

So You're Considering Graduate Study in Clinical Psychology

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Who should go to graduate school in clinical psychology?

There are a number of legitimate reasons to pursue graduate work in clinical psychology. Some people want to become practicing psychologists, to engage in psychotherapy and psychological testing. Others are interested in studying psychopathology or how psychotherapy works. Some people are interested in both research and clinical practice. Most careers in clinical psychology currently require a doctorate (either a Ph.D. or a Psy.D.), which entails a substantial commitment in time and forgone earnings. No one should go to graduate school in clinical psychology without seriously considering a number of issues, some of which we raise here.

What does it take to get into graduate school in clinical psychology?

Admission to Ph.D. programs in clinical psychology is very competitive. Ratios of 300 applicants to 8 positions are common (though perhaps 10-15 people would have to be accepted to fill the 8 slots; some who are accepted decide to go elsewhere, or enter a different kind of graduate or professional program). Different programs emphasize different characteristics, but it is safe to say that in all programs GREs and GPAs are examined closely. Graduate students in Northwestern's program have averaged over 2100 on the GRE (Verbal plus Quantitative plus Analytical), with an average GPA of over 3.5. (GPAs are most important for the last two years of undergraduate schooling, so students with uneven early records have a good chance if they've improved.) There are respectable programs whose students score lower on these measures, but students who have lower than 1800 on the GRE or a GPA of less than 3.3 can expect to find it difficult to get into a top graduate program in clinical psychology without other special qualifications.

Regarding less standardized criteria, most graduate schools expect students to have obtained some research experience. The primary concern is that students should have conducted some psychological research in order to know whether they find it interesting. From an admissions perspective, it is less important that you have had clinical research experience than it is that you have had meaningful research experiences (e.g., not just entering data). It is also important that you be able to solicit a letter of recommendation from at least one research supervisor. Students should plan to take independent study courses (C99, C97), ideally beginning in their junior year. Other courses they will find useful include Psychopathology (Abnormal Psychology) and Introduction to Clinical Psychology.

Many graduate schools give a great deal of consideration to the potential match between potential students' interests and faculty interests. If you have strong interests in a professor's research, this will make you a much more desirable applicant to that person. But you must be able to convey that your interests are serious, for example, by discussing a specific study. Faculty will not be impressed if it appears that you merely scanned the departmental brochure searching for topics that sound interesting.

Students may also want to consider trying some hands-on counseling-type work. Many agencies accept and train volunteers. (One of us volunteered to counsel over a suicide-prevention phoneline, for example.) This experience is probably more helpful in exploring one's own interests than in getting into graduate school, though it certainly cannot hurt one's admission chances.

What if I don't get in?

Many students do not get in to any of the schools to which they have applied. This can happen because of bad luck (especially if a student applied to only a few programs), or it can indicate that a student is not among the most competitive applicants. In order to avoid the former possibility, most students should apply to 10 or more programs. If a student is rejected from all schools due to a deficiency in her or his record, there may still be hope for being accepted in the future, but it will take work and commitment. For example, an uneven undergraduate record may require that the student take additional classes and perform well in them. GREs lower than 1800 may require that the student attempt to raise them by taking a GRE preparation course. (These courses can often be helpful, but you shouldn't expect them to raise your score more than 200 points or so.) Another possibility is to take a year or two off to work on research. It is often possible to get a (not very highly-) paid position in a research laboratory at a university or at an agency such as NIMH, near Washington, DC. Full-time research experience in a certain domain will make you more attractive to others in that domain (e.g., schizophrenia research). It will also give you a clear indication of whether research is for you. Obviously, this is a large commitment, one that you should approach carefully.

How do I decide where to apply?

The most common method for deciding where to apply to clinical graduate school is to search for geographically desirable locations. This is unfortunate, because other considerations are much more important in determining the quality of graduate experience. The most important consideration, generally, concerns one's career goals. Whereas some programs are oriented primarily toward training academics--future university professors, others are oriented more toward training practitioners--psychologists who treat patients. (Most programs say that they're academically-oriented, but this is simply not the case. In order to find the truth, it is useful to ask those "in the know" -- graduate students, faculty, etc.) If you know you are not very interested in research, then you should not apply to a strong research institution. You will have to do a lot of research, and you will be unhappy. When faculty discover that you are not interested, they will be disappointed and may spend little time with you. Clinical work tends to be valued less at heavy research programs, so your primary interest and identity would be devalued. Finally, because research suggests that Ph.D.'s do not provide better psychotherapy than therapists with much less training, we do not believe that getting a Ph.D. in order to do psychotherapy is a good use of a student's (and our) time. Such students should consider MA-level social work, counseling, or clinical programs. Alternatively, if you are very interested in research, then you should make sure you go to a strong research program. In programs that are not strongly research focused, few faculty are doing cutting-edge research, and you will graduate from such programs without being competitive for obtaining post-graduate academic or research jobs.

The best way to decide where to go to graduate school is to find out what, specifically, you're interested in and then find out which programs do it best. In your classes here, you should pay close attention to the topics that most excite you. What studies do you wish you'd done? In your research experiences, what has been most interesting? If you are lucky enough to get a strong idea about your research interests, and if you find people at clinical programs with whom you'd really like to work, let them know, preferably by writing to them. The more convincing you are, the more likely it is that you will impress them, which could help you get in. If you are primarily interested in clinical practice, you might seek out and talk to clinical psychologists at sites that seem most interesting to you (for example, hospitals, clinics or even in private practice). Many practitioners would be flattered and happy to talk about their jobs, especially if you have made an attempt to learn at least a little about the relevant subject (e.g., drug abuse).

Related Educational Alternatives to Clinical Psychology Ph.D. Programs

Ph.D. vs. Psy.D. The PhD is viewed as a "research" degree-- in preparation for a career in research and/or academics, while the PsyD is viewed as an "applied" degree-- with greater emphasis on clinical training in preparation for a career in direct practice with clients. PhD programs are typically found in universities while PsyD programs and other "professional schools" are usually free-standing training institutions.

PsyD/professional school programs are usually expensive, and tend to select students with more experience. GREs and grades are less important for admission to professional schools. Despite an emphasis on clinical training, PsyD/professional schools DO require students to complete a research-oriented dissertation.

Clinical vs. Counseling. Doctoral degree programs in clinical focus on intellectual (neuropsychological) and personality assessment and clinical work with severe psychopathology, while doctoral programs in counseling focus on vocational assessment and clinical work with less severe psychopathology. APA-approved counseling programs typically have high admissions standards, though not quite so high as the most selective clinical programs.

MSW and MA/MS. Masters in Social Work can become licensed for practice in direct human services with individuals, groups or families (as a therapist or case manager). Another common career path includes social service administration for planning organization, and management of social and human service programs. Traditionally, the MSW has been a "terminal" degree. In contrast, MA/MS programs have been seen as preparation for a doctoral degree. Consequently, MSW programs are more likely to provide the training necessary to enter the work force upon graduating (more practicum experience, greater focus on systems issues in health care). Even if MSW programs do not provide better training, job applicants with an MSW may be seen as having more adequate training for jobs in health care settings.

Students often ask whether getting an MA from a clinical MA program will facilitate admission to a PhD program later. In most doctoral programs in clinical psychology, the master's is not a "terminal" degree. That is, it is merely a hoop to jump through en route to a doctoral degree. Some PhD programs find a prior master's degree desirable (because of the experience entailed in obtaining the degree). However, having a master's degree does not guarantee preferential admission, nor does it necessarily decrease the time that it will take you to complete a doctoral program.

What information resources are available?

There are several resources that you can (and should) consult when deciding where to apply for graduate school in clinical psychology. Probably the most informative single source is a book entitled, *Insider's Guide to Graduate Programs in Clinical Psychology*, written by Michael A. Sayette, Tracy J. Mayne, and John C. Norcross, and published by the Guilford Press. This book contains an introductory chapter describing the field of clinical psychology, followed by a number of chapters outlining in considerable detail how you should go about preparing for graduate school, selecting and applying to appropriate graduate programs in clinical psychology, and making a final decision about which program to attend. The book also contains sample letters requesting program information and a sample format for your Curriculum Vitae, or Resumé. And perhaps most importantly, this book contains information on almost 200 graduate programs in clinical psychology across North America. Now, you should bear in mind that these are not objective presentations: each program provides its own (unedited) information for the book. Nevertheless, these descriptions should give you a fair idea about each program's balance of a clinical/research focus, GRE and GPA cut-offs, and available research areas. Although this book is updated every year, in general the information and program descriptions will change very little from one year to the next.

A second useful book is *Graduate Studies in Psychology* from the American Psychological Association. This book lists all doctoral and master's level psychology graduate programs in the U.S. and Canada, organized by state. In order to get more information about each program, send a postcard to the person listed as the director of admissions asking for their graduate brochure and application materials. Do not waste your time or money sending a complete letter on these initial inquiries. A postcard is plenty. (If you have difficulty finding programs, by all means see an advisor to serve as a guide.) These postcards should be sent by no later than November 1. Once you begin to receive brochures, you should have a better idea of which programs are best for you. Closer to home, there are a number of other resources available here at Northwestern. First, there's an annual meeting sponsored by the Undergraduate Psychology Association, open to all students, where a number of Psychology faculty members describe the process of applying to graduate school in Psychology. The views expressed by faculty members have typically been very candid and, in the past, there have been discussions of the merits of a Psy.D. versus a Ph.D., of aiming for a clinical career versus a research or academic career, and of different Psychology graduate programs across the country. Look for notices in the Psychology Department, or on the Department's listserve, a week or two before the meeting is scheduled to be held.

Second, the Psychology Department offers an undergraduate course entitled, *Introduction to Clinical Psychology*. Although this course is primarily a survey course of the different substantive areas of clinical psychology, it will also address questions concerning application to graduate school, the nature of various graduate training programs, and what students can expect to be doing when they graduate from various programs.

Finally, you should feel free to talk with your academic advisor about graduate programs in clinical psychology. If s/he isn't familiar with a particular program, s/he may be able to direct you to a faculty member who is. You should also talk to graduate students in the clinical program here at Northwestern. They have all gone through the application process, and most have also interviewed at a number of clinical psychology programs. They will be able to give

you some first-hand information about the application and interviewing procedure, and probably about some specific programs as well.

What is graduate school like?

Graduate school in clinical psychology consists of three broad activities: classwork, clinical work, and research. There are classes on such topics as statistics, psychopathology, psychotherapy, and research methods. Course work is typically complete by the end of the third year of graduate school. Clinical work consists of a series of practica. These usually require about 10 hours per week, during which students work with clients under the supervision of practicing clinical psychologists. Practicum sites may range from a student counseling center to a forensic unit at a state hospital (i.e., a facility for treating mentally ill criminals). In addition, students (particularly students in a clinical psychology program that is accredited by the American Psychological Association, APA) must do a year-long internship, typically during or following completion of the dissertation. Students must apply for internships during the fall of the preceding year, and most internships begin during the summer or the following fall. Typically, internships pay relatively low salaries (less than \$20,000).

Most clinical psychology programs require at least two research projects: a masters thesis and a dissertation. These usually take one to two years each. The dissertation is usually a much larger project, and is supposed to be primarily the student's idea. Some students spend years as ABDs (All But Dissertation). This is especially a danger for those who are working on something they find uninteresting, unimportant, or overwhelming. That is another reason why students should choose their schools and advisors carefully.

Not surprisingly, clinical graduate students are among the busiest of graduate students in psychology. It is difficult to balance the competing demands of the three activities. This sometimes creates strains even among clinical faculty, who are often divided between those who emphasize clinical training and those who emphasize research. Students can sometimes feel caught in the middle.

While many programs are nominally intended to last 4 years (in addition to the internship, which requires an additional year), only a minority of students complete their degrees within that time frame. Indeed, it is more common for such programs to require 5 years, and some students take more than 6 years (including an internship year) to obtain their Ph.D. Time to obtain a Ph.D. is largely (though not completely) under a student's control. The harder a student works, the more rapidly s/he will complete the requirements for a dissertation. Having a very active social life or low motivation can slow one down. Many students, however, are in no rush to leave. Being a graduate student is not usually a bad existence.

What training is required after graduate school?

It has become the norm for students interested in academic careers to take a postdoc after obtaining their Ph.D. A postdoc is a paid research position with substantial opportunities for establishing a research program and publishing, both of which are crucial to obtaining academic jobs. These positions have become increasingly competitive and require that you apply to a specific researcher at a specific university. Although postdocs are the norm, some people do apply for teaching jobs directly following graduate school.

In order to call oneself a clinical psychologist, and possibly to collect insurance payments in the future, one must earn a clinical psychology license. In order to become a licensed clinical psychologist in Illinois, one has to have a full year of full-time supervised clinical experience after obtaining a Ph.D. That is, this experience is beyond the internship. Many states have imposed similar requirements. In Illinois, it can be spread out over two years (but no more) of half-time experience. One must also pass a national psychology examination.

What career paths are available?

Although it is difficult to get into strong graduate programs in clinical psychology, those students who do will have a number of career options open to them upon obtaining their doctorate. Typically, clinical psychology graduates choose careers either in academia or clinical practice, or in some combination of these two options.

Many graduate students try to pursue a career in academics, typically as professors in Psychology or Psychiatry departments at universities. Academic positions in clinical psychology are very competitive, especially at the best universities. For example, for a recent clinical position at the Assistant Professor level here at Northwestern University we received over 50 applications, at least a dozen of which were of very high quality. Most of these top applicants likely received other job offers, or almost certainly will receive them eventually. Many of the others, however, will not obtain an academic appointment, but will work primarily in applied clinical settings, such as hospitals or mental health centers, or in individual or group private practice settings.

Other students enter graduate school in clinical psychology in order to pursue careers as psychotherapists. Although some of these students enter traditional Ph.D. clinical psychology programs, others enter the more recent Psy.D. (Doctor of Psychology) programs, which generally have a stronger emphasis on hands-on training in clinical assessment and therapy, and a weaker emphasis on clinical research. Students graduating from Psy.D. programs are typically not prepared to compete for careers in academic settings, although they are competitive for clinical practitioner jobs. However, with changes in health-care insurance the future of clinical psychology practice as we know it today is unclear, and students would be well advised to talk with practicing clinical psychologists before making a commitment to pursue a career as a clinical psychologist in private practice. Our best advice to you, given the uncertainty of the field, is to keep your options as open as possible, which means trying to attend a graduate program that will prepare you for a career in either academics or practice.

How do future prospects look for clinical psychologists?

This is an uncertain time for clinical psychology practice, largely because of ongoing changes in health-care insurance. There is a widespread feeling that the professional roles of clinical psychologists will change profoundly. The following is a letter from clinical psychologist Nick Cummings to graduate students who are planning professional careers. It appeared in the Graduate Student Newsletter published by APA.

Dear Doctoral Student:

By way of introducing myself, I have practiced psychology for over 45 years. In 1968, as chair of APA's Committee on Health Insurance, I wrote the model legislation that subsequently mandated reimbursement to psychologists and resulted in the flourishing of psychologists in private practice.

Space does not permit all the details, but I have devoted my life to furthering psychology as practice, founding in 1969 (as another example) the California School of Professional Psychology which resulted in practitioners becoming accepted and respected members of graduate faculties. More recently, seeing the handwriting on the wall, I founded what became the largest managed mental healthcare company and offered it to the profession as a model to own. I have also been privileged to serve as APA president, although I am not at this point altogether certain why.

Since you entered college, dramatic changes have engulfed healthcare in America. After 200 years as a cottage industry, healthcare has industrialized, and as in all industrialization, control of our product (psychotherapy) has passed from the practitioner to the industrialist. It is very likely that within the next few years all of health care will be vested in 10 to 20 giant "megameds" companies that will own HMOs, networks, hospitals and all the ingredients of the industry. Solo practice is an endangered species. These events will drastically affect your future as a practicing psychologist.

Managed Care now covers 120 million lives and is growing at 20% a year. It has already impacted on the practice of psychology, rendering solo practice an endangered species, with most colleagues already feeling the pinch. The Rodham-Clinton plan for universal health care is based on a version of managed care called "managed competition." Because managed care is more efficient, using targeted and focused interventions, it is predicted that 50% of doctoral psychologists practicing today will not be doing so by the year 2000. The other 50% could well be working for the company store. Both of these undesirable outcomes can be avoided with some astute planning.

In spite of over 25 years of warning, the APA has failed to solve the masters level problem. This singular failure will, even more than managed care, change psychological practice for all time. The 500 terminal masters programs in psychology approved by the APA are lucrative to the universities, and there has been no incentive on their part to eliminate them. They now graduate 6,000 MAs in psychology annually, along with an estimated additional 20,000 in counseling, social work and addictions therapy. As a profession we have not demonstrated that doctoral psychologists are more effective than masters level therapists, so the managed care companies are going the route of the cheaper practitioners which now have statutory recognition in all but a few states. The remaining states will soon fall in line. In the future, most psychotherapy and other therapeutic services will be performed by masters level "technicians," greatly reducing the demand for doctoral level psychologists. This does not mean that MAs will have an advantage, as the 130,000 currently licensed masters level therapists are already a glut on the market. What, then, will be the role of those of us who survive?

Professional psychologists are stampeding into large group practices through which they will have the opportunity to recapture most of their autonomy. Prepare yourself to be a supervisor and clinical manager within such a regional group practice. Psychologists understandably detest being case managed by managed care companies. Those regional groups which can demonstrate therapeutic effectiveness and clinical efficiency will case manage themselves. The doctorally trained psychologist is in a unique position to fill that role. Those

who cannot or will not are the future dinosaurs. Note the impending changes in psychotherapy and prepare for them.

1) The psychological services of the future will be based on outcomes research. For the first time we shall be called to accountability. Of all the mental health professions, psychologists are uniquely trained and qualified to conduct outcomes research.

2) There will be a melding of the approaches in psychotherapy into specific treatments for specific conditions. These will be mixtures of various approaches with some conditions responding to different combinations of dynamic, systems and behavioral approaches empirically determined by very sophisticated outcomes research.

3) Only one-fourth of psychotherapy will be individual, as research has already shown that group therapy and other modalities are more effective with a large number of problems. Group psychotherapy will account for another one-fourth, while psycho-educational and preventive programs will account for at least half. These latter are known currently in the industry as "soft-services" and include everything from stress management to parenting programs, with over 200 possible services already identified.

4) This means that psychotherapists will be working with treatment protocols designed to address each of 60 to 70 psychological conditions. The protocols will serve about one-third of the patients suffering from any condition. The other two-thirds will need your clinical judgment and supervision.

5) Do not fear the "genetic revolution". Even when conditions are found to be biological, interventions delivered by psychologists are and will remain critical to most of these.

6) The practice of psychology is a rewarding, exciting endeavor, and the future holds opportunity for those who can meet the challenge. Most doctoral programs are excellent, but, unfortunately, they are preparing professional psychologists for the 1980's. The practitioner of the future will be an innovative clinician, a creative researcher, a caring and skilled manager and an astute business person. Only 50% of us will survive the century. I do not relish stating this, and only plead that as you hear its painful tone, you differentiate the message from the messenger.

This letter is educated speculation. No one knows what the future of clinical psychology will be. We believe that clinical psychologists have provided, and will continue to provide, valuable knowledge and services. We encourage everyone who believes they might be interested in a career in clinical psychology to consider it seriously and investigate the possibilities thoroughly. If after this investigation, they still wish to pursue that route, we expect that they will find it rewarding. We have.

Last up-dated Aug 23, 1998