


Applicant factors contributing to interview selection, ranking determination, and judgement of “Fit” among health service psychology internship training programs

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Abstract

Background: The predoctoral internshipAQ4 training year is the capstone training experience for health service doctoral students. Previous research has explored what applicant characteristics are desired by internship sites and has not thoroughly explored differences between types of sites or criteria importance at different stages of applicant consideration (interview vs. ranking).

Aims: We evaluate current perceptions of doctoral student internship applications by training directors.

Materials and Methods: Internship training directors of APA-accredited sites report on the importance of different application materials during interview and ranking decisions. We also compare these rankings across site types.

Results: Results indicate that internship sites were generally consistent in their criteria rankings; however, there were also some differences. Intern applicant “fit” continues to be the most important criteria by which applicants are judged at all stages of consideration. Qualitative analysis found that “fit” varied by site across themes of treatment, applicant, and site characteristics.

Discussion: We discuss implications in their preparation of internship applications. In addition to the practical guidance for students, we discuss how program changes can increase applicant site competitiveness.

KEYWORDS

graduate education, health service psychology, internship, training

1 | INTRODUCTION

The final clinical milestone before receiving a doctoral degree in health service psychology is the completion of the predoctoral internship (American Psychological Association, 2013). Since 1998, the Association of Psychology Postdoctoral and Internship Center (APPIC) has overseen the internship “match.” However, each internship site independently selects applicants for interviews and ranks these applicants using their own criterion.

Previous research has investigated which characteristics make internship applicants the most competitive for predoctoral internships (e.g., Ginkel et al., 2010; Petzel & Berndt, 1980; Rodolfa et al., 1999; Spitzform & Hamilton, 1976). Training directors (TDs), along with psychologist staff members, at internship sites consistently rate “fit” as one of the most important evaluated characteristics within the internship application (Ginkel et al., 2010; Rodolfa et al., 1999). However, “fit” is poorly defined and studies show that the emphasis on specific application components shifts over time. For instance, the emphasis placed on volunteer experience increased dramatically between 1999 and 2010 while an applicant's indication that the site was their first choice declined significantly over this same time. Likewise, letters of reference were far less important in the last published study on internship application materials (ranked 12th out of 38; Ginkel et al., 2010) compared to studies conducted before the implementation of the match process where they were the most important application component (Petzel & Berndt, 1980; Spitzform & Hamilton, 1976). These relative changes in criteria evaluation highlight ways in which the field evolves and underscores the necessity of an updated evaluation summarizing current perspectives on internship application materials.

The last independent study of internship applications (Ginkel et al., 2010) provided a snapshot of the match process during the height of the “internship crisis” when match rates were the lowest (Baker et al., 2007; Brock et al., 2015). The extent to which these findings generalize to today's internship process remains unclear. Moreover, the pool of available internship placement has grown steadily, and individual sites may have undergone changes in the rotations they offer or the types of interns they prefer. Beginning in 2018, APPIC also enacted a policy that only students from accredited doctoral programs (or that have been granted an accreditation visit) are eligible to utilize the match system. APPIC surveys of TDs contain only a fraction of relevant criteria previously evaluated by independent research, and exclude criteria from ranking stages that would be novel after the interview (e.g., professionalism, demonstration of insight, internship class composition, etc.; see Association of Psychology Postdoctoral and Internship Centers, 2021). This exclusion of post-interview criteria is a noted limitation in TD reports since interview application materials are valued less at the time of ranking. Thus, the results of the previous research on the internship process likely does not reflect current practices at internship programs.

In addition to the changing context of the match, a striking limitation of previous research on internship ranking is that TDs have often been combined into a single group composed of all sites that have responded to the study survey. As such, the importance of materials presented within those studies is naturally weighted by the frequency of different site types within the match system (e.g., Veteran Affairs [VAs] Medical Centers, Counseling Centers, Community Mental Health Centers, Psychiatric Hospitals, etc.) and does not account (or

allow) for the potential of discrepancies between distinct clinical settings. This represents a substantial gap in our understanding of selection criterion and “fit” as related to the internship match process. That is, it is difficult to believe that there are no variations in what is valued within internship applications. For instance, a VAs site with neuropsychological rotations might be expected to place greater emphasis on prior work with military or veteran clients, as well as assessment-related experience, while a college counseling center or community health center may not, given the relative frequency of those clinical activities and types of clients seen at each site. Even surveys conducted on TDs by APPIC do not contrast sites in the importance of various criteria for interview and ranking (Association of Psychology Postdoctoral and Internship Centers, 2021). In short, guidance available to internship applicants about what sites value is ambiguous and does not provide the nuance needed to meaningfully aid trainees and their supervising faculty in making decisions about how to maximize an applicant's competitiveness and tailor their materials for this critical educational and professional milestone. Understanding these is essential for students and faculty within the broad field of clinical psychology and health service psychology more generally as diverse training experiences and career goals are the norm and not the exception for our students.

This study aims to provide updated information regarding the criterion used by specific types of internships to rank and evaluate applicants at multiple stages in the process and attempts to operationalize the seemingly elusive construct of, “Fit,” used by many internships to determine applicant rankings. Specifically, we examined criteria used to evaluate applicants across site types and at two-time points during the process: (1) before the interview to determine if applicants will receive an invitation for further consideration and (2) after the interview when sites determine rankings. We also qualitatively analyzed descriptions of “fit” across sites to explore ways that sites differ in their conceptualization of ideal candidates. It is hypothesized that fit will remain a critically important aspect of the internship application and that the definition of fit will vary across site types, reflecting unique combinations of application materials.

2 | METHODS

2.1 | Participants

The 618 APA-accredited, US-based internship sites listed in the APPIC directory in Spring of 2019 was the population of interest for this study. Internship TDs at 610 APA-accredited sites were successfully contacted and asked to participate in our study. The remaining eight sites had invalid email addresses listed on the APPIC website as evidenced by their return to us as undeliverable. This return of address may be due to several reasons including a typo in the APPIC directory or a change in TD employment which was not updated in APPIC. Of the APPIC sites surveyed, we received 186 responses from TDs (30.5% response rate). This return rate is consistent with other studies in this area (see Ginkel et al., 2010; Petzel & Berndt, 1980; Rodolfa et al., 1999). Further, the participation rate was similar across site types represented in the match. Descriptive information about sites and a comparison to the 2020 APPIC survey are provided in Table 1.

2.2 | Instrumentation

For this study, 40 aspects of application materials were evaluated at preinterview ($n = 29$) and postinterview ($n = 11$) applicant evaluation stages. Application components were included if they represented a substantive area of the APPIC Application for Psychology Internship (AAPI), or if they were included in previous research on the internship application process (e.g., Ginkel et al., 2010; 61% of items within this study). For instance, preinterview criteria encompassed items that are commonly assessed in an applicant's AAPI application,

TABLE 1 Descriptives of internship site type represented in a sample at the time of study

Site type	Sample descriptive information										Offer postdoc		
	2020 APPIC listing		Our study		% Of APPIC site n		No. of staff		No. of applications		No. of interns		%
	n	%	n	%	n	%	M	SD	M	SD	M	SD	
University Counseling Center	164	21.1	44	23.7	26.8	9.6	5.4	70.7	31.1	3.5	0.9	45.5	
Veteran's Affairs	119	15.2	33	17.7	27.7	31.9	24.6	111.0	76.5	5.9	3.3	63.6	
Community Mental Health Center	90	11.5	22	11.8	24.4	8.6	4.8	78.3	32.2	5.6	3.3	81.8	
State Hospital	66	8.4	15	8.1	22.7	17.0	6.3	94.3	58.8	4.8	2.5	53.3	
Consortium	62	7.9	9	3.2	14.5	23.6	22.0	88.2	69.5	7.2	3.2	77.8	
Academic Health Center	41	5.2	18	9.7	43.9	19.5	14.7	169.3	94.4	7.6	3.8	94.1	
Child Setting	38	4.8	15	8.1	39.4	22.6	21.0	110.0	79.0	4.3	2.5	80.0	
Medical School	37	4.7	6	3.2	16.2	26.1	11.9	152.5	32.0	6.3	2.9	83.3	
Corrections	31	4.0	3	1.6	9.6	5.3	0.5	53.3	5.7	3.3	0.5	100.0	
Other Site type	28	3.6	4	2.2	14.2	7.5	4.6	56.2	49.8	3.0	1.8	50.0	
Private Outpatient Clinic	28	3.6	2	1.1	7.1	5.5	0.7	46.5	19.0	0.5	0.7	100.0	
Private General Hospital	22	2.8	1	0.5	4.5	8.0	-	40.0	-	3.0	-	100.0	
Private Psychiatric Hospital	16	2.0	3	1.6	18.7	26.6	14.4	191.6	53.4	6.0	1.7	100.0	
School District	14	1.8	3	1.6	21.4	12.3	2.5	75.0	13.2	5.6	2.0	66.7	
Armed Forces Medical Center	10	1.2	1	1	10.0	10.0	-	35.0	-	6.0	-	100.0	
Community Health Center	7	0.8	6	3.2	85.7	12.5	8.0	110.8	44.5	4.3	1.3	66.7	
Psychology Department	5	0.6	1	0.5	20.0	11.0	-	95.0	-	-	-	100.0	
Total	778		186										

Note: APPIC percentages taken from the 2020 Internship APPIC Directory Statistics. Mean ratings are reported for the number of on-site positions, number of staff, total applications received, and the number of intern spots for each site type. Postdoctoral training offerings include formal positions offered through APPIC, as well as informal training experiences, and include sites where positions may occur on a semi-regular basis depending upon funding as well as an annual basis.

Abbreviation: APPIC, Association of Psychology Postdoctoral and Internship Center.

including applicant “fit,” supervision hours, assessment hours, number of publications, and letters of reference. Conversely, postinterview criteria included items that would be assessed by an internship site following an applicant's interview, such as demeanor of applicant, the conceptualization of case material, personal reactions, and in-person interview attendance. Items for the postinterview stage were adopted directly from Ginkel et al. (2010) or formed from conceptually related preinterview criteria (e.g., we combined written materials into a single item [essays and cover letter]). At both stages, respondents rated criteria on a scale of 1 (*not at all important*) to 7 (*extremely important*), consistent with the rating scale utilized previous research examining internship criteria (Ginkel et al., 2010; Rodolfa et al., 1999). The survey was distributed electronically and was administered using Qualtrics.

2.3 | Procedure

Following approval to conduct research by the Institutional Review Board, TDs identified on the APPIC directory site were sent an email containing a brief description of the research question and the link to the survey. After obtaining consent, respondents completed the survey and were thanked for their participation. Reminder emails were also sent to programs two and a half months following the initial recruitment email. On average, the survey took 15 min to complete. TDs were not compensated for participation.

Our analytic plan included both quantitative and qualitative analyses. Before any quantitative rankings, participants were asked “What does your internship program look for in applicants with good fit?” This description of fit, therefore, includes evaluation of applicants at both interview and ranking stages. Qualitative coding was used to examine definitions of site fit, and this coding was inputted into MAXQDA 2020 to generate a cluster map to visually represent these analyses. In hierarchical cluster analysis, distances between the codes represent how similar the codes appeared within the qualitative data. Closer distances between codes means that participants more often shared responses between codes. The use of a spatial clustering map helps group multiple themes into overarching clusters or dimensions, providing a framework for qualitative interpretation (Henry et al., 2015). Quantitative comparison of rankings on pre- and postinterview criteria were planned for all site types with a sufficient sample size using an analysis of variance (ANOVA) with post-hoc testing. In cases where site types had an insufficient sample, we planned to create groupings by combining responses from conceptually similar sites.

3 | RESULTS

3.1 | Qualitative analysis of applicant fit

Qualitative methods were utilized to examine responses from TD when they were prompted to define fit. Content analysis was used to analyze the qualitative responses. A codebook was created, and two separate coders reviewed the data independently with the codebook as a reference. Kappa statistics were calculated to ensure inter-rater consistency and all Kappa values were at or above 0.82, indicating excellent agreement (McHugh, 2012). Analysis was conducted in MAXQDA 2020. Of the 186 respondents to the survey, most (97.3%; $n = 181$) provided written information to the prompt asking them to define fit at their institution (“What does your internship program look for in applicants with **good fit**”). There were 370 descriptive codes induced from the 181 responses, for an average of 2.04 codes per response. Ten themes were induced from participant responses. Theme description, code frequency, and examples of verbatim responses are provided below.

3.1.1 | Experience in similar site

Experience in a similar site ($n = 85$) was the most common code when individuals described fit, with experience in the site type often being necessary to be considered a “good fit.” Some TDs explained that the prior experience in a similar site helped, “adequately prepare interns for training-related activities.”

3.1.2 | Interest in similar site

Career aspirations for a similar site and interest in training to prepare for a related career ($n = 50$) were also important. Respondents sometimes described exact matches to career trajectory as important (e.g., “interest in working in a rural VA,” “interest in working in a college counseling center”). Others preferred candidates who communicated a “match between our rotations and their career goals.” Finally, some wanted individuals who had interest in their site, but not explicitly for their career.

3.1.3 | Interest in population

Another common theme was that applicants should have communicated an interest in working with the population seen at the site ($n = 31$). This could include respondents having noted (e.g., “interest working with an underserved/disadvantaged population” or “interest in working with Chinese immigrants and Chinese Americans”).

3.1.4 | Applicant interpersonal skills

Fit was often described in terms of an applicant's interpersonal skills, as well as how well applicants appeared to mesh with staff and potential supervisors ($n = 39$). Some TDs were very specific when describing desired interpersonal skills (e.g., “has a sense of humor,” “personality matches with supervisor,” “bright, hardworking”). At other times, responses were less specific, indicating more general descriptors instead (e.g., “strong social skills”).

3.1.5 | Focus on diversity and/or social justice issues

Another important aspect for many sites was the level of focus an applicant had on diversity and/or social justice issues ($n = 36$). Some respondents wanted to ensure that applicants “[had] an appreciation and willingness to learn multicultural approaches to therapy.” Others wanted applicants to, “fit with [their] values, mostly around multiculturalism and inclusion.”

3.1.6 | Flexibility and adaptability

Coding for this theme reflects statements that indicate that it is important to have trainees who are flexible and adaptable across various situations ($n = 27$). Often, this theme was expressed explicitly, with responses like, “flexible,” and “adaptable.” Other descriptions included, “ability to go with the flow,” “comfort with ambiguity,” and “Interns that will be able to adjust to our sites and supervisor.”

3.1.7 | Trainability

Another theme was the applicant's trainability ($n = 28$). This theme was composed of comments like, "eager to learn," "investment in lifelong learning," and "ability to own/admit mistakes." Some responses specifically referenced supervision (e.g., "openness to supervision" or "willingness to learn/be supervised").

3.1.8 | Experience with treatment population

Respondents identified experience with the treatment population ($n = 31$) as important. Most responses for this theme included "experience with population" or "experience with [defined specific population of treatment, e.g., sex offenders, veterans, children, etc.]." Some defined the experience in terms of clinical issues with the population including "suicide management with students," or "worked with children who experienced trauma," but generally referenced previous practicum experience with a specific population rather than a clinical issue within that population.

3.1.9 | Therapy/theoretical orientation

Applicant theoretical orientations and/or experience with specific therapeutic interventions ($n = 25$) were also identified. Often (48% of responses with this code), there was a preference for "prior therapy experience especially in EBPs [evidence-based practices]" and a few mentioned specific theoretical orientations. Others were less specific, stating "orientation incorporating importance of therapeutic relationship" was important in considering applicants.

3.1.10 | Information on application

A small number of responses focused on information provided in the application ($n = 14$). These responses described the number of client contact hours, letters of recommendation, essays, cover letters, and progress on the applicant's dissertation.

3.2 | Code intersectionality

Multiple themes were often shared by individuals when they defined fit. To understand intersections between themes, a spatial clustering map was generated via MAXQDA 2020 using hierarchical cluster analysis (Figure 1) (see Henry et al., 2015). A response had a code intersection if more than one code was present in the qualitative response about fit. For example, in the response "willingness to learn, short-term therapy experiences, University Counseling Center (UCC) setting experience," *willingness to learn* was noted in the code *trainable*, and *short-term therapy experiences* and *UCC setting experience* was noted as *experience in similar site*. This one response contained two codes, *trainable* and *experience in similar site* and are considered to intersect. To ensure intersection frequencies were meaningful, at least 5% of the respondents ($n = 9$) needed to mention the intersecting codes in their specific responses.

Nine of the ten themes contained significant intersections (all but *Information on Application*). These nine codes aggregated into three distinct clusters: *Applicant Characteristics*, *Treatment Characteristics*, and *Site*

Applicant Characteristics

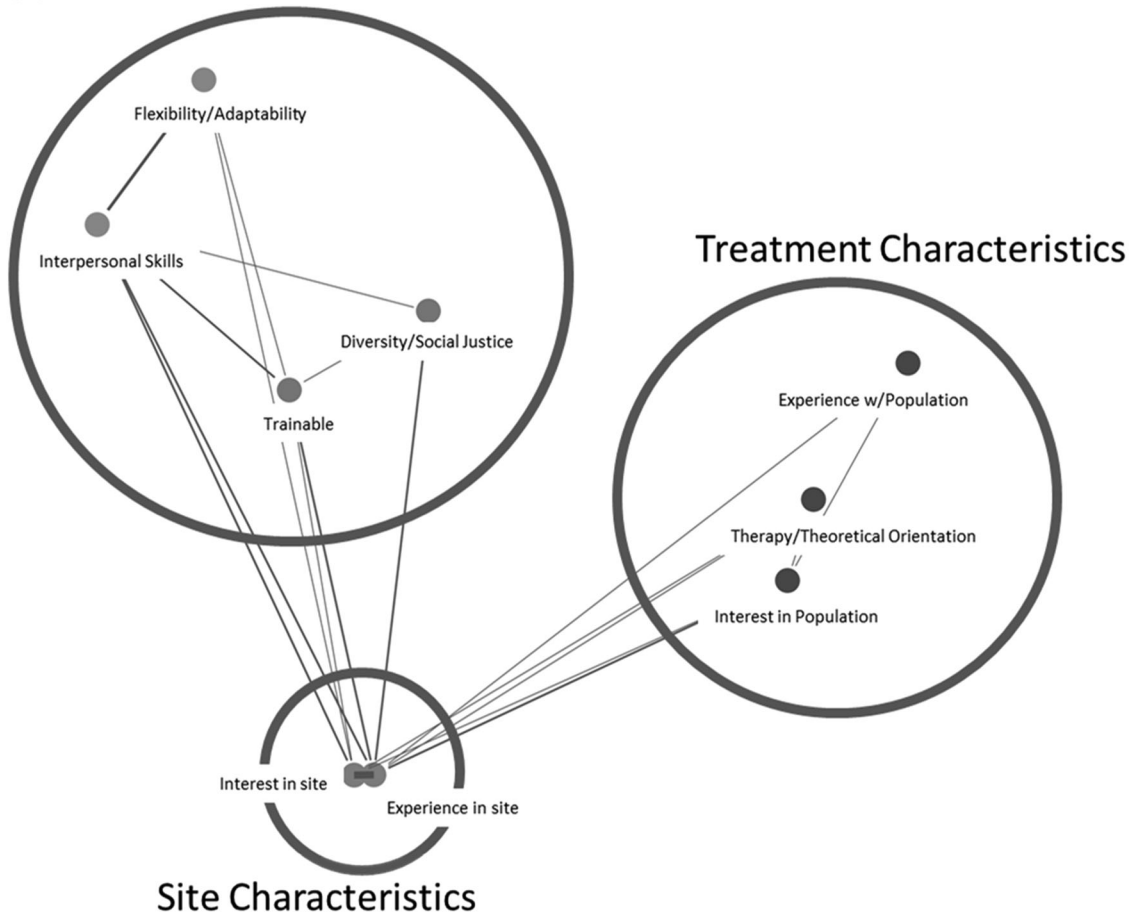


FIGURE 1 Spatial clustering map of code intersections for internship fit

Characteristics. The cluster *Applicant Characteristics* contained themes referencing the applicant such as: an applicant's interpersonal skills, how flexible and adaptable they are, and their focus on social justice and diversity. *Treatment Characteristics* contained the three themes of specifically experience with the treatment population, interest in the treatment population, and the therapy or theoretical orientation. Lastly, *Site Characteristics* included an applicants' interest in and experience working at a similar site. Interestingly, the *Site Characteristics* cluster had significant intersections with *Applicant Characteristics* and *Treatment Characteristics*, but the latter two clusters did not have significant intersections themselves. Not only did three distinct clusters emerge on how fit is described, but the importance of each cluster varied depending on the type of internship setting. Some examples of the differing value of these clusters in defining fit are apparent in the three largest internship sites in the current study: VA hospitals, UCCs, and Community Mental Health Centers. For instance, the most often mentioned theme by TDs at VA Hospitals was *Site Characteristics* (49.2%), while at UCCs it was *Applicant Characteristics* (56.3%). At Community Mental Health Centers, it was more evenly split between the three clusters. Results indicate that fit definitions vary based on internship site setting (Table 2).

TABLE 2 Theme clusters across internships sites

Site type/site group	Treatment characteristics		Applicant characteristics		Site characteristics		Total N
	% Of responses	n	% Of responses	n	% Of responses	n	
University Counseling Center	9	10.3%	49	56.3%	29	33.3%	87
Veterans Administration Medical Center	22	32.8%	12	17.9%	33	49.3%	67
Community site	23	36.5%	23	36.5%	17	27.0%	63
Community Mental Health Centers	19	37.3%	20	39.2%	12	23.5%	51
Community Health Centers	4	33.3%	3	25.0%	5	41.2%	12
Medical settings	8	21.6%	13	35.1%	16	43.2%	37
Academic Health Centers	5	17.9%	12	42.9%	11	39.2%	28
Medical Schools	2	28.6%	1	14.3%	4	57.1%	7
General Hospitals	1	50.0%	0	–	1	50.0%	2
Psychiatric hospital	8	27.6%	8	27.6%	13	44.8%	29
State/Public Hospitals	8	32.0%	6	24.0%	11	44.0%	25
Private Psychiatric Hospitals	0	–	2	50.0%	2	50.0%	4
Child-focused site	10	35.7%	6	21.4%	12	42.9%	28
Child/Adolescent/Pediatric Centers	9	36.0%	6	24.0%	10	40.0%	25
School Districts	1	33.3%	0	–	2	66.7%	3
Other types	4	12.5%	17	53.1%	11	34.4%	32
Prisons/Correctional Facilities	1	20.0%	1	20.0%	3	60.0%	5
Private Outpatient Clinics	0	–	4	80.0%	1	20.0%	5
Consortiums	3	17.6%	7	41.1%	7	41.1%	17
Psychology Departments	0	–	3	100%	0	–	3
Armed Forces Medical Centers	0	–	2	100%	0	–	2

Note: % of responses is the portion of qualitative codes from training directors in a given APPIC site type that fell into a specific response theme (e.g., a total of 87 codes were generated from University Counseling Center Training Directors and 33.3% of those refer to site characteristics). Bolded terms represent the 7 analyzed site type groups.

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3.3 | Quantitative analysis of intern applicants

The 16 site types listed in the APPIC directory were combined into seven more general site categories: (1) VAs ($n = 33$); (2) UCCs ($n = 44$); (3) Community-Based sites ($n = 28$; sites identified as Community Health or Community Mental Health); (4) Medical Settings ($n = 25$; sites identified as Academic Health Center, Medical School, or Private/

General Hospital); (5) Child-Focused (Child site or School District); (6) Psychiatric Hospitals ($n = 18$; State/Public Hospital or Private Psychiatric Hospital); and (7) Other ($n = 20$; Psychological Department, Consortium, Corrections, Private Outpatient, Armed Forces Medical Centers, and Other). The other group includes those sites with lower response rates (i.e., Psychological Department, Corrections, Private Outpatient, Armed Forces Medical Centers), those that did not fit clearly into the general categories described above (i.e., Consortium) or those that identified others as their site type.

Consistent with the methods employed by Rodolfa et al. (1999), the relative importance of internship criteria was determined by examining the average rating and rank-ordering this information. For preinterview criteria (Table 3), the top 10 rated items included applicant "fit," completed program-level milestones, the cover letter, professionalism of materials, number of intervention hours, clarity of goals, essays 2 and 3, and letters of recommendation. At post-interview criteria evaluation (Table 4), the top five rated items included the interview, the professional demeanor of the applicant, diversity in the intern group, the ability to conceptualize case material, and the demonstration of insight. Supporting Information Materials include all pre- and postinterview stage ranking information separated by site type.

3.4 | Preinterview criteria

A one-way multivariate ANOVA was conducted using a Bonferroni correction ($0.05/29$ criteria = 0.0017) and post-hoc comparisons to examine differences in ratings across site type for preinterview criteria, $F(174,830) = 2.32$, $p < 0.001$. Results indicate that approximately a quarter of the criteria ($n = 6$; 21%) differed by site type (Table 3). Bonferroni corrected post-hoc tests ($0.05/7$ site types = 0.007) found that Medical Settings rated essay 2 (i.e., *theoretical orientation*) lower than all site categories except VAs and Psychiatric Hospitals, essay 3 higher than all site types except UCCs, and rated number of publications higher than Other site categories. UCCs rated essay 3 (i.e., *diverse population experience*) higher than VAs, number of assessment hours and number of integrated reports lower than all site categories, and number of publications lower than VAs, Child-Focused settings, and Medical Settings. Conversely, VAs rated the importance of number of publications higher than Psychiatric Hospitals and Other site categories. Community-Based settings rated the importance of fluency in another language higher than VAs, UCCs, and Psychiatric Hospitals.

3.5 | Post-Interview criteria

A one-way multivariate ANOVA was conducted using a Bonferroni correction ($0.05/11$ criteria = 0.004) to examine potential differences in ratings across site type for postinterview criteria, $F(66, 888.34) = 3.37$, $p < 0.001$. Results indicate that less than a quarter of the criteria ($n = 2$; 27%) differed by site type (Table 4). After examining post-hoc Bonferroni corrections ($0.05/7$ site categories = 0.007) found that UCCs rated the importance of an in-person interview less than all site types. Additionally, VA's rated in-person interview importance less than Community-Based settings, Child-Focused settings, Medical Settings, and Psychiatric Hospitals. UCCs rated the importance of research productivity less than VA's, Child-Focused settings, and Medical Settings. Additionally, Medical Settings rated the importance of research higher than other site categories.

4 | DISCUSSION

This study evaluated the importance of internship application components using a nationally recruited sample of TD at APPIC listed internship sites. Qualitative analyses evaluated the definition of fit. Application criteria were examined at two timepoints (pre- and postinterview) and differences between site types were evaluated

TABLE 3 Preinterview criteria differences between types of internship sites

Applicant criteria	Overall M	SD	ANOVA	Site types differences
Applicant fit	6.51	0.67	$F(6, 168) = 1.69$	
Completed competency exam	6.33	1.03	$F(6, 168) = 2.09$	
Completed coursework	6.12	1.18	$F(6, 168) = 1.37$	
Cover letter	6.01	1.11	$F(6, 168) = 1.56$	
Professional presentation of application materials	5.93	1.05	$F(6, 168) = 1.24$	
Number of intervention hours	5.86	0.97	$F(6, 168) = 1.28$	
Clarity of goals for internship	5.86	1.01	$F(6, 168) = 0.50$	
Essay 2 (theoretical orientation)	5.80	1.11	$F(6, 168) = 6.02^a$	MS < UCC ^{LG} 1.28, CB ^{LG} 1.08, CF ^{LG} 1.01, Other ^{LG} 1.05; UCC > VA ^{LG} 0.83
Essay 3 (experience/training with diverse populations)	5.65	1.08	$F(6, 168) = 9.10^a$	UCC > VA ^{LG} 0.88, MS ^{LG} 1.74; MS > VA ^{MD} 0.66, CB ^{LG} 1.33, CF ^{LG} 1.32, PH ^{LG} 0.92, Other ^{LG} 1.13
Letters of recommendation	5.45	1.17	$F(6, 168) = 0.42$	
Experience with a specific population	5.42	1.09	$F(6, 168) = 1.76$	
Essay 4 (research experience and interests)	5.02	1.28	$F(6, 168) = 0.89$	
Number of supervision hours	4.88	1.25	$F(6, 168) = 1.80$	
Number of assessment hours	4.83	1.55	$F(6, 168) = 15.76^a$	UCC < VA ^{LG} 1.37, CB ^{LG} 1.38, CF ^{LG} 1.72, MS ^{LG} 1.53, PH ^{LG} 1.89, Other ^{LG} 1.68
Similarity of practicum settings with site	4.80	1.27	$F(6, 168) = 1.22$	
Number of integrated reports	4.56	1.67	$F(6, 168) = 16.36^a$	UCC < VA ^{LG} 1.24, CB ^{LG} 1.55, CF ^{LG} 2.42, MS ^{LG} 1.27, PH ^{LG} 2.21, Other ^{LG} 1.61
Doctoral program's reputation	4.51	1.30	$F(6, 168) = 2.51$	
Relevant volunteer experience	4.19	1.36	$F(6, 168) = 0.81$	
Grade point average	4.15	1.39	$F(6, 168) = 0.88$	
Informal input for applicants' advisor/supervisor	4.12	1.58	$F(6, 168) = 1.18$	
Community outreach	4.02	1.30	$F(6, 168) = 2.02$	
Theoretical orientation	3.90	1.61	$F(6, 168) = 2.99$	
Completed dissertation defense	3.71	1.52	$F(6, 168) = 0.67$	
Essay 1 (autobiographical essay)	3.64	1.38	$F(6, 168) = 3.05$	
Professional presentations	3.60	1.47	$F(6, 168) = 2.97$	
Professional affiliations	3.23	1.35	$F(6, 168) = 1.38$	

(Continues)

TABLE 3 (Continued)

Applicant criteria	Overall M	SD	ANOVA	Site types differences
Number of publications	3.20	1.66	$F(6, 168) = 9.44^a$	UCC < VA ^{LG 1.61} , CF ^{LG 1.30} , MS ^{LG 1.55} , VA > PH ^{MD 0.55} , Other ^{LG 0.85} , MS > Other ^{LG 0.97}
Fluency in a language other than English	2.95	1.67	$F(6, 168) = 5.97^a$	CB > VA ^{LG 1.57} , UCC ^{LG 1.30} , PH ^{LG 1.28}
Clinical peer supervision	2.92	1.33	$F(6, 168) = 0.98$	

Note: Applicant criteria were rated on a 7-point Likert scale ranging from 1 (not at all important) to 7 (extremely important). Post-hoc analyses utilized a Bonferroni of $p \leq 0.007$.

Abbreviations: ANOVA, analysis of variance; CB, Community-Based; CF, Child-Focused settings; LG, large; MD, medium; MS, Medical Settings; PH, Psychiatric Hospitals; SM, small; UCC, University Counseling Center; VA, Veteran Affairs.

^aMet Bonferroni correction of $p \leq 0.001$, indicating a need for subsequent evaluation of post-hoc testing. Cohen's effect sizes are noted in superscript by post-hoc comparisons, SM ($d > 0.2$), MD ($0.5 \leq d < 0.8$), and LG ($d \geq 0.8$).

TABLE 4 Postinterview criteria differences between types of internship sites

Applicant criteria	M	SD	ANOVA	Site types differences
Interview	6.44	0.78	$F(6, 175) = 3.19$	
Professional demeanor of the applicant	6.37	0.82	$F(6, 175) = 0.99$	
Diversity in intern group	6.28	0.87	$F(6, 175) = 1.10$	
Conceptualization of case material	5.98	0.79	$F(6, 175) = 2.30$	
Ability to demonstrate insight	5.98	0.93	$F(6, 175) = 1.09$	
Essays and cover letter	5.87	0.99	$F(6, 175) = 2.53$	
Clinical experience	5.74	1.04	$F(6, 175) = 0.72$	
Personal reactions to the applicant	5.59	1.13	$F(6, 175) = 1.43$	
Letters of recommendation	5.24	1.29	$F(6, 175) = 0.27$	
In-person interview attendance	4.41	2.30	$F(6, 175) = 20.16^a$	UCC < VA ^{LG 0.83} , CB ^{LG 2.14} , CF ^{LG 1.91} , MS ^{LG 2.42} , PH ^{LG 2.06} , Other ^{LG 1.39} ; VA < CB ^{LG 1.39} , CF ^{LG 0.90} , MS ^{LG 1.22} , PH ^{LG 0.97}
Research productivity	3.05	1.67	$F(6, 175) = 7.87^a$	UCC < VA ^{LG 1.20} , CF ^{LG 1.49} , MS ^{LG 1.65} , MS > Other ^{LG 1.05}

Note: Applicant criteria were rated on a 7-point Likert scale ranging from 1 (not at all important) to 7 (extremely important).

Abbreviations: ANOVA, analysis of variance; CB, Community-Based; CF, Child-Focused settings; LG, large; MD, medium; MS, Medical Settings; PH, Psychiatric Hospitals; SM, small; UCC, University Counseling Center; VA, Veteran Affairs.

^aMet Bonferroni correction of $p \leq 0.004$, indicating evaluation of post-hoc testing. Displayed post-hoc analyses met a Bonferroni corrected alpha of $p \leq 0.007$. Cohen's effect sizes are noted in superscript by post-hoc comparisons, SM ($d > 0.2$), MD ($0.5 \leq d < 0.8$), and LG ($d \geq 0.8$).

quantitatively. Findings indicated several important implications for internship applicants and faculty supervisors within doctoral programs. First, “fit” between a site and an applicant remains the most important part in considering in who will be extended an interview, with definitions of fit differing in meaningful ways between site types. Second, applicant cover letters and description of internship goals are also valued highly across all sites along with clinical intervention before the interview offer; however, surprisingly, and somewhat disconcertingly, these objective factors are also less influential in ranking determinations relative to information obtained during the interview. Third, differences have emerged in the relative importance of certain criteria since the last study on this topic. Finally, there are also some differences in criteria importance across site types at both pre- and postinterview stages.

Broadly speaking, “fit” describes the degree to which an applicant is perceived to match the professional identity and the practice components emphasized at a site. Fit has remained the most crucial aspect of internship applicant evaluations over the past decade (Association of Psychology Postdoctoral and Internship Centers, 2021; Ginkel et al., 2010). This ongoing emphasis makes a comprehensive understanding of fit critical to an applicant's success during the internship match. Our qualitative analyses suggest that sites vary in how they define fit across themes of site, applicant, and treatment characteristics. Some sites emphasize demonstration of interpersonal relatedness, while others are more concerned with the concordance between their training rotations and the applicant's career aspirations. Sites with military and veteran populations, for instance, define fit as reflecting similar experience and long-term career interest in the setting, while public health settings value site, applicant, and treatment components relatively equally.

Some definitions of fit include concepts that are difficult to evaluate objectively and may be difficult for applicants to convey succinctly in their materials (e.g., trainability in applicant characteristics may be harder to assess and convey than theoretical orientation). However, our data suggest the interview process itself may provide an applicant the opportunity to convey these characteristics, although the extent to which information gained during the interview is reliable and predictive of success is highly questionable in general (Kreiter & Axelson, 2013). Thus, trainees should consider framing their application materials in such a way as to emphasize their “fit” in a manner consistent with the values of specific training site types and using the interview stage to reinforce these traits. Our results offer explicit, empirically based guidance on how to do so. For instance, the cover letter should contain clear internship goals reflecting clearly articulated areas in which the applicant desires to learn, and the applicant can provide concrete examples of the experiences a particular site provides that can help them achieve this goal both in their cover letter as well as during the interview. Similarly, those writing letters of recommendation may wish to speak explicitly to adaptability, or trainability, particularly for applicants seeking sites which place a greater emphasis on those characteristics (e.g., UCCs). Another conveyable theme in fit is professionalism and while this may be thought of most frequently as something which is conveyed during the interview, applicants should be attentive and detail-oriented in their applications, avoiding grammar and spelling mistakes. Given the frequent emphasis on evidence-based practice amongst internship sites that consider therapy experience and theoretical orientation as part of fit, trainees will benefit from focus placed by their doctoral programs on promoting and training these skills.

Compared to previous studies on internship applications (Ginkel et al., 2010; Rodolfa et al., 1999), several rankings (both mean scores and item rank) have changed. At the preinterview stage, clarity of training goals and completion of competency exams have both increased in ranked importance. The number of therapy intervention hours is ranked higher than it was in the survey conducted by Ginkel et al. (2010); however, in the Ginkel et al's survey, the item assessing intervention hours also combined intervention and assessment hours which means these findings may not be directly comparable to the current study. Conversely, letters of reference have continued to decline in importance along with graduate grade point average. When sites were asked about the importance of criteria for ranking, diversity had a substantially higher mean score than previously observed, potentially reflecting an awareness of the need for psychology to address the field's lack of diversity (Callahan et al., 2018). Other postinterview criteria were also slightly lower compared to scores observed in Ginkel et al's. (2010) study. It will be

important for future studies to investigate the degree to which these changes (and rankings themselves) relate to meaningful differences in decision-making about applicants.

Moreover, applicants should be aware that approximately half of the ranked criteria differing for preinterview require earlier planning in the graduate career to achieve (i.e., assessment and research production). While some of these were valued low at Counseling Centers, other sites more likely to receive applications from clinical program students (e.g., Medical Settings) gave them substantially more weight in the evaluation process. This means it may be easier to transition away from sites placing a low value on those components at a later stage of training if an individual is undecided about their professional goals or employment objectives. Thus, we recommend a planful approach to obtaining necessary research and assessment experiences for individuals wishing to pursue internship training in a hospital or academic medical center setting. Starting early, these experiences ensure a maximum amount of flexibility in the internship application. Relatedly, we believe it would be helpful for programs to design course schedules to prioritize early engagement in research and assessment coursework to maximize a trainee's competitiveness at these types of internship sites. Conversely, while assessment and research will require greater time commitments earlier in programs, other highly ranked components, which contained between site variability, are easier to adapt during the time of application (e.g., essays).

Findings related to research also warrant additional attention. During both pre- and postinterview stages of applicant evaluation, research (i.e., Essay 4, publications, and presentations) was rated near the bottom of all ranked criteria overall; however, this pattern differed somewhat between site types. Understandably, research may be viewed as less central to the predoctoral internship experience when compared to other clinical criteria (e.g., intervention hours or clarity of internship goals). However, in the age of evidence-based practice (APA Presidential Task Force on Evidence-Based Practice, 2006), it is curious to us the degree to which some sites value research experience so much less than other criteria. Exemplifying this concern, publications (reflecting a more intensive and polished research product) are ranked lower in importance than presentations, which undergo substantially less peer review. Likewise, publications also rank only slightly higher than professional organization affiliation, which may require nothing more than a fee to join.

While ranked lower than many other criteria, we believe research should translate into clinical practice and training. Research skills might, for instance, translate well into program evaluations as part of evidence-based treatment promotion (APA Presidential Task Force on Evidence-Based Practice, 2006). Incorporating empirical literature reading into the pre-doctoral internship curriculum is also useful for training (Callahan & Watkins, 2018; Stewart & Chambless, 2007), and research skills are also necessary for interns to fully read and appreciate the findings of those articles. Given the frequent desire for training in evidence-based practices observed in qualitative coding (i.e., *Therapy/Theoretical Orientation*) and that favorable views of research are also related to positive perceptions of evidence-based treatments (Cooper et al., 2008), the reason for a lack of emphasis on research production seems somewhat unclear. Tangible research products may not be the only way in which trainees can demonstrate this competence. However, it is a reasonable presumption that these products are a concrete proxy of these skills and are a readily available metric upon which sites can evaluate these abilities within intern applicants. One potential implication of our findings is that the low value on research as an evaluative criterion for applicants within certain settings (most especially UCCs and Community-Based settings) may indicate research is viewed as not very meaningful to the clinical work conducted there, potentially reflecting a research-practice divide (Stricker & Goldfried, 2019).

Another important finding from this study relates to a difference between sites during postinterview ranking decisions. Namely, site differences in the ranking of in-person interview attendance highlight an important area of future research given its relationship to application costs, and the difficulty that such ranking places on economically disadvantaged students. We question if in-person interview attendance itself should be considered so highly relative to other application materials given the poor reliability and predictive validity of interviews themselves (Kreiter & Axelson, 2013). Because virtual interviewing and recruitment was recommended exclusively for the 2021–2022 applicant class (Association of Psychology Postdoctoral and Internship Centers, 2020), the

importance of this criterion is likely to change at least in the short-term during the disruption caused by COVID-19 and represents a timely topic for future research (Bell et al., 2020).

This study should also be taken within the scope of its limitations. First, not all TDs responded to our survey request underscoring that these findings may not be entirely generalizable to all sites. Nonetheless, our response rate consistent with prior studies in this area and was generally representative of the different types of internship placements in the match. Second, results indicate that variations emerged on how applicants are evaluated. These site-type differences may also reflect the mix of training rotations and experiences available within similar internships. As such, a productive area for future research will determine if the specific training experiences provide a better explanation of a site's preferences than the site type itself. For instance, a site with a neuropsychological track will value assessment highly regardless of site type and is more common in Medical Settings than counseling centers. Our use of a site type-based approach reflects how the APPIC directory is often searched by applicants and that, rotation-specific information would likely be sought within the context of a specific training environment. Third, relative to the portion of sites listed on the APPIC directory, some common site types were under-represented (e.g., consortiums). Other site types with only a few listings (e.g., school districts or armed forces medical centers) had limited inclusion in our study. Accordingly, our findings should be generalized in a more restricted manner to settings not well represented and should be limited for the "other" site type given the homogenous collection of internship sites that comprise it. Lastly, future research will benefit from measuring how internship applicant characteristics relate to their subsequent performance/competence, given the nascent stage of research on performance-based metrics (Ingram et al., 2020). Additionally, research is needed on potential systematic biases which occur within the match process and on the degree to which rating differences reflect meaningful decision-making differences by TDs.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

PEER REVIEW

The peer review history for this article is available at <https://publons.com/publon/10.1002/jclp.23194>

DATA AVAILABILITY STATEMENT

Data is available upon reasonable request from the authors but are not publicly archived.

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SUPPORTING INFORMATION

Additional Supporting Information may be found online in the supporting information tab for this article.

How to cite this article: Ingram, P. B., Bergquist, B. K., Currin, J. M., & Schmidt, A. T. (2021). Applicant factors contributing to interview selection, ranking determination, and judgement of “Fit” among health service psychology internship training programs. *Journal of Clinical Psychology*, 1–16. <https://doi.org/10.1002/jclp.23194>