Increasing Supervisors' Confidence in the Assessment of Students' Religious and Spiritual Diversity Competence

Heather M. Ambroson
George Fox University

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Increasing Supervisors’ Confidence in the Assessment of Students’
Religious and Spiritual Diversity Competence

by
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Graduate Department of Clinical Psychology
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Religious and Spiritual Diversity Competence

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Increasing Supervisors’ Confidence in the Assessment of Students’ Religious and Spiritual Diversity Competence

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Abstract

Since the 1980s, there has been a movement towards using a competency-based approach as a way to measure and evaluate the progress of students and trainees in professional psychology. A core competency that has been defined is individual and cultural diversity, which includes the areas of religious and spiritual diversity. Research has shown that the primary way graduate students learn about religious and spiritual diversity is through clinical experiences, especially supervision (Vogel, McMin, Peterson, & Gathercoal, in press; Worthington et al., 2009). Therefore, it is important for supervisors to be aware of the expected knowledge, skills and attitudes students should demonstrate to attain competency; as well as their role in facilitating the development of these skills. Regardless of the vital role played by supervisors in training students in religious and spiritual diversity, the majority of supervisors have not received training specific to this area of competency (Aten & Hernandez, 2004; McMin, Hathaway, Woods, & Snow, 2009).
In an effort to address this gap between supervisors’ previous training and current expectations for supervision in this area, supervisors were invited to participate in a training designed to help them understand and assess students’ knowledge, skills and attitudes in working with religious and spiritual diversity in the clinical setting. A survey was given before and after the training assessing supervisors’ perception of their knowledge and confidence in supervising students in the area of religious and spiritual diversity. Results indicated that the training increased supervisors’ confidence in providing supervision to students in the area of religious and spiritual diversity. Further training for supervisors can be instrumental in improving the quality of the supervision they provide to graduate students in regard to issues of religious and spiritual diversity.
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Chapter 1

Introduction

Graduate Programs and Practicum

The American Psychological Association (APA) recognized over 370 accredited doctoral psychology programs in 2012 (APA Commission on Accreditation Update, 2012). In order for these programs to gain their accreditation status, rigorous standards must be met and demonstrated outcomes must be maintained over time. These standards are outlined in the Guidelines and Principles for Accreditation of Programs in Professional Psychology (APA Commission on Accreditation, 2009). Clinical training, specifically the practicum experience, is a foundational part of the graduate school curriculum. Therefore, all accredited graduate psychology programs require their students to complete practicum placements before application to the pre-doctoral internship can be made and their degree completed. These practicum placements must be “clearly committed to training”, have “an adequate number of appropriate professionals” to supervise the students, and “provide a wide range of training and educational experiences through applications of empirically supported intervention procedures” (APA Commission on Accreditation, 2009, p. 9).

Practicum Training

Clinical practica has been an essential part of training since the earliest days of professional psychology education and most graduate programs are committed to providing quality practicum training experiences that will help prepare students for their
future clinical work as professional psychologists (Hatcher, Grus, & Wise, 2011). More recently, practicum training has received increased attention in the field of psychology due to the resolution of the APA Council of Representatives to allow clinical hours acquired in the practicum experience to count toward the hours required for professional licensure (APA, 2006; Hatcher et al., 2011). This resolution coincided with the new regulations from APA Commission on Accreditation (CoA), stressing the importance of practicum training in a doctoral program (APA Commission on Accreditation, 2010; Hatcher et al., 2011).

Although the expectation for quality in practicum training is clear, how this training is currently being provided and evaluated by doctoral programs is not always clear. In 2011, 278 APA training directors of accredited psychology doctoral programs were surveyed to gather information regarding their program policies and practices related to practicum training (Hatcher et al., 2011). Hatcher et al. found that while programs are committed to quality practicum training, this is done in an assortment of ways and in varying degrees. Most programs have defined policies and procedures and almost all of them had yearly evaluations and records of students’ progress. However, there was significant variability in the establishment of sites, the credentialing and evaluation of practicum supervisors and sites and the evaluation of students. The variability may not mean a reduction in the quality of training, but it does make it more difficult to ensure that standardized expectations for training have been met and an assessment of training outcome has occurred.

**The Competency Model**

Since the 1980s, there has been a movement towards using a competency-based approach as a way to measure and evaluate the progress of students and trainees in
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professional psychology. It is considered a “gold standard” movement, causing a task force of the APA Board of Educational Affairs to recommend “a culture shift within the profession toward a high value on the assessment of competence across the professional life span” (Anderson, 2011; APA, 2006). The commonly accepted definition of competence as defined by Epstein and Hundert (2002) is the “habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served” (p. 226). In addition, Kaslow (2004) stated that competence

connotes the capability of critical thinking and analysis; the successful exercise of professional judgment in assessing a situation and making decisions about what to do or not do based on that assessment; and the ability to evaluate and modify one's decisions, as appropriate, through reflective practice. (p. 2)

A significant step of the competency movement was the 2002 Competencies Conference titled “Future Directions in Education and Credentialing,” which sought to examine the primary competencies expected of students in psychology programs (Fouad et al., 2009). One outcome of this conference was the development of the “Cube model” of 12 core competencies (Rodolfa et al., 2005). These competencies are divided into two types, foundational competencies and functional competencies (see Figure 1). Fouad et al. (2009) defined the elements of the model as the following:

Foundational competencies (on the x-axis) refer to the knowledge, skills, attitudes, and values that serve as the foundation for the functions a psychologist is expected to perform (e.g., an understanding of ethics, awareness and understanding of
individual and cultural diversity issues, knowledge of the scientific foundations of psychology). Functional competencies (on the y-axis) encompass the major functions that a psychologist is expected to perform, each of which requires reflective integration of foundational competencies in problem identification and resolution, (e.g., assessment, intervention, consultation, research). Finally, the z-axis represents the stages of professional development. (p. S6)

**Figure 1. Cube model (As adapted from Rodolfa et al., 2005).**

As a follow-up to the work initiated at the Competencies Conference, the APA Board of Educational Affairs (BEA) created the Assessment of Competency Benchmarks
Workgroup in 2005, which developed a Benchmarks Document (Fouad et al., 2009) to help operationalize the competency model. This Workgroup used the Cube model (see Figure 1) as a basis and sought to operationally define each of the 12 competencies. Each competency was defined, divided into essential components, and behavioral anchors for each of the essential components were defined (Fouad et al., 2009). In addition, three new competencies were added. The resulting core foundational competencies were: professionalism, reflective practice, scientific knowledge and methods, relationships, individual and cultural diversity, ethical and legal standards and policy, and interdisciplinary systems (Fouad et al., 2009). The core functional competencies were: assessment, intervention, consultation, research and evaluation, supervision, teaching, administration, and advocacy (Fouad et al., 2009). For the complete Benchmarks Document, see Fouad et al. (2009).

Simultaneous to the work of the BEA, The National Consortium of Schools in Professional Psychology (NCSPP) contributed to the development of a competency-based clinical training model. In 2007, the NCSPP defined the developmental achievement levels (DALs) for each competency and included the DALs in their model of training and education (National Council of Schools and Professional Programs in Psychology [National Council], 2007). The DALs highlight specific knowledge, skills, and attitudes that students should achieve in each of the seven competencies across various stages of training (beginning practicum, beginning internship, and beginning independent practice; National Council, 2007). For a complete description of the DALs, see National Council (2007).
Many graduate psychology programs have explicitly incorporated aspects of the competency model in their clinical training program. The George Fox University (GFU) Graduate Department of Clinical Psychology (GDCP) uses the clinical competency model outlined in the Benchmarks Document and of the 15 competencies, emphasizes 7 of them (Peterson, 2011). These competencies are: relationship, intervention, assessment, research, diversity, consultation, and supervision. In a survey of GDCP practicum supervisors, Anderson (2011) found that supervisors were open to a competency-based training approach and felt confident they could apply it in their supervision of practicum students. However, the survey also highlighted some perceived deficits in their ability to apply a competency-based training model. Specifically, the supervisors expressed a desire for training in how to define and assess some of the “foundational” competencies including relationship skills and diversity (religious and spiritual, and ethnic diversity; Anderson, 2011). Supervisors requested that such training would provide opportunities for discussion and practical application (Anderson, 2011).

**Religion and Spirituality in Foundational Competency of Diversity**

Rather than describing competencies unique to religious and spiritual diversity, the Benchmarks Document defines the competencies needed to address the multiple aspects of individual and cultural diversity (ICD) including “awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy” (Fouad et al., 2009, p. S13). It suggests that competency in ICD develops within a three-part context: self, others, and interaction of self and others. Each of
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these is “shaped by individual and cultural diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context” (Fouad et al., 2009, p. S13).

The NCSPP competency model also views religion and spirituality as a dimension of diversity. Religion and spirituality are noted as an “important dimension of diversity” and the NCSPP model stressed the need for training in these and other areas of diversity (National Council, 2007, p. 24). Further highlighting the relevance of religion and spirituality, APA identified it as a dimension of diversity in the Ethics Code (2002), making it an ethical obligation of psychologists to be aware of and respect religious and spiritual diversity. The APA reinforced the importance of training students to work with religious diversity by including it in the standards for accreditation of graduate schools (APA, 2003, 2009). Thus, the APA and other professional organizations see the importance of doctoral training in religious and spiritual diversity. In addition, there is a growing body of literature regarding religion and spirituality as dimensions of diversity, including a new journal, *Psychology of Religion and Spirituality* (McMinn, Hathaway, Woods, & Snow, 2009).

Religion and spirituality are relevant aspects of diversity in the field of psychology as a majority of the people living in the United States state they believe in God and claim to be fairly religious. Ninety-four percent of Americans identify with a particular religious affiliation and 55% attend services at a church or synagogue no less than once a month (Gallup Polls, Inc., 2009; Gallup & Lindsay, 1999). In addition, 90% of Americans partake in prayer on a consistent basis (Gallup Organization, 1991). Religion and spirituality can
therefore be judged to be key elements of the majority of Americans’ lives and thus, the lives of clients seen by graduate students in their practicum settings.

In contrast to the general public within the United States, psychologists in general are not as religious. McMinn et al. (2009) found that 61% of APA leaders reported themselves as spiritual, and only 21% identified themselves as being highly religious, concluding that as a whole psychologists tend to be nonreligious. Psychologists are also half as likely to be theistic, less likely to pray, and over three times more likely to view religion as unimportant in their lives than members of the general population (Delaney, Miller, & Bisonó, 2007). At the very least, there appears to be a mismatch between the spirituality of psychologists and that of the general population (McMinn et al., 2009). This raises the question of whether or not clinical training in these areas is adequate, with McMinn et al. (2009) suggesting that psychologists may not be fully sensitive to the various spiritual and religious aspects of diversity in their clients and Schulte, Skinner, and Claiborn (2002) going as far as suggesting that psychologists may impose their values on clients in an insensitive manner if they are nonreligious or not properly trained in these areas. The recent results of a practicum supervisor survey (Anderson, 2011) suggest that some supervisors are increasingly aware of the gap between their knowledge of religious and spiritual diversity and the needs of their trainees, making it difficult to evaluate students.

**Need for Training in Individual and Cultural Diversity**

The growing focus on religion and spirituality as an aspect of diversity and the push towards competency-based training programs highlights the need for training in these
areas. McMinn et al. (2009) found that on 5-point Likert Scale, psychologists rated their training regarding religion and spirituality as a 2.5, a finding consistent with other research (Aten & Hernandez, 2004). A survey of graduate students found that students perceived diversity to be an area of high importance but felt their programs focused mainly on ethnicity, race, and culture as diversity and neglected other aspects of it such as religion (Green, Callands, Radcliffe, Luebbe, & Klonoff, 2009). Vogel et al. (in press) found that many APA-accredited programs are perceived by their students to have a hierarchy of prominence among the various aspects of diversity, with religion rated as low on the hierarchy.

Providing training for practicum supervisors who can have a significant impact on the early skill development of trainees is particularly important. Worthington et al. (2009) identify practicum experiences, including supervision and learning from supervisors, as a primary source of a graduate student’s learning. Worthington et al. (2009) suggest two broad goals in the training of students to address spiritual and religious issues with clients. These goals are “achieving comfort with a range of spiritual and religious clients” and “achieving competence in working therapeutically with them” (p. 273). One way these goals can be accomplished is through practicum supervision. Worthington et al. (2009) recommend that supervisors use “personal authenticity” when addressing spiritual and religious issues, be open to the diversity of their students, and be sensitive to their students’ and clients’ spirituality and religion, whether it be the same or different than their own (p. 282). Most importantly, supervisors must be able to initiate open discussions about spirituality and religion without hostility or pressure for the student to agree with
the supervisor's opinions (Worthington et al., 2009). The importance of the practicum supervisor in the training of religious and spiritual diversity was underscored in a survey of graduate students in APA-accredited programs. The results of that survey showed that students most frequently learned about religious and spiritual diversity from their clinical experiences, especially supervision and interactions with clients (Vogel et al., in press). Therefore, the need for training of supervisors in these areas is apparent, as supervisors are one of the most common sources of learning for students.

Training for supervisors in these areas is particularly relevant if the students are from a program that seeks to integrate religion and psychology in the training of their students. The GDCP at George Fox University, one of these programs, includes an integration competency in their program model. This competency is defined as “e.g., student understands religious faith systems and how they relate to services offered by professional psychologists, respectful of religious and spiritual issues in assessment, intervention, supervision and consultation” (Peterson, 2011, p. 3). However, in a study of student and supervisor evaluations, Peterson (2011) reported that both students and supervisors viewed the student as significantly more competent in the integration of faith and psychology than their practicum supervisor. These results further highlight the need for training of practicum supervisors in how to supervise their students in working with clients in terms of religion and spirituality.

The GDCP responded to the expressed need for training by creating a three-hour continuing education module with the goal of increasing practicum supervisors’ confidence in supervising a student’s knowledge, skills, and attitudes in the clinical competency of
religious and spiritual diversity. The purpose of this current research was to evaluate the effectiveness of the training. It is hypothesized that the training will increase supervisors’ confidence in providing supervision in the areas of spiritual and religious diversity.
Chapter 2

Method

Participants

The participants in this study were practicum supervisors affiliated with the graduate department of clinical psychology of a private, religiously affiliated university in the Northwest. The types of practicum sites where the supervisors are employed include schools, university counseling centers, hospitals (both private and Veteran’s Administration), forensic, and community mental health sites. Fifty-two supervisors were surveyed to determine their interest in a training event, and 83% reported an interest in receiving competency-based training in relationship and diversity. Fifty-five supervisors were sent invitations to participate in a free three-hour training that would provide three continuing education units (CEUs) as compensation for attendance. Supervisors were also sent a follow-up email about the training.

A small sample of supervisors responded to the invitation. Participants who attended included supervisors from university counseling centers, academic settings, a private hospital, and a community mental health site. The sample consisted of three female and three male participants. Years spent as a supervisor ranged from 1 to 18 years and participants supervised 4 to 7 students. The participant sample was 83% European American and 33% Egyptian American.
Materials

Instruments. An original measurement, developed by the examiner (see Appendix A), was used to assess the supervisors’ confidence in providing supervision for the clinical competency of religious and spiritual diversity demonstrated by their trainees. The survey was administered before and after the training. The questionnaire asked supervisors to rate their perceived confidence in providing supervision in three areas: knowledge, confidence, and attitudes about spirituality and religious diversity (See Appendix A). These three areas were chosen in accordance with the NCSPP’s emphasis on DALs and students’ knowledge, skills, and attitudes (National Council, 2007). The literature of existing confidence questionnaires was reviewed to develop the questionnaire (i.e., Strategies Used by People to Promote Health (SUPPH), Classroom Assessment for Student Learning Confidence Questionnaire, and Brief Situational Confidence Questionnaire). The survey included 10 items and responses to the questions were measured with a 5-point Likert-type scale ranging from Not at All (a rating of 1) to A Great Deal (a rating of 5). Supervisors were given the measure prior to the training and at the conclusion of the training. A demographic questionnaire was also administered to the supervisors. The questionnaire included items about age, gender, ethnicity, professional degree, years licensed, site of employment, number of students supervised, number of years working as a supervisor, religious affiliation, and importance of faith/spirituality in daily life (see Appendix B). An informed consent form was also used (Appendix C).
**Procedure**

Participant contact information was obtained through the university and participants were contacted by email and invited to the free three-hour training. The invitation included a description of the training, the offer of three free CEUs for attendance, the date and location of the training, and a request for an RSVP. All fifty-five practicum supervisors received the invitation. A follow-up email was sent reminding supervisors about the training.

The training was three hours long and took place at the university. The Program Director and the Director of Clinical Training of the university conducted the training. Specifically, the training included lecture, a live supervision role-play, and breakout sessions about the diversity competence of spirituality and how to provide effective supervision in regards to it. A supervisor and a practicum student, both affiliated with the university sponsoring the training intervention, conducted the live supervision role-play. During the role-play, attendees were asked to evaluate the student’s knowledge, skills, and attitudes and there was a group discussion after the demonstration. The participants were asked to fill out a 10-item survey measure, demographic information, and consent form upon arrival at the training. At the conclusion of the training, participants were asked to fill out the same 10-item survey again. They were given as much time as needed to complete the questionnaires.

**Data Analysis**

The pre-training and post-training measures were analyzed to examine potential changes in the participants’ confidence in providing supervision in regards to knowledge,
skills, and attitudes of supervisees about spiritual and religious diversity. A paired samples t-test was used to compare the responses on the pre-training measure to the post-training responses. The software program SPSS was used to analyze the data.
Chapter 3

Results

A three-hour training for practicum supervisors in spiritual and religious diversity was conducted. A survey was given pre- and post-training to evaluate changes in supervisors’ confidence in providing supervision to students in three areas: knowledge, skills, and attitudes about spiritual and religious diversity. A total of six participants attended the training (50% male, 50% female). Participants were European American (83.33%) and Egyptian American (16.67%). Religious affiliations endorsed by participants included Protestant (33.33%), Nondenominational Christian (16.67%), Christian (16.67%), Evangelical Christian (16.67%), and none (16.67%). Importance of religion reported by the participants ranged from “Extremely important. It is the center of my life.” (33.33%), “Important” (33.33%), and “Neutral” (33.33%). The importance of spirituality to the participants was rated as “Extremely important. It is the center of my life” (50%), “Important” (33.33%), and “Neutral” (16.67%). Parametric participant demographics are detailed in Table 1.

Outcome Evaluation of Training Event

The questionnaire asked practicum supervisors to rate their confidence in providing supervision in the three areas of knowledge, skills, and attitudes about religious and spiritual diversity. The hypothesis was confirmed that a training intervention would impact supervisors’ confidence in their ability to provide supervision in these areas. A paired
samples t-test showed a significant increase in supervisors’ confidence in providing supervision on 5 of the 10 questions. These five questions included a question about supervisors’ confidence in supervising a student’s knowledge of spiritual and religious diversity and four questions about supervisors’ confidence in providing supervision of a student’s skills in working with spiritual and religious diversity. There were no significant changes in supervisors’ confidence in working with a student’s attitudes about spiritual and religious diversity. Mean, standard deviation, minimum, and maximum values for each question are outlined in Table 2.

In the questionnaire category of “Knowledge” supervisors reported that their confidence in supervising students in the area of current research about spiritual and religious diversity significantly improved as a result of attending the training (Question 2).

In the category of “Skills,” supervisors reported that they had more confidence in their ability to bring up topics of spiritual and religious diversity with their students,
Table 2

*Mean, Standard Deviation, Minimum and Maximum values for Study Variables*

<table>
<thead>
<tr>
<th>Survey Items</th>
<th>Pre</th>
<th>Post</th>
<th>df</th>
<th>t</th>
<th>p</th>
<th>Cohen's d</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Student gains knowledge in major World religions and approaches to spirituality.</td>
<td>3.00 (0.632)</td>
<td>3.33 (0.516)</td>
<td>5</td>
<td>-1.58</td>
<td>.175</td>
<td>-0.653</td>
</tr>
<tr>
<td>2. Student knows current research on religious and spiritual issues in professional psychology.</td>
<td>2.67 (1.03)</td>
<td>3.67 (0.516)</td>
<td>5</td>
<td>2.74</td>
<td>.041*</td>
<td>-1.291</td>
</tr>
<tr>
<td>3. Student understands and applies ethical guidelines related to spiritual and religious diversity.</td>
<td>3.83 (1.17)</td>
<td>4.33 (0.516)</td>
<td>5</td>
<td>-1.46</td>
<td>.203</td>
<td>-0.880</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Student responds to conversations initiated by supervisor regarding spiritual and religious diversity.</td>
<td>3.50 (0.837)</td>
<td>4.50 (0.548)</td>
<td>5</td>
<td>-2.74</td>
<td>.041*</td>
<td>-1.155</td>
</tr>
<tr>
<td>5. Student initiates conversations with supervisors regarding religious and spiritual diversity.</td>
<td>2.83 (0.983)</td>
<td>4.50 (0.548)</td>
<td>5</td>
<td>-3.95</td>
<td>.011*</td>
<td>-1.710</td>
</tr>
<tr>
<td>6. Student assesses religious and spiritual issues in patients.</td>
<td>3.33 (1.21)</td>
<td>4.00 (0.894)</td>
<td>5</td>
<td>-2.00</td>
<td>.102</td>
<td>-0.882</td>
</tr>
<tr>
<td>7. Student facilitates patients’ exploration of resources in their spiritual and religious context.</td>
<td>2.83 (0.753)</td>
<td>4.33 (0.816)</td>
<td>5</td>
<td>-3.50</td>
<td>.017*</td>
<td>-1.432</td>
</tr>
<tr>
<td>8. Student establishes therapeutic alliance with patients from a variety of religious and spiritual backgrounds.</td>
<td>2.67 (0.816)</td>
<td>4.33 (0.516)</td>
<td>5</td>
<td>-3.95</td>
<td>.011*</td>
<td>-1.638</td>
</tr>
<tr>
<td><strong>Attitudes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Student values group and individual differences in religious and spiritual perspectives.</td>
<td>3.33 (0.816)</td>
<td>4.17 (0.408)</td>
<td>5</td>
<td>-2.08</td>
<td>.093</td>
<td>-0.886</td>
</tr>
<tr>
<td>10. Student remains open to religious and spiritual experiences discussed by patients.</td>
<td>3.17 (0.983)</td>
<td>4.33 (0.516)</td>
<td>5</td>
<td>-2.44</td>
<td>.058</td>
<td>-1.029</td>
</tr>
</tbody>
</table>
*Significant at <.05.

reporting they had “Quite a Lot” of confidence in providing supervision in this area as a result of the training (Question 4).

Included in the questionnaire category of “Skills” and related to the ability to discuss issues of religious and spiritual diversity, there was a significant increase in the confidence supervisors had about discussing issues of religious and spiritual diversity that their supervisees brought into supervision (Question 5). This result was one of the largest areas of growth in supervisors’ confidence. Supervisors also reported an increased confidence in their supervision of a student’s ability to explore a patient’s spiritual and religious resources (Question 7).

The final area of skill where supervisors showed significant increases in confidence after attending the training was in the supervision of students’ ability to build a therapeutic alliance with patients from a diverse number of spiritual and religious backgrounds (Question 8). Attendance at the training helped supervisors to identify and evaluate a students’ ability to develop a relationship with people from a different faith perspective. Figure 2 shows the increase in supervisors’ confidence, pre and post training.
Figure 2. Increase in supervisors’ confidence pre and post training.
Chapter 4

Discussion

This study showed that a training event about spiritual and religious diversity significantly improved practicum supervisors’ confidence in providing supervision to students in these areas. These results support the principle hypothesis of the study; that supervisors’ confidence in providing supervision in these areas would increase as a result of attending the training. At the conclusion of the training, supervisors felt more confident in their ability to supervise students about a variety of issues related to spiritual and religious diversity.

The results of this study are consistent with literature showing that supervisors feel a need for more training in the area of spiritual and religious diversity (Anderson, 2011). Religion and spirituality as an aspect of diversity is often viewed as less important than other aspects including culture, race, and ethnicity (Green et al., 2009; Vogel et al., in press). This lack of emphasis is consistent with psychologists’ report that they do not receive enough training in the area of spiritual and religious diversity (McMinn et al., 2009). Therefore, it is not surprising that supervisors attending the training did not endorse high levels of confidence in providing supervision in these areas at the onset of the training intervention.

Current research highlights a gap in training in the area of spiritual and religious diversity. Graduate students in APA-accredited programs surveyed across the country
stated that a primary source of their education and training came from practicum supervisors (Vogel et al., in press). Worthington (2009) stated that practicum is a primary source of learning for students. However, psychologists feel they need more training in the area of spiritual and religious diversity (McMinn et al., 2009). Students are looking to their supervisors as the primary source of learning in these areas but many supervisors do not feel confident in their ability to supervise. This is particularly noted in programs that explicitly integrate psychology with religion and spirituality. Peterson (2011) found that practicum supervisors in these programs reported that the students knew more about these topics than they did. This training event was conducted in a program such as this and the supervisors’ motivation to acquire information relevant to students’ need may be another factor contributing to the significant increase in supervisors’ confidence. As this study showed, once supervisors were exposed to more information, including a live demonstration of supervision with a student, their confidence to supervise in this area of diversity increased. Thus, this training was an effective intervention in assisting supervisors with feeling more confident about their abilities to provide supervision.

As a result of the training, supervisors reported increased confidence in talking about issues of religious and spiritual diversity, both at their initiation or the initiation of the student. It is hypothesized that supervisors felt more able to discuss issues of spiritual and religious diversity with their students because the supervisors saw these conversations modeled in the live supervision.

The training impacted supervisors’ confidence in assessing trainees’ skill in comparison to trainees’ knowledge or attitude. Supervisors endorsed every objective on
the survey in the category of skills as an area of significant increased confidence as a result of the training. This was likely due to the component of a live supervision demonstration provided during the training. Practicum supervisors were able to see the trainee demonstrate specific skills to a varying degree and then observe the model supervisor’s response. An engaging discussion followed the supervision, which allowed the supervisors to ask more specific questions about the demonstrated skill. In qualitative feedback received after the training, several participants specifically mentioned the usefulness of the demonstration, the opportunity to discuss the demonstration with other participants, and to evaluate the student and supervision provided in the demonstration in terms of knowledge, skills, and attitudes.

The lack of attendance at the training, despite an offering of free continuing education credits and follow-up on the invitations, is also consistent with the literature. Studies show that diversity is often perceived in terms of a hierarchy, with spiritual and religious diversity as less important aspects of the hierarchy and that graduate students perceive this hierarchy in their graduate programs (Green et al., 2009; Vogel et al., in press). Therefore, it is hypothesized that the lack of attendance may indicate this hierarchy of diversity exists for practicum supervisors as well. Additionally, the relatively lower endorsement by psychologists of religious and spiritual practices (McMinn et al., 2009) may have contributed to the low turnout. They may have viewed the training as less important due to their personal views about spirituality and religion.

In terms of the competency model, this training intervention specifically focused on the foundational competency of individual and cultural diversity (with spirituality and
Confidence in Assessing Diversity

Religion as an aspect of diversity) and on the functional competency of supervision (Fouad et al., 2009). This was in response to the APA’s increased focus on the competency model. Anderson (2011) found that supervisors are open to the competency model approach to training that has become the gold standard approach in recent years but that supervisors would like more training about the model, especially foundational competencies (which include spiritual and religious diversity). Supervisors also requested opportunities for discussion and practical application (Anderson, 2011). Results of this study suggest that training interventions can be valuable to increase the confidence and skills of supervisors and to provide more information about the competency model.

Additionally, statistical significant results were achieved after a three-hour training, suggesting that even brief interventions can be effective to assist supervisors develop and hone their supervision abilities. The live demonstration of supervision was an attempt to address supervisors’ request for practical application and discussion. As the emphasis on the competency model continues to increase, trainings for supervisors can be helpful ways to keep them informed of the model and how to best provide supervision that is in accordance with it. Despite a supervisor’s level of training in specific areas such as religious and spiritual diversity, students expect to learn from their supervisor and will learn from them during their practicum experience (Worthington et al., 2009; Vogel et al., in press). Therefore, supervisors would benefit from being mindful of areas where additional training would facilitate their ability to work within the APA-endorsed competency model.

There was no significant increase in supervisors’ confidence related to students’ attitudes towards spiritual and religious diversity. This could be due to many factors. One
possibility is that attitudes can be enduring and require more time to change. A three-hour intervention may not have been adequate to address this. Another possible explanation is that student attitudes are difficult to assess and therefore, supervisors did not significantly increase their confidence in supervising related to attitudes after attending the training.

The primary limitation of this study was the small sample size. Future research would benefit from the use of larger sample sizes, continuing to include live role-play of supervision, and additional methods of eliciting supervisor participation in trainings. Another area that could be explored by future research is how to improve supervisors’ confidence in providing supervision about student attitudes towards religious and spiritual diversity. Another limitation is the selection bias of participants. It is likely that the supervisors who chose to attend were interested in the areas of religious and spiritual diversity and the ones who did not attend were less interested. In addition, there was a lack of follow-up to see if supervisors maintained their increased confidence beyond the immediate post-test and if it influenced how the supervisors provided supervision to students, demonstrated by student evaluations of the supervisors.

The most significant implication of this study is the discrepancy between what supervisors indicated they need and are interested in, in this case training in how to provide supervision for spiritual and religious diversity, and the low attendance of the training. This implies that supervisors, despite an expressed need, may not be sufficiently motivated to improve their skill set in the area of spiritual and religious diversity. Therefore, students may need to seek other sources of training and support in the area of spiritual and religious diversity, as the supervision they receive may not adequately meet
Confidence in Assessing Diversity

their training needs. It is also probable that the gap between psychologists’ and patients’ engagement in the area of spirituality and religion will remain. This could impact a patient’s experience of being able to share about these issues with his or her therapist or to fully utilize this important protective factor during therapy.

Given this implication, it is recommended that interventions of various levels be used to help promote interest in religious and spiritual diversity. On an institutional level, increased awareness of the role of spiritual and religious diversity factors in therapeutic work through mandatory trainings for both students and practicum supervisors. On an individual level, students should be encouraged to become aware of their own cultural, spiritual, and religious identities as an important aspect of their developmental process of becoming a professional. Culturally, awareness needs to be increased about the impact of spiritual and religious diversity on the lives of clients and in how they interact with others. Faith can be an important aspect of one’s identity and to overlook it would be to miss a more complete understanding of that individual. Ultimately, this issue goes beyond a training session or obtaining CEUs. Students, supervisors, and professionals in the field need to become more aware of their clients’ spiritual and religious diversity and of their own cultural identity and spiritual process. Increased awareness of what these factors may look like in this increasingly multicultural world will serve to strengthen both the supervision and education provided to students and the therapy provided to clients, by practicum students and psychologists.
References


Appendix A

Measure of Knowledge, Confidence, and Attitudes about Spirituality and Integration
### Spiritual and Religious Diversity

<table>
<thead>
<tr>
<th>Objective</th>
<th>How Confident Are You in Providing Supervision for This Objective?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td></td>
</tr>
<tr>
<td>1. Student gains knowledge in major world religions and approaches to spirituality.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. Student knows current research on religious and spiritual issues in professional psychology.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. Student understands and applies ethical guidelines related to spiritual and religious diversity.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td></td>
</tr>
<tr>
<td>4. Student responds to conversations initiated by supervisor regarding spiritual and religious diversity.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. Student initiates conversations with supervisors regarding religious and spiritual diversity.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. Student assesses religious and spiritual issues in patients.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. Student facilitates patients’ exploration of resources in their spiritual and religious context.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. Student establishes therapeutic alliance with patients from a variety of religious and spiritual backgrounds.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>Attitudes</strong></td>
<td></td>
</tr>
<tr>
<td>9. Student values group and individual differences in religious and spiritual perspectives.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10. Student remains open to religious and spiritual experiences discussed by patients.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Appendix B

Demographic Questionnaire
Date of Birth:

Gender:

Ethnicity:

Professional degree:

Years licensed:

Site of employment (or type of site):

Number of students supervised:

Years as supervisor:

Religious affiliation (if any):

How important is religion to you?
   1. Not at all important. I have no religion.
   2. Slightly important
   3. Neutral
   4. Important
   5. Extremely important. It is the center of my life.

How important is spirituality to you?
   1. Not at all important. I have no religion.
   2. Slightly important
   3. Neutral
   4. Important
   5. Extremely important. It is the center of my life.
Appendix C

Informed Consent
Introduction
The purpose of this research is to allow clinical training directors to examine the effectiveness of the training about the diversity competency, specifically in regards to spirituality and integration of spirituality with clinical practice. The impact of the training on participants’ perceived knowledge, confidence, and attitudes about spirituality and integration will be measured.

Procedure
The research study consists of two surveys, one given at the beginning of the training and one upon the completion of the training. Each questionnaire should take about 5-10 minutes to complete. Surveys will be turned in before leaving the training.

Participation and Risks
Your participation in this study is voluntary. You may decide to withdraw from the study at any point. There are no known risks associated with this study.

Compensation
Participants will receive 3 CEUs for attending the training. There will be an opportunity to review the findings of the research upon completion of the program evaluation.

Confidentiality
Survey responses will be strictly confidential. Data from this research will be reported only in the aggregate and will be anonymous. Questionnaires may be completed anonymously. The information obtained will be coded and will remain confidential.

Questions
If you have questions at any time about the survey or the procedures, contact Heather Bruschwein, M.S. at 406-861-3484 or hbrschwein10@georgefox.edu.

Thank you very much for your time and support.

I have read the contents of this form and understood it.
Appendix D

Curriculum Vitae
Heather M. Ambroson
17088 SW Pacific Hwy, #186 • Tigard, OR 97224
(406) 861-3484 • hambroson@georgefox.edu

Education

Doctor of Psychology, Clinical Psychology
George Fox University, Newberg, OR
Doctoral Dissertation: Defended May 2013
Graduate Department of Clinical Psychology: APA Accredited

Master of Arts, Clinical Psychology
George Fox University, Newberg, OR
Graduate Department of Clinical Psychology: APA Accredited

Master of Science, Clinical Psychology
Institute for the Psychological Sciences, Arlington, VA

Bachelor of Science, Social Work
Franciscan University of Steubenville, Steubenville, OH

Supervised Clinical Experience

Practicum Student, Women’s Healthcare Associates, LLC
June 2012-Present
- Provide weekly therapy in a short-term, strengths-focused, primary care model for clinic patients
- Conduct brief screeners, assessments, and intakes
- Develop a treatment manual specific to working with women in a healthcare setting
- Supervisor: Carlos Taloyo, PhD & Mary Peterson, PhD

Behavioral Health Intern, Crisis Consultation Team
March 2012-Present
- Conduct risk assessments, cognitive evaluations, and other assessments for the Emergency Department, Intensive Care Unit, and Med/Surg. Unit at two local hospitals
Confidence in Assessing Diversity

- Consult with physicians and other healthcare professionals and write reports for the patient’s medical records
- Supervisors: Mary Peterson, PhD, Bill Buhrow, PsyD, and Joel Gregor, PsyD

**Practicum Student, Providence Newberg Medical Group**  May 2012-June 2013

- Provide weekly therapy in a short-term, strengths-focused, primary care model for clinic patients
- Conduct brief screeners, assessments, and intakes
- Supervisor: Mary Peterson, PhD

**Management Student, George Fox Behavioral Health Clinic**  September 2011-June 2012

- Conducted semester chart reviews of 5 practicum students and 3 interns
- Performed administrative duties and program development

**Practicum Student, George Fox Behavioral Health Clinic**  Jan 2011-June 2012

- Provided weekly therapy in a solution-focused model for low income and uninsured community members
- Planned and facilitated an 8 week parenting skills class
- Conducted intake interviews, developed treatment plans, wrote formal intake reports, and conducted assessments
- Supervisor: Joel Gregor, PsyD

**Pre-practicum Student, Graduate Dept. of Clinical Psychology**  Jan 2011-April 2011

- Provided weekly therapy for two undergraduate students
- Conducted intake interviews, developed treatment plans, and wrote formal intake reports
- Supervisors: Mary Peterson, PhD and Kim Kunze, MA

**Youth Intensive Case Management Intern, Jefferson Behavioral Health Services**  Jan-May 2008

- Served low-income adolescent clients with a variety of
mental health diagnoses to develop skills such as communication, time management, and anger management

- Assisted case managers with client interventions, treatment plan development, home visits, and documentation
- Supervisor: Christy Williams, MSW

**Social Work Intern, Catherine’s Care Center Nursing Home**

- Assisted with admissions, discharges, and documentation required for the management of a nursing home
- Worked as member of an interdisciplinary team to build treatment plans and develop activities for the residents
- Supervisors: Christy Williams, MSW and Becky Brown

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### Relevant Experience and University Involvement

**Teacher’s Assistant for PSYD 530 Clinical Foundations of Treatment**

- Lead weekly small groups with first year students to facilitate skill development, supervise and evaluate mock therapy video submissions
- Receive weekly group supervision about providing peer supervision to first year students

**Teacher’s Assistant for PSYD 591/591 Consultation, Education, and Program Evaluation I and II**

- Assist in preparation of class materials, grading of quizzes and assignments, and provide feedback and mentoring to students about consultation and program evaluation projects

**Teacher’s Assistant for PSYD 524 Comprehensive Psychological Assessment**

- Assist in preparation of class materials, the scoring/grading of students’ comprehensive assessments,
Confidence in Assessing Diversity  42

and provide feedback to students about assessments

**Secretary of the George Fox University Graduate Department of Clinical Psychology Student Council**  
April 2011-May 2013

- Took minutes at bi-weekly meetings, participated in planning and organization of student events, conducted yearly elections of new members, and facilitated communication between student body and department

**Member of George Fox University Military Psychology Interest Group**  
Fall 2012-Present

**Adjunct Professor for George Fox Graduate Department of School Psychology**  
Spring 2013

- Co-taught a semester long graduate class about testing and measurement, developed course materials and weekly class presentations, and graded students’ assignments and tests

**Teacher’s Assistant for PSYC382 Advanced Counseling**  
Fall 2012

- Assisted in skill development of undergraduate students by facilitating a weekly small group, providing feedback and supervision of mock therapy recordings role plays

**Graduate Assistant for PSYD521 Personality Assessment**  
Spring 2012

- Assisted in grading clinical intakes and assessment write-ups, instructed first year graduate students in use of Q-Local, and provided assistance to students as they learned to score and interpret assessments

**George Fox University Parent Advice Line (PAL)**  
Dec 2010-Sept 2011

- Assisted callers with parenting issues, provided parenting tips, resources, and referrals

**Volunteer Assistant at Clinical Neuropsychological Services, LLC, Arlington, VA**  
Oct 2009-May 2010

- Assisted in psychological test scoring, data entry, and other administrative duties while interfacing with clients, health care professionals, and insurance providers

- Supervisor: Carolyn Noel, PsyD
**Vice President of the Institute for the Psychological Sciences**  
Graduate Student Council Government  
Sept 2009-May 2010

**International Volunteer Program**  
Jan 2006-June 2007
- Served as Dean of Discipline at Overbrook Academy, Warwick, RI
- Provided full-time, live-in supervision and care for foreign students at a boarding school

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**Research Experience & Presentations**

**Doctoral Dissertation**  
May 2013
- *Increasing supervisors’ confidence in the assessment of students’ religious and spiritual diversity competence*
- Committee Chair: Mary Peterson, PhD
- Defended May 2013

**Research Vertical Team**  
March 2011-Present
- Faculty Advisor: Mary Peterson, PhD
- Research emphasis: Health psychology
- Meet twice monthly to discuss, collaborate on and evaluate the design, methodology, and progress of research projects.

**Providence Newberg Medical Group Presentation**  
February 2013
- *Motivational interviewing & coping skills*
- Co-led a presentation about motivational interviewing and coping skills, outlined how hospital providers and staff could use these skills with patients

**Poster Presentations**


Confidence in Assessing Diversity


Ambroson, H., Engle, N., & Peterson, M. (2013, April). Supervisors’ engagement in the integration of religion and psychology may influence their perception of students’ competence in this area of diversity. Poster presented at the annual meeting of the Christian Association for Psychological Sciences, Portland, OR.


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**Memberships & Honors**

- American Psychological Association – Student Affiliate
- Division 38, Health Psychology – Student Affiliate
- Division 19, Society for Military Psychology – Student Affiliate
- Oregon Psychological Association – Student Member
  - Member of OPA Student Committee
- Christian Association for Psychological Studies – Student Member
- Research Award for Competency in Science and Application, Oregon Psychological Association, May 2013
Recipient of Richter Scholar Grant
  
  • Awarded grant in December 2012 to conduct research investigating the effects of a screening intervention to provide resources and referrals to low income pregnant women

• Magna Cum Laude, Franciscan University, May 2008
• Franciscan University Deans List, 2004-2008
• Alpha Chi National Honor Scholarship Society, 2008
• Phi Alpha National Honor Society for Social Work, 2008

Certifications
Fairleigh Dickinson University Certificate Program in Integrated Primary Care
  
  • A 20 week course that covered basic concepts in integrated primary care, attributes of the care provider, practice standards, assessment, and program development
  
  • Completed October 2013

Professional Training and Education

Primary Care/Health Psychology Training:

• “Primary Care Behavioral Health”
  
  • Brian Sandoval, PsyD & Juliette Cutts, September 2013

• “Redesigning Primary Care: The Mental Health Clinic of the Future”
  
  • Benjamin Miller, PsyD, and Robin Henderson, PsyD, May 2013

• “Motivational Interviewing: Motivating Behavior Change” – 3 day Motivational Interviewing Training
  
  • Douglas Brenneman, MS, CPT, MINT, January - February 2013

• “The Future of Health Reform and Integrated Primary Care”
  
  • Benjamin F. Miller, PsyD and Katherine C. Nordahl, PhD, November 2012

• “Assessment and Treatment of Anger, Aggression & Bullying in Children and Adults”
Confidence in Assessing Diversity

- Ray DiGiuseppe, PhD, AABP, June 2012
  - “Motivational Interviewing”
    - Michael Fulop, PsyD, October 2011
- “Assessment of ADHD in Children and Adults”
  - Steven J. Hughes, PhD, June 2011
- “Neurobiological Effects of Trauma”
  - Anna Berardi, PhD, March 2011
- “Primary Care Behavioral Health: Where Body, Mind (& Spirit) Meet”
  - Neftali Serrano, PsyD, October 2010

**Diversity Training:**

- Oregon Psychological Association Student Advocacy Day – February 2013, Salem, OR
- “African American History, Culture and Addictions and Mental Health Treatment”
  - Danette C. Haynes, LCSW and Marcus Sharpe, PsyD, January 2013
- “Sexual Identity: Working with Sexual Minorities”
  - Erica Tan, PsyD, November 2012
- “Treating Gender Variant Clients: Christian Integration”
  - Erica Tan, PsyD, November 2012
- “Cross-Cultural Psychological Assessment”
  - Tedd Judd, PhD, ABPP, November 2011
- “Assessment of Immigrants in Forensic and Administrative Contexts”
  - Tedd Judd, PhD, ABPP, April 2011
- “Working with Gay and Lesbian Clients”
  - Jennifer Bearse, MA, February 2011

**Military Training:**

- “Caring for the Military Family: What We All Should Know About Military Culture and the Stress of Deployment”
Confidence in Assessing Diversity

- APA Webinar by David Riggs, PhD, May 2012

**Other Related Training:**

- “Forensic Psychology and Child Custody Evaluations”
  - Wendy Bourg-Ransford, PhD, and Todd Ransford, PhD, March 2011

<table>
<thead>
<tr>
<th>Assessments Performed Under Supervision</th>
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<tr>
<td>• 16 Personality Factor Questionnaire</td>
<td>• Peabody Picture Vocabulary Test 4</td>
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<td>• 21 Item Test</td>
<td>• Personality Assessment Inventory</td>
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<tr>
<td>• Behavior Assessment System for Children 2</td>
<td>• Repeatable Battery for the Assessment of Neuropsychological Status</td>
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<tr>
<td>• Behavior Rating Inventory of Executive Function</td>
<td>• Rey-Osterrieth Complex Figure Test</td>
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<td>• Boston Naming Test</td>
<td>• Robert’s Apperception Test for Children</td>
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<td>• Brown Attention-Deficit Disorder Scales</td>
<td>• Rorschach Inkblot Test</td>
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<td>• California Verbal Learning Test -2</td>
<td>• Rotter Incomplete Sentence Blank</td>
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<td>• Conners’ Continuous Performance Test II</td>
<td>• Test of Memory and Malingering</td>
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<td>• Conners’ Ratings Scales - Revised</td>
<td>• Thematic Apperception Test</td>
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<td>• Conners’ Adult Rating Scales</td>
<td>• Trail Making Test A &amp; B</td>
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<td>• Controlled Oral Word Associations</td>
<td>• Trauma Symptom Checklist</td>
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<td>• Delis-Kaplan Executive Function System</td>
<td>• Wechsler Adult Intelligence Scale IV</td>
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<td>• Grooved Pegboard Test</td>
<td>• Wechsler Individual Achievement Test III</td>
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<tr>
<td>• Halstead Reitan Neuropsychological Battery</td>
<td>• Wechsler Intelligence Scale for Children IV</td>
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<td>• House Tree Person Test</td>
<td>• Wide Range Assessment of Memory and Learning 2</td>
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<tr>
<td>• Millon Behavioral Medicine Diagnostic</td>
<td>• Wide Range Intelligence Test</td>
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<tr>
<td>• Millon Pre-Adolescent Clinical Inventory</td>
<td>• Wide-Range Achievement Test 4</td>
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<tr>
<td>• Millon Clinical Multiaxial Inventory</td>
<td>• Wisconsin Card Sorting Test</td>
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<td>• Minnesota Multiphasic Personality Inventory 2</td>
<td>• Woodcock-Johnson-III Tests of Cognitive Abilities</td>
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<tr>
<td>• Minnesota Multiphasic Personality Inventory 2 – Restructured Form</td>
<td>• Woodcock-Johnson-III Tests of Achievement</td>
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