8-1-2012

Training outcomes in an APA-Accredited PsyD program

Bradley J. McConnell  
*George Fox University*

Rodger K. Bufford  
*George Fox University, rbufford@georgefox.edu*

Mary K. Peterson  
*George Fox University*

Mark R. McMinn  
*George Fox University*

Follow this and additional works at: [http://digitalcommons.georgefox.edu/gscp_fac](http://digitalcommons.georgefox.edu/gscp_fac)

Part of the [Clinical Psychology Commons](http://digitalcommons.georgefox.edu/gscp_fac)

Recommended Citation  
[http://digitalcommons.georgefox.edu/gscp_fac/10](http://digitalcommons.georgefox.edu/gscp_fac/10)

This Conference Proceeding is brought to you for free and open access by the Graduate School of Clinical Psychology at Digital Commons @ George Fox University. It has been accepted for inclusion in Faculty Publications - Graduate School of Clinical Psychology by an authorized administrator of Digital Commons @ George Fox University.
Introduction

Clinical training outcomes remain largely overlooked. Fauth, Gates, Vinca, and Boles (2007) proposed a "trans-theoretical model" for clinical training that includes understanding the importance of developing skills and therapeutic responsiveness.

Boswell and Castonguay (2007) suggested that it is important to investigate clinical training from a variety of perspectives, including looking specifically within a training site (p. 382).

Researchers such as Ladany (2007) and Hill, Sullivan, Knox, and Schlomer (2007) discussed positive influence of training and offered suggestions on understanding how students increase in knowledge, skills, and professional attitudes over the course of professional training.

In a longitudinal study, a single cohort of clinical psychology doctoral students was investigated for evidence of gains in knowledge, skills, and professional attitudes (KSA) over the course of doctoral training. We hypothesized that trainees would show gains in KSA over the course of graduate study.

Method

Participants

- Participants were a single cohort of 18 doctoral students; 7 were male (39%), and 11 female (61%). 17 (94%) were Caucasian, and 1 (6%) was Asian. Mean age was 27.28 (SD = 6.37). In an intact groups repeated measures design, the independent variable was clinical psychology training and the dependent variable was ratings of KSA.
- Internal consistency among the KSA items was strong and the three domains were strongly correlated. Paired sample t-tests indicated highly significant gains in KSA with large effect sizes over three years of professional training.
- Results are limited by the small sample size, lack of ethnic diversity, missing data, situational factors unique to the training program, and any unique historical events. Client gains were not investigated. However, these findings suggest that it is possible to reliably measure outcomes of clinical training. They provided support for the hypothesis that clinical training produces gains in KSA.

Results

- Intermensely consistent was 0.88 and 0.83 for Knowledge, 0.94 and 0.96 for Professional Attitudes, and 0.91 and 0.92 for Skills for the first and second occasions respectively.
- Because KSA were strongly correlated, the items were combined for a global measure of training outcomes; alpha for combined KSA respectively was 0.94** 0.93** 0.88**.
- Validity of the KSA measures is supported by their face-valid content, KSAs growth over time, and strong internal consistency among the KSA domains. Further validation is needed, but it appears that we can adequately measure developing clinical skills.
- Strong correlations among KSA suggested that, for this sample, measures of knowledge and skills are almost identical measures, while professional attitudes are somewhat less strongly related to these two domains. Ideally, knowledge, skills, and attitudes should be somewhat distinct aspects of clinical functioning.
- We wondered whether supervisors made a global response to these items rather than independently assessing these aspects of trainee performance. It is also possible that KSA are inherently related. Further exploration of this question seems warranted.
- Measures of change in KSA over time consistently pointed to large and highly significant changes in all three domains and in the combined measure. As an individual level, a few trainees did not show progress, or even appeared to deteriorate in KSA, but sixty one percent showed large gains.
- Results are limited by the small sample size, lack of ethnic diversity, missing data, situational factors unique to the training program, and any unique historical events. However, these findings suggest that it is possible to measure outcomes of clinical training and provided support for the hypothesis that training results in gains in knowledge, skills, and attitudes.
- As Fauth et al. (2007) suggested, continued research along these lines can further our understanding of clinical training and its application to trainees' professional growth and success as future psychotherapists.
- These data support the hypothesis that training contributes to growth in KSAs although causality is not established.

Discussion

- Internal consistency coefficients were strong for knowledge, skills, attitudes, and combined KSA, and provided support for reliability of the measures. We concluded that we can consistently measure KSAs.
- Validity of the KSA measures is supported by their face-valid content, KSA growth over time, and strong internal consistency among the KSA domains. Further validation is needed, but it appears that we can adequately measure developing clinical skills.
- Strong correlations among KSA suggested that, for this sample, measures of knowledge and skills are almost identical measures, while professional attitudes are somewhat less strongly related to these two domains. Ideally, knowledge, skills, and attitudes should be somewhat distinct aspects of clinical functioning.
- We wondered whether supervisors made a global response to these items rather than independently assessing these aspects of trainee performance. It is also possible that KSA are inherently related. Further exploration of this question seems warranted.
- Measures of change in KSA over time consistently pointed to large and highly significant changes in all three domains and in the combined measure. As an individual level, a few trainees did not show progress, or even appeared to deteriorate in KSA, but sixty one percent showed large gains.
- Results are limited by the small sample size, lack of ethnic diversity, missing data, situational factors unique to the training program, and any unique historical events. However, these findings suggest that it is possible to measure outcomes of clinical training and provided support for the hypothesis that training results in gains in knowledge, skills, and attitudes.
- As Fauth et al. (2007) suggested, continued research along these lines can further our understanding of clinical training and its application to trainees' professional growth and success as future psychotherapists.
- These data support the hypothesis that training contributes to growth in KSAs although causality is not established.

Tables

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Correlations among Knowledge, Professional Attitudes, and Skills, and Combined KSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>K</td>
<td>S</td>
</tr>
<tr>
<td>Time 1</td>
<td>0.90**</td>
</tr>
<tr>
<td>Time 2</td>
<td>0.91**</td>
</tr>
<tr>
<td>Combined KSA</td>
<td>0.94**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Mean Item Scores, Standard Deviations, Student's t-tests, and Effect Sizes for Differences in Knowledge, Skills, and Professional Attitudes Across Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Skills</td>
</tr>
<tr>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Time 1</td>
<td>3.08</td>
</tr>
<tr>
<td>Time 2</td>
<td>3.58</td>
</tr>
<tr>
<td>Combined KSA</td>
<td>3.48 .37</td>
</tr>
<tr>
<td>Professional Attitudes</td>
<td>3.79 .25</td>
</tr>
<tr>
<td>Combined KSA</td>
<td>3.35 .35</td>
</tr>
<tr>
<td>Cohen's d</td>
<td>0.15 .35</td>
</tr>
</tbody>
</table>

References


