

Internship flexibility Scribe document

Please note and remind yourself frequently: The intent of this document is for it to lead to a public-facing record of your workgroup's activity. By the day of the Summit it will be accessible to anyone at the Summit, and after the Summit it will be turned into a fully public-facing document. This means that although you should take notes however makes sense for you, it will be important to refine the notes to be comprehensible to others.

Guiding Committee:

Ayelet Meron Ruscio	Tara Mehta	Wayne Siegel	Caroline Balling
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Moderator: Tom Rodebaugh (before the Summit: Tim Strauman)

Scribe: Ayelet Meron Ruscio

Describe intended product of the workgroup: TBD

Who is willing to lead on this topic (future efforts at the Summit and beyond): TBD

Main Notes Area

Pre-Summit Meeting #1 of the Workgroup Guiding Committee

4/4/23

Attending: Caroline Balling, Tara Mehta, Ayelet Ruscio, Wayne Siegel, Tim Strauman

What are our goals for the Summit workgroup meeting?

- Tim said: Opportunity to identify challenges and try to build a consensus about what the future might look like and how we might get there, who the relevant stakeholders are, etc. Not definitive, but more an opportunity to reflect and take an active role in charting what we think the future will/should look like. Consider how we can incorporate as many people/viewpoints as possible.
- Develop a roadmap/plan for: How can we challenge the status quo for what internship looks like? Can we get people to engage in a productive dialogue about what, in an ideal world, we would want internship to look like? What are the constraints on achieving that? How could we experiment to see what progress could be made?

How much time will this workgroup have during the Summit? One hour.

- Use our pre-Summit meeting(s) to create a structure and agenda. Outline a framework for how to use the workgroup time most effectively at the Summit.

- During the workgroup meeting, try to begin by building consensus (identifying shared values, a common commitment to identifying strengths/weaknesses of the current internship model). Identify some pragmatic next steps, at least some of which can be acted on in the near term.

We can collect information in advance of the Summit. What would be helpful to know?

- What are the current strengths/limitations of how internship fits into clinical science training? What's working, and what's not working, with our current internship model?
- We can't resolve everything in an hour, so we need to prioritize. Should we focus our workgroup discussion on the application/selection process (e.g., hours, competencies), internship timing, the internship experience?
- It would be helpful to know what's legally/financially/practically possible. For example, there is some trainee interest in switching to a model of an optional postdoctoral internship, rather than a required predoctoral internship. Can we raise that for discussion, even if only to identify what problems this switch would be attempting to solve, or is it such a nonstarter that it would be unproductive to raise it at the Summit?

A key concern is student burnout due to the "arms race" of hour counting.

- Can we as a group say: We're going to recommend to all of our member programs that X number of hours is enough? This could help address the crush of requirements/expectations that contribute to student burnout. Many grad students like the hours cap idea.
- On the other hand, a recommendation carries no official weight, and isn't helpful if internships won't cap hours. If we really want to address the hours problem, we need to address it collectively with the internship programs.

We discussed differing views on the scope of what we'd like to accomplish at the Summit.

- One approach is to brainstorm "big questions." What do we want internship to look like? Get everybody thinking outside the box and talking about models that may be very different from the one we have now. For example: Just from the point of view of training, how do we take better advantage of the expertise available at internship programs? Why is internship one year, not two? Why not make internship earlier, or later?
- An alternative approach is more gradual. If we really want to change things, we need to figure out how we can ease into that. There are very strong, divergent feelings about internship, and this may be a barrier to making sweeping changes.

We discussed the need for greater clarity around the purpose of the internship year.

- There is a lack of systematic evidence on what internship adds to trainees' competence/skill.
- What is the internship for? What do we want clinical science trainees to gain from the experience? What value does it add beyond graduate school practice? Answers to these questions can feed into a discussion of competencies (i.e., what the competencies should be).
- Some clinical science programs/faculty send the message that clinical training is a distraction from research or even a waste of time, which is damaging to student morale. It would be valuable for our workgroup to articulate why internship matters.

We decided to survey the members of the Summit internship workgroup on the following topics:

- What is the purpose of an internship?
- What are the strengths of the current internship model?
- What are the weaknesses of this model?
- What would you like to see this workgroup focus on?

We also discussed surveying trainees in order to incorporate their important perspective, although we didn't make a final decision of who would be surveyed (internship applicants? current interns? recent interns?) and whether the trainee survey would be identical to the one sent to workgroup members.

We decided to hold one more meeting of the guiding committee shortly before the Summit to review the survey results, extract key themes, and prepare an agenda for the workgroup meeting.

We discussed assigning workgroup members a paper to read in preparation for the Summit (perhaps even to read before completing our survey?). Tara suggested:

- For training directors:
 - Joyner, K. J., Anderson, L. M., Bekele, B. M., Callahan, J. L., Egbert, A. H., Grus, C., Hill, K., Keilin, G., Lopez, G., Mehta, T.G., Sequeira, S. Siegel, W., Silberbogen, A. K., Strauman, T. J., Vas, S. N., Wall, J., Washburn, J. J., Yee, C. M., & Teachman, B. A. (2022). Exploring different visions for the future of health service psychology internships: Reports from an initial stakeholder meeting. *The Behavior Therapist* (45, 7).
- And for students:
 - Atkins, M. S., Strauman, T. J., Cyranowski, J. M., & Kolden, G. G. (2014). Reconceptualizing internship training within the evolving clinical science training model. *Clinical Psychological Science*, 2(1), 46–57. <https://doi.org/10.1177/2167702613501308>

Next steps:

- Tara will create a Google doc and paste in relevant readings
- Tim will put a draft survey into the Google doc
- Caroline will consider how to survey students
- Ayelet will send a when2meet to schedule our next meeting (and will serve as scribe)

Internship Student Survey

Distributed 4/13/23

Dear trainees of Clinical Science,

My name is Caroline Balling, and I am the student representative for the Academy of Psychological Clinical Science (APCS) Executive Board. This May the Academy is hosting a summit in St. Louis to discuss the future of Clinical Science training. You can read more about the event [here](#). Seven graduate students were invited to attend this summit, and each PCSAS-accredited program was allowed one faculty representative to attend.

One topic likely to generate significant discussion is the future of internship. Opinions are heterogeneous on this matter, and the internship guiding committee wants to ensure that the student perspective is

appropriately represented and understood. To that end, I ask that you complete this brief survey to provide your feedback about the future of internship for Clinical Science students (note: this is for Clinical Science specifically, rather than Clinical Psychology as a whole). I will aggregate the data and the guiding committee will determine a means of sharing this information with summit attendees broadly.

This survey is completely voluntary and anonymous. I would be grateful to receive your responses by April 20th, 2023.

Please reach out to me with questions or concerns.

My best,
Caroline Balling, M.S. (she/her)
Clinical Psychology Graduate Student, Purdue University
cballing@purdue.edu

Please describe your current trainee status:

- Graduate student who HAS NOT yet applied for internship
- Graduate student who HAS applied for internship and not yet begun
- Currently on internship
- Completed internship

The current internship **application/match process** is effective for Clinical Science trainees.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

The current internship **training experience** is effective for Clinical Science trainees.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

I understand the purpose internship serves in the training of clinical scientists.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Internship training contributes positively to the preparation and expertise of future clinical scientists.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree

Strongly agree

I would prefer that internship be optional, rather than required, for Clinical Science students.

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

I would prefer that internship be a postdoctoral, rather than predoctoral, experience for Clinical Science students.

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

What is working for the current internship model amongst Clinical Science students? In other words, what are components that you would keep? Please limit your response to 1-2 sentences.

[Long answer text box]

What is NOT working for the current internship model amongst Clinical Science students? In other words, what are components that you would change? Please limit your response to 1-2 sentences.

[Long answer text box]

Please list one to three values (shared understandings of what is most important, most desirable, most beneficial) that you see as essential for clinical science internship training. Please write "none" if you do not see any values.

[Long answer text box]

Thank you for taking the time to complete this survey.

Internship Workgroup Survey

Distributed 4/18/23

Thank you for taking the time to respond to this survey.

Clinical application training is fundamental to training in clinical science, and the clinical internship serves as the capstone application experience. Our workgroup has been tasked with evaluating the current model of internship preparation/training and considering how it could be improved. To help set an

agenda for a productive workgroup discussion at the Summit, we would be grateful if you would complete this anonymous survey by Sunday, 4/23. Our hope is that by gathering this information in advance of the Summit, we will be able to use our in-person time most productively. Clinical science training doesn't occur in a vacuum, particularly at the internship level, and our intent is for this discussion to take into consideration the views of the entire clinical psychology training community.

What do you see as the purpose of the internship in training clinical scientists?

[Long answer text box]

What aspects of internship application/training do you feel are working well?

[Long answer text box]

What aspects of internship application/training do you feel are not working well?

[Long answer text box]

Please list three values (shared understandings of what is most important, most desirable, most beneficial) of clinical science internship training.

[Long answer text box]

Please select the most important topic for our workgroup to prioritize within the limited time available at the Summit:

- Managing the rising number of clinical hours students must complete to be competitive within the internship application process
- Developing a competency rating system for internship applicants
- Shifting from a predoctoral to a postdoctoral internship
- Shifting from a required to an optional internship
- Other (please specify):

Pre-Summit Meeting #2 of the Workgroup Guiding Committee

4/25/23

Attending: Caroline Balling, Ayelet Ruscio, Wayne Siegel, Tim Strauman (1st half)

What did we learn from the surveys? Brief summary:

- Workgroup members survey ($N = 13$):
 - Purpose of internship training is to broaden and deepen.
 - What's working well: High-quality sites are doing an excellent job of training, and most sites are doing a reasonable job of broadening and deepening students' clinical training.
 - What's not working well: Burden, equity issues, the fact that internship is one year, and qualifications creep.

- Most important topic to discuss at the meeting, according to workgroup members: Managing the rising number of clinical hours. Secondly, shifting from predoctoral to postdoctoral internship.
- Student survey ($N = 270$):
 - What's working well:
 - Access to clinical opportunities and populations not available at doctoral institution.
 - Importance of intensive clinical experience to create a well-rounded clinical scientist who can conduct better clinical research.
 - Important for clinical licensure.
 - What's not working well:
 - Overwhelmingly, the financial burden. The costs of applying and moving are high; internship stipends are low, and not commensurate with students' level of training and experience.
 - Emotional and logistical challenges involved in uprooting oneself (and, often, one's family) for a short-term training experience.
 - Amount of time that the application process and the internship itself require, which disrupt research momentum and productivity.

Broad goals for the Summit workgroup meeting:

- We want people to know that concerns about internship are being heard. In particular, we need to be very clear that we hear the burden problem.
- Most of these problems are going to take a lot of time to work out. We need to get the conversation started on long-term solutions.
- In the meantime, what can we as doctoral programs do to make things easier for students? Let's generate ideas for experiments we can do right now.

What would be useful outcomes from the workgroup meeting?

- Identify both (a) practical changes that can be implemented in the short term and (b) a roadmap for longer-term changes.
- A valuable outcome would be to find doctoral programs that are willing to experiment, in partnership with internship sites.

A possible format for the workgroup meeting:

- Prior to the meeting:
 - Circulate a document summarizing survey results.
 - In the text of the accompanying e-mail, ask people to come prepared to suggest pragmatic, immediately implementable changes. Encourage them to ask their students: What short-term solutions would help ease the burden for you?
- At the meeting:
 1. Brief presentation of survey results. This gets everyone on the same page and reduces the likelihood that individual workgroup members feel the need to elaborate concerns during our limited workgroup time.
 - After consulting with Tom Rodebaugh, we decided to circulate survey results over e-mail in advance of the Summit, so that we can devote as much of the limited workgroup time as possible to discussion.
 2. Convey the overarching message: There is consensus across faculty and students about the values of internship, and about what the challenges are. This is going to be a

long-term project, but we can get started now. Let's get some experiments going, and also get the ball rolling on longer-term changes.

3. Prioritize which topics to discuss in the rest of the meeting.
 - One way this could be done is to allow each person to nominate 1 short-term change and 1 long-term change that are most important for the workgroup to discuss.
 - A different approach is to brainstorm ideas freely within short-term and long-term periods within the meeting (see below).
4. *Short-term changes*: Brainstorm pragmatic changes that can be implemented immediately or in the near term. We could divide the workgroup into subgroups for brainstorming (e.g., task each subgroup with coming up with 1 or 2 practical ideas).
5. *Long-term changes*: Discuss what we can do now to start making progress on addressing larger, more complex problems. The goal for this part of the discussion isn't a solution, it's a roadmap (Wayne shared [this document](#) as an example from another Summit). Acknowledge the long-term problems (e.g., the timing of internship; the financial burden of applying and moving) while recognizing that, in the limited time available at the Summit, the best we can do is to develop a tentative plan and start the process. Discuss: What do we want to accomplish? What are the obstacles/constraints? What would the process look like to make a change?

Manage the meeting to make the best use of workgroup time:

- Consider splitting the room to increase the number of issues that can be tackled. Maybe half the room focuses on short-term changes, the other half on long-term changes? Or everyone participates in short- and long-term, but within subgroups to allow more ideas to be generated?
- Consider limiting the amount of time that any one person can address the group. We can communicate the time limit in advance, and/or task the moderator (Tom Rodebaugh) with keeping individuals' remarks brief.

What should our workgroup "product" be?

- We decided to see what the workgroup comes up with, letting the product emerge naturally from the group discussion.

Next steps:

- Tim will check if we'll have access to projection technology at the Summit workgroup meeting
- Wayne will draft a workgroup meeting agenda and circulate for feedback
- Ayelet will finalize the summary of "what is not working" student survey responses
- Caroline will add numeric counts to the summary of "what is working" student survey responses
- Caroline (or Tara?) will summarize the "three values" student survey responses
- Who will draft the survey results document to circulate prior to the meeting?
- Who will draft the accompanying e-mail instructing workgroup members how to prepare?

Preparation Instructions for Workgroup Members

Distributed 4/28/23

From: Timothy Strauman <tjstraum@duke.edu>
Sent: Friday, April 28, 2023 1:42 PM
To: All workgroup members
Subject: Clinical science internship training Summit workgroup update
Attachments:
 Student Survey Summary.pdf [pasted below]
 Internship Training Reading List.pdf [pasted below]

Dear Colleagues,

Welcome to the “Building flexibility into internship preparation and experience to enhance clinical science training” working group!

We’re reaching out so that we can use our limited time during the Summit as effectively as possible.

There are many, many areas that we could discuss during the meeting next week pertaining to internship. To inform how we can best use our time together, we decided to collect data from students and faculty (see attached summary of student survey responses). Based on the data, it is clear that one of the most pressing concerns for everyone is the burden, financial and emotional, that the internship and internship application process places on students. Therefore, we would like to focus our discussion on this issue.

I’m sure many of us have multiple feelings and ideas on this topic, and there are a variety of potential solutions. Lasting, sustainable change will take time, but for the students, more immediate change is also paramount. *Therefore, we would like to center our discussion on generating short- and long-term ideas for change to reduce the enormous burden internship places on students.*

What we are asking from each of you: As you may know, we only have one hour together to discuss internship. To make use of our time, **we are asking each of you to come prepared with two ideas to reduce the burden that internship places on students, one short-term change that could be implemented fairly quickly and one long-term change that may take more time and energy.** We’ll use these ideas as the basis for our discussion.

Our hope is that we can use these ideas to create a roadmap for sustainable change.

If you’d like more information regarding internship training, we’ve also included a brief list of articles that have been written regarding the challenges of, and potential solutions for, doctoral internship training in clinical science.

Sincerely,

The building flexibility into internship preparation and experience to enhance clinical science training working group

CLINICAL SCIENCE TRAINEE SURVEY

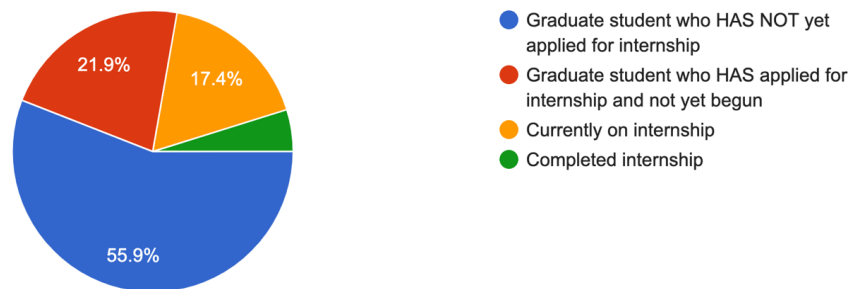
In April 2023, we surveyed clinical science trainees about their perception of the internship model for the training of clinical scientists. 270 trainees responded. The resulting quantitative and qualitative data are detailed below.

QUANTITATIVE DATA SUMMARY (proportions detailed next page)

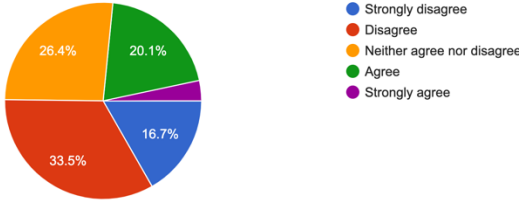
- 77.0% of trainees AGREE that they understand the purpose internship serves in the training of clinical scientists.
- 71.8% of trainees AGREE that internship should be a postdoctoral, rather than predoctoral, experience for Clinical Science students.
- 67.1% of trainees AGREE that internship training contributes positively to the preparation and expertise of future clinical scientists.
- 50.2% of trainees DISAGREE that the internship match/application process is effective for Clinical Science Trainees.
- 45.6% of trainees AGREE that internship should be optional, rather than required, for Clinical Science students.
- 41.2% of trainees AGREE that the current internship training experience is effective for Clinical Science Trainees.

Please describe your current trainee status:

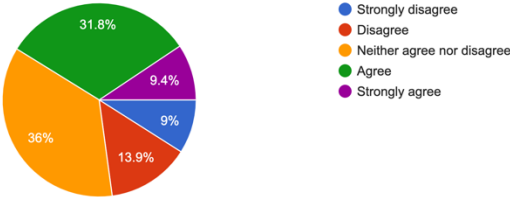
270 responses



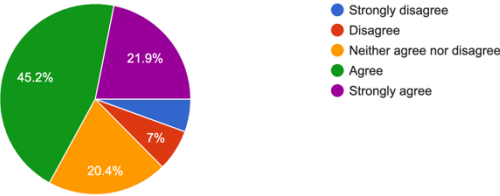
The current internship application/match process is effective for Clinical Science trainees.
269 responses



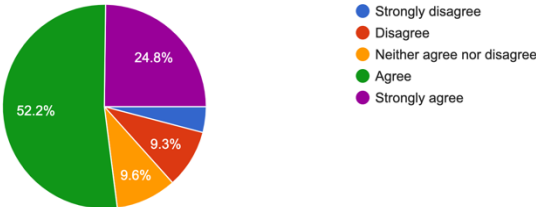
The current internship training experience is effective for Clinical Science trainees.
267 responses



Internship training contributes positively to the preparation and expertise of future clinical scientists.
270 responses

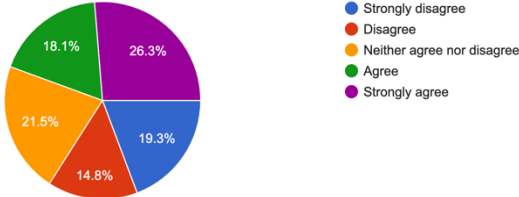


I understand the purpose internship serves in the training of clinical scientists.
270 responses



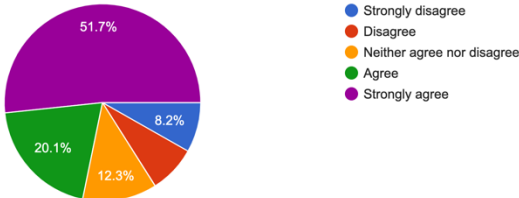
I would prefer that internship be optional, rather than required, for Clinical Science students.

270 responses



I would prefer that internship be a postdoctoral, rather than predoctoral, experience for Clinical Science students.

269 responses



QUALITATIVE DATA SUMMARY

What IS working for the current internship model amongst Clinical Science students? In other words, what are components that you would keep? (n = 192)

Frequency	Theme	Response Details/Examples
47	Opportunity for novel or specialized clinical experience	Internship allows specialization according to clinical interests and clinical experiences not available through a trainee's grad program/regional area. This can include exposure to other healthcare systems, various levels of care, demographic groups, types of psychopathology, treatment modalities, etc. To this end, there is an appreciation for sites with multiple rotations.
44	Valuable for those who continue post-doctoral clinical work	The clinical training via internship is important to those pursuing a clinical career, licensure, and refined clinical skills for future clinical work (i.e., internship is important for those who want to incorporate clinical work in their future careers).
41	Necessary to be a clinical scientist	Internship is necessary for well-rounded training of clinical scientists. For those interested in research-related careers, the experience informs their research, and this increases real-world impact.
24	Sites that advance career goals beyond clinical work	There is an appreciation for sites that suit career goals beyond full-time clinical work, such as sites that are research-focused, have protected research time, serve as a pipeline into post-doc, or help with networking for research careers. HOWEVER, students note that such sites are highly competitive and short in supply.
23	Application process	Components of the application process that are working, primarily referring to virtual interviews (n = 14) and the match system (n = 6). Other identified components: common application, being able to apply to sites nation-wide, many site options, more sites than applicants, standardized interview notification timing
14	Trial run for clinical career	Internship is a trial run for what a clinical career is like. It is helpful as trainees decide plans for their post-graduate careers. This is the only chance to do so for some grads coming from programs that de-emphasize or de-value clinical work.

(qualitative data continued next page)

What is NOT working for the current internship model amongst Clinical Science students? In other words, what are components that you would change? (n = 214)

Frequency	Theme	Response Details/Examples
119	Financial burden is considerable	Intern stipends are very low for level of training/experience, often lower than graduate stipends and lower than what postbac RAs earn, and especially problematic given the high cost of living where many internships are located; cost of applying, traveling, and moving (to the internship site, and then to a postdoc site) is very difficult on current stipends; students must pay fees to remain affiliated with their graduate institution; some students cannot afford to relocate again for postdoc, constraining subsequent training.
65	Uprooting life for one year is disruptive	It is logistically and emotionally disruptive to move oneself (and often one's partner or family) for a single year; many students leave behind families and relationships; students with niche interests or who want a clinical science internship often must make a cross-country move. Some students suggested that the internship experience be combined either with the doctoral program or with a postdoctoral position so that only one move is needed.
57	Time burden undermines progress toward research career	Application process is extremely time consuming (like a full-time job for 3-6 months); spending a full year on clinical training is unwarranted for students who intend to pursue a research career; internship sites that nominally "protect" time for research but require a 45-55 hour work week allow for little research; research momentum is lost; it's difficult to maintain research productivity in a year in which students are acclimating to a new setting, applying for postdocs, and completing doctoral program requirements (e.g., dissertation). Some students proposed research-track internship models that include more protected time for research while still being primarily (50-80% FTE) clinical.
49	Application process is grueling and stressful	Application process is stressful and uncertain due to concerns over whether students will match and a lack of control over where they will end up; lack of transparency around the match process; perception that the algorithm is ineffective or favors sites over students; information about how to navigate the match process is learned informally (from peers) rather than formally and systematically; lack of standardization in application requirements and selection process across internship sites; inefficiency of having separate applications rather than a central system for uploading common materials (e.g., CV); application process is resource-intensive, in part because students often apply to ~15 programs; interview process is opaque; students live on e-mail for the 2 months when interview offers are being extended and then have difficulty resuming an effective work/life balance.
38	Graduate practica provide sufficient clinical training for the Ph.D.	Internship offers little added value for students who already have numerous predoctoral clinical hours and a wide range of clinical externship placements; most students complete 500+ face-to-face clinical hours during their graduate program; additional clinical training should be postdoctoral and optional for the Ph.D., though it may still be reasonable to require it for licensure.

27	Predoctoral status diminishes respect	As they do not yet have a doctoral degree, interns are not appropriately recognized as highly trained experts, either by patients or by other professionals (especially MDs) within health systems; interns lack autonomy and respect; the title "intern" connotes low-level status in the workplace ("just an intern") and carries less authority than medical "resident."
27	Interns are overworked or even exploited	Existing systems benefit from interns' cheap labor; some sites use interns to fill clinical needs rather than focusing primarily on training; interns have insufficient access to paid leave and insurance benefits; interns are expected to work overly long hours without commensurate compensation; interns' time should be better protected; interns feel powerless because they are unable to seek a new internship if work conditions are poor; there should be more quality control to ensure high-quality training at all sites.
18	More flexible training models are needed	There is a need for greater flexibility in how internships are structured to meet a greater range of student needs and goals. Some examples suggested by students included: having "in-house" internship programs at/near the doctoral institution for students who are geographically constrained; having remote (rather than in-person) internship options; allowing students to spread the internship over 2 part-time years; having the option of an internship that is longer than a year for those seeking further training and specialization; having multi-year programs that bundle internship with postdoctoral training at the same site; offering different types of internship programs tailored to different types of intended careers (e.g., in public health, in advocacy).
10	Students must accrue many clinical hours to be competitive	It's hard to compete with the number of clinical hours accrued by students at more clinically-focused doctoral programs, especially as some clinical science programs sharply limit the number of hours students can accrue; students feel they must work 12+ hour days, 7 days per week, to amass competitive numbers of clinical hours (for internship) <u>and</u> publications (for future research positions); accumulating a competitive number of clinical hours diverts time from research.
8	Many internships are a poor fit for clinical scientists	Students aren't ensured a match with an internship that aligns with their goals or values (e.g., use of empirically supported treatments); internships value clinical over research experience in applicants; most internships focus on preparing students for exclusively clinical careers; internship programs don't help students identify and apply for research-oriented postdocs.
8	Doctoral programs provide inadequate preparation	Some clinical science programs provide insufficient clinical training, leaving students ill-prepared for internship; rather than viewing clinical training as inherently valuable, some doctoral programs or research advisors bank on students getting most of their clinical training during internship, and discourage or limit pursuit of clinical training opportunities during graduate school; doctoral programs aren't doing enough to prepare students for the match process.
7	Competition for top internship sites is stiff	There is stiff competition for the small number of "top" internship sites that provide the strongest clinical science training and protected research time.

7	Internship prolongs an already-lengthy predoctoral period	The current duration of predoctoral training (6-7 years in most clinical science programs) is burdensome; a predoctoral internship delays entry into the workforce, delaying a trainee's ability to earn a professional salary and establish a stable living situation.
5	Applicant selection may be inequitable	Internship sites are perceived as favoring applicants who are young and middle- to upper-class, with no caregiving responsibilities; some geographically appealing sites have "feeder" doctoral programs, making them inaccessible to other students; a few students expressed concerns over possible nepotism, with some sites selecting applicants they know.
5	Internship is insufficient for licensure	There is frustration that, even after numerous predoctoral clinical hours plus a full-time internship year requiring considerable personal sacrifice, the number of clinical hours is still not sufficient for licensure in most states.
3	Internship end date poses logistical challenges	Internships end after May graduation, forcing students to wait until August to get the Ph.D. and thus delaying professional milestones (e.g., accrual of postdoctoral hours toward licensure; eligibility to apply for certain grants).

(qualitative data continued next page)

Please list one to three values (shared understandings of what is most important, most desirable, most beneficial) that you see as essential for clinical science internship training. Please write "none" if you do not see any values. (n = 78)*

Frequency	Theme
73	Clinical specialization/expanded clinical experience and skill
38	Research, research training, dissemination
28	Empirically-supported/evidence-based care
20	Diversity, Equity, Justice, Inclusion; multicultural competency
20	None
16	Career development and networking
14	Supervision (n =12) or mentorship (n =2)
12	Independence/autonomy
11	Fair compensation/living wage for interns
8	Flexibility
7	General growth
6	Ethics/Ethical Care
6	Respect for others (clients, colleagues, treatment of interns etc.)
5	Integrity

*there was notable heterogeneity in student responses, and only themes with a frequency >3 were incorporated here. Also of note, students occasionally noted that the values they listed were not being upheld.

Internship Training Reading List

Distributed 4/28/23

Internship Training Reading List

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Additional Documents Sent to Workgroup Members

Distributed 5/3/23

From: Timothy Strauman <tjstraum@duke.edu>

Sent: Wednesday, May 3, 2023 8:49 AM

To: All workgroup members

Subject: Additional documents for the Summit internship workgroup

Attachments:

Workgroup Survey Responses.pdf [pasted below]

APPIC Data 2022.pdf [pasted below]

Dear members of the workgroup on *building flexibility into internship preparation and experience to enhance clinical science training*,

Last week we shared with you the results of our workgroup's student internship survey. As a complement to those results, we have attached here two additional documents:

1. **Workgroup member survey.** These are the results of the parallel survey that we sent to you, our workgroup members. Given the small sample size (13 of the 23 workgroup members responded), we included all verbatim responses rather than extracting themes. It is noteworthy that many of the responses -- particularly those highlighting the value of the internship in broadening and deepening students' clinical experience, as well as those recognizing the considerable burdens borne by interns -- echoed themes that emerged in the student survey.
2. **APPIC Data 2022.** These data come from a survey of internship training directors that was carried out by APPIC in May 2022. Compared to our survey, the APPIC survey had a much larger and broader sample (not restricted to APCS member programs). Nevertheless, some of the questions that were asked -- particularly those related to making the internship optional or postdoctoral -- dovetail with questions asked in our student survey. These results may provide a helpful context as we discuss ideas and develop a roadmap for future change.

We look forward to the workgroup discussion on Friday!

Best wishes,

The Guiding Committee for the internship workgroup

Workgroup Survey Responses

Distributed 5/3/23

WORKGROUP SURVEY RESPONSES

In April 2023, we surveyed members of the Summit workgroup on *building flexibility into internship preparation and experience to enhance clinical science training*, assessing their perceptions of the internship model for the training of clinical scientists. Of the 23 workgroup members, 14 responded. Their responses are printed below.

Question 1: What do you see as the purpose of the internship in training clinical scientists?

Ensuring that students have a considerable amount of time specifically dedicated to clinical training; get the hours necessary for licensure in a consolidated fashion.

I see the historic utility of these phase of training. However, now that students are getting over 500 face to face hours in a diverse range of settings prior to internship, I'm not sure it makes much sense now. It seems like these hours and experiences should be post-doctoral for those seeking clinical licensure and not mandatory for folks who have already done so much varied clinic work at their home institution and want to pursue a research focused career.

I always think of it as ensuring all students round out and advance foundational skills. But I'd love to hear what others think about this. It is all I have known for training programs, but I am not sure how critical it is to keep doing it the way we have always done it, given the disadvantages.

To gain a more in-depth, full time experience of doing clinical work, which allows for experiences (e.g., working inpatient) that are not possible when doing part-time practicum during the rest of graduate school.

To provide access to a wider and deeper range of clinical experiences/phenomenon than available in graduate school; To consolidate training in approaches to intervention, assessment, and supervision; to allow exposure to new models of care, new care teams and systems; to expand the range of experience particularly with cases that might not be suitable for in-house clinics.

In depth application of knowledge learned in graduate school with generalized focus

1) Continued skill development in related competencies including consultation 2) frequently an opportunity to gain skills in interdisciplinary work, which is increasingly important to our work as psychologists 3) opportunity to observe in-depth systems level issues related to DNI etc.

To give students a fully immersive experience, in contrast to the part-time practicum experiences during graduate school, so that they can see what it is like to serve as a clinical psychologist who is fully integrated into a treatment team. To work alongside a broader range of individuals from allied professions (social workers, learning specialists, nurses, MDs, probations officers, etc. depending on the setting) so they can understand both the unique contributions of clinical psychologists and the expertise of other team members. To participate in research in more applied settings to better understand how their own program of research may contribute to clinical care and to have novel and broadening experiences with research. To explore career options beyond academia (academic medical centers, community mental health centers, VAs, etc.) To engage with a broader range of patient populations and better understand the strengths and limitations of current approaches to treatment. To broaden exposure to diversity in theoretical orientations of supervisors, and lived experiences and identities of patient populations. To think more deeply about anti-racist approaches to care.

This is hard to answer now - I understand the purpose of internship 30 years ago but it's harder to define this in today's training environment. I see the purpose of internship as providing capstone training for clinical science students and allowing them to apply and adapt their skills into real-world healthcare contexts. However, I have also become less sure about whether this experience needs to occur at the pre-doctoral level or for all trainees, particularly those with goals of pursuing more research-related career paths.

Clinical internship is often the best opportunity for our clinical science students to gain exposure to varied and more severe, and more diverse, clinical populations. This is an opportunity for them to immerse in the clinical arena, in order to serve them well in developing their ideas for research and dissemination and implementation of research findings and interventions.

The current version of the internship model emphasizes advancing skills in clinical service delivery, but I hope future models will be more flexible and serve as a training opportunity for a broader range of potential clinical scientist roles (e.g., one could do a traditional internship in clinical service delivery or one could choose an internship tied to policy, or tied to dissemination & implementation, or outcome evaluation, community engagement, etc.).

It is essential to really help students grasp the real on-the-ground issues that we need to address as clinical scientist who want to do impactful, relevant, ecologically-valid work.

Broad and general training, development of competence in assessment/intervention that is empirically based, honing of additional clinically adjacent competencies.

The internship provides a rich and in-depth clinical capstone experience; often with exposure to new clinical populations, new assessment and treatment modalities, more complex and severe presentations of psychopathology, and application of manualized interventions in real world healthcare settings within which there are competing pressures (that impact their implementation). In addition to the enhanced clinical skills that result from the training year, such exposure can provide a deeper and richer understanding of the questions that clinical scientists seek to pursue and can inspire new directions in a research program. Indeed, for many internships, there are additional opportunities to blend clinical and research experiences with new collaborators, different units of data, new populations, and in new settings that can inform a trainee's developing research program. Finally, we have observed that trainees at this level are often still deciding what kind of career path they would like to pursue and whether their future will involve research, clinical work, or some blend of the two. The internship training year is a transitional period that is often critical to informing these professional decisions.

Question 2: What aspects of internship application/training do you feel are working well?

Some sites (e.g., many VAs, some academic medical centers) take the training mission seriously and provide high quality supervision and didactics, allowing trainees to develop important clinical skills. Internship trainees can serve the public by allowing sites to offer clinical care to more patients at lower cost.

Nothing.

High quality training; greater diversity of experiences.

The opportunity to "try out" full time clinical work and to experience different settings/opportunities than were available during the rest of training.

Training varies so much site to site. Generally, training provides an exceptional opportunity for students to become independent thinkers, clinically and research-wise. Many sites also provide robust clinical and clinical research training experiences.

Placement of internship in the sequence of training. This is often the true test in application of knowledge. Keeping internship more general overall with ability to specialize to a certain degree.

1) lots of excellent training 2) opportunities to be at sites where postdoctoral research opportunities or career opportunities are available 3) chance to observe systems-level issues in greater depth than an externship allows 4) excellent variety of training opportunities available to students as long as they're not geographically limited.

Students seem to match with highly ranked sites and their experiences on internship inform the next steps in their careers.

The training our students receive is generally excellent and helps students transition into a professional role. Opportunities for students to observe models of other clinical scientist positions and their duties is also helpful for their professional development.

Intensive clinical exposure to varied and more severe and more diverse clinical populations that will inform our future clinical scientists about the needs of those with mental illness. This should inform both research and approaches to dissemination and implementation.

The opportunity to better understand how clinical care works in more 'real-world' settings and opportunities to gain an intensive, focused training experience.

In general, I think the experience is terrific for our students, who come away with a much more sophisticated understanding of the issues at hand.

Internship training provides interns with exposure to a broad range of roles and professional identities that psychologists can hold (and that may be invisible prior to internship). It allows for development of clinical competencies that can be used in both practice and research domains.

With respect to the application process, the recent pivot to online interviews has provided numerous benefits with respect to equity and access, including the reduction/elimination of costs and interruptions associated with travel. With respect to the training, please see above response. As an internship training program, we have the unique opportunity to observe the rapid growth in skills and knowledge that trainees typically experience during the year, both clinically and in

research directions.

Question 3: What aspects of internship application/training do you feel are not working well?

Where do I start? The predoctoral internship assumes that graduate students have sufficient financial privilege, and lack of caregiving responsibilities, that they can relocate for a year at their own expense for a short-term position where they will be underpaid relative to their level of training. The application process is inefficient and consumes disproportionate time and energy for students and faculty considering that it is a one-year placement. It's not unusual for students to have 15+ interviews, each of which demands a full-day commitment. It is already extraordinarily difficult to gain admission to clinical psychology graduate programs, and yet students need to clear another competitive hurdle to complete their degrees. Many PhD programs are in locations with relatively few internship sites, virtually forcing students to move away in order to finish training. Students' anxiety about matching to an internship site drives competition for clinical hours throughout graduate school. Many students enter internship with 800+ clinical hours and multiple externship experiences, raising the question of whether a full year of additional clinical training is really necessary to protect the public (and in the meantime there is a catastrophic shortage of mental health practitioners). For students who are research oriented and interested in academic careers, or other professional roles that do not include clinical practice (industry, the non-profit sector), the internship year does not advance their goals and in fact diverts them from their desired career trajectory. Because they are required to complete internship training in order to receive their degree, students lack power to negotiate fair pay, benefits, or work-life balance with sites. The internship year operates on a different calendar from many universities, creating complications around graduation and students' ability to start postdoctoral fellowships on time. Many sites don't have formal policies for maternity/paternity leave, sickness, or disability. I could go on!

It gatekeeps academia when students are required to move across the country at a time in our lives where we are making the lowest income. That's a very privileged position to be in and to ask someone to do. The estimate for a cross-country move (where you load, rent the truck, drive the truck, and unload), is at least \$3,000 for a single bedroom house. Moving a family costs even more. That's at best 1/10th of our income before taxes. Even though there is an argument for completing more local clinical internships, not every program has these nearby, and it still requires that the match results pan out with someone's first choice. Applicants also don't know where they will be moving until just a few months in some cases before they have to do so. The training seems redundant to what we've already spent 2,000 hours learning and the fact that it doesn't even count toward clinical license hours makes it feel like a system that's capitalizing on the cheapest labor that they can find. It's not well-aligned with all we know from the research about supporting DEI in this field. The fact that you arrive at internship, and then immediately have to begin applying for post-docs that aren't guaranteed also makes internship a very risky financial decision for many people.

Too much time is devoted to applying, interviewing, ranking, etc. for a 1-year experience. It is so incredibly stressful for students and can often interfere with other requirements and research productivity. Also, very expensive to move for a year.

1. the disruption in flow of research; 2. the incredible escalation in expectations to match for internships - now students need to have essentially done an internship (or more) worth of hours before matching. So now students are totally consumed with hours and experiences pre-internship, which hurts their research, scholarship, teaching. Instead of students maybe doing a day a week throughout their PhD of clinical work, they are pushing 15 - 20 hours a week (while being expected to have many publications) which is unsustainable. But if they don't meet "minimum hour" expectations at many sites (and there aren't enough APCS sites for our students), then they don't match (or at least fear they won't match)

Compensation is a problem, the way that internship is viewed within the profession, Many sites have expressed concern that those coming into internship are not really ready to practice at this level, especially in relation to assessment and differential diagnosis.

1) Internship funding is too low, particularly if students need to manage the costs of moving, which could be partially addressed if the internship were postdoctoral and sites could bill for their time 2) the process of internship match is far too time consuming

The amount of work and expense required of students to apply to 15 sites in order to obtain an internship placement for 1 short year seems excessive. They are highly talented and seriously underpaid. The match doesn't work ideally for dual career couples and individuals with young children.

There are many and my personal belief is that these issues are an urgent and involve real equity problems that will end up driving trainees out of our field. First, what is the purpose of internship training in today's training environments? Students applying for internship now have already accumulated hundreds of hours of training, many of which are in the environments they want to work in long-term (e.g., hospitals, academic medical centers, VAs). However, students are continually paralyzed with anxiety about accumulating hours and usually try to do far more clinical work than they need to, despite reassurances that they are progressing well. While our trainees report generally positive experiences with internship training, there are also sites where interns serve a staffing need and training is less of a priority. Students also describe that being termed "interns" often communicates to patients that they are less skilled and have less training than they actually do. The other part of the internship that is not working well at is the application. It requires far too much work and effort for a 1-year experience. I am not sure how applications are reviewed or ranked by sites or if all the work students put into those essays is even taken into account in the evaluation. Bottom line, students spend significant time on multiple elements of an application for a 1-year position - the effort and the payoff are far out of balance. Job applications are less intensive. The interviews, while on Zoom, are usually all day long. We had students spend 2 FULL WEEKS of their time in internship interviews - time when they desperately want to work on dissertations and other projects before leaving campus. Lastly, for me, the biggest issues by far are around equity - the stipends for internship have fallen far below the cost of living nearly everywhere. Moving to a new location for 1 year is incredibly disruptive and a significant financial hardship - even more so for first-gen and students from historically excluded groups. We also have several students who become parents while in graduate school and the process is not only disruptive for them but for their families. We have

one student who is looking at a minimum rent for internship at \$4000/month - her internship site has agreed to co-sign on leases to help students secure apartments! Bottom line - the effort students are putting forth is often not worth even the best 1 year experience. I know internship was a capstone experience in the past, but I am unconvinced that it is functioning that way currently. It is also placing an enormous burden on our trainees.

More time should be allotted for research while on internship in order to assist with integration of science and practice.

1. The 'hours race' that is very anxiety provoking and leads students to sacrifice other areas of training to accrue a ton of hours (beyond what is likely necessary) 2. The focus on hours instead of competencies 3. The low salary in light of moving costs, skill level, etc. 4. The need to move for just one year (with little control over where you end up) 5. The idea that students may not match when we say that this is a program requirement (& their DCT attests they are ready to go on internship) 6. The disconnect between the limited set of jobs we are preparing students for and current societal needs.

SO, SO much time goes into the application process; it is so competitive and stressful; it really detracts from other activities.

Overly weighted focus on hours for the application, time consuming application process, and stipends not keeping pace with cost of living increases (student debt). As MH needs increase, workloads for interns seem to be increasing, emphasizing service over training at many institutions. Lastly, many institutions are not adequately prepared to support students who have minoritized lived experiences. Systemic efforts need to address this.

It is a challenge to balance time and emotional demands of completing the dissertation while simultaneously participating in the internship application process. It seems that there may be ways to streamline the application to reduce some of the time burden on applicants. Relocation to a new institution and/or city can be disruptive and costly to students who are at different stages and phases of life, often with other personal or professional demands. There has also been discussion in the field re: adequate preparation for internship, and how many direct clinical hours are necessary to prepare a trainee to make the transition to the internship training year. In our experience, trainees with fewer than 800 direct hours (and/or those who enter internship after a year of no clinical work) struggle to keep up with the clinical demands of the services within which they are placed; therefore, opportunities for growth and to maximize the internship experience are more limited for these students. In other words, there is a very clear benefit to being in a position "to hit the ground running" when students arrive at internship. With that said, there is also likely a "sweet spot" with respect to clinical preparation prior to (and for) internship, so that students are adequately prepared but that they are not indiscriminately "pushing" for more and more clinical hours to the extent that this detracts from other important elements of training.

Question 4: Please list three values (shared understandings of what is most important, most desirable, most beneficial) of clinical science internship training.

Hands-on time dedicated to patient care and gaining clinical skills, additional training in delivering specific interventions.

DEI, empirically-supported training, a true training model (focusing on maximizing new training opportunities rather than focusing on quantity of intern labor)

Deep treatment/practice experience, new perspectives on psychopathology, new opportunities promoting evidence-based care, promoting research on problem of public health import and promoting trainees growth and independence.

Professionalism, competency based assessment, research guiding clinical practice.

Ability to build on competencies in a variety of domains; interdisciplinary work; increasing opportunity to operate as an independent professional.

Exposure to a broader range of psychologists and possible career trajectories; opportunities to engage in more advanced training experiences with a broader range of patient populations; opportunities to function as part of an interdisciplinary team.

Interdisciplinarity, advanced application of clinical skills, networking/professional development
Intensive clinical opportunity to learn about mental health needs of the population; opportunity for exposure to more varied and severe mental illness; opportunity to work with clinical populations in more real world setting than low fee outpatient university clinic.

1. Advances students' skills and professional development 2. Effectively prepares students to meet societal needs tied to reducing the burden of mental illness 3. Establishes and evaluates competencies.

1) diversity, equity, and inclusion; 2) empirically supported psychological care; 3) professional identity as a psychologist

1) Deeper understanding of complex clinical presentations and systems within which interventions are implemented. 2) Professional and technical growth and maturation in preparation for a transition to professional independence. 3) New and unique opportunities in training that can inform future paths.

Question 5: Please select the most important topic for our workgroup to prioritize within the limited time available at the Summit:

Please select the most important topic for our workgroup to prioritize within the limited time available at the Summit:

13 responses



APPIC Data 2022

Distributed 5/3/23

Relevant slides from [this PDF](#) were emailed to workgroup members. The slides were excerpted from Sections I (General Information), III (AAPI & Hours), and V (Placement of the Internship) of the PDF.

Notes from Internship Workgroup Meeting at the Summit

5/5/23

This workgroup meeting was attended by doctoral program faculty, internship training directors, and graduate students – a more diverse group than is typical when discussing these issues.

The Guiding Committee briefly reviewed key take-aways from the surveys regarding what aspects of internship are working well, and what are not working well. Student and faculty respondents were in very close agreement – there is common ground!

Reviewed goals for the workgroup meeting. Focus is on identifying short- and long-term solutions to those aspects of the internship that are not working well.

Possible short-term solutions:

- Ideas related to **reducing students' financial burden:**
 - Bring APPIC, APA, VA, and ASPPB together to explore ways to increase intern stipends.
 - It was noted that the VA internship stipend just increased 29%, which is a substantial improvement but still insufficient.
 - Application costs are high. Is there a way to reduce the costs for students? Some ideas that were raised:
 - Is there a way to condense the costs? For example, a flat rate of \$X could cover the cost of participating in the match, up to a specified number of applications (with that application number being lower than the current modal number of 15).
 - Could more of the costs be shifted from students to programs? For example, every program could be required to pay \$X to participate in the match. Or, we could shift to a model in which programs have a subscription to the match system rather than individual students paying.
 - Mandate virtual interviews.
 - Students are not funded over the summer in the months prior to internship, so they have to make an expensive transition/move when money is very tight. Can we find a source of summer funding to cover that gap?
 - Provide monetary support for students' moving costs. Could internship programs cover these costs, or have grants for which students could apply? Explore cost-sharing arrangements between graduate programs and internship programs.
 - Could childcare costs be covered by internship programs as an employee benefit, or by grants for which students could apply?
- Ideas related to **protecting trainees' time:**
 - Survey internship training directors (if APPIC hasn't done so already) to ask: What components of the AAPI do internships actually care about? What components can we take out?
 - Streamline the remainder of the AAPI. Could some parts be condensed (e.g., limiting the cover letter to one page) or made more efficient (e.g., applicants check off which rotations interest them on a checklist, rather than writing a detailed rationale for each rotation in the cover letter)?
 - Cap the number of clinical hours students may report (e.g., 500 hours and no more), so that the focus moves away from hours and toward competency.
 - There would need to be a separate discussion among relevant stakeholders to determine collectively where the cap should be set.
 - Cap the number of internship sites to which students may apply. One attendee cited data suggesting that the "sweet spot" is a number between 11-15. Another attendee suggested that an even lower number (~8) would be preferable.
- Ideas related to **getting additional, accurate information out to trainees:**
 - Dispel the myth that sites are looking for the maximum number of hours possible. Convey that hours are used as shorthand for competency, but more is not better!

- Note: APPIC has assembled a dataset including APPI variables and match outcomes. They are planning to examine associations between number of hours and match outcomes. It would be valuable to share the results with students.
 - Recognize that students focus on hours in part because it's hard to know exactly what internships are looking for, and hours are something the students can control. To help students allocate their effort more effectively, APPIC could encourage or mandate that internship programs be more transparent about what qualities they are looking for in an applicant. Each internship could share (through their program brochure or website) the factors they consider when evaluating applicants, and the relative weight given to each. This could take the form of a narrative statement indicating which factors the site considers more vs. less important. Alternatively, it could take the form of an algorithm, if sites have a numeric algorithm and are willing to share it.
 - It was noted that the APPIC website includes [results from its 2021 Training Director Survey](#), in which internship directors were asked what factors they consider important when evaluating applicants (see slides 15-16). However, all factors were rated as roughly equally important, with all weighted means falling in the range of moderately to extremely important. Although these aggregate data could be shared with students, site-specific data are likely to be more informative.
 - Encourage internships to include an explicit statement in their brochure: "A good match for our site would be a student who...", listing the qualities/experiences that are most important to that site. Many sites convey this information implicitly, but it would be helpful to make it explicit and reported consistently by all sites, to guide students in applying to a (hopefully smaller) number of sites at which they are likely to be competitive.
 - Internship sites could be encouraged or mandated by APPIC to report the median number (as well as the range and/or minimum number) of clinical hours, publications, etc., of the students who matched at that site each year. These numbers could be reported in a standardized fashion in program brochures or on program websites, akin to the table of admissions and match statistics that graduate programs are mandated by APA to report on their websites.
 - Concern was expressed that students would shoot for the top of the range in an effort to be "above average" and therefore more competitive candidates. However, one student attendee thought that knowing the median—and more especially, the minimum—would be helpful in calibrating expectations and reducing anxiety.
 - Many students are unaware that it is very expensive to run an internship program, and that sites do it because they care about training. There is no expectation for billing to cover the cost, as in most states, providers who are predoctoral and (especially) unlicensed cannot bill for their services. Furthermore, many supervisors don't get paid for time they spend providing training/supervision; they do so as a service to trainees and the profession. Communicating all of this to students may help allay the impression that internships are profiting off of interns' labor.
- Ideas related to **increasing the number of clinical science internships**:
 - Students from PCSAS-accredited programs represent only 8% of trainees who apply through APPIC every year. Nevertheless, there are not enough APCS internships for all students coming from APCS doctoral programs, so our students have to apply to sites that do attend to number of hours.

- One solution is to attract more internship programs into APCS. There likely exist other internships whose values align with APCS, but because they aren't member programs, students/faculty may not be aware of them.
 - Create and distribute a list of these sites.
 - Invite these sites to join the Academy.
- Another solution is to create captive (guaranteed) clinical science internship programs so that students can avoid the match altogether.
- Ideas related to **strengthening relationships between specific graduate and internship programs**:
 - Strengthen connections between specific doctoral programs and specific internship sites. This could make students more comfortable applying to fewer sites. Building trust could also mean more candid discussions between graduate DCTs and internship training directors for the benefit of students. For example, a student who needs additional training to address specific growth edges (that are well-matched to the training available at a given internship site) could be brought to the site's attention, facilitating the student's matching with that site and getting the training they need.
 - Develop formal affiliations between doctoral programs and local sites where students could complete their internship without having to move. Could those internship sites add dedicated line(s) that would be guaranteed for trainees from the affiliated program? Some of the students might have already done some training at that site and be a "known quantity" valued by the site. The site could have separate rank lists for the match that are restricted to students from the affiliated graduate program.
- **Other ideas**:
 - Change the title of "psychology intern" to "psychology resident." The latter more accurately denotes trainees' expertise level, and puts them on a more level playing field with physician residents in hospital systems. (Note: the title "fellow" is typically reserved for postdoctoral trainees.)
 - Formalize a system wherein an internship program's current interns provide information and advice on moving, housing, childcare, etc., for the benefit of applicants and incoming interns.
 - Doctoral programs could consider granting alternate degrees that don't require an internship (e.g., in experimental psychopathology). Some programs already offer this option, but students may not be aware of it, and it could be a reasonable option for students who are uninterested in further clinical training and do not intend to pursue licensure. However, it was acknowledged that some students might select this option strictly out of financial necessity.

Possible long-term solutions:

- Ideas related to **developing novel internship options**:
 - Develop internships that are more supportive of research careers. These could be sites that not only explicitly integrate research and practice, but also assign interns a research mentor, provide interns opportunities to present their research, and include a rotation at a clinical research center. This would allow trainees to continue working toward their research career goals even while getting an immersive clinical experience.
 - Create a broader range of internship options that provide opportunities to specialize in certain ways.

- Undertake a serious discussion of how clinical training fits into clinical science training. It may not be a one-year internship at the end of the process. Maybe it is integrated into earlier training to promote the integration of research and practice.
- Ideas related to **developing a competency-based system** to replace an hours-based system:
 - Is there some way to align incentives across graduate programs and internship sites to adequately report on competencies? Several options were discussed:
 - Have students' competency rated by someone outside their graduate program (e.g., send a work product to be rated), to increase trust that the ratings haven't been inflated by the students' doctoral program in an effort to help them succeed.
 - Use multiple, independent raters.
 - Maybe eventually use artificial intelligence in the competency evaluation (e.g., have the student interact with a bot).
 - What would be rated?
 - Could rate a defined work product: publication, one-hour therapy session, group sessions, community meetings, etc.
 - Could involve students' reflection on their work: Submit three pubs and explain what you learned; describe clinical/community experiences and explain what you learned. Explain how each informs the other, how you integrate science and practice.
 - Need to make sure there is sufficient variability in competency scores to allow them to be informative.
 - Possible concrete first steps:
 - APPIC could pilot a supplemental (competency-based) application while continuing to use the current application. Programs could share their own competency ratings as a supplement to existing metrics on the AAPI.
 - Maybe a section of the APPIC conference could be devoted to this topic. Alternatively, maybe APPIC reps could attend CUDCP or other meetings where this topic is discussed.
- Ideas related to **making internship postdoctoral (or optional for the clinical psychology degree)**:
 - Determine whether making internship postdoctoral would solve the current problems. For example, would this resolve the problem of being unable to bill for intern services? Would it eliminate the requirement in many states to obtain additional postdoctoral hours for licensure?
 - Explore what would be required to make this change – talk with APA (regarding accreditation considerations) and ASPPB (regarding licensure laws). Identify the likely barriers and possible ways forward.
- **Other ideas:**
 - Advocacy and working with state legislatures to be able to bill for clinical services provided by unlicensed psychology interns, on the grounds that they have a Master's degree, high level of training/experience, and close level of supervision. The case is even stronger for unlicensed psychology postdocs, since they have a doctoral degree.
 - Being able to bill for services would provide funds to increase intern stipends.
 - In Illinois, internship sites have been able to get Master's-level reimbursement for intern services through Blue Cross Blue Shield... but the billable rate is still quite low, not fully recouping training costs.

- Some individuals aren't able to pursue licensure even after internship due to financial limitations. Are there ways to offset some of these costs (e.g., instituting a sliding scale for the EPPP, akin to the [GRE fee reduction program](#)) for students in need?

Parking Lot

The parking lot is for anything that was noted during the group that does not fit well on the topic. You may wish to refer this information to other groups after your group meets.