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Training outcomes in an APA-accredited PsyD clinical psychology program

Bradley J. McConnell
George Fox University

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Training Outcomes in an APA-Accredited PsyD Clinical Psychology Program

by

Bradley J. McConnell

Presented to the Faculty of the
Graduate Department of Clinical Psychology
George Fox University
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in Clinical Psychology

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Training Outcomes in an APA-Accredited PsyD Clinical Psychology Program

Bradley J. McConnell, MA

has been approved

at the

Graduate School of Clinical Psychology

George Fox University

As a Dissertation for the Psy.D. degree

Approval

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Date: 2.15.12
Training Outcomes in Psychology

Training Outcomes in an APA-Accredited PsyD Program

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Abstract

In the past, clinical research has focused, in majority, on psychotherapy outcomes. Psychotherapy training is researched much less. It is important to the American Psychological Association’s Commission on Accreditation (CoA) that training outcomes are documented, and to the best of our knowledge, no one publishes these self-studies in contribution to the literature. A longitudinal analysis of a cohort of doctoral-level students (N = 20) in a doctoral clinical psychology program was performed to ascertain if, in fact, there is positive evidence of knowledge, skills, and professional attitudes (KSAs) gained throughout students’ tenure. Data from practicum supervisor evaluation forms were analyzed using a paired samples $t$-test design, with the independent variable defined as clinical training (measured every 6 months) and the dependent variables defined as knowledge, skills, and professional attitudes.

Based on reliable alpha values, KSA scales were formed. Results indicated strong positive and negative correlations in different domains throughout trainee tenure in this clinical program. Some significant positive correlation occurred across all 3 domains. Clinically
significant negative correlation was also found in the area of professional attitudes. Analysis of KSA domains indicated growth in all areas.

Correlations among KSAs were inconsistent over time. Several reasons were presented to explain this finding, including human consistency in clinical work and the development of professional attitudes within the clinical training years. Additionally, major events in a clinical trainees’ development are also explored as a potential impact upon the acquisition of knowledge, skills, and professional attitudes. Limitations included missing data from participants’ forms, missing forms, and the fact that this was exploratory in nature. Future directions may be replicating this study for another cohort or at a different university in order to explore the generality of these findings.
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Whether psychotherapy training has positive or negative outcomes is not altogether clear (O’Donovan, Bain, & Dyck, 2005). It is clear, however, that psychotherapy training has an extensive research base, ranging from specialized training as a group therapist (Marus & King, 2003) to perspectives on models of psychological training, rather than outcomes of psychotherapy (Boswell & Castonguay, 2007). In the most elementary sense, psychological training is the process by which trainees become psychologists. Training programs are varied in their theoretical models and there is not a specific model of training that is nationally recognized.

Models of training students in psychology have been proposed (Castonguay, 2000) and it is common knowledge that psychotherapy training at the doctoral level in the United States is based on three models: scientist-practitioner, scholar-practitioner, and the clinical scientist. The first emphasizes research over clinical training. The second emphasizes clinical practice coupled with the utilization of research (Norcross, Castle, Sayette, & Mayne, 2004). The third strongly emphasizes science as the best foundation for the practice of clinical psychology in numerous settings and espouses explicit criteria for the application of “psychological services” in the community (McFall, 1991).

While there are two types of doctorates in clinical psychology in the United States (PsyD and PhD, emphasizing clinical practice and research respectively), the specific details of
psychological training are unique to the schools in which this training is conducted. The American Psychological Association (APA) also requires a specific core of study that its accredited doctoral graduate programs follow, but each program offers something distinctive in addition to this standard core of education (APA, 2007). Elsewhere in the world this is not necessarily the case. In Australia, for example, there are two paths to become a psychologist, namely, that one may either go to a postgraduate institution to study psychology or pursue an apprenticeship (O’Donovan et al., 2005). For purposes of psychological trainee outcomes, we will confine this paper to doctoral programs, psychological training, and psychological training outcomes in the United States and Canada.

The main governing board for psychology training in America is the APA. The APA Commission on Accreditation (CoA) is a panel that reviews and grants the accreditation of doctoral-level programs in psychology, internship programs, and post-doctoral residencies in psychology; the CoA operates under the auspices of the U.S. Department of Education as well as the Council of Higher Education (CHEA). The APA has this to say about the purpose of accreditation:

Accreditation is a process that assures the educational community and the general public that an institution or a program has clearly defined and appropriate objectives and maintains conditions under which their achievement can reasonably be expected. It encourages improvement through continuous self-study and review. It fosters excellence in postsecondary education through the development of principles and guidelines for assessing educational effectiveness (APA, 2010, p. 1).
When accredited programs participate in self-study to maintain their accredited status, part of the self-study requires evidence of training outcomes (APA, 2007). More specifically, the CoA “will place great emphasis on the outcomes or products of a program’s training efforts.... Accreditation guidelines and principles do not contain a “checklist” of criteria … they … describe general domains … considered essential” (p. 4). It may be argued that any amount of self-study is both integral and helpful to the professional development and excellence of a psychology program; however, psychology programs appear to rarely publish their own self-study results in contribution to the literature. At the present moment, the literature that pertains to trainee outcomes is sparse. Understanding the nature of psychology graduate education may aid in awareness of the complexity of studying trainee outcomes.

Graduate education and training is changing. Nevertheless, graduate programs in psychology typically have specific core classes that must be met before a degree is awarded to a student. The nature of these classes are usually information-acquisition based; that is, the main goal of these courses is to gain knowledge. There are, however, relatively few courses that emphasize the training and development of skills. The development of skills are largely left for practicum sites, where students usually gain experience under the supervision of a licensed psychologist and interact with real-world clients. Finally, it is assumed that students will have the ability to conduct themselves in a professional manner. These three, knowledge, skills, and professional attitudes (KSAs) are fundamental in assessing whether or not trainee outcomes have been met.

The National Council of Schools of Professional Psychology (NCSPP), for example, has convened regularly over the last 30 years and has delineated the following specific areas as ones
in which professional psychologists should have competency: “Relationship (Interpersonal), Assessment, Intervention, Research/Evaluation, Consultation/Teaching, and Management/Supervision” (Bourg, Bent, McHolland, & Stricker, 1989, p. 70). While organizations such as the NCSPP endorse competencies, the APA Ethics Code does not discuss trainee outcomes explicitly; rather, the Code discusses that it “applies only to psychologists' activities…. Areas covered include … supervision of trainees” (APA, 2002, p. 2). However, APA has also recently revised a competency benchmark document via the APA Task Force on the Assessment of Competence in Professional Psychology (APA, 2011). The Task Force revised their initial document “Competency Benchmarks in Professional Psychology” (Fouad et al., 2009). This document continued to refine competency domains that are designed to help assess a psychological trainee’s attributes that are considered necessary for the practice of psychology.

While there are multiple articles on psychotherapy training, they generally focus on inputs. The research tends to begin with practicing psychologists’ outcomes and does not focus on trainees’ needs. More specifically, trainee outcomes is where the research is lacking. Some researchers, such as Ladany (2007) and Hill, Sullivan, Knox, and Schlosser (2007) have discussed the positive influence training outcomes have provided. These authors emphasize the acquisition of helping skills, in addition to offering suggestions on what may help in a larger context when it comes to understanding how students increase in KSAs during the duration of their respective programs. Fauth, Gates, Vinca and Boles (2007) postulate a “trans-theoretical model” for clinical training that includes understanding the importance of developing skills and therapeutic responsiveness. However, these researchers also note the importance of examining clinical trainees’ skill development (p. 389). To our knowledge, however, research has not
addressed *how* or *if* clinical trainees gain KSAs over the long term. Indeed, Boswell and Castonguay (2007) suggest that it is important to investigate clinical training from a variety of perspectives, including looking specifically within a training site (p. 382).

The rationale behind our study is founded on the assumption that clinical psychology training programs *do* show positive evidence of KSAs within their students. In contribution to the literature, we seek to ascertain if an APA-accredited PsyD program in clinical psychology can show evidence of trainees’ growth in the acquisition of KSAs over a three-and-a-half year period (years 1-4 of a 5-year training program).

We hypothesize the following: trainees will show growth in KSAs over their tenure in the program, as demonstrated in semi-annual evaluations from practicum supervisors. While we understand that there are limitations to any study, ours included, we hope that this exploratory study helps contribute a “drop in the bucket” to doctoral-level psychological trainees, outcomes, and that this research further supports the area of psychological training, while adding to the relatively newer field of trainee outcomes.
Chapter 2

Method

Participants

Semi-annual student clinical practicum evaluation forms were used as archival data (see Appendix A). The data set consisted of 10 men and 10 women (N = 20) who were enrolled in a doctoral-level clinical psychology program. Each student turned in evaluation forms semi-annually for 4 years, for a total of 160 evaluation forms. However, a semester of data were missing, so the full numbers of evaluation forms used was 140 (20 participants x 7 occasions). After turning in these forms at the close of each semester, these evaluations became the property of the George Fox University Graduate Department of Clinical Psychology (GDCP). It is these forms that were used as archival data for our study.

Materials and Procedure

Clinical Form #2 from the GDCP student evaluations was used as the basis of our study. To maintain anonymity, an undergraduate student was hired to copy these forms and sanitize all identifying information before the researchers interacted with the materials. After receiving forms, a participant ID number was assigned by the researchers. An ID number was also used for practicum supervisors to potentially ascertain rating discrepancies, but was not analyzed as a part of this study. After scanning forms into a computer, researchers used a master copy of the form and entered in data.
Proposed Data Analysis

Data were analyzed using a paired-samples $t$-test. The independent variable (IV) in our study was time, measured every six months, for four years. Dependent variables included the items measuring three domains: knowledge, skills, and professional attitudes. These variables were operationally defined on the clinical form. Human Subjects Committee approval was not a requisite for data collection, as archival data was held by the Graduate Department of Clinical Psychology and personal identifying information was removed. Students filled out the evaluation forms with the knowledge that these forms would then become the property of the program. Examples from these categories can be found in Appendix A.
Chapter 3

Results

Raw data were available for years 1-4. During Year 4 of the fall semester, data were only available for two students; as such, this specific semester’s data were omitted. However, data were examined for the remaining seven semesters and are shown in Table 1.

The first research question was whether the items in the rating form made meaningful measures of the three domains: knowledge, skills, and attitudes. In the formation of the Knowledge and Skills scales, items regarding supervision were not included in the scale construction. Specifically, Item 7 (“Knowledge of how to supervise others”) on Knowledge was omitted. Item 8 on Skills was also omitted for the same reason (“Ability to effectively supervise others”). Professional Attitudes did not have any items deleted from its scale formation. Internal consistency alpha coefficients for Knowledge were 0.87, 0.98, 0.89, -0.56, 0.82, and 0.78 for the seven semesters where ratings were available. Alpha coefficients for Skills were 0.91, 0.98, 0.70, 0.83, 0.58, 0.92, and 0.92. Alpha coefficients for Professional Attitudes were 0.93, 0.92, 0.91, 0.84, 0.89, 0.85, and 0.93. These data suggested that the items comprised internally consistent scales for measuring knowledge, skills and attitudes with the exception of one semester for Knowledge. Thus examination of scores across time seemed warranted.

Correlational data showed a number of significant correlations among knowledge, skills and attitudes. Some significant correlations occurred in the domain of clinical knowledge.
Table 1

**Mean, Standard Deviation, and Coefficient Alphas for KSAs by Occasions**

<table>
<thead>
<tr>
<th>KSAs Total</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>SD</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 1, Fall</td>
<td>17</td>
<td>12.0</td>
<td>25.0</td>
<td>21.41</td>
<td>2.95</td>
<td>.87</td>
</tr>
<tr>
<td>Year 1, Spring</td>
<td>8</td>
<td>15.0</td>
<td>28.0</td>
<td>23.63</td>
<td>4.41</td>
<td>.98</td>
</tr>
<tr>
<td>Year 2, Fall</td>
<td>13</td>
<td>17.0</td>
<td>27.0</td>
<td>22.46</td>
<td>2.67</td>
<td>.83</td>
</tr>
<tr>
<td>Year 2, Spring</td>
<td>15</td>
<td>19.0</td>
<td>28.0</td>
<td>24.40</td>
<td>2.80</td>
<td>.89</td>
</tr>
<tr>
<td>Year 3, Fall</td>
<td>11</td>
<td>22.0</td>
<td>26.0</td>
<td>24.00</td>
<td>1.10</td>
<td>-.56</td>
</tr>
<tr>
<td>Year 3, Spring</td>
<td>16</td>
<td>22.0</td>
<td>28.0</td>
<td>25.28</td>
<td>2.27</td>
<td>.82</td>
</tr>
<tr>
<td>Year 4, Fall&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2</td>
<td>22.0</td>
<td>23.0</td>
<td>22.50</td>
<td>0.70</td>
<td>.00</td>
</tr>
<tr>
<td>Year 4, Spring</td>
<td>4</td>
<td>28.0</td>
<td>32.0</td>
<td>29.88</td>
<td>1.75</td>
<td>.78</td>
</tr>
<tr>
<td>Skills Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 1, Fall</td>
<td>10</td>
<td>30.0</td>
<td>37.5</td>
<td>34.55</td>
<td>2.37</td>
<td>.91</td>
</tr>
<tr>
<td>Year 1, Spring</td>
<td>1</td>
<td>23.0</td>
<td>23.0</td>
<td>23.00</td>
<td>.</td>
<td>.98</td>
</tr>
<tr>
<td>Year 2, Fall</td>
<td>4</td>
<td>33.0</td>
<td>37.0</td>
<td>34.50</td>
<td>1.91</td>
<td>.70</td>
</tr>
<tr>
<td>Year 2, Spring</td>
<td>11</td>
<td>32.0</td>
<td>43.0</td>
<td>39.91</td>
<td>4.16</td>
<td>.83</td>
</tr>
<tr>
<td>Year 3, Fall</td>
<td>6</td>
<td>33.0</td>
<td>39.0</td>
<td>37.17</td>
<td>2.40</td>
<td>.58</td>
</tr>
<tr>
<td>Year 3, Spring</td>
<td>10</td>
<td>34.0</td>
<td>44.0</td>
<td>40.35</td>
<td>4.01</td>
<td>.92</td>
</tr>
<tr>
<td>Year 4, Fall&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1</td>
<td>28.0</td>
<td>28.0</td>
<td>28.00</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>Year 4, Spring</td>
<td>3</td>
<td>37.0</td>
<td>47.0</td>
<td>42.17</td>
<td>5.01</td>
<td>.92</td>
</tr>
<tr>
<td>Professional Attitudes Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 1, Fall</td>
<td>19</td>
<td>31.0</td>
<td>44.0</td>
<td>38.53</td>
<td>4.10</td>
<td>.93</td>
</tr>
<tr>
<td>Year 1, Spring</td>
<td>16</td>
<td>33.0</td>
<td>44.0</td>
<td>37.53</td>
<td>4.11</td>
<td>.92</td>
</tr>
<tr>
<td>Year 2, Fall</td>
<td>18</td>
<td>32.0</td>
<td>44.0</td>
<td>39.22</td>
<td>3.98</td>
<td>.91</td>
</tr>
<tr>
<td>Year 2, Spring</td>
<td>19</td>
<td>37.0</td>
<td>44.0</td>
<td>41.68</td>
<td>2.56</td>
<td>.84</td>
</tr>
<tr>
<td>Year 3, Fall</td>
<td>13</td>
<td>32.5</td>
<td>44.0</td>
<td>39.77</td>
<td>3.77</td>
<td>.89</td>
</tr>
<tr>
<td>Year 3, Spring</td>
<td>18</td>
<td>34.0</td>
<td>44.0</td>
<td>41.72</td>
<td>2.78</td>
<td>.85</td>
</tr>
<tr>
<td>Year 4, Fall&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2</td>
<td>40.0</td>
<td>42.0</td>
<td>41.00</td>
<td>1.41</td>
<td>-.55</td>
</tr>
<tr>
<td>Year 4, Spring</td>
<td>17</td>
<td>33.0</td>
<td>44.0</td>
<td>41.03</td>
<td>3.75</td>
<td>.93</td>
</tr>
</tbody>
</table>

<sup>a</sup>There was insufficient data for Year 4, Fall to compute statistics.

between Year 1, Fall Semester and Year 2, Spring Semester ($r = .73$, $p < .01$). Additional correlations were significant in the area of professional development (Year 2, Spring Semester and Year 4, Spring Semester; $r = .51$, $p < .05$). However, significant negative correlations were also found in the area of professional attitudes between Year 1, Spring Semester and Year 4,
Spring Semester ($r = -0.81; p < 0.01$) as well as Year 3, Spring Semester and Year 4, Spring Semester ($r = -0.55; p < 0.05$). Tables 2, 3, 4, and 5 show additional data for Knowledge, Professional Attitudes, and Skills.

Table 2

<table>
<thead>
<tr>
<th>Semester</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1   Year 1, Fall</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2   Year 1, Spring</td>
<td>-0.55</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3   Year 2, Fall</td>
<td>0.57</td>
<td>0.64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4   Year 2, Spring</td>
<td>0.73**</td>
<td>-0.72</td>
<td>0.31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5   Year 3, Fall</td>
<td>0.49</td>
<td>0.91</td>
<td>0.49</td>
<td>0.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6   Year 3, Spring</td>
<td>-0.26</td>
<td>0.73</td>
<td>0.01</td>
<td>-0.04</td>
<td>-0.55</td>
<td>--</td>
</tr>
<tr>
<td>7   Year 4, Spring</td>
<td>0.75</td>
<td></td>
<td>0.93</td>
<td>0.40</td>
<td>0.24</td>
<td>-0.30</td>
</tr>
</tbody>
</table>

** $p < 0.01$

*Note.* Data was not available for Year 4, Fall Semester

Table 3

<table>
<thead>
<tr>
<th>Semester</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1   Year 1, Fall</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2   Year 1, Spring</td>
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<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3   Year 2, Fall</td>
<td>-0.12</td>
<td>0.14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4   Year 2, Spring</td>
<td>0.58*</td>
<td>-0.26</td>
<td>0.06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5   Year 3, Fall</td>
<td>0.48</td>
<td>-0.51</td>
<td>-0.36</td>
<td>0.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6   Year 3, Spring</td>
<td>0.24</td>
<td>0.25</td>
<td>0.16</td>
<td>0.14</td>
<td>-0.49</td>
<td>--</td>
</tr>
<tr>
<td>7   Year 4, Spring</td>
<td>0.33</td>
<td>-0.81**</td>
<td>-0.17</td>
<td>0.51*</td>
<td>0.83**</td>
<td>-0.55*</td>
</tr>
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</table>

*p < 0.05  ** $p < 0.01$

*Note.* Data was not available for Year 4, Fall Semester
Table 4

Correlations Between Skill Scores by Semester

<table>
<thead>
<tr>
<th>Semester</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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</thead>
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<tr>
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<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2 Year 1, Spring</td>
<td>.</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>3 Year 2, Fall</td>
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<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>4 Year 2, Spring</td>
<td>-.36</td>
<td>.</td>
<td>-.100**</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>5 Year 3, Fall</td>
<td>-.85</td>
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<td>.</td>
<td>.</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>6 Year 3, Spring</td>
<td>-.19</td>
<td>.</td>
<td>.99</td>
<td>.55</td>
<td>-.100**</td>
<td>--</td>
</tr>
<tr>
<td>7 Year 4, Spring</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>-.100**</td>
<td>-.06</td>
</tr>
</tbody>
</table>

** p<.01

Note. Data was not available for Year 4, Fall Semester
<table>
<thead>
<tr>
<th>Semester</th>
<th>Knowledge</th>
<th>Professional Attitudes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1, Fall</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
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<tr>
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<tr>
<td>Skills</td>
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<tr>
<td>Skills</td>
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</tr>
<tr>
<td>Skills</td>
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*p < .05  ** p < .01
Missing data complicated analysis of professional development. Due to this complication, using a MANOVA to analyze the data was not appropriate. A paired-samples t-test was determined to be the best choice to analyze the data set. Analysis of professional attitudes indicated significant growth over time ($t_{(17)} = -3.64; p = .002; r = .66$). Similarly, significant gains in clinical knowledge were indicated in a comparison between Year 1, Fall Semester and Year 2, Spring Semester ($t_{(13)} = -5.65; p < .001; r = .93$). Gains in skills were also found in a comparison of Year 1, Fall Semester, and Year 2, Spring Semester ($t_{(6)} = -2.94; p = .026; r = .76$). The first year, first semester (Year 1, Fall) was compared with each subsequent semester (e.g., Year 1, Spring, through Year 4, Spring). Additional results are described in Table 6.

Table 6

<table>
<thead>
<tr>
<th>Comparison</th>
<th>t-Value</th>
<th>Significance</th>
<th>Effect Size</th>
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<td>$t_{(5)} = -2.48$</td>
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<td>Year 1, Fall and Year 2, Fall</td>
<td>$t_{(11)} = -1.17$</td>
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<tr>
<td>Year 1, Fall and Year 2, Spring</td>
<td>$t_{(13)} = -5.65$</td>
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<td>Year 1, Fall and Year 3, Fall</td>
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<td>Year 1, Fall and Year 4, Spring</td>
<td>$t_{(2)} = -4.03$</td>
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*continued on next page*
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<th>Comparison</th>
<th>t-Value</th>
<th>Significance</th>
<th>Effect Size</th>
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<td><strong>Skills</strong></td>
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<tr>
<td>Year 1, Fall and Year 2, Spring</td>
<td>$t(6)=-2.94$</td>
<td>$.026^*$</td>
<td>$d = .76$</td>
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<tr>
<td>Year 1, Fall and Year 3, Fall</td>
<td>$t(2)=-1.36$</td>
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<td>Year 1, Fall and Year 3, Spring</td>
<td>$t(4)=-2.92$</td>
<td>$.043^*$</td>
<td>$d = .82$</td>
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<td><strong>Professional Attitudes</strong></td>
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<td>$t(14)=.254$</td>
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<td>Year 1, Fall and Year 2, Fall</td>
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<tr>
<td>Year 1, Fall and Year 2, Spring</td>
<td>$t(17)=-3.64$</td>
<td>$.002^{**}$</td>
<td>$d = .66$</td>
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<tr>
<td>Year 1, Fall and Year 3, Fall</td>
<td>$t(11)=-1.69$</td>
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<td>Year 1, Fall and Year 3, Spring</td>
<td>$t(15)=-3.55$</td>
<td>$.003^{**}$</td>
<td>$d = .66$</td>
</tr>
<tr>
<td>Year 1, Fall and Year 4, Spring</td>
<td>$t(15)=-1.66$</td>
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</tr>
</tbody>
</table>

*p < .05; **p < .01; ***p < .001

**Note.** Year 4, Fall Semester had missing data from participants and thus were not analyzed across these three domains. Additionally, under Skills, Years 1, Spring Semester, and Year 2, Fall Semester were not analyzed for the same reason.
Discussion

It is important to understand the development and acquisition of clinical training skills now more than ever because trends in psychology are focusing on gains in competency (Fouad et al., 2009). The imperative to train practitioners to become ethical and effective psychologists is necessary, yet it has appeared difficult for our field to specifically empiricize clinical trainees’ development of knowledge, skills, and professional attitudes over time.

The APA (2011) has specific standards in order to measure competency. Various researchers, however (Boswell & Castonguay, 2007; Hill et al., 2007) urge research to begin at the start of one’s clinical training experience to show the efficacy that clinical trainees may gain over the long term.

The first question posed by this study is a measurement question. Did the measures used form meaningful scales of knowledge, skills, and attitudes? Internal consistency analyses were generally supportive, with one glaring counter-example. In exploring this discrepancy, the original data set was examined. In the domain of knowledge during Year 3, Fall Semester, no positive correlation between the items about knowledge was found. There is difficulty in explaining this finding because the questions in the form did not change over time, yet there was a significant negative correlation ($r = -.62; p < .05$) between Item 1 and Item 8. Several other items were also negatively correlated. Item 1 refers to clinical trainees’ knowledge of
psychotherapy models and theory. Item 8 refers to knowledge of ethical guidelines. It would appear that as a clinical trainee focuses on a specific area, the trainee’s focus might come at the expense of a different area of focus. However, the means are quite similar (Item 1, $M = 3.3$; Item 8; $M = 3.6$), so it is unclear why there is such a discrepancy with this semester. That was the only semester in which a negative alpha coefficient occurred where data was used. Meaningful data could therefore not be derived for a consistent alpha value. While this was a concern, the remaining semesters were highly reliable and therefore, scales for the domains of knowledge, professional attitudes, and skills could be created.

Correlations for knowledge, skills, and professional attitudes were mixed over time. Several hypotheses can be presented to explain this finding. The first hypothesis is that clinical trainees are fluid in these domains, meaning that trainees are human and do have days where they are more able to utilize their knowledge base, clinical skills, and professional attitudes.

Secondly, the very nature of training is complex, with many different requirements (APA, 2009) and while this research shows that clinical trainees may gain competency in these areas, external events may influence their formation and acquisition of these domains. For example, in this particular program, requirements to receive the Master’s degree at the end of the second year may produce anxiety in some students who have not yet passed competencies and other requirements, such as the completion of comprehensive examinations. This added stress may potentially alter the trainees’ ability to work with clients and professional attitude towards clinical training. It may indeed be difficult to fully ascertain the complexity that each student experiences in the context of pursuing a doctoral degree in clinical psychology.
An example of positive correlation in professional attitudes was evidenced between Year 3, Fall Semester and Year 4, Spring Semester. A potential reason to explain this is that most students receive their Master’s Degrees at the end of the second year in this program. As such, speculation is most students feel a sense of accomplishment as they are able to compete for more advanced practicum sites for the third year. Conversely, there was a negative correlation between Year 3, Spring Semester and Year 4, Spring Semester. This may also be explained due to the fact that clinical trainees experience the extreme stress for obtaining a clinical internship from at least the start of the fall semester until February or March with Phase I, and now Phase II, of the Match. The modal number of internship sites applied to was 15 (Association of Psychology Postdoctoral and Internship Centers, 2011) and clinical psychology students tend to choose clinical sites, which are deemed as more prestigious, as opposed to their counseling psychology counterparts (Shivy, Mazzeo, & Sullivan, 2007). While there are most likely other reasons going on, the importance of matching with an internship site is a high priority for most 4th year clinical trainees.

Results indicated support for the hypothesis that growth occurred over time for trainees in the domains of knowledge, skills, and professional attitudes. Specifically, as proposed in our hypothesis, significant gains in professional attitudes and clinical knowledge were found. Large main effects were found for clinical skills (Year 1 Fall, and Year 3 Spring; \( r = .82 \)) and clinical knowledge (Year 1, Fall, and Year 2, Spring; \( r = .93 \)). A medium main effect size was also found for professional attitudes (Year 1, Fall, and Year 3, Spring; \( r = .66 \)). There are several possible explanations for why this may be the case. First, trainees are still in practicum settings, often with different populations from the prior year, learning to apply their knowledge and attitudes in
a skill-based manner with clients. Second, psychological theory and attitudes may have a greater emphasis placed upon them within the academic institution rather than primarily gaining psychological theory and attitudes instruction in a practicum setting. Third, academic training takes place over about four years, typically beginning a year prior to initial clinical placement. Clinical development then occurs over a period of five to seven years that include practica, internship, and post-doctoral residency. Partially overlapping, clinical skill development begins later and progresses over a longer time frame as well. Thus clinical skills may lag knowledge during this period in training.

This study is significant because it shows that there is concrete evidence for growth over time in clinical trainees. This is important for students within the clinical psychology program because it may help students see which areas they need to improve before they reach significant milestones, and advanced practicum site or internship.

This research, like Fauth et al. (2007) suggest, helps contribute a new direction the understanding of clinical training and its application to clinical trainees’ growth and success as future psychologists. Belar (2006) believes that current trends pull for the expendability of psychologists and argues for psychologists to exercise their “power to return home” to training roots (p. 78) and focus on clinical development. Because this research area specifically is sparse and understanding of the acquisition of KSAs is not well known, this study was unique in showing that KSAs play a significant role in the development, and preparation of, clinical psychology students. Additionally, while the forms, but not items that were studied, changed over time, with different wording such as “compared to students with similar training” there
were still gains in KSAs. It would be prudent in the future to keep track of these changes and update data and scales accordingly.

Omissions regarding supervision on Knowledge and Skills scales were necessary because supervision coursework and advanced student mentoring occur in the fourth year of training for clinical trainees in this program. Consequently, the first three years could not be made into valuable scales without removing these specific items. Participating earlier in the area of “supervision of supervision” for junior clinical trainees may mean that growth could be measured more adequately, but supervision might need to be measured on its own domain rather than in conjunction with other domain items.

There were several limitations to our study. First, and foremost, was our data sample. There were only 20 individuals within the cohort. Another important factor that cannot be overlooked is the prevalence of missing data in our study. While this prevented us from a complete analysis over time, our study might have shown greater significance of KSA acquisition if an additional semester had been examined. As such, our results may not be generalizable to other universities or professional schools of psychology. This may be due to the ideas that no program is truly alike because of demographics, enrollment, faculty, curriculum, and practicum placements, etc. Additionally, this study looked solely at students in a program that trains students according to a scholar-practitioner model, as opposed to a clinical scientist or scientist-practitioner program in clinical psychology. Each of these models may emphasize gaining different KSAs than the particular program studied.

Forms also changed over time. While the actual changes may not have interfered with our data analysis, adding different wording in the instructions to practicum supervisors filling out the
form (e.g., “Compared to students with similar training…”) may make it difficult to show changes over time, due to different forms each year. However, it may be possible that trainees and supervisors prefer comparison at similar training levels because doing so may not seem as negative as comparing a first-year practicum student to a fourth-year pre-intern.

It is difficult to know whether or not these same problems would exist at other training sites. The problem of missing data forms may be changed dramatically were the training programs to use electronic records, such as an online survey website, to fill out student ratings. Also, it would be important to designate someone to make sure scales and data are up-to-date to allow relatively quick analysis of student, cohort, and program progress over time.

Finally, this was an exploratory study. Boswell and Castonguay (2007) encouraged more research in the acquisition of trainee skills and this study can provide some contribution to that area of research. It is expected that this study needs to be replicated at this same institution and other institutions in order to make these initial findings relevant to other programs with clinical trainees. A more complete data set and bigger sample size would also be helpful in meeting these goals. Nevertheless, this study offers another perspective on clinical trainees and their growth into their roles as emerging professionals.

Summary and Conclusion

Student archival data from a small, private university’s APA-accredited PsyD program was analyzed to determine if the acquisition of KSAs increased over a three-year period of training. Results showed that the measures used made reasonable scales. Correlational data revealed significance across time for KSAs. There were also positive correlations between each of the domains, but no significant correlations were found. Analysis scores over time three and
one-half years showed very significant gains in knowledge and attitudes and a significant gain in skills over this time. Because of small sample size, missing data, unique features of the training program investigated, and the exploratory nature of this study, more research is needed to generalize these results to the greater clinical training community.
References


Appendix A

Clinical Evaluation Form #2, Graduate Department of Clinical Psychology
STUDENT EVALUATION (FORM #2)

Student’s Name: ___________________________  Level (circle one): Pract I, Pract II, Preintern

Semester of evaluation (circle one):  Fall  Spring  Summer 20___

Site: _____________________________________  Phone: __________________

Please rate this student’s overall performance this semester compared to students with similar training (circle one for each item)

N/A = Not applicable  
1 = Needs focused emphasis on this area  
2 = Needs to refine or develop this area  
3 = Functions adequately or above in this area  
4 = Functions beyond expectations in this area

A. Knowledge  (mastery of factual and theoretical material)
   1. Knowledge of various psychotherapy models and concepts  N/A  1  2  3  4
   2. Knowledge of strategies to build therapeutic relationships  N/A  1  2  3  4
   3. Knowledge of assessment techniques and strategies  N/A  1  2  3  4
   4. Knowledge of various intervention strategies  N/A  1  2  3  4
   5. Knowledge of ways to conceptualize a case  N/A  1  2  3  4
   6. Knowledge of how service delivery occurs in this site  N/A  1  2  3  4
   7. Knowledge of how to supervise others  N/A  1  2  3  4
   8. Knowledge of ethical guidelines  N/A  1  2  3  4

Comments on student’s knowledge:

B. Professional Attitudes  (attitudes that facilitate clinical work)
   1. Demonstrates appropriate interpersonal warmth, respect, and compassion with clients and staff  N/A  1  2  3  4
   2. Demonstrates conscientiousness, energy and responsibility  N/A  1  2  3  4
   3. Demonstrates self-sufficiency, yet seeks consultation and guidance appropriately  N/A  1  2  3  4
   4. Demonstrates collaborative use of supervision and incorporates critical evaluation into clinical work.  N/A  1  2  3  4
   5. Demonstrates intellectual curiosity and is open to learning  N/A  1  2  3  4
   6. Demonstrates self-awareness and self-reflection, and uses this information appropriately in clinical activity  N/A  1  2  3  4
   7. Demonstrates awareness of personal and professional limitations
Training Outcomes in Psychology

appropriate for level of training N/A 1 2 3 4
8. Demonstrates personal integrity and ethical conduct N/A 1 2 3 4
9. Keeps appointments with clients and supervisors. N/A 1 2 3 4
10. Produces paperwork and records accurately and on time. N/A 1 2 3 4
11. Demonstrates appropriate professional presentation of self N/A 1 2 3 4

Comments on professional attitudes:

C. **Skills** (ability to apply factual and theoretical material in clinical situations)

1. Ability to establish effective rapport N/A 1 2 3 4
2. Ability to maintain empathic contact N/A 1 2 3 4
3. Ability to formulate intervention strategies based on knowledge of client and psychological concepts N/A 1 2 3 4
4. Ability to formulate treatment plans N/A 1 2 3 4
5. Ability to administer and score psychological tests N/A 1 2 3 4
6. Ability to intervene with clients to produce growth, insight, or change N/A 1 2 3 4
7. Ability to respond appropriately to ethical dilemmas N/A 1 2 3 4
8. Ability to effectively supervise others N/A 1 2 3 4
9. Ability to seek and give consultation with other staff N/A 1 2 3 4
10. Ability to make sound professional decisions regarding assessment and treatment of clients N/A 1 2 3 4
11. Ability to produce oral and written materials which are articulate, accurate, and concise. N/A 1 2 3 4
12. Ability to bring closure to a therapeutic relationship through transfer of case or termination. N/A 1 2 3 4

Comments on student’s skills:

D. **Engagement** (pro-active attitude towards clinical training)

1. Demonstrates awareness of professional goals or needs for specific competency development 1 2 3 4 5 6
2. Demonstrates awareness of competency requirements expected this year. 1 2 3 4 5 6
3. Demonstrates a proactive attitude towards training needs with supervisor. 1 2 3 4 5 6
4. Demonstrates regular communication with supervisor regarding specific competency based training needs 1 2 3 4 5 6

Comments on student’s engagement:

Please rank student’s level of knowledge (1-6) of the following clinical competencies:
### Training Outcomes in Psychology

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<th>Very Knowledgeable</th>
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<tr>
<td>Case Formulation</td>
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<td>Psychological Testing</td>
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<td>Ethics and Professionalism</td>
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<td>Professional Demeanor</td>
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<td>Awareness of Self &amp; Others</td>
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<td>Interpersonal Connection</td>
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### E. Behavioral Recommendations

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Practicum Site Supervisor | Date | Student Signature | Date |
__________________________|______|__________________|______|

Printed Name and Degree

**Return to:**

Mary Peterson, Ph.D.
Associate Director of Clinical Training
George Fox University
414 N Meridian St.
Newberg, OR 97132-2697
Appendix B

Curriculum Vitae
Bradley J. McConnell  
Doctoral Psychology Intern  
University of the Pacific  
3601 Pacific Avenue  
Stockton, CA 95211  
Phone (661) 805-5003  
BradleyJMac@me.com

EDUCATION:

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<th>Year</th>
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<td></td>
<td>Doctor of Clinical Psychology (expected graduation, July 2012)</td>
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</tr>
<tr>
<td>MA</td>
<td>George Fox University</td>
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<td>Clinical Psychology</td>
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<td>BA</td>
<td>Point Loma Nazarene University</td>
<td>2007</td>
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<td></td>
<td>Therapeutic and Community Psychology with Honors</td>
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CLINICAL EXPERIENCE:

University of the Pacific, Stockton, CA  
Clinical Internship: APA Accreditation, Application in Progress  
2011-2012  
Provided short and long-term therapy for college students and graduate students. Worked with a wide range of presenting issues, such as ADHD, mood disorders, anxiety disorders, grief, and personality disorders. Did outreach project to the campus community, and consultation with various departments on-campus. Performed mandated marijuana and alcohol assessments using the BASICS protocol. Consulted with part-time psychiatrist to assist in client medication compliance. Supervisor: Stacie Turks, PsyD

GFU Health and Counseling Center, Newberg, OR  
Direct Hours: 167  Indirect Hours: 213  
2010-2011  
Provided short-term therapy for college students, ranging from mood disorders and anxiety disorders to trauma/grief. Provided learning disability and ADHD assessments. Supervisor: William C. Buhrow, Jr., PsyD

Lutheran Community Services, McMinnville, OR  
Direct Hours: 356  Indirect Hours: 219  
2009-2010  
Provided mental health therapy to a wide range of clients, from children to adults. Worked in consultation with DHS, McMinnville School District and Yamhill County Courts. Performed domestic violence and anger management evaluations, as well as co-facilitating anger management and violence intervention programs. Worked with a variety of psychological disorders, such as posttraumatic stress disorder, autism spectrum disorders, reactive attachment disorder, adjustment disorders, depressive disorders, and anxiety disorders. Supervisor: Patricia Warford, PsyD
Roseburg VA Healthcare System, Eugene, OR 2008-2009
Community-Based Outpatient Clinic

**Direct Hours: 171  Indirect Hours: 154**

Worked with veterans and their families. Performed cognitive assessments, personality assessments and worked with anxiety disorders, mood disorders, bereavement, and posttraumatic stress disorder. **Supervisor: Rex W. Turner, PhD**

Prepracticum, George Fox University 2008

**Direct Hours: 78  Indirect Hours: 115**

Worked with volunteer undergraduate clients for 16 weeks. Developed basic counseling skills under supervision from the director of clinical training and an advanced student. **Supervisors: Mary Peterson, PhD; Jory Smith, PsyD**

Youth Treatment Specialist, CYFS, Newberg, OR 2007

Worked with at-risk youth in Chehalem Youth and Family Services’ residential treatment facility and school settings. Taught prosocial skill-building, hygiene, time management and financial responsibility.

Small Group Counselor, Point Loma Nazarene University 2006-2007

Met with a group of 10 college freshman for 32 weeks. Provided small-group counseling to help freshman adjust to the nuances of college life. Also provided students with expanding worldview perspectives and taught skills such as time management and stress management. **Supervisor: Daniel L. Jenkins, PhD**

Intern, Venture Day Treatment, San Diego, CA 2006

Worked in a day treatment facility and provided milieu therapy both individually and with a co-therapist to at-risk children who were sent to the day treatment center as an alternative option to being expelled from the San Diego school system.

**TEACHING EXPERIENCE:**

Adjunct Faculty, Chemeketa Community College 2009

*Taught PSY104: Psychology in the Workplace. Prepared PowerPoint presentations and graded exams, essays, and research papers.*

Guest Lecturer, Personality Theories, Gen. Psychology 2008-2009

*Taught on abnormal psychology and personality theorists.*

TA, English and Psychology, Point Loma Nazarene University 2006-2007

*Prepared PowerPoint lectures for faculty, graded quizzes and essays and provided timely feedback to students.*

Tutor, Abnormal Psychology, Research Methods, Point Loma Nazarene University 2006-2007

*Tutored undergraduate students in abnormal psychology, theory and application. Tutored students in understanding research concepts and research inception and design.*
MEMBERSHIPS:
American Psychological Association, Student Affiliate 2008-present
Rocky Mountain Psychological Association, Member 2008
Psi Chi Member, Point Loma Nazarene University Chapter (invited 2007)

APA DIVISIONS MEMBERSHIP
Division 19- Society for Military Psychology
Division 24- Division of Theoretical and Philosophical Psychology (Ethics)
Division 45- Society for the Psychological Study of Ethnic Minority Issues

ACADEMIC HONORS/AWARDS:
Richter Scholar 2009
Research Proposal: Training Outcomes in an APA-Accredited PsyD Program
Multicultural Diversity Scholarship, George Fox University 2007-2010
Point Loma Nazarene University Honors Scholar 2007

ACADEMIC AND PROFESSIONAL SERVICE:
George Fox University Graduate Dept. of Clinical Psychology 2010
Student Council, Member
George Fox University Graduate Dept. of Clinical Psychology 2009
Multicultural Committee, Member
Doctoral Admissions Committee 2008-2009
George Fox University Graduate Dept. of Clinical Psychology
Reviewed prospective students’ materials and aided in interviews for admission to the PsyD program.
Depression Group Facilitator, Neil Nedley Depression Group, Inc. 2008
Volunteer, Providence Newberg Hospital

INVITED COLLOQUIA:
“A New Kind of School: Graduate Education” 2008
Psi Chi, Point Loma Nazarene University Chapter
Was invited to Point Loma Nazarene University’s annual colloquium to speak about the admissions process and academic requirements that are needed in order to gain acceptance into a doctoral program in clinical psychology.

PRESENTATIONS:
(A poster presentation to be presented at the Annual Convention

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