

Selecting a Doctoral Program in Professional Psychology: Some Comparisons Among PhD Counseling, PhD Clinical, and PsyD Clinical Psychology Programs

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Directors of American Psychological Association-accredited doctoral programs in counseling psychology (95% response) and clinical psychology (99% response) provided data regarding number of applications, credentials of incoming students, rates of acceptance, and the theoretical orientations and research areas of the faculty. The acceptance rates of PhD clinical and PhD counseling psychology programs were comparable (6% vs. 8%), despite the higher number of applications (270 vs. 130) to clinical programs. Compared with clinical students, counseling students were more likely to represent ethnic minorities and have master's degrees, but were otherwise similar in academic credentials. Clinical faculty were more likely to be involved in research with pathological populations and associated with medical settings, whereas counseling faculty were more involved in research concerning career processes, human diversity, and professional issues. These results should alert applicants and their advisors to robust differences across these specializations and should enhance matching between programs and students.

Deciding on a health service specialization in psychology has become decidedly more complicated for students and their advisors of late. Clinical psychology or counseling psychology? PhD or PsyD? Mainline graduate school or professional school?

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The differences between specializations and training models were certainly real enough in the 1960s and the 1970s. But what differences exist today, and how might such differences guide graduate school selection?

The distinctions between clinical psychology and counseling psychology have steadily faded in recent years. Graduates of doctoral-level clinical and counseling psychology programs are generally eligible for the same professional benefits, such as psychology licensure, independent practice, and insurance reimbursement. The American Psychological Association (APA) ceased distinguishing many years ago between clinical and counseling psychology internships: There is one list of accredited internships for both clinical and counseling psychology students. Both types of programs prepare doctoral-level psychologists who provide health care services, and, judging from various surveys of their respective professional activities, there are only a few meaningful differences between them (e.g., Dorken & Webb, 1979; Gaddy, Charlot-Swillely, Nelson, & Reich, 1995; Watkins, Lopez, Campbell, & Himmell, 1986b).

At the same time, a few differences between clinical psychology and counseling psychology are still visible. First, clinical psychology doctoral programs are more numerous than counseling psychology doctoral programs; in 1994, there were 178 APA-accredited doctoral programs in clinical psychology and 64 APA-accredited doctoral programs in counseling psychology (APA, 1994). Clinical psychology programs produce approximately 2,000 doctoral degrees per year (1,300 PhDs, and 600 to 700 PsyDs), whereas counseling psychology programs graduate approximately 500 new psychologists per year (Simmons & Thurgood, 1995). Second, clinical psychology graduate programs are almost exclusively housed in departments or schools of psychology, whereas counseling psychology graduate pro-

grams are located in a variety of departments and divisions. A 1995 survey of APA-accredited counseling psychology programs found that 18% were housed in colleges of art and science, 75% in schools of education, and 6% in interdepartmental or interinstitutional settings (Woerheide, 1996). Third, clinical psychology graduates tend to work with more seriously disturbed populations and are more likely to be trained in projective assessment, whereas counseling psychology graduates tend to work with healthier, less pathological populations and conduct more career and vocational assessment (Fitzgerald & Osipow, 1986; Tipton, 1983; Watkins, Lopez, Campbell, & Himmell, 1986a). Fourth, counseling psychologists more frequently endorse a person-centered/Rogerian approach to psychotherapy, whereas clinical psychologists are more likely to embrace behavioral or psychodynamic orientations (Norcross, Prochaska, & Gallagher, 1989a, 1989b; Watkins et al., 1986a). And fifth, counseling psychologists are more frequently employed in university counseling centers, whereas clinicians are more frequently employed in hospital settings (Gaddy et al., 1995; Watkins et al., 1986a).

While the acceptance and financial assistance rates of clinical psychology doctoral programs have been investigated and published in the past (e.g., Eddy, Lloyd, & Lubin, 1987; Norcross, Sayette, & Mayne, 1996; Mayne, Norcross, & Sayette, 1994), the fewer APA-accredited counseling psychology programs have not been subjected to similar empirical scrutiny. Of course, research on graduate study in psychology (e.g., Stoup & Benjamin, 1982; Norcross, Hanych, & Terranova, 1996) and the biannual APA reports, *Characteristics of Graduate Departments of Psychology* (e.g., Kohout & Wicherski, 1993), include counseling psychology in their analyses, but they do not proffer detailed or specific information on these programs. Beyond the surveys undertaken by the Council of Counseling Psychology Training Programs (e.g., Cameron, Galassi, Birk, & Waggener, 1989; Kivlighan, 1996), we were unable to locate any articles specifically devoted to admission requirements, financial assistance, and faculty characteristics of APA-accredited counseling psychology programs.

A Program Comparison Project

This study was designed to ascertain critical information on admission statistics, student characteristics, and selected faculty variables of APA-accredited programs in counseling and clinical psychology. Further, the results obtained from PhD counseling psychology, PhD clinical psychology, and PsyD clinical psychology programs are systematically compared in an effort to sharpen the respective identities of clinical and counseling psychology training programs and to guide applicants and their advisors in selecting among these related specializations.

In June 1995, a questionnaire and a prepaid return envelope were mailed to the directors of all 179 clinical psychology programs and all 64 counseling psychology programs accredited by the APA (APA, 1994). The two-page questionnaire requested the following information: preferred minimum and actual Graduate Record Examination (GRE) scores and grade point averages (GPAs), numbers of applicants and acceptances in 1995, percentage of incoming doctoral students over the past 2 years receiving financial assistance, percentages of incoming students over the past 2 years entering with a baccalaureate degree only

and of those with a master's degree, percentages of incoming women and minority students, theoretical orientations of the faculty, and research areas of the faculty.

The original mailing, a second mailing, and multiple follow-up faxes resulted in 178 returns for clinical psychology programs and 61 returns for counseling psychology (response rates of 99% and 95%, respectively). For clinical programs, 154 PhD programs and all 23 PsyD programs were included in the sample. For counseling psychology programs, the sample included 59 PhD and 2 EdD programs.

Several cautions should be borne in mind in interpreting and generalizing these findings. First, the data were self-reported by program directors. Second, our results pertain solely to APA-accredited doctoral programs in clinical and counseling psychology. And third, the numerical data are rather crude estimates of the actual GREs and GPAs of accepted students. We weighed the data from each program equally, despite the fact that some programs had several times more applicants than others. Overcounting occurred, because some applicants were undoubtedly accepted to several APA-accredited programs in the same year.

Admission Statistics

The mean GRE scores of accepted applicants in clinical and counseling psychology doctoral programs were similar overall, with a few differences favoring the clinical programs. For all programs, Verbal Scale scores averaged 621 ($SD = 45$), Quantitative Scale scores averaged 627 ($SD = 45$), and Analytical Scale scores averaged 648 ($SD = 53$). The average score on the Psychology Subject Test was 641 ($SD = 47$). The only significant differences emerged between PhD clinical programs and PhD counseling programs on the verbal and quantitative scores. In both cases, the incoming students of the clinical PhD programs had higher mean scores (638 verbal and 664 quantitative).

Similarly, the GPAs of incoming students were quite similar across the three types of doctoral programs. For all programs, the overall GPA averaged 3.5 ($SD = .2$) on a 4-point scale, and the psychology GPA averaged 3.7 ($SD = .1$). Here, the only statistically significant difference was that between the lower 3.4 GPA of PsyD students and the higher 3.6 of PhD clinical students.

Table 1 presents the acceptance rates and financial assistance statistics for all these programs. The programs accepted, on average, 7% ($SD = 8$) of the 239 ($SD = 123$) applicants. The acceptance rate refers to the percentage of applicants who were accepted to a program, not to the number of students who eventually enrolled. When comparing the three types of programs, clinical programs (PhD and PsyD) received a significantly higher number of applications than did counseling programs (271-310 vs. 130). Percentages of acceptances differed linearly, from a low of 6% in PhD clinical, to 8% in PhD counseling, to 7% in PsyD programs.

Student Characteristics

For all programs, two thirds of the entering doctoral students were women, and one fifth were ethnic minorities. Counseling psychology programs accepted a significantly higher percentage of ethnic minorities (25%) than their clinical counterparts

Table 1
Acceptance Rates and Financial Assistance by Type of APA-Accredited Psychology Program

Statistic	Counseling PhD programs (<i>n</i> = 55)		Clinical PhD programs (<i>n</i> = 150)		Clinical PsyD programs (<i>n</i> = 22)		All programs (<i>N</i> = 227)		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Applications and acceptances									
Number of applications	129 ^a	52	269	112	310	152	239	123	40.6**
Number of acceptances	9	3	14	21	49 ^a	50	16	25	26.3**
Percentage of acceptances	8 ^a	5	6 ^a	7	17 ^a	11	7	8	23.5**
Financial assistance									
Tuition waiver only (%)	5	15	6	17	9	18	6	17	.4
Assistantship only (%)	8	17	17	33	18	23	15	29	2.2
Waiver plus assistantship (%)	68	35	65	42	22 ^a	35	62	42	12.9**

^a This group differs significantly from both other groups ($p < .05$ by Newman-Keuls procedure).

* $p < .05$. ** $p < .01$.

(18%). For all programs, approximately two thirds of incoming doctoral students were baccalaureate-level and one third were master's-level. However, this finding is tempered by significant differences between the three types of programs: namely, counseling psychology programs accepted a far higher proportion of master's-level students than PsyD programs, which in turn accepted a far higher proportion than PhD clinical programs (67% vs. 40% vs. 21%).

To summarize: Both similarities and differences are evident across PhD counseling, PhD clinical, and PsyD clinical psychology programs in terms of admission statistics, financial assistance, and student characteristics. PhD clinical programs accept students with significantly higher entrance exam scores than the other two types of programs (about 40 points on each GRE subtest), whereas GPAs are relatively similar across programs. The two types of PhD programs accept similar proportions of applicants (6% to 8%), but significantly lower percentages than the PsyD programs (17% on average). All three types of programs accept about the same proportion of women (67% to 68%), but the counseling programs accept proportionally more ethnic minorities and master's-level students.

The description of counseling psychology students and faculty warrants further consideration, if for no reason other than that their admission criteria and acceptance rates have rarely been published. APA-accredited counseling psychology programs accept applicants who average a 3.5 GPA and 1,200 points on the GRE. These programs tend to be highly competitive, with acceptance rates averaging 8%. This figure is lower than the 10% to 15% found in earlier studies (Kivlighan, 1996; Kohout & Wicherski, 1993; Stoup & Benjamin, 1982). At the same time, two thirds of accepted students are awarded full financial assistance (tuition waiver plus stipend). In contrast to incoming clinical psychology doctoral students, the counseling psychology students tend to have master's degrees but are otherwise quite similar in academic credentials.

Financial Assistance

For all programs, tuition waivers were provided to 6% of students, assistantship stipends to 15%, and both tuition waivers and assistantship stipends to 62% of the incoming students.

Percentages of students receiving both tuition waiver and assistantship stipend were nearly equivalent for the two types of PhD programs (65% and 68%, for clinical and counseling programs, respectively), but markedly lower for PsyD programs (22%). Full financial assistance (tuition waiver and assistantship) is about three times more likely at the PhD programs than at the PsyD programs.

Faculty Characteristics

Program directors indicated the percentages of their full-time faculty subscribing to or practicing five theoretical orientations: psychodynamic/psychoanalytic, applied behavioral analysis/radical behavioral, family systems/systems, existential/phenomenological/humanistic, and cognitive/cognitive-behavioral. Among all programs, the cognitive/cognitive-behavioral orientation had the most adherents, 45% ($SD = 24$), followed by psychodynamic with 25% ($SD = 21$), systems with 19% ($SD = 15$), humanistic with 14% ($SD = 15$), and behavioral with 8% ($SD = 13$). Comparisons among the three types of programs revealed a higher percentage of psychodynamically inclined faculty in PsyD programs (36%), a higher percentage of humanistically inclined faculty in counseling programs (29%), and a higher percentage of cognitive-behaviorally inclined faculty in both the PhD clinical (48%) and PhD counseling (45%) psychology programs.

Table 2 presents the frequency and percentages of research areas listed by the directors of training for their respective programs. These open-ended lists were coded into mutually exclusive categories; any area receiving at least two notations resulted in a separate category. The 55 counseling psychology programs and 174 clinical psychology programs produced a total of 2,042 entries: 1,681, or 82%, from clinical psychology programs and 361, or 18%, from counseling psychology programs. To discern patterns of probable differences in research areas between clinical and counseling programs, we examined the frequency of listings for departures from the expected ratio of 4:1 for clinical: counseling programs. (We did not use percentage differences, because this method would have unfairly penalized less popular research areas.) If the obtained ratio was 10:1 or higher, Table 2 shows that research area as clinical > counseling. If, con-

Table 2
*Frequency of Research Areas Listed by APA-Accredited Clinical and
 Counseling Psychology Programs*

Research area	Counseling programs (n = 55)		Clinical programs (n = 174)		All programs (N = 229)		Pattern of differences
	n	%	n	%	N	%	
Adjustment	1	2	6	3	7	3	
Aging/gerontology	6	11	39	22	45	20	
Aggression	2	4	9	5	11	5	
AIDS	7	13	28	16	35	15	
Anxiety disorders	2	4	56	32	58	25	Clinical > counseling
Assessment/diagnosis	12	22	38	22	50	22	
ADHD	2	4	20	12	22	10	Clinical > counseling
Autism	0	0	10	6	10	4	Clinical > counseling
Behavioral genetics	0	0	10	6	10	4	Clinical > counseling
Behavioral medicine							
health psychology	24	44	116	67	140	61	
Behavior therapy/							
applied behavioral analysis	1	2	18	10	19	5	Clinical > counseling
Biofeedback/relaxation	0	0	12	7	12	5	Clinical > counseling
Child clinical/pediatric	4	7	76	44	80	35	Clinical > counseling
Child abuse/neglect	2	4	14	8	16	7	
Chronic mental illness	0	0	10	6	10	4	Clinical > counseling
Clinical judgment/							
decision making	0	0	15	9	15	7	Clinical > counseling
Cognition and memory	6	11	20	12	26	11	
Community psychology	0	0	30	17	30	13	Clinical > counseling
Death and dying/bereavement	1	2	7	4	8	3	
Depression/affective disorders	3	5	63	36	66	29	Clinical > counseling
Developmental	6	11	37	21	43	19	
Developmental disabilities	1	2	19	11	20	9	Clinical > counseling
Disasters	1	2	4	2	5	2	
Eating disorders	3	5	47	27	50	22	Clinical > counseling
Emotion	1	2	27	16	28	12	Clinical > counseling
Ethical issues	10	18	11	6	21	9	Counseling > clinical
Family therapy/research	18	33	70	40	88	38	
Forensic	2	4	28	16	30	13	Clinical > counseling
Gender roles/sex differences	14	25	23	13	37	16	Counseling > clinical
Group process/therapy	6	11	10	6	16	7	Counseling > clinical
Hearing/visually impaired	1	2	4	3	5	2	
Homelessness	1	2	6	3	7	3	
Homosexuality/bisexuality	7	13	0	0	7	3	Counseling > clinical
Hypnosis	0	0	13	7	13	6	Clinical > counseling
Industrial/organizational	2	4	3	2	5	2	Counseling > clinical
Interpersonal relations/processes	9	16	23	13	32	14	
Learning disorders/disabilities	2	4	9	5	11	5	
Marriage/couples	6	11	39	22	45	20	
Minority/cross-cultural	38	69	55	32	93	41	Counseling > clinical
Motivation	0	0	5	3	5	2	
Neuropsychology	1	2	70	40	71	31	Clinical > counseling
Pain	0	0	17	10	17	7	Clinical > counseling
Parent-child interaction	4	7	20	11	24	10	
Personality	4	7	17	10	21	9	
Personality assessment	4	7	22	13	26	11	
Personality disorders	0	0	24	14	24	10	Clinical > counseling
Posttraumatic stress disorder/trauma	0	0	13	7	13	6	Clinical > counseling
Pregnancy issues	0	0	6	3	6	3	
Prevention	1	2	20	11	21	9	Clinical > counseling
Problem solving	1	2	5	3	6	3	
Professional issues/training	14	25	18	10	32	14	Counseling > clinical
Program evaluation	4	7	8	5	12	5	
Psychoanalysis/psychodynamics	2	4	18	10	20	9	
Psychoneuroimmunology	0	0	7	4	7	3	
Psychopathology	5	9	19	11	24	10	
Psychopathology—adult	1	2	26	15	27	12	Clinical > counseling
Psychopathology—child	5	9	37	21	42	18	
Psychophysiology	0	0	25	14	25	11	Clinical > counseling
Psychotherapy process and outcome	25	45	66	38	91	40	

Table 2 (continued)

Research area	Counseling programs (<i>n</i> = 55)		Clinical programs (<i>n</i> = 174)		All programs (<i>N</i> = 229)		Pattern of differences
	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	
Religion/spirituality	2	4	7	4	9	4	
Rural psychology	2	4	6	3	8	3	
Schizophrenia/psychosis	0	0	38	22	38	17	Clinical > counseling
School/education	4	7	10	6	14	6	
Self-esteem/self-efficacy	1	2	3	2	4	2	
Sexuality/dysfunction and deviation	10	18	23	13	33	14	
Sleep/sleep disorders	1	2	8	5	9	4	
Social skills/competence	1	2	18	10	19	8	Clinical > counseling
Social learning	0	0	7	4	7	3	
Social support	2	4	5	3	7	3	
Speech and language/verbal behavior	0	0	12	7	12	5	Clinical > counseling
Sports psychology	5	9	4	2	9	4	Counseling > clinical
Violence/abuse	5	9	42	24	47	20	
Vocational interests	34	62	1	1	35	15	Counseling > clinical
Women's studies/issues	14	25	17	10	31	14	Counseling > clinical
Total	361		1,681		2,042		

Note. APA = American Psychological Association. ADHD = attention deficit hyperactivity disorder.

versely, the obtained ratio was 1.6:1 or lower, Table 2 shows the research area as counseling > clinical.

For all programs, the most frequently listed areas of faculty research, in descending order, were: behavioral medicine/health psychology, minority/cross-cultural psychology, psychotherapy process and outcome, family therapy and research, child clinical/pediatric psychology, neuropsychology, depression/affective disorders, anxiety disorders, eating disorders, and assessment/diagnosis. For 26 of the research areas, clinical psychology programs were disproportionately represented; for 10 areas, counseling psychology programs were disproportionately represented. The unequal number of disproportionate research interests may be explained largely by two categories in which counseling psychology programs dominated a research area compared with clinical programs: 69% and 62% of counseling psychology programs listed minority/cross-cultural psychology and vocational interests, respectively, compared with only 32% and 1% of the clinical programs.

Implications

Choosing between counseling psychology and clinical psychology has been difficult for graduate school applicants given the paucity of published data on the respective training programs of these specializations and their considerable overlap in professional activities. As a resource for applicants and their advisors, this article highlights the differences between clinical and counseling psychology programs in order to facilitate informed choices in the application process, to enhance matching between specialization and student, and to sharpen the respective identities of psychology training programs.

The specific credentials, characteristics, and interests of students should guide their applications, of course. Counseling psychology programs seem best suited for those with established interests in the traditionally distinctive areas of vocational and career processes, human diversity (e.g., gender differences, ho-

mosexuality, minority/cross-cultural studies, women's studies), and professional issues (e.g., ethics, professional issues/training). The differences in faculty research areas are predictably reflected in their students' perception of professional futures: Davis and Meara (1995) found that counseling psychology students saw themselves more often involved in consultation and educational or vocational counseling than clinical psychology students. Similarly, students possessing master's degrees and those seeking more intensive exposure to humanistic theory and practice will find these the norm in counseling programs.

Conversely, students with an abiding interest in psychopathological populations (e.g., ADHD, autism, affective disorders, chronic mental illness, personality disorders, PTSD, schizophrenia) and in activities traditionally associated with medical and hospital settings (e.g., pediatric psychology, neuropsychology, pain management, psychophysiology) can more likely find these in clinical psychology programs. Although all APA-accredited programs expect their incoming students to manifest relatively high GREs and GPAs (Norcross, Hanych, & Terranova, 1996), the PhD clinical psychology programs expect them a bit higher. Students with cognitive-behavioral orientations should find PhD clinical programs most amenable to their interests.

Students applying to PsyD clinical programs should be acutely aware of the limited financial support provided by these programs in comparison with the PhD programs. Applicants unable or unwilling to absorb the vast majority of tuition and living costs themselves may need to be encouraged to look at alternative specializations. At the same time, PsyD programs offer higher average acceptance rates (about 17%) and proportionally more psychodynamic emphasis among their faculty.

Distinctive and disproportional emphases across PhD counseling, PhD clinical, and PsyD clinical psychology programs ought not to be rigidly interpreted as absolute or unique characteristics. With the considerable overlap in these programs, qualified students should be encouraged to consider all options and

then to tailor their applications to one or more specializations that match their academic credentials, research interests, career trajectories, financial needs, and theoretical orientations. We hope that the systematic comparisons provided in this article will assist students and their advisors in doing just that.

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