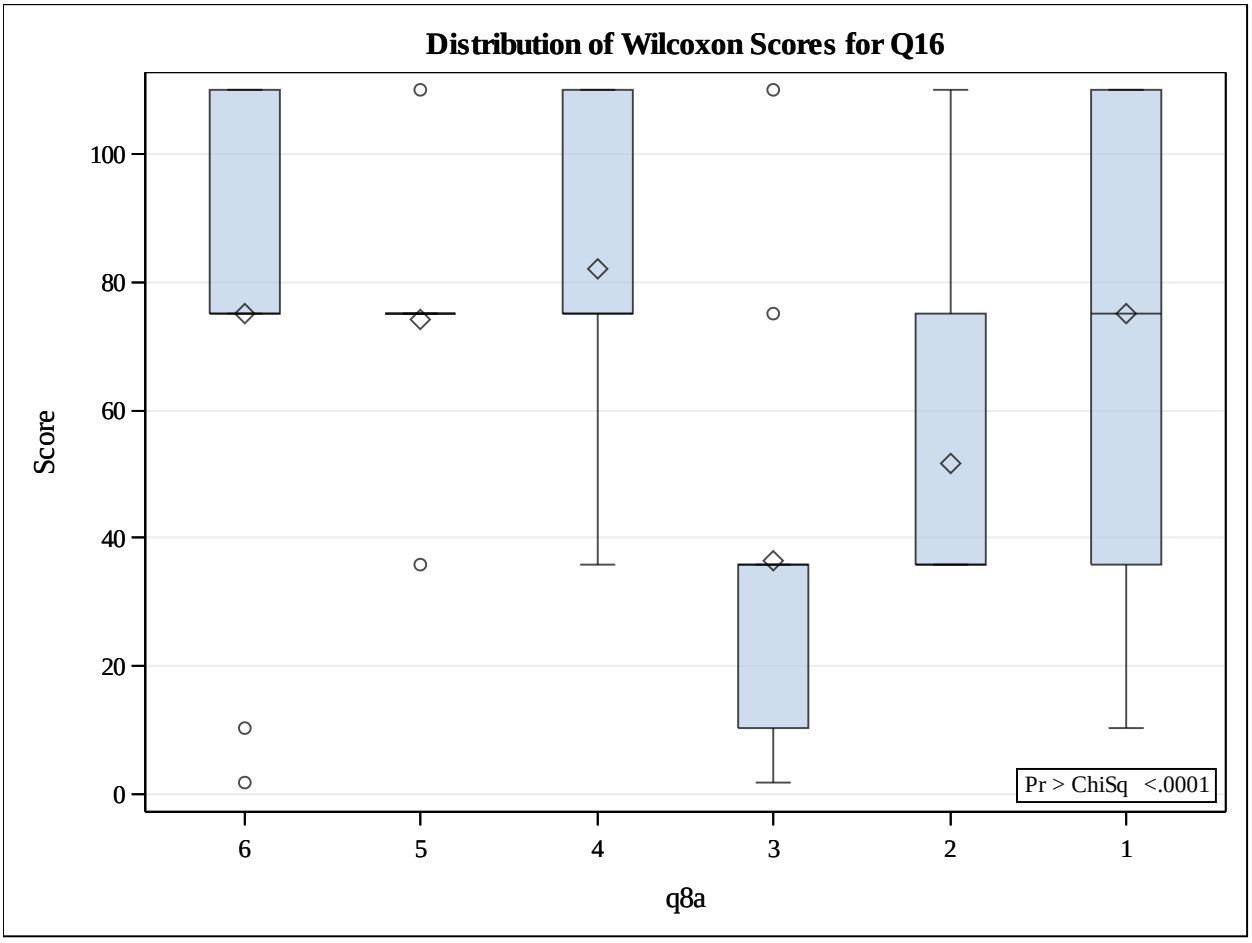
Distribution of Wilcoxon Scores

Questionnaire Item 12



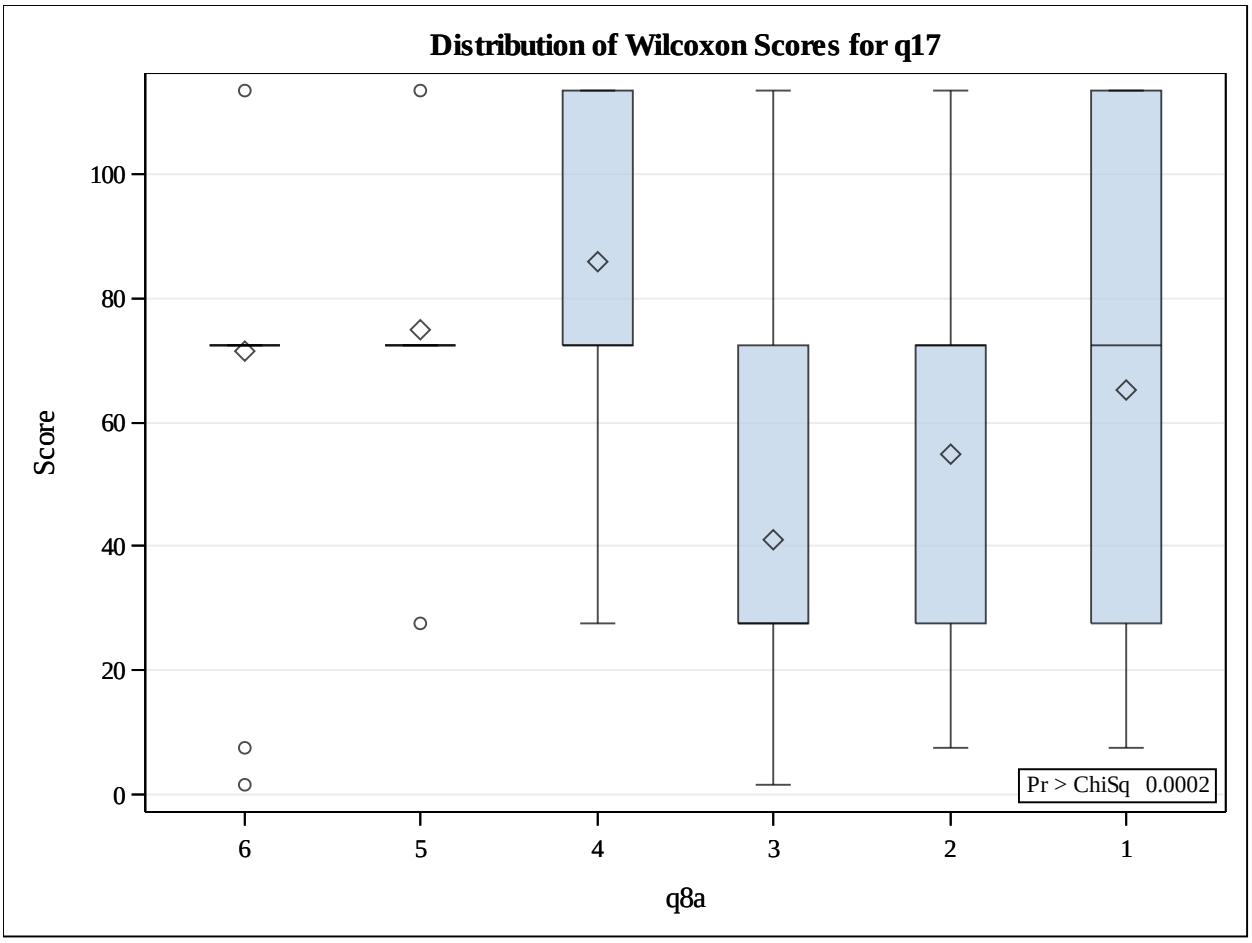
Distribution of Wilcoxon Scores

Questionnaire Item 16



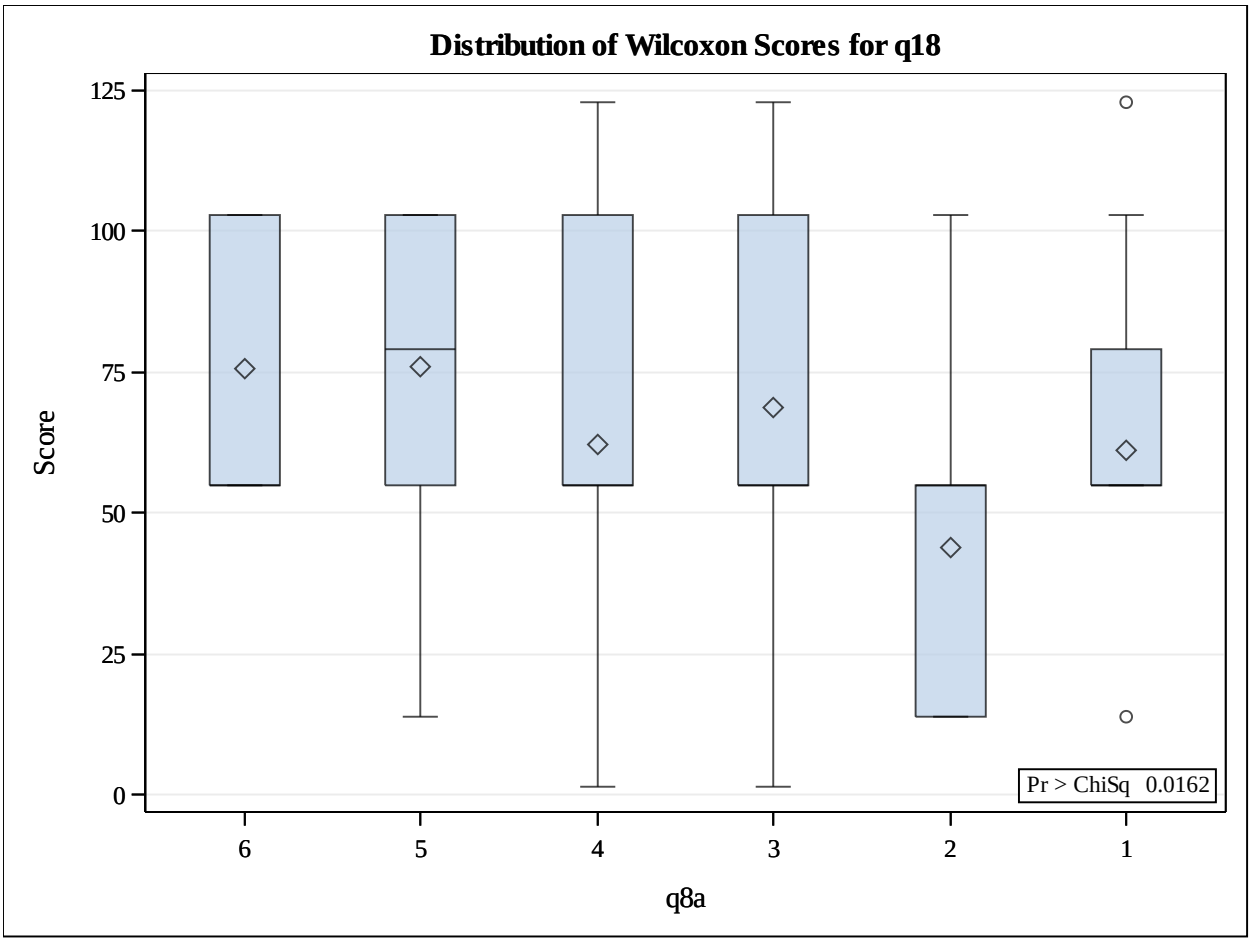
Distribution of Wilcoxon Scores

Questionnaire Item 17



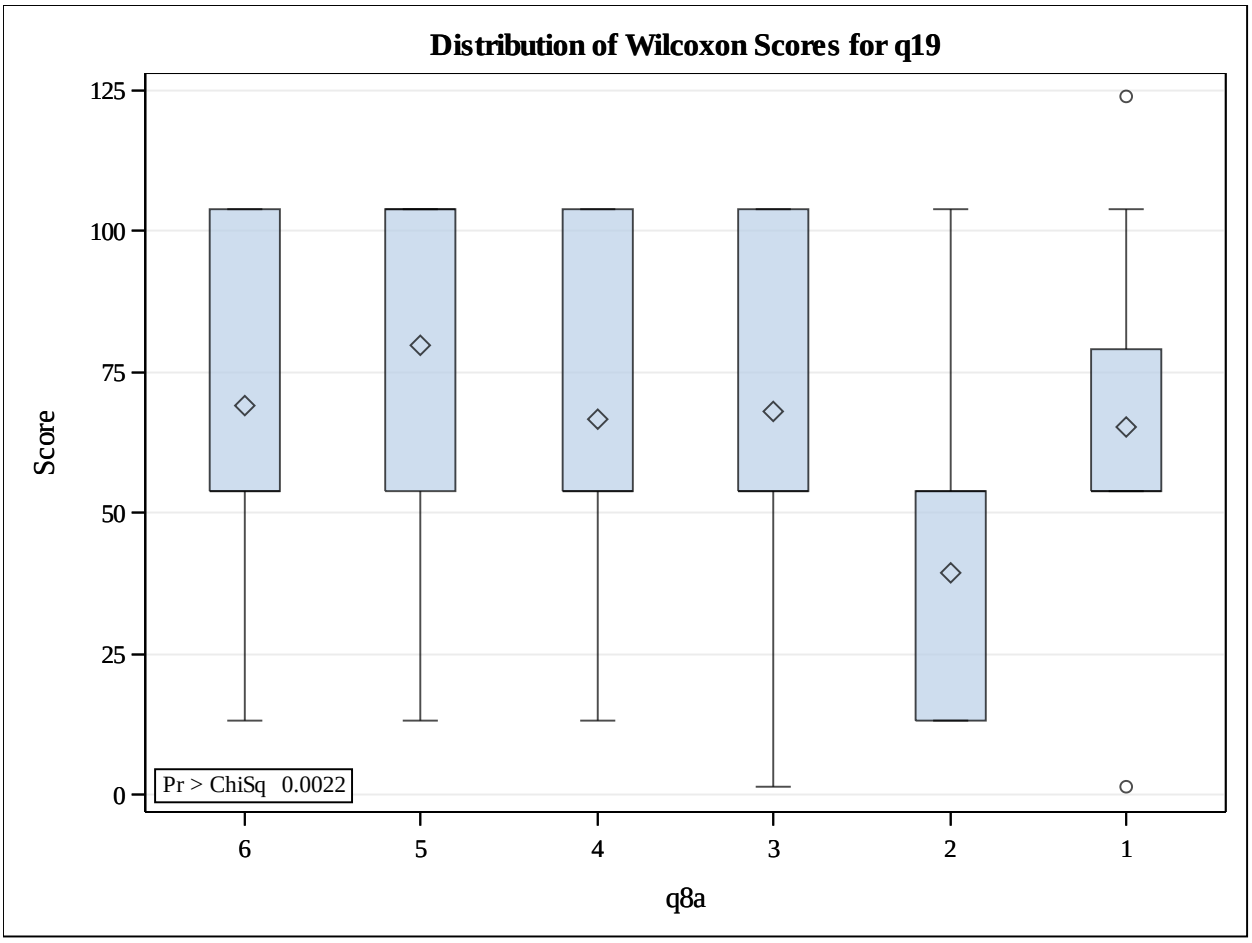
Distribution of Wilcoxon Scores

Questionnaire Item 18



Distribution of Wilcoxon Scores

Questionnaire Item 19



APPENDIX G

Group Comparisons

Group Comparisons

Questionnaire Item 12[1]

Group Comparison by q8a	Group Comparison by Setting	Differences in Average Ranks	Cutoff at Alpha =0.05	Significant Difference
1-2	CMH-VAMC	16.6412	29.5945	
1-3	CMH-UCC	33.0856	29.5945	**
1-4	CMH-State/Public	9.8403	32.8924	
1-5	CMH-Prison/Correction	0.2054	35.4760	
1-6	CMH-Consortium	3.8839	35.4760	
2-3	VAMC-UCC	16.4444	28.7108	
2-4	VAMC-State/Public	26.4815	32.0997	
2-5	VAMC-Prison/Correction	16.8466	34.7423	
2-6	VAMC-Consortium	20.5251	34.7423	
3-4	UCC-State/Public	42.9259	32.0997	**
3-5	UCC-Prison/Correction	33.2910	34.7423	
3-6	UCC-Consortium	36.9696	34.7423	**
4-5	State/Public-Prison/Correction	9.6349	37.5913	
4-6	State/Public-Consortium	5.9563	37.5913	
5-6	Prison/Correction-Consortium	3.6786	39.8716	

[1] Questionnaire item 12: Chi-Square=23.2558; DF=5; Pr>Chi-Square <0.0001

Group Comparisons

Questionnaire Item 16[1]

Group Comparison by q8a	Group Comparison by Setting	Differences in Average Ranks	Cutoff at Alpha =0.05	Significant Difference
1-2	CMH-VAMC	23.4282	29.5945	
1-3	CMH-UCC	38.4282	29.5945	**
1-4	CMH-State/Public	7.0903	32.8924	
1-5	CMH-Prison/Correction	0.8780	35.4760	
1-6	CMH-Consortium	0.1577	35.4760	
2-3	VAMC-UCC	15.0000	28.7108	
2-4	VAMC-State/Public	30.5185	32.0997	
2-5	VAMC-Prison/Correction	22.5503	34.7423	
2-6	VAMC-Consortium	23.5860	34.7423	
3-4	UCC-State/Public	45.5185	32.0997	**
3-5	UCC-Prison/Correction	37.5503	34.7423	**
3-6	UCC-Consortium	38.5860	34.7423	**
4-5	State/Public-Prison/Correction	7.9683	37.5913	
4-6	State/Public-Consortium	6.9325	37.5913	
5-6	Prison/Correction-Consortium	1.0357	39.8716	

[1] Questionnaire item 16: Chi-Square=30.3336; DF=5; Pr>Chi-Square <0.0001

Group Comparisons

Questionnaire Item 17[1]

Group Comparison by q8a	Group Comparison by Setting	Differences in Average Ranks	Cutoff at Alpha =0.05	Significant Difference
1-2	CMH-VAMC	10.1389	29.5945	
1-3	CMH-UCC	24.0648	29.5945	
1-4	CMH-State/Public	20.8611	32.8924	
1-5	CMH-Prison/Correction	9.7738	35.4760	
1-6	CMH-Consortium	6.4881	35.4760	
2-3	VAMC-UCC	13.9259	28.7108	
2-4	VAMC-State/Public	31.0000	32.0997	
2-5	VAMC-Prison/Correction	19.9127	34.7423	
2-6	VAMC-Consortium	16.6270	34.7423	
3-4	UCC-State/Public	44.9259	32.0997	**
3-5	UCC-Prison/Correction	33.8386	34.7423	
3-6	UCC-Consortium	30.5529	34.7423	
4-5	State/Public-Prison/Correction	11.0873	37.5913	
4-6	State/Public-Consortium	14.3730	37.5913	
5-6	Prison/Correction-Consortium	3.2857	39.8716	

[1] Questionnaire item 17: Chi-Square=24.4315; DF=5; Pr>Chi-Square=0.0002

Group Comparisons

Questionnaire Item 18[1]

Group Comparison by q8a	Group Comparison by Setting	Differences in Average Ranks	Cutoff at Alpha =0.05	Significant Difference
1-2	CMH-VAMC	17.1111	29.5945	
1-3	CMH-UCC	7.7593	29.5945	
1-4	CMH-State/Public	1.3056	32.8924	
1-5	CMH-Prison/Correction	15.0714	35.4760	
1-6	CMH-Consortium	14.5714	35.4760	
2-3	VAMC-UCC	24.8704	28.7108	
2-4	VAMC-State/Public	18.4167	32.0997	
2-5	VAMC-Prison/Correction	32.1825	34.7423	
2-6	VAMC-Consortium	31.6825	34.7423	
3-4	UCC-State/Public	6.4537	32.0997	
3-5	UCC-Prison/Correction	7.3122	34.7423	
3-6	UCC-Consortium	6.8122	34.7423	
4-5	State/Public-Prison/Correction	13.7659	37.5913	
4-6	State/Public-Consortium	13.2659	37.5913	
5-6	Prison/Correction-Consortium	0.5000	39.8716	

[1] Questionnaire item 18: Chi-Square=13.9054; DF=5; Pr>Chi-Square=0.0162

Group Comparisons

Questionnaire Item 19[1]

Group Comparison by q8a	Group Comparison by Setting	Differences in Average Ranks	Cutoff at Alpha =0.05	Significant Difference
1-2	CMH-VAMC	25.6644	29.5945	
1-3	CMH-UCC	3.0579	29.5945	
1-4	CMH-State/Public	1.4653	32.8924	
1-5	CMH-Prison/Correction	14.4970	35.4760	
1-6	CMH-Consortium	3.7827	35.4760	
2-3	VAMC-UCC	28.7222	28.7108	**
2-4	VAMC-State/Public	27.1296	32.0997	
2-5	VAMC-Prison/Correction	40.1614	34.7423	**
2-6	VAMC-Consortium	29.4471	34.7423	
3-4	UCC-State/Public	1.5926	32.0997	
3-5	UCC-Prison/Correction	11.4392	34.7423	
3-6	UCC-Consortium	0.7249	34.7423	
4-5	State/Public-Prison/Correction	13.0317	37.5913	
4-6	State/Public-Consortium	2.3175	37.5913	
5-6	Prison/Correction-Consortium	10.7143	39.8716	

[1] Questionnaire item 19: Chi-Square=18.6436; DF=5; Pr>Chi-Square=0.0022

APPENDIX H

Write-In Responses: Recommended for Increased Pre-Internship Training

Write-In Responses: Recommended for Increased Pre-Internship Training

Internship Setting	Verbatim Response
CON	Focus less on TAT and Rorschach. They are not used often in actual clinical practice.
	Train in Woodcock tests (rather than just Wechsler).
	For practicum students, we prefer previous experience completing 2-4 complete assessments. For residents, we require a considerable level of independence. What we offer is a client group with very complex presenting issues, so students/residents gain experience in integrating info from many sources and producing strong theoretical conceptualizations.
	All students should have experience - not just practice administrations. Also need to increase experience writing reports on full test batteries.
	More emphasis on integration of results across tests and subtests, once the students are familiar with the basics of each test.
	In general, graduate students need greater exposure to psychological testing prior to the internship year than they currently receive.
	Include Rorschach.
	Students in a child/developmental program should have training in psychoeducational and psychodiagnositic assessment and report writing. All students should have training in assessment and report preparation for an intake and a diagnostic assessment.
	Academic programs must prepare students to utilize a variety of assessment measures including administration, interpretation, and data-based decision making.

Write-In Responses: Recommended for Increased Pre-Internship Training

Internship Setting	Verbatim Response
CON	It needs to be stronger. I have sites in the consortium that struggle because students are not well prepared when they start. They need a strong foundation in objective and projective personality testing and more exposure to children's assessment.
	Interns come better prepared in the ability to integrate multiple assessment findings in a comprehensive assessment report to answer a specific diagnostic question. Additional practice in personality assessment.
PC	Train earlier for assessment. Some of our internship applicants are in their testing year at application time and so their assessment experience is very low at that time. They will have more testing experience at the start of internship, but we don't have an accurate record at the time of application to internship sites.
	Incoming interns really need to have a solid understanding of cognitive testing (especially the WISC/WAIS), and I think it is beneficial to have had training in the MMPI and the Rorschach. Most other measures can be easily learned if there is a solid foundation with those measures. Just a side note regarding the list of measures that you had earlier in the survey – many of the measures that we use are child measures and were not listed.
	More experience with writing integrative reports based on testing batteries.
	Complete more integrated reports
	Offer basic neuro batteries for all students. Do not call assessments using questionnaires (BDI, STAI, STAXI) integrated batteries. Teach the omnibus instruments & how to interpret. It is easier for learners to pare down from broad testing experience, than up from a narrow one.

Write-In Responses: Recommended for Increased Pre-Internship Training

Internship Setting	Verbatim Response
PC	In reviewing applications for internship, I notice a wide range in the number of assessment batteries students have completed. I would suggest having a minimum # of assessment batteries and/or reports written prior to going on internship (e.g., 5 adult assessments, 3 child assessments) to ensure that students have a strong foundation of training in assessment while in graduate school, particularly since psychological testing and assessments sets clinical psychology apart from other fields.
	Have interns do at least one battery per rotation.
	Make sure students are taught how to interpret tests and integrate them. Not simply rely on computerized interpretations. It is also extremely important for students to be able to integrate the test results - not just report results measure by measure without any kind of connection or interpretation and what it all means together - how the pieces/measures fit together. Also to continue using full tests, not just screening instruments.
	Provide good training
SCPH	Many trainees are limited in the assessment experiences offered by local practicum/externship sites. Perhaps academic programs could increase collaboration with local clinical placements in order to increase opportunities to obtain hands-on, clinical assessment experiences.
	Make sure students have an appropriate number of available assessment opportunities at their assessment practicum.
	Do not give up on the Rorschach - please move from the Comprehensive System toward the RPAS
	Mandatory coursework in testing and assessment and experience in clinical settings.
	Teach a broad range of measures, including the Rorschach. At our site interns with Rorschach experience are at and advantage.

Write-In Responses: Recommended for Increased Pre-Internship Training

Internship Setting	Verbatim Response
SCPH	Teach students about classification accuracy statistics.
	Please train students in testing. Stop delegating assessment training to outside practicum supervisors, who invariably often do not have time to conduct individual supervision, let alone review testing protocols and written reports. Have faculty observe students administering the WAIS and WMS. Every year, we have students who have difficulty demonstrating the ability to administer these tests in a standard manner.
	Observe administrations of tests and correct errors, check scoring, train more re: incorporation of diversity and other contextual factors in interpretation
	Stop having externship/practicum sites use students as Psyc Techs-- many of our interns have had lots of experience administering and scoring tests, but frequently they do not have a clue on how to interpret the test. Further, when they have interpreted and written reports, often they cannot integrate well and the interpretation is often of little depth -- some reports seem like a template with numbers just plugged in- sadly some interns have indicated that is the case- given by the site.
	Continued emphasis on cultural awareness in testing and assessment and integration of multiple tests in forming conclusions.
	I would like to see greater emphasis placed on integrated report writing in students' practicum experience.
	Require diverse and expansive psych assessment training, requirement for individual therapy that helps when challenging interpretations that are projections, and emphasizing the write up of testing.
	Require one year of experience pre-internship; support with two courses minimally.

Write-In Responses: Recommended for Increased Pre-Internship Training

Internship Setting	Verbatim Response
SCPH	Better training and more emphasis on requiring students to have assessment and testing experience.
	More practical experience doing assessment required pre-internship; more emphasis on report writing skills and diagnostic formulation.
	Stronger emphasis on personality assessment, intellectual assessment, and basic neuropsychological assessment (at least screening).
	More focus on helping students learn how to integrate test findings. Interns need to learn how to administer, score, interpret tests and integrate data obtained from testing. We see many scoring errors or the intern is not skilled at interpreting. Most often interns struggle to integrate testing results from various sources.
UCC	Continued emphasis on multicultural considerations for testing and assessment.
	Assessment for therapeutic interventions and treatment outcome.
	They would have more experience with administering and scoring tests, not just passing familiarity with them.
	More training, and if at all possible experience, with multicultural considerations as they relate to the provision of assessment services.
	Prefer they have broad training in intellectual, academic, and personality and symptom testing if possible, because we aren't able to do that much training here in formal psychological testing. Our emphasis is on using testing therapeutically.
	Ensure that interns have the opportunity to learn the measures.

Write-In Responses: Recommended for Increased Pre-Internship Training

Internship Setting	Verbatim Response
UCC	Assist students applying for internship in the completion of the APPI so that they accurately reflect their experience with testing and assessment.
	Students no longer have experience with batteries and report writing. Instead, they have administered many self-report measures such as the Beck. Testing cannot be taught on internship without more of a base from the applicant's prior training.
	At this time, I'm mostly concerned with incoming students being able to do a good clinical interview for the initial assessment. Oftentimes students have not taken a clinical interviewing class or conducted intakes and their diagnostic knowledge is lacking.
	Find ways for students to continue using their testing skills while in practicum placements so they do not arrive at internship having not administered scored or interpreted a test for three to four years.
	Intelligence and personality testing are still valued but as we move to shorter-term treatment (due to clinical demand), screenings have an important role as well.
	Provide more training in psychometrics so interns understand how the tests are constructed and actually work/for MMPI-2/Millon and instruments that have validity indictors, instill the value practice of looking at test taking attitudes/approach to test before jumping into interpretations. Many interns totally skip that part.
	Increased emphasis on proficiency with administration and scoring protocols, as well as increased training regarding application of testing results to case conceptualizations.
	Provide coursework and practical experience.
	More hands on opportunities to practice administering and interpreting tests.

Write-In Responses: Recommended for Increased Pre-Internship Training

Internship Setting	Verbatim Response
VAMC	Applicants are consistently under trained in psychological assessment.
	Graduate programs should provide both academic training as well as practical training (experience administering and scoring) a range of assessment measures within the context of a meaningful battery requiring integration of findings.
	Our minimum is that trainees have had one semester course in assessment and done three WAIS; we'll train beyond that and often do.
	Many students have very little testing experience. Why would administrators hire psychologists who can't test when they could hire social workers and other masters level therapists if they just want therapy positions filled. Assessment and testing training helps with the other main difference psychologists bring to the table - case formulation whether to treatment team or to organizational issues.
	Fluency with psychometrics.
	That there needs to be a broader base of training as some rotations do not have the ability to provide that at their sites. For example, we only serve adults but all psychologists should have some basic experience with children. There is not a lot of opportunity for a long battery in short term care settings and therefore some of that should be stronger.
	More integrated reports.
	Devote additional time/coursework to both cognitive assessment and personality assessment.
	Experience during training should be broadly enough based to allow interns to function in a wide variety of settings.

Write-In Responses: Recommended for Increased Pre-Internship Training

Internship Setting	Verbatim Response
VAMC	Spend more time working with doctoral students to be better prepared to do testing. We find about 1/2 of our incoming interns have only done 1-2 MMPI's prior to the start of internship.
	Ensure that at least one full practicum is focused on assessment this would allow for more clinical practice (administering, scoring, integrative report writing, and providing feedback to clients).
	More experience!
	Make sure that students understand why they give what test. Often they work for a neuropsychologist as a psychometrition for a practicum, but don't understand why they are giving the tests they give. They just give a battery.
	Teach projective assessment and give students some experience administering the Rorschach!
	Teach them how to implement use in personal/case practice - because otherwise large-scale systems that are non-forensic (like VA) move further and further away from formal testing, yet this is a core function of our discipline.
	University based programs should have at least one and probably two classes on testing. Schools like Pepperdine are way ahead of the pure "clinical science" programs in this. Not all interns take rotations with a heavy assessment or testing focus. I was shocked to review many of our Compensation and Pension exams and find few with sophisticated psychological testing and often handing out PTSD diagnoses based on the naïve Diagnosis Based Questionnaire (DBQ). Anyone who wants to have PTSD gets it.
	Make sure students have both classroom training AND clinical experience in administering, scoring, and interpreting test results and experience with writing integrated reports. Each student should write at least 20 integrated reports during their graduate training or else they are not adequately prepared for the demands of an internship where this skill is required.

Write-In Responses: Recommended for Increased Pre-Internship Training

Internship Setting	Verbatim Response
CMHC	Academic and internship programs need to dialogue in some venue about who's going to train what in psychological testing and assessment.
	More emphasis on test administration and report writing/Less emphasis on only neuropsych testing, making sure students' assessment training is broad.
	Sufficient training in lab-based tests and not just exclusive exposure to inventories. Keep training in projectives alive and well!
	More emphasis on therapeutic assessment.
	I would like to see projective tests taught again.
	To remember that one of our calling cards as psychologists is the ability to test and to act and train accordingly. And by test, I do not mean the currently in vogue face valid, easily faked paper and pencil inventories. I mean meaningful tests like the Rorschach as well as the MMPI-2, which work very well together to do individually tailored treatment plans. Of course, if we get duped into thinking that the so-called evidence-based therapies are all we need, we do not need testing.
	More practicum experiences... create a minimal amount that they must complete for comprehensive exams. say 10.
	Emphasize assessment more and testing less; / promote the idea of testing being for person-centered reasons, not for training-centered reasons; / provide interns with access borrow testing materials from schools since many training sites don't have funding to buy new materials on regular basis.
	More training on projective techniques - we continue to use a number of these in rounding out our comprehensive batteries.

Write-In Responses: Recommended for Increased Pre-Internship Training

Internship Setting	Verbatim Response
CMHC	Focus on disorder-specific broadband assessment for diagnosis and assessment of treatment response. See psych testing as needing to add value to treatment and intervention. Understand what prescribers need to do their jobs better. Understand how patients absorb information about test results and use it for empowering change efforts. Train in neurodevelopmental disorder assessment and intervention.
	Have a wide range of experience and exposure to the most common tests.
	Range of testing for populations, including cognitive. And don't forget Projective training.
	Have students get actual experience with referred clients/patients and not volunteers; have experience providing feedback; be exposed to the testing continuum from neuropsych to therapeutic assessment.
	Students are less prepared and there seems to be less emphasis on psychological testing. Many students have not administered any tests before they come to the site. There is much less training on the Rorschach, the Millon and other projective tests.
	It would be helpful for preinternship training to have a focus on the art of testing, the engagement of client, countertransference in testing, understanding basic principles behind test instruments (T-Scores) and an openness to learning new instruments and an openness to the client's experience, not just the intern's perceptions.
	As a trainer, I am not as concerned by the number of measures an intern applicant has used, but rather I am interested in how many comprehensive batteries they have done on their own (i.e., selected battery, administered and interpreted measures, and wrote report with supervision). I think internship can be used to expand the testing repertoire, but pre-interns must have a good grasp of assessment basics and how to do comprehensive assessments (with supervision).
	More hands on experience for students.

Write-In Responses: Recommended for Increased Pre-Internship Training

Internship Setting	Verbatim Response
CMHC	Please don't send me 35 page assessments with all appendices attached, for 7-year-old boys with ADHD, in your internship application. Rediscover the lost art of teaching and training to write 5-7 page evaluations that tell a concise story.
	I believe an increase focus on integrative assessment will assist students transition into applied internship placements.
	Graduate students need much more experience in psychological testing and assessment, as well as how to utilize the assessment results in regard to intervention.
	Interns will benefit greatly from experience in graduate school writing reports efficiently - this takes practice and is a skill to develop. I find many interns enter their internship year having experienced that allowed up to 3 months to write a report after testing; tightening up this timeline to meet the demands of clinical practice is oftentimes a growth edge for incoming interns.
	There seems to be a lack of quality, integrated reports being done by students as evidenced by the work samples in their applications for internship.
	More education about the Exner scoring system for Rorschach.
	Increased training on providing testing to both children and adults. Increased training on projectives
	More hand-on experience. Interns are coming with VERY little knowledge.

APPENDIX I

Write-In Responses, Questionnaire 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.”

Write-In Responses, Questionnaire 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.”

Internship Setting	Verbatim Response
CON	We have noted that many interns have some experience with integrated report writing during their graduate training, but receive little to no formal training in how to conduct a full psychiatric diagnostic evaluation prior to the internship year.
	It is difficult to answer questions for a consortium, since each site is different.
	Our interns as well as professionals in our field frequently utilize standardized behavioral, social-emotional, and adaptive measures in their assessment practices.
	I'd like to see students more enthusiastic about testing and being mindful that this is what sets us apart from other mental health providers.
	Too many academic programs aren't training their students in R-PAS in spite of substantial evidence-base. This puts great pressure on our site to train everyone in it since it's widely used in our system.
PC	Students should also have an understanding of the difference in testing adults vs. children. For example, different approaches and strategies must sometimes be used with children and adolescents. In addition, developmental factors are crucial when assessing children.
	When students are applying to internship, make sure they understand that an integrated battery would have to include more than 1 test—otherwise, what are they integrating it with? (Other than only history).

Write-In Responses, Questionnaire 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.”

Internship Setting	Verbatim Response
SCPH	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. Additionally, one of the most significant challenges reported by supervisors is trainees' limited ability to integrate test data in reports and to account for discrepancies in data.
	I have been training interns for 20 years and the quality and quantity of assessment training has decreased. Certain professional schools produce students who report assessment experience, but do not understand psychometrics, standard scores, test error and are only able to "interpret" tests relying on computer-generated interpretation.
	Psychological testing is the one unique skill that Psychology has compared to other disciplines and it is important that those in our field be well-trained in their use.
	Overall, when we evaluated potential interns' APPIC applications, we have generally noticed a significant decrease in their experience with projective measures in particular. Intern applicants and interns at our site also have a significant need for training in integrating testing results into their reports.
UCC	We also started using the Social Responsiveness Scale-2 to screen for Autism Spectrum Disorder with adults.
	Counseling Center settings don't emphasize as much overall.
	We had been requiring full personality batteries for many years as part of the internship. However, due to an increasing clinical demand for therapeutic services, inability to determine intern competence based on two batteries, and not enough staff, we decided to not require it any longer. We now focus on risk assessment and diagnostic assessment.
	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.

Write-In Responses, Questionnaire 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.”

Internship Setting	Verbatim Response
UCC	We must continue to emphasize and offer training in assessment. It is an important part of treatment, and a fundamental part of the professional identity of a psychologist
VAMC	In my experience, internship programs are generally equipped to improve psychological assessment skills but do not have the time to train. Interns with a basic range of neurocognitive and personality assessment skills are much better able to generalize to new assessments. Many interns have also not been training in integrating findings into a broader case conceptualization and to provide meaningful recommendations from the data. All students should get some experience with cognitive screening at least, even if they don't get experience with a wide variety of neuropsychological tests. With the growth of our geriatric population all psychologists need this skill. They should be exposed to instruments such as Cognistat, MOCA, SLUMS, and MMSE and taught how to describe the findings of these tests and how to integrate those findings into a report that includes history, chart review, and symptom presentation. Assessment has certainly changed. Rarely do people complete comprehensive batteries that cover a wide range of psychological domains. Everything seems to be very problem focused and often only 1-2 measures are used. We have been working hard in our program to figure out how to KEEP psychological testing alive and relevant. Difficulty on this within this large managed care environment. Many prospective interns seem to only have neuropsych experience and it would be valuable to ensure that they are trained in a wide range of assessment measures.
CMHC	Over the past few years, during our intern recruitment and selection process, we have noticed a decline in the amount of academic and practicum experience in testing. I find this distressing since psychological assessment continues to be needed, and it is the domain of clinical work that only psychologists can do.

Write-In Responses, Questionnaire 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.”

Internship Setting	Verbatim Response
CMHC	This is an important service that helps people, but it can also be superficial and irrelevant. Trainers need to understand the science and economics of healthcare to know how to contribute to it. Therapy without assessment is weak.
	The list of test items did not include child tests so when I chose the MCMI we actually use the MACI or M-PACI and instead of the MMPI-2 we use the MMPI-A. Other child tests were not included in this survey (i.e., NEPSY-II) which is used more frequently with children than the DKEFS.
	Due to the deficiencies in teaching testing at the academic sites, we have had to reduce the number of batteries required. Our site used to require 15 batteries, then we reduced it to 12 and now it is at 8. Supervising students who have a lacking knowledge base and less experience requires more time and so we have essentially lowered our standards. Additionally, many of the students struggle with conceptualization and writing.
	Prepare student better through greater opportunities for experience using and receiving supervision in major psych tests AND writing integrated reports. Most students are significantly UNDER-PREPARED.
	Despite us not offering batteries, student's pre-existing ability to understand and interpret testing is important in terms of school advocacy and parent support.

APPENDIX J

IRB Notification Letter

PEPPERDINE

Pepperdine University 24255 Pacific Coast Highway Malibu, CA 90263 TEL: 310-506-4000

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: January 11, 2018

Protocol Investigator Name: Katelyn Grusecki

Protocol #: 17-11-674

Project Title: THE RELATIONSHIP OF INTERNSHIP SETTING TO INTERNSHIP DIRECTORS# PERSPECTIVES ON PSYCHOLOGICAL ASSESSMENT

School: Graduate School of Education and Psychology

Dear Katelyn Grusecki:

Thank you for submitting your application for exempt review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your 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 46.101 that govern the protections of human subjects.

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 an amendment to the IRB. Since 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 IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the 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 IRB as soon as possible. We will ask for a complete written explanation of the event and your written 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 IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,

Judy Ho, Ph.D., IRB Chair

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives

Mr. Brett Leach, Regulatory Affairs Specialist