

C H A P T E R 1

INTRODUCING CLINICAL AND COUNSELING PSYCHOLOGY

A warm welcome to the *Insider's Guide*.

If you are reading this book for the first time, then we assume you are either considering applying to graduate programs in clinical and counseling psychology or are in the process of doing so. For even the best-prepared applicant, this can precipitate a great deal of stress and confusion.

The mythology surrounding this process is foreboding, and you may have heard some “horror” stories similar to these: “It’s the hardest graduate program to get into in the country”; “You need a 3.9 grade point average, research experience, and outrageous GREs or they won’t even look at you”; “If you haven’t taken gap years after your bachelor’s degree and worked in a clinic or research lab, you don’t have enough experience to apply.”

Having endured the application process ourselves, we know how overwhelming and bewildering the task appears at first glance. However, we find that much of the anxiety is unwarranted. It does not take astronomical test scores or years of practical or research experience to get into clinical and counseling psychology programs. Although these qualifications certainly help, they are not sufficient.

Equally important are a knowledge of how the admission system works and an infusion of extra effort into the application process. In this *Insider's Guide*, we will help you to work smarter and harder in getting into graduate school in psychology. We want to champion your application!

Clinical and Counseling Psychology

Let us begin with clinical psychology, the largest specialty and the fastest growing sector in psychology. Two-thirds of the doctoral-level health service psychologists in the American Psychological Association (APA) identify with the specialty area of clinical psychology. Indeed, the discipline has exploded since World War II in numbers, activities, and knowledge. Since 1949, the year of the Boulder Conference (see Chapter 3), there has been a large increase in psychology doctoral graduates. Approximately 3,000 doctoral degrees in clinical psychology are now awarded annually in the United States—about half Ph.D. degrees and about half Psy.D. degrees. All told, doctoral degrees in clinical psychology account for approximately half of all psychology doctorates (APA, 2019; Norcross et al., 2005). Table 1-1 demonstrates, at approximately 20-year intervals, the continuing popularity of clinical psychology and the growing number of clinical doctorates awarded annually.

These trends should continue well into the future. The percentage of psychology majors among college freshmen has increased nationally to almost 5% (CIRP, 2016), making psychology the fourth or fifth most frequent college major. Indeed, according to data from the U.S. Department of Education, interest in psychology has never been higher. The U.S. Bureau of Labor Statistics (2019) projects that employment of clinical and counseling psychologists

will grow 14% from 2016 to 2026, faster than the average for all occupations. So, if you are seriously considering clinical or counseling psychology for a career, you belong to a large, vibrant, and growing population.

A definition of clinical psychology was adopted jointly by the APA Division of Clinical Psychology and the Council of University Directors of Clinical Psychology (Resnick, 1991). That definition states that the field of clinical psychology involves research, teaching, and services relevant to understanding, predicting, and alleviating intellectual, emotional, biological, psychological, social, and behavioral maladjustment, applied to a wide range of client populations. The principal skill areas essential to clinical psychology are assessment, intervention, consultation, program development and evaluation, supervision, administration, conduct of research, and application of ethical standards. Perhaps the safest observation about clinical psychology is that both the field and its practitioners continue to outgrow the classic definitions.

Counseling psychology is the second largest specialty in psychology and another growing sector. As also shown in Table 1-1, counseling psychology has experienced steady growth over the past four decades. We are referring here to counseling *psychology*, the doctoral-level specialization in psychology, not to the master's-level profession of counseling.

This is a critical distinction: our book and research studies pertain specifically and solely to counseling psychology programs, not counseling programs.

In an interesting twist, more *master's* degrees are awarded annually in counseling psychology than any other psychology subfield (APA, 2019). Yet, far more *doctoral* degrees are awarded annually in clinical psychology than counseling psychology or other subfield.

As shown in Table 1-2, clinical and counseling psychologists devote similar percentages of their day to the same professional activities. About one-half of their time is dedicated to psychotherapy and assessment and a quarter of their time to research and administration. A stunning finding was that 40% or more of clinical and counseling psychologists are routinely involved in all seven activities—psychotherapy, assessment, teaching, research, supervision, consultation, and administration. Flexible career indeed!

The scope of clinical and counseling psychology is continually widening, as are the employment settings. Many people mistakenly view psychologists solely as private practitioners who spend most of their time seeing patients. But in truth, clinical and counseling psychology are wonderfully diverse and pluralistic professions. Consider the full-time employment settings of American clinical psychologists: 41% in private practices, 26% in universities

TABLE 1-1. Number of Doctorates Awarded by Psychology Subfield

Subfield	Number of Ph.D.s awarded		
	1976	1994	2019
Clinical	883	1,329	2,251
Cognitive	NR	76	235
Counseling	267	464	403
Developmental	190	158	50
Educational	124	98	351
Experimental	357	143	213
Industrial/organizational	73	124	158
Other health service psychology	NR	NR	346
School	143	81	374
Social	271	165	50
Other or general	387	560	1,783
Total	2,883	3,287	6,214

Note. Data from National Research Council and National Center for Education Statistics (selected years). NR = not reported.

TABLE 1-2. Professional Activities of Clinical and Counseling Psychologists

Activity	Clinical psychologists		Counseling psychologists	
	% involved in	Average % of time	% involved in	Average % of time
Psychotherapy	64	46	51	37
Diagnosis/assessment	49	24	40	19
Teaching	42	22	60	32
Clinical supervision	40	12	45	14
Research/writing	40	31	51	27
Consultation	32	16	36	12
Administration	39	24	72	24

Note. Data from Norcross & Karpiak (2012), Goodyear et al. (2008), and Lichtenberg, Goodyear, Overland, Hutman, & Norcross (2015).

or colleges, 8% in medical schools, 5% in Veterans Administration facilities, 4% in outpatient clinics, 3% in psychiatric hospitals, another 3% in general hospitals, and 10% in “other” placements (Norcross et al., 2012). This last category includes, just to name a few, child and family services, correctional facilities, rehabilitation centers, school systems, health maintenance organizations, training institutes, and the federal government.

Although many psychologists choose careers in private practice, hospitals, and clinics, a large number also pursue careers in research. For some, this translates into an academic position. Continuing uncertainties in the health care system increase the allure of academic positions, where salaries are less tied to client fees and insurance reimbursements. Academic psychologists teach courses and conduct research, usually with a clinical population. They hope to find a “tenure-track” position, which means they start out as an assistant professor. After a specified amount of time (typically 5 or 6 years), a university committee reviews their research, teaching, and service, and decides whether they will be hired as a permanent faculty member and promoted to associate professor. Even though the tenure process can be pressured, the atmosphere surrounding assistant professors is conducive to research activity. They are often given “seed” money to set up research labs and attract students eager to share in the research process. (For additional information on the career paths of psychology faculty, consult *The Compleat Academic: A Career Guide* [Darley et al., 2009] or *Career Paths in Psychology* [Sternberg, 2016].)

In addition, research-focused industries (like pharmaceutical and biomedical), as well as community-based organizations, are increasingly employ-

ing psychologists to design and conduct outcomes research. Evaluation and outcome research combines the use of assessment, testing, program design, and cost-effectiveness analyses. Although lacking the job security of tenure, industry can offer greater monetary compensation and is a viable option for research-oriented Ph.D.s.

But even this range of employment settings does not accurately capture the opportunities in the field. Approximately half of all clinical and counseling psychologists hold more than one professional position (Norcross & Karpiak, 2012; Goodyear et al., 2016). By and large, psychologists incorporate several pursuits into their work, often simultaneously. They combine activities in ways that can change over time to accommodate their evolving interests. Of those licensed psychologists not in full-time private practice, more than half engage in some part-time independent work. Without question, this flexibility is an asset.

As a university professor, for example, you might supervise a research group studying aspects of alcoholism, treat substance abusers and their families in private practice, and teach courses on alcohol abuse. Or, you could work for a company supervising marketing research, do private testing for a school system, and provide monthly seminars on mindful meditation. The possibilities are almost limitless.

This flexibility is also evident in clinical and counseling psychologists’ “self-views.” Approximately half characterize themselves primarily as clinical practitioners, 25% as academicians, 7% administrators, 7% researchers, and 2% supervisors.

There’s no single way to use a psychology doctorate (Okahana, 2019). Your first job is rarely your last job. Psychologists routinely move among academe

and business, practice and government, administration and nonprofit work.

Also comforting is the consistent finding of relatively high and stable satisfaction with graduate training and career choice. Over two-thirds of graduate students in clinical and counseling psychology express satisfaction with their post-baccalaureate preparation. Moreover, 87% to 93% are satisfied with their career choice (Linn et al., 2019; Norcross & Karpiak, 2012; Tibbits-Kleber & Howell, 1987). The conclusion we draw is that clinical and counseling psychologists appreciate the diverse pursuits and revel in their professional flexibility, which figure prominently in their high level of career satisfaction.

According to *Money* magazine and Salary.com, psychologist is one of the 10 best jobs in America. And so, too, is college professor.

Relative Differences

The distinctions between clinical psychology and counseling psychology have steadily faded. Graduates of counseling psychology doctoral programs are eligible for the same professional benefits as clinical psychology graduates, such as psychology licensure, independent practice, and insurance reimbursement. The APA ceased distinguishing many years ago between clinical and counseling psychology internships: there is one list of APA-accredited internships for both clinical and counseling psychology students. Both types of programs prepare licensed, doctoral-level psychologists who provide health care services.

At the same time, 7 robust differences between clinical psychology and counseling psychology are still visible (Morgan & Cohen, 2003; Lichtenberg et al., 2015; Martin-Wagar et al., 2020; Neimeyer et al., 2009, 2011; Norcross et al., 1998, 2010, 2020; Ogunfowora & Drapeau, 2008; Sayette et al., 2011, 2020). First, clinical psychology is larger than counseling

psychology: in 2023, there were 252 active APA-accredited doctoral programs in clinical psychology compared to 72 active APA-accredited doctoral programs in counseling psychology (Table 1-3). About half of all doctorates (Ph.D.s and Psy.D.s) awarded each year in psychology are in clinical psychology; about 8% are in counseling psychology (APA, 2019).

Second, clinical psychology graduate programs are almost exclusively housed in departments or schools of psychology, whereas counseling psychology graduate programs are located in a variety of departments and divisions. Our research (Norcross et al., 2010, 2020) shows that, in rough figures, one-quarter of doctoral programs in counseling psychology are located in psychology departments, one-quarter in departments of counseling psychology, one-quarter in departments or colleges of education, and one-quarter in assorted other departments. The historical placement of counseling psychology programs in education departments explains their occasional awarding of the Ed.D. (doctor of education) in the past.

A third difference is that clinical psychology graduates are more likely trained in projective and intellectual assessment, whereas counseling psychology graduates conduct more career and vocational assessment. Those applicants particularly interested in vocational and career assessment should concentrate on counseling psychology programs.

Fourth, counseling psychologists more frequently endorse humanistic/existential and multicultural approaches to psychotherapy, whereas clinical psychologists are more likely to embrace behavioral and cognitive-behavioral orientations (Table 5-2, to be discussed later). Such relative differences can guide your applications if you harbor a strong preference for a particular theoretical approach.

A fifth relative difference involves entry into counseling psychology programs. Fully one-third of doctoral counseling psychology programs require a

TABLE 1-3. Number of APA-Accredited Doctoral Programs in Psychology by Subfield

Program area	Ph.D.	Psy.D.	Total
Clinical	177	75	252
Counseling	61	11	72
School	60	10	70
Combined	7	8	15
Total	305	104	409

Note. As of March 2023. Data from Education Directorate, American Psychological Association.

master's degree prior to entry. Essentially no clinical psychology program requires a master's degree before admission (Norcross et al., 2014). Thus, counseling psychology programs accept far more master's students (63% vs. 23%) than clinical psychology programs (Norcross et al., 2019; Sayette et al., 2011). Put another way, clinical psychology programs tend to favor those applying with a baccalaureate degree only.

Sixth, both APA figures (APA, 2019; APA Research Office, 1997) and our research (Bechtoldt, Norcross, et al., 2001; Norcross & Karpiak, 2012) consistently reveal that 15% more clinical psychologists are employed in full-time private practice than are counseling psychologists. On the other hand, 10% more counseling psychologists are employed in college counseling centers than are clinical psychologists.

Seventh and final, clinical and counseling psychology faculty overlap considerably in their research pursuits, but also specialize in a few areas. The counseling faculty are far more likely to perform research pertaining to minority/multicultural issues (69% vs. 32% of clinical programs) and vocational/career testing (62% vs. 1% of clinical programs). The clinical faculty, in turn, are far more interested in research pertaining to psychopathological populations (e.g., attention deficit, mood, and personality disorders) and activities traditionally associated with medical settings (e.g., neuropsychology, pain management, pediatric psychology). Keep these broad trends in mind as you select graduate programs.

Studies on the functions of clinical and counseling psychologists substantiate these differences, but the similarities are far more numerous (Brems & Johnson, 1997; Goodyear et al., 2016). The admission requirements to these respective doctoral programs are also similar: although (as we note in the next paragraph) it is difficult to make broad comparisons between clinical and counseling programs, the average acceptance rates of Ph.D. clinical (6%) and Ph.D. counseling (8%) psychology programs and the average grade point averages (GPAs) for incoming doctoral students are nearly identical. Thus, as you consider applying to graduate school in psychology, be aware of these differences but also remember that the two health service subfields are similar indeed—which is why we feature both of them in this *Insider's Guide*!

These evidence-based relative differences can be used as a rough guide in matching your interests to clinical or counseling psychology programs. At the same time, it is important to realize that Ph.D. programs in clinical psychology encompass an enormously diverse set of schools. Accordingly, these

comparisons between clinical and counseling Ph.D. programs reflect general trends. For instance, as we describe in more detail in Chapter 5, several APA-accredited professional schools offering a Ph.D. in clinical psychology accept more than half of those who applied (Sayette et al., 2011). By contrast, the acceptance rates among Ph.D. clinical scientist programs accredited by PCSAS (see Table 3-1 and below) are vastly different, in the 2% to 8% range. In addition, please bear in mind that these systematic comparisons reflect broad differences in the APA-accredited Ph.D. programs; they say nothing about Psy.D. programs (which we discuss in Chapter 3) or nonaccredited programs.

Please rely on the reports on individual programs at the back of this book, rather than on these generalizations alone. The notion of discovering the best match between you and a graduate program is a recurrent theme of this *Insider's Guide*.

Combined Programs

The American Psychological Association (APA) accredits doctoral programs in five areas: clinical psychology, counseling psychology, school psychology, other developed practice areas, and combined psychology. The last category is for those programs that afford doctoral training in two or more of the specialties of clinical, counseling, and school psychology.

These *combined* doctoral programs represent a relatively new development in graduate psychology training, and thus are small in number, about 4% of APA-accredited programs (Table 1-3). Combination programs appear as both Ph.D. and Psy.D. curricula and typically involve school psychology as one of their constituent components.

In emphasizing the core research and practice competencies among the specialties, combined programs try to enlist their respective strengths and to capitalize on their overarching competencies. In doing so, the hope is that a combined program will be “greater than the sum of its parts” (Salzinger, 1998). For students undecided about a particular subfield in health service psychology and seeking broad clinical training, these accredited combined programs warrant a close look.

The chief reasons that students select combined doctoral programs are for greater breadth and flexibility of training and for more integrative training across subfields. The emphasis on breadth of psychological knowledge ensures that combined training will address the multiplicity of interests that many students have and that many psychologists will need

in practice (Beutler & Fisher, 1994). The chief disadvantages of combined programs are, first, their lack of depth and specialization and, second, the fact that other mental health professionals may not understand the combined degree.

Our research on combined training programs (Castle & Norcross, 2002; Cobb et al., 2004) does, in fact, substantiate the broader training and more varied employment of their graduates. Consult the 15 Reports of Combined Programs at the end of this book for details on these innovative programs. Also consult two special issues of the *Journal of Clinical Psychology* (Shealy, 2004) on the combined-integrative model of doctoral training in professional psychology.

Before leaving the differences among clinical, counseling, and combined psychology training, let us underscore two fundamental facts. First, organized psychology is converging toward labelling all of the “practice” or “professional” doctorates as *health care psychology* or *health service psychology*. Those monikers emphasize the macro similarities that unite such doctoral training, instead of the relatively micro differences that separate them. Second and related, once licensed and in practice, all psychologists enjoy the same professional activities and benefits. Few of their clients or colleagues will know the subfield in which they earned the doctorate; rather, clients and colleagues will know if the psychologists function ethically and effectively.

A Word on Accreditation

Accreditation of education in the United States proves confusing, so we apologize in advance for the necessary detour into accreditation matters. But, as you will see, we shall soon apply all of this knowledge to your quest for a graduate degree in clinical, counseling, or combined psychology.

Accreditation comes in many guises, but the two primary types are *institutional accreditation* and *program accreditation*. Institutional applies to an entire institution. Seven regional accreditation bodies, such as the Commission on Higher Education of the Middle States Association of Colleges and Schools, oversee accreditation for the university or college itself. An institution receives accreditation when it has been judged to have met minimum standards of quality for postsecondary education.

Beware of any institution that is not accredited by its regional accreditation body. A degree from this institution will probably not be recognized by licensing boards, certifying organizations, or insurance

companies (Dattilio, 1992). Be particularly careful about nontraditional or external degree programs that offer the option of obtaining a degree based on independent study, typically away from the institution itself. Some of these are reputable programs, but many are for-profit “diploma mills” (Angulo, 2016; Stewart & Spille, 1988). Many diploma mills have names similar to legitimate universities, so you must be vigilant. Here are several diploma mills with potentially misleading titles: Columbia State University (Louisiana), La Salle University (Louisiana), American State University (Hawaii), American International University (Alabama). (For additional information about diploma mills, consult the fact sheets from the U.S. Department of Education at www2.ed.gov/students/prep/college/diplomamills/index.html.)

The second type of accreditation pertains to the graduate program (or internship) itself. Specialized accreditation of the discipline is performed by APA and, to a lesser extent, Psychological Clinical Science Accreditation System (PCSAS, as explained below). APA is the only agency approved by both the U.S. Department of Education and the Council for Higher Education Accreditation (CHEA) to accredit all psychology programs and internships. PCSAS is recognized by CHEA (but not the Department of Education) to accredit clinical psychology doctoral programs (but not other types of psychology programs). See? . . . We told you it can get confusing!

This accreditation is a voluntary procedure for the doctoral program itself, not the entire institution. Most programs capable of meeting the requirements of APA accreditation will choose to apply for accreditation. Accreditation of a clinical, counseling, or combined psychology program by the APA presumes regional accreditation of the entire institution.

As of 2023, APA has accredited 252 active clinical psychology programs (75 of these awarding the Psy.D. degree), 72 active counseling psychology programs (11 of these awarding the Psy.D. degree), and 15 active combined psychology programs (8 of these Psy.D.). Table 1-3 summarizes the number of APA-accredited psychology programs by subfield (clinical, counseling, and combined).

The Reports on Individual Programs in this book provide detailed descriptions of these 300+ APA-accredited clinical psychology, counseling psychology, and combined programs, respectively. We do *not* feature in the *Insider's Guide* psychology programs that are unaccredited, inactive, or on probation. Nor do we present information about doctoral school psychology programs, as they blend master's-level certification as a school psychologist by the

state department of education with doctoral-level licensure as an independent psychologist by the state board of psychology.

For decades, APA did *not* accredit master's programs. Accordingly, references to "accredited" master's psychology programs are to regional or state, not APA, accreditation.

However, in 2021, APA approved standards for accrediting master's programs in health service psychology. That will include clinical, counseling, and school psychology programs, and combinations of these areas. APA's Commission on Accreditation is completing procedures and regulations that will permit master's programs in health service psychology to obtain APA accreditation. So the confusion will persist: until recently APA did not accredit master's programs but will start to do so in a couple of years.

The Standards of Accreditation for doctoral psychology programs can be obtained from the APA Commission on Accreditation (accreditation.apa.org). The general areas assessed include institutional support, faculty competence, sensitivity to cultural and individual differences, training models, discipline-specific knowledge, program-specific competencies, evaluation methods, practicum opportunities, internship training, and student outcomes. These standards are designed to insure at least a minimal level of quality assurance and public disclosure of their outcomes.

The APA recognizes several categories of accreditation for doctoral programs. *Accredited* means that the program meets or exceeds the criteria. Accredited programs are scheduled for periodic review every 3 to 10 years. If you complete a program that is recognized as accredited before your graduation date, then you will have completed an APA-accredited program. *Accredited, on Contingency* means that the program is relatively new, is on its way to meeting all of the required criteria, but does not yet have student outcome data. If you complete a program that is recognized as accredited, on contingency effective before your graduation date, you will have also completed an APA-accredited program.

Beware that some doctoral programs advertise their *Intent to Apply* for APA accreditation. Do not be misled. These programs are not accredited by APA. By completing a program that is listed as intent to apply, you will *not* have completed an APA-accredited program.

Accredited, Inactive is the designation for programs that have not accepted students for several successive years. This indicates that the program is phasing out and closing.

Accredited, on Probation is the designation for

programs that were previously accredited but are not currently in compliance with the criteria. This is considered an adverse action: it serves as notice to the program, its students, and the public that the program is in danger of having its accreditation revoked. We do not feature inactive programs or programs on probation in our Individual Reports at the end of this book.

In the past decades, there has been concern among some clinical psychologists about the proliferation of professional schools unaffiliated with universities offering Psy.D.s. Some psychologists believe that these professional schools, especially the for-profit chains, have eroded the quality and scientific training of new psychologists.

Thus, a new accreditation system—Psychological Clinical Science Accreditation System (PCSAS; pronounced *pee-see-sass*)—was launched in 2010 to accredit *clinical scientist programs*. These are clinical psychology training programs that offer high quality, science-centered education and training, producing graduates who are successful in generating and applying scientific knowledge (Baker et al., 2008; www.pcsas.org). All PCSAS-accredited programs are dedicated to the clinical scientist model, as opposed to the practitioner model, as we will explain thoroughly in Chapter 3.

This accreditation system for clinical science Ph.D. programs is steadily growing in numbers and influence. PCSAS is recognized as an accredited body by CHEA, a national gatekeeper of accrediting organizations. While CHEA recognition is not approval from the government, such as that obtained by APA, it is an important step for graduates of PCSAS-accredited clinical science programs to work in settings that require graduation from an accredited program. The nation's single largest employer of clinical psychologists, the Department of Veteran Affairs, accepts students from PCSAS-accredited programs for internships and employment. Trainees from PCSAS-accredited programs are also available for the annual internship match. And regulators in ten states (representing 37% of the U.S. population) have agreed that graduates of PCSAS programs are eligible for licensure in their states.

PCSAS was designed to accredit only clinical Ph.D. programs emphasizing science; not Psy.D. programs, not counseling psychology programs, not internships. Forty-five Ph.D. clinical programs have gained PCSAS accreditation as of 2023 (Table 3-1), and they simultaneously continue their APA accreditation as well. Yes, you read that correctly: virtually all PCSAS-accredited programs thus far have maintained their APA accreditation as well.

What's important for you, as an applicant, to know is that there are two national accrediting organizations for health service psychology: one large and inclusive (APA), and one small and specialized (PCSAS). It's also useful for you to know that there is spirited debate about the quality of professional schools awarding Psy.D. degrees and the proper role of research training in clinical and counseling psychology.

For more than 30 years, doctoral psychology programs in Canada enjoyed the option of simultaneous accreditation by the Canadian Psychological Association (CPA) and the American Psychological Association (APA). This dual accreditation enabled United States citizens to travel north to attend APA-accredited Canadian programs and facilitated internship placement and licensure in the United States for both American and Canadian students. Graduates of APA-accredited programs, whether located in Canada or the United States, were eligible for the same privileges.

APA decided to phase out accrediting Canadian psychology programs in the last decade. At the end of 2015, APA accreditation for programs located in Canada came to a full stop. CPA maintains its own accreditation system for programs in Canada. Mutual recognition agreements will continue, but formal APA accreditation of Canadian programs has not. Most jurisdictions in the United States recognize CPA-accredited programs for the purposes of licensure, but a couple do not. Thus, be aware of this transition and the potential consequences on internship and licensure in selected U.S. states.

We do *not* want to discourage anyone from attending excellent Canadian doctoral programs in psychology; we *do* want you to be informed consumers. Toward this end, Table 1-4 provides the names, degrees (Ph.D. or Psy.D.), and locations of the 30+ CPA-accredited doctoral programs in clinical and counseling psychology (for updates, consult www.cpa.ca/accreditation/CPAaccreditedprograms/).

Our Reports on Individual Programs provide crucial descriptive and application information on each APA-accredited doctoral program in clinical, counseling, and combined psychology. The APA Education Directorate updates the listing of accredited programs bimonthly on their website, www.apa.org/ed.

How important is it to attend an APA-accredited program? The consensus ranges from important to essential. APA accreditation ensures a modicum of program stability, quality assurance, and professional accountability. Students in APA-accredited programs have a formal appeals mechanism to the

profession and APA, but not so for students attending nonaccredited programs. Graduates of APA-accredited programs are practically guaranteed to meet the educational requirements for state licensure. The federal government, the Veterans Administration, and most universities now insist on a doctorate and internship from an APA-accredited program.

The career outcomes of graduates from APA-accredited programs tend to be better than those hailing from non-APA-accredited programs. Students are in a more advantageous and competitive position coming from an APA-approved program in terms of their internship match rate (Anderson, 2009; Callahan et al., 2010; Graham & Kim, 2011); students enrolled in APA-accredited programs are far more likely than those from unaccredited programs to match (Norcross & Karpiak, 2015). In fact, starting in 2018, students from nonaccredited programs cannot even participate in the computerized internship match process until students from APA- and CPA-accredited programs have completed their matches. Graduates of APA programs also score significantly higher, on average, than do students of non-APA-accredited programs on the national licensure exam (Kupfersmid & Fiola, 1991; Schaffer et al., 2012; Templer et al., 2008). The eventual employment outcomes favor psychologists graduating from accredited programs as well (Graham & Kim, 2011; Walfish & Sumprer, 1984).

Licensure and employment as a psychologist are not precluded by attending a non-APA-accredited program, but the situation is tightening. Only a handful of states now require an APA-accredited doctoral program and internship for licensure, but that number of states will gradually increase. APA has officially requested that state licensure boards revise their regulations to require completion of an APA- or CPA-accredited doctoral program and internship. In fact, psychology is the only health profession that does not require graduation from an accredited program to sit for licensure.

All other things being equal, an APA-accredited clinical, counseling, or combined psychology program gives you a definite advantage over a nonaccredited program. As we warn our own students, "Do you want to spend your entire career explaining and defending why you did not attend an APA-accredited program!?"

Online Graduate Programs

Practically every institution of higher education now offers online courses and distance education. The

TABLE 1-4. CPA-Accredited Doctoral Programs in Clinical and Counseling Psychology

Program	Area	Degree	Location
University of Alberta	Combined	Ph.D.	Edmonton, Alberta
University of Alberta	Counseling	Ph.D.	Edmonton, Alberta
University of British Columbia	Clinical	Ph.D.	Vancouver, British Columbia
University of British Columbia	Clinical	Ph.D.	Kelowna, British Columbia
University of British Columbia	Counseling	Ph.D.	Vancouver, British Columbia
University of Calgary	Clinical	Ph.D.	Calgary, Alberta
University of Calgary	Counseling	Ph.D.	Calgary, Alberta
Concordia University	Clinical	Ph.D.	Montreal, Quebec
Dalhousie University	Clinical	Ph.D.	Halifax, Nova Scotia
University of Guelph	Clinical	Ph.D.	Guelph, Ontario
Lakehead University	Clinical	Ph.D.	Thunder Bay, Ontario
Université Laval	Clinical	Ph.D.	Ste-Foy, Quebec
Université Laval	Clinical	Psy.D.	Ste-Foy, Quebec
Université de Mancton	Clinical	Psy.D.	Mancton, New Brunswick
University of Manitoba	Clinical	Ph.D.	Winnipeg, Manitoba
McGill University	Clinical	Ph.D.	Montreal, Quebec
McMaster University	Clinical	Ph.D.	Hamilton, Ontario
Memorial University	Clinical	Psy.D.	St. Johns, Newfoundland
Université de Montréal	Clinical	Psy.D.	Montreal, Quebec
Université de Montréal	Clinical	Ph.D.	Montreal, Quebec
University of New Brunswick	Clinical	Ph.D.	Fredericton, New Brunswick
University of Ottawa	Clinical	Ph.D.	Ottawa, Ontario
Queen's University	Clinical	Ph.D.	Kingston, Ontario
University of Regina	Clinical	Ph.D.	Regina, Saskatchewan
University of Saskatchewan	Clinical	Ph.D.	Saskatoon, Saskatchewan
Simon Fraser University	Clinical	Ph.D.	Burnaby, British Columbia
Toronto Metropolitan University	Clinical	Ph.D.	Toronto, Ontario
University of Toronto—OISE	Combined	Ph.D.	Toronto, Ontario
University of Toronto—Scarborough	Clinical	Ph.D.	Scarborough, Ontario
University of Victoria	Clinical	Ph.D.	Victoria, British Columbia
University of Waterloo	Clinical	Ph.D.	Waterloo, Ontario
University of Western Ontario	Clinical	Ph.D.	London, Ontario
University of Windsor	Clinical	Ph.D.	Windsor, Ontario
York University	Clinical	Ph.D.	North York, Ontario
York University	Clinical Developmental	Ph.D.	North York, Ontario

worldwide rate of growth in online courses is staggering; tens of millions of students take them every year. Some form of hybrid education is here to stay, at every level of training, including psychology. The COVID-19 pandemic served to accelerate this movement, as most courses turned (almost overnight) into online offerings or variants of hybrid courses. Medical schools, law schools, and premier graduate programs are increasingly moving lecture-based courses online.

Fielding Graduate University, located in California, provides online education and requires several weeks of in-person residency per year, and thus utilizes a distributed or hybrid model. It is the only online hybrid program that is APA accredited at present.

Some institutions have gone further to create graduate programs that are entirely online, with all classes conducted electronically and all assignments submitted by computer. Several of these online or distance learning institutions aggressively advertise doctoral programs in clinical psychology, including Walden, Capella, Northcentral, and Phoenix universities. APA does *not* accredit fully online programs in health service psychology.

We are frequently approached by students intrigued with these and other distance-learning doctoral programs and asked whether we think they are credible programs. Our answer is that APA-accredited hybrid programs prove credible, such as Fielding University. However, online-only programs are definitely not preferred, for several reasons.

First, we recommend that students favor APA-accredited programs, and none of the entirely online programs have ever met the minimum educational standards set forth by APA. Second, some psychology licensing boards will not issue licenses to graduates of distance learning programs (Hall et al., 2007), although this situation is evolving. Third, online programs lack quality control over their clinical supervisors, who are scattered around the country. Fourth, much of the learning in clinical and counseling programs occurs in close, interpersonal relationships with full-time faculty on a daily basis. Frequent computer contact is useful, but in our opinion, not equivalent. And fifth, without sounding too stodgy, we believe online programs are still too new to have developed a track record of producing quality psychologists. Most psychology faculty, internship directors, and potential employers feel likewise (Mandernach et al., 2012); graduates of non-APA-accredited online programs have experienced difficulty in securing licensure and employment as psychologists.

Online education increases accessibility and convenience for students in many areas of study. More than a quarter of undergraduate psychology courses are routinely offered online (Hailstorks, Norcross, et al., 2019). However, this benefit does not extend as readily to doctoral psychology programs because, in addition to coursework, students need practical experience, clinical supervision, research mentoring, and residency requirements (Murphy et al., 2007). APA objects to the lack of ongoing, face-to-face interaction and quality control in fully online doctoral programs for health service psychologists.

Of course, each online program needs to be evaluated on its own merits, and each doctoral student must be considered for their individual abilities. In the end, graduate students will get out of a program what they put in—whether through a traditional, bricks-and-mortar institution or an innovative, online program. The early research on distance and online education indicates that it produces comparable outcomes to traditional education, at least in acquiring knowledge and academic skills. Unfortunately, there is insufficient research on the online preparation of health care psychologists to render any conclusions.

Research demonstrates that many psychology majors—45% or so—are interested in online graduate programs (Bendersky et al., 2008). Given the aforementioned problems with entirely online graduate education in psychology, we repeat our warning to be wary. Students matriculating into fully online programs in health service psychology often do so under the false belief that these programs will offer comparable training, licensing, and professional benefits as traditional, accredited programs. They rarely do.

Should you, despite our warnings, decide to apply to online doctoral programs in health service psychology, we would advise you to:

- ◆ complete your master's degree in a conventional program to secure one in-person degree and to meet the admission prerequisites of most online doctoral programs.
- ◆ obtain information on the program's record of producing graduates who secure APA-accredited internships
- ◆ ascertain what percentage of their graduates become licensed psychologists.
- ◆ determine the residency requirement (how much time per year is expected on campus).
- ◆ expect no financial assistance from the online institution itself (but loans are available).
- ◆ become comfortable and savvy with computers, as most of your contact and assignments will be conducted online.

- ◆ be an organized, self-motivated individual who can meet deadlines without supervision.
- ◆ realize that the vast majority of interaction with fellow students and professors will occur online.
- ◆ prepare for intensive research and writing on your own.

Practice Alternatives

In addition to doctoral programs in clinical, counseling, and combined psychology, we describe several alternative programs of study that should be considered. Reading through the next sections may prove useful by making you aware of other programs of study that may better suit your needs.

In fact, only about 40% of people earning a bachelor's degree in psychology obtain a graduate degree (either immediately after college or later). And more psychology baccalaureate recipients earn a graduate degree in fields other than psychology, such as social work, counseling, education, business, or applied behavior analysis. That leaves only about 15% of bachelor's degree recipients securing a graduate degree in psychology. (See APA's Degree Pathways Data Tool for details; www.apa.org/workforce/data-tools/degrees-pathways.) So, there is a huge and exciting range of career trajectories available to psychology students.

We have classified these programs along the practice–research continuum. The practice-oriented programs are outlined first. Additional details on helping professions can be accessed at the trustworthy O*NET OnLine (www.onetonline.org/ and <http://teachpsych.org/resources/Documents/otrp/resources/himelein99.pdf>). The latter site, *A Student Guide to Careers in the Helping Professions*, by Melissa Himelein, presents information on job duties, potential earnings, required degrees, and the like.

You are restricted neither to clinical/counseling psychology nor even to psychology in selecting a career in mental health. School psychology, as discussed below, is a practical alternative. Also note that psychology is only one of six nationally recognized mental health disciplines; the others being psychiatry (medicine), clinical social work, psychiatric nursing, marital/family therapy, and counseling.

We do not wish to dissuade you from considering clinical or counseling psychology, of course, but a mature career choice should be predicated on sound information and contemplation of the alternatives. A primary consideration is what you want to do—your desired activities. Conducting psychotherapy is possible in any of the following fields. Prescribing

medication is currently restricted to physicians and some nurse practitioners, although psychologists are steadily securing prescription privileges around the country. Psychological testing and empirical research are conducted by psychologists. As discussed previously, psychologists also enjoy a wide range and pleasurable integration of professional activities.

Following is a sampling of alternatives to a doctorate in clinical or counseling psychology.

1. *School Psychology.* Some undergraduates express a particular interest in working with children, adolescents, and their families. School psychologists address the academic and mental health needs of students. They adopt developmental and systems approaches, collaboratively involving the children, parents, educators, and administrators. They devote a considerable amount of their professional time to psychological assessment and testing, but they also intervene and advocate as well. School psychology is for those who like children, who are adept at multitasking, who desire excellent job prospects, and who desire both challenge and reward (McMahan, 2021).

Admission into the Boulder-model, Ph.D. programs with a child clinical specialty is particularly competitive. A doctorate in school psychology is much more accessible, with two times the acceptance rates of child clinical programs. The APA has accredited 70 of these programs (60 Ph.D., 10 Psy.D.; Table 1-3), which provide doctoral-level training in clinical work with children in school settings. One disadvantage of pursuing a career as a *master's-level* school psychologist lies in the fact that, unlike the other alternatives, one's professional work is typically limited to the school. If this limitation is not a concern, then training as a school psychologist can be an excellent option for those interested in working with children and families (Halgin, 1986).

At the *doctoral* level, school psychologists are credentialed to function in both school and non-school settings. Research finds substantial overlap in the coursework of child clinical programs and school psychology programs (Minke & Brown, 1996). Some differences remain, of course—such as more courses in consultation and education in school programs and more courses in psychopathology in child clinical programs—but the core curricula are quite similar. School psychology training at the doctoral level has broadened to include experience outside of the school setting and with adolescents and families as well (Tryon, 2000). Once licensed and in practice, doctoral-level school psychologists enjoy virtually all the same benefits of clinical and counseling psychologists.

In the future, some master's-level school psychologist positions will transition to the doctoral degree. The national school psychology organizations and the APA support this evolution, but state credentialing as a school psychologist remains overwhelmingly at the master's level.

For further information, pick up a textbook on school psychology and check out the websites of the APA's Division of School Psychology (www.apa.org/about/division/div16.aspx) and the National Association of School Psychologists (www.nasponline.org).

2. Community Psychology. This field shares with clinical and counseling psychology a concern with individual well-being and healthy psychological development. However, community psychology places considerably more emphasis on preventing behavioral problems (as opposed to treating existing problems), adopting a broader ecological or systems perspective, and changing social policies. Perhaps no other subfield of psychology is as concerned with social justice and positive social change as this one (McMahan, 2020). Collaborative social action can be taken at local, state, national, and international levels to advance social justice and to promote positive behavior.

Graduate training in community psychology occurs within clinical-community psychology programs or within explicit community psychology programs. The former are clinical psychology programs with an emphasis on or a specialization in community; these doctoral programs are listed in Appendix E (Research Areas) under community psychology and in Appendix G (Program Tracks). About 10 universities in the United States offer a doctorate in community psychology, and an additional 10 offer a doctorate in clinical-community. If your interests lean toward prevention and community-based interventions, then by all means check out a specialization or a program in community psychology. The lively websites of the APA division of community psychology at www.scr27.org/ delivers further information about the field and its training programs.

3. Clinical Social Work. A master's degree in social work (M.S.W.) is a popular practice alternative these days. One big advantage of this option is a much higher rate of admission to M.S.W. programs, with about 65% of applicants being accepted to any given program, on average (O'Neill, 2001). Other advantages are GREs rarely required for admission, fewer research requirements, opportunities for part-time study and night courses, and completion of the M.S.W. in less than half the time necessary to obtain

a psychology doctorate. With legal regulation and insurance reimbursement in all 50 states, clinical social workers have achieved autonomy and respect, including more opportunities for independent practice.

The major disadvantages lie in the less comprehensive nature of the training, which is reflected in a lower pay scale as compared to psychologists. Not becoming a "doctor" and not conducting psychological testing also prove troublesome for some.

Students interested in clinical social work as a career should peruse an introductory text on the profession, consult career publications (e.g., Ritter et al., 2020), and peruse the website of the National Association of Social Workers (NASW; www.naswdc.org). This organization provides detailed information on the field, student membership, and accredited programs in clinical social work. Two other websites on social work programs also prove handy: www.petersons.com/graduate-schools.aspx and www.mswguide.org/schools/.

4. Psychiatry (Medicine). Students often dismiss the possibility of applying to medical schools, believing that admission is so difficult that it is out of the question (Halgin, 1986), but the student interested in neuroscience and severe psychopathology may find this to be an attractive choice. Although the application process necessitates more undergraduate training in biology, chemistry, physics, and calculus than required in psychology programs, the admission rate may also be higher than the most competitive Ph.D. programs in clinical and counseling psychology. Of the 55,000 people applying to U.S. medical school annually, 40% are admitted, and about half of them are women. The average GPA of applicants accepted to medical school is a 3.7 (see aamc.org for details). Wanted in particular are psychiatrists and pediatricians, both attractive specialties to those drawn to mental health and children.

Medical school thus remains an attractive option for many students headed toward a career in mental health. For further information and demystification of this subject, refer to the data-driven *The Official Guide to Medical School Admissions* (by the staff of the Association of American Medical Colleges, 2022) and *The MedEdits Guide to Medical School Admissions: Practical Advice for Applicants and their Parents* (Freedman, 2018). A prime website is www.aamc.org, the official website of the Association of American Medical Colleges.

Several advantages of a medical degree should be recognized. First, an M.D. (allopath) or D.O. (osteopath) allows one to prescribe medication. Second,

the average income for psychiatrists is higher than for psychologists. Third, a medical degree permits more work in inpatient (hospital) facilities. Applicants should not dismiss this possibility out of hand, and should explore medicine as a career, especially if their interests lie on biophysical and neurochemical levels.

5. *Psychiatric/Mental Health Nursing.* The employment opportunities for nurses are excellent at this time, especially for psychiatric nurses who have the flexibility of working in hospitals, clinics, health centers, nursing homes, or private practices. Of course, psychiatric nurses are nurses first and are required to obtain a bachelor's degree (B.S.N.) and to become registered (R.N.) prior to obtaining their Master of Science in Nursing (M.S.N.). They do not conduct psychological testing and rarely perform quantitative research, but psychiatric nurses practice psychotherapy in both inpatient and outpatient settings. Further, certified nurse practitioners now have the authority to write medication prescriptions in virtually all states. Consult a textbook on mental health nursing and visit the website of the American Psychiatric Nurses Association at www.apna.org/ to learn more about psychiatric/mental health nursing and its graduate programs.

6. *Counseling.* A master's degree in counseling, as distinct from a doctorate in counseling psychology, prepares one for state licensure as a professional counselor. The high acceptance rates of counseling programs, their two-year program, their practical training, and eligibility for state licensure in all 50 states represent definite assets. Moreover, the counseling profession is growing faster than any other mental health profession.

Master's-level clinicians, such as social workers and counselors, have become the front-line providers of most mental health services in community clinics and public agencies. For those students committed to practice and untroubled by the lack of training in conducting research and psychological testing, the profession of counseling deserves consideration. Their flexible rolling enrollments, part-time study, and night courses—all rarely offered by psychology doctoral programs—may make this a desirable alternative. The possibility of a private practice, albeit at a lower income than psychologists, proves another plus. Visit the web page of the American Counseling Association (www.counseling.org/) for more information on careers and the web page of accredited counseling programs (www.cacrep.org/directory/) to

locate accredited counseling programs of interest to you.

7. *Marital & Family Therapy.* Another master's-level mental health profession is devoted to conducting couple and family therapy. The simultaneous strength and weakness of these graduate programs are its specificity—training in couple and family therapy, as opposed to broader and more comprehensive training in multiple professional activities. Securing a master's degree in this field should certainly be considered by students with this definite and focal interest. All states now legally recognize marital and family therapists. Check out the website of the American Association for Marriage and Family Therapy at www.aamft.org.

8. *Psychology and the Law.* There is a great deal of interest in the burgeoning amalgam of psychology and law, as evidenced by an APA division, two professional societies, and many scholarly journals (Bersoff et al., 1997; Otto & Heilbrun, 2002). Doctoral students must be trained in both fields, of course, increasing the length of graduate training. Eight clinical programs now award law degrees and psychology doctorates together—joint J.D. and Ph.D./Psy.D. programs—California (at Irvine), Cornell, Drexel, Florida, Minnesota, Nebraska, Palo Alto, and Simon Fraser (consult www.apadivisions.org/division-41/education/programs/). Graduates pursue both practice and research careers—practicing law in mental health arenas, specializing in forensic psychology, working in public policy, and pursuing scholarship on the interface of law and psychology, for example. This is an exciting career, albeit one requiring extra commitment in terms of effort and knowledge during doctoral studies.

Another 40 or so clinical programs offer Ph.D.s or Psy.D.s with specializations in forensic psychology or clinical forensic psychology. (Consult Appendix G and the following websites for a list of these programs.) These clinical psychologists specialize in the practice of forensic psychology. It's a growing and exciting specialization in psychology, but one that rarely involves the criminal profiling featured in television shows and movies! Instead, forensic psychologists are far more likely to conduct child custody evaluations, assess a patient's psychological damage, evaluate a person's competence to stand trial, consult with lawyers on jury selection, and conduct disability evaluations. For tips on undergraduate preparation and graduate training in forensic psychology, consult these web links:

♦ <http://teachpsych.org/resources/Documents/otrp/>

resources/helms06.pdf (Undergraduate Preparation for Graduate–Training in Forensic Psychology)

- ◆ <http://ap-ls.wildapricot.org/resources/Documents/GuidetoGraduateProgramsinForensicPsych.pdf> (American Law–Psychology Society guide to graduate programs in forensic and legal psychology, 2017–2018)
- ◆ www.abfp.com/ (American Board of Forensic Psychology)

9. *Applied Behavior Analysis (ABA)*. This is a newer profession rooted in the operant conditioning of Skinnerian psychology. Behavior analysts conduct behavioral assessment and modification, and they are licensed in 33 states with a master's degree. The simultaneous benefit and limitation of a master's degree in ABA is that the clinical work is largely restricted to children on the autism spectrum and with intellectual disabilities. For those students interested in careers with youth and in implementing evidence-based treatments, we recommend checking out ABA programs. Refer to the web pages of the Association for Behavior Analysis International (www.abainternational.org/welcome.aspx) and BACB (www.bacb.com/).

Of course, many licensed psychologists also perform ABA and often supervise behavior analysts at the master's level. Six percent of clinical psychology faculty subscribe to ABA/radical behaviorism as their theoretical orientation (Table 6-2). Consult the Reports on Individual Programs in this book to identify those doctoral programs with faculty providing training in ABA. As well, consult Appendix E (Research Areas) and Appendix G (Concentrations and Tracks) to locate those doctoral psychology programs offering research and practice opportunities in behavior analysis.

10. *Other*. Art therapy, human resources, music therapy, and a plethora of other human service programs offer alternatives to clinical and counseling psychology. They are typically less competitive master's-level programs in which admission rates are quite high and in which the training is quite practical. Relative disadvantages of these programs, in addition to lack of a doctorate, include less prestige, lower salaries, diminished probability of an independent practice, and variable licensure status across the United States.

If one or more of these options seem suited to your needs, discuss it with a psychology advisor, interview a professional in that field, and examine the websites for additional information.

Research Alternatives

Some graduate students enter clinical or counseling psychology to become researchers. They are less interested in working with patients than researching clinical phenomena. If you are most interested in research, here are some nonpractice alternatives that might appeal to you.

1. *Social Psychology*. Social psychology is concerned with the influence of social and environmental factors on behavior. Attitude change, social neuroscience, group processes, interpersonal attraction, goal pursuit, social processes related to health, and self-constructs are some of the research interests. Social psychologists are found in a wide variety of academic settings and, increasingly, in many nonacademic settings. These include positions in advertising agencies, personnel offices, corporations, and other business settings. Check out the official websites of the Society for Personality and Social Psychology (www.spsp.org) and the Social Psychology Network (www.socialpsychology.org) for additional resources.

2. *Industrial/Organizational (I/O) Psychology*. This branch of psychology focuses on the individual in the workplace. Industrial/organizational psychologists frequently select and place employees, design jobs, train people, and help groups of workers to function more effectively. Master's programs generally prepare students for jobs in human resources and personnel departments, whereas doctoral programs are geared to preparing students for academic positions and for management and consulting work on larger-scale projects. I/O psychologists earn among the highest median salaries compared to other areas of psychology (Finno et al., 2010; Lin et al., 2015) and have a bright job outlook (Shoenfelt et al., 2015). Academics find positions in both psychology departments and business schools.

The Society for Industrial and Organizational Psychology (2021) produces a useful list of *Graduate Training Programs in I-O Psychology and Related Fields*, which describes 200 plus graduate programs and how to contact each. The list is updated continually and is available free from the society's website (www.siop.org/Events-Education/Graduate-Training-Program). Students interested in pursuing a career in I/O should obtain, beyond the I/O or human factors course, offerings in management, business, marketing, and organizational behavior as well as research experience (Shoenfelt et al., 2015).

3. *Behavioral Neuroscience*. For the student

interested in the workings of the brain, the nervous system, and their influence on behavior, programs in neuroscience may constitute a better match than health service psychology. By employing animal subjects and computer models, researchers can control the conditions of their studies to a rigor often elusive when using human participants. Research areas include psychopharmacology, behavioral genetics, pain mechanisms, and brain functioning. For example, recent investigations on memory have provided valuable insight into the etiology and course of Alzheimer's disease. Go to the Society for Neuroscience website (<https://my.sfn.org/Directories/Neuroscience-Training-Programs>) for a directory of graduate programs in neuroscience.

Neuroscience graduate programs expect entering students to possess coursework and lab work beyond the standard psychology curriculum (Boitano, 1999). Essential courses include biology, chemistry, and introduction to neuroscience. And desirable courses would sample from cell biology, biochemistry, and anatomy and physiology. These are all possible, with adequate planning, to incorporate into the psychology major, should you decide on this path relatively early in your undergraduate career. The website (www.funfaculty.org/drupal/) of Faculty for Undergraduate Neuroscience (FUN) provides a bounty of useful information on preparing for a career in neuroscience.

4. Developmental Psychology. The developmental psychologist studies human behavior beginning at the prenatal stages and extending through the lifespan—from the cradle to the grave. Areas such as aging, identity, and growth of cognitive and social abilities are popular areas within developmental psychology. The characteristics of individuals at different age ranges, such as the work of Piaget on child cognition, are of particular interest here.

Geropsychology, or the psychology of aging, has become a popular specialty as the elderly population in this country presents special needs that are insufficiently addressed. Employment opportunities in geropsychology are sure to grow over the next several decades. Visit the websites of APA's Division of Adult Development and Aging (www.apadivisions.org/division-20/) and the Society of Clinical Geropsychology (www.geropsychology.org) for more.

5. Cognitive Psychology. Cognitive psychology presents an attractive option for students whose interests lie in the exploration of human thought processes. Major areas include language structure, artificial intelligence, learning, memory, cognitive

and affective neuroscience, perception, and attention. Research in cognitive psychology has gained insight into what in the past was considered inexplicable behavior. For example, research into how moods impact the interpretation of ambiguous events has implications for the study of depression. Much research on the accuracy of eyewitness testimony has been conducted by cognitive psychologists. You can quickly identify graduate programs in cognitive psychology by searching GradSchools.com (www.gradschools.com/programs/psychology/cognitive-psychology) and APA's *Graduate Study in Psychology* (2022), available online for a fee.

6. Experimental Psychology. Often a student is interested in research but has not yet defined a specific area of interest. Or a student is fascinated with a certain psychopathology but does not desire to practice. In both cases, a graduate program in experimental psychology might be the ticket. These programs enable a student to explore several research areas, such as learning, measurement, and memory. Other programs focus on experimental psychopathology, which is geared for the researcher interested in clinical populations.

Experimental programs offer excellent training in research methods, statistical analysis, and hands-on research experience. In fact, some experimental programs now classify themselves as quantitative or measurement programs. If interested in these programs, consult a list of graduate psychology programs with a measurement and quantitative focus (www.apadivisions.org/division-5/resources/doctoral.aspx).

7. Sport and Exercise Psychology. This emerging specialization typically entails both research and applied activities. Research focuses on all aspects of sports and exercise, whereas application involves individual skills training and group consultation. Research and training encompass stress management, self-confidence, mental rehearsal, competitive strategies, and sensory-kinetic awareness. Consult the *Directory of Graduate Programs in Applied Sport Psychology* (Burke et al., 2018; available for a fee) for information on specific psychology programs. Consult, too, the website of APA's Division of Exercise and Sport Psychology (www.apa.org/about/division/div47.aspx) for career possibilities in this area.

8. Medicine. A medical degree (M.D., D.O.) earned concurrently or sequentially with a psychology doctorate (Ph.D.) may permit the greatest flexibility of all the aforementioned programs of study.

More than 100 M.D.–Ph.D. programs affiliated with medical schools allow one to practice medicine and psychology while also affording advanced training in research and statistics. For an extremely bright and motivated student, this can be a real possibility, but it is certainly the most challenging of all the alternatives. Earning two doctoral degrees will take longer than earning either alone. This choice is for someone interested in the biology of behavior in addition to the scientific study of human behavior. The Association of American Medical Colleges provides valuable information and a FAQ section on M.D.–Ph.D. programs (<https://students-residents.aamc.org/applying-medical-school/article/applying-mdphd-programs-2/>).

Once again, if your interest lies in research, there are many options available besides clinical, counseling, and combined psychology. Talking to professionals in the relevant discipline and consulting textbooks about the discipline will help you to explore that option more fully. An increasing number of websites also offer valuable career advice. Four of our favorites are:

- ◆ www.psywww.com/careers/index.html
- ◆ www.apa.org/students/
- ◆ www.socialpsychology.org/career.htm
- ◆ www.gradschools.com

Acceptance Rates

As you have quickly learned, there are dozens of options for practice and research careers, inside and outside of psychology. Our intent in this opening chapter is neither to confuse nor to bedazzle you

with these multiple choices. Rather, our intent is to acquaint you with the options so that you become an informed consumer and make the best choices for your career trajectory.

Toward that end, let us summarize here the average acceptance rates in graduate psychology programs. Table 1-5 does just that for the various subfields in psychology, separately for master's and doctoral programs (Michalski et al., 2015).

The numbers in Table 1-5 represent the average percentage of students who apply and are accepted into a single, particular program (*not* the percentage of students accepted into any graduate program, which will certainly be higher). Take the example of developmental psychology graduate programs: the typical master's program in developmental psychology will accept 53% of its applicants, and the typical doctoral program will accept about 14% of its applicants. The acceptance rates are surprisingly high for master's degrees in all of psychology; about half of the applicants to any master's program are accepted. The average acceptance rates for master's programs in clinical and counseling psychology are between 40% and 60%. Good news!

These numbers should prove comforting to you and assuage some of those pre-application jitters. And remember: you will be applying to several graduate programs, thereby increasing the probability of acceptance even more.

Ph.D. programs are obviously more competitive than master's programs. The applied areas of psychology—clinical, counseling, school, and industrial/organizational—tend to be the most selective, if we infer selectivity by the percentage of accepted applicants.

TABLE 1-5. Average Acceptance Rates in Graduate Psychology Programs
(% of students who apply and are accepted to a particular program)

Area	Master's	Doctoral
Clinical Psychology	39%	(Table 5-1)
Cognitive Psychology	40%	11%
Counseling Psychology	57%	(Table 5-1)
Developmental Psychology	53%	14%
Experimental Psychology	38%	13%
Health & Other Applied Psychology	60%	25%
Industrial/Organizational Psychology	41%	15%
Neuroscience	45%	11%
School Psychology	55%	29%
Social Psychology	33%	7%

Source: American Psychological Association Center for Workforce Studies. (2015). *Summary Report: Admissions, Applications, and Acceptances*. Graduate Study in Psychology 2016.

For those interested in doctoral programs in clinical and counseling psychology – approximately one-half of undergrads—the situation is more complex as there is huge variation in acceptance rates. We shall walk you step-by-step through the acceptance rates to these programs later in this *Insider's Guide*. For now, we want you to gain a general sense of the odds of getting into graduate school in psychology and to feel confident that there is a place for most serious students in graduate school.

On “Backdoor” Clinicians

The APA ethical code outlines two pathways to becoming a clinical or counseling psychologist. The first is to complete a doctoral program and formal internship in clinical or counseling psychology. The second is to obtain a nonclinical psychology doctorate and then to complete a formal *respecialization* program in clinical or counseling psychology, which includes the internship. Formal training and supervised experience, not simply the desire to become a clinical or counseling psychologist, are required according to the APA ethical code.

In past decades, some psychologists obtained doctorates in developmental, experimental, social, or educational psychology or in a psychology-related discipline and then managed to practice as “clinical psychologists” or “counseling psychologists.” This was possible because of the paucity of clinical and counseling psychology doctoral programs and because of generic state licensure laws, which recognize only one broad (generic) type of psychologist. However, this educational and licensure process circumvents the established pathways, increases the prospects of inadequate training, and in some cases results in unethical representation. Hence the term *backdoor*—unable to enter through the front door, they sneak in through the back entrance.

Major universities, the federal government, the Veterans Administration, and practically all universities now insist on the doctorate (or respecialization) in clinical or counseling psychology for employment as a clinical or counseling psychologist. Although individuals with nonclinical psychology doctorates may still be eligible for state licensure, they will be increasingly unable to identify themselves or practice as clinical or counseling psychologists.

Circuitous routes to becoming a healthcare psychologist still exist, but they have become far less common and acceptable. We emphatically recommend against these backdoor practices on both clinical and ethical grounds.

To Reiterate Our Purpose

The purpose of this book is to help you navigate the heretofore unknown and frightening process of applying to clinical, counseling, and combined psychology graduate programs. Gaining admission to such competitive programs requires a good deal of time and energy. There are the matters of taking the appropriate undergraduate courses, gaining clinical experience, acquiring research competencies, requesting letters of recommendation, locating compatible schools to which to apply, succeeding on entrance examinations (when required), completing the application, creating personal statements, conducting interviews, and deciding which program actually to attend. We have known people who have quit jobs or taken months off to invest all their time to the application process. However, with this *Insider's Guide* and a fair degree of organization, you can make such extreme measures unnecessary.

Emotional strain is an inherent part of the application process. This is unlike many job interviews, where you are marketing yourself merely as a provider of services. Here you are marketing yourself as a human being. This is a personal process. The application forms and interviews require self-exploration and a certain amount of justification. Why do you want to be a psychologist? What appeals to you about clinical work? What do you enjoy about spending time with people who are struggling? Do you really like research? You may end up questioning your answers and examining the beliefs that have led you to this point in your life.

With the help of our book, you ultimately become the consumer for a program best fitted to you. And 86% of students say that their sense of fit with a graduate program is the single most important factor in choosing it (Kyle, 2000). By negotiating this process in a systematic manner, you become an informed, proactive consumer of psychology graduate programs. Most interviewers recommend that applicants complete the final interview in this way. With this approach to the admission process, you will allay much of the stress.

Although the application process itself can appear intimidating, or the prospect of being rejected upsetting, we urge you *not* to permit fear to cause you to abandon your goal. Do not allow yourself to be one of the students who gets rejected unnecessarily. If you apply to the appropriate programs and present yourself effectively, your chances of getting in are vastly improved. In this *Insider's Guide*, we will demystify the graduate application process, help

you successfully navigate it, and showcase your credentials.

Our Approach

Having now advised thousands of clinical and counseling psychology aspirants and conducted scores of workshops on applying to graduate school, the two of us have gravitated toward a particular approach to the topic. It might be called *realistically encouraging*.

It is realistic in that we present the hard facts about the competition for entrance into doctoral psychology programs. We will not resort to the disservice of feeding you illusions (“Anyone can become a clinical/counseling psychologist!”), even though the reality may leave you feeling discouraged at times.

Still, our approach is unabashedly encouraging in that we support people seeking their goals. With knowledge and perseverance, the vast majority of our students have made it. Consider the real-life story of Justin, a success story in the quest for a doctorate in clinical psychology.

Justin almost flunked out of college during his first 2 years, before discovering his abiding interest in psychology. He took his GREs late in his senior year without adequate preparation. His applications to doctoral programs that year were hastily and poorly prepared. Justin was, to complicate matters, grossly unaware of typical admission requirements, acceptance rates, and application guidelines. He had no clinical experience whatsoever and had never engaged in research beyond course requirements. Not surprisingly, letters of recommendation about him were mildly positive but without detail

or conviction (the deadly, two-paragraph “He/she’s nice, but we haven’t had much contact” letters). He received dismal rejections, not even a hint of a possible interview or finalist pool.

Well, as people are apt to do, Justin was about to surrender and throw in the towel. But he then attended one of our workshops and began to understand that he had neglected virtually every guideline for sophisticated application to graduate school.

Justin devoted the next year to preparing himself for the hunt: he took extra psychology courses after receiving his degree to increase his GPA and to improve his GRE psychology score; he volunteered 10 hours a week at two supervised placements; he worked 20 hours a week for a small stipend as a research assistant; and he co-published three articles. Not surprisingly, his letters of recommendation were now enthusiastic and detailed. That year, Justin obtained six acceptances into clinical doctoral programs with full financial support at three of them.

There *are* concrete steps you can take to improve your application. Knowledge of the application process can be as important as your actual credentials. And if you do get rejected once, many steps can enhance the probability of acceptance the next time around, as in Justin’s case. Awareness of the rules and the process makes a tremendous difference.

Over the past 30 years, this *Insider’s Guide* has helped hundreds of thousands of students reach their goal of a doctorate in clinical or counseling psychology—and we hope you will be among them. In the following chapters, we provide suggestions and strategies that will increase your attractiveness as an applicant. Let’s get to it!