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by

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Effects of Proximal Predictors of Success in a
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Abstract

Due to the new Standards of Accreditation (SoA) by the American Psychological Association (APA), implemented in 2017, there is minimal research to evaluate how proximal competency factors within clinical psychology programs relate to distal outcomes of alumni. This study consisted of 65 doctoral psychology graduates who completed an APA alumni survey 2 and 5 years after graduation. Findings showed strong positive relationships between faculty mentoring, foundational knowledge, program support and clinical training. Results showed proximal factors of faculty mentoring significantly predicted graduates would be employed as psychologists, while program support (peers and faculty) significantly predicted lifelong learning of alumni. Career success of alumni aligned with APA SoA's expectations for post-graduate competencies, with most alumni practicing as psychologists. Moreover, results indicated a statistically significant relationship between lifelong learning and employment as a psychologist.

Study results are useful for informing doctoral program development, as well as identifying what factors within a program predict alumni success, according to the APA SoA competency model.

Keywords: higher education, clinical psychology, post-graduate success, within-program success, APA Standards of Accreditation (SoA), American Psychological Association (APA), APA Standards of Accreditation

Table of Contents

List of Tables

Chapter 1

Introduction

Doctoral programs have a vested interest in predicting student success and achievement within their programs and after graduation. While most clinical and counseling psychology doctoral graduates practice as licensed psychologists (Norcross & Prochaska, 1982), and the American Psychological Association Commission on Accreditation has defined expected outcomes (American Psychological Association [APA], 2015), there is a considerable lack of research exploring the factors predicting career success (Otto, Roe, Sobiraj, Baluku & Vasquez, 2017). The Standards of Accreditation for Health Service Psychology [SoA], effective in 2017, (APA, 2015) increased the specificity in expectations for proximal and distal measures of graduate student success as compared to the previous Guidelines and Principles for Accreditation of Programs in Professional Psychology (APA, 2006). Proximal data are typically related to internal criterion, whereas, distal data depend on external criteria, which is collected post-graduation.

Proximal Data

Proximal data includes "outcome data regarding student achievement that is collected while the student is in the program" (APA, 2015, p. 19). Historically, research on predicting doctoral student success has focused on the relationship between admissions criterion and performance measures of proximal data within a program. The most common past predictive methods to anticipate completion of a program across various disciplines have used admissions

criteria such as standardized performance tests like the GRE (Kuncel, Hezlett, & Ones, 2001) or a combination of a standardized test scores and undergraduate GPA. These measures have accounted for moderate graduate school success across disciplines over time (Daehnert & Carter, 1987; Dennis, 1979; Johnson - Motoyama, Petr, & Mitchell, 2014; Kuncel, Crede, & Thomas, 2007). Other admissions' criteria including letters of recommendation, essays and interviews are largely subjective and have little predictive utility.

Faculty and peer ratings. Other traditional methods of predicting psychology trainee's success after admission into a graduate program include assessment of proximal data provided by faculty ratings of a student and first year graduate grade point average (GGPA; Cureton, Cureton, & Bishop, 1949). Moreover, Hirschberg and Itkin (1978) found that the strongest proximal predictors of success were first year peer reviews of a student and the amount of time it took for the student to meet program requirements and pass the qualifying exam and preliminary defense of a dissertation. Other research indicated that practicum and internship performances were the most effective measurement of graduate student success (Leverett-Main, 2004).

Personality factors. Daehnert and Carter (1987) showed that personality variables can be used as predictors for doctoral psychology students' successful performance, with traits such as conscientiousness, self-criticalness, self-reflectivity, attentiveness to others, and perceptivity relating to a student's understanding of personality and counseling theory, as well as interpersonal an intrapersonal functioning. Factors such as drive or grit (Duckworth & Gross, 2014) may predict school and career success. Moreover, it had been argued by Hirschberg and Itkin (1978) that a theoretical strategy that includes noting personality traits that relate to success could provide value in the predictive process of understanding doctorate psychology students'

success. However, the difficulty in objectively measuring character traits and qualities in students and how these relate to internship placements has not been a strong research focus (Leverett-Main, 2004).

Although subjective measures of success such as personality and character traits are components of graduate success, it is essential to note the empirical, objective criterion that are currently used as standards of measurement for psychology doctorate programs. Competencies are objective criteria that have been defined by psychology training councils and organizations to identify what is expected of psychologists in training during their schooling (Fouad et al., 2009).

Standards of Accreditation: Discipline specific knowledge. Although traditional measures of doctoral psychology success used proximal data from measures such as GPA, faculty and peer reviews, exams and other curricular requirements, the SoA differed from the previous accreditation requirements to include specific proximal outcomes in the two domains of discipline-specific knowledge (DSK) and profession-wide competencies (PWC). DSK is described as "a cornerstone for the establishment of identity in and orientation to health service psychology" (APA, 2015, p. 11). DSK represents foundational knowledge that must be acquired and demonstrated before training begins in the profession-wide competencies. Proximal data showing attainment of DSK includes demonstration of knowledge as assessed through qualifying exams, specific assignments in graduate courses focused on the scientific foundations of psychology.

Standards of Accreditation: Profession-wide competencies. Although outcomes demonstrating attainment of DSK is a newly defined requirement for program accreditation, the emphasis on the demonstration of minimum levels of achievement (MLA) across nine

profession-wide competencies (PWC) reflects the most significant shift in education and training in graduate psychology. According the new Standards of Accreditation (SoA) adopted in 2015 and implemented in 2017, graduate programs must provide proximal data showing students have attained the MLA over a broad range of foundational and functional competencies across the multiple areas of training, academic coursework, clinical training and research. According to the APA Standards of Accreditation for Health Service Psychology (APA, 2015), doctoral student success is evident as students demonstrate the ability to continually build on discipline-specific knowledge to demonstrate a minimum level of achievement (MLA) on nine profession-wide competencies (PWC). The SoA require training programs to collect proximal data at the competency level and at the level of the training "elements" which comprise the respective competency. By graduation, students must demonstrate, through proximal outcome data, achievement in the following nine competencies as defined by the training elements within each competency (APA, 2017, C-8 D).

Profession-wide competencies and training elements. The nine profession - wide competencies and elements within each competency domain are summarized below.

Research**:** Individuals who successfully complete programs accredited in health service psychology (HSP) must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research, which include the following training elements:

- Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base

- Conduct research or other scholarly activities (*Conduct Research*).

- Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level (*Disseminate Research)*.

Ethics: Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training, including the following training elements:

- Be knowledgeable of and act in accordance with each of the following: The current version of the APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and Relevant professional standards and guidelines (*Ethics, Laws, Regulations, Rules, Policies*).

- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas (*Ethical Dilemmas)*.

- Conduct self in an ethical manner in all professional activities (*Ethical Conduct*).

Diversity: Trainees must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics, including the following training elements:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves (*Self-Awareness*).

- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service (*Diversity Knowledge*).

- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own (*Integrate Awareness and Knowledge*).

- Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work (*Articulate Diversity Approach*).

Professional Values and Attitudes: Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training, including the following elements:

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others (*Professional Behavior)*.

- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness (*Self-Reflection)*.

- Actively seek and demonstrate openness and responsiveness to feedback and supervision (*Response to Feedback)*.

- Respond professionally in increasingly complex situations with a greater degree independence as they progress across levels of training (*Response to Complexity*).

Communication and Interpersonal Skills: Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training, including the following elements:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services (*Relationship Development*).

- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts (*Informative Communications*).

- Demonstrate effective interpersonal skills and the ability to manage difficult communication well (*Difficult Communication*).

Assessment**:** Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training, including the following elements:

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient (*Select and Apply*).
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective (*Interpret*).
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences (*Communicate Findings*).

Intervention**:** Trainees demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, an organization, a community, a population or other systems including the following training elements:

- Establish and maintain effective relationships with the recipients of psychological services (*Rapport*).
- Develop evidence-based intervention plans specific to the service delivery goals (*Treatment Plan*).
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables (*Implementation*).
- Demonstrate the ability to apply the relevant research literature to clinical decision-making (*Apply Research*).

- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking (*Adapt*).
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation (*Evaluate*).

Supervision**:** The Commission on Accreditation (CoA) views supervision as grounded in science and integral to the activities of health service psychology. Trainees are expected to demonstrate knowledge of supervision models and practices.

The emphasis on the demonstration of the above competencies is in part, a response to the growing interest in aligning graduate training in health service psychology with the other health disciplines, as well as the increased requirements of licensing boards for applicants to show proof of competencies. In 2007, psychology training councils and organizations began collaborating to define outcome expectations for students during their graduate training programs as well as post-licensure (Fouad et al., 2009). The development of Fouad et al.'s (2009) benchmark competency model marked a turning point in how psychology doctoral programs evaluated students. Rather than traditional coursework and summative measures being the source of achievement in a program, the benchmark competency model identified *core foundational competencies* (professionalism, reflective practice, scientific knowledge and methods, relationships, individual and cultural diversity, legal and ethical standards and policy, and interdisciplinary systems) and *functional competencies* (assessment, intervention, consultation, research and evaluation, supervision, teaching, administration and advocacy) of psychologist trainees and early career psychologists with behavioral anchors to assess for developmental preparedness in practicum, internship and entry to practice. Although conceptually valid, the broad scope of this document made it functionally difficult to use.

Following the initial conceptual development, the American Psychological Association (APA) adapted a competency toolkit based on the benchmark competency model (Fouad et al., 2009) and identified methods of how to measure psychologist-trainee's readiness for practicum, internship and entry to practice (Kaslow et al., 2009). APA's competency assessment toolkit used foundational and functional competencies (Fouad et al, 2009) to evaluate doctoral psychology trainees through the following formative and summative methods: 360 evaluations, annual rotation and performance reviews, competency evaluation rating forms, structured clinical examinations, structured oral examinations and written examinations (Kaslow et al., 2009).

Since the Fouad et al. seminal article in 2009, the identification of training elements within each competency provides a map for the education and training of students within a doctoral psychology program. The competencies and elements have been revised and standardized into measurable expected training outcomes for clinical psychology students to attain during graduate school. The proximal data showing the attainment of the profession-wide competencies is now the largest and most comprehensive internal measure of success.

Furthermore, the Commission on Accreditation (CoA), "expects that evaluation of trainees' competence in each required profession-wide competency area will be an integral part of the curriculum" (APA, 2017, C-8 D). Although largely based on internal criteria using multiple methods of assessment, the SoA also require external practicum supervisors to directly observe and evaluate students each semester (APA, 2015, p.9).

Distal Data as Measure of PsyD Success

APA has adopted the Department of Education's emphasis on success as extending the training continuum from proximal data competencies to include an increased focus on distal data

or external criterion markers of success after graduation. External or distal measures of success for psychology graduates are defined as objective measures of the percent of graduates eligible for independent licensure as well as those holding a job status within the field of psychology (APA, 2015). The movement towards the need for external criterion has been fueled by the need to provide the Department of Education with evidence of employment of psychology graduates post-graduation. Graham and Kim (2011) evaluated how well psychology doctoral programs prepared students for licensure and practice post-graduation. Findings indicated that predictors of success include the program type (e.g. PhD or PsyD), placement in an APA-accredited internship, EPPP scores, the number of times the EPPP was taken, and ABPP status. Now, APA regards placement at APA internships, passing the EPPP licensing exam, acquiring a post-doctoral position and obtaining independent licensure as components of post-graduate success of clinical psychology doctoral students. To measure student success from a doctoral psychology program, APA requires distal data on graduates to be reported by programs within two years and subsequently, five years post- graduation. Within two years of a graduation, the APA CoA requires evidence of graduates' competencies in professional and program specific areas, licensure rates and job placement. Additionally, within five years of graduation, programs provide the APA distal data about graduates' licensure and scholarly or research contributions. Regardless of the type of psychology doctoral degree, it is expected that graduates demonstrate fundamental competencies in evidence- based practice and research or scholarly activities (APA, 2015).

Post-graduate career success. When measuring post - graduate success of clinical psychology doctoral students, the focus is on the evaluation of their career trajectory (Joskolka,

Beyer, & Trice, 1985). Across professional disciplines, career researchers cite success as comprised of objective and subjective factors (Judge, Cable, Boudreau, & Bretz, 1995; Ng, Eby, Sorensen, & Feldman, 2005) also known as extrinsic (objective) and intrinsic (subjective) success (Arthur, Khapova, & Wilderom, 2005; Judge et al., 1995) According to career literature, objective measures of success are independently verifiable and observable factors such as salary and number of promotions (London & Stumpf, 1982; Judge et al, 1995; Otto et al, 2017) job position, and number of supervisees (Gunz & Heslin, 2005). Notably, APA's standards for post-graduate success focus on extrinsic measures of success.

Social competence and mentorship. Social competence is an objective determinant or extrinsic measure of career success for psychologists. Gerli, Bonesso, and Pizzi (2015) found objective career success has a significant positive relationship with social competencies, which include empathy, networking, self-confidence and developing others. Multiple studies have linked mentorship to career success (Ballout, 2007). Perceived organizational supports such as supervisor support, training and skill development opportunities, and career sponsorship have been linked to career success (Ng et al,, 2005). Arthur et al. (2005) posited that extra-organizational support such as networking, support from one's alma mater and alumni is an important factor of objective career success that has been minimally explored. This suggests that career success can be measured in relation to one's peer group.

Professional identity, productivity, and lifelong learning. Additional objective measures of career success for doctoral psychology graduates are professional contributions and productivity. Regarding professional identity, Conway (1988) found that successful psychologists have three prototypical career orientations of scientist-practitioner, practitioner,

and scientist. Each career orientation tends to work in differing environments and emphasize different outcomes for productivity. Most early career psychologists who identified as scientists focused on research and supervision of research in medical schools or academia, while minimizing their clinical work. Early career psychologists who identified as scientist-practitioners split their time evenly between clinical work and research, and those who identified as practitioners worked in general hospitals, community mental health, outpatient clinics devoting their time to clinical work and supervision. Productivity in research and publication for early career practitioners was one to three publications while scientists and scientist-practitioners published a median of thirteen journal articles, two book chapters and one book. According to self-report measures, graduates of research and clinical training programs emphasized their educational experiences were critical to their career development. Most young scientists emphasized their research mentor and research-related experiences as critical to training while most young practitioners emphasized clinical training, clinical supervisors, practicum and internship experiences as fundamental for their careers. Scientist-practitioners gave equal emphasis to research and clinical training experiences.

Moreover, in a study of APA members in 2003, Norcross, Karpiak, and Santoro (2005) provided current insight into psychologists professional identity and professional contributions, with the majority identifying as clinical practitioners (59%), followed by academicians (19%), administrators, researchers (7%) and those who identified as consultants, supervisors or none. Regarding professional contributions, almost half of psychologists engage in seven professional activities of psychotherapy, diagnosis and assessment, teaching, clinical supervision, research/writing, consultation, and administration. Eighty-four percent of APA members have

engaged in lifelong learning through professional contributions of publishing at least one article with a median at seven with almost three fourths presenting a paper, and about a third at least one book.

Challenges in measuring post-doctoral success. Due to the diverse work settings (e.g., hospital, community mental health, private practice, schools, academia) and varying job performances of psychologists (self-employed as consultant or therapist vs. staff position in the public sector), Otto et al. (2017), noted the challenges of psychologists using general objective measures used by career researchers across professions (e.g., promotion, salary, number of supervisees) to measure success. Although some of these general objective measures could apply to psychologists working in the public sector, they are more difficult to apply to psychologists in private practice or academia who may lack opportunity for promotion and may lack leadership opportunity for mentorship or supervision of others within their scope of practice (Cassin, Singer, Dobson, & Alttmaier, 2007; Norcross, Sayette, & Pomerantz, 2017). It could be argued that the markers of post-doctoral success are different for clinical psychologists than psychologists working in academics, administration or research due to the differences in job performance, duties and measurable outcomes.

There are areas of measuring post-graduate success of psychologists that reach beyond current measures of competencies. For example, within clinical practice, it is difficult to measure career success due to factors such as clinical setting, patient satisfaction, therapeutic modality or evidence-based practice (EBP) used, income and number of years in practice. Subjective factors, such as patient satisfaction, are relevant to psychologist success, yet there is no uniform measuring tool, used across psychology practice for these factors. Moreover, APA expects

graduates to demonstrate fundamental competencies in evidence-based practice (EBP), research, or scholarly activities (APA, 2015), however, a without a standard of measurement across various therapeutic modalities, proof of competency in EBP is a challenge.

Additional challenges also arise within doctoral programs in how to organize, consolidate and interpret a wide-range of proximal data (e.g., 360 data, practicum and internship evaluations from trainees, curriculum requirements) and distal data from alumni (e.g., surveys) not only for accreditation but also for program evaluation and development. Finding meaningful use from the enormity of the data is a program focus.

Purpose of the Study

With the new APA Standards of Accreditation (SoA) for clinical psychology programs effective in 2017, this study examines what proximal measures in a PsyD program predict distal measures of success. Prior measures of predicting success for psychology programs have been based on proximal measures and benchmark standards. In line with APA requirements, programs have shifted from solely using proximal data from within program achievements to an inclusion of post- graduation distal data. Due to the data on post-graduate doctoral success in clinical psychology being scarce, this study aims to provide current data to research literature to provide a clearer understanding between the relationships between proximal measures and distal outcomes in regard to career success. Furthermore, to better understand the training factors that are most effective, the relationships between proximal factors will be evaluated, and to better understand what post-graduate factors influence career practice, the relationship among distal factors will be evaluated.

The following are the hypotheses of the study:

H1: There will be a positive relationship between proximal factors (foundational knowledge, program support, clinical training/mentoring, research involvement) and employment as a psychologist.

H2: There will be a positive relationship between proximal factors (foundational knowledge, program support, clinical training/mentoring, research involvement) and lifelong learning.

H3: There will be a positive relationship between proximal factors (foundational knowledge, program support, clinical training/mentoring, research involvement) and licensure.

H4: There will be a positive relationship between proximal factors (foundational knowledge, program support, clinical training/mentoring, research involvement).

H5: There will be positive relationships between distal factors (lifelong learning, licensure and employment as a psychologist).

Chapter 2

Method

This study employed archival data that was collected annually over three years by a doctoral psychology program, using a standardized alumni survey from the American Psychological Association, for the purposes of program evaluation.

Participants

Participants were 65 alumni of a doctoral program in Clinical Psychology. Approximately half the participants (49.3%) had graduated two years before they responded to the survey, while the other half (50.8%) had been alumni for about five years. The majority of participants were female (65%). There were six unlicensed alumni and three alumni who did not hold a job the field of psychology. Thirty-four percent self-identified as a member of a diverse group (e.g., ethnicity, disability, sexual orientation, race or culture) while over half of the sample (55%) did not identify as diverse and the remainder did not respond to this question. The majority of participants resided in the Pacific Northwest and California (63%), followed by the Midwest (12%), Southwest (6%), Mid-Atlantic (6%), Northeast (5%), Southeast (5%) and outside the United States (3%). Alumni reported working in urban, suburban and rural settings. Employment settings where alumni invested the most professional time were in primary care medical groups, private practice, medical hospitals, general clinical group practice, and VA hospitals.

Table 1 shows the response rate by cohort. The overall response rate for the survey was 56.5%.

Table 1

The Response Rates, by Cohort, for the Alumni Survey

Year of graduation	Respondents	Percentage of the Total Sample	Cohort size	Response Rate
2011	17	26.2	17	100.0
2012	7	10.8	15	46.7
2013	8	12.3	21	38.0
2014	12	18.5	19	63.0
2015	12	18.5	19	63.0
2016	9	13.8	24	37.5
Total	65	100	115	56.5

Measures

The alumni survey was developed by the graduate program to align with the distal data required by APA to assess the status of PsyD alumni and provide a post- doctoral evaluation of how the PsyD programs prepared students for their career as psychologists. These data were originally collected to provide evidence for the program's self-study, a component of the APA re-accreditation process. The self-report, computer- administered survey was composed of 37 questions with a format including Likert-type scales, open-ended questions, ranking, multiple-choice and binary response options. The alumni survey appears in Appendix A.

Procedure

Archival data were used for this study. These data were generated in the process of conducting a program analysis in the context of reaccreditation. The program director emailed surveys to alumni at two and five year marks post-graduation from the program. Participants were informed of the purpose of the survey and how the data obtained would be used. Specifically, alumni were asked to complete the survey to help to "assess our programs strengths and weaknesses." No compensation was offered or provided to participants. Implied informed consent was given through alumni participants' completion and submission of the survey. Because these data were collected within the context of routine academic work, IRB review was not required.

Alumni data were stored and grouped in an on-line survey application, controlled by the program. A faculty member in the program downloaded the data from the alumni surveys for three years, combined the responses across years, and de-identified the respondents before making the data available to this researcher.

Chapter 3

Results

Manipulating Variables

One of the issues in survey research is how to combine the responses to questions so concepts can be meaningfully examined. Before any analyses were conducted, indexes were created for the proximal measures of (a) foundational knowledge, (b) program support, (c) clinical training, (d) mentoring, and (e) research involvement.

Foundational knowledge. This index added together respondents' perception of program effectiveness in training in the following competency domains: research, psychological assessment, clinical interventions, consultation, supervision, teaching and ethical decision making, awareness of diversity factors, professional identity, and communication and interpersonal skills. This assessed how well alumni perceived they were prepared for practice.

Program support. This index combined the responses to questions of faculty accessibility, and relational support from peers, faculty and supervisors "to maximize success" in areas of practicum and internship placement, dissertation and research submissions, as well as, faculty support in major areas of research, clinical training, professional mentoring.

Mentoring. This index specifically referred to faculty's role in providing mentoring in research and clinical training.

Clinical training. This index combined the responses to questions about perceived effectiveness of practicum and internship training experiences, level of involvement with diverse client populations in training sites, and supervision at practicum placements.

Research involvement. This index addressed respondents' participation in poster presentations, journal articles and books while they were students in the program.

The distal measures used in this study were (a) employment as a psychologist (part-time to full-time), (b) licensure as a psychologist, and (c) lifelong learning. The index of *Lifelong learning* added together the number of post-graduation activities each respondent affirmed. The post-graduation activities included membership in the National Register of health service providers**,** engagement in reading of current research, membership in professional psychological organizations, regional or national conference attendance, humanitarian involvement, holding leadership positions, presenting post-graduation posters, post-graduation presentations, post-graduation journal publications, and book publications**.**

Demographic variables in the study include (a) year of graduation (i.e. cohort), (b) years since graduation from the program, (c) gender, and (d) current state of residence.

Descriptive Analyses

Table 2 shows the mean values for the ratio variables. The distal variables of Licensure (90.77%) and Job in Psychology (95.38%) were subject to ceiling effects. None of the values differed as a function of the number of years since graduation (2 years verses 5 years) or gender so the data were collapsed across these demographic variables for subsequent analyses.

For comparison across variables, the mean percent of questions answered with *agree* or *strongly agree* within four proximal data indexes (foundational knowledge, faculty mentoring, clinical training, program support) was calculated. The largest mean percentages were in *Clinical training* (93.1%) and *Program support* (90.8%). Because the proximal index of *Research involvement* consisted of four publication categories (poster, paper, journal, book) and was

scored on a different metric that identified the range of publications per trainee (0, 1-5, 6-10, >10), the mean percentages per category varied widely. Although the average yielded response for research involvement in more than one publication was 37.8 %, this does not adequately represent the mean average for each category of research involvement. Regarding *Research involvement's* four categories, the mean percentage for publication of more than one poster during training was 73.8%, publication of more than one paper as a trainee was 35.4%, with 30.8% publishing in a more than one journal, and book publications were relatively low at 10.8%

Table 2

Descriptive data for proximal and distal variables

	Mean	SD	% Agree & Strongly Agree	Range
Proximal				
Foundational Knowledge (Well-prepared)	50.91	5.50	76.8	34-60
Program Support	44.42	4.82	90.8	28-50
Clinical Training (Perceived effectiveness)	36.06	4.15	93.1	20-40
Faculty Mentoring	13.35	1.87	86.2	7-15
Research involvement	2.63	3.24	37.8	0-14
Distal				
Lifelong Learning	4.75 %Yes	2.42		0-9
Licensed as a Psychologist	90.77			
Job as a Psychologist	95.38			

Note. Sample size was 65; missing values were replaced using linear interpolation.

Pearson product moment correlation coefficients were computed to assess the relationships among the proximal measures of foundational knowledge, program support, clinical training, faculty mentoring, and research involvement. These correlations are displayed in Table 3.

Table 3

Correlations Among the Proximal Measures

	Program Support	Clinical Training	Faculty Mentoring	Research involvement
Knowledge	.47	.56	.61	.13
Support		.64	.74	.30
Clinical			.83	.14
Mentoring				.19

There were large ($r > .5$) positive relationships among all the variables except Research involvement. The correlations between Research involvement and the other proximal measures were small, e.g., ranging from $r = .1$ to $r = .3$. These small correlations may result because Research involvement asked alumni to report frequency data on activities in the program (involvement in presentations and publications) while the other proximal measures measured perceived satisfaction on a Likert-type scale toward the program.

Correlations among the distal measures were also calculated**.** There was a positive correlation between the distal measures of Lifelong Learning and Employment as a Psychologist that was small ($r_{pb} = .28$, $n = 65$, $p = .02$). There was also a positive correlation between Licensure and Lifelong Learning that was small in size ($r_{pb} = .14$, $n = 65$, $p = .25$). A nominal-

by-nominal, Phi correlation was conducted to examine the relationship between Licensure and Employment as a Psychologist. Results indicated a moderate-sized correlation, $\Phi = .44$, $p < .01$.

Regression Analyses

A forward conditional logistic regression was conducted to determine which proximal variables (foundational knowledge, program support, clinical training, faculty mentoring, and research involvement) were predictors of status as Employed as a Psychologist. Data screening led to the elimination of five outliers. Regression results indicated that the best model used Faculty Mentoring as a predictor. In other words, Faculty Mentoring was statistically reliable in distinguishing between those who are employed as psychologists and those who are not (-2 Log Likelihood = 18.10, $\chi 2\ (2) = 6.12$, $p <. 05$). The model correctly classified 93.8 % of cases. Regression coefficients are presented in Table 4. Wald statistics indicated that the dependent variable (mentoring) significantly predicted employment in psychology. Odds ratio for this variable indicated that having a faculty mentor almost double the likelihood of being Employed as a Psychologist.

Table 4

Logistic Regression Coefficients when Employment as a Psychologist is Predicted by the Proximal Variables.

	B	*Wald*	*df*	*p*	Odds Ratio
Mentoring	0.66	5.20	1	.02	1.93
Constant	-4.93	2.36	1	.12	0.01

A forward conditional logistic regression was run to identify the proximal factors in a PsyD program that predicted the distal measure of Licensure. Results revealed none of the

proximal measures was a significant predictor of Licensure this is likely because almost all of the alumni (59 of the 65 respondents) were licensed so there were few differences among them to be predicted.

A stepwise multiple regression analysis was conducted to determine whether the proximal variables (foundational knowledge, program support, clinical training, mentoring, and research involvement) could predicted Lifelong Learning in PsyD alumni. Results indicated an overall model of two proximal predictors (research involvement and program support) was optimal. This two-predictor model accounted for about a quarter of the variance in Lifelong Long Learning, $R^2 = .24$, $R^2_{adj} = .22$, $F(1, 62) = 5.26$, $p = .02$. Three of the proximal measures (foundational knowledge, clinical training, and faculty mentoring) did not make a significant contribution and were eliminated from the final model. The coefficients (B-weights and Beta-weights) as well as tests of significance for all five proximal predictors are shown in Table 5.

Table 5

Two-predictor Model Coefficients

	B	St. Error	Beta	t	p
Constant	-1.91	2.56		-.75	.46
Involvement	.25	.09	.34	2.90	.01
Support	.13	.06	.27	2.29	.03
Knowledge			.09	.72	.48
Clinical			.03	.20	.84
Mentoring			.09	.51	.61

Chapter 4

Discussion

Findings and Hypotheses

In line with previous career research regarding professional identity and career orientation of successful psychologists (Conway, 1988), PsyD alumni participants were practitioners who performed clinical work in outpatient clinics (private and group), primary care, general hospital and VA hospital settings. Alumni practitioners from this study engaged in several lifelong learning activities aligned with APA members (Norcross et al, 2005), including but not limited to, publication of articles (Conway, 1988) and paper presentations.

Hypothesis 1 (H1): It was predicted that results would indicate a positive relationship between the proximal factors (foundational knowledge, program support, clinical training/mentoring, research involvement) and employment as a psychologist. Results indicated that the proximal factor of faculty mentoring significantly predicted that graduates of the PsyD program would be employed as psychologists. Having a faculty mentor almost doubled the likelihood of being employed as a psychologist.

Hypothesis 2 (H2): It was predicted that there would be a positive relationship between proximal factors (foundational knowledge, program support, clinical training/mentoring, research involvement) and lifelong learning of alumni. This hypothesis was correct with results showing program support from faculty and peers significantly predicted lifelong learning of participants. Most alumni participate in lifelong learning activities which include the following: academia, public speaking, publications, continuing education, leadership positions, membership

in professional organizations, conference attendance, and a membership in the National Register of Service Providers listing.

Hypothesis 3 (H3): It was predicted that there will be a positive relationship between proximal factors (foundational knowledge, program support, clinical training/mentoring, research involvement) and licensure. This hypothesis was not proven correct. with no significant relationship between any proximal factors and licensure. There is no predictive value for who licensure and employment as psychologist because of the ceiling effect where most alumni surveyed have been post-graduates between two and five years and are early career psychologists.

Hypothesis 4 (H4): It was predicted that there would be a positive relationship between proximal factors. This hypothesis was supported as results showed there was a strong positive relationship between faculty mentoring and foundational knowledge, program support, and clinical training. There was also a strong positive relationship between foundational knowledge and clinical training. There was a weak but significant correlation between program support and publications.

Hypothesis 5 (H5): It was predicted there would be positive relationships between distal factors (lifelong learning, licensure and employment as a psychologist). Results indicated that there was a positive, statistically significant relationship between lifelong learning and employment as a psychologist. There was a statistically significant positive correlation between licensure and employment as a psychologist.

By examining the relationship between proximal factors in a PsyD program, the results indicated that as the faculty mentoring increases then the level of perceived program support,

clinical training and foundational knowledge reported by doctoral students also increased. The proximal factor comparison also indicated that faculty and peers contribute to trainee publications in the PsyD program. Distal comparisons showed that graduates are more likely to continue with lifelong learning activities when employed as a psychologist. Other results indicated that most alumni, who are licensed, practice as psychologists.

Application

The variables from the alumni survey used in this study are relevant because the proximal and distal factors are aligned with the current APA competency model and standards for success. Due to the recent implementation of the competency model for accreditation, the data from this study contribute to the limited literature on the application of the model for evaluation of distal success of psychologists.

The alumni survey addressed several components of APA's expectations for success. One area that APA also addresses is for graduates to demonstrate fundamental competencies in evidence-based practice (APA, 2015). To address this measure of success in future inquires of alumni, asking which EBP is used by alumni and how progress is measured with patient populations would more specifically target this area of post-graduate competency from APA.

Results from this study are useful for directors of APA accredited training programs through providing better understanding of training factors within a program that are effective for student success, as well as how career practice may be influenced by program factors. In particular, the data results can be used for program development and program evaluation since positive relationships were found between faculty mentoring and post-graduate employment and program support (peers and faculty) and lifelong learning.

Limitations

There are limitations to this study. The sample size for the study was relatively small (n = 65). Additionally, due to the small class sizes, cohort model, faculty and peer mentoring, and the full accreditation status of the program at a private university, caution should be used when generalizing the results from this study to alumni from institutions that differ from this PsyD model. Results may not be applicable to graduates from a clinical psychology PhD program, to doctoral psychology graduates from a public university, or to graduates from a non-accredited institution. These institutions may not provide the degree of faculty support that a private university's PsyD program does. Additional limitations are that one alumni study was used across cohorts as the source of data for this research, rather than multiple sources, which would provide a richer understanding of alumni status after graduation.

Implications and Future Direction

When considering replication of this study, the recommendation of this researcher is to recreate the alumni survey into a more standardized form with multiple choice options to facilitate data analysis, and to supplement the original survey with inclusion of questions that address the EBP that psychologists utilize, as well as identification of measures used for progress monitoring of clients. Noting and evaluating EBP is an aspect of career success that was not addressed in this study, and APA's SoA states that graduates must demonstrate "fundamental understanding of and competency in research/scholarly activities and evidence-based professional practice (EBP)" (APA, 2015, p. 10). Moreover, consideration of expanding the definition of post-graduate success beyond APA's CoA definition to include career research concepts could provide a more inclusive definition of success, allowing comparison between

psychologists and other professions. This would include inquiring about the salary of alumni, as well as promotions or increased status (London & Stumpf, 1982; Judge et al, 1995; Otto et al, 2017) psychologists' job position, and the extent of psychologists' supervisory or mentorship role within their job position, and number of supervisees under their leadership (Gunz & Heslin, 2005).

Building on previous research focused on proximal measures predicting success within a doctoral program, these results evaluated proximal measures that predicted success as trainees. Previous literature provided some insight into how peers of doctoral trainees positively affected within- program success through peer evaluation (Hirschberg & Itkin, 1978). This study provided further insight into proximal factors relating to success where results revealed large positive relationships among the factors of foundational knowledge, program support, clinical training and faculty mentoring. Moreover, this study provided specificity to historical research findings showing relationships between proximal and distal factors of doctoral success. Previous literature indicated graduates from doctoral clinical training programs self-reported their educational experiences as critical to their career development and success (Conway, 1988). Results from this study indicated specific proximal factors that related to career success, namely, program support, inclusive of peers and faculty, increased the probability that graduates would be employed as psychologists. Moreover, findings from this study indicated that faculty mentoring increased the probability of post-graduate employment as a psychologist.

Currently, post-graduates from clinical psychology doctoral programs are evaluated as successful if they achieve licensure, employment as a psychologist, fulfill competencies in EBP, and engage in scholarly or research activities (APA, 2015). This research helped identify specific

predictive proximal measures with employment as a psychologist and identified proximal predictors of lifelong learning. Based on this data indicating a strong relationship between faculty mentoring and program support with employment as a psychologist, programs that have a low rate of graduate licensure and employment could consider how faculty and peer mentoring can be positively implemented into their programs. Additional future research on differentiating post-graduates' success through quality assurance measures may be an option, which would require the development of standardized means to measure performance of psychologists in practice.

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APPENDIX A

Alumni Survey

APA Alumni Survey

1. Year of survey
2. What year did you graduate?
3. Your gender:
4. Where do you now reside?
5. Have you passed the EPPP (national licensing exam)? Y / N
6. If your answer to question 3 was yes, how many times have you taken the licensing exam?
7. Are you a licensed psychologist?
8. If you are a licensed psychologist, in which state(s) are you currently licensed?
9. Did you receive or are you now receiving post-doctoral training from a formal or informal post-doctoral training program?
10. If you are employed (i.e., earning income), are you employed as a psychologist, at least part-time?
11. How many hours per week do you work with following client types:
11 a. Infants and toddlers (0-2 yrs)
11 b. Children (3-12 yrs)
11 c. Adolescents (12-18 yrs)
11 d. Adults (19-64 yrs)
11 e. Seniors (65 yrs and older)
12. Where is your practice located? Urban / Suburban / Rural
13. Approximately what percentage of your current case load is comprised of clients for whom spirituality is overtly integrated into treatment?
14. Are you listed in the National Register of Health Services Providers in Psychology?
15. How many hours per week do you engage in the following activities?
Research
Psychological Assessment
Direct clinical intervention services: individual, couples or family therapy
Consultation/interprofessional collaboration
Administration/Program development
Supervision (clinical)
Teaching/Training
Other (specify) Primary Care Medical group

16. How would you characterize your work setting?
Private practice office
Specialty clinic or practice (assessment, treatment, consultation)
General clinical group practice
Medical Hospital/Medical Center
Primary Care Medical group
University Counseling Center
Elementary/Secondary school (public or private)
Community Mental Health Clinic
VA Hospital
In-patient psychiatric facility
Correctional Facility
Church/Para-church organization
Other (specify)
17. To what degree does your "reading of current research" in psychology shape the way you practice as a clinician?
18. Approximate number of presentations to community groups.
19. The GSCP program provided foundational knowledge relevant to the discipline of psychology. SD / D / N / A / SA
Research
Psychological Assessment
Direct clinical intervention services: individual, couples or family therapy
Consultation/interprofessional collaboration
Administration/Program development
Supervision (clinical)
Teaching/Training
Awareness of individual & cultural diversity
Ethical decision-making
Ability to integrate faith and psychology
Development of professional identity
Communication and interpersonal skills
Other (specify)
20. Number of Poster presentations - During GSCP enrollment
21. Number of Poster presentations - After GSCP graduation
22. Number of Paper presentations - During GSCP enrollment
23. Number of Paper presentations - After GSCP graduation
24. Number of Journal publications - During GSCP enrollment
25. Number of Journal publications - After GSCP graduation

26. Number of Book publications - During GSCP enrollment
27. Number of Book publications - After GSCP graduation
28. List professional societies in which you hold current membership:
29. Have you attended a regional or national psychology meeting/convention since graduation (whether or not you were a presenter)?
30. Do you identify as a member of a diverse group (including, but not limited to ethnicity, disability, sexual orientation, race, culture)
31. As a diverse student, how beneficial to your development were the following?
Involvement with other students (e.g. diversity committee, SIG, diversity leadership).
Mentoring by multiple faculty members.
Faculty openness to different perspectives in class or small group meetings.
Respectful relationships with peers.
Diversity scholarship
Other (please specify)
32. Please indicate how many college/university academic/teaching positions you have held since graduation from GSCP.
33. Please indicate how many training events, workshops or other continuing education you have attended since graduation.
34. Please indicate how many leadership positions you have held in psychology organizations since graduating from the GSCP.
35. Please check any of the following humanitarian activities in which you have engaged since graduation:
Community service organization volunteer (e.g. Red Cross…)
Political activity on behalf of under-served persons
Christian Organization volunteer (e.g., mission agency consultation, etc.)
One-on-one or small group, hands-on service with under served persons
Other (please specify)
36. How much would you agree with the following statements about our program?
There was ease of access to faculty.
Student-faculty relationships were positive and demonstrated mutual respect
Fair application of GSCP policies occurred
I had access to GSCP program handbook
Faculty provided good research mentoring
Faculty provided good clinical mentoring
Faculty provided good professional mentoring
Overall, there was good communication between faculty and students
I received sufficient support to meet expectations
Overall, I am pleased with the faculty's contribution to my professional development

37. How supportive would you say the GDCP was of these aspects of the program?
Support for dissertation research
Support for submission of research to peer-reviewed presentations (poster, symposia) or publications.
Support during practicum placement process.
Support during internship application process.
Annual feedback regarding my progress in the program.
Feedback from clinical mentor, faculty or supervisors regarding the development of my clinical skills.
38. How much would you agree with these statements about clinical training?
I was prepared well by the program to get the most out of my practicum training
The client exposure I obtained at my practicum site was valuable
The supervision I received at my practicum sites was valuable in my clinical training
The exposure to system communication and dynamics at my practicum site was helpful in my clinical training
Overall, my practicum experience was valuable in my clinical training
Compared to other interns at my internship site, I received good training from the GSCP
Overall, my internship experience was valuable in my clinical training
39. How would you rate the quality of diversity training in the program with regard to:
Age
Disability
Ethnicity
Gender
Gender identity
Language
National origin
Race
Religion
Culture
Sexual orientation
Socio-economic status
40. Approximately what percentage of your current professional includes work with diverse groups or individuals?
41. Approximately how many mentors (faculty, supervisors, advanced students, etc.) did you have during your time in the program?
42. Overall, as I look back, the greatest strengths of the GDCP program for me were:
43. Overall, I think the GDCP could improve in the following ways:

APPENDIX B

Curriculum Vitae

Education and Certification

George Fox University, Newberg, OR **2014 – 2019**
Graduate School of Clinical Psychology
Masters of Arts in Clinical Psychology **2016**
Doctorate of Clinical Psychology **2019**

University of New Orleans, LA
Secondary English Teaching Certificate **1999**

Louisiana State University, Baton Rouge, LA
Bachelor of Arts in English Literature **1996**

Clinical Experience

Psychology Intern **2018 - 2019**
Richard L. Roudebush VA Medical Center, Indianapolis, IN

- Maintained 10 direct contact hours a week with veterans at VAMC and residential treatment facility and completed a total of 500 direct hours with veterans.
- Trained in MERIT, an evidence-based practice for treating SMI and personality disorders
- Received DBT training
- Participated in weekly didactics in neuropsychology
- Engaged in integrative long-term psychotherapy with veterans using evidence based practice models including CBT, MERIT and interpersonal models.
- Facilitated a weekly Positive Psychology process- oriented group and EBT psychoeducational group, Seeking Safety, for homeless veterans at a residential treatment center
- Facilitated an inpatient recovery group and an outpatient group with veterans coping with serious mental illness.
- Treated veterans with personality disorders and veterans with dual diagnoses
- Completed 12 neuropsychological and psychodiagnostic evaluations with diagnoses ranging from mood disorders, PTSD, Somatic Symptom Disorder, Dementia, and personality disorders
- Utilized the following assessment tools: BAI, BDI-2, Boston Naming Test, BVMT-R COWAT-FAS, CVLT-2, Finger Tapping Test, GAD-7, GDS-15, MMPI-2, PAI, PCL-5, RBANS, SIDS-2, Stroop Color and Word Test, TAT, TOP-J, Trails A & B, WAIS- IV, WMS- IV, Wechsler TOPF, Wisconsin Card Sort , Word List Generation (Animals)

- Participated in treatment team meetings with staff three times a week and provided clinical input about veteran's progress and challenges
- Engaged in weekly group supervision focused on treating patients with MERIT who have personality disorders or a serious mental illness
- Provided case presentations to staff and interns.
- Provided crisis intervention at the residential treatment center after the suicide of a veteran, including group work and individual therapy sessions

Practicum 3 Behavioral Health Consultant 2017-2018
Willamette Family Medical Center, Salem, OR

- Collaborative systems work with providers and staff as behavioral health consultant
- Utilized behavioral interventions with patients
- Established long term therapy with patients with psychodynamic therapy
- Billed for assessment and therapy services
- Presented psychoeducational lunch talk to providers on the topic of trauma
- Organized guest speaker for BHC staff on topic of domestic violence
- Child Assessment for ADHD and differential diagnosis
- Utilized the following assessment tools: ASEBA Parent and Teacher Report, Conner's Parent and Teacher Report, House-Tree-Person Projective Test, Kinetic Family Drawing, Sentence Completion Test (Child), WISC-IV, WIAT-3

Practicum 2 Assessment Coordinator and Specialist, Site Supervisor 2016-2017
Rural Child and Adolescent Psychological Services (RCAPS), Yamhill, OR

- Worked as assessment coordinator, assessment specialist, and site supervisor for George Fox students in the Yamhill Carlton School District
- Coordinated the distribution and assignment of assessments with graduate student team and school system
- Utilized crisis management skills, creative problem solving, and supervision skills with school based team of graduate students
- Completed integrated reports on complex cases including assessment with children with a wide range of psychological and educational concerns
- Engaged in a range of system wide problem solving with administration, students, case managers
- Presented report findings at IEP meetings
- Received supervision for neuropsychological assessment cases
- Utilized the following assessments: WISC V, Woodcock Johnson Test of Cognitive Ability IV, Stanford Binet, WRIT, Woodcock Johnson Test of Achievement IV, WRAT, Wechsler Memory Scale IV (WMS), MACI, MMPI-A, BASC IV, BRIEF V, Roberts Apperception Test
- Evaluated clients for ADHD, Learning Disorders, Developmental Disability, Fetal Alcohol Syndrome, complex trauma, emotional disturbance

Practicum 1: Behavioral Health Consultant and Therapist 2015-2016
Santiam Hospital, Mill City Clinic, Cascade Clinic, OR

- Provided case management, therapy, and behavioral health interventions to clients
- Provided short term therapy and long term therapy to patients from underserved rural communities
- Population served included diverse age range from school age to geriatrics with mid to low SES
- Use of CBT, ACT, solution-focused, systems theory; Biopsychosocial client conceptualization
- Program development including creation and facilitation of a pain management group for patients Consultation and collaboration with physicians and medical assistants about patient care
- Rotated between two rural health clinic systems
- Utilized Greenway system for patient record keeping and management of electronic medical record

Bariatric Support Group Facilitator **2015-2017**
Salem Hospital, Salem, OR

- Provided psychoeducation of topics related to pre and post bariatric surgery patients
- Facilitated bi-weekly group meetings of patients ranging from early to late adulthood
- Received supervision from Steven Besing, PhD

Research Experience and Poster Presentations

Ford, N. F. (2019). *Relationship of proximal predictors of success in a PsyD program on alumni distal factors* (*doctoral dissertation).* George Fox University, Newberg, OR.
- Preliminary defense: November 2016; Final defense: June 2019

Research Team Member. Dr. Kathleen Gathercoal (chair), George Fox University 2015-2018
- Collaborated on dissertation and supplemental research as a team.
- Provided feedback to other members on research and writing.

Ford, N., and Rose, A. (2017 May). *Difficult dialogues: What to talk about and how prepared we are to do it.* Poster session presented at Oregon Psychological Association Annual Conference, Eugene, OR

Hoose, E., Ford, N., Thomas, M. and K. Gathercoal. *Female Exotic Dancers' Health and Community Needs in Oregon.* Poster session presented at Oregon Psychological Association Annual Conference, Eugene, OR. [Received award for Professionalism & Relational Competency].

Teaching and Supervision Experience

Teaching Assistant: Clinical Foundations, Glena Andrews, PhD **2017-2018**
George Fox University, Newberg, OR

- Supervised 3 first year pre-practicum doctoral students in person-centered therapy through weekly collaborative group meetings
- Previewed video footage of TA group with clients and provided verbal and written feedback on all sessions
- Utilized standardized rubrics for all paper and video grading.

Mentor to Practicum 1 PsyD student **2017-2018**

- Provided weekly peer mentoring to first year practicum student in professional areas including the following: systems work, theoretical orientation, case conceptualization of clients, self-care and advocating for oneself in the workplace

Mentor to pre-practicum PsyD student **2015-2016**

- Met weekly with a first year PsyD student in a peer relationship to provide support, academic guidance, and adjustment help.

English literature secondary teacher, LA; OR **1998-2008**

- Taught and maintained grades for 150 students yearly for middle and high school students in urban settings.
- Held responsibility of English department head and committee chair for Safe and Drug Free Schools
- Initiated school- wide activities with student involvement including a literary journal, talent show, Christmas program, and Oral History night
- Honored for having the most improved students on standardized tests

Pertinent Doctoral Coursework 2014-2017

- Health Psychology
- Psychopathology
- Human Development
- Biobasis of Human Behavior
- Cognitive Assessment
- Personality Assessment
- Social Psychology
- Ethics for Psychologists
- Cognitive Behavior Therapy
- Psychodynamic Therapy
- Multicultural Therapy
- Family Therapy in a Diverse Culture
- Theories of Personality and Psychotherapy
- Adolescent and Child Assessment
- Neuropsychological Assessment
- Psychopharmacology

Awards

- Teacher of the Year, Livaudais Jr. High, LA 2011 – 2012

Professional Development, Colloquia, Didactics, Conferences

Lysaker, P. (2018, Sept.). *Treatment and Interprofessional Training: Recovery and long-term relationships with clients.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Sperry, H. & Skeeters, S. (2018, Sept.). *Professional development: A post- doctoral position versus seeking employment.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Schnur, K. (2018, Sept.). *Treatment: CBT for insomnia*. Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Belanger, E. (2018, Sept.). *Assessment, treatment and interprofessional training: Personality disorders and recovery.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Chambers, Jennifer. (2018, Oct.). *Treatment: Mindfulness.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Wickett-Curtis, Amanda. (2018, Oct.). *Ethics and interprofessional training: Ethics in the VA.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Hines, Mike. (2018, Dec.). *Treatment: Chronic pain.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Hines, Mike. (2018, Dec.). *Interprofessional training: Chronic pain.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Wickett-Curtis, Amanda (2018, Dec.) *Ethics and treatment: Evidence-based treatment.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Boo, Jenelle. (2019, Jan.). *Cultural competency: Experiential diversity seminar.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Chambers, Jennifer. (2019, Jan.). *Treatment: ACT with veterans.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Lysaker, Paul. (2019, Jan.). *Cultural Competency and treatment: Working with stigma and severe mental illness.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Buck, Kelly. (2019, Feb.). *Treatment: Pharmacotherapy.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Leonhardt, Bethany. (2019, Feb.). *Assessment, treatment and interprofessional training: Early psychosis and recovery.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Sico, Jason. (2019, March). *Spotlight on pain management: Understanding headaches among veterans and the role of the VHA Headaches Centers of Excellence Program* (HCoE). HSR & D Cyberseminar: VA Connecticut Healthcare System.

Hamm, Jay. (2019, April). *Interpersonal processes in supervision and psychotherapy.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Kukla, Marina. (2019, April). *Interprofessional training: Psychiatric rehabilitation and recovery from serious mental illness.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Indiana Conference on Cultural Competency for Behavioral Healthcare. (2019, April). *Psychic Trauma and its intersections (internalized racism, homelessness, Latinx experience).* IUPUI Campus Center, Indianapolis, Indiana.

Belanger, Elizabeth. (2019, May*). Professional development: Licensure and loan repayment options.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Woller, Shannon. (2019, June). *Ethics and interprofessional training: Ethics in clinical practice with veterans.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Vernon, Veronica. (2019, June). *Cultural competency: Working with transgender veterans.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

Leonhardt, Bethany. (2019, Feb.). *Assessment, treatment and interprofessional training: Early psychosis and recovery.* Didactic presented at Richard L. Roudebush VA Medical Center Indianapolis, IN.

International Society for Psychological and Social Approaches to Psychosis (ISPS) Conference. (2017, Nov.). Portland, Oregon.

Kasiwabara, E. (2017, Oct.). *Using community based participatory research to promote mental health in American Indian/Alaska Native children, youth and families.* Presentation presented at George Fox University, Graduate Department of Clinical Psychology Fall Grand Rounds, Newberg, OR.

Gray, C.E. & Blummer, K. (2017, Sept.) Clinical moments: Case presentation and analysis. Presentation sponsored by Oregon Psychoanalytic Center, Portland, OR.

Seegobin, W., Peterson, M., McMinn, M. & Andrews, G. (2017, March) *Difficult dialogues*. Presentation presented at George Fox University, Graduate Department of Clinical Psychology Spring Diversity Grand Rounds, Newberg, OR.

Warford, P. & Baltzell, T. (2017, March) *Domestic violence: A coordinated community response*. Presentation presented at George Fox University, Graduate Department of Clinical Psychology Spring Colloquium, Newberg, OR.

Brown, S. (2017, Feb). *Native self-actualization: It's assessment and application in therapy.* Presentation presented at George Fox University, Graduate Department of Clinical Psychology Spring Diversity Grand Rounds, Newberg, OR.

University of Miami Leonard M. Miller School of Medicine. (2017, Jan.). *CITI program: Human subjects research basics- Behavioral track.* 4 Ethics CE hours. Retrieved from https://www.citiprogram.org

Bourg, W. (2016, Nov.). *When divorce hits the family: Helping parents and children navigate*. Presentation presented at George Fox University, Graduate Department of Clinical Psychology Fall Grand Rounds, Newberg, OR.

Kuhnhausen, B. (2016, Oct). *Sacredness, naming, and healing: Lanterns along the way*. Presentation presented at George Fox University, Graduate Department of Clinical Psychology Fall Colloquium, Newberg, OR.

Jenkins, S. (2016, Mar.). *Managing with diverse clients*. Presentation presented at George Fox University, Graduate Department of Clinical Psychology Spring Colloquium, Newberg, OR.

Hall, T. & Janzen, D. (2016, Feb.). *Neuropsychology: What do we know 15 years after the decade of the brain? & Okay, enough small talk. Let's get down to business!*. Presentation presented at George Fox University, Graduate Department of Clinical Psychology Spring Grand Rounds, Newberg, OR.

Lewis, Aron. (2016). *The Therapist's Use of Subjectivity: In Memory of Harold Serles [lecture]*.

Mauldin, J., (2015, Oct.). *Let's Talk about Sex: sex and sexuality with clinical applications*. Presentation presented at George Fox University, Graduate Department of Clinical Psychology Fall Grand Rounds, Newberg, OR.

Rural Behavioral Health Conference. (2015, Oct.) Minnesota Psychological Association. (online)

Hoffman, M., (2015, Sep.). *Relational Psychoanalysis and Christian Faith: A Heuristic dialogue.* Presentation presented at George Fox University, Graduate Department of Clinical Psychology Fall Colloquium, Newberg, OR.

McRay, B., (2015, Mar.). *Spiritual Formation and Psychotherapy.* Presentation presented at George Fox University, Graduate Department of Clinical Psychology Spring Colloquium, Newberg, OR.

Sammons, M., (2015, Feb.). *Credentialing, Banking, the Internship Crisis, and other Challenges for Graduate Students in Psychology.* Presentation presented at George Fox University, Graduate Department of Clinical Psychology Spring Grand Rounds, Newberg OR.

Dodgen-Magee, D. (2014, Nov.) *"Facetime" in an Age of Technological Attachment*. Presentation presented at George Fox University, Graduate Department of Clinical Psychology Spring Colloquium, Newberg, OR.

Doty, E.,& Becker, T. (2014, Oct.) *Understanding and treating ADHD and Learning Disabilities in the DSM 5.* Presentation presented at George Fox University, Graduate Department of Clinical Psychology Fall Grand Rounds, Newberg, OR.

Affiliations/Membership

- American Psychological Association 2014-2019
- Clinical Health Psychology SIG 2014-2017
- Neuropsychology SIG
- Psychodynamic SIG 2016-2017

- Storytelling Guild, Jacksonville OR 2010-2013
- American Federation of Teachers 1995-2007

Certifications and Licenses

- First Aid Certification 2014-2018