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Satisfaction with Clinical Training in Christian Psychology Doctoral Programs: Survey Findings and Implications

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Perceptions of clinical training at seven explicitly Christian doctoral programs in clinical psychology were assessed with a satisfaction survey. A total of 228 students, 128 alumni, and 34 faculty completed the online questionnaire that entailed 20 satisfaction items. Factor analysis revealed three factors: Supervision and Support, Clinical Placements, and Professional Development. Of these, Supervision and Support received the highest satisfaction ratings and Professional Development the lowest. Overall, clinical training was perceived quite positively by respondents, and more highly than research training ratings reported in a previous study. Alumni and faculty reported greater satisfaction than current students.

The work of clinical psychologists covers a wide variety of tasks ranging from research and program development to assessment, supervision, and consultation. Likewise, training in clinical psychology is diverse, with some training models emphasizing science more than others (Cherry, Messenger, & Jacoby, 2000). But the common denominator that runs through all training models and most of the work that clinical psychologists perform is clinical work—assessing and treating clients and patients. This is what distinguishes clinical psychology from other specialty areas in psychology. As such, most programs in clinical psychology emphasize clinical training a great deal, and typically hire a Director of Clinical Training to coordinate and develop clinical training efforts. Integrative doctoral programs provide general training in psychology as well as clinical training while also educating students in religious and spiritual issues, especially those pertaining to Christianity (Johnson & McMinn, 2003).

Clinical training typically involves placements in community settings during the first three to four years of training, and then a full time internship during the final year of training. In integrative doctoral programs, these clinical training placements sometimes—but not always—are done in the context of faith-affirming agencies where religious and spiritual issues can be considered. Clinical training opportunities vary among programs in terms of variety

and availability of practicum site selection, supervision, consultation, theoretical orientation, opportunities for faith integration, flexibility of scheduling, access to varying populations and pathologies, and so on. Whereas classroom training is an integral part of preparing to become a clinical psychologist, work done in these clinical settings is vital in preparing doctoral candidates for the face-to-face unscripted experiences of clinical practice.

How satisfying are these training placements? Are students who complete their programs prepared and qualified to enter the field of clinical psychotherapy? And how do we determine this, in light of the lack of standardized measures to evaluate training and competence? These questions are difficult to answer due to the limited methods that can be used to obtain the information. Typical strategies that utilize control groups and random assignment to differing training conditions are not available when the subjects are engaged in lengthy and expensive doctoral training programs. Still, one can do program evaluation by asking students, alumni, and faculty for their candid impressions of clinical training at their institution. Though this methodology may be somewhat subjective and influenced by loyalty, it has nevertheless been used in the past to evaluate the effectiveness of research training in Christian psychology doctoral programs (McMinn, Hill, & Griffin, 2004).

Thus, the purpose of the present study was to assess the satisfaction of students within explicitly Christian doctoral programs regarding their clinical training. We surveyed faculty, current students, and alumni.

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Method

Procedures

In September 2010, program directors at each of the explicitly Christian doctoral training programs in clinical psychology were invited to participate in a survey research project designed to assess the quality of their research training. Programs invited included Azusa Pacific University, Fuller Theological Seminary, George Fox University, The Institute for Psychological Sciences, Regent University, Rosemead School of Psychology (Biola University), Seattle Pacific University, and Wheaton College. Seven of the 8 schools invited elected to participate by sending an email invitation to current students, faculty, and a representative group of alumni. All data were collected in September through November of 2010.

Each of the participating doctoral programs was provided the data for their respective program for purposes of self-study, but as a research team we kept only the aggregate data file. The point of this program evaluation is not to compare one program with another, but to provide an overall sense of satisfaction regarding clinical training in integrative doctoral programs.

Participants

In all, we received 228 completed questionnaires from current students, 128 from alumni, and 34 from faculty, resulting in a total of 390 respondents. Among student respondents, 38 were first-year students, 37 second-year, 47 third-year, 51 fourth-year, and 55 fifth-year. Because we did not have access to the mailing lists from the schools, we cannot compute an overall response rate. When McMinn et al. (2004) did a similar study with research training among integrative doctoral programs, they estimated a response rate of 62% for students, 51% for alumni and 62% from faculty. The overall number of respondents in the present study is approximately 10% lower than in the McMinn et al. (2004) study, so it is likely that response rates hovered around 50%. But this must be considered a rough estimate, as precise information regarding the number of people invited to complete the questionnaire is not available.

The average age was 46.7 years for faculty (standard deviation of 11.8), 28.2 years for students (standard deviation of 5.7), and 44.0 years for alumni (standard deviation of 12.2). The majority of respondents (73.4%) were European-American, with other ethnicities being represented

in small proportions (2.0% African-American, 5.6% Asian-American, 3.6% Latino, 0.8% Native American, 4.3% international, and 6.4% other).

Instrument

In addition to basic demographic information, respondents were asked to rate 20 items pertaining to the quality of clinical training at their institution on a 5-point Likert scale, ranging from 1 (*Very Dissatisfied*) to 5 (*Very Satisfied*). Finally, respondents were asked two open-ended questions regarding the strengths and weaknesses of clinical training in their program.

Results

Satisfaction Ratings

Table 1 summarizes the ratings on the 20 satisfaction items. The items are listed in order of the overall satisfaction ratings, with the highest rated items at the top of the list. We evaluated items for differences, both within-groups and between-groups.

We found overall differences among the 20 items, Wilks' $\lambda(19,327) = .313, p < .001$, which justified profile analyses using paired-sample *t*-tests to determine which items were significantly lower than the preceding item on a rank-ordered list, using a conservative α of .01 to control for Type I error. Results of the profile analysis are reported in Table 1.

With the between-group analysis we tested for group differences among student, faculty, and alumni ratings, again using a conservative α of .01 to control for Type I error. Group differences were observed on 12 of the 20 satisfaction items. On these 12 items we then used post-hoc Scheffe tests to identify which groups differed from one another, using a standard α of .05 because the Scheffe post-hoc test is already quite conservative. Among the items with group differences, faculty and/or alumni reported more favorable opinions than students.

An overall composite satisfaction rating was computed as the mean of all 20 items. An overall group difference was present, $F(2, 385) = 11.6, p < .01$, with both faculty and alumni reporting greater satisfaction than students.

Table 2 shows the current findings regarding clinical training in relation to overall satisfaction ratings for research training at integrative doctoral programs, as reported by McMinn et al. (2004). Present students report higher overall satisfaction with clinical training than students reported for research training in 2004, $t(505) =$

Table 1
Satisfaction Regarding Clinical Training

	Overall	Faculty	Student	Alumni	Group Diff
Support provided by doctoral faculty when students have questions about clinical training	4.2	4.3	4.1	4.3	
The clinical training students receive in their coursework*	4.1	4.3	3.9	4.4	F>S
The type of practicum sites available	4.1	4.4	3.9	4.2	A,F>S
Learning how to integrate psychology and Christianity in clinical work	4.0	4.0	3.8	4.3	A>S
The clinical training students receive at practicum sites	4.0	4.2	3.9	4.1	
Support provided by site supervisors when students have questions about clinical training	4.0	4.0	4.0	4.1	
The variety of practicum sites available to students	4.0	4.4	3.8	4.3	A,F>S
The quantity of supervision students receive at practicum sites	3.9	3.7	3.8	4.1	
The feedback and evaluation students receive on clinical work	3.9	4.2	3.8	4.0	F>S
How students are matched with practicum sites	3.9	4.2	3.6	4.2	A,F>S
Preparation for students' internship placement	3.9	4.6	3.5	4.2	F>A>S
The quality of supervision students receive at practicum sites	3.8	3.9	3.8	3.9	
Faculty oversight of practicum training*	3.7	4.1	3.5	3.9	A,F>S
Preparation for students' first practicum placement	3.7	4.3	3.5	3.9	A,F>S
The connection between research and clinical training in coursework	3.6	3.6	3.6	3.6	
How doctoral faculty help faculty students develop a theoretical orientation	3.6	3.9	3.3	3.9	A,F>S
Communication between the practicum sites and the doctoral program	3.5	4.0	3.3	3.7	A,F>S
The amount of direct observation of students' clinical work	3.4	3.3	3.3	3.7	
The connection between research and clinical training at practicum sites*	3.2	3.2	3.2	3.2	
How site supervisors help students develop a theoretical orientation	3.2	3.5	3.1	3.3	
Average rating across 20 satisfaction items	3.8	4.1	3.6	4.0	A,F>S

Notes. All items were rated on a 5-point Likert scale, ranging from 1 ("Very Unsatisfied") to 5 ("Very Satisfied"). Items are arranged in descending order based on overall satisfaction ratings. * indicates items rated significantly lower than the preceding item in the Overall rating ($p < .01$). Group Diff refers to group differences that were found for particular items, where F = faculty, S = students, and A = alumni.

5.7, $p < .01$, Cohen's d effect size = .50. Similarly, alumni in the present study rated clinical training more favorable than alumni rated research training in 2004, $t(224) = 10.1$, $p < .01$, Cohen's d effect size = 1.3. Faculty also reported higher clinical training satisfaction than what faculty reported for research training in 2004, $t(83) = 3.6$, $p < .01$, Cohen's d effect size = .82.

Factor Analysis

We conducted a factor analysis of the 20 items, using principal component analysis and orthogonal (varimax) rotation and a standard Eigen value of 1.0. Three factors emerged as significant, with 19 of the 20 items loading on only one scale with a factor loading of .5 or higher (see Table 3). We identified these factors

Table 2
Satisfaction with Clinical and Research Training at Integrative Programs

Area of Evaluation	Student	Faculty	Alumni
Clinical Training	3.6 (0.6) N = 225	4.0 (0.6) N = 34	4.0 (0.7) N = 128
Research Training	3.3 (0.8) N = 282	3.5 (0.7) N = 51	3.0 (0.7) N=98
<i>Note.</i> Research Training results are from McMinn et al. (2004). The rating numbers are on a 5-point scale, with 5 being the most favorable rating and 1 being the least favorable. In the present study (clinical training) item ratings ranged from 1 (“Very Unsatisfied”) to 5 (“Very Satisfied”). In the research training study item ratings ranged from 1 (“Very Poor”) to 5 (“Very Strong”).			

Table 3
Factor Structure of Satisfaction Items

Factors and Satisfaction Items	Factor Loading
<i>Factor 1: Professional Development</i>	
The connection between research and clinical training in coursework	.78
How doctoral faculty help students develop a theoretical orientation	.69
The clinical training students receive in their coursework	.67
The amount of direct observation of students' clinical work	.62
The feedback and evaluation students receive on clinical work	.59
How site supervisors help students develop a theoretical orientation	.58
Support provided by doctoral faculty when students have questions about clinical training	.55
Learning how to integrate psychology and Christianity in clinical work	.51
<i>Factor 2: Clinical Placements</i>	
The variety of practicum sites available to students	.79
The type of practicum sites available	.75
How students are matched with practicum sites	.67
Preparation for students' internship placement	.63
Preparation for students' first practicum placement	.57
Faculty oversight of practicum training	.51
Communication between the practicum sites and the doctoral program	.50
<i>Factor 3: Support and Supervision</i>	
The quantity of supervision students receive at practicum sties	.81
The quality of supervision students receive at practicum sites	.81
Support provided by site supervisors when students have questions about clinical training	.80
The clinical training students receive at practicum sites	.75
<i>Notes.</i> The factor analysis was conducted with principal components analysis using an Eigen value of 1.0 and varimax rotation. Only items with a factor loading of 0.5 or higher on one and only one scale are listed here.	

as Professional Development, Clinical Placements, and Support and Supervision. One item ("The connection between research and clinical training at practicum sites") was omitted because it loaded both on the Professional Development (.60) and Support and Supervision (.55) factors.

By treating the factors as subscales, we then computed mean ratings on each of the three factors. An overall difference was observed among the three factors, Wilks' $\lambda(2, 382) = .934, p < .001$, justifying profile analysis. The Support and Supervision factor was rated most highly (Mean = 3.95, $sd = 0.85$), which was significantly higher than the Clinical Placements factor (Mean = 3.80, $sd = 0.77$), $t(384) = 4.2, p < .01$. The Clinical Placements factor was, in turn, significantly higher than the Professional Development factor (Mean = 3.74, $sd = 0.73$), $t(383) = 2.0, p < .05$.

We also looked for group difference among faculty, student, and alumni on the three factors. No group differences were observed for the Support and Supervision factor. The Clinical Placements factor showed overall group differences, $F(2, 382) = 23.7, p < .01$. Post-hoc Scheffe tests revealed that both faculty and alumni rated this factor higher than students. Similarly, the Professional Development factor showed overall group differences, $F(2, 382) = 8.8, p < .01$. Scheffe tests showed that alumni rated this factor higher than students.

Strengths and Areas for Enhancement

In addition to the satisfaction rating items, we asked participants to identify one or two strengths of the clinical training in their doctoral program. We also asked them how clinical training could be enhanced in their program. Both were open-ended qualitative items. Though the main purpose of these questions was for self-study purposes for individual programs, we analyzed the themes from the overall data set. After an initial training session, one author, using grounded theory methods, rated results of each qualitative item.

As with the program evaluation of research training reported by McMinn et al. (2004), the most prominent strength identified pertained to student-faculty relationships. Respondents wrote comments such as: "The professors are continually making an effort to improve our clinical training", "The relationship that the faculty has with their students is open and safe", and "The faculty truly care for the students." Approximately 40% of the 315 comments offered regarding

strengths of training pertained to faculty-student relationships. Other themes included instructional resources, integration of psychology and Christianity, diversity of training experiences, relationships with clinical supervisors and other students, and learning theoretical perspectives in clinical psychology.

When asked about areas of enhancement, the primary theme identified among the 282 comments offered pertained to instruction in the classroom and in clinical training sites. Respondents wrote comments such as: "More exposure to and observation of faculty clinical work in order to learn from their experiences and facilitate our ability to develop a theoretical orientation", "More integration experiences in clinical training sites are needed", and "Deeper theological and theoretical training." Approximately one-fourth of the comments pertained to instructional enhancements. Other themes included concerns with supervision, the need for better coordination of practicum placements, suggestions for enhancing the breadth of training, the need for more time with faculty, and increasing diversity in training sites.

Discussion

The overall satisfaction with clinical training in integrative doctoral programs in clinical psychology appears to be strong. Ratings hover near the top end of the 5-point Likert scale used for satisfaction ratings, and they are consistently higher than the research training ratings from integrative doctoral programs reported by McMinn and colleagues in 2004. The difference in alumni ratings between clinical and research training had an enormous effect size of 1.3.

As with the research ratings reported in 2004, the clinical training ratings reported here are generally lower for students than for faculty. This seems reasonable given both the stress that students face in balancing all the responsibilities of doctoral studies and the relatively higher degree of investment that faculty have in the quality and reputation of training. This is not to say that faculty are more objective—they may or may not be—but merely that faculty have a longer term commitment to an institution than students do.

Somewhat surprisingly, alumni ratings were higher than students. With research training (McMinn et al., 2004), alumni ratings were lower than both students and faculty. Alumni ratings provide a unique vantage point of reflection over

time. After students graduate they are able to compare their preparation with other colleagues in the field, and that likely influences their views of the training they received. These reflections apparently produce enhanced opinions about clinical training, relative to current student views, and diminished views of research training.

In sum, it seems not too far a stretch to say that integrative doctoral programs in clinical psychology are doing a somewhat better job in clinical training than in research training. This conclusion must be viewed cautiously, of course, both because of the limitations inherent in survey research and because both this study and the previous one (McMinn et al., 2004) offer little more than satisfaction ratings from constituents of the institutions being studied. Also, it is possible that integrative doctoral programs have changed between 2003 and 2010. Perhaps research training would be rated more highly now than was the case in the 2004 report.

It is also telling that student-faculty relationships were the primary strength identified in the open-ended question about program strengths. This was also the case in the McMinn et al. (2004) study, suggesting this is an important and perhaps distinguishing feature of integrative doctoral programs. That is, students, alumni, and faculty are enthused about the sort of working relationships that develop in these programs, and they are quick to identify these collaborative relationships as strengths of their programs. These positive, collaborative relationships are not limited to faculty and students, as students appear to be quite enthused about their relationships with clinical site supervisors as well. The Supervision and Support factor was the highest rated of the three factors emerging from our factor analysis.

Rightly, doctoral programs always look for ways to enhance training. Results from the present study indicate that the most useful domain on which to focus these efforts is the integration of on-campus instruction with clinical placements. The qualitative data revealed various suggestions for enhancing instruction on campus. Similarly, the Professional Development factor was the lowest rated of the three factors in the factor analysis. Programs might focus especially on building stronger connections between research training and clinical training, and providing more guidance for students as they develop a theoretical orientation. That said, it should also be noted that these are not glaring weaknesses. Even the lowest rated satisfaction item

was slightly above the midpoint on the 5-point satisfaction scale.

Various limitations to this research should be noted. First, survey research always carries the risk of response bias. Those who responded may vary in systematic ways from those choosing not to respond. This is complicated by the difficulty in assessing response rates. Second, our agreement with the various doctoral programs studied was not to compare programs with one another, so we end up drawing general conclusions about integrative doctoral programs that may not be true for any individual program. We are pleased that the seven doctoral programs involved in this study have also provided an article describing their clinical training that appears in this special issue. These narratives describe the distinct approaches of each program. Third, satisfaction studies such as this, like effectiveness studies in general, are not well controlled. We have no control group to help us interpret what an acceptable or typical rating might be on the 5-point scale we used. Though it is helpful to compare these findings with the research satisfaction data reported by McMinn et al. in 2004, even that is not a pristine comparison because of the time intervening between the two studies and the slight differences in the scales used.

In conclusion, students, faculty, and alumni of integrative doctoral programs in clinical psychology report a positive experience in clinical training. Programs are providing support for students who are, in turn, generally pleased with the training they receive at their placement sites. While all areas are favorably rated, it appears that instructional support is not perceived to be quite as strong as relational support, and that opinions about clinical training, like good wine, become more favorable over time.

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