



# Academy of Psychological Clinical Science

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## For Immediate Release

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### **Internship Preparedness: A FAQ from the Academy of Psychological Clinical Science Internship Programs**

[The Academy of Psychological Clinical Science](#) is an alliance of leading, scientifically oriented, doctoral and internship training programs in clinical and health psychology in the United States and Canada. Academy membership is open to doctoral and internship programs with strong commitments to, and established records of, successful clinical science training. Presently, the Academy has [12 internship member programs, all of which contribute to training the next generation of clinical scientists.](#)

From start to finish, the internship identification, application, and match process is daunting and can be overwhelming. Often, students apply with a series of natural and perhaps universal questions in mind: How do I know if I am ready for internship? How many hours should I have? How does research “count” in the application process? How should I create my rank-ordered list for the match? Locally, doctoral program DCTs and faculty can be helpful in answering these questions, but seldom do these opinions have an authoritative and generalizable voice as “having come from the internships directly.” Therefore, the Academy has organized this basic set of Frequently Asked Questions (FAQs) and responses from Academy internship DCTs.

**A word of caution.** As you read and review these FAQ, please do so knowing that there is no ground truth on these issues. This is advice from Academy faculty in internship leadership positions, but other training directors might suggest different considerations, especially in relation to unique student situations. In addition, not all of the Academy internship training directors are represented below. The responses to these FAQs, then, represent general guidelines rather than imperatives, and it will be useful for any given student to filter this advice through the lens of his or her own unique training experiences and qualifications.

#### **How do I know if I am ready to apply for internships?**

Your DCT is really the best resource to help you answer this question. You need to have a foundation of clinical experiences across settings and populations, and to have solid progress on your dissertation such that your internship year won't be a total disruption. Many people come to our internship with dissertations defended, or in the final stages of writing such that they can finish things up as they complete internship. (McQuaid- Brown)

We also rely on the DCT to indicate readiness for internship. Our internship is specifically designed to address the clinical training needs of academically-oriented graduate students and therefore we recognize that clinical experiences can vary greatly across applicants. We are not concerned with the number of hours of clinical experience but rather focus on the quality of the training experience as indicated by your graduate school faculty. We work with each intern to develop an individualized training plan for the internship year, which typically includes both broad-based skills and more focused skills related to their research specialty. In addition, many students use the internship year to learn new skills -- both clinical and research -- which is another reason why number and type of clinical hours is less relevant to our internship. (Mehta- UIC)

At minimum, applicants should have at least 2 years of part-time clinical practicum experiences that allow for the student to work with at least 8-10 individual therapy clients and 3-4 assessment cases with full integrated reports.

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Ideally, the successful applicant has these basics covered and some additional clinical experiences that complement their research interests and/or prepare them for specific experiences at internships they are interested in (e.g., health psychology experiences for internships with such a training focus). Also, development of and articulation of a coherent theoretical orientation/therapy approach. Completion of qualifying exams and preferably, the dissertation proposal defense by internship application season. (Hsu– VA Palo Alto)

We recommend that you discuss your readiness for internship with your DCT. We are looking for applicants who a solid foundation of clinical experiences with some breadth of experience.

(Sena- UCLA Semel Institute)

Although many program focus on a total number of hours, we look more at the quality and breadth of practicum sites and fit with our program including experience with empirically based intervention and assessment practices. (Siegel - Minneapolis VAHCS)

### **What are programs looking for in a good applicant?**

Programs are looking for applicants who are “good fit” for training that is offered. See comments below. The program determines the appropriateness of an intern’s overall clinical and academic qualifications relative to the program’s goals and objectives via a process for considering applicants that can be referred to as a “wholistic review” whereby an application (AAPI, letters of recommendation, CV, interviews) is evaluated with an eye toward “goodness-of-fit” with regard to program goals and objectives based on academic preparation, clinical practicum experiences, motivation, achievements and life experiences, personal qualities and any unique or outstanding characteristics (i.e., diversity broadly defined). (Kolden- WIS)

Fit is important. Ideally, our applicants are actively engaged and interested in clinical training, have a good fit with a research mentor and a record of some early scholarship, and can make a case for why they would benefit from training at our site. (McQuaid- Brown)

We talk a lot about the fit between the applicants and the strengths of our site in both clinical training and clinical research opportunities. Typically, applicants that fit well at our site have, exceptional written and verbal scholarly communication skills, as well as exceptional clinical interests. We also look for a match between the applicant’s research interests, and current faculty interests in both clinical rotations and research training. The goal of all this focus on fit is to ensure that we recruit interns that we think will gain from our strengths in clinical research and clinical training. (Levine- WPIC)

As you will see, “fit” is the main theme for nearly all internship training sites, including ours. Typically, applicants who are invited for interviews at our site have clinical interests, clinical training, and research experiences that complement those of our faculty and our clinical rotations. Prior experience working with Veterans is a plus at most VA training sites, as is previous military service, experience with diverse populations, and personal diversity, all broadly defined. Ideal applicants have a strong record of clinical training and academic scholarship demonstrating their ability to think critically and their productivity. (Weisberg- VABHS)

We also look at the match between the applicant’s interest and experiences and our program. Because we have a number of tracks, we look for a good fit between the applicant and the track they are applying to. While interns have an opportunity to do up to 4 hours per week of research, our internship is focused on a year of intensive clinical training. (Sena- UCLA Semel Institute)

In addition to fit with prior experience, goals and our program, we look for evidence of strong critical thinking skills and the maturity to successfully navigate in a complex medical center. We have a preference for applicants that evidence a thirst for learning (Siegel- Minneapolis VAHCS)

### **What is the ideal number of intervention, assessment, and supervision hours?**

As a guideline we consider, the minimum number of AAPI intervention hours to be 500 and the minimum number of AAPI assessment hours to be 100. Overall, we prefer 1000 hours of clinical experience (intervention, assessment and supervision) with a minimum of 800 (applicants are not excluded if less). We are looking for a “good fit”. As such, we also consider types of clinical experiences (e.g., DBT, mindfulness, diverse populations, special interests), achievements (e.g., leadership positions in program, community service, research record, grants), personal qualities (e.g., foreign language, character, interpersonal skills, resilience/adversity, self-care), and unique/outstanding characteristics (e.g., diversity/multicultural background, awards). (Kolden- WIS)

For many years our program did not note a minimum # of clinical hours in preparation for internship, yet APA increasingly requests more explicit information such as this for applicants to judge preparedness for internship. We looked at our own data from prior years, and came up with a minimum of 800 hours (total) for clinical contact; very few, if any, successful applicants had fewer hours than that. (McQuaid- Brown)

We do not have a minimum, but generally, folks that succeed at our site have demonstrated an interest in clinical work and in doing some evidenced-based assessment and intervention. A number of hours is one way to show that interest, but we also consider the quality of experiences and the other aspects of the application. (Levine- WPIC)

At a minimum, candidates for our internship must have completed a total (including both intervention and assessment experience) of at least 400 clinical hours. These hours are lower than most other programs, and are used to set a threshold for applications that we will review more thoroughly. As our program includes both primary psychotherapy and primary neuropsychology rotations, we review all qualifying applications with at least 400 hours more thoroughly for a composite of experiences and hours that best fit the desired internship training. That is, for psychotherapy rotations, ideal applicants will have more intervention hours. For neuropsychology, competitive applicants will have more assessment hours. (Weisberg- VABHS)

We require a minimum of 1000 hours of clinical experience (intervention, assessment and supervision). Because we have a number of tracks, we look for a good fit between the applicant and the track they are applying to in terms of clinical experiences and intervention hours. (Sena- UCLA Semel Institute)

**I have only a limited number of individual supervision hours (< 100 hours). I have a reasonable number of total supervision hours, but less than 100 individual hours. Does this hurt me?**

A limited number of hours (like less than 100) would likely make us look more closely at other aspects of the application. We would wonder if the small number of hours were an indication of interest in clinical work and/or readiness of the kinds of clinical populations interns will encounter at our site. (Levine-WPIC)

Having less than 100 hours of individual supervision would make us question how closely the student was supervised, especially when assuming that students are just starting to learn therapy and assessment. Some programs have robust group supervision experiences, but group supervision can leave important training gaps in the development of novice clinicians. Hsu– VA Palo Alto)

We do not have any minimal standards for clinical hours. Our criteria are all based on applicants’ interest in an academic career and the number and type of clinical hours is not a factor in our decision. (Mehta– UIC)

We require a total of 1000 hours of clinical experience. We would look closely at the application to determine what the ratio of supervision to clinic hours is and what proportion of the supervision is individual vs. group (Sena- UCLA Semel Institute)

We typically do not look closely at the number of individual and group supervision hours. We look more at the quality and breadth of practicum sites and experience with empirically based practices. It is our experience that quality sites provide quality supervision regardless if it is individual or group supervision. (Siegel- Minneapolis VAHCS)

## **What is the role of research productivity in evaluating internship applications? Do publications “count” as hours?**

Research productivity is one factor. See above. (Kolden- WIS)

Research productivity is important to us, but publications do not count as “hours”. Our job is to provide you with intensive clinical training in a research-oriented environment. You need to be prepared for that intensive clinical training by a solid grounding of clinical work in your graduate program. (McQuaid- Brown).

Same rule of thumb as with clinical hours, we apply to productivity: We are looking for an indication of your interest in the kinds of clinical research training our program can provide. Evidence of interest in the form of publications and presentations is definitely a factor, but we do not use a minimum number. Factors like quality, theme and the kinds of questions the applicant is interested in are as relevant as sheer number of publications. (Levine- WPIC)

Publications and other signs of research productivity are important to our program, but are an entirely different criterion from clinical hours. They can not “count as hours.” Rather, in addition to the minimum of 400 clinical hours, competitive applicants will demonstrate academic productivity and scholarly thinking, via publications, conference presentations, training grant applications, and/or the development of clinical protocols or program evaluation projects. (Weisberg- VABHS)

I agree with the above. Publications do not “count” as hours. We evaluate academic productivity (publications and professional presentations) as one indicator of larger factors that are important to us, such as quality of scholarly thinking, experience with scientific writing, experience with peer review, and ability to communicate with a professional community. We prefer candidates with research interests and productivity in areas that complement the clinical training and research experiences we offer on internship. (Hsu– VA Palo Alto)

I agree with the comments above. Research productivity is not the same as clinical hours but, that said, clinical research experience is very relevant to us and is a hallmark of our internship. That is, “clinical hours” on internship often do not occur in clinics but rather on clinical trials or community based projects. Therefore, these experiences are also highly relevant when considering applicants’ experiences. In addition, we try to be thoughtful about research productivity so that students from very active labs are not overly advantaged. Publishing is important and a first author paper especially important, as is quality of journal. But more is not always better as highly innovative work and work that indicates individual initiative (e.g., designing a clinical intervention from start to finish) is also highly prioritized. We also consider grant applications as indicative of initiative and funding from reputable/competitive sources (e.g., federal funding, WT Grant Foundation; Ann E. Casey) as indicative of higher quality research and these are rated as heavily as publications. (Mehta- UIC).

We do not count publications as “hours”. We do evaluate research productivity; however, we do not look simply at the number of publications. We are interested in the quality of the journal, if the applicant is first author on papers and if the applicant is involved in creative and innovative research. (Sena- UCLA Semel Institute)

Research experience is highly value if not essential at our site but it does not count as clinical hours. We evaluate research productivity in a similar ways as one would calculate an impact factor considering authorship and journal. We also consider the research mentor or lab. (Siegel - Minneapolis VAHCS)

## **What topics should be covered in the personal statement?**

I personally like to see genuine self-reflection in essay one. A story or anecdote that tells me about the “real” person who is applying. (Kolden- WIS)

One of the areas of the application that generates the most variability among our faculty/application readers the personal statement. I like ones that are professional in tone but have some personal interest and think the most important thing, truly, is that it is well written. (Levine- WPIC)

The first is most important to help determine fit with our program. It is also an opportunity to get a sense of the applicant's writing ability and style. It is most evidence when applicant put little thought into the essays. (Siegel - Minneapolis VAHCS)

**Ideally, what would my recommenders write about or focus on?**

The recommendation letters have changed recently to a more structured format. This can make it easy for all letters to sound pretty much the same. The best letters of recommendation are ones that help you to stand out from the crowd. It is great if your letter writers can provide specific anecdotes or examples that demonstrate how uniquely wonderful you are, rather than just state that you are in the top 5% of all their students. (Weisberg- VABHS)

Recommendation letters should be from letter writers who know you well and can give specific examples of the ways in which you “stand out from the crowd.” It also helps when it comes across that they like you and enjoy working with you. (Hsu- VA Palo Alto).

References are most helpful when they tell a story that we would not know from the CV. The back story of the applicant’s initiative or their status within the research group can be very helpful. (Mehta- UIC)

Letters of recommendation from writers who know you well and that convey how you stand out relative to your peers and prior graduate students from your program are the most helpful. (Sena- UCLA Semel Institute)

**I am really interested in BMed, but I have never worked in hospital setting. Should I still apply?**

This would constitute a “poor fit” and questionable judgment, in our opinion. (Kolden- WIS)

We sometimes get applicants who have been in a particular environment for graduate school, yet have pursued a passion or interest that is not commonly offered in their graduate school. As an example, we took an applicant one year who was interested in pediatric psychology but had limited hospital experience - yet she had sought out other complementary experiences that illustrated her interest in this area. (McQuaid- Brown).

In this instance, you will need to work a bit harder in your application and personal statement to convince us that you have appropriate training in BMed. Perhaps you never worked in a hospital, but ran outpatient groups at your university health center or training site in smoking cessation, weight loss, etc. Or perhaps you conducted your dissertation on home visits for chronically ill patients. Acknowledge that you aren’t the typical fit, but explain why you are still a great fit. (Weisberg- VABHS)

In evaluating fit, someone’s experience is relevant but we also want to be able to provide a positive and useful training experience. A candidate that demonstrates compelling interest in an area, and maybe related, but not overlapping experience within a specific setting or with a certain population, could be someone for whom we could provide that training. In other words, sure, I’d encourage someone like you to apply for the types of training you want. (Levine- WPIC)

You should still apply. It may be that your program does not offer the opportunity to work in a hospital setting. You will need to convey which experiences you have had that would make you a good match our program. It may also be the case that you a better suited for another of our tracks and could take electives that would provide you with BMed experience. (Sena-UCLA Semel Institute)

In addition to what others have stated I would acknowledge your lack of experience in the specific area of interest and explain your interest and how your prior training and skills would allow you to be successful in this type of internship setting. (Siegel- Minneapolis VAHCS)

**I am really interested in a VA position, but I have never worked in a VA. Should I still apply?**

Similar to the question above - it depends on if you can make the case that you have an interest that fits with the VA environment (e.g. you have worked in other trauma settings, or with geriatric populations) and you can make the case that the VA internship can be a capstone experience. (McQuaid- Brown).

Prior VA experience or work with Veterans at a Vet Center or with active duty military patients is all preferred, but as Dr. McQuaid states, it is not a necessary requirement. Make the case that your overall clinical and research interests fit our setting and also that you have a genuine interest in working with Veterans in the future. (Weisberg– VABHS)

I agree that prior VA experience or work with Veterans are not required, but can help in your application to VA internships. If your program does not have access to VA practicum sites, find practicum experiences that offer you strong training in working with similar populations or problems seen frequently in Veteran populations. For example, working with frail older adults, incarcerated individuals, clients with serious mental illness, refugees, and/or with homeless clients show that you have experience and, hopefully, interest in working with patients with complex presenting problems, severity of diagnoses, and need for coordinated, psychosocial interventions. (Hsu– VA Palo Alto)

I agree that prior VA experience is not essential but we do look for experience in a similar complex medical center settings. (Siegel - Minneapolis VAHCS)