A Personnel Security Training Program for Clinicians: Phase III

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ABSTRACT: PERSEREC research studies conducted in FY17 and FY18 underscored the need for personnel-security-trained mental health clinicians to support the Personnel Security Program (Dickerhoof, Wortman, Osborn, & Smith, 2017) and outlined the critical work functions and key activities necessary to provide this service (Schneider, Smith, Gallagher, Osborn, & Dickerhoof, 2018). The DoD Consolidated Adjudications Facility recently engaged a pilot group of contracted clinicians to provide psychological assessments of subjects seeking a clearance in cases where adjudicators need clarification of a mental health component. These clinicians assist adjudicators with these challenging cases but do not currently have a standardized training program to orient them to the unique requirements of their consulting role. The purpose of the current study is to develop a Program of Instruction (POI) for such a training. To create this POI, researchers interviewed subject matter experts and conducted a thorough literature review to inform course development and implementation. The outcome of this research is a detailed POI that includes a course map, course description, training objectives, course summary, and course of instruction for two web-based trainings. The first, *Fundamental Security Training for Clinicians*, is a 192-minute training, designed for use by clinicians prior to engaging in this important work. The second, *Supplemental Security Training for Clinicians*, is a 190-minute training, intended for use once clinicians have completed the initial training. Together, these trainings will assist the DoD Consolidated Adjudications Facility in its efforts to standardize and professionalize clinical consultations for the Personnel Security Program.			
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PREFACE

Defense Personnel and Security Research Center research projects conducted in FY17 and FY18 highlighted systemic impediments to the timely and effective investigation and adjudication of personnel security cases that contain a mental health component. This research underscored that investigators and adjudicators need reliable access to mental health clinicians who understand the nexus between mental health and a subject's judgment, reliability, and trustworthiness to handle classified information. The current study continues these efforts with the development of a curriculum for training clinicians to conduct comprehensive psychological assessments for the Federal Government's Personnel Security Program. Researchers will use this curriculum to develop a standardized training program for clinicians, thus assisting with efforts to improve the timeliness and effectiveness of the security clearance process.

Eric L. Lang
Director, PERSEREC

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EXECUTIVE SUMMARY

Mental health concerns are among the most complicated and time-consuming issues with which personnel security investigators and adjudicators must contend. Challenges to evaluating a subject's psychological health include difficulties obtaining medical opinions from subjects' mental health treatment providers, accessing subjects' medical records, interpreting those records, and obtaining personnel security-focused psychological assessments (when needed). These challenges cause lengthy delays in the investigation and adjudication of cases with a mental health component.

To address this issue, the Defense Personnel and Security Research Center (PERSEREC) has undertaken a multiphase initiative to analyze the problem and implement solutions. In Phase I of this initiative, PERSEREC conducted a needs analysis that underscored that a cadre of security-trained clinicians is needed to perform comprehensive subject psychological assessments (Dickerhoof, Wortman, Osborn, & Smith, 2017). In Phase II, PERSEREC conducted a job analysis to identify consulting clinician critical work functions and to explore interest in establishing a clinician cadre as a shared Federal resource (Schneider, Smith, Gallagher, Osborn, & Dickerhoof, 2018). This job analysis highlighted subject psychological assessments as one of three critical work functions that clinicians could perform for the PSP.

Concurrent with Phase I and II research, the DoD Consolidated Adjudications Facility (DoDCAF) contracted a group of clinicians to perform psychological assessments of subjects in personnel security investigations. This pilot cadre of 40 clinicians has improved evaluation of these difficult cases, but no standardized training program exists to orient these individuals to their unique consulting role. Instead, these clinicians rely on DoDCAF psychologists to provide individualized orientation and training. To systematize and professionalize training for clinicians currently engaged to support DoDCAF as well as those who will be needed in the future, PERSEREC researchers launched Phase III of this effort. The goal of Phase III is to develop a curriculum to train clinicians in personnel security.

METHOD

The primary data collection methods for this research were subject matter expert (SME) interview and literature review. Thirteen SMEs were selected based on their knowledge of personnel security, experience conducting psychological assessments for the Federal Government, and expertise in designing and implementing training for DoD.

SMEs provided input regarding training format and length, topic areas, and detailed training content. They also provided suggestions for training program implementation and recommended resources for building the Program of Instruction (POI). In addition to resources suggested by SMEs, PERSEREC conducted a literature review of extant training resources and research literature relevant to the DoD personnel security vetting process. In an iterative process, researchers used this information to build and refine a POI for clinicians. Clinician SMEs reviewed POI drafts and provided feedback.

RESULTS

SMEs indicated a strong preference for online training, noting it would ensure standardization and access. They recommended that online training be supplemented by a toolkit of resources and individualized feedback on initial case reports. Suggestions regarding training length varied from 1 hour to several days. To mitigate concerns regarding training length while covering all topics, SMEs suggested developing multiple trainings. SMEs recommended an initial training that covers the fundamental topics clinicians need to understand prior to conducting psychological assessments for the Personnel Security Program. They also recommended one or more supplemental trainings that clinicians may use to refine their skills once they have completed the initial training. SMEs also provided recommendations for implementing the training program. They indicated that the Center for the Development of Security Excellence's online platform would be an appropriate place to house the training and recommended that courseware undergo thorough end user testing.

DISCUSSION AND RECOMMENDATIONS

The primary outcome of this research is a detailed POI for clinicians. The POI consists of a course map, brief course description, one-page course summary, list of training objectives, and a course of instruction for two online trainings. The initial training, *Fundamental Personnel Security Training for Clinicians,* is 192 minutes and consists of a course introduction and five learning modules:

- An introduction to personnel security in DoD,
- Judgment, reliability, and trustworthiness in personnel security,
- Key activities of a comprehensive psychological assessment for DoDCAF,
- Evaluating behaviors of concern for personnel security, and
- Constructing a useful report for DoDCAF adjudicators.

The second training, *Supplemental Personnel Security Training for Clinicians,* is 190 minutes and consists of a course introduction and seven learning modules:

- Mental health conditions associated with security risk,
- Substance use and substance use disorders,
- Sexual behavior,
- Collateral source information,
- Psychological assessment techniques,
- Mitigating and disqualifying factors, and
- Testifying at an appeals hearing.

The next stage of this multiphase initiative will be to use the POI as a scaffold to develop these online trainings for clinicians. Additional future directions include developing a resource toolkit and systematically tracking assessment data over time to allow for the evaluation of the predictive utility of assessment results.

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ACRONYMS USED IN THIS REPORT

APA	American Psychological Association
ATAP	Association of Threat Assessment Professionals
CDSE	Center for the Development of Security Excellence
CE	Continuing Education
CWF	Critical Work Function
DITMAC	Defense Insider Threat Management and Analysis Center
DoDCAF	Department of Defense Consolidated Adjudications Facility
DOHA	Defense Office of Hearings and Appeals
DSM	Diagnostic and Statistical Manual of Mental Disorders
e-QIP	Electronic Questionnaires for Investigations Processing
FBI	Federal Bureau of Investigation
FOUO	For Official Use Only
FY	Fiscal Year
MMPI-2	Minnesota Multiphasic Personality Inventory-2
NEO PI-R	NEO Personality Inventory–Revised
NG LCS	Northrop Grumman Technology Services Learning and Communication Solutions
NGA	National Geospatial-Intelligence Agency
NITTF	National Insider Threat Task Force
OPA	Office of People Analytics
OUSD(I)	Office of the Under Secretary of Defense for Intelligence
PAC-R&I	Performance Accountability Council – Research & Innovation Program
PAI	Personality Assessment Inventory
PERSEREC	Defense Personnel and Security Research Center
POI	Program of Instruction
PSP	Personnel Security Program
SCID-5-PD	Structured Clinical Interview for DSM-5 Personality Disorders
SEAD	Security Executive Agent Directive
SF-86	Standard Form 86
SME	Subject Matter Expert
WBT	Web Based Training

INTRODUCTION

Mental health concerns are among the most complicated and time-consuming issues with which personnel security investigators and adjudicators must contend. Challenges to evaluating a subject's psychological health include difficulties obtaining medical opinions from subjects' mental health treatment providers, accessing subjects' medical records, interpreting those records, and obtaining personnel-security-focused psychological assessments. These challenges cause lengthy delays in the investigation and adjudication of cases with a mental health component.

PERSEREC, a division of OPA, is working to professionalize and systematize the investigation and adjudication of mental-health-related personnel security issues. One proposed procedural improvement involves establishing a cadre of security-trained clinicians—licensed psychologists and board-certified psychiatrists—who are readily available to consult on cases with a mental health component. A cadre of personnel-security-trained clinicians could interface with treatment providers, access and interpret treatment records, and conduct comprehensive subject psychological assessments. In an ongoing pilot effort, DoDCAF has engaged a group of about 40 contracted clinicians to provide psychological assessments for the PSP. Establishment of this contract cadre has improved access to clinicians, but DoDCAF does not yet have a standardized training program for these individuals. This report describes the development of a POI for a personnel security training program for these and future cadre clinicians.

BACKGROUND

PERSEREC first reported the need for a DoD clinician cadre in 2016 (Senholzi, Langham, Smith, & Shechter, 2016). Since that time, researchers have systematically addressed this topic in a series of applied projects, including a needs assessment that underscored when clinician consultation is necessary (Dickerhoof, Wortman, Osborn, & Smith, 2017) and a job analysis that examined the ideal role of the clinician within DoD's PSP (Schneider, Smith, Gallagher, Osborn, & Dickerhoof, 2018). The needs assessment (Phase I) and job analysis (Phase II) are described here briefly to set the stage for the current training curriculum initiative (Phase III).

Phase I: Needs Assessment

In FY17, the PAC-R&I funded PERSEREC to assess how clinicians are engaged in personnel security investigation and adjudication processes. The project included an evaluation of need for a security-trained clinician cadre that could provide consultation to the PSP. PERSEREC researchers assessed the frequency with which personnel security cases require clinical consultation and identified existing resources that can help clinicians understand and work within DoD's PSP. The results of that research suggest that a clinician cadre trained in the nexus between mental health and national security would improve the timeliness and effectiveness of psychological vetting practices (Dickerhoof et al., 2017). Figure 1 depicts annual DoD workload associated

with mental health issues across the PSP lifecycle. The numbers provided are approximate values, as estimated from the Phase I data collection effort.
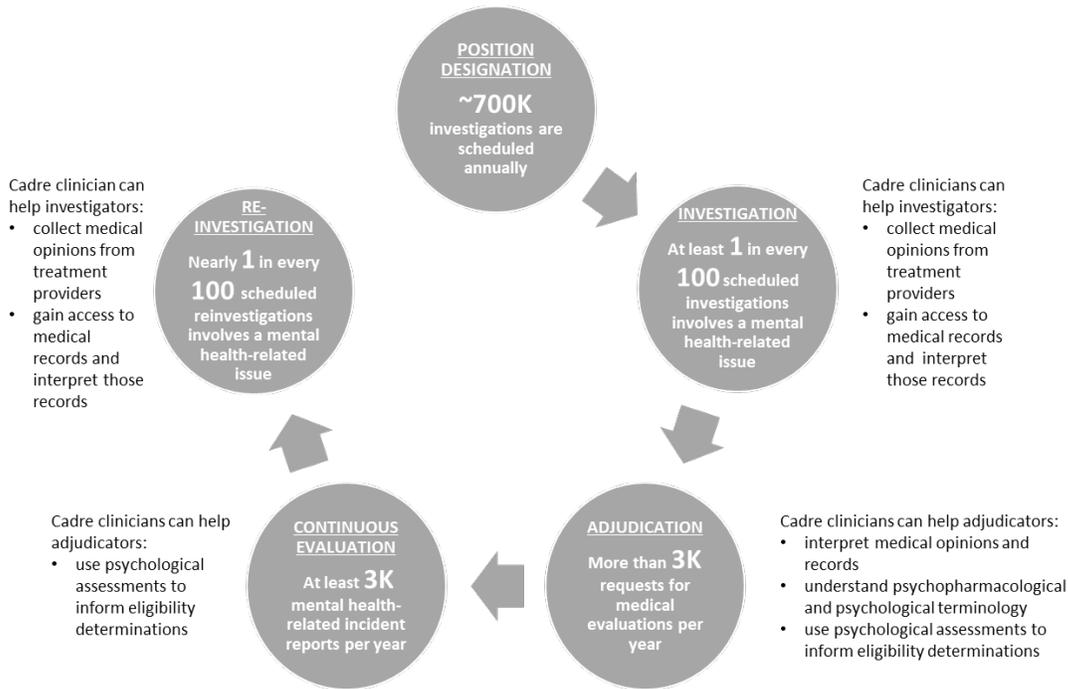
Figure 1 Annual Workload Approximations and Need for Consulting Clinicians

Phase II: Job Analysis

Following the clinician needs assessment, PERSEREC conducted an FY18 study on behalf of the PAC-R&I to advance the development of a personnel-security-trained clinician cadre. The primary purpose of this effort was to conduct a job analysis that identifies the knowledge, skills, and abilities necessary to operate as a personnel-security-trained clinician. The job analysis defined the position, specified the pre-selection qualifications (e.g., educational background), and outlined the recommended skill standards (i.e., job requirements, performance measures) for this position (Schneider et al., 2018). In addition to the job analysis itself, the initiative considered potential program implementation options through CDSE and evaluated the pros and cons of sharing this service with other Departments and Agencies across the Federal Government. Figure 2 depicts the three overarching critical work functions and associated key activities identified from the job analysis. Consulting clinicians would need to be able to perform these duties to consult as personnel-security-trained mental health professionals.

Complete a Comprehensive Psychological Assessment
- Establish Consultation
- Plan Psychological Assessment
- Conduct Psychological Assessment
- Prepare Detailed Report of Findings
- Review Findings With Requesting Agency
- Document Completion of Consultation
- Testify at Appeals Hearing, as Required

Provide Consultation Involving Medical Record Review (No Direct Examination of Subject)
- Establish Consultation
- Coordinate Consultation With Requesting Agency
- Review Relevant Data
- Prepare Findings
- Communicate Findings to Requestor
- Document Completion of Consultation

Provide Consultation Regarding Psychopharmacology, Psychological Terminology, and Concepts
- Establish Consultation
- Communicate With Requesting Agency
- Provide Consultation to Requesting Agency
- Document Completion of Consultation

Figure 2 Clinician Job Analysis: Critical Work Functions and Key Activities

CURRENT STUDY

The goal of the current FY19 initiative is to advance a curriculum for the personnel security clinician-training program. This study required the development of a POI that will act as the content scaffolding for a final, developed training product.

Phase III: Curriculum Development

The first project component, a detailed POI, involves the development and testing of a course map graphic, course description, training program objectives, course summary, and detailed course of instruction. The second project component, training program implementation, focuses on how best to implement the proposed curriculum. Ultimately, this FY19 venture sets the stage for a final program step—development and release of a personnel security training course for clinicians who work on behalf of DoD's PSP.

This FY19 initiative addresses the following three research questions:

1. What high-level topics and detailed content should be included in a clinician-training program?
2. What format, presentation, and teaching strategies should be applied to this training program?
3. How should this training program be implemented?

To address these questions, researchers engaged SMEs with personnel security expertise, those who have conducted and supervised psychological assessments for the PSP, instructional designers, and other relevant stakeholders. Researchers also reviewed and leveraged other sources of information, such as materials identified during the needs assessment, outcomes from the job analysis, literature and resources recommended by SMEs, and other relevant published information. Finally, researchers prepared for program implementation by identifying a potential website for hosting this training, clarifying whether a security clearance will be required for the consulting clinicians themselves, and gathering information related to courseware development and testing. This report describes the detailed POI developed through this research, provides methodological details of the research, and recommends a path forward to building the personnel security clinician training program.

METHOD

The primary information collection methods applied in this study were SME interviews and literature review. SMEs across the Federal Government and industry were identified and asked to provide input on POI development and implementation. SMEs were selected based on their knowledge of personnel security, experience conducting or supervising psychological assessments for the Federal Government, and expertise in designing and implementing training for DoD. SMEs were identified for participation based on prior involvement in the Phase I needs analysis (Dickerhoof et al., 2017) and Phase II job analysis (Schneider et al., 2018) project efforts or were recommended by other participating SMEs.

PARTICIPANTS

Thirteen SMEs participated in this study, including eight licensed clinical psychologists who conduct or supervise psychological assessments for the Federal Government. SMEs represented the following organizations:

- CDSE
- DITMAC
- DOHA
- DoDCAF
- DoDCAF contract support
- FBI
- NGA
- NITTF
- NG LCS
- PERSEREC

PROCEDURES

Included in the research team were two licensed clinical psychologists, an industrial organizational psychologist, a social psychologist, a master's level clinical researcher, and a senior instructional designer. To develop the POI, an iterative process of program design and revision based on SME feedback and literature review was used.

Program of Instruction Template

The program design process began with development of a template for the POI based on POIs currently used to train investigators (Offices of National Intelligence and Personnel Management, 2012) and adjudicators (Office of National Intelligence, 2012). This template provided a structure within which specific information and instructional topics identified by SMEs could be incorporated. Required POI elements included a course map graphic, brief course description, list of training objectives, one-page course summary, and a detailed course of instruction.

SME Interviews

SMEs were contacted by email or telephone and invited to participate in this research. When possible, SMEs were interviewed in person ($n = 7$); when necessary, they were interviewed by telephone ($n = 6$). The majority of SME interviews ($n = 8$) were conducted individually; however, in three instances it was necessary or more appropriate to interview multiple SMEs in a group setting. Specifically, two DoDCAF SMEs were

interviewed together on one occasion; they also participated in a second interview with the SME supervising the current DoDCAF contract clinician cadre. In addition, the SME representing the NITTF and the SME representing NGA met together with researchers for a briefing to discuss the program. These SMEs were joined by colleagues who participated in the briefing but did not officially serve as SMEs for the project.

SME interviews were conducted using a semistructured interview format and generally lasted 60 to 90 minutes. SMEs were presented with prepared questions but discussions were designed to be informal and SMEs were encouraged to suggest new ideas and directions. SMEs described their backgrounds and provided input regarding training format and length, high-level topic areas to include, and detailed training content. They also provided suggestions for training program implementation. Further, SMEs were asked to identify resources that might be useful in building the POI (e.g., books, relevant policy documents, research articles, and technical reports).

Detailed SME interview notes were documented to record SME suggestions and recommendations. Following completion of SME interviews, interview notes were carefully reviewed and SMEs were contacted by email for clarification and follow-up, as needed.

Data Coding

To systematically organize SME feedback, a coding template designed for this project was used to categorize interview responses. Codes were derived by researchers from themes discovered in SME interview data. The coding template included the following high-level categories: *SME Organization and Background*, *Program of Instruction*, and *Training Implementation*. These three categories were further parsed using multiple subcodes.

Revision to Program of Instruction

As coding was completed, the POI template was edited to reflect SME input and recommendations. Once all SME input was coded, data were reviewed to ensure that all SME comments and suggestions had been addressed. When SMEs provided conflicting guidance, approaches for reconciling differing input were discussed by the research team. Finally, the subset of SMEs who are licensed clinical psychologists ($n = 8$) was asked to review the revised version of the POI and complete a feedback form. Although they were asked to return this form within 2 weeks, all feedback received within 6 weeks was incorporated. Four of the eight clinician SMEs returned the form and provided additional feedback. This feedback was systematically tracked to ensure that each comment was addressed and final revisions to the POI were made.

Literature Review

In addition to SME input, extant training resources and research literature relevant to the DoD personnel security vetting process were collected and reviewed. Reference sources recommended by SMEs were also reviewed. Sources used in the literature review included:

- POIs designed to prepare investigators and adjudicators to participate in the security vetting process,
- Personnel security trainings hosted by CDSE,
- Reference and resource lists from available personnel security trainings,
- Training resources and slides currently used by DoDCAF to instruct clinicians on personnel security vetting,
- Policy documents related to personnel security vetting,
- SEADs,
- PERSEREC reports, and
- Published peer-reviewed research articles.

FINDINGS AND RECOMMENDATIONS

To provide effective consultation to DoDCAF, clinicians must understand their role in the PSP and how PSP psychological assessments differ from other psychological assessments. Using SME feedback and reviews of relevant literature, the research team developed a POI for initial and supplemental WBTs to meet this need. Additionally, the research team identified program implementation strategies and outlined future directions.

PROGRAM OF INSTRUCTION

SMEs provided recommendations in areas such as training format, training length, and whether training should be provided to clinicians in stages or all at once. They also provided detailed guidance on high-level training topics and detailed content to include in the POI.

Format of Training

SMEs indicated a strong preference for online training, noting that an online format would ensure standardization and access for clinicians who are located across the United States. Online training can be presented as a series of learning modules and learners can self-pace by completing one or more modules at a time. Embedded quizzes and a cumulative test can be used to determine whether learners have accomplished the identified learning objectives. Online training also allows learners to revisit training content as needed. Some SMEs noted that, "in an ideal world," each clinician would be able to attend an in-person training but acknowledged that this approach is impractical due to limitations of time and cost. Based on unanimous SME input, the research team determined that an online training format would best serve clinicians engaged to support DoDCAF.

Length of Training

The most significant challenge to developing the POI was ensuring sufficient topic depth without creating an overly burdensome training length. SME recommendations regarding appropriate training length varied from 1 hour to several days. SMEs who preferred a longer training emphasized the complexity of the information that clinicians need to learn and the "high stakes" outcome, while SMEs who preferred a shorter training emphasized the potential burden on clinicians who may not receive compensation for their training time. Although recommended length varied, SMEs generally approved of a 3-hour initial training. Based on this feedback, the research team developed a course of instruction for an initial WBT that is estimated to take 192 minutes. This initial WBT contains all of the orienting information that a clinician will need prior to conducting their first psychological assessment for DoDCAF. The initial training, titled *Fundamental Personnel Security Training for Clinicians,* consists of a course introduction and five learning modules designed to range in length from 27 to 54 minutes each.

Several SMEs suggested ways to mitigate concerns about training length, including designing the training so that clinicians can complete modules as time allows rather than all at once. SMEs also suggested establishing APA approval for the training so that clinicians can earn CE credits for participation. Clinicians are required to complete many CE hours every year to maintain their licenses to practice, often at significant financial cost. SMEs who conduct psychological assessments noted that providing CE credits for training would increase clinicians' willingness to participate, particularly if training is lengthy. PERSEREC researchers recommend pursuing APA approval of the training during the program implementation phase.

Stages of Training

All SMEs indicated that DoDCAF should provide an initial training course to clinicians before they conduct their first subject psychological assessment for the PSP. Some SMEs indicated that a series of two or more trainings might be more beneficial than a single training. These SMEs suggested that DoDCAF could introduce certain training topics right away and others after the clinician has experience conducting assessments for DoDCAF. For example, clinicians do not need to understand the process of testifying at an appeals hearing prior to conducting assessments for DoDCAF but do need guidance on this later. Generally, SMEs recommended an initial training covering fundamental topics clinicians must understand prior to conducting subject psychological assessments as well as one or more trainings covering supplemental topics useful for clinicians seeking to refine their skills. Clinicians could take the supplemental training course once they have completed the initial training and could continue to reference training materials as they conduct their assessments.

To cover topics recommended by SMEs that could not be addressed in the initial training due to time limitations, PERSEREC researchers developed a course of instruction for a second WBT to be taken once clinicians have begun conducting psychological assessments for DoDCAF. This follow-on training will help clinicians refine their skills and will provide instruction on tasks they may encounter later in the consulting process (e.g., testifying at an appeals hearing). To cover training topics identified by SMEs as most critical, the research team designed the second training to take 190 minutes. Titled *Supplemental Personnel Security Training for Clinicians,* it consists of a course introduction and seven learning modules designed to range in length from 22 to 33 minutes each.

Several SMEs recommended that PERSEREC design and implement additional WBTs as the role of the consulting clinician changes over time. Two SMEs who participated in the Phase II job analysis suggested that the current training should focus exclusively on conducting a comprehensive psychological assessment (CWF1) and that later trainings should be developed if clinicians are engaged to provide consultation on record review (CWF2) or on psychological terms and concepts (CWF3: Schneider et al., 2018). Contract clinicians currently conduct CWF1 only.

Training Topics and Content

SMEs provided a wealth of high-level topic and detailed content guidance to include in the training.

Key Concepts

SMEs recommended covering the following key concepts in the POI:

- Description of the security vetting process,
- Description of the roles of the investigator, adjudicator, national security attorney, DoDCAF psychologists, and consulting clinician,
- Understanding the request (i.e., referral question) from DoDCAF,
- Writing an effective report,
- Training on the appeals process and testifying,
- Examples of applicable and well-validated psychological testing instruments,
- Initial training on insider threat, which clarifies that additional threat assessment training is needed to be qualified to conduct threat assessments,
- Orientation to the distinction between initial clearance investigations, renewal investigations, and incident reports,
- Types of behaviors DoD is concerned about trying to reduce or prevent through effective personnel screening,
- Understanding the audience for the assessment report (i.e., DoDCAF adjudicators) and their backgrounds,
- Concepts of judgment, reliability, and trustworthiness and how to assess them
- Guidance regarding appropriate conclusions and opinions for a DoDCAF report, and
- The concept that the absence of a psychiatric diagnosis does not preclude the possibility of concerns about judgment, reliability, and trustworthiness.

The Adjudicative Guidelines

Several SMEs noted that, in addition to providing training on Guideline I (Psychological Conditions), the POI should provide clinicians with training on Guidelines D (Sexual Behavior), G (Alcohol Consumption), and H (Drug Involvement and Substance Misuse). Two SMEs recommended providing training on Guideline E (Personal Conduct) as well, noting that clinicians will frequently encounter information or behavior relevant to this guideline. For instance, clinicians may observe a failure to cooperate or to provide truthful and candid answers, both of which raise security concerns in relation to Guideline E. The research team included a section on these five guidelines in the first module of Training 1.

Psychological Testing Instruments

DoDCAF does not currently publish a list of recommended testing instruments. SMEs who conduct psychological assessments for DoDCAF indicated they need guidance in selecting appropriate psychological testing instruments and requested that training include specific recommendations as to which testing instruments they may and may not use. These SMEs indicated they currently use the PAI (Morey, 2007) in all circumstances because it is the only testing instrument they are certain is accepted by DoDCAF. Other SMEs recommended that, in addition to screening for major psychopathology, DoDCAF should instruct clinicians to assess personality dysfunction. Specific instruments they recommended included the PAI, the SCID-5-PD (First, Williams, Benjamin, & Spitzer, 2016), the MMPI-2 (Butcher et al., 2001), and the NEO PI–R (Costa & McCrae, 1992). SMEs recommended discouraging clinicians from using traditional projective measures such as the Thematic Apperception Test (Murray, 1943) or the Rorschach (Exner, 2003; Meyer, Viglione, Mihura, Erard, & Erdbert, 2011), indicating that these measures are inappropriate for the PSP context. SMEs cautioned that, although the training should provide information about appropriate testing instruments, it should not appear to "sell" those products. Based on these suggestions, PERSEREC researchers designed Module 5 of Training 2 to focus on the topic of selecting appropriate psychological assessment techniques.

Insider Threat

SMEs recommended that training should familiarize clinicians with the concept of insider threat and the potential risks of granting clearance to someone who exhibits poor judgment, reliability, or trustworthiness. However, SMEs emphasized that assessments of potential insider threat vary in important ways from personnel security psychological assessments and that clinicians should be oriented to this difference. Although threat assessment is beyond the scope of the current training, clinicians who are interested in this type of training can access it from professional organizations such as ATAP. SMEs suggested that, if these clinicians are needed to conduct threat assessments in the future, DoDCAF could direct clinicians to the ATAP training or develop a separate threat assessment training. Based on these suggestions, PERSEREC researchers designed Module 2 of Training 1 to address the topic of distinguishing insider threat from personnel security.

Collecting Collateral Information

SMEs emphasized the importance of teaching clinicians how to collect additional information from collateral sources. Obtaining information from treating providers is particularly arduous, SMEs noted, but clinicians should pursue this because treatment records provided by DoDCAF in the information packet are often significantly out of date by the time the file reaches the clinician. Clinician SMEs identified medical providers as the most frequently contacted collateral sources but noted that, in certain instances, spouses, family members, and employers might also be appropriate collateral contacts. One SME suggested that the training should direct

clinicians to document all collateral contacts, including those that the clinician could not reach, in the reports that they submit to DoDCAF. Based on this input, PERSEREC researchers developed Module 4 of Training 2 to address collecting and evaluating collateral source information.

Report Writing

SMEs consistently emphasized report writing as one of the most critical topics to address in the training, noting that reports for DoDCAF vary in important ways from other psychological reports that clinicians may have written. SMEs indicated that training should cover report writing early on and suggested that DoDCAF provide training tools (e.g., checklists, templates, example reports) to reinforce effective report writing. Based on these recommendations, PERSEREC researchers included a module on constructing a useful report for DoDCAF adjudicators in the initial WBT.

Specific suggestions for the module on report writing included directing clinicians to explicitly address judgment, reliability, and trustworthiness; explaining that any mitigating issues should be clarified and fully described within the report; and clarifying that the report should be significantly detailed to inform PSP decision makers. One SME noted it would be helpful to have vignettes paired with sample reports to demonstrate the decision-making process for reporting information.

Other Training Topics and POI Input

SMEs provided additional recommendations for the POI, including referencing personnel security policy at a high level and using the DoDCAF training slide deck as an outline for building the training. SMEs strongly recommended using Analysis-Design-Development-Implementation-Evaluation methodology (ADDIE; Kirkpatrick & Kirkpatrick, 2016) to guide design of the POI, noting that this is a "gold standard" design approach. Another suggestion for training was to orient clinicians to the use and meaning of commonly used PSP documents. In particular, SMEs suggested providing an overview of the e-QIP system, SF-86, and other documents included in the subject's file that clinicians receive prior to conducting their assessments. SMEs also suggested providing clinicians with information about how Question 21 on the SF-86 (which asks about mental health history) has changed over time, noting that some subjects may have completed an older version of the form. The research team incorporated each of these suggestions into the POI.

Training Topics Included in the POI

Topics selected for presentation in the initial WBT were:

- An introduction to personnel security in DoD,
- Judgment, reliability, and trustworthiness in personnel security,
- Key activities of a comprehensive psychological assessment for DoDCAF,
- Evaluating behaviors of concern for personnel security, and
- Constructing a useful report for DoDCAF adjudicators.

Topics selected for presentation in the supplemental WBT were:

- Mental health conditions associated with security risk,
- Substance use and substance use disorders,
- Sexual behavior,
- Collateral source information,
- Psychological assessment techniques,
- Mitigating and disqualifying factors, and
- Testifying at an appeals hearing.

PROGRAM IMPLEMENTATION

SME input on program implementation identified potential challenges with training design, access, and testing as well as possible solutions. SMEs provided recommendations regarding security clearance requirements for clinicians, designing and hosting the training, and tools to enhance participating clinician effectiveness.

Clearance Requirement for Clinicians

The question of whether clinicians need to hold a security clearance to perform psychological assessments for DoDCAF has arisen during each stage of this multiphase initiative. SMEs expressed differing opinions as to whether clinicians should be required to hold a security clearance to perform these assessments. An OUSD(I) memorandum currently in development clarifies that clinicians are not required to hold a clearance. Although clinicians supporting DoDCAF are not currently required to have a clearance, a subset of them do have an active clearance as a result of previous work for the Federal Government. This subset of cleared clinicians can be used to conduct any assessment requiring access to classified information.

Hosting a Training at CDSE

Results from prior phases of this research (Dickerhoof et al., 2017; Schneider et al., 2018) suggest that CDSE is the most appropriate location to host an online personnel security training, given their mission. SMEs interviewed for this study concurred that CDSE should host the WBTs. SMEs at CDSE and those who have designed trainings hosted at CDSE provided guidance on the process of placing and maintaining a training program there. They recommended strategies for working effectively with CDSE, including ensuring that sufficient funding is available to maintain the program and engaging CDSE early in the process so that training and compliance standards can be met. Forgoing a full certification program in favor of an online training program can partly mitigate the need for ongoing maintenance funds. SMEs noted that a WBT classified as FOUO would present an obstacle to hosting and recommended developing the training in such a way that FOUO designation would not be necessary. SMEs also noted that making changes to the POI once deployed would require additional resources.

Designing and Testing the Courseware

Instructional designers with experience building online trainings and working with CDSE provided a wealth of information on courseware development and testing. Specific recommendations included testing courseware before designers finalize the aesthetic of the product, conducting thorough end user testing, conducting multiple rounds of review, providing reviewers with clear guidance on the focus of reviews, and carefully tracking changes throughout the process. PERSEREC researchers will use the notes from these interviews to guide the online training design during the next phase of this project. In addition, they will use best practices such as conducting thorough end user testing, conducting multiple rounds of review, providing reviewers with clear guidance on the focus of reviews, and carefully tracking changes throughout the process.

Toolkit Suggestions

SMEs strongly recommended providing clinicians with a toolkit of resources to supplement and support training. Clinicians could use these performance tools while the training is being developed and could reference them as they conduct their psychological assessments for DoDCAF. Recommendations for toolkit items, which will be developed during the next phase of this initiative, included:

- A semistructured interview template,
- A report template,
- A copy of the adjudicative guidelines (SEAD 4),
- A list of commonly used DoD acronyms,
- Sample reports,
- An outline that specifies the goals and expectations of the assessment, and
- Information on specific psychiatric disorders.

Other Recommendations for Building and Implementing the Training

SMEs provided a variety of additional recommendations for building and implementing the training program. Recommendations included using specific tools for program support (e.g., Adobe Connect), increasing learner engagement through compelling storytelling, maximizing production time by engaging in multiple design aspects simultaneously, and minimizing cost by finalizing audio recordings developed for the training early in the process. SMEs also suggested providing clinicians with mentoring support and a point of contact for questions arising during the process. Further, SMEs indicated it would be helpful to establish a two-way portal for DoDCAF psychologists and the clinician cadre to transfer reports and data to each other in a secure manner. Finally, SMEs suggested systematically tracking assessment data so that the predictive utility of assessment results can be studied over time.

LIMITATIONS

PERSEREC researchers collected data specifically to develop a POI to train clinicians to support DoDCAF by providing comprehensive psychological assessments. Although aspects of this POI may be generalizable to other types of clinical work, some may be specific to DoDCAF processes and may not be generalizable to clinical work conducted for other Federal Agencies. Further, the POI developed for this project is based on current investigative and adjudicative guidelines and practices. Changes to the PSP, for instance those that arise as a result of the deployment of Trusted Workforce 2.0, will require corresponding changes to the proposed WBTs.

FUTURE DIRECTIONS

The next step in this research is to develop and launch the initial WBT detailed in the POI. This phase of the project will entail developing storyboards, designing and testing courseware, and developing a toolkit of resources to support clinician learning. Subsequent to launching the initial WBT, researchers will design and implement the supplemental training detailed in the POI.

The vast array of recommendations for building and implementing the training reflects the diverse expertise of SMEs engaged for this research. Although compelling, many of these recommendations are beyond the scope of the current phase of this initiative. Nonetheless, many of these recommendations can be addressed in the future. For instance, establishing a two-way portal for DoDCAF psychologists and the clinician cadre to transfer reports and data to each other in a secure manner should be pursued. Similarly, systematically tracking assessment data over time would allow for the evaluation of the predictive utility of assessment results and would be highly valuable. Future research may also examine whether training has an impact on the timeliness of investigation and adjudications. Finally, as the personnel security vetting process evolves, clinical support needs may change and additional trainings for clinicians may need to be developed. Currently, clinicians support DoDCAF by providing comprehensive psychological assessments (CWF1), but prior research (Schneider et al., 2018) suggests that DoDCAF may also need these clinicians to provide consultation regarding record review (CWF2) and psychological terms and concepts (CWF3). If clinicians' roles expand to include these additional CWFs, corresponding training should be developed.

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