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CLINICAL TRAINING IN PROFESSIONAL PSYCHOLOGY PROGRAMS

KELLY DUCHENY

Since its inception, the National Council of Schools and Programs in Professional Psychology (NCSPP) has endorsed an "explicit and primary commitment to" the training of practitioners (Bourg, Bent, McHolland, & Stricker, 1989, p. 68). At the core of its educational model, NCSPP endorses a deep integration of intensive clinical activities, academic preparation, and educational mentorship (McHolland, 1991). This integration produces a sophisticated understanding and application of the knowledge, skills, and attitudes (KSAs) of professional psychology (Peterson et al., 1991) within NCSPP's educational competencies (Peterson, Peterson, Abrams, & Stricker, 1997). This chapter defines clinical training, practicum, and internship; discusses legitimate clinical training activities; explores the link between classroom learning and clinical training activities; and examines future directions in clinical training.

WHAT IS CLINICAL TRAINING?

Clinical training is an educational activity under the auspices of an academic program through which students obtain supervised experience provid-

ing psychological services to identified client populations. The supervised experience is of sufficient duration and intensity to adequately prepare students for the next level of clinical activity. Primary one-on-one supervision is provided by a licensed psychologist; additional supervision may be provided by other appropriately credentialed professionals. Client populations include individuals, families, couples, organizations, groups, and communities.

Clinical training includes practicum and internship activities. It does not include course embedded activities (e.g., practice test administrations, observation of a child for a course paper) or postdoctoral training. Clinical training experiences are sequenced by the academic program to provide students with increasingly complex exposure to clients and clinical issues and to prepare students for entry-level practice after completion of the degree (American Psychological Association Committee on Accreditation [CoA], n.d.).

Although including the same broad domain of clinical training activities, practica and internships have different developmental expectations of students, require different levels of mastery and independent functioning (Roberts, Borden, Christiansen, & Lopez, 2005), and are structured differently. Students are expected to achieve progressively greater proficiency and mastery of activities as they progress through the stages of clinical training. For example, whereas both a practicum student and an intern may conduct individual therapy, an intern would be expected to develop richer theoretical conceptualizations and craft effective plans for treatment with less supervisory assistance than a practicum student. In addition, the intern would be expected to identify strengths, weaknesses, and cultural issues more accurately in his or her work with the client and to take steps independently to improve his or her treatment effectiveness. Although similar activities occur on practicum and internship, research suggests that practicum students are less likely to be exposed to nontraditional roles and activities (e.g., supervision, administration, program evaluation) than interns (Lewis, Hatcher, & Pate, 2005).

Practicum

Practica are part-time clinical training experiences designed to develop basic- to intermediate-level KSAs in the provision of professional psychological services. Practica are typically categorized by their major focus of training, setting type, and duration. The most frequent and traditional types of practica are (a) an assessment or testing practicum, (b) a therapy or intervention practicum, (c) a practicum blending therapy and assessment, and (d) an advanced or elective practicum. Most professional psychology programs require 2 or 3 years of practicum, with an option to complete an additional practicum year. Practica can also be categorized by the settings in which they occur, such as hospitals, university-based training programs, social ser-

vice agencies, schools, and other settings (Lewis et al., 2005). Practica can range in duration from 10 weeks to 12 months and can require between 8 and 24 hours per week. Some short practica are designed to achieve specific, narrow learning objectives (e.g., interviewing skills, a very specific area of expertise). Longer practica allow students to develop a broader range of KSAs, in greater depth, across time.

Internship

Internship is the capstone clinical training experience designed to develop advanced-level KSAs in the provision of professional psychological services. Internships are categorized by four main variables: (a) full-time versus half-time status, (b) affiliated versus nonaffiliated, (c) internship placement in the academic program, and (d) organizational structure (Mangione et al., 2005). The majority of internships are full-time, requiring at least 40 hours per week for 12 months. Half-time internship slots approved by the American Psychological Association (APA) have decreased dramatically in the past decade and a half, dropping from almost 250 slots in the 1990s (Erickson Cornish, Roehlke, & Boggs, 2000) to 26 in 2002 (Erickson Cornish, Smith-Acuña, & Nadkarni, 2006) to 9 nonaffiliated slots in 2006 (Association of Psychology Postdoctoral and Internship Centers [APPIC], 2006b). To discuss barriers and encourage innovation in training, the California Psychology Internship Council sponsored a conference on half-time internships in 2005 (Mangione et al., 2005).

A second distinguishing variable is whether the internship is affiliated or nonaffiliated. Internships that are affiliated accept students only from the originating or affiliated academic program. Nonaffiliated internships do not restrict application to a single program, but, instead, allow all students to apply.

Placement in the academic program is a third distinguishing variable of internships. NCSPP academic programs endorse either an integrated or a capstone internship model. Integrated internships are woven into the final years of curriculum by the program (Mangione et al., 2005), are typically half-time, and require students to take concurrent coursework in their academic programs. Integrated internships may be affiliated or nonaffiliated. Several NCSPP programs endorse an integrated internship model (Erickson Cornish et al., 2006; Mangione et al., 2005). Programs that use a capstone internship model require students to complete their coursework prior to commencing internship. In this model, internship is viewed as a culminating experience that integrates previous practicum training and academic preparation (Erickson Cornish et al., 2006). Coursework is not taken concurrently, and interns often train at internships that are distinct from their academic programs. A large majority of professional psychology programs endorse a capstone internship model.

Internships are also categorized by their organizational and administrative structure. There are three main structures: allied, consortium, and independent. Allied internships are overseen by a single entity that takes responsibility for organizing and administrating the internship and that coordinates training with several outside entities. Allied internships act like a wagon wheel with the overseeing program at the center of the wheel and with spokes linked to a range of satellite organizations that provide training opportunities for their interns. Should a satellite organization decline to participate in future training, the overseeing program locates a new training satellite to replace it. The basic structure of the internship is not substantially altered by the loss of a satellite. A consortium internship is jointly overseen by several entities that endorse a shared responsibility for the internship. Consortium internships rest on a carefully crafted plan for shared governance established by multiple independent entities for the purposes of clinical training (Erickson Cornish et al., 2006; Mangione et al., 2005). Independent internships are those located primarily within a single entity that administrates and oversees training without significant use of satellite organizations. Independent internships can be located in a range of locations, such as Veterans Administration hospitals, college counseling centers, and community agencies.

WHAT ARE CLINICAL TRAINING ACTIVITIES?

Although many authors address issues of clinical training, an agreed-upon definition of what constitutes practicum and internship activities does not yet exist (Kaslow, Pate, & Thorn, 2005; Lewis et al., 2005; Roberts et al., 2005). Little research has been conducted on current practicum activities (Lewis et al., 2005), especially research that gathers data directly from practicum sites, supervisors, and students. Several surveys (Hecker, Fink, Levasseur, & Parker, 1995; Kaslow et al., 2005; Lewis et al., 2005) have demonstrated significant disagreement between academic programs and internships regarding what qualifies as legitimate practicum or internship activities as well as what amount of each activity a student should have accumulated before beginning internship. No authors have specifically investigated practicum or internship activities of professional psychology programs, and one study excluded all programs offering the PsyD degree from data collection (Hecker et al., 1995). On the basis of the number of students on practicum and internship in NCSPP programs and the minimum number of clinical training hours required by each program, I estimate that NCSPP students complete approximately 6.5 million clinical training hours each year. Given this, NCSPP should play a major role in the field's articulation of what constitutes legitimate clinical training activities. Based on the seven NCSPP competencies, NCSPP's educational model, the Council of Chairs of Training Councils Practicum Workgroup Recommendations for Practicum Poli-

cies (2007), and a review of the literature, the eight areas described next have been identified as clinical training activities.

Service Provision, Assessment, and Supervision

Service provision includes direct client contact, clinical and diagnostic interviewing, intervention, and therapy. *Assessment* includes test administration, scoring and interpretation, report writing, and needs assessment. *Supervision* activities include supervision received and supervision provided. Supervision received includes direct supervision and supervision-of-supervision received from appropriately credentialed professionals. Supervision provided includes direct supervision provided by students to supervisees. There is significant agreement among academic programs, internships, and accrediting bodies that direct service provision, assessment, and supervision should be counted towards practicum and internship hours (Hecker et al., 1995; Kaslow et al., 2005; Lewis et al., 2005). Although most surveyed sites offered training in assessment and intervention, only about 33% of practicum sites offered students the opportunity to provide supervision (Lewis et al., 2005).

Consultation and Liaison

Consultation includes "planned collaborative interactions" (Illback, Maher, & Kopplin, 1991, p. 116) with other professionals, peers, and staff regarding clients or clinical issues. It also includes short-term or extended liaison relationships with individuals, groups, organizations, or communities. Consultation and liaison activities have consistently been identified as components of practicum and internship training (Illback et al., 1991; Kaslow et al., 2005; Lewis et al., 2005).

Management

Management activities include case management (Sumerall, Lopez, & Oehlert, 2000), documentation and attendance at treatment team meetings or case conferences (Hecker et al., 1995), treatment planning, administrative and quality assurance activities, management of a treatment team, policy and procedure development, and coordination of a program, service delivery system, or grant (see chap. 9, this volume). These activities also include management of one's own clinical work and management and oversight of others. Most academic programs, internships, and practicum sites deem activities in this area as appropriate clinical training activities (Hecker et al., 1995). NCSPP's inclusion of management as a core competency and the high frequency with which psychologists' job responsibilities include management and administrative tasks (see chap. 9, this volume) provide strong support for its inclusion.

Program Development and Evaluation

Program development and evaluation activities stand out in the clinical training literature and in NCSPP's efforts to broaden the scope of psychology's intervention activities (Peterson et al., 1991). This area of activities includes the creation of programs that provide high-quality psychological services and the outcome evaluation of those programs. Program development and evaluation activities offer students opportunities to serve increasingly diverse communities and populations that might not otherwise be accessible. These activities are appearing more consistently in recent research as an accepted component of clinical training. Kaslow et al. (2005) found that 31% of academic programs and almost 39% of internships reported that program development was a legitimate practicum activity, although only 27.8% of practica offered training in program development (Lewis et al., 2005). In addition, research and program evaluation activities were rated as moderately to highly important by 82% of academic programs and 65% of internships (Kaslow et al., 2005).

Outreach and Education

Outreach and education includes outreach, community education programming, and in-service provision (Sears, Evans, & Perry, 1998); resource development, relationship development with organizational gatekeepers, and stakeholders (Humphreys, 2000); and provision of continuing education. This area does not include a student's participation in personal continuing education or in-service training. The literature offers a blurred picture of this area of practice. Survey research has typically blended aspects of outreach and education into other categories and has rarely defined the content of those categories. Given NCSPP's consultation and education competency and its focus on innovative applications of psychology, it is appropriate that professional services of this type would be included in approved clinical training activities.

Application of Scholarship

Application of scholarship includes the identification, review, and application of relevant scholarship to inform and improve the provision of services and supervision, management, outreach, and program development and evaluation activities. This area of clinical training directly echoes NCSPP's educational commitment to train local clinical scientists (McHolland, 1991; Peterson et al., 1991; Peterson et al., 1997). To ensure that all aspects of practice are informed by science and scholarship (Peterson et al., 1991), clinical training must overtly value and actively include these activities. Students must constantly be challenged to develop skills in disciplined inquiry

and hypothesis generation (Peterson et al., 1991; Stricker & Trierweiler, 1995), and to turn to the field's scholarly knowledge base and local data to inform their clinical work. Previous research on clinical training practices has not specifically addressed this area.

Advocacy

Advocacy includes local, regional, national, or international grassroots activism; lobbying efforts; public policy analysis or development; and participation in legislative or governmental activities to promote the interest of clients, "public health and welfare," and professional psychology (NCSPP, 2004, ¶ 2). Although advocacy is not one of the seven competencies, NCSPP (2004) has endorsed advocacy as an important professional value and attitude. Recent research offers some support for the inclusion of advocacy activities as legitimate clinical training activities. Approximately 56% of academic programs and 51% of internships included "community consultation, advocacy and training" as an appropriate practicum activity (Kaslow et al., 2005, p. 309), and 36.5% of training sites offered specific training activities in this area (Lewis et al., 2005).

Preparation and Observation

Preparation and observation activities include preparation for supervision, intervention, assessment, program development, consultation, and outreach; development of materials necessary for service provision (e.g., worksheet for use in therapy); and tape, transcript, or note review. In addition, this area includes observation or shadowing of other professionals and peers for the purposes of learning. The inclusion of preparation and observation in practicum activities emphasizes the developmental nature of clinical training, and supports "multiple ways of knowing" (McHolland, 1991, p. 156) and a diverse student body. In addition, an emphasis on self-care and the use of self in the provision of psychological services requires time for preparation and self-reflection. APPIC categorizes preparation activities as *support hours*, separating them from direct service and supervision hours (APPIC, 2006a). Most studies have not addressed the area of preparation, although the majority of academic programs and internships considered observation of others' clinical work as a legitimate practicum activity (Hecker et al., 1995).

HOW ARE CLINICAL TRAINING ACTIVITIES LINKED TO CLASSROOM LEARNING?

NCSPP strongly advocates the use of "integrative pedagogies" (Peterson et al., 1997, p. 380) through which clinical training and classroom learning

(McHolland, 1991; Peterson et al., 1991; Peterson et al., 1997) are integrated at every stage of student development. The APA CoA guidelines (n.d.) require that practicum activities be well integrated with other elements of an academic program. To catalyze student learning and achievement, clinical training activities should be carefully interwoven with classroom didactics (Kaslow et al., 2005) on a conceptual and a logistic level. On a conceptual level, students, faculty, and site supervisors must reinforce the reciprocal relationship between classroom or academic learning and clinical training. This reciprocal relationship should be a foundational component of each program's educational model. Faculty should constantly reinforce the use of theory in the conceptualization of actual clinical data that rarely fall perfectly onto a theoretical template. At the same time, practicum and internship supervisors should consistently encourage students to return to theory, local data, and their academic preparation when trying to conceptualize their clients' lives. This approach supports students' integration of academic learning and clinical training activities so that both are enriched.

Logistically, programs should craft a curriculum that constantly integrates applied examples into classroom learning activities (Peterson et al., 1997). Classroom learning, if possible, should occur just before students are required to apply that learning in their clinical training activities. Students should have multiple opportunities to bring their clinical cases into classroom environments and should, in turn, be taught by faculty who bring their own work samples into their classrooms. Professional psychology programs integrate clinical training and classroom learning in a range of different ways, including case-based practicum seminars, comprehensive examinations, courses that require direct application with clinical populations, integrated internships, focused practica linked to classroom learning (i.e., a course that requires a clinical training component), and curriculum sequencing (i.e., assessment practicum occurs after assessment courses).

HOW ARE CLINICAL TRAINING ACTIVITIES MEASURED?

The majority of academic programs, clinical training sites, licensure boards, and accreditation bodies in psychology have measured clinical training activities in accumulated hours in different activities (Hecker et al., 1995). To apply for internship, and later for licensure, students tally long lists of clinical training hours in various formats and derivations to document hours in minute detail. In 1995, Hecker et al. raised concerns regarding the utility of the current system of tracking and interpreting practicum hours given the lack of consensus regarding what constituted legitimate practicum activities. Because different students can develop significantly different levels of competence after completing the same number of practicum hours in the same

activities, the use of aggregate practicum hours as a means of determining proficiency has been called into question.

These concerns have led a range of authors and professional organizations to call for a shift away from using aggregate hours to estimate proficiency toward measuring competence and establishing agreed-upon criterion for different levels of clinical training (Erickson Cornish et al., 2006; Hecker et al., 1995; Kaslow, 2004; Ko & Rodolfa, 2005; Roberts et al., 2005). A move toward competency-based assessment will require students, academic programs, training sites, licensure boards, and professional organizations to reconceptualize the measurement of student learning. In addition, it will require a unified effort by all stakeholders to "set specific thresholds for expected competency at different developmental levels" (Kaslow, 2004, p. 775). Without a unified effort, each academic program could spend significant energy developing an idiosyncratic approach to assessment of competency (Erickson Cornish et al., 2006). This idiosyncratic approach, although matching the academic program well, would be unlikely to match the training models of practica and internships or the requirements of licensure boards.

To better assess competency to progress to the next level of clinical training and approach independent practice, NCSPP (2007) created developmental achievement levels (DALs) that list the KSAs expected at each clinical training stage (entry to practicum, entry to internship, completion of degree) across the seven NCSPP competencies. The DALs, in combination with the evolving literature and organizational work products, will help the profession develop a more unified vision of clinical training, allowing an increasingly accurate assessment of when and how students meet required levels of proficiency within each competency. It will be important to carefully balance the need to develop reliable, valid measurements of competency across clinical training stages (Hecker et al., 1995) while continuing to allow the innovation and creativity that has characterized NCSPP programs to date.

FUTURE DIRECTIONS IN CLINICAL TRAINING

Recent changes in the marketplace, service delivery systems, and reimbursement structures have affected clinical training opportunities and professional psychology as a field. To ensure a robust future for clinical training, professional psychology must continue to expand the scope of activities and the settings in which training occurs and creatively integrate technology to improve student learning and service provision. Although clinical training will continue to occur in traditional settings, the field must develop innovative partnerships that make psychology an indispensable component of interdisciplinary teams (Peterson et al., 1997) and that improve the quality and comprehensiveness of the services that professional psychologists provide (Humphreys, 2000).

To expand training opportunities and position professional psychology strategically, academic programs in psychology could partner with graduate programs in different disciplines to coordinate shared curriculum and training. Psychology programs could offer courses in medical schools, law schools, agriculture or architecture departments, and could coordinate shared practice opportunities. A practicum could be integrated into a law clinic. Psychology practicum students could work with law students to interview clients, address psychological issues that arise within the cases, and assist clients to participate fully with their legal counsel. As another example, Anderson and Lovejoy (2000) described a practicum that teamed psychology practicum students and family medicine residents. After completion of the 3-month rotation, family medicine residents increased their mental health referrals by over 1,260%. By ensuring productive, mutually beneficial relationships during formative training experiences, interdisciplinary practica could produce future psychologists who are adept at working in a range of settings and future lawyers and family physicians who see psychology as a natural component of their daily work (Anderson & Lovejoy, 2000).

Another expansion of clinical training settings will occur as programs increase international and public service training opportunities (Belar, Nelson, & Wasik, 2003; McMinn & Voytenko, 2004). Programs could internationalize their curriculum (Belar et al., 2003) and train students to work with international populations and issues (McMinn & Voytenko, 2004) through short 2- to 3-week service project trips, 3-month immersion practica, or yearlong practica or internships. In addition, programs can become increasingly adept at mobilizing teams of trainees and professionals to address national disaster relief (Sears et al., 1998), community emergencies, and losses that require intense, short bursts of service. This could also allow students to complete immersion practica working with survivors of natural disasters, immigrant and refugee populations in the United States or Africa, or large-scale community losses like Columbine or the World Trade Center (NCSPP, 2006; Sears et al., 1998). Distributed learning models and technology will significantly affect clinical training in the future (Glueckauf & Ketterson, 2004; Rudestam, 2004). Distributed learning models emphasize structured learning opportunities that "can occur independent of time and place" (Rudestam, 2004, p. 427), often through utilizing technology. Technology will influence service delivery systems by providing means to conduct long-distance therapy, assessment, and consultation and supervision (Glueckauf & Ketterson, 2004). It will allow students in Minneapolis to work with clients in St. Paul, Fort Lauderdale, or Istanbul with similar ease. Likewise, it will allow the creation of virtual practica or internships. Virtual training sites could provide supervision through videoconferencing and could allow unobtrusive live supervision of student work through computer-based cameras. Interns, practicum students, and supervisors could access expert consultation from psychologists anywhere in the world to enhance the quality of services, enrich training

opportunities, and better meet local needs when local expertise in specialty areas is limited. Distributed and blended learning models will allow programs to reconceptualize how clinical training occurs, reducing the reliance on classrooms models if other more distributed models of education improve learning outcomes.

A recent APA policy change will also have a significant impact on the future of clinical training. In February 2006, APA revised its policy on recommended requirements for admission to licensure to allow both years of required experience to occur at the predoctoral level (Ducheny, 2006). In the near future, professional organizations, accrediting bodies, licensure boards, and academic programs will be determining what action will be taken as a result of this important change. The growing focus on predoctoral experience will push the entire field toward the creation of national standards for practicum and internship training (Roberts et al., 2005; Rodolfa, Ko, & Petersen, 2004) and could impact how programs construct, approve, and oversee their practica. The APA Council of Representatives' approval of this new policy included a commitment for improved methods of assessment and a continued development of clinical training competency goals (Bonecutter & Klehr, 2006). This will prove to be an especially challenging task given the variety of models of education, values, and foci of different professional organizations (e.g., Council of Graduate Departments of Psychology, NCSPP, APPIC) and the research that shows significant differences between the expectations and training emphases of academic programs and internships (Rodolfa et al., 2004).

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