

Importance, Evaluation, and Evidence of High-Quality Clinical Training in PCSAS Programs

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We are writing as members of the Review Committee for the Psychological Clinical Science Accreditation System (PCSAS) to provide an overview of the importance, evaluation, and evidence of high-quality clinical training within PCSAS programs. PCSAS was established in 2007 and has accredited 48 Clinical Psychology PhD programs that adhere to the clinical science training model. Programs are evaluated for re-accreditation after 10 years. PCSAS has been recognized by the Council for Higher Education Accreditation (CHEA) as a higher-education accreditor since 2012 and was re-recognized in 2022.

PCSAS accredits Clinical Psychology PhD programs that prepare graduates to (a) engage in significant ongoing generation of new scientific knowledge (research); (b) provide scientifically grounded clinical care; and (c) engage in significant widespread dissemination of scientific knowledge (e.g., service provider training, program development and evaluation, teaching, clinical administration, public-policy work, etc.). Thus, PCSAS requires and ensures that all students in PCSAS-accredited programs receive outstanding, science-based clinical training, including completion of a year-long clinical internship. This prepares all students from PCSAS-accredited programs to function as independent psychological service providers and assume responsibility for patient care upon graduation.

This report details the importance, evaluation, and evidence of high-quality clinical training within PCSAS programs in the following subsections:

- 1) PCSAS Review Committee's evaluation of clinical training experiences, policies, procedures, and outcomes for all applicant programs
- 2) Presence of in-house training clinics in the overwhelming majority of PCSAS programs
- 3) Predoctoral internship match rates for PCSAS program students
- 4) Evaluation of clinical skills of PCSAS students from written evaluative comments in internship training directors' final letters
- 5) Performance of PCSAS students on licensing exam
- 6) Professional activities in graduates' current positions

Overview of PCSAS Review Committee's Evaluation of Clinical Training for All Applicant Programs

The PCSAS Review Committee conducts a careful, critical, and comprehensive evaluation of every applicant program's clinical training experiences, policies, procedures, and outcomes.

Four Review Committee members (including two site visitors) critically review (a) clinical training descriptions, policies, and procedures in the self-study report that programs submit to

the Review Committee, the program handbook, and associated materials, including online materials; (b) syllabi for relevant courses and specific training experiences; (c) forms for student, practicum, and supervisor evaluations; (d) evaluations by supervisors; (e) summaries of written final evaluations of internship training directors over the last two years; (f) CVs for key trainers (as needed); (g) internship match rates; and (h) the internship sites at which graduates have matched over the last decade.

Two site visitors also engage in extensive discussions with key trainers, internal and external supervisors, other clinical faculty, and students about the nature and quality of the clinical training within the program. Site visitors also view any in-house training clinic facilities to evaluate their adequacy.

Key questions addressed by the Review Committee include whether (a) clinical training is evidence-based and well-supervised; (b) students have the opportunity to work clinically with populations/problems that are relevant to their clinical and research interests; (c) students have the opportunity to work clinically with broadly diverse clients; (d) students receive adequate and regular feedback on their development as clinicians; (e) training experiences provide adequate preparation in core areas of clinical science application, including clinical assessment, diagnosis, prevention/treatment, supervision, and program evaluation; (f) the sequencing, design, quality, and amount of application training, including completion of a one-year internship, prepare students to function as independent clinical psychologists by graduation; and (g) the program adequately integrates their research and clinical training, so that students understand their interrelated nature (e.g., research-based didactics are incorporated into clinical training; clinical applications are emphasized in research training and coursework; some research mentors also provide clinical supervision).

The Review Committee's evaluation of the clinical training of applicant programs is commonly the most time-consuming component of our review process, which reflects the importance that PCSAS places on the provision of high-quality clinical training for all students in PCSAS-accredited programs. Programs that do not meet these high standards are not and will not be accredited by PCSAS.

In-House Training Clinics within almost all PCSAS Programs

Notably, 43 of the 48 PCSAS-accredited programs (89.6%) have in-house training clinics in which early intensive and closely supervised training is conducted. For most programs with in-house training clinics, these clinics are the first placement for clinical training, which is appropriate given the program's control over the clients assigned to students, the quality of supervisors, and the amount of supervision. These experiences prepare students for placements in external practica sites, which typically follow after one or two years in the in-house training clinics. The widespread existence of these in-house training clinics within PCSAS programs reflects a substantial investment of clinical-science programs, departments, and (often) colleges in the provision of high-quality clinical training that is evidence-based and closely supervised. Typically one or more non-tenure track faculty administer the clinic and provide supervision; there is

almost always a half- or full-time administrative support staff member; tenure-track faculty who supervise typically receive teaching credit in lieu of formal classroom teaching; departments often commit one or more Teaching Assistant lines to hire advanced graduate students as clinic assistants to support the clinic; and universities commit and maintain substantial space, training materials such as standardized tests, and IT support. The clinics typically operate on a sliding scale and may not be able to accept insurance, so their operations commonly must be largely or almost entirely subsidized. The few PCSAS programs without in-house clinics must (and do) invest significant effort into developing and maintaining local arrangements with external sites that also provide evidence-based and well-supervised training experiences that are appropriate for the level of each student.

Predoctoral Internship Match Rates for PCSAS Program Students

Background

As a part of the Annual Report process in the fall of 2022, the Review Committee asked Directors of Clinical Training (DCTs) to provide the clinical hours and CVs of all students applying for internship. In the spring of 2023, the Review Committee asked DCTs to provide outcome information for these applicants: the outcome of the matching process for each student (i.e., Phase I match, Phase II match, no match, withdrew or didn't submit rankings); the program and track to which the student matched; and the student's ranking of the site at which they matched (if they matched in Phase I). Match rates for Clinical PhD students who were not in PCSAS-accredited programs were obtained from 2023 match rates provided by APPIC (<https://www.appic.org/Internships/Match/Match-Statistics/Match-Statistics-2023-Phase-I#summary>; <https://www.appic.org/Internships/Match/Match-Statistics/Match-Statistics-2023-Combined>).

These data allowed us to characterize two aspects of internship outcomes for PCSAS-accredited programs: match rate and student ranking of the site at which they matched. We also could compare the match rates for PCSAS-accredited programs to those of other Clinical PhD programs.

Data Summary

Match rates were provided for 198 of 217 students (91.2%) in PCSAS-accredited programs. Almost all PCSAS-accredited program students (98.0%) matched to an internship site: 95.0% matched in Phase I; 3.0% matched in Phase II; 1.5% did not match; and .5% withdrew or didn't submit rankings. In comparison, match rates for Clinical PhD students who were not in PCSAS-accredited programs (n = 1127) in 2023 were as follows: 94.4% matched to an internship site; 87.3% matched in Phase I; 7.1% matched in Phase II; and 5.6% did not match, withdrew, or didn't submit rankings (see 2023 match rates provided by APPIC: <https://www.appic.org/Internships/Match/Match-Statistics/Match-Statistics-2023-Phase-I#summary>; <https://www.appic.org/Internships/Match/Match-Statistics/Match-Statistics-2023-Combined>).

Students' ranks of the internships to which they matched were reported for 176/217 students (81.1%) in PCSAS programs. Students' median ranking of the program to which they matched in Phase I was 1.0 (mean = 2.07; SD = 2.00). Over half of the students matched at their first choice (56.3%), 19.3% matched at their second choice, 10.8% matched at their third choice, 6.3% matched at their fourth choice, and 7.4% matched at their fifth or lower choice.

Summary Comments

Almost all students in PCSAS-accredited programs matched to an internship site (98.0%), whereas 94.4% of students in other Clinical programs matched. Additionally, the majority of students in PCSAS-accredited programs matched at their top choice site (56.3%), and 92.7% matched at one of their top four sites. These data support the high quality of clinical training within PCSAS-accredited programs, as their students are judged by internship sites to be both well-prepared for predoctoral internship and highly desired as interns, and three-quarters of them match at a highly preferred site.

Internships' Written Evaluative Comments on Students' Clinical Skills

Background

As of the fall of 2023, the Review Committee asked programs submitting applications for PCSAS accreditation or re-accreditation to provide final letters from predoctoral internship training directors for program graduates from the last two years. The written evaluative comments in these letters allowed us to characterize qualitatively the clinical skills of PCSAS program students at the end of their predoctoral internships from the vantage of internship training directors and rotation supervisors.

Data Summary

Ten accredited programs thus far have provided a total of 100 final evaluation letters from predoctoral internships. Each letter was coded first for the presence or absence of written evaluative statements about interns' clinical skills; the first author and a clinical graduate student coder agreed on all but two cases, which were resolved via consensus. Next, the written evaluative comments were coded as favorable, neutral, or unfavorable; the two coders agreed on all cases.

Half of the letters (52%) contained evaluative statements about interns' clinical skills. The written evaluative statements were judged to be favorable in 100% of the cases. Sample written evaluative statements are included in Appendix A.

Summary Comments

All letters from predoctoral internship training directors that contained written evaluative statements from training directors and rotation supervisors about interns' clinical skills were favorable, and all but one or two were highly favorable. Interns from PCSAS programs are described as highly skilled in and committed to the provision of evidence-based and culturally competent assessment, intervention, and supervision. The high favorability of these comments is fully consistent with the clinical-science training model, which places substantial emphasis on

the provision of high-quality clinical training and its integration with research training. Moreover, all spontaneous comments about interns' preparation for internship were also highly favorable, providing indirect evidence of the high-quality of clinical training in PCSAS programs. These data fully support our contention that PCSAS program graduates should be deemed eligible for licensure.

Licensing Exam Performance

Background

In 2023, The Association of State and Provincial Psychology Boards (ASPPB) released a report entitled "2023 Psychology Licensing Exam Scores by Doctoral Program." The report states that "the Examination for Professional Practice in Psychology (EPPP), developed and owned by the Association of State and Provincial Psychology Boards (ASPPB), is provided to state and provincial boards of psychology to assist them in their evaluation of the qualifications of applicants for licensure and certification" (p. 5). The ASPPB report further states that "The EPPP (Part 1-Knowledge) is intended to evaluate the knowledge that the most recent practice analysis has determined as foundational to the competent practice of psychology. ... This knowledge and the candidate's ability to apply it are assessed through the candidate's responses to objective, multiple-choice questions representative of the field at large." We used data on first-time test-takers from 2020 through 2022 to characterize pass rates and percent scores on content areas for recent graduates of PCSAS-accredited programs and to contrast these values with those of graduates of non-PCSAS-accredited programs.

Data Summary

We focus on the data presented for the time period from 2020 through 2022. These program-specific data include the number of candidates tested from the program, the pass rate, and percent scores by content area whenever the number of candidates per program exceeds four. We summarized these data for three groups of students: 1) 600 students from 44 of 46 PCSAS-accredited programs with 4+ students taking the EPPP; 2) 2,326 students from 124 of 133 full CUDCP (Council of University Directors of Clinical Psychology) member programs with 4+ students taking the EPPP (minus students from PCSAS-accredited programs); and 3) 7169 students from all accredited doctoral programs (minus students from PCSAS-accredited programs and CUDCP programs).

Approximately 98.1% of PCSAS students who took the licensing exam in the last three years passed it, in comparison to 89.0% of students in other CUDCP programs and 70.3% of students in all other accredited doctoral programs. Moreover, as detailed in the table below, PCSAS students also showed higher pass rates for *all* eight of the content areas (including both the more basic and the more applied domains) than students in CUDCP programs and students in all other accredited programs.

Content Area	Percent Correct		
	All Accredited Programs (minus CUDCP/PCSAS)	CUDCP Programs (minus PCSAS)	PCSAS Programs
Biological Bases of Behavior	71.30	77.81	80.35
Cognitive-Affective Bases of Behavior	70.90	78.11	81.97
Social and Cultural Bases of Behavior	68.28	74.26	78.42
Growth and Lifespan Development	65.29	71.00	75.27
Assessment and Diagnosis	65.21	73.63	78.63
Treatment/Intervention/Prevention/Supervision	69.56	76.09	80.30
Research Methods and Statistics	58.36	70.92	79.87
Ethical/Legal Professional Issues	76.64	81.26	82.94

Summary Comments

Graduates of PCSAS-accredited programs pass the EPPP (Part 1-Knowledge) at very high rates that exceed those of students in other programs. In keeping with ASPPB descriptions of the exam above, it therefore seems reasonable to conclude that graduates of PCSAS-accredited programs excel in their knowledge “that the most recent practice analysis has determined as foundational to the competent practice of psychology” as well as “their ability to apply” such knowledge. We find this to be compelling evidence of PCSAS program graduates’ competence for practice.

Percent Engaging in Specific Professional Activities in Graduates’ Current Positions

Background

As of the fall of 2023, the Review Committee asked programs submitting applications for PCSAS accreditation or re-accreditation (N = 9) to provide each graduate’s percent effort on professional activities in their current position(s) to facilitate evaluation by the Review Committee. In particular, each graduate needed to provide the percentage of their time spent in the following activities in their current positions over the last year (or since they assumed the positions if less than a year ago):

- 1) Conducting and disseminating research: includes all aspects of research process, including work as a PI as well as work as a collaborator
- 2) Teaching: includes course, seminar, and other direct instruction to undergraduate students, graduate students, or other professional trainees
- 3) Supervising the research activities of trainees/students: includes supervision of graduate, undergraduate, and medical students, residents, or research activities of other trainees
- 4) Clinical instruction/training: includes formal provision of clinical training to trainees and other health professionals. The training activities here should include significant didactics on clinical problems and implementation of therapeutic/assessment approaches as well as readings from the research literature. These may be referred to as a practicum, training workshop, trainings, etc.
- 5) Supervision of service provision: Includes regular case consultation and direction of supervisees, but does not include significant didactics and readings
- 6) Direct service provision to clients/patients: delivery of assessment, intervention, and prevention services

- 7) Editorial work: includes reviewing/evaluating grants, manuscripts, chapters for publication
- 8) Program development and evaluation: includes activities involving the development, establishment, oversight, and evaluation of service delivery programs or entities
- 9) Administration/leadership: includes activities devoted to administration, leadership, and oversight of professional activities
- 10) Clinical consultation: includes professional consultation/advising on services related to any professional clinical activities
- 11) Other activities not described

Data Summary

Data from nine accredited programs (labeled P1 to P9) are summarized in the table below, which presents the percentage of graduates (n = 429) who reported engaging in each of the 11 professional activities in their current position(s).

Professional Activity	Overall	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9
Conducting Research	61.1	58.5	55.3	70.2	61.3	78.8	58.3	63.3	81.6	42.9
Teaching	37.9	41.5	36.9	49.1	49.1	40.4	41.7	22.4	44.9	19.0
Supervising Research	39.9	35.8	35.0	47.4	47.4	50.0	27.8	32.7	53.1	28.6
Clinical Instruction/Training	34.8	37.7	28.2	45.6	45.6	42.3	30.6	28.6	44.9	33.3
Clinical Supervision	41.9	32.1	49.5	40.4	40.4	40.4	41.7	40.8	49.0	42.9
Direct Service Provision	73.8	77.4	79.6	71.9	71.9	61.5	77.8	77.6	77.6	66.7
Editorial Work	30.4	30.2	22.3	42.1	42.1	36.5	27.8	6.1	57.1	23.8
Program Development and Evaluation	31.9	17.0	29.1	42.1	42.1	26.9	44.4	22.4	38.8	38.1
Administration / Leadership	43.7	41.5	40.8	47.4	47.4	36.5	52.8	20.4	71.4	42.9
Clinical Consultation	38.1	43.4	44.7	45.6	45.6	19.2	47.2	26.5	38.8	33.3
Other	8.9	5.7	2.9	12.3	12.3	11.5	17.1	14.3	10.2	4.8
Any Clinical Activity (training, supervision, consultation, service provision)	86.8	100.0	86.4	77.2	77.2	75.0	86.1	100.0	100.0	100.0

Summary Comments

As expected, a majority of graduates of PCSAS-accredited programs conduct research in their current positions (61.1%). At least 40% of graduates in all nine programs reported conducting at least some research.

An even stronger majority of graduates engage in at least some direct service provision (73.8%), consistent with the premium that PCSAS places on preparing all graduates to function as independent practitioners. At least 60% of graduates in all nine programs reported engaging in direct service provision.

More generally, a very large percentage of PCSAS graduates (86.8%) engage in clinical activities for which licensure is typically necessary: clinical instruction/training (34.8%), clinical supervision (41.9%), direct service provision (73.8%), and clinical consultation (38.1%), underscoring both graduates' ongoing commitment to the direct provision of clinical care and

the relevance of licensure eligibility for PCSAS program graduates. At least 75% of graduates in all nine programs reported engaging in at least one of these clinical activities. These findings replicate and extend those for a random sample of 96 graduates of PCSAS programs in 2017: 72.6% of the graduates at that time continued to engage in their current positions in practice-related activities, including service provision, supervision, training, and consultation (Treat et al., 2023).

PCSAS program graduates engage in a wide variety of professional activities beyond conducting research and clinical care, including teaching (37.9%), program development and evaluation (31.9%), and administration/leadership (43.7%). This emphasizes the diverse array of potential career paths for which clinical scientists are prepared.

Conclusions

The information and data presented in this report strongly support the importance, evaluation, and evidence of high-quality clinical training within PCSAS accredited programs.

1. The PCSAS Review Committee conducts a careful, critical, and comprehensive evaluation of every applicant program's clinical training experiences, policies, procedures, and outcomes and repeats this process every 10 years.
2. The overwhelming majority of PCSAS programs commit substantial resources to providing early, intensive, closely supervised, and evidence-based training in in-house psychological services clinics.
3. In the APPIC match process, 95.0% of PCSAS students matched for internship in Phase I and 3.0% in Phase II in 2023, relative to 87.3% and 7.1%, respectively, for other clinical PhD students. Moreover, a majority of students in PCSAS-accredited programs matched at their top choice site (56.3%), and 92.7% matched at one of their top four sites.
4. All letters from internship training directors that contained written evaluative statements from training directors and rotation supervisors about the clinical skills of interns from PCSAS programs were favorable, and almost all were highly favorable. Additionally, all spontaneous comments about interns' preparation for internship were also highly favorable.
5. According to the ASPPB report on licensing exam scores in 2023, 98.1% of PCSAS students who took the licensing exam in the last three years passed it, in comparison to 89.0% of students in other CUDCP programs and 70.3% of students in all other accredited doctoral programs. Moreover, PCSAS students also showed higher pass rates for all content areas (both basic and applied) than students in other CUDCP programs and students in other accredited programs (averages of 79.7% vs 75.4% vs 68.2%, respectively).
6. A large majority of graduates of PCSAS programs within the last ten years engage in at least some direct service provision (73.8%). More broadly, 86.8% of PCSAS graduates devote time to clinical activities for which licensure is relevant and often necessary: clinical instruction/training (34.8%), clinical supervision (41.9%), direct service provision (73.8%), and clinical consultation (38.1%).

Thus, PCSAS devotes considerable attention to evaluating the quality of clinical training provided by applicant programs, almost all PCSAS programs are supported by in-house clinics that provide rich early training opportunities, students are well-prepared for clinical internship and perform very well in the APPIC internship match, internship training directors and rotation supervisors evaluate PCSAS students' clinical skills favorably, PCSAS graduates pass the licensing exam at very high rates, and over 85% of PCSAS graduates continue to engage in clinical activities in their professional positions.

In sum, PCSAS requires and ensures that accredited programs provide high-quality, science-based clinical training to all students, including completion of a year-long internship. Although the value that PCSAS places on clinical training is sometimes misunderstood or mischaracterized, programs that do not meet our high standards for clinical training are not and will not be accredited by PCSAS, regardless of the strength of the programs' research-related outcomes. Thus, graduates of PCSAS-accredited programs should be deemed eligible for licensure in the same way as graduates of programs accredited by other organizations, such as the Commission of Accreditation for the American Psychological Association. Licensure parity advances the shared goals of reducing the burden of mental health problems, expanding the workforce with competent providers who bring a science-based approach to public health, and protecting the public by ensuring that clinical training programs are held to the highest standards.

Appendix A
Final Letters from Internship Training Director:
Sample Written Evaluative Comments about Clinical Skills

1. "effective provider of services"; "provided assessment, and individual and group psychotherapy effectively"
2. "excellent clinical skills," "deliver[s] high quality services to an increasingly diverse population"
3. "skilled clinician, professional, and respected by everyone with whom [they] worked"
4. "extensive clinical knowledge," "well on her way to becoming a fabulous psychologist," "very advanced in [their] clinical and professional skills"
5. "excellent professionalism," "clear dedication to the patients [they] served," "intermediate to advanced competence," "[they] came well-grounded in theoretical and empirical underpinnings of psychological care"
6. "effortlessly conceptualizes patient concerns and develops, with [their] patients, a thoughtful evidence-based intervention," "extremely skillful at addressing patient identity," "an incredibly strong advanced trainee with excellent skills," "therapy and assessment skills are well above average," "excellent clinical intuition"
7. "committed to providing culturally competent care and advancing health outcomes for patients from diverse, underserved, and marginalized backgrounds," "extremely talented, thoughtful, and conscientious clinician,"
8. "[they are] a very talented clinician," "we were very pleased with [their] clinical performance"
9. "a high degree of competency in individual therapy/group therapy, assessment, and consultative skills"
10. "display[ed] strong ethical clinical care and service delivery," "strong psychologist with a breadth of skills," "displayed clinical strength"
11. "tireless advocate for [their] clients and provided them with excellent evidence-based care," "already very well trained"
12. "impressed supervisors with [their] ability to pull from a variety of evidence-based strategies to tailor intervention[s]," "extremely competent," "arrived at our site with strong clinical skills"
13. "very successful and hardworking graduate student / intern / psychologist in training," "graduate training and practicum experiences clearly prepared her very well for our internship program"
14. "advanced level of competence in clinical practice," "excellent work with patients," "commitment to evidence-based practice"
15. "a superb intern -- both highly intelligent and adaptive, and someone who strives for continuous improvement and excellence"
16. "solid knowledge base regarding cultural diversity, really shows in clinical work," "provided helpful consultation to peers, integrating considerations of ethics, psychopathology theory, diversity, and evidence-based practices," "preparedness for internship ... was notable"
17. "exceeded my expectation in all competency areas," "submitted the best first draft of a report that I have received from an intern," "met or exceeded the minimal level of performance on a wide range of competencies"
18. "a caring and effective therapist with an exceptionally strong background in cognitive behavioral therapy," "takes pride in the quality of their clinical work and values self-improvement," "has excellent clinical skills and judgment," "worked with a range of diverse clients and consistently took into account cultural factors in conceptualizing cases and implementing treatment"
19. "I am very confident in [their] ability to practice independently as a professional psychologist," "exceptionally strong background in CBT"

20. "demonstrated a high level of skill and continued commitment to providing wonderful care for Veterans"
21. "has responded well to complex cases that required critical thinking skills and a flexible approach," "report writing skills remain a strength," "comes to us with great CBT skills as a therapist"
22. "worked with many diverse clients and impressively approached their work through individual and cultural lenses with regard to assessment, diagnosis, conceptualization and treatment," "showed a capacity and willingness for self-reflection, upheld the highest standards for care, and was consistently open and responsive," "the way [they] approach [their] work with clients embodies quality client care," "demonstrated excellent oral and written communication skills, leaned into difficult conversations with courage and poise, and has a rich understanding of concepts from a wide variety of clinical approaches," "[their] knowledge and implementation of behavioral interventions, third-wave therapies, and manualized treatments was truly unmatched"
23. "a highly professional individual who is on the way to becoming an exceptionally competent independent Health Service Psychologist," "possesses strong skills in all the core competency domains"
24. "a talented clinician," "cares deeply for patients, colleagues and peers alike and this empathy and compassion clearly shows in [their] work and interpersonal style," "skilled in CBT and the delivery of manualized, evidence-based protocols, while being mindful of the need to adapt such protocols for a particular individual," "demonstrates extremely high levels of conscientiousness, reliability, professionalism, and adherence to ethical standards"
25. "has a depth of experience in treating both internalizing and externalizing problems, a high-level clinical skill set, strong rapport-building skills, and a love for clinical work," "exemplary patient skills," "brought a highly sophisticated understanding of evidence-based treatments as well as the many systematic barriers that interfere with mental health service engagement"
26. "made very good progress in [their] clinical skills," "clear intelligence, strong work ethic, dedication to [their] patients, and willingness to take on difficult patients"
27. "recipient of the Outstanding Intern Award for exemplifying] the highest standards of the scientist-practitioner model," "a skilled professional," "an advanced doctoral intern with many diverse areas of skill and expertise, while maintaining a strong collegial spirit and willingness to learn more"
28. "demonstrated advanced ability to implement CBT interventions in [their] therapy work," "quickly demonstrated competence in assessment, gathering appropriate information and formulating sophisticated conceptualizations," "an avid consumer of the scientific literature and consistently references the scientific literature to provide evidence-based practices"
29. "a remarkable, diverse set of skills and talents, coupled with great kindness, warmth and unfailing commitment to her clients' well-being," "highly professional, reliable, committed to working diligently with her patients, and always with the focus on delivering a high-quality treatment experience,"
30. "goes above and beyond in providing care to patients," "has demonstrated good familiarity with theoretical models and integration of research into clinical interactions and work with patients," "displays a great skills of developing a treatment plan to conjointly addresses the patients' concerns as well as the concerns of the referring provider," "[has] shown great dedication, enthusiasm, and a strong desire to learn and grow in your clinical practice," "stellar job with doing risk assessments, safety planning, mandated reporting, followed by appropriate documentation"

31. "committed to quality patient care and evidence-based practices and has demonstrated a strong knowledge base for evidence-based interventions," "reflective about the impact of individual and cultural factors on patients/families," "highly conscientious about building rapport and maintaining motivation"
32. "very effective in delivering ESTs and [their] patients have certainly benefited from [their] care"
33. "[their] treatment plans and conceptualizations are solid"
34. "completion of all expected competencies at the highest level," "has not only the assessment skills to administer and interpret relevant testing, but the clinical skills and empathy to engage [clients] with vastly different levels of awareness and trauma," "a competent professional who exhibited broad based skill development across psychological and neuropsychological assessment and therapeutic interventions in multiple settings"
35. "accomplished a great deal with excellent performance in major rotations"
36. "demonstrated strong therapy skills in that [they] ha[ve] been able to build and maintain rapport with challenging patients, as well as guide and direct the clinical encounters," "uses empirically supported treatments and can be flexible in [their] approach"
37. "talented clinician and researcher," "provided our Veterans with excellent clinical care," "came in with strong knowledge and has continued to make gains"
38. "writes excellent integrated reports with strong recommendations that meet the patient and family needs," "shows wonderful strengths in [their] ability to connect with patients, [their] skill in drawing upon evidence-based practice, and [their] clinical writing," "feel very fortunate to have such an excellent student and appreciate the solid preparation and training [they] received from your program"
39. "was mindful every hour of the day about multi-cultural diversity and was highly educational to others in a way that stretched our knowledge," "well-versed with evidence-based practice," "always did necessary research to better understand medical presentations, and developed thoughtful plans for prioritizing immediate and long-term needs, and possible interventions," "Came to us with strong clinical skills"
40. "accomplished a great deal with excellent performance in major rotations," "faculty uniformly agreed that [they are] an amazing talent"
41. "notable strengths were [their] ability to form healthy therapeutic relationships with [their] Veteran caseload," "has reached a level of competence that is expected at this level of training"
42. "progressed wonderfully during the internship and exceeded all expected competency benchmarks," "demonstrated a high level of skills and continued commitment to providing wonderful care for Veterans," "provided exceptional neuropsychological assessments"
43. "has flexibly applied [their] CBT skills to a range of challenging clinical issues in both inpatient and outpatient settings,"
44. "connected well with clients and families [they] worked with this year," "passionate about her work with children and families"
45. "sensitive to patient and parent diversity and does an exceptional job in advocating for patients," "needs little to no supervision on interpreting test results and providing feedback to patients," "outstanding clinical skill in therapy," "has a solid base in EBP and yet is flexible in tailoring treatment to fit the individual's needs"
46. "in both general mental health and neuropsychological assessment, [their] case conceptualization and treatment planning are informed by research literature," "shows good judgement and awareness of ethical/legal issues," "assessment is a clear area of strength," ""thoughtful about treatment planning and changing treatment approach when appropriate"
47. "issues related to diversity, equity, and inclusion ... are clearly central to [their] clinical work and research interests, and were greatly appreciated by patients [and] colleagues," "came to us with

a strong foundation in evidence-based intervention, consultation, and assessment practices"
"thank you and your colleagues for the outstanding work you did in preparing [them] for
internship training"

48. "has continued to do an exceptional job," "builds rapport well; has good retention of patients;
has well-rounded diagnostic skills"
49. "[they] impressed me as quite knowledgeable about CBT and problem-solving approaches"
50. "did an outstanding job collaborating with medical teams and building rapport with patients and
families," "exceeded expectations for an intern"
51. "quickly able to practice independently with minimal supervision," "case conceptualization is
great," "tremendous therapist, efficient, effective, patients respond really well," "very bright,
competent, enthusiastic and effective in working with patients," "thank you and your colleagues
for the outstanding work you did preparing [them] for this experience," "came to us with a
strong foundation in evidence-based intervention"
52. "supervisors highlight independence in therapeutic intervention, thoroughness in approach to
sessions and documentation... as well as positive feedback from multiple clients"