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Article in *Training and Education in Professional Psychology* · May 2010

DOI: 10.1037/a0014880

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# Getting In and Getting Money: A Comparative Analysis of Admission Standards, Acceptance Rates, and Financial Assistance Across the Research–Practice Continuum in Clinical Psychology Programs

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The diversification and proliferation of doctoral programs in clinical psychology call for their periodic comparative analysis to inform prospective applicants, their advisors, and the entire field. The authors surveyed directors of the 232 American Psychological Association (APA)–accredited doctoral programs in clinical psychology (98% response) regarding application numbers, acceptance rates, financial assistance, and credentials of incoming students. Results are summarized for all clinical programs and then separately for 6 types of programs along the practice–research continuum: freestanding PsyD, university professional school PsyD, university department PsyD, practice-oriented PhD, equal-emphasis PhD, and research-oriented PhD. Lower acceptance rates and higher Graduate Record Examination scores were strongly associated with programs oriented toward more research training; for example, research-oriented PhD programs admitted far fewer applicants (7% vs. 50%) than did freestanding PsyD programs. Freestanding PsyD programs awarded significantly less full financial assistance to incoming students (1% vs. 89%) and required 1 less year to complete than did PhD programs. Overall, PhD-level students were more likely to secure an APA or Association of Psychology Postdoctoral and Internship Centers internship than were PsyD students. The authors conclude with observations about the historical changes and heightened differentiation of doctoral training in clinical psychology.

*Keywords:* graduate school, acceptance rates, clinical psychology, financial aid, internship match

Graduate education in psychology is a large and vital enterprise. More than 40,000 full-time students are enrolled in approximately 2,000 graduate programs at any given time (Norcross, Kohout, & Wicherski, 2005). Psychology has become one of the top fields in science awarding doctoral degrees (National Opinion Research Center, 2003). Clinical psychology, the largest subfield in the discipline, continues to grow and diversify (Bureau of Labor Statistics, 2004).

Prospective applicants, their academic advisors, and the entire field are frequently confused by the sheer proliferation of doctoral

programs in clinical psychology. The emergence of two distinct training paths—the PhD, scientist–practitioner model and the PsyD, professional model—has enormously complicated easy comprehension. The pluralistic training in psychology graduate education converges with the American Psychological Association’s (APA’s) accreditation principles, which assert that “there is no one ‘correct’ philosophy, model, or method of doctoral training for professional psychology practice; rather there are multiple valid ones” (Committee on Accreditation, 1996).

Researchers have periodically addressed the similarities and differences between the training models. In an early article, Maher (1999) reviewed data from the National Research Council’s 1995 study of doctoral programs to compare research-oriented PhD programs in psychology and PhD programs of professional–applied schools, which presented a profile of faculty attributes and activities that differs sharply from that found in research-oriented programs.

Looking specifically at clinical psychology doctoral training, Cherry, Messenger, and Jacoby (2000) examined training outcomes among 134 APA-accredited programs espousing a clinical scientist, scientist–practitioner, or practitioner–scholar training philosophy. They uncovered significant differences in student employment setting and activities. Norcross, Castle, Sayette, and Mayne (2004), as another example, presented data on the heterogeneity of PsyD programs in clinical psychology and then between PsyD and PhD programs. PsyD programs accepted more students, but they typically did not award their students as much financial aid as PhD programs. Several studies have examined performance on the national licensing examination for psychologists as a func-

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WE GRATEFULLY ACKNOWLEDGE the participation of the responding directors of clinical training.

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tion of training environment (e.g., McGaha & Minder, 1993; Yu et al., 1997). PsyD recipients score lower, on average, than PhD recipients on the Examination for Professional Practice in Psychology (e.g., Maher, 1999; Templer et al., 2000).

Published profiles of clinical psychology training programs are based on data collected on smaller numbers of programs from 1995 (Cherry et al., 2000; Norcross, Sayette, Mayne, Karg, & Turkson, 1998) and 2001 (Norcross et al., 2004). The time is ripe for an update.

In this study, we surveyed the training directors of all 232 APA-accredited clinical psychology programs regarding acceptance rates, financial assistance, credentials of incoming students, and select program outcomes. This research systematically translates critical information about clinical psychology programs into evidence-based advice on application and admission decisions. We present a snapshot of all clinical psychology doctoral programs and a detailed portrait by training model.

### The Study

We contacted by e-mail the training directors of the 232 clinical psychology doctoral programs accredited by the APA as of June 2007, requesting that training directors provide the information on their respective program. Following the initial e-mail request in May 2007, we sent multiple e-mail reminders to nonrespondents over the course of the summer. Final telephone and e-mail requests were made in late September 2007. We received responses from a total of 227 of the 232 accredited clinical psychology programs, for a response rate of 98%.

Directors of training (or their designees) completed a survey on multiple features of their respective programs. We describe the survey items as we present the results below; however, it is important to note that all data were entirely self-report. Moreover, our results apply strictly to APA-accredited programs, not to the 40-plus non-APA accredited doctoral programs in clinical

psychology, which tend to have significantly more lenient admission standards and higher acceptance rates (Norcross et al., 2005).

We categorized each doctoral program into one of six mutually exclusive categories on the basis of the degree awarded (PhD or PsyD), institutional setting, and program self-rating on a practice–research continuum (1 = *practice oriented*, 4 = *equal emphasis*, and 7 = *research oriented*). The six categories of clinical programs were freestanding PsyD programs ( $n = 18$ ), university professional school PsyD programs ( $n = 19$ ), university psychology department PsyD programs ( $n = 17$ ), practice-oriented PhD programs (ratings of 1–3;  $n = 9$ ), equal-emphasis PhD programs (ratings of 4;  $n = 67$ ), and research-oriented PhD programs (ratings of 5–7;  $n = 93$ ).

### Acceptance and Enrollment Rates

Table 1 presents the average acceptance and enrollment rates—chances of “getting in”—by type of APA-accredited clinical program. For all programs, the average number of students applying was 183, the average number accepted was 26, the percentage of applicants accepted was 17, the average number of incoming students was 15, and the percentage of accepted students actually attending was 65.

We found large differences among the types of programs in terms of acceptance rates, but not in enrollment rates. Moving from freestanding PsyD programs to research-oriented PhD programs, the mean acceptance rates dropped linearly from 50%, to 43%, to 26%, to 16%, to 14%, to 7%. These numbers speak to the percentage of applicants accepted; the number of acceptances also decreased linearly from 108, to 67, 33, 18, 16, to 12. The percentage of accepted students enrolling remained fairly consistent across program type—about two thirds.

Table 1  
Acceptance Rates, Enrollment Rates, and Financial Assistance by Type of American Psychological Association–Accredited Clinical Program

Variable	Free-standing PsyD ( $n = 18$ ; $M [SD]$ )	University professional school PsyD ( $n = 19$ ; $M [SD]$ )	University psychology department PsyD ( $n = 17$ ; $M [SD]$ )	Practice- oriented PhD program ( $n = 9$ ; $M [SD]$ )	Equal emphasis PhD program ( $n = 67$ ; $M [SD]$ )	Research- oriented PhD ( $n = 93$ ; $M [SD]$ )	All clinical programs ( $N = 223$ ; $M [SD]$ )	$F$
No. applications	227 (117)	207 (128)	141 (75)	155 (103)	160 (107)	199 (97)	183 (105)	2.4
No. acceptances	108 <sub>d</sub> (44)	67 <sub>d</sub> (34)	33 <sub>d</sub> (19)	18 (12)	16 (16)	12 (7)	26 (33)	87.1**
% applicants accepted	50 <sub>d</sub> (1)	43 <sub>a,b,c</sub> (22)	26 <sub>d</sub> (13)	16 <sub>a</sub> (10)	14 <sub>b</sub> (7)	7 <sub>c</sub> (6)	17 (18)	43.4**
No. enrolled	57 <sub>d</sub> (16)	39 <sub>d</sub> (22)	19 <sub>d</sub> (8)	11 <sub>a</sub> (5)	11 <sub>b</sub> (12)	7 <sub>a,b</sub> (3)	15 (17)	77.3**
% accepted enrolled	58 (17)	59 (12)	66 (21)	70 (22)	69 (17)	63 (18)	65 (18)	1.8
% students awarded								
Tuition waiver only	0 (0)	0.4 (1.2)	0.4 (1.7)	7 (9)	3 (13)	0 (2)	1 (8)	1.9
Assistantship or fellowship only	13 (13)	27 (24)	17 (26)	57 <sub>d</sub> (42)	20 (36)	8 (24)	16 (30)	6.0**
Waiver and assistantship or fellowship	1 (3)	5 (13)	17 (36)	42 <sub>d</sub> (43)	54 <sub>d</sub> (47)	89 <sub>d</sub> (30)	57 (48)	36.3**

Note. Groups sharing the same letter subscript a, b, or c differ significantly from each other ( $p < .05$  using Student Newman-Keuls comparison). The group with subscript d differs significantly from all other groups ( $p < .05$  using Student Newman-Keuls comparison).

\*\*  $p < .001$ .

### Financial Assistance

Table 1 also presents the prevalence of financial assistance—chances of “getting money”—awarded directly by the clinical programs. We specifically inquired about three types of financial awards: full tuition waiver only, assistantship or fellowship only, or both a full tuition waiver and an assistantship or fellowship.

For all clinical programs, approximately 1% of all incoming students received a full tuition waiver only, 16% received an assistantship or fellowship only, and 57% of students received both a full tuition waiver and an assistantship or fellowship. Again, however, the differences between program type overshadowed these global numbers. The probability of students receiving both a full tuition waiver and an assistantship or fellowship increased linearly from freestanding PsyD programs at 1%, to 5%, 17%, 42%, 54%, and up to 89% in research-oriented clinical programs. The correlation between the probability of a full financial package (full tuition waiver plus assistantship or fellowship) and program rating along the practice–research continuum was .65. In fact, 81% of PsyD programs awarded no full financial assistance; only 4 of the 54 PsyD programs provided more than 50% of their students full financial assistance.

### Credentials of Doctoral Students

Table 2 summarizes the average Graduate Record Examination (GRE) scores and grade-point averages (GPAs) for incoming doctoral students by the six types of APA-accredited clinical programs. The average GRE verbal and quantitative scores for all programs were 591 and 652, respectively. Scores on the newer analytical writing test averaged 4.9 across all program types. The mean GPA of incoming students was 3.6, and the average score on the GRE psychology subject test was 672.

At the same time, we found pronounced differences in GREs and GPAs as a function of the type of clinical doctoral program. The average quantitative GRE score for incoming students correlated .55 with the program rating along the practice–research continuum; more research-oriented programs secured higher

scores. The same was the case with the verbal and analytical writing scores, which correlated .39 and .42 with practice–research rating, respectively. The undergraduate GPA of incoming students also correlated positively with the practice–research rating (.36) and increased linearly from 3.4 to 3.6.

Interestingly, only 22% of PsyD programs housed in freestanding institutions and 53% of those in university professional schools provided information on the average GRE scores of their incoming students. This pattern stands in marked contrast to the vast majority of PhD programs (77% and higher) reporting the same. In fact, an increasing number of PsyD programs no longer require GRE scores for admission. Thus, the robust GRE differences between incoming PhD and PsyD students might be smaller or larger; in the absence of data, we simply do not know.

### Student Characteristics

We collected data on four characteristics of the incoming classes of doctoral students: academic degree (baccalaureate or master’s), percentage of women, percentage of racial or ethnic minorities, and percentage of international students. Across all programs, 79% ( $SD = 16.3$ ) of incoming students entered with a bachelor’s degree, and 21% ( $SD = 17$ ) entered with a master’s degree. Research-oriented PhD programs accepted far more students with a bachelor’s degree (87%) than did other types of programs. All programs enrolled approximately 76% women ( $SD = 9.8$ ), 23% ethnic minorities ( $SD = 15.6$ ), and 6% international students ( $SD = 7.9$ ). We found no significant differences between the programs on these student characteristics with a single exception: Practice-oriented PhD programs accepted an average of 14% ( $SD = 9.9$ ) international students, almost twice as high as any other type of clinical psychology program.

### Select Program Outcomes

Each doctoral program provided data on three select outcomes: the percentage of students obtaining an APA or APPIC internship, the

Table 2  
GREs and GPAs of Incoming Students by Type of American Psychological Association–Accredited Clinical Program

	Free-standing PsyD ( <i>n</i> = 18; <i>M</i> [ <i>SD</i> ])	University professional school PsyD ( <i>n</i> = 19; <i>M</i> [ <i>SD</i> ])	University department PsyD ( <i>n</i> = 17; <i>M</i> [ <i>SD</i> ])	Practice-oriented PhD ( <i>n</i> = 9; <i>M</i> [ <i>SD</i> ])	Equal emphasis PhD ( <i>n</i> = 67; <i>M</i> [ <i>SD</i> ])	Research-oriented PhD ( <i>n</i> = 93; <i>M</i> [ <i>SD</i> ])	All clinical programs ( <i>N</i> = 223; <i>M</i> [ <i>SD</i> ])	<i>F</i>
Average GRE scores								
Quantitative scale	536 <sub>d</sub> (52)	599 <sub>a</sub> (48)	608 <sub>b</sub> (47)	637 (58)	648 (43)	676 <sub>a,b</sub> (38)	652 (52)	16.8**
Verbal scale	525 <sub>a,b</sub> (23)	544 <sub>c</sub> (42)	556 (42)	570 (59)	592 <sub>a,c</sub> (43)	607 <sub>a,b,c</sub> (47)	591 (49)	7.4**
Analytical writing	4.2 <sub>a,b,c</sub> (.28)	4.5 (.51)	4.9 <sub>a</sub> (.17)	4.7 (.48)	4.9 <sub>b</sub> (.39)	5.1 <sub>c</sub> (.40)	4.9 (.44)	5.5**
% of programs reporting	22	53	71	77	79	82	72	
Psychology subject test	NR	NR	644 (17)	651 (37)	669 (38)	683 (48)	672 (43)	1.3
Average GPA								
Overall GPA	3.4 <sub>d</sub> (.18)	3.5 <sub>a,b</sub> (.15)	3.6 (.17)	3.5 (.12)	3.6 <sub>a</sub> (.15)	3.6 <sub>b</sub> (.14)	3.6 (.17)	11.9**
% of programs reporting	78	89	88	88	82	92	88	

Note. Groups sharing the same letter subscript a, b, c, or e differ significantly from each other ( $p < .05$  using Student Newman-Keuls comparison). The group with the subscript d differs significantly from all other groups ( $p < .05$  using Student Newman-Keuls comparison). NR = not reported; GRE = Graduate Record Examination; GPA = grade-point average.

\*\*  $p < .001$ .

Table 3  
Selected Outcomes by Type of APA–Accredited Clinical Program

Outcome	Free-standing PsyD ( <i>n</i> = 18; <i>M</i> [ <i>SD</i> ])	University professional school PsyD ( <i>n</i> = 19; <i>M</i> [ <i>SD</i> ])	University department PsyD ( <i>n</i> = 17; <i>M</i> [ <i>SD</i> ])	Practice- oriented PhD ( <i>n</i> = 9; <i>M</i> [ <i>SD</i> ])	Equal emphasis PhD ( <i>n</i> = 67; <i>M</i> [ <i>SD</i> ])	Research-oriented PhD ( <i>n</i> = 93; <i>M</i> [ <i>SD</i> ])	All clinical programs ( <i>N</i> = 223; <i>M</i> [ <i>SD</i> ])	<i>F</i>
% of students receiving APA or APPIC internship	66.3 <sub>c</sub> (33.7)	81.5 (21.9)	77.7 (22.2)	90.0 (12.1)	84.5 (22.0)	91.1 (12.8)	85.4 (20.5)	5.4**
Attrition rate	6.4 (4.4)	7.9 (3.3)	7.9 (4.3)	5.1 (3.6)	7.2 (4.7)	9.0 (5.9)	8.0 (5.2)	1.7
Average years to graduate (including internship)	5.0 <sub>a</sub> (0.6)	5.3 <sub>a</sub> (0.7)	5.3 <sub>a</sub> (4.7)	6.2 <sub>b</sub> (0.8)	6.3 <sub>b</sub> (0.76)	6.2 <sub>b</sub> (0.7)	6.0 (0.8)	17.7**

Note. Groups sharing the same letter subscript a or b do not differ significantly from each other. The group with subscript c differs significantly from all other groups ( $p < .05$  using Student-Newman-Keuls comparison). APA = American Psychological Association; APPIC = Association of Psychology Postdoctoral and Internship Centers.

\*\*  $p < .001$ .

average years required to complete the program, and attrition rate within the past 7 years (or since the program was APA accredited, if less than 7 years). We defined *attrition rate* as the number of matriculated students who have left the program for any reason divided by the total number of students matriculated in the program.

As shown in Table 3, the average percentage of students receiving an APA or APPIC internship across all types of clinical programs was 85% ( $SD = 20.5$ ). Only free-standing PsyD programs were significantly different from all other programs, with a lower 66% placement rate. The program attrition rate within the past 7 years across all programs was 8% ( $SD = 5.2$ ), with no significant differences among type of program.

The average years to graduate, including internship, was 6.0 across all types of clinical programs ( $SD = 0.8$ ). The average length of the training program increased linearly across the practice–research continuum: 5.0–5.3 years ( $SDs = 0.6–0.7$ ) for the PsyD programs and 6.2 years ( $SDs = 0.7–0.8$ ) for the PhD programs.

### Faculty Theoretical Orientations

Program directors indicated the percentage of their core faculty ascribing to or practicing five theoretical orientations: psychodynamic–psychoanalytic, behavioral–applied behavioral analysis, systems–family systems, humanistic–existential, and cognitive or cognitive–behavioral. Directors could list additional orientations and generate total percentages more than 100% in cases in which faculty subscribed to more than one orientation or to integration–eclecticism. Among all programs, the cognitive or cognitive–behavioral orientation emerged as the modal orientation with 60% ( $SD = 27$ ). It was followed, in descending order of frequency, by systems ( $M = 20%$ ,  $SD = 18$ ), psychodynamic ( $M = 19%$ ,  $SD = 20$ ), humanistic ( $M = 11%$ ,  $SD = 15$ ), and behavioral ( $M = 9%$ ,  $SD = 15$ ).

Figure 1 displays the percentages of faculty theoretical orientations as a function of the six types of clinical programs. As seen there, the prevalence of the cognitive–behavioral orientation in-

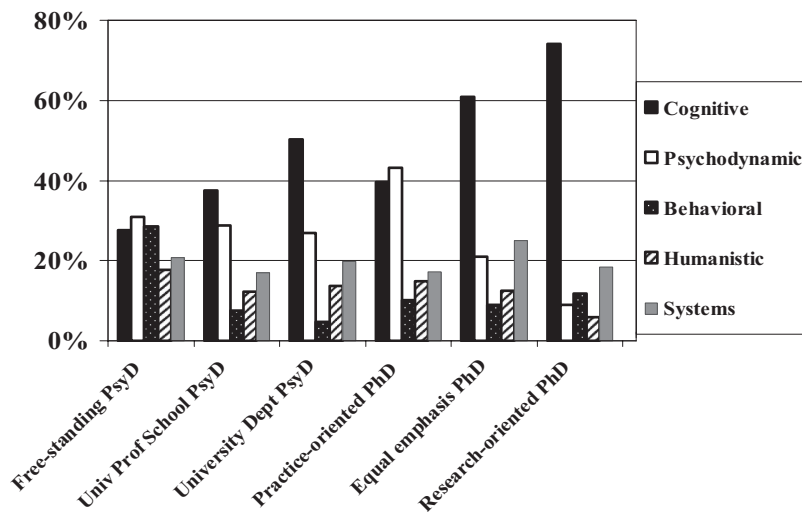


Figure 1. Faculty theoretical orientation by type of American Psychological Association–accredited clinical program. Univ = university; Dept = department.

creases steadily along the practice–research continuum, rising from 28% in freestanding PsyD programs to 74% in research-oriented PhD programs. Conversely, significantly fewer faculty in research-oriented PhD programs (9% on average) subscribed to the psychodynamic orientation than any other type of program (21% to 43% range). A final difference arose on the humanistic–existential orientation: the 18% of faculty in freestanding PsyD programs significantly differed from the 6% in research-oriented PhD programs.

### Closing Observations

In this study, we updated the status of clinical psychology doctoral programs and simultaneously highlighted the differences between six types of those programs. Our overarching aims in doing so were to facilitate informed decisions in the application process, to improve matching between programs and applicants, and to further develop the respective identities of the different training models.

Choosing among the different types of clinical programs is a complex and confusing task for applicants (and their advisors) given the multitude of conflicting considerations, such as admission standards, admission rates, and financial assistance. We frequently hear from applicants the conflict between “getting in” (probability of admission) and “getting money” (probability of financial assistance). In the most extreme comparison, students applying to APA-accredited clinical programs face the prospect of 50% acceptance rates and 1% full funding in freestanding PsyD programs versus 7% acceptance rates and 89% full funding in research-oriented PhD programs. Students confront the prospect of 5 years of training with three quarters of their faculty subscribing to psychodynamic, systems, and humanistic theories, on the one end, to 6.2 years with three quarters of cognitive–behavioral faculty, on the other.

Among the research-oriented clinical programs, there is yet a finer distinction that might be made, and this distinction might prove helpful to those prospective applicants interested in securing research-oriented training. About half of the research-oriented programs in this study were also members of the Academy of Psychological Clinical Science. As explained on its home page (<http://psych.arizona.edu/apcs/index.php>), the Academy of Psychological Clinical Science is an alliance of scientifically oriented training programs in clinical and health psychology with strong commitments to, and established records of, clinical science training. Previous research has found consistent differences between academy members and nonacademy members on most of the variables examined in this study, with Academy of Psychological Clinical Science programs typically representing the most competitive and most financially generous of the research-oriented programs (Norcross, Sayette, & Mayne, 2008; Sayette, Mayne, Norcross, & Giuffre, 1999).

The once-presumed homogeneity in clinical psychology has vanished. Belar (1998) observed that when it comes to graduate education in clinical psychology, “We’re not in Kansas anymore.” McFall (2002, p. 660) concluded, “It is mythical to treat clinical psychology as though it were a homogeneous, unified field, standing all in one place.” The differentiation among types of clinical programs—beyond the dichotomy of PhD and PsyD—is now abundantly clear and consistently replicated. Students and advisors

alike confront expanding choices with consequences that carry forward well into one’s career (Norcross et al., 2004).

Moving more broadly to clinical psychology training as a whole, we would conclude with a few observations about the macro trends. Vail-model PsyD programs now produce more psychologists than all clinical PhD programs combined (Norcross et al., 2005). GRE scores are emphasized (and required) less often than they were in the past, particularly in PsyD programs. Women represent three quarters and ethnic and minority students represent one quarter of new doctoral students in clinical psychology (also see Maton, Kohout, Wicherski, Leary, & Vinokurov, 2006). Cognitive–behavioral faculty predominate in equal-emphasis and research-oriented PhD programs.

The long-term impact of these developments in graduate education remains to be seen. We look forward to systematic analyses of clinical programs in the future to chronicle the evolution and track the future of doctoral training in clinical psychology.

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Received June 24, 2008

Revision received November 4, 2008

Accepted November 17, 2008 ■

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