

# Redefining Internship For Clinical Science Training

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# Looking back, looking ahead

- Recalling the original purpose and context of internship training provides a useful framework for looking ahead.
- Internship dates to the beginnings of clinical psychology training itself in the 1940s.
- The original model was a full year one site approach (“block training”), which became the *de facto* standard.
- But it’s important to note that this block training model was only one of the options originally suggested, and its eventual dominance did not result from any inherent superiority with regard to the science of clinical psychology.

## (Looking back, looking ahead)

- Internship was initially conducted in the 3<sup>rd</sup> year of graduate training, usually at a separate site. One unintended consequence: separating research and clinical training.
- Internship was moved to the last year of graduate training in response to the practical difficulties involved in returning to graduate school to complete dissertation in original model.
- But this move further separated internship training from graduate training and also may have exacerbated the research-to-practice gap.

## (Looking back, looking ahead)

- The Gainesville conference on internship training argued that a single year was inadequate and recommended adding a postdoctoral year.
- More unintended consequences: excessive influence of the internship as gatekeeper to postdoctoral training and licensure; further separation of clinical training from research training.
- And of course you know the rest of the story...

# Opportunities and questions

- *The emergence of PCSAS and the Delaware Project provide opportunities for redesigning the internship experience to align more closely with the values and goals of clinical science training.*
- We would like to offer a set of *questions* we believe are critical to this process and a set of *examples* to encourage discussion.
- We especially want to encourage collaboration between internships and doctoral programs in this process.

# *Evaluating* internship training

- Within the PCSAS accreditation process, evaluation of clinical training is not separate from evaluation of other aspects of training.
- Programs must demonstrate that their training model “works” – including with regard to clinical competency.
- To redesign internship training specifically and applied training more broadly, we need to be better able to *evaluate outcomes of clinical training*.

## *Evaluating* clinical training: Questions

- What defines a clinical application of psychological science?
- What are our standards for adequate training in clinical applications? Should we have varying standards for varying career trajectories?
- Is there a core set of clinical training experiences all clinical scientists should have? How and where should such training be provided?
- How can we also maximize internship and doctoral programs' flexibility in training clinical scientists?

# *Reorienting* clinical training

- Clinical skills are part of the core competence of clinical scientists.
- “Clinical psychologists trained as scientists in PCSAS-accredited programs should be qualified to play leading roles in designing, building overseeing, and evaluating the science-driven health care system of tomorrow”.
- First-hand, in-depth experience in clinical applications is required to understand what is, and is not, working within the health care system of today – and to design a better system for tomorrow.

# *Reimagining* internship training

- Working in coordination, internship and doctoral programs can create individualized, flexible training sequences that meet the dual requirements of *ensuring clinical competence* and *enhancing the overall quality of clinical science training*.
- We offer the following examples as illustrations of how internship and doctoral programs can *co-evolve* based on present and future career trajectories of our students.
- The key criterion: How do we train clinical scientists to function in different settings/roles/careers?

## (*Reimagining* internship training)

- *Variations on the standard full-year "block training" internship model could help accommodate the different trajectories of clinical science students.*
- *Partial year, multisite placement sequences for those students seeking academic careers and desiring clinical opportunities to inform their research.*
- *Such placements could be within internship programs or within doctoral programs, general or specialized.*
- *Clinical practicum sequences throughout doctoral training (with no internship needed) for students seeking academic positions, potentially in collaboration with internships.*

## *(Reimagining* internship training)

- *Internships focused on program leadership and administration* (possibly multi-site) for students interested in program leadership positions as clinical scientists (e.g., VA).
- *Internships focused on implementation and dissemination*, which could involve combinations of didactic training, clinical and supervisory experiences, and community placements.
- *Policy-focused internships in government agencies* -- city, state, county, federal -- for those students interested in public policy and health policy positions.

# Summary and Recommendations

- ✓ Anticipating clinical science career trajectories
- ✓ Increasing collaboration between doctoral and internship programs
- ✓ Addressing critical questions about training in clinical applications within clinical science programs
- ✓ Creating new clinical training opportunities within and across internships and outside the traditional 'walls' of doctoral and internship programs