

Rationale:

Assessment is a core competency of clinical practice for the American Psychological Association (Rodolfa et al., 2013). A recent survey found a majority of psychologists affiliated with APA Division 12, Clinical Psychology, regularly conduct assessments (Norcross & Karpiak, 2012) with only 20% not including any in their work (Wright et al., 2016). Despite being a frequent component of the field, training in personality assessment represents an area of growth for psychologists (Kaslow & Egan, 2017). In general, the quality and consistency of personality training is not known (Ready & Veague, 2014) and what little work that has been done to increase interpretation standardization and survey training competency has excluded personality assessment as a domain.

Accordingly, this research endeavors to summarize training trends in the use and interpretation of personality instruments across a preliminary sample of doctoral training programs. This research evaluates frequency of instrument use, perceived competency, and (in the case of the MMPI-2-RF) consistency in training outcomes.

Method:

In a sample of 12 APA-accredited Ph.D. programs in Clinical and Counseling Psychology (6 Clinical and 6 Counseling), Directors and Associate Directors of Training were asked to forward a recruitment e-mail to their respective programs. In this e-mail, participants were informed that in exchange for participation they would be paid \$5.00 in an Amazon gift card. Programs were selected from 7 different states across the country and programs selected were highly reputable within the field and all had strong outcome metrics (e.g., EPPP pass rate and internship match rate to accredited programs).

Trainees were asked to describe perceived competency, frequency of use during practicum, frequency of training for different personality assessment instruments. Based on a MMPI-2-RF sample report selected from the Pearson website, trainees were also asked to estimate T-scores based on the qualitative interpretive report.

Participant Characteristics:

Table 1. Participant Information

Demographic	n
Year in Program	
1st	6
2nd	14
3rd	22
4th	15
5th or Beyond	18
Internship	7
Highest Degree	
B.A. / B.S.	20
M.A. / M.S.	65
Ethnicity	
Caucasian	66
African American	1
Hispanic/Latino	6
Asian American	6
Other	6
Program Type	
Clinical	44
Counseling	41

Note. Total sample was 85 with only 45 completing the entire survey. 81 completed all but the MMPI-2-RF profile interpretation

Independent sample T-tests were conducted to examine training differences between clinical and counseling programs. Selected comparisons are presented below:

- Number of psychological reports
 $T(80) = -1.40, p = ns, M = 6.1, SD = 3.6$
- Semesters of clinical practice
 $T(80) = 0.80, p = ns, M = 10.1, SD = 13.3$
- Desire for more personality training
 $T(80) = 2.22, p = .03 (Clin > Cou), d = .48$
- Need for personality training
 $T(80) = 1.20, p = ns$
- How much additional training
 $T(50) = 0.88, p = ns$

Table 2. Assessment Training Domain Exposure

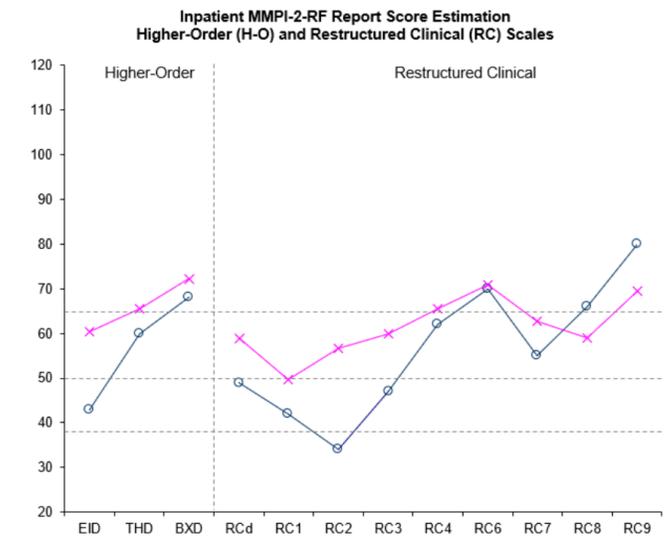
Domain of Assessment Training	Formal Course Training	Informal Training
Intellectual Assessment	83 (97.6%)	65 (76.5%)
Neuropsychological Assessment	32 (37.6%)	39 (45.9%)
Objective Personality	80 (94.1%)	64 (75.3%)
Projective Personality	10 (11.7%)	22 (25.9%)
Child Assessment	8 (9.4%)	36 (42.4%)

Table 3. Frequency of trainee instrument exposure (n = 82)

Instrument	Training Frequency	Clinical Use	Perceived Competency	
			M	SD
MMPI-2	75 (91.5%)	54 (65.9%)	63.1	21.4
MMPI-2-RF	35 (42.7%)	35 (42.7%)	50.4	28.9
MMPI-A	26 (31.7%)	18 (22.0%)	33.4	28.6
MMPI-A-RF	9 (11.0%)	8 (9.8%)	26.3	25.8
PAI	70 (85.4%)	50 (61.0%)	63.4	25.9
MCMII-III	20 (24.4%)	16 (19.5%)	22.2	26.8
MCMII-IV	16 (19.5%)	11 (13.4%)	21.6	28.1
Rorschach (Any System)	14 (17.1%)	11 (13.4%)	12.6	23.2

Note. Only those who had received training in objective personality assessment were included

MMPI-2-RF Report Estimation



Report T-Score	43	60	68	49	42	34	47	62	70	55	66	80
Mean	61	66	72	59	50	57	60	66	71	63	59	70
Standard Dev	11	8	6	13	11	14	11	11	8	10	12	11

Note. 32 had training on the RF and 13 did not. All had training on the MMPI.

Discussion Points

- The MMPI-2 is more frequently trained than the MMPI-2-RF. Despite training frequency discrepancy, the RF is closer to the MMPI-2 in clinical use suggesting that training practice does not appropriately emphasize instruments in practice
- Applied use of the MMPI-2/MMPI-2-RF during graduate training reflect rates seen in overall instrument utilization trends (Ben-Porath, 2017)
- Differences in MMPI-2-RF scale estimation does not vary based on training for these two instruments, supporting the use of the RF given it's superior psychometrics
- The MMPI-2-RF is a core component, and generally accepted aspect, of personality assessment training programs
- Clinical and Counseling Programs were generally not distinctive in training perceptions or practices