The Education and Training of Professional Psychologists:

A Meta-analysis of APA Self-Studies

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Running Head: Meta-Analysis

Abstract

Professional psychology graduate programs are required to prepare and submit a self-study when applying for accreditation by the American Psychological Association. While these self-studies have proven of great value to the individual programs preparing them and to the site visit evaluators, they have not been utilized to provide a comprehensive view of the current status of professional psychology education and training. This paper reports on the findings of an analysis of 22 self-studies provided by National Council of Schools and Programs in Professional Psychology (NCSPP) members. The APA accreditation criteria on Facilities, Curriculum, Practicum and Internship and Cultural and Individual Differences in regard to Faculty and Students are examined. Commentary and suggestions are provided.

Introduction

The beginnings of professional psychology can be traced back to the establishment of Lightner Whitmer's first psycho1ogical clinic in 1896 which gave legitimacy to the role of psychologists as direct service providers to the mentally ill (Korchin, 1976). Over the next century professional psychology grew in scope and definition and training models were developed to reflect this growth. National conferences such as those at Boulder in 1949, where the scientist/practitioner model was reaffirmed (Stricker, 1975), Vail in 1973, where professional training programs were endorsed (Korman, 1976) and Mission Bay in 1986, where the National Council of Schools and programs in Professional Psychology (NCSPP) set forth standards in education and training (Bourg, Bent, McHolland, & Stricker, 1989) have been instrumental in the evolution of professional psychology and its continued efforts to define itself and the components of its training.

In 1946 the American Psychological Association (APA) Committee on Graduate and Professional Training stated, "Programs of graduate and professional training should be a major responsibility for any professional organization" (APA, 1946). Consequently, APA established a formal accreditation program in 1947 which continues to the present day and is overseen by the Committee on Accreditation (COA). The COA has as its charge the evaluation of "doctoral and internship programs in professional psychology … in accordance with published criteria and procedures." (APA, 1994, p.25). The procedures of the COA include a requirement for any program applying for accreditation to complete a self-study which is described as an "essential element" of the process. While these self-studies have proven of great value to the individual programs preparing them and to the site visit evaluators, they have not been utilized to provide a comprehensive view of the current status of professional psychology education and training.

In acknowledgement of the responsibility of professional organizations towards programs of graduate and professional training, NCSPP decided to undertake a self-study of its member schools and programs. During the 1994 Mid-Winter Conference in Cancun, Mexico the self-study was designed to be the cornerstone of the 1995 Conference entitled, "Standards for Education in Professional Psychology: Where Are We? Where Are We Going? and How Do We Let People Know?" The NCSPP self-study focused on four major areas of interest to the organization: the degree of implementation of resolutions from past NCSPP conferences, the challenges member schools and programs face in educating psychologists for a changing health care marketplace, the perceptions and satisfaction of alumni with the training they have received, and a "meta-analysis" of the most recent APA self-studies submitted by member schools. The meta-analysis was conducted by two research teams: the Wheaton team, led by Dr. Stanton L. Jones and the Hartford team, led by Dr. Catherine Acuff. This paper is a report of the findings of the Hartford team.

Method

During the 1994 NCSPP Conference, the Self Study Coordinator, Dr. James Dobbins, initially requested that all NCSPP member schools and programs (hereafter referred to as 'programs') submit their individual APA self-studies to the research teams. This request did not yield sufficient response and he followed up with additional solicitations in the spring and summer of 1994. In the fall of 1994 the researchers were satisfied that sufficient data had been submitted and agreed to proceed with the analysis without waiting for more member response. The Wheaton and Hartford research teams divided the task of the meta-analysis according to the Seven Criteria set forth by the APA Committee on Accreditation (APA, 1987). Criterion 1 (Institutional Setting) was examined exclusively by the Wheaton team; Criterion VI (Facilities)

and Criterion VII (Practicum and Internship) were examined exclusively by the Hartford team; Criterion III (Training Model and Curriculum) was splits with the Wheaton team examining the Training Models and the Hartford team examining the Curricula. The remaining three criteria (Criterion II - Cultural and Individual Differences, Criterion IV-Faculty, and Criterion V-Students) were divided as well, with the Hartford team examining gender and ethnic/racial diversity issues in regard to students and faculty and the Wheaton team examining other quantifiable data in the reports on these criteria. Both Dr. Acuff and Dr. Jones did make additional requests directly to individual programs for missing information or additional documents that were not included in the originally submitted self-studies but were referenced therein (e.g. compilations of core faculty vitae, student-faculty handbooks, field placement manuals). Preliminary results of the study were presented to participants of the 1995 Mid-Winter NCSPP Conference in New Orleans by the research team leaders who led sessions designed to elicit feedback and suggestions. These were incorporated into the work of the teams.

Sample. The number of programs whose self-studies were examined was 21out of the total APA-approved NCSPP membership of 29 (as per the 1993 NCSPP membership roster). One program submitted the site visitor's report rather than their self-study document; usable information was extracted from this report whenever possible. Therefore, the sample of 22 programs (see Table 1) represents a 75.9% return rate.

Procedure. After clarifying with Dr. Jones which areas of the self-studies he and the Wheaton team preferred to examine, the Hartford team began bi-weekly meetings to discuss the study. We initially divided the sections of the 22 self-studies that corresponded with the Criteria the team was responsible for analyzing, with each team member taking a particular content area. The one exception was for the team members who took responsibility for the Students (Criteria

V) and the Faculty (Criteria IV) sections; they each also reviewed information regarding Cultural and Individual Differences (Criteria II). The team discussed preliminary questions of interest for all of the criteria. Each team member then conducted an analysis of her content area and shared findings with the team members. A number of the questions that were originally proposed had to be abandoned due to the lack of consistency across the program self-study documents. There was no uniformity of format or content to the self-studies and, therefore, some areas of data analysis reflect fewer than the entire sample of 22 programs.

Results

Analysis of Criteria 6: Facilities

Descriptions of program facilities varied in terms of detail and comprehensiveness. In general, the available information addressed the program setting, building(s) and space available to program participants, and resources such as computers, audio/visual equipment, and assessment supplies.

Program setting. One major influence on available facilities concerned the setting which housed the program. Those programs with university (12) or seminary (1) affiliations (59%) tended to describe student and faculty access to university-wide resources whereas 'free-standing' programs (9) tended to be more self-contained and to more often describe utilization of community-based resources. Programs with university affiliations were typically housed in Departments of Psychology or of Clinical Psychology within Schools of Arts and Sciences although there was some variation. For example, some programs are located in Schools of Psychology. Another model is of a semi-autonomous Institute within a university. The

Table 1 List of Programs and Year of Self-Study

Program	Year of Self-Study
Adelphi University	1993-94
Antioch New England	1992
Baylor University	1990-91
Biola (Rosemead)	1994
California School of Professional Psychology-Fresno	1994
California School of Professional Psychology-Los Angeles	1990
California School of Professional Psychology-San Diego	1994
Caribbean Center for Advanced Studies	1991
Chicago School of Professional Psychology	1992
Fielding Institute	1990-91
Florida Institute of Technology	1991
Fuller Seminary	1993
University of Hartford	1994
Indiana State University	*
Nova University	1989
Pacific University	1992
Pepperdine University	1992-93
Rutgers University	1992-93
Spaulding University	1992
Widener University	1994
Wright Institute	1993
Wright State University	1992-93

* Site visit report

university-affiliated programs are generally located on the main campus of the university and have administrative and faculty offices in one location but may use classroom space throughout the campus. The free-standing programs tend to be housed in one building, although this is not always true, and may use substantial space in a Psychological Services Center (PSC) if one exists and is in a separate location.

Student Lounges. Eight programs (36%) describe dedicated student lounges. Typically these house student mailboxes and bulletin boards and are designed to be multi-purpose (for relaxation, as a communication center, for work or study space). For example, they may be equipped with telephones, fax machines, refrigerators or microwave ovens and are typically carpeted and furnished with comfortable furniture. Additional study space is described as available in the library or the PSC by 7 programs

Faculty Offices. Eighteen programs (82%) discuss faculty office space in their descriptions of facilities. Six of these programs specify individual offices for all core faculty and 4 programs describe a shared office arrangement. Three programs provide the number of offices available but do not specify how they are allocated; 5 programs are non-specific only stating that the space is “ample” or telling where the offices are located. In one program the faculty must establish their own offices.

Classroom facilities. All of the programs give some information on classroom space; some by identifying the number of available rooms, others by describing the location of such space. While many of the programs feel that their current space is adequate, some of programs discussed either current or near future crowding conditions. This was typically, although not invariably, true more for free-standing programs. It appears that university affiliated programs

have access to a variety of instructional space on their campuses. One program discussed an electronic network through which electronic seminars are conducted.

Library Facilities. Program descriptions of library facilities ranged from general comments ("convenient" and "more than adequate") to specific reports on architectural style of building and total square footage. Holdings were typically greater for university-affiliated programs which reported numbers of both university-wide and psychology related volumes. The free-standing schools all reported some library holdings and many emphasized interlibrary loan arrangements to further enhance library access for students and faculty (as did many of the university affiliated programs). Because it was not always clear whether reported numbers of volumes were specific to psychology books and journals it is difficult to determine either a range or average of available volumes. However, some programs did identify a dollar amount spent on new psychology-related acquisitions per year and this ranged from $7,800 to $15,000. When reported, number of annual journal subscriptions specific to psychology ranged from 138 to 350. Fourteen programs (64%) identified interlibrary loan arrangements and thirteen programs (59%) discuss computer database search capabilities with PsychLit most frequently mentioned.

Computer facilities. Sixteen programs (73%) specifically mention availability of a computer lab and 13 (59%) describe computer access through the library system. Two programs mention that the majority of their students own their own computers and 2 others require students to own a personal computer. One program states that students may purchase computers at reduced cost. In 8 programs all full-time faculty have personal computers; some are networked within the program and some are connected to the university's main frame. Four programs describe faculty access to computers; two programs designate the number of available computers without specifying who they are allocated to. Only 3 programs specifically mention internet

capabilities for faculty.

Psychological Services Centers. Sixteen of the 22 (73%) programs report having an "in-house" psychological clinic of some sort. The descriptions are so variable that it is difficult to categorize or compare these PSCs and, without uniformity of reporting, attempts to do so may prove misleading. Therefore, a general description follows. Several are identified as being housed in the main building of the program and others are located off-campus. Size is reported in square feet for some (the largest reported is 20,000 sq. ft.) and in number of rooms for others (the largest reported includes 15 rooms). Many house administrative, faculty, and student offices in addition to therapy rooms (including group, family, and play therapy rooms). Some report observational rooms, designed to enhance training through direct or taped viewing of clinical work and some have conference or seminar rooms on-site for didactic instruction.

Audio/Visual Equipment. Seventeen of the 22 programs (77%) mentioned audio/visual equipment. Descriptions varied from general acknowledgment of availability of such equipment to exhaustive lists of the equipment on hand. University-affiliated programs tended to include reference to an on-campus media center, although several free-standing schools have developed such centers as well. In general, the programs report access to video recorders/players, video cameras, audio cassette players/recorders, microphones, overhead projectors, and slide projectors, carousels and screens. One program has access to a television studio and another program describes videotape editing capabilities. Several programs also mentioned holdings of video training tapes that are used in classroom instruction. Twelve of the 22 programs (55%) specifically mention the use of equipment for clinical supervision purposes. Observation rooms are described by 10 (45%) of the programs and typically are utilized for live or taped supervision.

Psychological Assessment Supplies. Fourteen programs (64%) describe the psychological assessment materials that are available for student use. Again, the descriptions range from acknowledgment of materials on hand to exhaustive listings of the holdings. Typically, the materials include both full tests and specimen sets and cover both cognitive and personality measures. Several programs also describe assessment instruments that are used for research purposes.

Analysis of Criterion 3: Curriculum

Of the 22 self-studies 21 (95%) supplied varying degrees of usable information regarding curriculum. Because all of the programs are in compliance with APA accreditation standards regarding the course content of the curriculum, the areas analyzed for this study included the length of the programs, their theoretical orientation, whether transfer credits were accepted and what the nature of elective offerings were. In addition the program requirements regarding qualifying examinations and dissertation/doctoral projects were of interest. Finally, because the emphasis is on professional training, the point during which students first began direct patient contact in their training sequence was examined.

Length of Program. The time required to complete programs, including pre-doctoral internship year, ranged from 4 years to 6.8 years, with a mean of 4.6 years. The majority of programs (52%) require 4 years for completion of all requirements with approximately one-third of programs (36%) requiring 5 years.

Theoretical Orientation of Program. The vast majority of programs (86%) show evidence of more than one theoretical orientation represented among the course selections available to students. Another 10% of programs describe an exclusive theoretical orientation. The remainder of the sample is unclear as to theoretical orientation.

Transfer Credits. Nine (43%) of the 21 programs reported specifically upon their position with regard to acceptance of transfer credits. Of these, 7 programs (78%) allowed transfer credits; the rest did not.

Electives. Students are allowed to include electives in their course of study in 20 of the 21 programs (95%). The one remaining program requires each student to complete a standardized program of study. Ten programs (48%) clearly identify the availability of a specialty or concentration track of study. Also 10 programs (48%) permit electives to be taken in other departments and/or other institutions. Only 2 programs (10%) identify the availability of dual degrees. While the number of offerings is not significant, electives available to students show responsiveness to future directions of service delivery such as brief treatment methods neuropsychological assessment, psychopharmacology, group and family interventions, and community psychology. Despite an NCSPP resolution (Bourg, et.al. 1989) that states that all programs should require basic proficiency in six areas of competency (relationship, assessment, intervention, research and evaluation, consultation and education, and management and supervision), relatively little explicit mention was given across programs to these six areas with respect to curricular objectives, development and requirements.

Qualifying Examinations. Seventeen programs (81%) clearly required some form of qualifying examination for admission to doctoral candidacy. Of these programs, 3 (18%) report that the examination is taken in the second year of study, 8 (47%) report that the examination is taken during the third year of study, and one program (6%) reports that the examination is taken in the fourth year of study. Three programs (18%) require qualifying examinations to be taken more than once during the course of study, while 2 programs (12%) are unclear as to when the examination is to be taken.

Formats used for qualifying examinations vary greatly between programs. Some formats call for clinical work samples (e.g. intervention and/or assessment) in either written or oral form, sometimes both. Certain programs require demonstration of a theoretical knowledge base through multiple choice examination, essay questions, theoretical papers, and/or oral examination. Many programs require a combination of these components.

Dissertation/Doctoral Projects. Twenty programs (95%) specify a dissertation or doctoral project for completion of degree requirements. One other program requires a master's thesis for degree requirements completion. Of the 20 programs that do require a dissertation or project, 12 (60%) indicate the availability of a formal course designed to assist students in the preparation and completion of the undertaking. Sixteen of the 20 programs (80%) allow for the dissertation or project format to be either empirical or non-empirical. One of the 20 programs (5%) allows for only empirically based work.

Direct Patient Contact. Twenty programs (95%) reported the program year in which students first engage in direct patient contact. For 10 (50%) of these programs the field work begins in the first year; for 8 (40%) of these programs, field work begins in the second year. Two programs reported differences between their Psy.D. and Ph.D. programs in the commencement of direct patient contact by students. In each of these schools, the Psy.D. students begin patient contact in the first year and the Ph.D. students begin patient contact in the second year. It should be noted that direct patient contact usually, but not always, occurs during formal practicum placement.

Analysis of Criteria IV & II. Faculty and Cultural Differences

Cultural and Individual Differences among faculty were assessed by an analysis of the number of minority faculty, recruitment policies and techniques, diversity hiring, promotion and

tenure policies, academic rank and gender and academic rank and ethnicity (see Table 2), and other diversity variables among faculty.

Faculty Recruitment. Seven of the 22 programs (32%) reported that they have an Affirmative Action policy designed to recruit minority faculty. Various strategies to enhance recruitment of minority faculty were described by the programs. Advertising in minority psychologist publications was mentioned by 9 programs (41%), appointment of faculty or a specific committee to assist in minority faculty recruitment was utilized by S programs (36%), hiring an outside consultant to assist in minority recruitment efforts was occurred in one program (.05%), and the use of networking techniques (contacting colleagues or attending professional conferences and meetings that attract minority psychologists in order to recruit) was mentioned by 7 programs (32%).

Diversity Hiring, Promotion and Tenure. Twelve of the 22 programs (55%) reported that age, lifestyle, or handicap conditions do not affect hiring, promotion or tenure of faculty; 10 programs (45%) did not address this issue. Eleven of the programs (50%) explicitly reported that religious affiliation/accepted creed does not play a part in faculty hiring; one program reported that religious affiliation/accepted creed does play a part in faculty hiring; 10 programs (45%) did not address this issue.

Academic Rank and Gender. An analysis of academic rank and gender is depicted in Table 2. Of a total of 89 Professors, 20 (22%) were Female and 69 (78%) were male. Of a total of 160, Associate Professors, 60 (37.5%) were female and 100 (62.5%) were male. Of a total of 84 Assistant Professors, 47 (56%) were female and 37 (44%) were male. Of a total of 40 Instructors, 19 (47.5%) were female and 21 (52.5%) were male. For the entire sample of 373 faculty members, 38.9% were female and 61.1% were male (see Figure 1).

Academic Rank and Ethnicity. An analysis of academic rank and ethnic minority status is depicted in Table 2. Of the 20 female professors, 5 (25%) were ethnic minority women. Of the 69 male Professors, 5 (7%) were ethnic minority men. 0f the 60 female Associate Professors, 14 (23%) were ethnic minority women. Of the 100 male Associate Professors, 23 (23%) were ethnic minority men. Of the 47 female Assistant Professors, 9 (19%) were ethnic minority women. Of the 37 male Assistant Professors, 4 (11 %) were ethnic minority men. Of the 19 female Instructors, 5 (26%) were ethnic minority women. Of the 21 male Instructors, 4 (19%) were ethnic minority men. The total percentage of ethnic minority faculty by rank were: Professor (11%), Associate Professor (23%). Assistant Professor (15%), and Instructor (22%).

Diversity Among Faculty. In addition to gender and ethnicity, several programs reported other diversity variables among their faculty. These variables included SES origin (1 program), sexual orientation (4 programs), religious orientation (1 program), handicapped condition (1 program), age (1 program) and geographic origin (1 program).

Analysis of Criteria V & II: Students and Individual and Cultural Differences

As shown in Figure 2, the distribution of students by gender (Female = 63.4%, Male = 36.6%) is nearly the inverse of faculty distribution by gender (Female = 38.9%, Male = 61.1%). A comparison of the distribution of students by ethnic group with the distribution of faculty by ethnic group is presented in Figures 3 and 4.

Ten programs (45%) were selected for analysis regarding the ways that various programs recruit, admit, monitor, support, and provide aid for minority students. These 10 programs were selected because they contained adequate data on individual and cultural differences among students. For the remainder of the sample, information was either missing or incomplete.

Table 2

Number and Percentage of Faculty by Academic Rank, Ethnic Group and Gender

	Instructor		Assistant Professor		Associate Professor		Professor		Total	
	M[a]	F[b]	M	F	M	F	M	F	M	F
White/Caucasian	17 4.6%	14 3.8%	33 8.8%	38 10.2%	77 20.6%	46 12.3%	64 17.2%	15 4%	191 51.2%	113 30.3%
Black/African American	0	1 .27%	1 .27%	5 1.3%	10 2.7%	5 1.3%	2 .5%	1 .27%	13 3.5%	12 3.2%
Hispanic	2 .5%	3 .8%	3 .8%	2 .5%	10 2.7%	8 2.1%	3 .8%	3 .8%	18 4.8%	16 4.3%
American Indian/ Native American/ Alaskan Native	0	1 .3%	0	0	1 .3%	0	0	0	1 .3%	1 .3%
Asian/Pacific American	1 .3%	0	0	1 .3%	1 .3%	1 .3%	0	0	2 .5%	2 .5%
Foreign	1 .3%	0	0	1 .3%	1 .3%	0	0	1 .3%	2 .5%	2 .5%
TOTAL	21	19	37	47	100	60	69	20	227 61%	146 39%

[a] Male
[b] Female

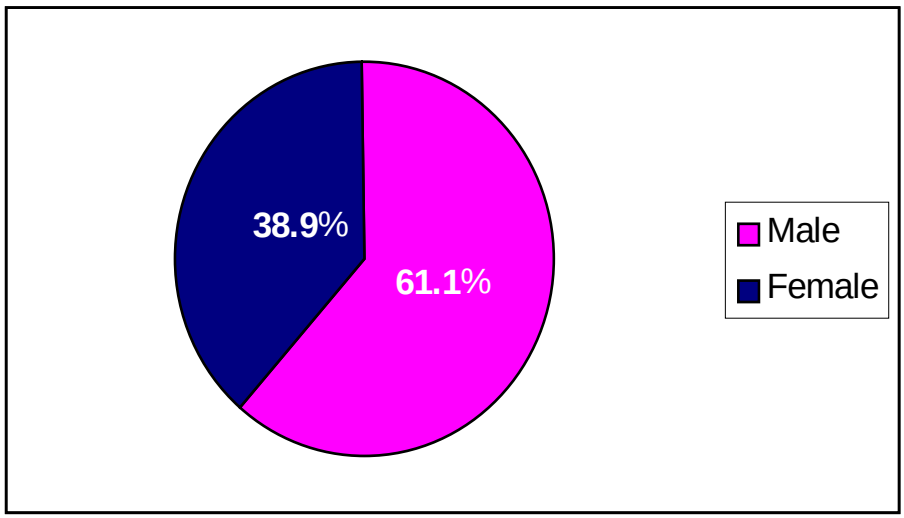

Figure 1. Gender Distribution of Faculty

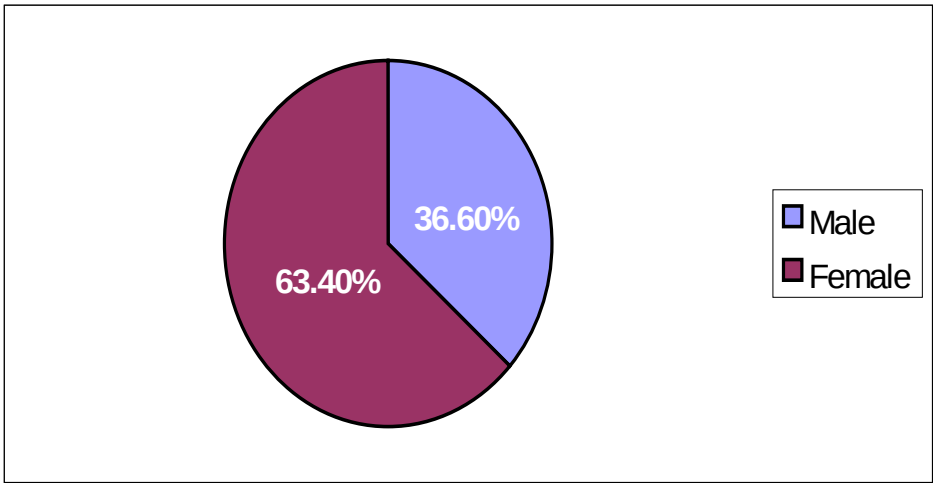

Figure 2. Gender Distribution of Students

Recruiting. One of the major means of recruiting used by a number of programs is to send a faculty member to visit universities with large minority populations. This faculty member is often a member of either the program's diversity or minority affairs committee and is frequently accompanied by a minority student currently enrolled in the program. Other ways that many programs recruit minority students are by advertising in undergraduate publications, sending letters to individuals registered with the American Psychological Association Minority Fellowship Program Office and to Affirmative Action officers in various colleges and universities, and by offering on-campus courses to minority students to help them prepare for and improve upon their graduate entrance examination scores. This last strategy was described by one program but the description did not include the cost for the on-campus course. One program described a recruitment strategy of identifying minorities with baccalaureate and/or masters degrees who were working -in -the mental health field. These persons were sent program information in the event that the individuals might want to pursue a doctoral degree.

Admitting. All programs generally reviewed all minority applications with scrutiny to ensure that capabilities (possibly not reflected in grades and test scores) not be overlooked. A common method utilized by programs to provide minority applicants with fair application review was to select a student and/or a faculty member from the minority affairs committee to review the applications. One member program reported that they make a concerted effort to match current student interviewers with perspective applicants in terms of ethnic/racial background.

Monitoring. Several member programs included means by which they keep informed of the minority students' successes, difficulties, and overall adjustment to the program. One of the ways reported was to assign student and/or faculty members from the diversity committees as

mentors for the incoming students. It was not always clear whether these members were alumni mentor of a similar background to the new student to provide the student with support, as well as an active and successful role model in the field.

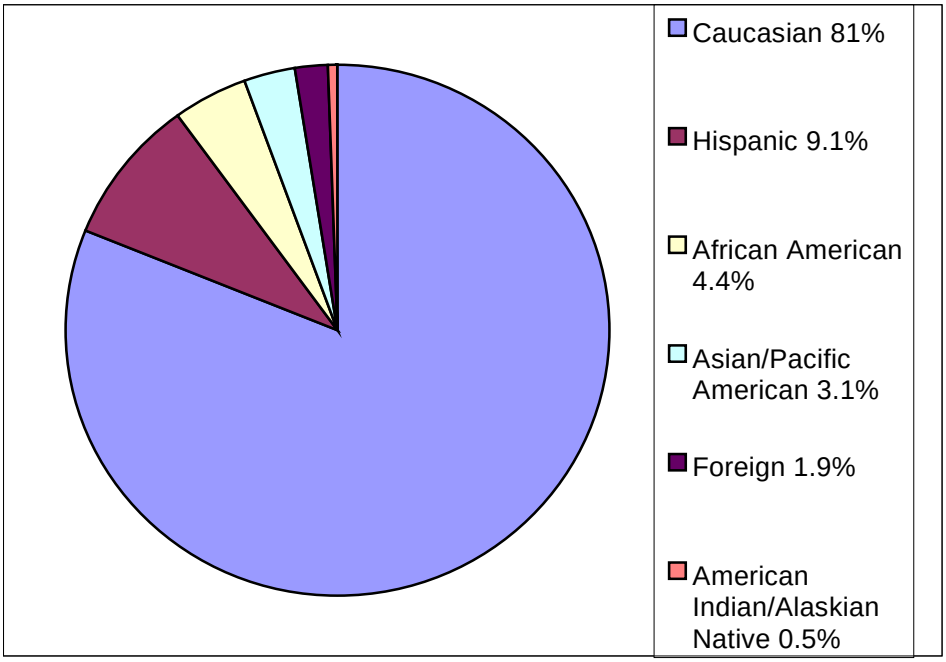

Figure 3. Student Distribution by Ethnic Group Affiliation

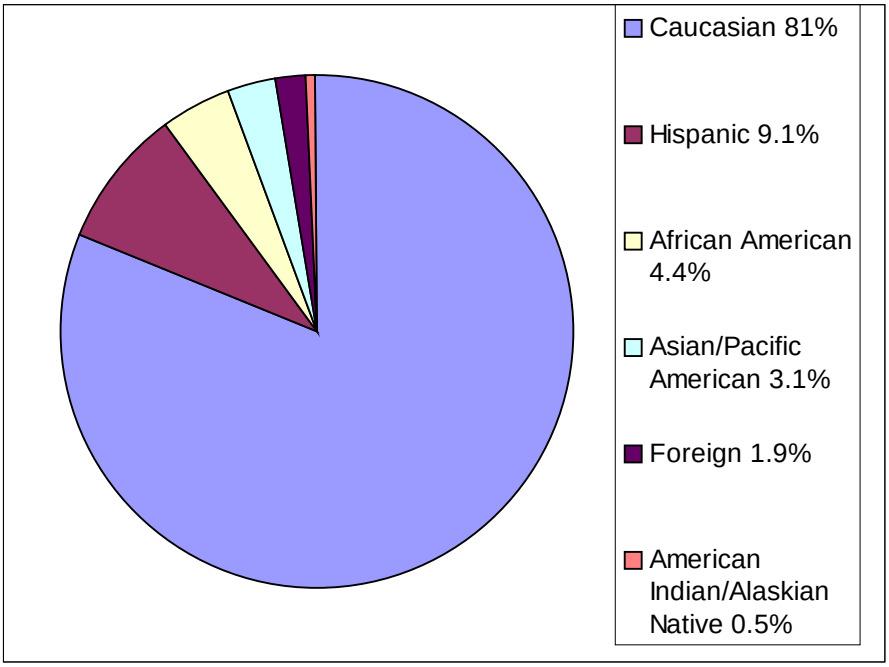

Figure 4. Faculty Distribution by Ethnic Group Affiliation

Supportive. There were various supportive mechanisms described by the programs that worked to provide additional academic aid when necessary, as well as to assist with providing an overall environment of comfort for people from various ethnicities, sexual orientations, socio-economic strata, educational background and races. In terms of academic support, many programs provided extra writing workshops (especially for students for whom English was a second language), and tutoring by advanced students or alumni, who were also minority students, to help individuals who were initially having scholastic difficulties. Methods employed in attempts to provide personal support and to help with adjustment included various ethnic, as well as gay and lesbian newsletters, and several committees to counter harassment and discrimination. These committees also often served to educate the individuals in the programs and the public community about diversity issues.

Providing Financial Aid. Almost unanimously, programs had allotted some funds for minority scholarships and/or work-study fellowships. Most programs indicated that they had these programs but did not indicate what the definition of "minority" included. One member program did specify that gay and lesbian students, as well as those of ethnic backgrounds considered to be of minority status in the United States were considered to be minorities. The additional funding provided for these students came from various sources ranging from private contributions to federal and state support. One program indicated that they awarded "social justice" awards but did not specify the requirements that need to be met in order for a student to be considered for such an award.

Analysis of Criterion VII: Practicum and Internship Training

All 22 programs provided sufficient information to be included in the analysis of the

practicum component of Criterion VII. Practicum and Internship Training. However, only 21 of the 22 programs provided sufficient information regarding internship and they will serve as the reference for the discussion of internship training in this section.

Practicum

There was some variability across programs regarding practicum requirements. These included pre-practicum training, number of hours on site, supervision required, training experience expectations, and credentials of supervisors.

Pre-Practicum Training. Pre-practicum training experiences are specifically described by 5 programs (22%). The experiences consist primarily of courses or tutorials. In 4 of these *5* programs the course is required of all first-year students; in one program the course is only required of first-year students with limited clinical experience. The nature of these courses is to assist students in developing a foundation in areas such as empathy and basic listening and intervention skills. For some students this will be their first opportunity to observe or participate in clinical work. One program describes a process whereby each first year student is assigned to a third year student for discussion about and observation of clinical work. Finally, four programs describe preparing students for practicum placement via a meeting, usually conducted by the director, where students are given an overview of potential sites and student interests and professional goals are reviewed.

Practicum Site Selection. Ten programs discuss a process by which practicum site selection occurs. In eight of these the program, usually through the practicum director, matches the student to an approved site. The other two programs allow students to secure their own placement. Some of these sites may already have program approval; others must then go through an approval process with the program. Four programs specify that a successful interview with the

agency must take place before student placement is complete.

Year in Program. Formal practicum placement begins in the first year in 10 of the 22 programs (45%). For 3 of these 10, the placement commences in the second semester of the first year. Placement begins in the second year in 11 of the 12 remaining programs (it is unclear when it begins in one program). Required time on practicum ranges from 1 and 1/2 years to 4 years with 2 or 3 years being most frequently seen. Seven programs require 2 years of practica and 6 programs require 3 years. Two programs require 2 years with an option of a third year.

Location of Practicum Sites. The predominant model for practicum training is the placement of students in off-campus agencies such as hospitals, community mental health centers, child guidance agencies, residential schools, psychiatric day treatment programs, etc. Sixteen programs utilize anon campus Psychological Services Center (PSC) for at least part of student training, but only 7 of these 16 programs specify that the PSC is part of practicum training. All programs utilized off-campus sites for some of the practicurn training for their students.

Experience required. Some programs proscribe a sequence of practicum training where they require placements with certain populations (i.e. first-year child, second-year adult), treatment modalities (i.e. first year group therapy, second year individual therapy), type of service provided (i.e. first year assessment, second year intervention) or type of setting (i.e. first year out-patient, second year in-patient). Ten programs (45%) specify that psychological assessment is required during practicum training. Nine programs (41%) specify that psychotherapy provision is required. In addition, several programs identify intakes, crisis intervention, social system intervention, psycho educational groups, or formal case presentations as required components of practicum training. One program encourages student to engage in

personal psychotherapy and offers elective course credit for this experience.

Time on Site. Time spent during practicum training was reported in two ways: hours per week or days per week. For those 16 programs that reported required hours the range was from 450 hours to 2,500 hours (x= 1,185; Median = 1,100 hours). Some programs describe the breakdown of time, usually in terms of direct service provision vs. training experiences such as supervisions case conference or seminar attendance.

Supervision. Although it is assumed that all programs required supervised practicum experience, only 9 programs (41%) reported the number of required supervision hours per week. Of these, all programs required at least 2 hours per week and the predominant model was of one hour provided in an individual format with the additional hour(s) being provided either individually or in a group format. Eighteen programs (82%) describe supervisors as doctoral level psychologists; 9 programs (41%) clearly articulate that the primary supervision must be obtained from a licensed psychologist; 2 (10%) programs identify either licensed psychologists or persons from other disciplines who are licensed in their fields as supervisors; and one program (5%) described the supervisors as field agency staff.

Documentation. Eleven programs (50%) describe agreements that typically delineate responsibilities among three parties: the program, the training agency and the student. Although their purpose appears to be consistent across programs they have different designations (e.g. Individual Training Agreement, Student/Supervisor Agreement, Practicum Agreement, Field Placement Contract). Eight of the 11 programs with such agreements specify that students are active participants in the formulation of these documents. One program describes two documents that are utilized. The first is a legally-binding contract between the program and the individual training agency and may remain in effect for many years. The second is an agreement between

the specific supervisor and the individual student and is designed to structure the practicum experience for that year. Nine programs describe additional documentation, usually in the form of a separate handbook that contains descriptions of the policies and procedures that govern practicum training.

Oversight of Practicum. Twenty-one of the 22 programs (95%) provided information on the oversight function of practicum training. Seventeen of these 21 programs (77%) identified an individual position that carried some or all of the oversight responsibility for practicum training. It is interesting to note that there was no uniformity of role or title for these positions. For example, the positions identified included Director of Field Placement, Director of Clinical Training, Placement Coordinator, Director of Field Training, Director of Practica, Director of External Training, Coordinator of Placements, Director of Field Placements, Coordinator of Clinical Training. In 5 programs (23%) this one individual has sole responsibility for practicurn oversight. Sixteen of the 21 programs (73%) articulated a training structure where multiple individuals are involved in the oversight function, either in conjunction with the director or coordinator or as the responsible body. Eight of these 16 programs (50%) identify specifically named committees (e.g. Practica / Internship Committee, Clinical Field Training Committee, Professional Training Committee, Clinical Training Committee, Internship and Practicum Training Committee). One school identified an Office of Clinical Training.

Program-Site Liaison. Seventeen programs (77%) articulated site liaison methods. In 4 programs (24%) there is one individual who has sole responsibility for the site liaison function. Thirteen programs (76%) describe a system where multiple persons are involved in the liaison function between the program and the practicum site. These systems may include the director or coordinator, the training committee, clinical faculty, and/or field training advisors or liaisons.

Site visits would appear to be an important vehicle for program-practicum liaison. Ten programs (45%) describe such visits (by faculty only [4], by the director only [1], or by both faculty and the director [5]). One program indicated that contact was primarily maintained by telephone. Six programs indicated liaison but were not clear as to methods (i.e. “maintains communication” “maintains close contact”) and there was no information available regarding site liaison in 5 programs.

Seven of the 22 programs (32%) specifically mention other methods of providing connection between the program and the site supervisors. Three programs mention providing Adjunct Clinical Faculty status for site supervisors. However, in one of these programs site supervisor’s must apply for the faculty appointment. Three programs invite site supervisors to on-campus colloquia and workshops. Four programs describe a special annual activity designed specifically for site supervisors. Finally, connection between programs and site supervisors is provided by a variety of other methods such as offering free course enrollment, continuing education activities, opportunities for service on dissertation committees or provision of guest lectures, or faculty privileges such as Health Club Membership

Faculty-Practicurn Student Contact. When programs report on the methods used to maintain contact between faculty and students in practicum training two predominant models emerge. The first model, utilized by 8 programs (36%) is one in which students participate in an on-campus seminar led by a member of the faculty who is responsible for maintaining contact with the practicurn agency regarding that particular student. The second model is used by 7 programs (32%) and has the students involved in an on-campus activity which may consist of a practicum seminar, individual supervision by a faculty member, or a combined course that addresses practicum issues, but someone other than the on-campus activity leader maintains contact with the

practicum agency. In one program these functions of on-campus education, supervision and advisement are assigned to faculty who follow the individual student throughout his or her years in the program, while different faculty members have responsibility for on-going multi-year agency liaison. There was no reported formal on-campus activity that focused on practicurn training in 3 programs; one program described faculty members "meeting" with students throughout the year, but did not explain these meetings; one program described an on-campus practicum-focused seminar but did not mention site visits; and there was no available information from 2 programs regarding the method by which the faculty maintains contact with students who are on practicum.

Grievance Procedures. Eight programs (36%) discuss some type of grievance procedure should difficulties with practicum training arise. However, clearly delineated steps from start to resolution were only articulated by 3 of these 8 programs.

Practicum Evaluation. While all 22 programs discuss site evaluation of students during the practicum training experience, only 12 (55%) describe a mechanism for students to evaluate their experience with the site and site supervisor(s). Twenty programs (90%) mention specific evaluation forms that are used. These are typically completed by the site supervisor, reviewed by the supervisor and student, and become part of the student's permanent record. In addition to the use of these forms, three programs (14%) describe a formal meeting that occurs as part of the student evaluation process which is attended by both faculty and site supervisor(s). Students typically evaluate the practicum sites via a written form as well. These evaluations become a part of the program's files and are used to monitor the quality of Site training. Three programs (14%) mention additional mechanisms used for site evaluation such as reports from site visits by faculty and/or practicum directors, information from practica instructors provided by students in their

classes, and the use of monthly activity logs that are kept by students.

Practicum Stipends. Only six programs (27%) specifically mention stipends for practicum in their materials. Of those 6, three programs stated that all of their students receive some form of stipend for practicum experiences (in one program this occurs in the fourth year, in another the funds are provided by both the practicum setting and the University). The other three programs mention that stipends are recommended or are available at some of their practicum sites. Although separate from the practicum experience, one program offers some paid supervised Clinical Traineeships at their Psychological Services Center (PSC).

Internship

Twenty-one of the 22 programs (95%) provided sufficient information for analysis of internship training.

Oversight of Internship. Nineteen of the 21 programs (90%) provided information on the oversight function of internship training. Of these, 17 (81%) identified an individual position that carried some or all of the oversight responsibility for internship training. As with practicum oversight, there was no uniformity of role or title for these positions. For example the positions identified included Director of Training, Director of Internships, Director of External Training, Director of Practicum and Internship, and Director of Field Training. In 10 programs (48%) this one individual has sole responsibility for internship oversight. The other 9 (42%) programs articulated a training structure where multiple individuals are involved in the oversight function, either in conjunction with the director or as the responsible body. Five programs identify specific committees which tend to have oversight of all aspects of external training; hence they are involved with both the practicum and internship components of the programs and these dual functions are reflected in their names (Practicum arid Internship Committee, Professional

Training Committee, Committee on Internship and Practicum Training, Clinical Training Committee).

Internship site-Program Liaison. Seventeen of the programs (81%) described site liaison methods. These methods tend to be less personal and frequent when compared to practicum site liaison. For example, contact is more likely to be maintained through telephone or written communication such as letters or student evaluation forms than it is through site visits. However this is not universal. Four programs (19%) specifically describe regular visits to internship sites (one of these specifies visits to non-APA approved sites only).

Three programs assign the program-internship site liaison function to faculty who are responsible for maintaining both site and student contact. For the other programs either the training director (13 programs) or another identified individual ("placement coordinator" in one program) has the responsibility. Another difference between the programs' liaison with internship vs. practicum involves the degree of connection with the site supervisors. Only one program described offering academic appointments to the supervisors. This same program holds an annual training conference for internship directors and staff and the program faculty.

Sites. Sixteen of the programs describe criteria for internship sites for their students although these may vary. Typically, the programs require internship sites to be either approved by a national body or to meet the requirements of that body. Most frequently mentioned are the American Psychological Association (APA), the Association of Predoctoral Psychology Internship Centers (APPIC) or the Council for the National Register of Health Service Providers in Psychology. Four programs (19%) state that they require their students to apply to APA-accredited sites. However, two of these programs will allow students to complete an internship at a non-APA approved site (one requires faculty approval of the site and the other requires the

student to take an oral clinical examination at the completion of the internship).

Five programs (23%) require APA or APPIC approvals one requires APA approval or National Register standards, and 6 programs (29%) cite criteria by APA, APPIC, or the National Register as minimally necessary. Three programs describe the procedures for program approval of sites that are not APA and/or APPIC-approved. Two of these require the site to submit documentation of training policies and procedures and one requires the student to submit this information. The final decision of program approval is made by either the training director or a committee.

One program utilizes a captive APA-approved consortium internship for all of its students. Three other programs mention consortia arrangements between the programs and the training sites. An additional program reported working towards a consortium arrangement for the future.

Length of Internship. Only seven programs (33%) specifically mention two-year half-time internships as acceptable for their students. Two of these programs require all students to participate in half-time internships; one in their own captive consortium and another at either their own PSC or through a local consortium. There may be an on-going coursework component for students during either one or both of these half-time years. All programs are not as accepting of the half-time internship model, however. For example, one program requires students to petition the Director of Training in order to obtain approval for a half-time internship. Another program states that students “are encouraged to seek one-year internships...” which would imply full time.

Only 8 programs (38%) specifically mentioned the required number of hours for internship training. This is probably because the majority of programs rely on accrediting body

guidelines. For those that specified hours the range is 1,500 to 2000.

Student Preparation for Internship. Sixteen programs (76%) discuss a preparation process for their students facing internship. Eleven of these 16 describe preparatory meetings, workshops, colloquia, or orientation sessions where students are generally advised about application procedures, consideration and selection of sites, conduct during interviews and follow-up with potential sites. These events occur only once in some programs, once each semester in some programs, and monthly in some programs. Three of these eleven programs also require students to attend individual meetings with either faculty or training directors to discuss their distinct needs. The five remaining programs either offer non-specific information about student preparation ("sound procedures to guide students through the internship application and acceptance process) or describe a faculty, training director or 'advising team' involvement in student preparation.

Several programs utilize additional resources in the preparation process. For example, one program invites recent graduates to campus to discuss their own internship experiences. Another uses a 'mock interview' process where 2nd year students serve as interview teams to prepare 3rd year students for actual interviews. One program is able to send students to an annual meeting of an association of area training centers. At this meeting site representatives distribute booklets and discuss their training sites with interested students. Finally, one program states that it modifies its curriculum in the winter quarter to assist students during the application and interviewing process.

Eleven of the 22 programs (52%) describe some means of collecting and disseminating information regarding internship sites to their students. Eight of these 11 (73%) specifically mention the APPIC Directory as a primary resource. Other directories that are specifically

mentioned are the Internship Programs in Clinical and Child Pediatric Psychology, the Directory of. Training Opportunities in Behavioral Medicine, and Training Opportunities for Pre-doctoral Internships in Marriage and Family Therapy. Nine of the 11 programs (82%) collect information on internship sites such as brochures and applications, and store them in designated files, libraries, or resource rooms that are easily accessible to students. Another strategy utilized by two programs (18%) is to provide current students with resource material (books and articles) about the internship experience. Finally, two of the 11 programs (18%) provide current students with the internship site evaluations of past students.

Contracts. Four of the 21 programs (19%) require an internship contract between the student, the internship site and the doctoral program. These contracts are described as typically consisting of the student's training goals as their primary focus. Two of these 4 programs state that it is the student's primary responsibility to develop these contracts in consultation with their internship director and the program's training director.

Evaluations. While 18 programs (86%) discuss site evaluation of students during the internship training experience, only 6 programs (29%) describe a mechanism for students to evaluate their experience with the site and site supervisor(s).

The forms utilized to evaluate students can originate either within the doctoral program or be provided by the internship training site. The majority of programs (12 of 18) require two evaluations of students per year. Two programs require only a final evaluation and other programs require quarterly (3 programs) or tri-annual (2 programs) evaluations of students. Interestingly, one of the programs specifically requests information regarding their students' readiness for internship training in an initial evaluation that is requested from the internship site in October. Only 4 programs state what they do with these evaluations once they are submitted to

the program. Typically they are reviewed by the training director and/or clinical training Committee and become part of the students' permanent file.

Grievance Procedures. Eight programs (38%) report having grievance procedures that the student and the internship site can use if a conflict should arise. These range in complexity from a brief statement identifying a program contact person to a multi-page document covering many contingencies. The majority of programs do not have lengthy, well-articulated grievance procedures.

Discussion

The attempt to utilize this sample of 22 programs to provide a comprehensive view of the current status of the education and training of professional psychologists was only partially successful. The findings reported herein do offer information that has not been available before and that is useful for professional programs. However, many of the questions the research team initially formulated could not be answered due to the lack of uniformity of the self-study documents. Although loosely organized by the 7 Criteria delineated by the COA, the self-studies were idiosyncratic in reporting style, organization of the report, and inclusion of data. Often all pertinent information about an area was not included in the corresponding section of the self-study or was provided in a separate document. Prior to targeted discussion of these findings, two words of caution are in order. First, rather than a snapshot of NCSPP member programs, this data provides a temporal panorama in that the self-studies were prepared over a 4 year span. Second, because of the lack of uniformity of reporting in the self-studies it is not clear that omission of information about a certain policy, procedure or requirement means that the policy, procedure, or requirement does not exist in the program.

The findings regarding Facilities suggests that there is significant variability across

programs in terms of available space, equipment and other resources. However, there is also significant variability in program size and all of the programs felt that their facilities were at least adequate for their own purposes. Available physical space was the one issue that programs tended to address as potentially inadequate and most of these programs outlined future plans to remedy the shortage of space. In addition to reflecting the physical growth of programs, it is anticipated that any future review of programs would reflect increased use of modern technology in communications and teaching. The other area of potential future change involves Psychological Services Centers. Those programs without PSCs acknowledge the need for such in-house training facilities. It is anticipated that the changing health care marketplace will increasingly require programs to develop their own service delivery mechanisms.

In terms of Curriculum, it appears that four-year programs predominate but that a sizable minority of programs (36%) utilize a five-year sequence. Although one program specifically mentioned changing their sequence from four to five years, it is unclear whether this represents a trend within training programs. It may reflect the national concern with additional specialty training that is heard in the debate over requiring formal post-doctoral internships for licensure. The finding of multiple theoretical orientations and variety of elective course offerings within programs appears to be a change from the more traditional single theory-focused training model that predominated for most of this century and may reflect the necessity for diverse clinical skills and flexibility in treatment delivery methods in the current marketplace. The apparent lack of widespread adoption of the NCSPP Six Areas of Competency in curricular offerings is of particular note. However, it may be that some programs address these areas informally, but do not explicitly detail them as a part of their APA self-study.

The findings regarding gender distribution among faculty and among students is

important, especially when the ratios are compared. This data clearly reflects the changing gender composition of the profession (APA, in press). As more female students enter professional psychology training programs, it will become increasingly important that female mentors and role models are available to them. It is disturbing, although not surprising, that the gender inequities seen in regards to faculty rank continue to exist. Some of the difference may be accounted for by longevity in academia, but member programs must be mindful of the need for female faculty to gain promotion and tenure in our educational institutions.

It would be helpful in future self-studies if programs were requested to provide more thorough data regarding cultural and individual differences among faculty and students. Several programs provided none or only part of this information. It seems that the compiling of this data can be helpful for all programs in terms of getting novel ideas and means to recruit and support minority students and faculty to better prepare the profession for the changing demographics of America.

Similarly, more information should be included on the number and the experience students of diverse age, handicapped condition, religious affiliation or sexual orientation. In most of the studies, there was little or no information included on these topics. It is important to remember, however, when considering sexual orientation that there are individuals of who do not feel comfortable discussing personal information. Some programs reported the use of voluntary, and confidential questionnaires to survey students which might be a feasible and safe method to obtain this information in future studies.

The external training components described by the programs (practicum and internship) are crucial to the development of professional psychologists. The variability across programs in the oversight function of external training is expected due to differences in program size and

setting. However the lack of uniformity of position title is somewhat surprising more similarity might decrease public confusion and increase the communication among directors that could provide for greater dissemination of novel training strategies

Several areas concerning practicum training demonstrated an unexpected degree of variability across programs: the availability of pre-practicum instruction, the year of the program in which the practicum sequence begins, and the type of practicum experience and number of hours required. As expected, there was greater uniformity in supervision requirements and evaluative documentation of the experiences. While program individuality and diversity is to be valued these findings may suggest a lack of consensual agreement among NCSPP member programs regarding the role of practicum training in the professional development of their students.

Another important finding concerns the seeming relative lack of stipends for practicum students. With the increasing debt that many students incur during professional psychology training, it would be important for more programs to aggressively seek stipends for practicum students.

The data on internship suggests multiple strategies for student preparation for this experience. As expected, the equivalent to a one-year full-time internship is required. However, it is disappointing that more programs do not give more enthusiastic support for half-time internships which often are better able to meet the special needs of some students, particularly women and minority students. Another disappointing finding was the lack of well-defined, formal grievance procedures across programs. The training institution has a responsibility to the student, the internship site, the profession and the public and, therefore, should have clearly developed procedures in place should any of these parties be aggrieved.

In conclusion, it is clear that programs used great variability in their responses to questions formulated by the COA in the preparation of their self-studies. Consequently, comparability of the data in the self-studies was hampered, and, in some cases, significantly compromised. Although designed only for the dual purposes of program review and site-visitor reference, the self-study documents have the potential to provide important archival information, for the profession. While the COA has purposely provided programs with the freedom of self-expression and does not want to stifle creativity, it is recommended that a specific, invariable format be developed for future self-studies. Programs could still be allowed the latitude to capture their unique qualities while providing standard information in a readily referenced form. This would allow the reporting of uniform information across programs and would provide valuable archival data that could inform the profession about its education and training, both historically and in terms of future trends.

References

American Psychological Association. (1946). Report of the Committee on Graduate and Professional Training. American Psychologist, 1, *509-5* 10.

American Psychological Association. (1987). Accreditation Handbook. Washington, D.C.: Author.

American Psychological Association. (1994). 'Making APA work for you: a guide for members. Washington, D.C.: Author.

American Psychological Association (in press). Task Force on the Changing Gender Composition of Psychology Report and Action Plan. Washington, D.C.: Author.

Bourg, E.F., Bent, R.J., McHolland, 1, & Stricker, G. (1989). Standards and evaluation in the education and training of professional psychologists: The National Council of Schools of Professional Psychology Mission Bay Conference. American Psychologist, 44, 66-72.

Korchin, S.J. (1976). Modern clinical psychology: Principles of intervention in the clinic and community. New York: Basic Books.

Korman, M. (1974). National conference on levels and patterns of professional training of psychology: The major themes. American Psychologist, 29, 441-449.

Stricker, G. (1975). On professional schools and professional degrees. American Psychologist, 30, 1062-1066.

A Comprehensive Survey of NCSPP Alumni

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A Comprehensive Survey of NCSPP Alumni

The purpose of this paper is to present the results of an alumni survey developed by the author in consultation with members of the Alumni Self-Study Group and the APA Research and Accreditation Offices. The content of the survey questionnaire was derived from the author's prior experience in conducting survey's of school alumni as part of the self-study for accreditation visits, previous surveys reported in the literature and instruments used by APA's Research Office. The purpose of this narrative is to describe the results of the survey.

Prior Surveys. There are two published surveys of professional psychology alumni that have served as a background for the proposed instrument. The first was conducted by Garfield and Kurtz (1976) and was reported in the American Psychologist. A second study, which used several of the same questions as in Garfield and Kurtz was conducted by Peterson et al (1982) and reported in Professional Psychology. Both instruments were used in constructing the questionnaire for the present study.

Prototype for A Standard Instrument. The immediate! context for the development of the Alumni Questionnaire used in this study is the organizational self-study conducted by NCSPP. However, there is broader potential application of its structure and content. Each member school that has gone through a regional or APA accreditation has had to conduct a survey of its alumni. This has meant that each school, in putting together its own survey, has, to some extent, had to reinvent the wheel. It may be that the questionnaire can become the core of a standard instrument that NCSPP member schools and programs would use in the future for alumni surveys. The APA Research Office has also been conducting alumni employment surveys for years. It may be possible to identify questions of mutual interest that could be incorporated into a standard form. Each user could add questions specific to their individual needs but the use of a standard core of questions would make it possible to create a normative data base that institutions could use in interpreting their self-studies. In the present report, the results of program ratings by alumni are presented in standard score form to illustrate how such information could be represented in normative fashion.

Constituents of the Survey. There are a number of possible constituents for a survey of alumni of professional psychology programs. The most immediate one is the program itself. A substantial portion of the proposed instrument contains questions that bear directly on the alumni experience of the program. These same questions would be of interest to accrediting bodies as well. There are a number of questions or the employment experience of alumni that would be of interest to alumni. The degree to which psychologists are involved in services that address major concerns in today's society will be of interest to our consumers and their sponsors. The data on managed care will be of interest to all groups involved in the health care debate.

In general, we have tried to develop a survey that is comprehensive and that will produce information that is of interest to a number of different audiences. Systematic use of such an instrument by a number of schools over time holds the potential to contribute to the continuing improvement of clinical training and to provide a source o information on the nature and direction of professional practice.

The Alumni Survey. The actual survey used in this study is given in Appendix 1. It consists of four sections: Education, Postdoctoral Training and Licensure, Employment, and Demographic Information. The main focus of this report will be on the Education and Employment data.

Sample Characteristics. The questionnaire was sent to a sample of alumni who graduated from seven professional psychology programs since 1980. The programs were selected to represent different geographical locations. The identity of the various programs are not revealed in this report so that normative profiles on each of the programs can be presented anonymously for illustration of the potential usefulness of such an approach. The characteristics of the sample in terms of number of alumni from each program sampled, gender, degree, race/ethnicity and type of current employment are shown in Table 1. Only three of the respondents were unemployed c the time of the survey. This report is based on a sample of 286 alumni.

RESULTS

Ratings of Program Quality. Alumni rated the quality of the training they received in seven areas or competence domains in their doctoral program. The competence domains were: Assessment/Diagnostic Testing, Intervention/Therapy, Research/Evaluation, consultation/Teaching, Management/Supervision, Relationship Skills, and Cultural Diversity. Each of these areas was rated on a 5-point scale from Poor to Excellent. Each respondent also rated the quality of training received in their Pre-Doctoral Internship in these seven competency domains.

The alumni also rated their programs on 13 items that assessed various program qualities using a 6-point Likert-type scale. Two general dimensions were derived for a factor analysis of these 13 items: Factor 1 consisted of 10 items that referred to the quality of faculty-student relationships (items 1,2, 4-10, 13) and Factor 2 consisted of items that assessed the degree to which the program included new and contemporary ideas concerning professional psychology (items 3, 11, 12). In the analyses below, Factor 1 is named "Relational Climate" and Factor 2 is named "Contemporary Focus."

Respondents were also asked to rate their overall satisfaction with the quality of their graduate education on a 6-point scale ranging from Very Dissatisfied to Very Satisfied. In all, respondents rated their programs on 10 different scales: 7 competency domains, 2 quality factors, and overall satisfaction. These 10 scales were used to create a normative quality profile for each program.

Table 2 presents the summary statistics for the ratings of the quality of the training received in the doctoral programs and the pre-doctoral internships in each of the seven competency domains. The table shows the frequency of responses for each of the *5* response categories as well as the mean and median ratings. The ratings of the Assessment, Intervention, and Relationship Skills domains were quite positive. The average ratings for all 3 were above 4.0 and more than 75% of the respondents rating their programs as Good or Excellent. The median rating for the intervention competency, the traditional core of a clinical training program, was 5! The average ratings for the other four domains were between 3.0 and 3.4. The one area where the ratings of programs and internships diverged the most was research competence with programs average being 3.3 and the internship average being 2.6. This is consistent with the more applied focus of the internship. For the cultural diversity competency both programs and internships had average ratings between "adequate" and "good" (3.4 and *3.5* respectively).

Program ratings of male and female alumni were compared to determine if there were any systematic differences on any of the scales. None of the comparisons were significant. While the number of minority alumni in the sample was small, the ratings c Caucasian and minority alumni were also compared and none of these comparisons were significant. In particular, the minority alumni did not rate the cultural diversity dimensions significantly differently than the Caucasian alumni (3.2 and 3.4 respectively).

The average overall satisfaction rating was 5.1 with 83% of the respondents indicating they were Quite Satisfied or Very Satisfied with the quality of their doctoral training.

Table 2 also presents data on the results of the licensing exam for NCSPP graduates. The numbers are quite positive with 84% reporting they passed the written exam on the first try and 79% indicating they passed the oral exam on the first try.

The ratings on each of the 13 program characteristic items are not presented in detail due to a lack of space but over 70% of the ratings were Agree or Agree Strongly. Factor scores derived from these 13 items are used in the normative comparison among programs illustrated below.

Another indication of the quality of training in NCSPP programs is the performance of graduates on the licensing exam. Table 1 gives the percentage of respondents who reported passing the exam on the 1st, 2nd, or 3rd attempts; 84% passed the written exam and 79% passed the oral exam on the first attempt.

Normative Comparisons Among Programs. This section is included to illustrate how a standard survey might be used to create a normative profile of the quality of individual programs as perceived by the program's alumni. The quality scales used in the current survey are not the only ones that could be used and are not the best ones, but they do provide a basis for illustrating how such a standardized, normative approach could be used.

The results of the program quality ratings on each of the scales are presented for each individual program in Table 3. The unit of analysis for this table is the program. Table 3.A presents the average rating of each program on each of the 10 scales in raw score form. One-way analyses of variance showed that the average ratings were significantly different among programs for 9 of the 10 scales (Research/Evaluation was the non-significant scale). This means that these scales reliably differentiated among the seven programs.

The mean program ratings were converted to T-scores (mean of 50 and standard deviation of 10) using the program as the unit of analysis. The program T-scores were created using the means and standard deviations on each scale across the 7 programs sampled. Since we only had a sample of 7 programs, the normative profile (the T-Scores) is very tentative. A larger sample of programs would provide a better estimate of the means and standard deviations used to calculate the T-scores. However, this format does provide a way to see the relative strengths and weaknesses of the various programs. For example, Program G had relatively high ratings across a 10 domains and Program B had relatively low ratings. Program C had relatively low ratings in the traditional areas of training (assessment & intervention) but relatively higher ratings in the cultural diversity domain while Program E was the opposite.

While the use of a normative profile for individual programs is likely to be controversial, it is a method for deriving information from alumni ratings that is not currently available. The standing of a program relative to other programs, as rated by their respective alumni, is informative to the program's constituents in identifying strengths and weaknesses. It would be much less useful for making judgments about the absolute quality of an individual program. However, the normative approach is useful for identifying programs that are substantially above or below the norm. Such

information may identify programs worthy of emulation (above the norm) or in need of improvement (below the norm). The results presented here are illustrative of what could be done in evaluating graduate psychology programs if a standard rating form were used by all programs. If enough schools agreed that such an approach had merit then more work could be done to develop a more sophisticate instrument and more precise norms.

Program Characteristics and Effectiveness. The last set of statistics on program evaluation data is shown in Table 4. It consists of the correlation between the program characteristic factors and the ratings of program effectiveness in the competence domain. The pattern of correlations is conceptually interesting and provides some evidence of convergent validity of the scales. Factor 1, Relational Climate, correlated highest with the Relationship Skills and Intervention domains. These results show a parallel process phenomenon in which the programs that are rated highest in training students in therapeutic and relational competence are the ones that have the most positive relational climate between faculty and students. Factor 2, Contemporary Focus, correlated highest with the Consultation/Teaching and Cultural Diversity domains. It is particularly interesting to note that programs perceived as including contemporary developments and being open to new ideas are rated as doing better in the Cultural Diversity area of training.

Employment Positions and Related Data. As indicated in Table 1, the majority of graduates from NCSPP schools report their primary and/or secondary employment position as private practice. The vast majority of graduates are in direct service positions (over 82%) in their primary employment. Respondents were asked to indicate their primary and secondary professional identities. The results were as follows:

Identity	Primary	Secondary
practitioner	91.5%	5.8
consultant	2.8	60.3
academician	2.1	10.6
researcher	0.4	2.1
administrator	3.2	20.6
(sample size)	(283)	(189)

Tables 5 and 6 report statistics on hours worked, income earned and pattern of work activities across the competency domains. Table 5 shows the distribution and summary statistics of hours worked per week and annual income earned in primary and secondary positions for males and females separately. While there are significant differences between males and females in both hours worked and annual income earned for their primary positions, no such differences exist for the secondary positions.

The data on work activities by competence domain indicate that graduates devote the dominant

portion of their work week to intervention activities, an average of 21 hours per week. It is interesting to note that graduates report devoting as much time to doing consultation/teaching and management/supervision activities as they do to assessment activities and 74% report spending zero hours on research.

Both hours worked and income earned varied as a function of place of employment, year of graduation and gender. In order to compare income across various categories an average hourly income figure was calculated by dividing reported annual income by yearly hours worked (50 times hours/week). This statistic is reported in Table 6 by position, year of graduation, and gender. What is very interesting about this table is that while there are differences as a function of year of graduation (recent graduates make less) and position (private practitioners make the most), there are no significant differences between males and females overall or within categories. This means that the annual salary differences between males and females is due primarily to differences in hours worked.

It is also of interest to compare the results in Tables 5 and 6 with those reported by the APA Research Office in their most recent salary survey (Kohout, J. L. & Wicherski, M. M., 1994). The results for place of employment and year of graduation are consistent between the two surveys. However, the present survey suggests that private practice clinical positions should be distinguished from other clinical positions in the APA survey. Also, the average hourly salary reported in Table 6 for males and females suggests that hours worked needs to be controlled more precisely in the APA survey. The equality of salaries between the gender groups on secondary income shown in Table 5 supports this contention because the two groups report working about the same number of hours in secondary positions.

The minority alumni were compared to the Caucasian alumni on a number of employment variables. Only the comparison across primary employment settings were significant with 72% of the minorities in the clinic/hospital, government/military, and university/school of psychology groups as compared to 35% of the Caucasians. Only 20% of the minority alumni in the sample were in private practice as compared to 47% Caucasians.

Managed Care. The survey included a section (question 25) that requested the respondents to indicate whether managed care had the effect of increasing, decreasing or not affecting their practice in several areas. The percentage of responses for each of the three effect categories for three separate employment groups are shown in Table 7. Private practitioners rate the effects of managed care considerably more negative than those who work in clinic/ hospitals who are more negative than the combined other groups. It is interesting to note that the one area those in clinic/ hospital settings rate the effects to be more negative than do private practitioners is “Ethical Issues Raised.” This may be due to the fact that clinic/ hospital workers have to make decisions about discharging patients who are still in need of treatment but who do not have enough coverage to provide such care.

The respondents were also asked about their participation on managed care provider panels. The responses to these questions were tabulated only for those who indicate they were in private practice (n=132). The average number of panels on which the respondents were registered was 5.7 and the median number was 4 with 13% indicating they were not on any panels. The average percentage of clients from managed care companies was 31.3% and the median was 25% with 18% of the private practitioner respondents saying they did not have any clients from managed care companies.

Status of the Job Market. The survey included five questions (15.1 to 15.5) on the status of the job market at the time the respondent graduate. There were significant differences on three of these questions as a function of gender and year of graduation. The data regarding these items are shown in Table 8. Females rated the job market as less desirable (i.e. more competitive and with fewer and less desirable positions available) than did males. Those who graduated after 1991 rated the job market as less desirable than did those graduating between 1988 and 1991, who in turn, rated it as less desirable than those graduating prior to 1988. There were no significant differences among any of these groups on rating of feeling prepared for their interviews or feeling qualified for the positions sought.

Two related questions (23 and 24) asked the respondents to provide an overall rating of the current job market for persons like themselves and for new doctorates. There were no significant differences on either of these ratings as a function of gender or year of graduation. The distribution of responses to these items for the total sample are shown in Table 8. It is interesting to note that regardless of year of graduation, respondents rate the job market more negative for others (5 6.6% rate poor or bleak) than they do for themselves (30.1% rate poor or bleak).

The respondents were also asked how long after graduation it took them to find a job. Virtually 100% said they had a job within 9 months of graduation and 95% said it took less than 6 months to find a job. A majority of respondents (61 %) said they either kept or returned to jobs they had prior to beginning their doctoral studies.

A large percentage of respondents (78.3%) reported being quite or very satisfied with their careers in psychology. When asked whether or not they considered themselves underemployed in their current positions, 79% said no. Of the 90 persons in the sample who held one or more part-time positions, 38% said they preferred the broad range of work responsibilities offered by part-time work, 36% said they had family responsibilities which necessitated part-time employment, and 7% said they could not find full-time positions.

Marketing Activities and Community Service. Table 8 also presents data on the types of

marketing activities alumni have used to market their professional services. The column labeled "TRIED THIS" indicates the percentage of respondents who indicated that they had used that activity. The column labeled "MOST EFFECTIVE" gives the percentage of people who said that a particular activity was the one activity they tried that was most cost-effective.

At the bottom of Table 8, the percentage of respondents who provide Pro Bono or low fee service of various types and for various organizations is given. A high percentage of alumni from NCSPP programs provide some type of professional activity as a community service and non-profit or public agencies are the primary recipients of this service. The alumni report providing an average of 12 hours a month (median is 8 hours) of such service and 93% provide at least some type of service.

Type of Services Offered and Populations Served. Table 9 provides a summary of the responses regarding the types of services NCSPP program alumni provide and the populations of patients they serve. There was considerable variation among alumni from the different programs sampled on the pattern of practice reported so the range o means across programs are reported as well as the total sample statistics. In general, the variation in populations served corresponded to the geographical variation among school locations. For example, alumni from programs in more rural areas report serving a higher proportion of rural populations. In some cases, the variation was due to distinctives of the program. For example, one program studied was located in a distinctively religious university. Alumni from this program reported serving over 50% religiously committed clients; whereas the range for this population for the other 6 schools was 6% to 12%.

S u m m a r y

The results from this survey show that the alumni of selected NCSPP schools and programs evaluate the quality of training they received in their doctoral studies quite positively in both applied and relational domains. When program ratings were converted to T-scores to create program profiles, the ratings of program quality could be readily compared across schools. The advantage of the T-score approach is that programs could use the same scales in the future and could readily compare the results obtained to a normative standard. Some may object that such an approach is too rigid and doesn't allow for program uniqueness. However, the standardization approach can accommodate program uniqueness and variations in training models. Scales in the profile represent one domain of quality dimensions that can be used to describe a program. From this "universe" of characteristics, programs could specify the profile that is consistent with their particular program goals and training model.

Intervention is the primary work activity and the role of practitioner is the primary identity of NCSPP alumni. Training for intervention as a practitioner is what NCSPP programs and schools do very well. However, consultation/teaching and administration/ supervision activities are also earned out on a weekly basis by most alumni and a number of alumni indicate consultant or administrator as their secondary professional identity. Training in these areas, while rated as being adequate, could be improved. The traditional program devotes more time to training in assessment than consultation or management, and yet the survey results suggest that these three activities are equal in terms of actual work activity. Curriculum revision to more systematically address the administration and supervision competencies seems warranted.

The level of overall satisfaction with the quality of graduate education the alumni reported was very high. Over 90% indicated some degree of satisfaction with their training. This is consistent with the previous survey by Peterson et al (1982) which found that 96% of Psy. D. psychologists surveyed reported some degree of satisfaction with their education. Garfield and Kurtz (1976) found that 77% of Ph. D. psychologists reported some degree of satisfaction on the same scale as used by Peterson et al and the present survey. Garfield and Kurtz noted that dissatisfaction among practitioner Ph. Ds was stronger than among academicians and was related to perceived needs for more supervised clinical experience and less emphasis on research in training. The practitioner training model of NCSPP programs was designed to provide just such a shift in emphasis.

The role of research in the training and practice of professional psychologists remains a matter of controversy and debate. It is clear from the data on professional activities in the present survey that research is an activity in which few NCSPP alumni engage. If this is the case, then we need to continue to rethink the role of research training in the professional psychology curriculum. Mc Fall (1991) takes the strong position that research and research training are an essential and unelimnable part of clinical psychology. He makes the claim that,

> "…all clinical psychologists must be scientists first, regardless of the particular Jobs they fill after they earn their degrees;... that choosing not to receive the best scientific training possible, by purposely opting for a training program that does not emphasize scientific training, means they will not be prepared to do any form of psychological activity as well. What I am saying…is that all forms of legitimate activity in clinical psychology must be grounded in science, that all competent clinical psychologists must be scientists first and foremost, and that clinicians must ensure that their practice is scientifically valid." (p. 77)

Two of Mc Fall's claims can be endorsed by the practitioner without much controversy. They are that practice must be grounded in science (whenever possible) and that we should practice scientifically validated procedures (whenever possible). But his claim that being a scientist is essential to being a competent practitioner or that lack of scientific training means one would be

less effective in “any form” of psychological practice is one that, in itself, lacks empirical validity. While Mc Fall seems to be reacting to professional training programs in favor of the research emphasis of programs of the type in which he teaches, it should be emphasized that what he advocates is the training of students to “think and function as scientists in every aspect and setting of their professional lives.” (p. 85) The results obtained by Garfield and Kurtz (1976) on the dissatisfaction of Ph. D. psychologists who were in practice suggests that traditional psychological research training is not as useful in applied settings as Mc Fall seems to be claiming. Other models of scientific training that serves clinical practice need to be developed. Trierweiler & Stricker (1991) have provided some guidance on how to bridge the gap between traditional models of research training and models that are responsive to the unique demands of applied settings.

The alumni are quite happy with being psychologists and have found satisfying employment in a variety of settings. Private practice is the most common employment setting for graduates but a substantial number of alumni are employed in a variety of other settings. The median income for all those responding to the survey was $60,000 with the median for those in private practice being $70,000 and the median for all others being $45,000. While males did report higher annual salaries than females, the males reported working more hours per week. When the salaries were adjusted for hours worked, there were no differences between male and female income for the entire sample or within each employment group. A substantial percentage of the minority alumni included in the sample were in salaried positions as opposed to private practice. Within their employment settings, minority alumni reported salaries comparable to their Caucasian counterparts.

The distribution of alumni in the present survey across employment settings has a higher concentration in private practice than two previous surveys conducted by Peterson et al (1982) of Psy. D. and Garfield and Kurtz (1976) of Ph. D. psychologists. The two previous surveys found 22% and 23% in private practice, respectively.

Managed care was reported to have substantial negative impact on professional practice and this effect was rated as most negative by those in private practice. While many of the rated negative effects are most likely a result of shifts away from the more rewarding and generous practices of insurance reimbursement in the past to monitored, shorter-term treatment, this shift has brought with it a substantial increase in ethical issues raised by such an approach to treatment.

Alumni serve a variety of patient populations and provide services for a variety of problems that are of major social concern in our society. The alumni from the seven different schools and programs included in this survey have significantly different patterns of employment and service. These differences seem to be due in part to the differences in the social geography of the regions -within which the various schools are located. However, some of these differences may also be a result of the particular emphases in the various programs. Alumni also provide a substantial

amount of service to their communities pro bono or for reduced fee.

In general, NCSPP alumni were quite positive about the quality of education they received and there was a very high level of satisfaction with their profession. There was virtually no unemployment among those alumni sampled and the vast majority felt satisfied with the positions they held. The range of populations served, the variety of settings within which those services are delivered, and the types of problems addressed indicate that NCSPP alumni are actively involved in addressing problems of major concern in our society.

References

Garfield, S. L., & Kurtz, R. (1976). “Clinical psychologists in the 1970s.” American Psychologist, IL, 1-9.

Kohout, J. L. & Wicherski, M. M. (1994). “Salaries in Psychology 1993: Report of the 1993 Salary Survey.” Office of Demographic, Employment and Educational Research Education Directorate, American Psychological Association, Washington, DC

Peterson, D. R., Eaton, M. M.. Levine. A. R. & Snepp, F. P. (1982). “Career experiences of doctors of psychology.” Professional Psychology, 13, 268-277.

Trierweiler, S. J., & Stricker, G. (1991). Research and evaluation competency: Training the local clinical scientist., In R.L. Peterson. J. McHolland, R.J. Bent; E. Davis Russell, G.E. Edwall, E. Magidson, K. Polite, D.L. Singer. & G. Stricker (Eds.) The core curriculum in professional psychology. (pp. 103-113). Washington D. C.: American Psychological Association & National Council of Schools of Professional Psychology.

TABLES

A Comprehensive Survey of NCSPP Alumni
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TABLE 1. NCSPP SELF-STUDY ALUMNI SAMPLE CHARACTERISTICS

PROGRAM SAMPLED	NUMBER	% OF TOTAL
Program A	57	20%
Program B	42	15%
Program C	14	5%
Program D	29	10%
Program E	25	9%
Program F	54	19%
Program G	59	21%
Total Sample	280	

GENDER	
Male	46%
Female	54%

DEGREE	
Psy.D	88%
Ph.D.	12%

	PRIMARY	SECONDARY
PLACE OF EMPLOYMENT	POSITION	POSITION
Private Practice	47%	45%
Clinic or Hospital	22%	23%
Government or Military	8%	1%
University/	8%	27%
School of Psychology		
HMO	5%	10%
Other	10%	15%
TOTAL	280	134

Year of Graduation	
80 to ‘83	15%
84 to ‘87	22%
88 to ‘91	36%
92 to ‘95	28%

RACE/ETHNICITY	
Caucasian	247
Hispanic	7
African	11
American	
Asian	2
Mixed	6

TABLE 2: PROGRAM AND INTERNSHIP EVALUATION DATA

RATINGS OF ADEQUACY OF TRAINING IN DOCTORAL PROGRAM AND INTERNSHIP

COMPETENCE DOMAIN	TRAINING SITE	Percentage of Responses in Each Category					Ratings' Statistics	
		Poor	Marginal	Adequate	Good	Excellent	MEAN	MEDIAN
Assessment	Program	**0%**	**5**	**16**	**40**	**38**	**4.1**	**4**
	Internship	1	8	22	36	33	3.9	4
Intervention	Program	**0**	**2**	**10**	**36**	**52**	**4.4**	**5**
	Internship	1	2	14	36	48	4.2	4
Relationship Skills	Program	**1**	**5**	**17**	**37**	**39**	**4.1**	**4**
	Internship	2	6	20	44	29	3.9	4
Research	Program	**3**	**14**	**43**	**33**	**8**	**3.3**	**3**
	Internship	12	27	40	17	4	2.6	3
Consultation/ Teaching	Program	**5**	**21**	**44**	**25**	**19**	**3**	**3**
	Internship	5	19	34	32	10	3.1	3
Management /Supervision	Program	**8**	**17**	**33**	**31**	**11**	**3.2**	**3**
	Internship	7	17	30	31	14	3.3	3
Cultural Diversity	Program	**6**	**16**	**29**	**28**	**22**	**3.4**	**3**
	Internship	5	15	29	30	23	3.5	4

Overall, how satisfied have you been with the quality of the graduate education that you received in professional psychology?

Response Scale (1 to 6)	Very Dissatisfied	Quite Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Quite Satisfied	Very Satisfied	Mean	Median
Percentage of Responses	2%	3	6	7	41	42	5.1	5

Licensing Exam Results for NCSPP Program Graduates

	Number of Attempts to Pass		
	1st	2nd	3rd
Written Exam	84%	12%	4%
Oral Exam	79%	14%	7%

TABLE 3.A

ALUMNI RATINGS OF PROGRAMS SURVEYED IN RAW SCORE FORM

COMPETENCE TRAINING DOMAIN	PROGRAMS SURVEYED							ACROSS PROGRAMS	
	A	B	C	D	E	F	G	Mean	SD
Assessment/ Diagnosis	4.5	3.9	3.3	3.6	4.2	3.7	4.3	3.9	0.43
Intervention/ Therapy	4.6	3.9	3.9	4.5	4.4	4.4	4.3	4.3	0.28
Relationship Skills	4.4	3.3	3.8	3.9	4.3	4.2	4.1	4.0	0.37
Research/ Evaluation	3.3	3.0	3.2	3.5	3.0	3.5	3.3	3.3	0.21
Consultation/ Teaching	2.9	2.4	2.9	3.3	3.0	3.1	3.3	3.0	0.31
Management/ Supervision	3.4	2.4	3.0	3.2	4.0	2.6	3.6	3.2	0.56
Cultural Diversity	3.1	2.6	3.9	3.4	2.7	3.3	4.3	3.3	0.61
Average	3.7	3.1	3.4	3.6	3.7	3.5	3.9	3.6	0.26
SD	0.73	0.65	0.43	0.45	0.73	0.62	0.47		
Factor 1: Relational Climate	0.07	-0.82	-0.08	0.14	0.35	0.19	0.14	0.00	0.38
Factor 2: Contemporary Trends	-0.62	-0.37	-0.54	0.15	0.01	0.43	0.54	-0.06	0.46
Overall Satisfaction w/ Program	5.4	4.3	4.1	5.1	5.1	5.3	5.5	5.0	0.55

TABLE 3.B

PROGRAM RATINGS EXPRESSED IN T-SCORE FORM

	PROGRAMS						
PROGRAM QUALITY DOMAIN	A	B	C	D	E	F	G
Assessment/ Diagnosis	63	49	35	42	56	45	59
Intervention/ Therapy	61	36	36	58	54	54	51
Relationship Skills	61	31	45	47	58	55	53
Research/ Evaluation	52	38	47	62	38	62	52
Consultation/ Teaching	47	31	47	60	50	54	60
Management/ Supervision	54	36	47	51	65	40	58
Cultural Diversity	46	38	59	51	400	50	66
Factor 1: Relational Climate	52	29	48	54	59	55	54
Factor 2: Contemporary Trends	38	43	40	54	51	61	63
Overall Satisfaction w/ Program	58	38	34	52	52	56	60
Average of the T-Scores	53	37	44	53	52	53	57

TABLE 4

CORRELATION OF COMPETENCY DOMAIN RATINGS
WITH PROGRAM CLIMATE RATING FACTORS

	FACTOR 1	FACTOR 2
Assessment/ Diagnosis	0.34	0.15
Intervention/ Therapy	0.41	0.28
Relationship Skills	0.52	0.34
Research/ Evaluation	0.38	0.35
Consultation/ Teaching	0.35	0.42
Management/ Supervision	0.37	0.26
Cultural Diversity	0.24	0.40
Overall Satisfaction	0.44	0.32

Factor 1: Relational Climate – consists of items that describe the quality of the relationship between students and program faculty.

For example,

"The quality of faculty-student relationships at my program were excellent."

" My program had a humane environment with mutual respect between students and professors."

Factor 2: Contemporary Focus – consists of items that describe the degree to which the program keeps abreast of contemporary developments in psychology.

For example,

"There was good exposure to contemporary developments in professional psychology."

"The program was receptive to new ideas and ways of doing things."

TABLE 5

INCOME AND HOURS WORKED FOR PRIMARY AND SECONDARY POSITIONS

	HOURS PER WEEK		ANNUAL INCOME	
	Males	Females	Males	Females
PRIMARY POSITION				
PERCENTILE				
10^{TH}	25	15	$30,000	$16,000
25^{TH}	35	24	$48,000	$30,000
50^{TH}	40	35	$60,000	$45,000
75^{TH}	45	40	$80,000	$70,000
90^{TH}	50	45	$100,000	$100,000
MEAN	40	33	$65,120	$53,642
SECONDARY POSITION				
MEDIAN	6	6	$10,000	$10,000
MEAN	8	9	$13,080	$13,000

CURRENT EMPLOYMENT ACTIVITIES BY COMPETENCE DOMAIN

COMPETENCE DOMAIN	HOURS PER WEEK MEAN	HOURS PER WEEK MEDIAN	% With Zero Hours
Assessment	5 (3-8)	2	38%
Intervention	21 (13-23)	20	7%
Research	1 (.3-2.5)	0	74%
Consultation/ Teaching	4 (1-8)	2	39%
Management /Supervision	6 (5-9)	4	27%
Marketing	1 (0-1)	0	68%

Note. The numbers in parentheses give range of means across the seven programs sampled.

TABLE 6

AVERAGE HOURLY INCOME IN PRIMARY PLACE OF EMPLOYMENT BY YEAR OF GRADUATION, PLACE OF EMPLOYMENT, AND GENDER

PLACE OF EMPLOYMENT		YEAR OF GRADUATION 80-'83	84-'87	88-'91	92-'94	Male	Female
Private Practice	Mean	$46	$46	$39	$29	$40	$41
	N	27	45	78	26	90	86
Clinic/Hospital	Mean	$33	$29	$26	$20	$25	$25
	N	10	12	22	32	41	35
Government/	Mean	$32	$26	$28	$21	$27	$20
Military	N	4	2	10	11	20	7
University	Mean	$30	$30	$18	$18	$24	$21
	N	5	6	8	12	9	22
HMO	Mean	$40	$35	$28	$27	$33	$28
	N	1	8	5	6	12	8
Other	Mean	$33	$33	$38	$22	$34	$26
	N	9	7	8	11	21	14
Male	Mean	$36	$37	$35	$25	$33	
	N	35	44	70	44	193	
Female	Mean	$44	$43	$33	$21		$33
	N	21	36	61	54		172

Note. Average hourly income was computed by using the reported annual salary and hours per week in this formula: **$/hr=Annual Income/(50*hrs/wk)**

TABLE 7

EFFECT OF MANAGED CARE ON THE PRACTICE OF PSYCHOLOGY IN SELECTED AREAS

RATING	DECREASED			NO EFFECT			INCREASED		
EMPLOYMENT GROUP	PP	CL/H	O	PP	CL/H	O	PP	CL/H	O
AREA RATED									
ANNUAL INCOME	63%	42%	29%	30%	57%	64%	7%	1%	7%
FEE FOR SERVICE	85	59	40	15	40	60	0	1	0
NUMBER OF CLIENTS	35	32	32	38	46	57	27	22	11
LENGTH OF TREATMENT	80	64	49	21	34	51	0	1	0
EFFECTIVENESS OF TX	62	52	36	37	46	64	1	2	0
AVAILABILITY OF TX	66	55	44	24	40	53	9	6	2
OVERHEAD COSTS	8	6	9	38	58	82	54	35	9
JOB SATISFACTION	75	64	51	21	29	44	4	8	4
TIME FOR CASE MANAGEMENT	7	12	11	10	25	49	83	64	40
ETHICAL ISSUES RAISED	4	0	4	17	15	49	79	85	47

GROUPS PP= PRIVATE PRACTICE
CL/H= CLINIC OR HOSPITAL
O= OTHER EMPLOYMENT POSITIONS

TABLE 8

JOB MARKET, MARKETING ACTIVITIES, AND COMMUNITY SERVICE

	GENDER		YEAR OF GRADUATION			
WHEN SEEKING FIRST JOB:	Males	Females	80-'83	84-'87	88-'91	92-'95
Job Market Competitive	2.4	2.0	2.4	2.5	2.1	1.8
OK Number of Positions	2.9	3.3	2.6	2.8	3.1	3.7
OK Types of Positions	2.6	3.1	2.5	2.6	2.7	3.4
Felt Prepared for Interview	1.9	1.8	1.6	2.0	1.9	1.9
Felt Qualified for Positions	1.6	1.6	1.5	1.5	1.7	1.6

Note. Effects for gender and year of graduation significant at the 0.1 level for the first three areas rated. Ratings on a scale of 1=Strongly agree to 5=Strongly Disagree.

CONDITION OF CURRENT JOB MARKET		BLEAK	POOR	FAIR	GOOD	EXCELLENT
FOR SELF	f	26	58	98	59	28
	%	9%	21%	35%	25%	10%
FOR NEW GRADUATE	f	62	96	85	30	6
	%	22%	34%	30%	11%	2%

MARKETING ACTIVITIES	TRIED THIS	MOST EFFECTIVE
Developed Specialty	47%	24%
Developed Special Treatment	22%	9%
Written Books or Articles	26%	3%
Conducted Lay Seminars	51%	6%
Conducted Professional Seminars	42%	4%
Media Advertising	19%	1%
Appeared on Radio/TV	24%	0%
Professional Joint Venture	26%	8%
Hospital Affiliation	38%	6%
Focused on Specific Population	51%	23%
Focused on Specialized Service	31%	7%

TYPE OF SERVICE OR WHO SERVED	PRO BONO	REDUCED FEE
Psychotherapy, Consultation, Supervision Assessment, or Crisis Intervention	71%	76%
Seminars, Teaching, or Training	67%	33%
Committee or Board of Directors	44%	7%
	PRO BONO OR REDUCED FEE	
Non-profit or Public Agency	63%	
Professional or Religious Organization	34%	
Underserved Population	47%	

TABLE 9

TYPES OF SERVICES OFFERED AND POPULATIONS
SERVED BY NCSPP GRADUATES

SOCIAL PROBLEMS ADDRESSED IN YOUR CLINICAL PRACTICE

PERCENT YES	PROBLEM ADDRESSED
74%	Child Abuse
73%	Family Life Development
73%	Divorce
69%	Domestic Violence
62%	Drug and Alcohol Abuse
54%	Live Threatening/ Chronic Illness
48%	Victims of War, Natural Disasters, or Crime/ Violence
44%	Psycho-Educational Program Development
41%	Staff/Organizational Development
35%	Teen Pregnancy
28%	HIV/AIDS & Other STD's Treatment/Prevention
27%	Juvenile or Adult Crime/ Rehabilitation

PROPORTION OF CLINICAL PRACTICE DEVOTED TO VARIOUS TYPES OF THERAPY

TYPE	INDIVIDUAL	GROUP	MARITAL	FAMILY	CHILD
MEAN	52%	7	7	6	9
	(29-64)	(1-13)	(3-10)	(5-9)	(7-10)
MEDIAN	55	0	2	0	0

PROPORTION OF POPULATION GROUPS SERVED IN PRACTICE

GROUP	MEAN	MEDIAN	GROUP	MEAN	MEDIAN
CAUCASIAN	70%	84%	RELIGIOUS	20%	5%
	(45-84)			(6-50)	
HISPANIC	5	1	MENTALLY ILL	11	2
	(2-7)			(3-15)	
NATIVE AMERICAN	1.5	0	RURAL	17	0
	(0-3)			(3-33)	
AFRICAN AMERICAN	10	5	HOMELESS	3	0
	(4-20)			(0-4)	
ASIAN	2	0	GAY/LESBIAN	7	2
	(1-8)			(4-10)	
ADOLESCENT	14	10	LOW INCOME	25	10
	(11-16)			(15-30)	
ADULT	65	80	HIV/ AIDS	2	0
	(52-77)			(1-5)	
CHILDREN	13	5	ELDERLY	7	1
	(9-17)			(2-11)	

Note. The numbers in parentheses give the range of means across the seven programs sampled.