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ABSTRACT

Factors affecting the process of Doctor of Psychology (Psy.D.) candidates' selection of an internship site were investigated, along with perceived factors affecting selection by an internship site. The way that such Psy.D. candidates compare in training and ability to the more traditional Doctor of Philosophy (Ph.D.) candidates in similar settings was also studied. Interns were fourth-year clinical Psy.D. candidates from a free-standing professional school. The study was conducted over 4 years (1982-1985). A total of 67 questionnaire responses were obtained over the four-year period. The results indicate that the Psy.D. interns were more appropriately trained to the duties required of a clinical internship than most of their Ph.D. peers at the same site. The Psy.D. candidates demonstrated clinical ability and therapeutic competence. Data are provided on: the number of internship sites within and outside the state of the professional school; the number of placements at nine internships settings; the average hours per week that interns spent in providing psychotherapy and seven other professional functions; ranking of factors that may have influenced position offers; and rankings of pre-internship selection factors. (SW)

What Have We Learned About Graduate Curriculum Improvement By Student Evaluation? A Comparison of Training Models

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Abstract

This research explores numerous areas involved in the process of Doctor of Psychology (Psy.D.) candidates' selection of an internship site, perceived factors effecting selection by an internship site, and how such individuals compare in training and ability to the more traditional Doctor of Philosophy (Ph.D.) candidates in similar settings. The subjects in this four year (1982-1985) study were then currently placed, fourth-year clinical Psy.D. candidates from a free-standing professional school. Novel components of this study include the fact that data starts with the very first class of interns from a then new school and continues on to cover each successive year. Data were collected via questionnaire responses. All surveys over this four year period were returned constituting an N = 67. Most statistical examinations are descriptive, except for the inferential analysis of various intern and site selection factors. The results indicate that such Psy.D. interns are more appropriately trained to the duties required of a clincial internship than most of their Ph.D. peers at the same site, and clinical ability along with therapeutic competence appear to be hopeful hallmarks of such burgeoning professional psychologists.

A Longitudinal Examination of Doctor of Psychology Interns: 1982 - 1985

The professional doctorate, typically the Doctor of Psychology (Psy.D.) degree, has now been active in psychology for over two decades (cf. Peterson, 1985), although it is argued that a professional practice orientation in a more traditional, university based Doctor of Philosophy (Ph.D.) program has existed since the early 1950s (G. F. Derner, personal communication, May 11, 1982). Regardless of historical facts, the contemporary reality is that debate, confusion, and emotion still make professional doctorates in psychology a controversial issue.

Some of the same questions asked decades ago continue today: "What is the best way to train psychologists? ... What degree gives the best foundation for a career in psychology?" (Turkington, 1986, p. 14). Initial dissatisfaction stemmed from what was considered to be the inadequacy of the now traditional scientist-professional model. This model was developed from the 1948 training conference held in Boulder, Colorado, and thus the term "Boulder Model" was applied to make reference to graduate training having equal emphasis on research and practice. Later, the 1973 Vail training conference fostered a more professional model of training and application. Researchers (Goldenberg, 1973; Levitt, 1973; McCouly, 1965; Phares, 1979) have found that there is marked dissatisfaction with the

Boulder Model in areas of psychotherapy, consultation skills, and psychodiagnosis. Such studies were not conducted under the premise that one model of training was better or worse than another, nor did these studies intend to take sides in the debate. Rather, their conclusions were based on data collected from experiences at clinical psychology internship sites. Additionally, the directors of such internship sites noted marked deficiencies with Boulder Model trained interns in pre-internship psychotherapy skills and psychodiagnostic preparation.

The purpose of this present work is to empirically explore the experience of clinical interns who are Doctor of Psychology candidates. This study is longitudinal in nature, in that it has been conducted each year from 1982 to 1985. Data collection is based on four years worth of survey instrument data from Psy.D. candidates. These subjects were at the four to five month point of their internships. Novel components of this study include the fact that the data starts with the first class of interns from a then new school and continues on to cover each successive year. Secondly, data were collected from every intern to result in a total N equal to the sample's population. Thus, the data reflects not only a group of Psy.D. candidate interns' experiences but also what changed or maintained over the course of four years.

Many prior studies of internship processes have dealt solely with the opinion of the internship directors (Dana, Gilliam, & Dana, 1976; Spitzform & Hamilton, 1976; Sturgis, Verategen, Randolph, &

Garvin, 1980), with little input from the opinion of the subject--the intern (Cole, Kolko, & Craddick, 1981; Khol, Mately, & Turner, 1972). Cole (et al, 1981) parallels this situation as being similar "to conducting clinical research on psychotherapy and assessing only the concerns of the therapist" (p. 570). Additionally, no research, prior to this work, has investigated the areas in which clinical Psy.D. interns work, their functions, patient contacts, or other related areas in a consistent, longitudinal basis.

Method

Subjects

Subjects were 67 graduate students who were of candidacy status for the Doctor of Psychology degree. They were surveyed while at the internship level. These interns were from a free-standing professional school of psychology located in the mid-west. At the time of data collection it was regionally accredited but without APA accreditation. This sample is composed of all of the first four years worth of interns coming from the school. The subjects, where not considered as a group, are broken down by year as follows: Group I (1982-83 interns) n = 9, 5 males and 4 females; Group II (1983-84 interns) n = 15, 7 males and 8 females; Group III (1984-85 interns) n = 17, 7 males and 10 females; and Group IV (1985-86 interns) n = 26, 17 males and 9 females. Thus, for the four years, the total N of 67 is made-up of 36 males and 31 females.

Design and Procedure

For the first year of this study (Stout, 1984), a questionnaire was constructed consisting of 25 open-ended, ranking, and check-off type questions dealing with the varied aspects of internship sites, the duties and involvements of the placed intern, and factors considered in the selection of a site. This questionnaire was reviewed and adapted by the third year to also incorporate questions concerning factors considered influential in an internship acceptance, break-downs of time and activity in involvements, and more detailed questions on supervision experiences. Each year at the four month point of internship training, the questionnaire was mailed (with a stamped return envelope and descriptive cover letter) to all of the fourth-year clinical Psy.D. candidate interns. This started with the very first group of interns and continued each year. This study examines the current data covering the first four years of interns' experiences and attitudes about their experiences. All questionnaires were returned each year over this four year period, and all useable data are considered herein.

Results

Internship Site Characteristics

The clinical Psy.D. intern subjects had placements in varied settings, all were quite similar to typical Ph.D. internship sites (e.g., psychiatric hospitals, community out-patient clinics, university counseling centers). The sixty-seven subjects found their

placements at fifty-three different sites. Well over half were in the same state as the intern's school. The remaining twenty-seven percent were out-of-state. Only eight (12%) sites held American Psychological Association (APA) accreditation. Breakdowns by each years group is listed in Table 1.

Insert Table 1 about here

The types of settings for the internship sites were moderately varied. The majority were psychiatric hospitals (28%), followed by community mental health centers (22%), then medical centers and outpatient clinics (both at 15%). Less frequent sites were: prisons/corrections and residential treatment centers (both at 6%), college counseling centers (4%), and only one intern was at a general hospital site and one was involved with a rehabilitation firm. Table 2 notes the numbers of each group at each site.

Insert Table 2 about here

In consideration of any emphasis or speciality area of the internship site, there was quite a varied range, including: medical psychology, forensic work, child psychology, private practice model, substance abuse, and rehabilitation. The orientation of a site was even more broad and varied to incorporate: psychoanalytic, cognitive/behavioral, eclectic, strategic, experiential, behavioral medi-

cine, humanistic/existential, family systems, biopsychosocial, and integrative. While not all internships provided rotation of experiences, those that did were in the areas of: intensive rehabilitation, geriatrics, adults, adolescents, neuropsychological assessment, crisis intervention, emergency-room work, sexual dysfunctioning, police consultation, and adult sexual offenders. Again a wide variation was found in terms of patient contacts. Most (95%) had contacts with adults, followed by adolescents, children, and geriatric populations. Most of these patients were from urban and suburban locals and of low and middle incomes.

The most time spent per week in any one area was for providing psychotherapy (M = 11.95 hours, S.D. = $\pm$ 5.37), followed by psychological testing and assessment (M = 4.67 hours, S.D. = $\pm$ 3.59), and group psychotherapy (M = 3.15 hours, S.D. = $\pm$ 2.13). (This finding somewhat parallels the results of Cole et al. (1981) in their work with Ph.D. interns.) Specific involvements along with average hour per week rankings are provided in Table 3.

Insert Table 3 about here

In terms of clinical supervision, the majority were involved in individual supervision via case presentation, followed by peer group review, audio taped session review, and finally, video taped session review. In all cases, supervision was provided by registered, Ph.D. level psychologists. Adjunctive supervision was provided by

registered and non-registered Ph.D., Psy.D., Ed.D., and M.A. level psychologists; psychiatrists; Certified Addictions Counselors; M.S.W.s; and, in one case, a Registered Nurse. The amount of direct supervision provided to the subjects averaged approximately four hours per week with a range from one and one-half to ten hours.

Those Psy.D. interns receiving a stipend for their internships averaged almost $11,000. About one-half of the sample had funded positions or some type of benefit provided (e.g., meals, parking, insurance, continuing education).

The subjects were asked to compare their own clinical abilities and training to their intern peers. Of this possibly self-biased report, it was their consensus that they had superior clinical training and abilities in the duties performed at their site. Some made specific points of: having more experience, having greater exposure to different sites, possessing better assessment skills, and having more active and complete medical knowledge (than their Ph.D. intern peers).

In questioning a comparison of research training, subjects noted that it was difficult to assess, because beyond their own dissertations, research was irrelevant to the internship site. Yet, the vast majority felt that they held equal or superior research training in comparison to their Ph.D. peers.

Internship Application

In all four years surveyed, all applicants obtained placements. Sixty-two percent gained their first choice. The mean average number

of sites applied to was just over eight (8.38), with a range of one to forty-five. Groups III and IV were asked to rank the factors which they felt influenced their acceptance to a site. The generally felt trend is that the personal interview was most important, followed by their clinical experience, their vita, letters of recommendation, and their personal reputation. A two-way analysis of variance for correlated groups was used and the resultant calculations indicated a significant statistical difference, F (9,269) = 13.52, $p < .01$. All factors are rank ordered and listed in decreasing importance in Table 4.

Insert Table 4 about here

Factors Influencing Pre-Intern Application

The Psy.D. interns were asked to rank thirteen factors as to their relative influence or importance in their selection of an internship site. The factors were adapted from those listed in Burnstein, Schoenfeld, Loucks, Stedman, and Costello's (1981) research. Similarly, mean ranks were computed for the rankings provided by the subjects on each factor. Again, a two-way analysis of variance for correlated groups was employed. Statistical significance was also obtained with this data, F (12,552) = 81.90 , $p < .01$. The factors of most importance to the respondents were, first of all, type of facility, diversity of the program, location of the site, amount of supervision provided, and the reputation of the

facility. The entire list of factors are rank ordered and listed in decreasing importance in Table 5.

Insert Table 5 about here

Discussion

Psy.D. intern subjects were found to be predominantly at psychiatric hospitals and community mental health centers, engaging primarily in individual psychotherapy and diagnostic testing -- not unlike their Ph.D. intern peers. It is, however, noteworthy that these same subjects cited the interview, clinical experience and vita as salient influencing features in being selected to sites they ranked highest according to type of facility, diversity and location. It seems logical and fitting that clinical experience and skills are considered valuable by both Psy.D. interviewers and interviewees in meeting the responsibilities of a diverse facility.

Interestingly, Cole, et al (1981) found that of the 60 Ph.D.'s surveyed, the factor these interns listed as the major contributor to internship acceptance was a good recommendation from a faculty member and that "practicum and work experience and publications were considered of minor significance" (p. 573). Traditionally, to rely on this "who-you-know" type of networking has been considered the norm even in lieu of the candidates applicable experience. Training and experience, however, appear to be paramount to clinical work. These

Psy.D. subjects have such experience, but lack the long standing reputation of a first rank university (cf. Peterson, 1985), or political backing and the familiar letters of Ph.D.

Burstein, et al (1981) in surveying 29 Ph.D. candidates found geographical location of internship site of the greatest importance to these students, followed by diversity of program and theoretical orientation. Psy.D. subjects ranked type of facility and diversity higher than location. This suggests a prioritizing more commensurate with a desire to attain solid training. Theoretical orientation ranked eighth by Psy.D. interns attesting to possibly a more eclectic or synthetic approach to therapy.

In addition, the overwhelming consensus of Psy.D.'s opinions of superior clinical training, assessment skills and medical knowledge suggests satisfaction with a doctoral training philosophy that prepares the student most comprehensively for practice in the field of clinical psychology. Both Ph.D.s and Psy.D.s offer qualities to the field, but, considering the demands of an internship, the Psy.D. intern seems to have been better prepared than the Ph.D. intern peer. The implication of this finding should have bearing on not only the choice of and by internship sites, but on the training models employed by universities.

The findings of this longitudinal study suggest that clinical Psy.D. candidates (at least from this sample) do not experience any more difficulty in obtaining an internship than traditional clinical Ph.D. interns. Additionally, it appears Psy.D. interns' experiences

are quite similar to those of Ph.D. interns' while at their internship sites. The Psy.D. subjects canvassed herein also seem to be very satisfied with their level of training, experience, and skills when put to the test of a clinical, predoctoral internship. And for reasons of elitism, cognitive dissonance, bias, or reality, these subjects consider themselves to hold skills at a level at least on par with, and often superior to, their Ph.D. intern colleagues.

It is hoped that research such as this will aid in decreasing the amount of non-data based opinions and bias that seems to almost dominate this area of writing. Additionally, generalizability of these findings are somewhat limited. That is, this school is a free-standing, not-for-profit institution. It is currently regionally accredited and making a vigorous application for APA accreditation. It would be quite beneficial in the study of training model comparisons for other traditional Ph.D. programs, APA approved Psy.D. programs, practioner-model Ph.D. programs, and others, to examine their interns' experiences in order to compare across various training philosophies.

Table 1

Internship Site Locations and APA Approval

	Group				
	I	II	III	IV	Total
Total Number of Interns	9	15	17	26	67
Internship Sites	9	13	11	20	53
Internship Sites in State	7	6	8	14	35
Internship Sites Out-of-State	2	7	3	6	18
APA Approved Sites	1	1	5	1	8

Table 2

Types of Internship Settings
(By Group Frequency and Percentage)

	Group				Total	
	I	II	III	IV	at Sites	%
Psychiatric Hospital	4	5	5	5	19	28
Community Mental Health Center	0	3	3	9	15	22
Medical Center	2	1	2	5	10	15
Out-Patient Clinic	2	2	1	5	10	15
Prison/Corrections	0	1	1	2	4	6
Residential Treatment	0	2	2	0	4	6
College Counseling Center	0	0	3	0	3	4
Rehabilitation Firm	1	0	0	0	1	2
General Hospital	0	1	0	0	1	2
Total Interns	9	15	17	26	67	100

Table 3

Rankings of Psy.D. Intern* Involvements
(At the Point of Data Collection)

Activity	Average Hours Per Week	n
Individual Psychotherapy	11.95	42
Testing and Assessment	4.67	39
Group Psychotherapy	3.15	34
Family Psychotherapy	2.85	30
Research	2.80	19
Program Development	2.45	19
Workshops, Seminars, Education	2.20	31
Marital/Couple Therapy	2.05	26
Consultation	1.90	29
Case Conferences	1.70	29

* Note: Groups III, IV

Table 4

Rankings of Presumed Factors Influencing Position Offers*

Factor	Average Rank
Personal Interview	2.81
Clinical Experience	3.30
Overall Vita	3.78
Letters of Recommendation	4.81
Personal Reputation	5.74
G.P.A.	5.81
Work Sample	6.07
Who You Know	6.11
Graduate School Reputation	7.33
Publications	8.89

* n = 27
(Groups III, IV)

Table 5

Psy.D. Pre-Internship Selection Factors*

Factor	Average Rank
Type of Facility	3.98
Diversity of Program	4.21
Geographic Location	6.00
Amount of Supervision	6.11
Reputation of the Facility	6.62
Training Facility	6.87
Interview	7.45
Theoretical Orientation	7.49
Stipend	7.66
Work Load	8.62
Specificity of Program	9.57
Time for Research	10.04
Only Offer	10.89

* n = 47

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