

Mitch's Uncensored Advice  
for Applying to Graduate School  
in Clinical Child and Adolescent Psychology

Thanks are due to many undergraduate students and recently admitted graduate students for their exceptionally useful feedback on this document, and their endless supply of excellent questions that I have attempted to address. Good luck to everyone!

-Mitch Prinstein, Ph.D.

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## Applying to Graduate Schools in Clinical Child Psychology

Psychology is the most popular major on a large proportion of college campuses. Many thousand students apply to graduate schools with hopes of pursuing a career in the science or practice of mental health services. Yet, as compared to other types of graduate programs (e.g., law, medicine), remarkably little information is available to help students determine the career path that offers the best match to their interests. Specific practical advice on how to successfully navigate the application process also is lacking.

This brief guide is designed to provide an overview of different types of possible career options in the mental health industry, as well as specific information about the application process for a common option: the clinical psychology doctoral (Ph.D.) program. The focus of this information will be specifically on clinical child psychology.

An important disclaimer should be mentioned here. The text below simply represents my opinions and impressions of the current state of the field, and of the application process for clinical child Ph.D. programs. In no way should this informal advice be used to replace actual data or specific information provided by professional organizations in the mental health field, individual doctoral programs, or even advice from other professionals. I feel best prepared to comment on Ph.D. programs in clinical psychology that subscribe to the scientist-practitioner or clinical science models of training. My experience exclusively is with the admissions processes and training goals of these types of programs, and I can not speak directly to programs that have adopted distinctly different training models. However, because so little information is available to students interested in mental health careers, I have offered some general opinions and impressions below that I hope will be beneficial, if used in the proper context. In many places, I have offered some hyperlinks to websites that can provide more detailed information.

## Section 1

### Do you really want to be a clinical child psychologist?

When students ask me for professional development advice regarding graduate school, they usually have already determined that they would like to apply to doctoral programs in clinical psychology – many also express an interest in working with children or adolescents. This usually is based on students' general desire to work as a therapist with youth, perhaps in a private practice type of setting (e.g., a home office or group practice). Sometimes, students will state an interest in research. Other times, students might indicate that they are somewhat afraid of statistics and “turned off” by the idea of writing a dissertation.

I would say that this impression of the field of clinical psychology, and of the training activities included during graduate school, is somewhat accurate, but in some ways quite inaccurate. An accurate and thorough description of the field of clinical psychology is somewhat difficult to articulate because the field is changing quite dramatically and quickly. Nevertheless, I think it is important to briefly reconsider what your career goals are (or at least what you are not interested in) before talking about graduate applications.

Let's assume that you know that you are interested in working with youth, and you are intrigued by the mental health field. Actually, there are then at least seven different mental health fields and three different graduate degrees available to you to pursue these interests. The differences between these fields and degrees are quite dramatic. Each involves somewhat different training expectations and opportunities as well different types of activities you can become involved in during your career.

Interested in research? Teaching? Practicing (e.g., offering therapy or conducting assessments)? Consulting? Mentoring students? Working with young children? Adolescents?

Do you want to work in a hospital? A university? A teaching college? An elementary or secondary school? A business corporation? Who will your colleagues be?

What kind of job stability do you want? What salary? A consistent salary or one based on billable hours?

How many years are you willing to dedicate toward training? Are you willing to move, perhaps several times, in order to complete all aspects of training?

Not sure yet? Keep reading for more details about which options may be a good match.

I will offer some brief descriptions (and links) to discuss the seven fields below:

- 1) Social Work
- 2) School psychology (Terminal Masters or Doctoral degree)
- 3) Masters in General Psychology
- 4) Counseling psychology (Doctoral degree)
- 5) Developmental psychology (Doctoral degree)
- 6) Child psychiatry (Medical degree)
- 7) Clinical child psychology and Pediatric psychology (Doctoral degree)

For doctoral degrees, I also will offer some comments on the choice between a Ph.D. degree and a Psy.D. degree.

## 1. Social Work.

### *What do Social Workers do?*

The Masters in Social Work (MSW) is a very versatile degree. Social workers can be involved in many different types of careers and in many different types of settings. I recommend a visit to the website of the National Association of Social Workers for an excellent description of the field (see: <http://www.naswdc.org/students/default.asp> and <http://www.naswdc.org/profession/overview.asp>). As you will see on this website, social workers include: *Social Caseworkers* (case management, assessing needs and applying agency services and resources to address social, health or economic problems); *Medical Social Workers* (work with the special needs of patients and families in hospitals, long term care facilities, and other medical care facilities); *School Social Workers* (help with emotional, social and economic problems so students can focus on getting an education); *Clinical Social Workers* (found in private practice or in psychiatric & mental health care settings, or employee assistance programs within larger companies, where they provide psychotherapy and counseling); *Administration and Management* (social workers oversee the programs and systems that provide social, health and public welfare services); *Community Organization* social workers work in cooperation with the community to identify needs and to develop or improve services and systems to meet those needs; *Social Policy and Research* (analyze social problems, design and conduct in depth research studies and develop ways for social programs and systems to overcome those problems).

### *What is the training like?*

Although you can obtain a doctorate in social work (DSW or Ph.D), it is completely possible to be an autonomous, practicing social worker with a Masters degree. With only two years of schooling (plus an internship), it also can be a quick way to get into the workforce. Masters programs generally can accept a much higher proportion of applicants for admission than doctoral programs; thus, it is somewhat easier gain admission if going this route.

## 2. School Psychology

### *What do School Psychologists do?*

The National Association of School Psychologists (NASP; <http://www.nasponline.org/>) has a great website to describe the field, the roles (and even salaries) of school psychologists.

School psychologists generally are focused on helping children succeed in the school setting, both academically and emotionally. Most work in a school setting. Their work can involve individual consultation with children and families, designing programs to assist teachers with specialized classroom instruction needs, and program development to help train basic skills like anger management and social skills. In these ways, school psychologists are kind of like the ambassadors of psychology in a school setting. When a child is experiencing difficulties, if there is a crisis in the school (e.g., trauma, death), if administrators are setting policy that will affect children's educational lives, school psychologists are there to ensure that psychological well-being is maintained and to help educate other professionals on children's psychological needs or limitations.

A major task for many school psychologists also is to conduct assessments of children's academic and social-emotional functioning. Every child who may be eligible for giftedness placement, or for learning disability (LD) services, needs to be evaluated using standardized assessments. School psychologists typically are the only professionals within the school setting

with the training to administer and interpret these types of standardized assessments. LD evaluations in particular have important implications not only for children, but also for school policy and funding. Public law mandates that children receive the services they need to obtain an adequate education, and each child meeting LD criteria must have an individualized educational plan developed, and evaluated periodically. School psychologists often serve the lead role in this endeavor.

*What is the training like?*

You may have heard that to practice as a psychologist, you must have a doctoral degree. That is true for all fields except school psychology. School psychologists can be hired with only a Masters degree (plus year-long internship). This may be, in part, because there is a tremendous shortage of school psychologists working in the US, and the field is reducing barriers to getting new, bright students into the profession! Keep in mind that Masters level School Psychologists are not able to practice autonomously, however, but they can be hired and even tenured within a public school system (e.g., elementary, middle, or high school).

### 3. Masters in General Psychology

*What is the Masters in General Psychology?*

There are not too many terminal masters programs in psychology left, but those that exist offer a nice option for students who wish to gain advanced experience in psychology before pursuing a doctoral degree. Each masters program varies in its training goals. However, many offer graduate coursework and require the completion of a masters thesis to obtain a degree. Programs typically last 1-2 years.

There are benefits and drawbacks to the terminal masters degree. The good news is that this is an opportunity for structured education in psychology. The coursework is taught at the graduate level and may even include some specialty work (e.g., training in clinical psychology specifically). The Masters thesis offers an opportunity to learn more about psychological research. Students who did not major in psychology during their undergrad years, or who feel like their interests are not yet well-developed, may find this structured educational opportunity enormously helpful.

Unfortunately, the terminal masters degree in itself does not offer many career options. It should be noted that many doctoral programs in psychology offer a masters degree en route to the doctoral degree. Thus, within the 4-6 years of doctoral training, a masters thesis may be required, and the degree will be granted – somewhat marking the half-way point of doctoral training. The terminal masters degree is different. Many students in terminal masters programs go on to a doctoral program. Some of these doctoral programs will credit the time in the terminal masters program towards the doctoral training requirements (e.g., some courses, or the need to write a new thesis may be waived). However, other doctoral programs will not waive requirements; thus, there is the potential for some repetition in training. A final drawback pertains to the cost of training. Many schools will charge tuition for terminal masters training. In contrast, most Ph.D. doctoral programs in clinical psychology waive tuition and typically offer a stipend. Thus, for students who are certain that they are interested in doctoral training, and can gain admission into a Ph.D. program, the terminal masters may not always be a wise option. However, for other students, this can be a very valuable experience!

#### 4. Counseling Psychology

*What is counseling psychology?*

The American Psychological Association's Division 17 is specifically focused on Counseling Psychology. This division's website has a section specifically dedicated to students: <http://www.div17.org/Students/default.htm> with pertinent information.

A long time ago, a clear distinction between clinical psychology and counseling psychology was offered. The field of clinical psychology was meant to address serious mental illness, such as any of the disorders that might be found in the DSM. In contrast, counseling psychology sometimes was referred to a field that addressed "normal people with normal problems," often including vocational counseling.

This distinction remains somewhat true, but the boundaries between clinical and counseling psychology are certainly a bit more blurred. Both require a doctoral degree for independent work. Both are referred to among the public as "therapists" or "psychologists." And few potential clients discriminate between the fields when selecting a therapist. A great many clinical psychologists primarily offer "counseling" to clients with no obvious DSM symptoms. Counseling psychologists also have substantial contact with individuals who meet criteria for some specific disorders (e.g., depression, anxiety, substance use, and eating disorders, for instance).

Counseling psychologists work in private practice, many work in counseling centers (e.g., College Student Mental Health Services; Community Clinics; Community Mental Health Centers). Some counseling psychologists also work in academia as professors or clinical supervisors in counseling psychology graduate programs. Counseling psychologists also can conduct and interpret assessments.

To a large extent, counseling psychologists, and counseling graduate training programs, are less heavily involved in research activities than are clinical psychologists. Counseling psychologists also are less likely to work as professors within university departments of psychology, or as instructors in undergraduate classes. As compared to clinical psychologists, counseling psychologists also are less likely to work with severe forms of mental illness, such as autism, schizophrenia, bipolar disorder, etc. See the weblink above for more information on counseling psychology, its mission, and training emphases.

*What is the training like?*

Like clinical psychology, counseling psychology requires a doctoral degree. Doctoral programs typically require 4-6 years to complete in addition to a year-long internship. A dissertation is required, although the research expectations for this project sometimes are lower as compared to the clinical psychology dissertation. Counseling programs often involve more coursework and practica than in clinical psychology programs.

#### 5. Developmental psychology

*What is a developmental psychologist?*

Most undergraduate departments of psychology have one or more faculty who represent sub-disciplines within the field, such as social, biological, cognitive, developmental, clinical, experimental, quantitative, developmental or community psychology. Each of these areas can be pursued for a graduate degree (although few community programs remain). As one of these sub-disciplines, developmental psychology is a scientific discipline that is focused specifically on the study of behavior as it changes across the life-span. Although there is a great need for more

work on emerging adulthood, middle adulthood, and geriatric issues, the majority of work done in developmental psychology is on children and adolescents. Developmental psychologists are interested in understanding topics such as cognitive, language, motor, social, emotional, and moral development, for example. The field is invested in understanding influences on development both intra-individual (i.e., even including neuroscience mechanisms) and inter-individual, such as the role of parents, peers, schools, communities, and culture on development.

Developmental psychology is a scientific field. It does not involve clinical practice. However, many programs do have an emphasis on studies of prevention programs. If this of interest, it is good to look out for programs emphasizing “applied developmental psychology,” and information indicating research on prevention and intervention strategies (e.g., Head Start; Anti-Bullying campaigns, etc). Thus, a developmental psychology program can be involved in research on the development or effectiveness of interventions. However, these programs do not offer training to individuals who want to be licensed as a clinician (i.e., who want to conduct clinical assessments or therapy). Thus, these programs are specifically geared towards students with an interest in pursuing a strictly research and/or teaching career, either in a research center or as a professor in an academic position. Developmental psychologists also may work in settings that can affect policy at local, state, or national levels.

*What is the training like?*

Developmental psychology doctoral programs are similar to clinical psychology doctoral programs in many ways. Both involve 4-6 years of training, coursework, a masters thesis and dissertation. Developmental psychology training does not involve any clinical practicum work, and no clinical internship year. More information can be found from Division 7 of the APA: <http://classweb.gmu.edu/awinsler/div7/cgi-bin/devgradprograms.cgi>. The Society for Research on Child Development ([www.srcd.org](http://www.srcd.org)) also may offer useful information.

## 6. Child Psychiatry

As you may already be aware, the fields of psychiatry and psychology have some overlap in the types of patients or clients who are seen, the types of services offered, and the types of settings in which members of these professions may work. However, several prominent differences exist between child psychiatrists and clinical child psychologists; these are briefly outlined here.

First, psychiatry is a medical specialty thus requiring a medical degree (MD), an internship, and residency. In contrast, clinical child psychologists obtain a doctor of philosophy degree (Ph.D.) in clinical psychology, complete an internship, as well as an additional year of supervised clinical experience before obtaining licensure.

Second, psychiatry has traditionally focused on the use of psychotropic medications more than psychosocial treatments (e.g., therapy) to ameliorate mental health symptoms while the opposite is true for psychology. Many psychiatrists do conduct therapy, although often using a somewhat different approach and relying on a different theoretical discipline than is emphasized in psychology. Likewise, some USA states now are allowing psychologists to obtain prescription authority. Within the next decade, many psychologists may live in regions that will allow them to prescribe medications to their clients. However, psychologists' training regarding medications surely differs in scope than the training offered within psychiatry programs.

Third, the majority of clinical psychology training programs adopt a scientist-practitioner or clinical science training model. This model emphasizes education both the science and

practice of psychology based on the premise that these educational experiences reciprocally inform one another and are conjointly needed to produce a qualified professional. In contrast, training models in psychiatry typically do not subscribe to scientist-practitioner models; few involve research training or activities.

### 7. Clinical child psychology and Pediatric Psychology

Many describe the clinical psychology Ph.D. degree as one of the most versatile graduate degrees available. Clinical psychologists with a Ph.D. degree are qualified to work as practicing clinicians, professors in academia conducting research or teaching, consultants, and supervisors to other mental health professionals.

As described above, clinical psychologists often are trained in scientist-practitioner programs (often referred to as the Boulder model of training). However, this model often causes some confusion among students evaluating career options. In a scientist-practitioner model (or the somewhat distinct 'clinical science' model; see below) students are trained both as researchers and practitioners. In other words, in addition to the research expertise required to complete a masters thesis and dissertation, students' experiences include many "clinical hours" conducting assessments and therapy in a variety of structured, supervised clinical placements to develop practitioner skills. Doctoral Ph.D. programs almost exclusively are located within university departments of psychology that employ clinical psychology professors who themselves are dedicated largely towards research and teaching endeavors. Thus, many clinical psychology Ph.D. students feel that they receive excellent exposure to research experiences during graduate school, and perhaps even implicit pressure to pursue a research-oriented career following graduate studies. Indeed, many graduate programs specifically examine graduate applications for information confirming an interest in research.

Yet, the majority of graduates of clinical psychology Ph.D. programs nevertheless pursue careers that involve primarily practitioner experiences. This raises a common question regarding the pursuit of a Ph.D. degree in clinical psychology: Is this the best option for you if you are not at all interested in research?

The short answer is: No. But a longer answer is necessary.

The scientist-practitioner model is based on the idea that clinical psychologists should have expertise in both science and practice. It also is based on the idea that education in both areas is necessary to be fully competent in either. The model suggests that a psychologist who is unable to critically evaluate theories and methods related to practice will be inadequate as a clinician. Similarly, a researcher who has not had exposure to actual clients experiencing psychopathology will be unable to develop and test appropriate hypotheses regarding psychological symptoms or treatment.

An apt analogy may come from a description of graduate training in law. Many who have pursued a law degree state that the curriculum is not specifically designed to teach trial room strategies or jury selection techniques, etc., but rather graduate training is meant to help students learn "to think like a lawyer."

Doctoral Ph.D. training often is based on the idea that students must learn to "think like a psychologist." This means that students must be extremely comfortable with the scientific method, including the generation of hypotheses, the development of standardized procedures that can be used to evaluate these hypotheses, and the ability to draw appropriate conclusions that may inform future hypotheses. These skills are necessary not only for research endeavors, but also when interacting in a therapeutic context. Case conceptualization skills involve a similar set

of procedures as described above, and it is this approach that necessitates dual training as a scientist-practitioner during graduate school in clinical psychology. Unlike law school, however, graduate school in clinical psychology involves direct application of coursework learning in real world situations. Within a year of admission in most programs, clinical psychology graduate students will begin seeing clients, conducting assessments, and offering treatment (all with supervision, of course).

Thus, the reason why many Ph.D. graduate programs emphasize, and even select students who are interested in research is because it is believed that research training helps students develop the critical thinking skills that are needed in any activity as a clinical psychologist.

Having said this, it is important to note that research training is a major emphasis of the graduate curriculum (including a masters thesis, dissertation, etc). Students who do not enjoy research or the research process will not be happy graduate students. Students who do not anticipate any openness to the possibility of conducting research in their careers, even if only as a small proportion of their job responsibilities, also may not be a good match for Ph.D. training. It is important to be very honest with yourself at this stage in your professional development. The Ph.D. application process is somewhat arduous, and graduate training can be demanding. It is very important to carefully determine whether this is a good match for you.

### *Research and Clinical Work in Clinical Child and Pediatric Psychology*

Perhaps you still are unsure whether you are interested in research, or you would like to know more about different possibilities for research activity in clinical child psychology. This section discusses two clinical psychology sub-fields that offer distinct opportunities for research and clinical work.

Clinical child psychology and pediatric psychology sound somewhat similar, but in fact each sub-field has a different primary emphasis. Clinical child psychology generally is concerned with psychopathology among youth, such as the types of disorders that are discussed in the DSM. Note: although many refer to the field using the term "clinical child psychology," research and clinical work usually involves exposure to youth at all development levels, including infants, toddlers, school-aged youth, and adolescents. Pediatric psychology (sometimes referred to as child health psychology) also is concerned with psychopathology, but with a particular emphasis on symptoms or adjustment that is related to some aspect of physical health. Pediatric psychologists tend to work in general hospital settings more often than do clinical child psychologists. However, both may open a private practice, work in academia as professors, and both offer a wide range of areas for research and clinical work. Some examples are discussed below.

### Examples of Clinical Child Psychology Research and Clinical Work

Much of the work done by clinical child psychologists can be organized into general themes of psychological symptoms:

- Externalizing Disorders (e.g., Conduct Disorder, Oppositional Disorder, ADHD)
- Internalizing Disorders (e.g., Anxiety, Depression)
- Mental Retardation and Pervasive Developmental Disorders (e.g., Autism)
- Serious Mental Illness (e.g., Childhood schizophrenia, Bipolar Disorder)

For each disorder, there are bodies of literature that examine:

- a. Causes and consequences of symptoms, including 1) the study of individual biological, cognitive, social factors that may be associated with symptoms; and 2) the study of family, peer, school, community, or cultural factors that may affect the onset, presentation, maintenance, or reduction of symptoms
- b. Efficacious and effective modes of treatment, including factors that may modify treatment efficacy, or specific therapist and client behaviors that affect the outcome of therapy
- c. Prevention strategies
- d. Comorbidity

A good idea is to visit the website for the *Journal of Clinical Child and Adolescent Psychology* ([www.jaacp.net](http://www.jaacp.net)), or to examine this journal using the PsychInfo tool at your university's website. Read over the titles and abstracts of some recent issues, and you will get a good sense for what kind of work clinical child psychologists do.

### Examples of Pediatric Psychology Research and Clinical Work

Much of the work done in pediatric psychology is associated with one of the following questions:

1. Do children with a physical illness (e.g., Cancer, HIV) or physiological irregularity (e.g., chromosomal abnormality, etc.) experience psychological adjustment difficulties?
2. Can psychological interventions be used to help increase youths' adherence to medical regimens (e.g., for diabetes, asthma, etc.)?
3. Can psychological interventions be used to help reduce health symptoms (e.g., encopresis, painful medical procedures, etc.)?
4. What factors are associated with children's or adolescents' engagement in health risk or injurious behaviors, such as substance use, sexual risk behaviors, weight-related behaviors, etc.?
5. What is the association between psychological and physical health (e.g., stress, immunity, etc.)?

Be sure to check the *Journal of Pediatric Psychology* for some specific examples of work in this area (<http://jpepsy.oxfordjournals.org/>).

### The Ph.D or Psy.D.

A final issue to discuss pertains to two types of doctoral degrees that are available in clinical (including clinical child), counseling, and school psychology. All of the information

above describing doctoral training has been focused specifically on the Ph.D. degree. However, a separate option exists for doctoral training. Although not an expert on this type of degree, I have offered a general description of this option below.

The Psy.D. was developed as a new type of doctoral degree several decades ago in response to some opposition regarding the "Boulder Model" (i.e., scientist-practitioner). Specifically, it was argued by some that the training in science was not necessary to become a practicing clinician, and a new training model largely emphasizing clinical work was developed.

Today many Psy.D. programs are available. Like other doctoral degrees, Psy.D. programs typically take about 4-6 years to complete (plus an internship year). The vast majority of training experiences are clinical in nature, as well as some coursework. Some programs require a "dissertation" document; however, this usually is quite different in scope from what is expected in Ph.D. programs.

Many students ask whether Psy.D. programs are less prestigious than Ph.D. programs. Although it is difficult to comment on this specifically, there are some important differences between some of these programs that should be noted.

As mentioned above, Ph.D. programs are almost exclusively located within university settings, which are not-for-profit institutions. Some Psy.D. programs, however, are located in for-profit institutions, such as freestanding 'Professional Schools of Psychology.' While most Ph.D. programs typically waive tuition costs for graduate students and offer assistantships that provide a modest annual stipend (typically between \$12,000-18,000), many Psy.D. programs charge tuition to students, which can cost approximately \$10,000-\$20,000 annually.

There currently are no formal rankings of doctoral programs in clinical psychology that are generally considered to be reliable or valid. However, attempts have been made to document the quality of graduate programs in a variety of ways. For example, since all North American psychologists who wish to obtain a license to practice must take a standardized exam (called the EPPP), one metric for examining the quality of graduate training and graduate admissions may be to compare average scores on the EPPP among graduates of each program. Results from this analysis, conducted over ten years ago, can be found at <http://www.socialpsychology.org/clinrank1997.htm>. These data should be interpreted with caution. However, a notable trend is evident. The average mean of EPPP scores from Psy.D. programs is notably lower than from Ph.D. programs.

Overall, the Psy.D. option can be an excellent choice for students who are interested in obtaining a doctoral degree in psychology, and have decided that they do not wish to be involved in research – either during graduate training or during one's career. However, the Psy.D. option should be exercised cautiously. Some very high quality programs are available (often those that are at not-for-profit institutions), and excellent training is certainly possible. However, applicants will need to do their homework investigating the adequacy of training more thoroughly if pursuing this type of degree.

## **Section 2**

### **Applying to Doctoral Ph.D. Programs in Clinical Child Psychology**

This next section offers specific suggestions for applying to doctoral Ph.D. programs in clinical child psychology. A general overview of some common issues is included (e.g., obtaining research experience, writing a personal statement, etc), followed by answers to specific “frequently asked questions” that have been sent to me over the years.

#### Obtaining Research Experience

Perhaps the single most important thing you can do to improve your chances of graduate school admission is to obtain research experience. However, note that research experiences can vary considerably. As an undergraduate student, you may have opportunities to become involved in a faculty member’s lab to engage in a variety of possible tasks. It is quite common for undergraduate students to assist with data entry, library research, data coding, data collection – perhaps involving interactions with research participants, or other tasks that may be specific to the type of research you are interested in (e.g., computer programming; creation of study materials or stimuli, statistical analysis, etc.).

What is the best research experience to get? No single type of research experience is necessarily better than another (although some are admittedly tedious, perhaps). More important is that your research experience helps you to accomplish three goals. First, it is important for you to become exposed to the research process to determine whether you enjoy this type of work. You will undoubtedly observe that research is a very time consuming, detail-oriented, meticulous endeavor that may take months or even years before achieving results. Research also can be remarkably invigorating, allowing you to examine ideas most important to you, rigorously test these ideas, and then disseminate your results to the international community of psychologists through conferences or manuscripts! Research is not for everyone, and this exposure may help you to learn whether this is an activity that you can become thoroughly involved in for many years to come. If you do not find that you have a passion for at least one aspect of the research process, it may be challenging to retain the stamina needed to successfully complete independent research projects as a graduate student.

A second goal of your research experience is to learn about the type of research questions that interest you the most. Assistance on a study related to adolescent girls depression may help you to learn that you enjoy, or do not enjoy, working with adolescents, examining gender-related issues, or studying internalizing disorders, for instance. Your work on a project examining therapy process variables that increase the efficacy of behavioral treatment of externalizing symptoms may help you appreciate applied research questions, or increase your desire to study precursors that predict the onset of oppositional behaviors. Importantly, when you apply to graduate programs, it will be necessary for you to have some focus regarding the type of research you would like to conduct. In clinical child psychology, it is particularly important that this focus include some general idea of a) whether there is a specific disorder or process of interest; and b) whether there is a specific age group you may be especially interested (or not interested) in.

Third, and perhaps most important, it is essential that your research experience allow you to become educated regarding the scientific questions under investigation. Too many graduate students gain research experience that helps to develop specific skills (which is certainly very

important!), but not a broader understanding of what the research is about, or why it is being conducted.

Offering a scientific contribution to the research project can be difficult and intimidating, however. Some students feel reluctant to offer ideas and input during lab meetings that include mostly graduate students, postdocs, and faculty members. It also may feel somewhat challenging to schedule an individual meeting with your faculty mentor to discuss your ideas. I strongly recommend that you attempt to do so, however, to get the most of your research experience. A good start is to request some articles that will help you to read a bit about the area under investigation. Then, it is worth spending a few hours on PsychInfo looking for related articles that help you to understand how multiple investigators have thought about the issue you are studying. Then try asking some questions, or offering some opinions and thoughts during a lab discussion. Your ideas do not need to be revolutionary, but just simply help you to understand more of what is going on. For instance, you may want to know, "Why are we measuring variable X this way?" "Is this related to theory Y that is discussed in this article I read?" "I wonder if examining Z would help us to understand the issue better."

Your research experience should help you to "think like a scientist," and even if you are simply entering data, you might be able to observe something that allows you to develop a question about the nature of whatever it is that you are studying (e.g., "Everyone responds with a '1' to this item; perhaps we are not assessing this well"). Incidentally, demonstrating this ability to your faculty supervisor also will help them write you a letter of recommendation when you apply to graduate school.

As you may know, admission to clinical child psychology Ph.D. programs is quite competitive. Successful applicants now typically have amassed considerable research experience before applying to doctoral programs. In addition to work in a research lab as a volunteer, or for a semester of course credit, other options include the completion of an honors thesis, or taking a full-time research assistant position for 1-2 years following the completion of the undergraduate degree. The honors thesis is a particularly excellent opportunity to gain research experience; the thesis helps you to develop and demonstrate independent research skills by developing and testing your own hypothesis. The thesis also helps you to gain substantial exposure to a faculty member who can provide mentorship on your thesis and later write you a letter of recommendation. A full-time research assistant position also can be a terrific opportunity. In this role, you will develop advanced knowledge and skill in the detailed procedures required to conduct an investigation, to work closely with a faculty member, and often to supervise undergraduate research volunteers. While neither the honors thesis or full-time position is *required* for entry into graduate school, a remarkably high proportion of successful applicants to top Ph.D. programs do have one of these experiences.

### Obtaining Clinical Experience

Many students ask whether they need to obtain clinical experience to gain entry into doctoral Ph.D. programs. In my opinion, the short answer is, "No."

Clinical experience offers the opportunity for you to gain exposure to populations of youth who are experiencing psychological symptoms. For this reason, it can be a good experience, and perhaps one that you should have before embarking on a clinical child career. This experience also will help you learn to develop rapport with children of different ages, and in different settings. Some clinical experiences occur in excellent treatment facilities (or in

treatment/research summer camps for youth with psychopathology), and these particularly can be excellent experiences.

However, since your role during this clinical placement will not be that of a true clinician, the skills you develop are not necessarily going to increase the attractiveness of your application significantly. In other words, you will learn all you need to know about clinical work during graduate school, so these experiences are not needed to demonstrate any specific expertise. If you believe this experience will help you determine your interests and career choice, then it is a terrific idea. If you have already decided to apply to clinical child Ph.D. programs, and you have a choice between a research and clinical experience, then choose research, research, research.

### How the Admissions Process Works

Admission into clinical psychology doctoral Ph.D. programs is perhaps more competitive than any other type of graduate program, including law, medicine, etc. For many programs, approximately 2-5% of applicants (often about 3-8 out of 150-350) are admitted. Every graduate program differs in their evaluation and admissions procedures, but most all programs use some type of multiple hurdle system that evaluates applicants in several stages based on different sets of criteria.

#### 1. Educational Background

Typically, the evaluation of applications begins with a review of basic educational credentials. Sometimes this stage of the evaluation process is conducted by the university's graduate school, or an administrative person, rather than a psychology faculty member. Thus, the review is fairly brief, blunt, and admittedly imperfect. Factors evaluated include the quality of the undergraduate institution, the undergraduate GPA, and the GRE scores.

At this stage, you likely already have selected, and perhaps are close to graduating from, your undergraduate institution. There's not much you can do about that now.

*Which GPA?* Students often ask whether their overall GPA or their psychology (major) GPA will be evaluated. In my experience, the overall GPA is given far more weight than the psychology GPA. In many cases, however, undergraduate students began school with hopes of pursuing a premed curriculum. After several low grades, however, students switch career aspirations, and their overall GPA now suffers from these few low grades during freshman year. In this situation (particularly if this has been noted somewhere in the application; most appropriately by a referee), the evaluator may briefly glance at the transcript to see if a single outlier grade or two is contributing to a low overall GPA. But to be frank, I believe that even in this situation evaluators will focus only on the overall cumulative GPA. I believe it is extremely rare for students to be admitted to any Ph.D. clinical child program with a GPA below 3.0. I believe the vast majority of admitted students have a GPA above 3.4 or 3.5. You can visit the website of almost any Ph.D. clinical program to obtain GPA averages and ranges on the last few classes of admitted students (look for links that indicate 'performance and outcome data').

Students sometimes ask whether specific classes might increase or decrease the likelihood of admission. I believe the transcript is infrequently scrutinized, particularly for psychology majors. Because the psychology major typically includes a similar set of classes in most all undergraduate institutions (e.g., research methods, statistics, etc), it often seems unnecessary to examine the course choices of every applicant. You will not get into graduate

school simply because you took 1-2 advanced or difficult courses, and you will not be denied admission simply because you took Advanced Basketweaving as an elective.

*What if I didn't major in Psychology?* The vast majority of admitted students have majored in psychology. But a significant minority have not. Applicants who have not majored in psychology likely need to have even more research experience, however, to demonstrate a familiarity with the field. The Psychology GRE score also may be more relevant for these applicants.

GRE scores also are used as an important marker of potential success in graduate school. As with GPA, the higher the score, the better. Two GRE exams are relevant: the General exam and the Psychology GRE. The General exam is quite similar to the SAT, and students on average score 100 points higher (for Verbal and Quantitative combined) on the GRE as compared to the SAT (thanks to a quality undergraduate education!). As with the SAT, several companies (e.g., Princeton Review, Stanley Kaplan) offer courses and books to help students study for the exam.

Percentile scores are often evaluated more closely than the standardized scores. The program websites mentioned above also include data regarding the averages and ranges of GRE scores for admitted students. Also, APA offers a book with information on every program, as well as data regarding admission criteria: <http://www.apa.org/books/4270089.html>. In practice, I believe most all students' verbal + quantitative scores exceed 1200, and many exceed 1300 (over the 75<sup>th</sup> percentile on each section); however, *significant deviation* in these scores is allowed when considering cultural and language limitations of the GRE.

The Psychology GRE is not very important to most clinical Ph.D. programs. When I applied to graduate school approximately 300 years ago, I was told that the Psychology GRE score "will not get you in, and will not keep you out." I believe this is still true.

## 2. General Match to Program Values and Training Experiences

Students who make it past the first hurdle of application evaluation (anywhere between 20-50% of applicants do), next are evaluated to determine a general match to the overall program values and possible training experiences. I believe there are four main reasons why an application would not make it past this hurdle.

1. The students' career interests simply do not reflect the values of the program. Perhaps most commonly, an applicant applies to a program that emphasizes research training, yet expresses no interest in research and/or has no research experience. Or, conversely, it may be that a student with an exclusive interest in research applies to a program that emphasizes clinical training. Or, a student may express an interest in a specific theoretical orientation that is not emphasized by the graduate program (more on theoretical orientation below).

2. The student expresses an interest in an activity (e.g., studying schizophrenia) that simply is unavailable. This may be for one of four remarkably common reasons.

- a. First, it may be that this training experience never has been offered in the program, and the application appears to have been submitted merely due to the reputation or location of the program.

- b. Second, it may be that the activity was directed by a faculty member who has since retired or left the university. It is essential that you check the website regularly for each program to which you apply.

- c. Third, it may be that the faculty member providing this activity is still in residence, but will not be accepting a student this year.

d. Fourth, the faculty member is in residence and accepting students, but has changed research interests recently.

Regarding points (c) and (d) above, please see information below regarding suggested strategies for contacting potential faculty mentors before the application process.

3. The application contains information that is widely inappropriate and unprofessional. Applicants who disclose their own psychopathology, for example, are often "screened out" at this stage.

### 3. Specific Match to a Mentor and Research Program

At this stage during the admissions process, each faculty mentor who is accepting students usually offers input regarding 5-20 applicants who have excellent educational credentials and are a general match to the program. At some programs this is referred to as the "short list." The next stage of the admissions procedure becomes remarkably difficult for the faculty member and/or admissions committee. Quite frankly, there are many extremely well-qualified applicants, and by this stage of the process, it often is apparent that any one of the short list members would do quite well in graduate school. Similarly, many faculty feel that they would likely be happy with any of these highly talented applicants.

Yet, decisions nevertheless need to be made, and the types of factors that go into admissions decisions at this point can be inconsistent or even unpredictable. In other words, students who make it to the short list, and then the interviewing stage should not feel personally offended if later denied admission. This is truly a difficult process.

Despite some of the idiosyncrasies and serendipity involved in this stage of the process, there are some clear factors that still can make a difference in your fate, and some clear suggestions for improving your application. These are described below.

### The Personal Statement

The vast majority of personal statements follow an identical format. First, a brief anecdote is offered describing a watershed moment in which the applicant fully realized their interest in child psychology. Next, a brief section describes the applicants' enthusiasm in one or more psychology undergraduate courses. Research experiences then are described in succession. For each experience, the title and principal investigator of the project are listed, followed by a list of the applicant's responsibilities and tasks on the project. The statement often ends with a brief paragraph describing research interests, career interests, admiration of the graduate program, and perhaps the name of a specific potential mentor or two.

This type of personal statement is fine. It accomplishes many of the main objectives that the personal statement is meant to serve. It indeed is important to clearly state research experiences, to express enthusiasm for and a match to a specific aspect of the graduate program, and to articulate clear research and career goals. It also often is a good idea to identify a potential mentor.

Yet, this type of statement is not quite as effective as it may be, in part because so very many statements appear to be remarkably similar to one another. I believe that the statements that truly distinguish themselves are those that demonstrate evidence of the potential to become an independent investigator. As a graduate student, you will be expected to progressively develop research skills that will establish you as an independent scholar. To the extent that it is

possible to convey this within the personal statement, you may be able to make your potential to excel as a graduate student very clear to the reader.

Listing research experiences, principal investigators, and project responsibilities can accomplish an important goal. Often, your experiences will reflect exposure to a project with goals that are particularly relevant to the potential mentor's own research, a large, impressive project, or an undergraduate mentor who is known for producing excellent training experience among their students. This can indeed be very helpful to your application in that it expresses a great foundation on which to build during graduate training. If your potential graduate mentor is familiar with your undergraduate mentor's work and reputation, you may benefit from positive assumptions and attributions made about you and your undergraduate work.

Conveying an accounting of your various responsibilities on research projects also can be useful to help describe your readiness to assist in ongoing projects in your graduate mentor's lab. You may even possess a particular skill that is lacking and needed in the lab; thus, you will be a particularly strong asset to your new environment.

Graduate mentors may differ in their selection criteria. Many are extremely excited to have an enthusiastic and experienced applicant join the lab. Others may be mostly concerned with your academic ability and interest in their research, knowing that they can train you to complete whatever tasks are needed in their lab. However, all graduate mentors likely are invested also in seeing you succeed as an independent scholar. Thus, I believe an applicant 'can't go wrong' by going a step beyond this common format, and clearly conveying an aptitude for independent research.

Perhaps more important than a list of prior research experiences and responsibilities is a brief description of *what you learned* from each of these research experiences. What was the project about? What were the hypotheses that interested you the most? Are you familiar with any of the literature that is related to the research project? How did your experience in this research project help shape your interests?

In other words, the personal statement does not need to simply restate your CV or resume, but can help the admissions committee understand what is 'between the lines' of your CV/resume. A description of your responsibilities might indicate that you 'coded and entered data using SPSS on a project examining autism.' But in addition to this information, you might also indicate that "the project was designed to examine the efficacy of IBT treatment," and that you were "particularly excited by the opportunity to examine different treatment approaches in an applied research setting," or that you "observed that children's intellectual ability notably changed the presentation of PDD symptoms," leading to your "strong interest in studying Asperger's disorder."

As you can see, the inclusion of these statements is perhaps somewhat subtle. However, I believe it can be quite helpful for the admissions committee to 'see how you think,' understand the motivations behind your research interests, and also help convey your knowledge of the literature or theories involved in your past work. The applicants who do this successfully have personal statements that appear qualitatively different, and often are more successful.

*Should I list a specific mentor?* Short answer: Yes. But keep in mind that programs vary considerably on how graduate students are selected. Some programs allow each faculty member to make unilateral decisions regarding graduate admissions. Thus, your application is really meant to convince a single person to admit you, and your potential match with that person will be evaluated directly. Other programs make group-based decisions to varying degrees. It

still may be important to express a match to a specific mentor, but your general match with the program, and perhaps with other potential mentors also will be evaluated.

This reflects a general issue related to your decisions on how to select graduate programs. You probably are already aware that at the next stage of your career, your graduate school experience will be evaluated not simply on the reputation of your Ph.D. program, but also on the reputation of your mentor, and your productivity with that mentor during graduate school. This is different than the undergraduate application experience which can be discussed in terms of various ranking systems of university reputations (e.g., US News and World Report). Remember, rankings are not generally considered to be very reliable for Ph.D. psychology programs (at best, one might use existing graduate ranking systems to identify programs in the top quartile, second quartile, etc., but rankings more specific than that are somewhat false). Ph.D. programs in clinical psychology sometimes are located within universities with excellent reputations for undergraduate training, but sometimes not. Similarly, the best possible mentor to study a particular area of research sometimes will be located at a graduate program generally regarded to be of high quality, but sometimes not. Thus, your application decisions may reflect an interest in a program, a mentor, or both, - your personal statement should reflect these interests.

#### Contacting Potential Mentors: Sometimes a Good Idea

With the advent of email, students more commonly began to write potential mentors to inquire whether applicants would be accepted in the lab this year, and/or to generally express an interest in the graduate program. This is a terrific idea, and many mentors will be very appreciative of such emails.

However, it is important to remember that some mentors may receive a great many emails from applicants during high peak months of the application process. Therefore, it is important to be patient and forgiving when waiting for a response from faculty. It also is often a good idea to carefully review information available on the program website, or faculty member's website, as answers to some of your questions may be available online. Most faculty will be happy to answer your questions and correspond when possible. Be aware, however, that such correspondence is certainly not necessary and often plays little to no role in your admissions outcome.

## Section 3 Frequently Asked Questions

### About the Field

#### **1) What is the general salary range for researchers/clinicians in each of the fields?**

No one is making a lot of money by being a clinical psychologist! But it is probably safe to say that clinical Ph.D. psychologists do make more than social workers, and more than masters level clinicians. In academia, psychologist salaries largely are determined by the type of university (public, private), geographic region, and years in rank. Faculty salaries at psychology departments usually are based on nine month salaries. This means that you are paid to work during the school year (although usually the checks are separated into 12 payments so you do not have to live on Ramen noodles in June, July and August. In a faculty position, you can increase your salary from 9 to 12 months by paying yourself off of a grant or by doing summer teaching. So, a nine month salary of \$60K becomes a 12 month salary of \$80K. For more information on faculty salaries at psychology departments, see: <http://research.apa.org/facsal20042005.pdf>.

Salaries for doctoral-level clinicians, either clinical, counseling, or school, and either Ph.D. or PsyD. Are more variable. Depending on whether clients pay out of pocket or by insurance, whether you work at a practice or service that pays you based on what you bill vs. what you collect, or whether you are paid to work as a staff psychologist on an ongoing service, salaries can range from \$40K to \$80K as a starting practitioner. The days of converting your garage into a little private practice and raking in \$150/hour are mostly gone, unless you work with a very affluent clientele in a large metropolitan area. For more information, see the APA division on independent practice: [http://www.division42.org/StEC/stec\\_home.php](http://www.division42.org/StEC/stec_home.php)

#### **2) Is it possible to be both a researcher and a clinician at the same time?**

Absolutely! Very few clinical Ph.D.s do only one exclusively, in fact! When you went to college, you probably saw psychology professors who did mostly teaching and research. But only a minority of clinical Ph.D.s go into this type of academic position. Psychiatry departments (e.g., hospitals, VAs) hire many psychologists. These jobs typically include some proportion of clinical vs. research work (20-80%; 50-50% or 80-20%). Sometimes you can obtain a research grant to help “buy out” some of your clinical responsibilities. Many graduates also will obtain first “jobs” rather than a first job, by getting a few piecemeal positions that help fill full-time responsibilities. For instance, you can teach a course somewhere as an adjunct faculty member (maybe \$5-8K for a course one semester), see some private clients while obtaining your final licensure, help someone on their grant for some consulting money, and run some group therapy at the local inpatient unit. In many cases, there are jobs available that already have pieced many of these activities together.

#### **3) After obtaining a doctoral degree in clinical psychology, is it possible to be a researcher for a few years, then become a clinician?**

Sure, but it is more difficult to do the reverse. To maintain a successful research career, you typically have to stay active in the literature (as a reader and contributor). Also, remember that studies take a long time to propose, run, and write up (if you apply for a grant, collect longitudinal data, analyze the data, write it up, and then publish it, it could be as long as 5 years from start to finish!). So, it is hard to do research full time after a very long gap of inactivity.

Many researchers maintain active clinical work, however. A fairly sizeable proportion of your clinical psychology professors probably saw clients 1-2 evenings or days a week. Most all also supervise graduate students' clinical work.

#### **4) What is the lifestyle of a clinical psychologist in academia or private practice?**

My unbiased position is that it is the best career in the world! In academia, you are your own boss, you work on whatever is most interesting to you, you are paid to study and teach what excites you, you get to interact with enthusiastic students, travel a lot, and set your own hours.

Academia comes with pressures, however. You need to publish, get grants, and teach well to get tenure. These are difficult tasks, and your success in them is not totally based on your own merits (e.g., some is determined by the idiosyncratic review process). Most activities in academia come with very delayed gratification. As mentioned above, some projects take years. Lastly, it is important to be self-disciplined in academia. Having no boss means that there is only one person to fault if work does not get done – you!

Practitioners (especially if in private practice) also often can be their own boss, pick exactly which clients they would like to work with, set their own hours, etc. Private practice requires business savvy. You need to advertise and market the practice, hire staff, organize billing and insurance issues, and be aware of your liabilities in case of emergencies and crises. The rule of thumb is that every person you hire decreases your work load by 1, but increases your management load by 1. In other words, as a manager or employer, you may have to address employees' work habits, office politics, or personal issues.

Group practices and other practitioner jobs are perhaps more common than private practice. Some compromises include: shared management and business-person responsibilities, but less freedom in setting your own practice and work hours, etc. Clinicians sometimes experience the pressures of difficult clients and clinical crises which can occur at any time.

#### **5) What's the internship year about? Is it harder to get one as a Ph.D. vs. Psy.D.**

All doctoral programs (clinical, counseling, school) require an internship experience, either full time for one year, or part-time for two (more rare). This year involves almost exclusively clinical experiences. Although you also get clinical experiences on practicum during graduate school, this year is a more intensive training experience that allow you to immerse yourself in the role of a clinician. Consequently, your ability to learn clinical skill increases dramatically during this year. An apt analogy would be comparing the difference in Olympic training between doing a few laps one night a week for four years vs. 10 hours of training a day for one year. The former is important, but latter will help you develop in a qualitatively different way.

The internship application process is a whole new fun experience to think about years from now. For now, just know that over 80% of applicants get an internship on their first attempt, and the vast majority of applicants get one of their top three choices. Some sites tend to prefer Ph.D.s while others prefer PsyD.s. Similarly some sites prefer school or counseling psychologists over clinical psychologists. As long as you follow the advice of your program, you will be fine.

**6) What are some of the reasons for why the length of graduate training can vary so much?**

This has mostly to do with you, and some to do with the program. Some programs routinely have students apply for internship during their fourth year; others during their fifth or sixth year. This is good information to obtain when applying.

The speed at which you finish requirements is the other determinant. It's not a race! Sometimes an extra year of graduate school can help you take an extra class, practicum, collect better dissertation data, or get more publications – any of which might make you more qualified for your internship and future job placements.

**7) What has been the effect of managed care on the practice of clinical psychology?**

For a while, there was a very dramatic effect of managed care. Most notably, insurance companies began reimbursing a smaller hourly rate for individual psychotherapy (i.e., only \$65 or so), limiting the types of diagnoses that would allow for reimbursement, the types of therapy that qualified for reimbursement (i.e., CBT vs. other approaches), and limiting the number of sessions. Insurance companies also stated requiring a greater amount of paperwork to get reimbursed, which can add up to a lot of time! These restrictions have since been relaxed a bit. However, this still remains an issue that affects how individuals in private practice conduct their business. If one is interested in private practice, it is important to be in an area that is in need of new psychologists. Given that some locations already are saturated with licensed psychologists, some newly licensed psychologists may find that they are unable to become listed on insurance panels (i.e., if a psychologist is not one of the 'preferred providers' on an insurance panel, its members may have to pay a larger fee out of their own pocket, and thus, it may be difficult to attract new clients). On the other hand, in some of these same locations it may be easier to find people who are willing to pay 'out of pocket' (i.e., not through insurance) for psychological services. Obviously, if all of your clients are paying out of pocket, insurance reimbursement rates have no effect on you at all. Alternatively, some psychologists will set a policy not to directly interact with insurance companies, but rather will give clients a bill for services and ask clients to deal with all reimbursement issues directly.

**8) What is the job outlook for clinical psychologists, both in research/academia and practice?**

Very hard to say, as this naturally depends on many factors, such as the economy, grant funding available, educational and health care policies, society's acceptance of psychology as a field, and a host of other unpredictable factors. There are a few factors that may make it possible to offer some educated guesses, however.

As in many other industries, the baby boomer generation's approaching retirement surely will have an affect on jobs available. In academia, there has been a notable increase in positions available (despite a recently restricted economy), perhaps due to the number of recent retirements. Not every retirement is replaced with a new position, however. And many institutions do not require retirement at a specific age; thus, the effect of retirements on new positions available likely could be staggered and inconsistent. Nevertheless, when looking at multiple-decade trends, academic departments generally seem to be increasing in size. This means new positions, often at the entry level (i.e., Assistant Professor). This is good news. Especially for Ph.D.s who are uniquely qualified for these positions.

Society's increasing acceptance of psychology and psychological intervention suggests that more people will seek psychological services. The proportion of individuals in need who

currently seek services in remarkably low; thus, there is great need for expansion here. Over the next few years, more states will adopt legislation offering prescription authority for specially trained psychologists; this also may increase the market of people seeking services from psychologists. Clinical services may be offered by Ph.Ds and Psy.Ds, as well as counseling and school psychologists, and social workers. Clinical psychologists often are thought to be uniquely qualified for some assessment (especially diagnostic) services. If all youth in need of services sought treatment, there likely would be plenty of work for everyone. It is unclear whether the future will bring an increasing number of people to mental health providers for assessment and treatment.

Of course, many political factors may come into play when attempting to predict jobs in academia or practice. Educational policies soon will have to address the growing need for services that have been proven to have a strong affect on youth functioning (e.g., a prime example is the powerful effects of Intensive Behavioral Therapy on the prognosis for youth with Autism), but are very costly to school districts. This is an area in which child clinical psychology services are needed, and perhaps soon a system will be in place to hire many people to offer such services.

Political factors also strongly affect the budgets of the National Institutes of Health, National Science Foundation, and other organizations that fund child psychological research (e.g., Department of Education). As grant dollars increase, funds to support faculty salaries, graduate student tuition/stipends, etc also increase. Researchers are not the only people funded off of grants; often psychologists in practice can be hired to conduct treatments under investigation.

A final factor worth considering in our crystal ball may be trends in the number of new psychologists who are entering the market. If the number of new graduates increase, but the number of positions do not, of course this will affect the job market. For several years, many graduate programs were increasing enrollment of new doctoral candidates. This means, new psychologists in the marketplace about 5-6 years later, who are licensed about a year after that. The marketplace is dramatically affected by Psy.D. programs as well; in some cases, Psy.D. programs admit 2-10 times the number of students that a single Ph.D. program produces. This creates a large number of people who are eligible to provide clinical services.

The trend of increasing admissions has leveled off in recent years. At the website for APPIC, the organization that coordinates the internship match, you can get data on match statistics ([http://www.appic.org/match/5\\_2\\_2\\_match\\_about\\_statistics.html](http://www.appic.org/match/5_2_2_match_about_statistics.html)). You will find here that about 3000 students have sought an internship in each of the past seven years, with little variation in this number. This includes clinical (about 75%), counseling, and school psychologists. About 30-40% of these students are from Psy.D. programs; all others are from Ph.D. programs.

To students considering application to graduate school in psychology, I would say that there is good reason for optimism for jobs in either academia or practice after you receive your degree. Keep in mind that many psychologists actively are involved two of the three main activities of a psychologist (i.e., research, teaching, practice). Attending a program that will offer excellent training should give offer you opportunities to pursue whatever career you would like, with maximal flexibility and opportunity.

## About the Application Process

### **1) What is your opinion of some of the top clinical child Ph.D. psychology graduate schools?**

Ah, a tricky and delicate question that I will attempt to avoid answering directly! I believe excellent training comes in many forms, and at many places. As mentioned above, I also believe that excellent training is equally the responsibility of the mentor as the program, so sometimes that status or cache of the program is not as important as working with one of the top researchers in the field. Having said this, I think this is some important information out there that applicants can use to help them get a sense of the quality of Ph.D. programs.

1. At [www.socialpsychology.org](http://www.socialpsychology.org) there are several different ranking systems available for clinical Ph.D. programs. Most are outdated, none are based on measures that the field has agreed upon as reliable sources for this type of information. This also is true for the US News and World Report Rankings of clinical psychology programs, which can be found under the Health Graduate Schools section. As stated above, I think these rankings are most useful for determining what programs are in the top, second, etc quartile. However, I don't think the fine-grained distinctions within each quartile are all that accurate.

2. As for clinical child programs specifically, it is important to determine whether you are interested in a site that offers a specialty in clinical child (and/or pediatric) training, or whether you would like generalist training with some electives in child. To obtain an internship in child, it generally is thought that it is necessary to have specialized experience in child training throughout graduate school. The Society of Clinical Child and Adolescent psychology ([www.clinicalchildpsychology.org](http://www.clinicalchildpsychology.org)) has a directory of graduate programs in child and pediatric training. For each program, you can view a list of the number of faculty, courses, and clinical practica available in child specifically. This information may help you with your decisions. Note that not all programs are listed on here, however.

3. Each program has detailed information regarding its admitted students on the program website. By looking at the average GRE scores and proportion of applicants accepted each year, you can get a rough estimate of the program's competitiveness.

4. A final index may have to do with information regarding the predominant theoretical orientation of the program. Now this is quite a controversial item; here's a brief summary. Clinical psychology currently is in the midst of a transition. This transition has been ongoing for well over a decade, and it reflects a gap between science and practice that has been an issue in the field of clinical psychology for many decades prior. Many years ago, clinical child psychology reflected the predominant theoretical emphasis of the time, which was psychodynamic (originally psychoanalytic – think Freud, then neo-psychoanalytic) in nature. Over the years, there have been several forces (e.g., scientific achievements, societal expectations, insurance reimbursement issues) that have necessitated practitioners to provide evidence demonstrating that therapy works. As this evidence accumulated, it became apparent that therapeutic approaches representing a more modern theoretical orientations, specifically behavioral and cognitive-behavioral (CBT) approaches, were especially effective.

Opponents of behavioral and CBT approaches suggested that this conclusion was premature and inaccurate for at least two or three reasons. First, most studies examining behavioral and CBT treatment have been based on university samples of pure (i.e., non-comorbid) cases, often with little ethnic diversity, and highly specific procedures. Thus, it is unclear whether the efficacy of these approaches might translate into effectiveness in the real

world where such homogeneity among clients and therapeutic procedures is rare. Second, the lack of evidence supporting psychodynamic approaches may be due not to their ineffectiveness, but due to difficulty in operationalizing some of the constructs and indices of change that are relevant to psychodynamic theory (i.e., rather than measuring observable behaviors, antecedents, and consequences, as in behavioral and CBT approaches, psychodynamic approaches may require the measurement of “internal working models,” “libidinal energy,” or themes of “play therapy”). A third issue that arose pertained to a perceived risk among some practitioners that the therapeutic process would become overly “manualized” and rote, as many behavioral and cognitive-behavioral approaches involve a didactic component in addition to the “process” that typically characterizes “talk therapy.”

Today, there has been substantial work demonstrating that “empirically-supported” (now more commonly referred to as “evidence-based”) treatments do not need to be highly manualized. In addition, evidence continues to emerge (although more work surely is needed) to demonstrate the generality of evidence-based treatments to increasingly diverse populations. The overwhelming majority of work also has continued to provide support for the merits of behavioral and CBT approaches, particularly in work with children and adolescents (as compared to adults). Although some work now has been conducted to examine other theoretical orientations, support remains most promising for behavioral and cognitive-behavioral theoretical orientations.

How does this all relate to graduate school? Many believe that it is outdated and perhaps even irresponsible to train graduate students in therapeutic approaches based on theoretical orientations for which there is little to no supporting data. This remains a highly controversial issue, however. Advocates of psychodynamic theories strongly assert the utility of certain therapeutic procedures and assessment instruments (e.g., play therapy, the Rorschach, apperception tests) that advocates of the evidence-based approaches firmly believe are bogus and based on “pseudoscience.” This debate likely will continue for many years.

Nevertheless, a quick browse through the websites of many graduate programs confirms that behavioral and cognitive-behavioral treatments are the primary emphasis of the majority of Ph.D. doctoral programs in clinical psychology. Indeed, some Ph.D. clinical psychology programs have affirmed their commitment to a science-based discipline of clinical psychology by joining the “Academy of Psychological Clinical Science.” A list of graduate programs that currently are members of the “Academy” are listed here:

<http://psych.arizona.edu/apcs/members.php>.

## **2) What are the funding sources for graduate school (i.e., tuition waiver, teaching, etc.), and how should one consider the stipend with respect to the cost of living in particular areas.**

Most all Ph.D. programs in clinical psychology will waive tuition, usually for all years of graduate training. Most all also offer a stipend, again usually for all years of training. Stipends can come in one of three forms: 1) Fellowship; 2) Teaching Assistantship (TA); 3) Research Assistantship (RA). A fellowship is awarded by the university or maybe an outside body for students with very impressive credentials. Not all universities have fellowships to offer (or to offer every year), but if you are offered admission with a fellowship, it is a big honor!

TAs and RAs are fairly similar in that your stipend is in part a reimbursement for work that you provide. As a TA you are grading papers, serving as a discussion section leader, or perhaps even teaching a course on your own. As an RA, you are assisting with research. In both cases, you usually are expected to dedicate 10-15 hours/week towards these assistantship responsibilities. Because you are already likely involved in research as a graduate student, many prefer a RA position. If the RA position requires you to do work you would need to do anyway, then this can be a useful time saver. Sometimes, the RA responsibilities are not as closely tied to your own research, however. TAs have some advantages too. Most notably, it is good to get at least some classroom experience while in graduate school if you are interested in academia at some point.

Stipends vary considerably based on the type of school (public, private), and geographic area. One thing is constant, however: it will not be a lot of money. Many students take out student loans to help with living and professional (i.e., conference travel, registration) expenses. I've heard of some graduate applicants making their acceptance decisions based on the amount of the stipend. Frankly, this seems somewhat silly to me. The value of education at a program (and with a mentor) that matches your interests is much more valuable and important to your career than a few extra thousand dollars per year in stipend. But this is just my opinion.

### **3) Can you explain the dissertation process and what is expected from a graduate student.**

I wouldn't get too scared off by the dissertation. The intimidating height of this hurdle is based much more on psychological factors than the practical aspects of getting the project done. By the time you begin work on the dissertation, you will have written a masters thesis, so in some sense, you already have accomplished a similar task, and now just need to do it again a bit larger in scope.

A dissertation is a document that describes your original and independent research. In psychology, these are not the several-hundred-page tomes that you hear of in other fields. Typically, the document will be about 65-85 double-spaced pages of text, plus your references and appendices. More important, it describes one or two studies that together address a research question. It needs to be original, but not necessarily the most brilliant and innovative idea that has ever been developed in the history of the field. It needs to be independent, but you will be submitting and revising many drafts together your mentor over the course of a year at least. There is much more to say about the dissertation, naturally – but the bottom line is that if your referees think you can handle a Ph.D. program, then I bet you can. It's a lot of work, but you can do it!

### **4) Any comments about the curriculum vitae (a format for the CV; what not to put; how much detail to include; # of references; which references to put; any professional associations that one should join; undergraduate clubs that would be good for experience; etc.).**

Actually, most people don't include a CV in their graduate school applications. Some include a resume, and others include nothing at all. Unlike a resume that usually is less than 2 pages, a CV is a comprehensive accounting for your professional life. If you include one, you most definitely should list your educational institutions, dates of graduation, and any honors you received. Do not include grades for specific courses/assignments, but a GPA is OK if you must.

The CV is good for advanced applicants who have some presentations or publications to report. If you do list these, be sure to use APA style!!! <http://www.apastyle.org/>

Applicants also sometimes list research experiences and clinical experiences on their CV. Specific extracurricular activities not related to psychology are frankly not very important in the overall evaluation of the application.

**5) If I take more than one year off after undergraduate school, will that hurt my chances of getting into graduate school in clinical Ph.D. programs?**

Probably not, although it does depend somewhat on what you did during your time off. If you spent most of the time appearing on reality shows and traveling with the circus, you probably will have a harder time convincing the admissions committee of your serious intent to pursue graduate study. If your effort has been spent towards academic goals that demonstrate your commitment to psychology, then that can work in your favor. Most important, it is great to show that you have gotten some research experience during this time out of school.

Sometimes people apply to graduate school as a career change. This is fine, and many applicants successfully are admitted a little later in life. A thorough and convincing rationale is needed in the personal statement in these cases to demonstrate that you understand what clinical psychology is all about, and why you want to change careers. This doesn't have to get too personal, of course, but it is important to make it clear that you have thought through this decision and are knowledgeable of the expectations for you as a graduate student.

**6) How do I get a full-time research position after I graduate from undergraduate education?**

Unfortunately, there is no standardized system or procedure for obtaining this type of position. There are two things you can do to be successful. First, tell all faculty you know that you are interested in a position. Faculty are inundated with listserv postings for these positions, and if they have you in mind, they can forward the ads to you. Second, do some homework on what kind of research you are interested in. Find out who is doing work in this area (you can ask faculty at your school for some help on who these people are), and then send them an email in late-winter or early spring expressing your interest. Sometimes faculty know that have a position available. Other times, they may be waiting to hear about a grant and will not be able to promise you anything until months later. The more flexible you are on things like salary (most pay in the \$20-29K range), start-date, etc. the better! It often is helpful to send a resume with these email requests. Even better – if you know of a faculty member who can send along a quick informal note to the person you'd like to work with, that quick note can go a long way!

**7) What are some good, insightful interview questions?**

It's always great to express enthusiasm in the interview site, and in working with the designated mentor. The mentor is probably concerned about whether you will accept an offer, should the program extend one to you, so enthusiasm is good.

Otherwise, the best questions to ask are informed questions about the research you will be conducting with the mentor, or about the program. Both convey a maturity about the applicant and also a little bit about "how you think."

Questions about research do not have to be highly specific, or simply reflect the fact that you read and memorized an article. Remember that any article you are reading was written at least two years ago by the faculty member, and his/her current work may no longer be reflected

in that article. The faculty member may not even remember the specifics of any one specific paper!

But questions that reflect your ability to think about research questions, and perhaps add something to the research team are always good. Yikes – that sounds intimidating, I know! But since an interview invitation probably means that you have some past research experience, maybe the best way to think about this is to draw upon your accumulated expertise to keep the interview going. For instance, you may say, “When I was running subjects on the treatment study with Dr. Someone, I noticed that most kids we recruited came from maltreatment backgrounds. Is that something you have explored in your work on depression?” Or, maybe you could say, “I have been very excited by the opportunities to work in a hospital setting this past year. Do your studies on cancer treatment ever involve recruitment of nurses?” Again, these kinds of questions help you demonstrate how you think a bit.

Coming up with a series of multiple questions to ask on interviews should not detract from the general mission of your visit, however: be yourself and learn about the program. This sounds trite, but remember – you will be working with this mentor on a daily basis for 4 years, and then perhaps some more after you move on to your next career step. Fundamentally, your interviewer wants to get to know you and your work style in a way that simply suggests that you will be a good fit for the program and the lab.

#### **8) To how many schools should I apply?**

I have heard that many people apply to about 12-20 clinical Ph.D. programs these days. Obviously this will vary based on what sites look like a match, what personal or geographic restrictions you have, and how competitive your application is. But this seems like a good ballpark number to work with, and if you get interviews at even half, you will be plenty broke and exhausted by the end of spring!

#### **9) What if I don't get in the first time? Is it useful to reapply? Should I reapply to the same schools/mentors?**

Yes, and yes – particularly if you have some more research experience! But don't only reapply to the same sites – pick some new sites as well. Also, you may be able to get some frank feedback from programs about how far your application was considered in the process. If you did not meet educational requirements, obviously it does not pay to reapply unless this changes dramatically. Programs often cannot give personalized feedback, so it may be best to only request this information at a single site, and then only if you have few other clues as to why you were not accepted.