

**Mitch's Uncensored Advice
for Applying to Graduate School
in Clinical Psychology**

Revised 2017

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

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Good luck to everyone!

-Mitch Prinstein, Ph.D., ABPP

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Applying to Graduate Schools in Clinical Psychology

Introduction

Psychology is the most popular major on many college campuses. Each year, thousands of students apply to graduate schools with hopes of pursuing a career in mental health science or practice. 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. Since posting the first version of this document over 10 years ago, I am thrilled that it has been a useful resource for so many people interested in this field that I love. The widespread dissemination of this document has exceeded even my wildest hopes for helping students and trainees. Now it is time to offer this update to reflect the ever-changing field of clinical psychology, and hopefully help a new generation of students.

But before we begin, I should offer an important disclaimer here. The text below simply represents my opinions and impressions of the current state of the field, and of the application process for clinical 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 cannot 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 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. This is usually based on students' general desire to work as a therapist, perhaps in a hospital or 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. Yet, 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 intrigued by the mental health field. Actually, there are at least nine 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 as different types of career activities.

- Interested in research? Teaching? Practicing (e.g., offering therapy or conducting assessments)? Consulting? Mentoring students? Working with young children? Adolescents? Adults? The elderly?
- Do you want to work in a hospital? A university? A teaching college? An elementary or secondary school? A business corporation? The government? A VA? A non-profit?
- 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. You also can look [this webpage](#) from the American Psychological Association: or a profile of [psychology-related careers](#) on my own site profiling about 30 different ways that people used their psychology major (note: see their job titles by using the bookmarks tab within the document).

Below, I will offer some brief descriptions (and links) to discuss nine fields below. I urge you not to just skip to the discussion of clinical psychology at the end. You may be surprised to learn where points of overlap and divergence exist between each of the fields below. This understanding also will be crucial for your successful application to any mental health profession. No matter type of degree you pursue, it will be important to articulate your interests, and how your chosen profession matches with what you hope to accomplish in your career.

One quick note before you begin reading about each of these nine areas, however, and that has to do with what's referred to as "evidence-based practice." This will be discussed in much more detail below, but for now it is important to note that there are many types of therapy - over 500 different approaches available to help ameliorate mental illness and promote psychological well-being. Some of these have been rigorously examined in scientific research, and some have not. This is very important for you, your career, and the health of all of your future patients. If the therapy you offer is based on a clear scientific understanding of the factors that promote or maintain mental illness, and specifically addresses these factors, there is a good chance that the therapy will work. Even more important, if the approach to therapy you use has been tested in randomized clinical trials, yielding proof that it causally predicts a drop in mental health symptoms, then we can say with great confidence that the therapy has a terrific chance of helping patients ease their suffering.

But if the therapy addresses something that we don't know has any relation to psychopathology at all, or if there is no evidence that the therapy reduces symptoms as compared to a placebo or control, and then you may be just wasting your, and your patients' time. For instance, many students may have heard of "music therapy," or "art therapy," or even approaches to therapy that involve 'energy waves,' 'rebirthing' experiences, the use of non-directed play to work through 'unconscious psychological conflicts,' or hundreds of other suspect techniques. Approaches like these may have fervent fan bases and even testimonials from patients who believed they were useful. They may even offer some short-term relief from a bad mood. But there is simply no consistent scientific evidence to suggest that they will help reduce the kinds of psychological symptoms we may see in the DSM, and certainly these approaches will not be better than "evidence-based treatment." (See <https://www.div12.org/psychological-treatments/> and www.effectivechildtherapy.org for more info on evidence-based treatments for adults and youth, respectively).

If you have chosen to dedicate your professional life to reduce the burden of mental illness, you are probably especially interested in a career that will be as helpful as it can be. Be sure to attend to the issue of evidence-based treatment as you consider the nine fields below.

In the few pages that follow within this section, I will review:

- 1) Social Work (Masters or Doctorate)
- 2) Counseling (Masters)
- 3) Marriage and Family Therapy (Masters)
- 4) School psychology (Masters or Doctoral degree)
- 5) Masters in General Psychology
- 6) Counseling psychology (Doctoral degree)
- 7) Developmental, Social Cognitive psychology (Doctoral degree)
- 8) Psychiatry (Medical degree)
- 9) Clinical psychology (including clinical child psychology, clinical adult psychology, and clinical health 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.

You should know that there are not an equal proportion of these different types of professionals in the United States. In fact, of all mental health professionals, about *three out of every four* are social workers, mental health counselors, or marriage and family therapists. Only 15% or so of mental health providers are psychologists.

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. As you will see on this website, some social workers become involved in advocacy or policy settings. Others become licensed clinical social workers and are able to provide therapy to clients, in ways that can be remarkably similar to the practice of a doctoral level psychologist. Clinically-trained social workers may 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 master's 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. Many social work graduate programs offer some training in evidence-based practice, but this varies considerably from program to program. This is important to look into further when determining which social work programs you want to apply to.

Counseling

What do Counselors do?

Admittedly, I do not know much about the field of mental health counseling beyond what one can learn from professional websites, such as the site for the [American Counseling Association](#). The distinction between mental health counseling and other mental health fields may be lost on the general public as well. Even a casual look at "Find a Therapist" directories on sites such as Psychology Today reveals many who identify themselves as mental health counselors, yet their education and effectiveness as mental health providers is relatively unknown, at least to me. The American Counseling Association indicates that counselors may have focused expertise in

addictions, career counseling, clinical mental health or community agency counseling, marriage, couples and families, school counseling, student affairs and college counseling, gerontology, or counselor education and supervision.

What is the training like?

A counselor is eligible to practice after receiving a master's degree, typically in about 2 years. There are many programs nationally to obtain this type of degree, and relatively few of them promote training in evidence-based practice. However, this may be changing.

Marriage and Family Therapy.

What do Marriage and Family Therapists do?

Marriage and family therapists treat psychological disorders by considering the couple or the family as a system, or a unit that should be treated conjointly. The [American Association for Marriage and Family Therapy](#) reports that most MFTs conduct brief therapy, usually under 20 sessions. MFT typically includes an approach to therapy that relies on family systems theory, which has some limited support as an evidence-based approach.

What is the training like?

One may obtain a masters or a doctorate in marriage and family therapy, although the master's is sufficient for independent practice. Given the nature of the discipline, training in evidence-based therapy delivered to individual patients is rarely available within MFT graduate programs.

School Psychology

What do School Psychologists do?

The [National Association of School Psychologists](#) (NASP) 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 master’s 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 master’s-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).

Masters in General Psychology

What is the Masters in General Psychology?

There are not too many terminal masters programs in psychology, 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 master’s thesis to obtain a degree. Programs typically last 1-2 years.

There are benefits and drawbacks to the terminal master’s 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 master’s thesis also 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 master’s 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 master’s thesis may be required, and the degree will be granted – somewhat marking the half-way point of doctoral training. The terminal master’s 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 master’s may not always be a wise option. However, for other students, this can be a very valuable experience!

I typically recommend this option in two cases. First, for those who wish to eventually obtain a doctoral degree in psychology but have a low undergraduate GPA, a terminal master’s program can offer an opportunity to demonstrate an applicant’s ability to succeed in a graduate level curriculum, and may “forgive” lower undergraduate grades in the eyes of the doctoral admissions committee. Second, those who wish to eventually get their doctoral degree but just can’t narrow

their areas of research interest may benefit from a master's program to get more extensive research experience. For all others – that is, those with adequate GPAs (at least 3.2) and reasonably focused research interests (i.e., an identified disorder, psychological process, or mental health risk/protective factor) - a terminal master's program is unlikely to help increase chances of eventual admission. Getting (paid or volunteer) additional research experience for a year or two after undergraduate is a far cheaper alternative that will bolster your doctoral application much more.

Counseling Psychology

What is counseling psychology?

“Counseling psychology” is not quite the same thing as being a “counselor.” The American Psychological Association's [Division 17](#) is specifically focused on Counseling Psychology and a section focused on the [opportunities available](#) within the field.

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 web link 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.

Developmental, Social, Cognitive psychology and Neuroscience

What is a developmental, social, or cognitive psychologist, or a neuroscientist?

Most departments of psychology have one or more faculty who represent sub-disciplines within the field, such as developmental, social, biological, cognitive, neuroscience, experimental, quantitative, developmental, or community psychology to name a few. Each of these areas can be pursued for a graduate degree (although few community programs remain). If you are interested in understanding human behavior, consider each of these options. However, remember that none of them focus on psychopathology predominantly, and doctoral degrees in these areas do not qualify you to practice. Below I offer a review of a few of these sub-disciplines that are most common in departments across the country.

Developmental psychology is a scientific discipline that is focused specifically on the study of behavior as it changes across the life-span (see www.srce.org). 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.

Social psychologists (www.spsp.org) are interested in how individuals function within the world around them, broadly speaking, and tackle issues such as prejudice, attitudes, social influence, and human behavior among peers in communities, in the workplace, within personal relationships and in unfamiliar settings. Many social psychologists go on to work (in highly lucrative positions) in business schools, since much of what social psychologists do has great relevance to business management. Social psychologists also may address personality psychology, positive psychology, or health psychology issues.

Cognitive psychologists (www.cogneurosociety.org and www.psychonomic.org) are interested in learning, language, perception, memory, and increasingly how the brain is involved in the ways we perceive, encode, and communicate with the world around us. Many cognitive psychologists work in academia, but increasingly their expertise is needed in our growing digital world where they can help determine what's most likely to capture our attention in the super-saturated information age.

Last, a brief word about neuroscience (www.sfn.org). Although the discipline of psychology has long been interested in understanding the associations among our emotions, behavior, and our central and peripheral nervous systems, this work was conducted almost exclusively with animals for many decades. With the advent of new tools to make human brain imaging more affordable and accessible to non-medical professionals, there has been a surge interest in neuroscience in ways that have affected all of the psychological sub-disciplines described above. Those interested in pursuing a career in psychology – whether clinical or not – should be at least

somewhat comfortable talking about the brain, its lobes, sub-structures, and how we may conceptualize human behavior as relevant to the activity within and between brain regions. This rapid change in the field has been reflected in several ways, including the new priority within the National Institute of Mental Health (the federal agency that funds a remarkably high proportion of research done in clinical psychology) on the neuroscience-heavy “Research Domain Criteria” (or [RDoC](#)) as well as the new name of many departments of psychology on university campuses worldwide, many of which now reference “brain” or “neuro” science.

Developmental, social, and cognitive psychology, as well as neuroscience, are exclusively scientific fields. They do not involve clinical practice and many minimize an emphasis on individual differences in behavior, favoring instead theories that help to explain what is common among all humans. However, you can still “help people” tremendously by working in these areas. Many developmental psychologists are involved in designing prevention programs (e.g., Head Start; Anti-Bullying campaigns, etc). Developmental, social, and cognitive psychologists influence public policy and work within government or non-profit industries. If you are interested in a strictly research and/or teaching career, either in a research center or as a professor in an academic position, any of these programs would be extremely attractive options.

What is the training like?

Developmental, social, cognitive, and neuroscience doctoral programs are similar to clinical psychology doctoral programs in many ways. All involve 4-6 years of training, coursework, master's thesis, and dissertation. Non-clinical fields do not involve any clinical practicum work, and there is no clinical internship year. Doctoral programs in these fields also receive far fewer applicants than do programs in clinical psychology, thus making the chance of acceptance much higher.

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 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, and require 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 – often not evidence-based - 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. These models emphasize education in 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.

Clinical 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.

However, there are different types of clinical psychology training philosophies, doctoral programs, and even two different doctoral degrees available to those who want to become practicing clinical psychologists. So, some further explanation is needed...

Clinical psychologists trained in “scientist-practitioner” (sometimes referred to as ‘Boulder model’) or “clinical science” approaches to training have some unique advantages over most all other mental health care providers. The scientist-practitioner and clinical science models suggest that all clinical psychologists should be trained both as researchers and practitioners, and should integrate science and practice skills in all that they do. In other words, in addition to the research expertise required to complete a master’s 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. Moreover, by integrating all clinical and science activities, the *quality* of both research and clinical work is improved.

For instance, when conducting research, a clinical psychologist trained in the scientist-practitioner or clinical science model may reflect on their experiences with clients to help generate or test hypotheses about the factors that may prevent or ameliorate mental illness. When engaged in clinical practice, this same clinical psychologist should rely on scientific principles to understand psychopathology, use standardized methods to measure patients’ diagnosis or progress, and - especially important - offer evidence-based treatment approaches to treat psychopathology.

If you have considered clinical psychology as a career, you may have already heard about one or both of these training models. In fact, you may have even heard that to get into a clinical Ph.D. program, it is important to say you want to do research for the rest of your career. Is this true?

Not quite, but it’s a common misconception. Another misconception is that those who want to be researchers should get a Ph.D. degree, while those who want to do practice should get a Psy.D. degree.

That is also false.

It is true that 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 career that includes some research activities following graduate studies. It's also true that many graduate programs specifically examine graduate applications for information confirming an interest in research. In fact, some programs are indeed explicit that they will hope for you to remain involved in research to some extent throughout your entire career and are not looking for applicants who are strictly interested in clinical practice.

But even at these heavily "research-oriented" programs, the majority of graduates pursue careers that involve at least some work as a practitioner. In fact, there are many students from most research-oriented programs that work exclusively in practice.

So what's all the fuss about research all about then? Many believe that to be a successful clinical psychologist, it is critical to have a research *mindset*, or to be able to "think like a scientist." The emphasis on research in most all clinical Ph.D. programs is to help you develop that mindset.

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 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 master's 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 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 psychology. This section discusses three clinical psychology sub-fields that offer distinct opportunities for research and clinical work.

Most clinical psychology programs offer experiences that could be broadly categorized as fitting the sub-fields of Clinical Child/Adolescent, Clinical Adult, or Clinical Health Psychology (or combinations, such as Child Health Psychology, also called Pediatric Psychology). Some programs have specific “tracks” or “concentrations” in these sub-fields, and some offer more varied experiences across two or more of these areas in a more generalist training model. A brief description of each is included below.

Clinical Child/Adolescent Psychology. Clinical child/adolescent 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 developmental levels, including infants, toddlers, school-aged youth, and adolescents. Clinical child/adolescent psychologists may work as practitioners, work in academia as professors, or work in a variety of settings (e.g., universities, medical centers, counseling centers) in which research, teaching, and/or clinical work is possible.

Examples of Clinical Child/Adolescent Psychology Research and Clinical Work

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

- Externalizing Disorders (e.g., Conduct Disorder, Oppositional Defiant 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, and 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 (i.e., different theoretical orientations), including factors that may modify treatment efficacy, or specific therapist and client behaviors that affect the outcome of therapy
- c. Prevention strategies
- d. Comorbidity

- e. Increasingly, research in this area has integrated findings on biological, neurological, and genetic factors that may interact with psychosocial factors in the course of each disorder.

A good idea is to visit the website for the [Journal of Clinical Child and Adolescent Psychology](#) or the [Journal of Abnormal Child Psychology](#) or to examine these journals using the PsycInfo tool at your university's website. Read over the titles and abstracts of some recent issues, and you will get a good sense for the kind of work that clinical child/adolescent psychologists do.

Clinical Adult Psychology. Much like clinical child/adolescent psychology, clinical adult psychology also generally is concerned with psychopathology; however, the population of interest typically is above 18 years of age. Psychologists interested in working with the elderly specifically may focus on *geropsychology*. Clinical adult psychologists represent the majority of all clinical psychologists, although interest in the three sub-fields of clinical psychology has been becoming more evenly distributed in recent years. Like clinical child/adolescent psychologists, clinical adult psychologists may work in a variety of settings (e.g., universities, medical centers, counseling centers) in which research, teaching, and/or clinical work is possible.

Examples of Clinical Adult Psychology Research and Clinical Work

Clinical adult psychologists' work also is often divided by disorder and diagnosis. Perhaps the most common themes of research and clinical work in clinical adult psychology include:

- Mood and Anxiety Disorders (e.g., OCD, Phobias, Depression)
- Axis II (Personality) Disorders (e.g., Borderline, Narcissism, Antisocial)
- Substance Use Disorders – sometimes included in Clinical Health Psychology
- Eating Disorders – sometimes included in Clinical Health Psychology
- Serious Mental Illness (e.g., 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, community, or cultural factors that may affect the onset, presentation, maintenance, or reduction of symptoms
- b. Different modalities of treatment that may be useful for reducing symptoms in adults, such as individual, group, or couples treatment
- c. Efficacious and effective approaches of treatment (i.e., different theoretical orientations), including factors that may modify treatment efficacy, or specific therapist and client behaviors that affect the outcome of therapy
- d. Comorbidity
- e. Increasingly, research in this area has integrated findings on biological, neurological, and genetic factors that may interact with psychosocial factors in the course of disorder.

A quick review of the table of contents in [Clinical Psychological Science](#), the [Journal of Abnormal Psychology](#) or the [Journal of Consulting and Clinical Psychology](#) will help to

gain a greater sense of the types of research areas that are common in clinical adult psychology. These journals also include articles on clinical child/adolescent psychology and clinical health psychology.

Clinical Health Psychology and Pediatric Psychology. Clinical 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. Clinical health psychologists interested in working with youth are referred to as *pediatric psychologists*. Note: sometimes information about pediatric psychology programs will be found as part of a university's Health Psychology curriculum, while many more will discuss pediatric psychology within the clinical child curriculum. See the [Society of Pediatric Psychology](#) for more information. Clinical health and pediatric psychologists tend to work in general hospital settings more often than do other clinical psychologists. However, clinical health and pediatric psychologists also may open a private practice or work in academia as professors, and both options offer a wide range of areas for research and clinical work. Some examples are discussed below.

Examples of Clinical Health and Pediatric Psychology Research and Clinical Work

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

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

Be sure to check out [Health Psychology](#) or the [Journal of Pediatric Psychology](#) for some specific examples of work in this area.

The Ph.D or Psy.D.

A final issue to discuss pertains to two types of doctoral degrees that are available in clinical, 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,’ or institutions with the word “university” in the title, but not offering a wide range of degrees like most universities do. While most Ph.D. programs typically waive tuition costs for graduate students and offer assistantships that provide a modest annual stipend (typically between \$20,000-27,000), many Psy.D. programs charge tuition to students, which can cost approximately \$20,000-\$30,000 annually.

Data comparing Ph.D. to Psy.D. programs on several other metrics also reveal a number of differences. Compared to clinical Ph.D. programs or Psy.D programs at traditional universities, Psy.D. programs in large “professional schools,” or “universities” that exclusively offer a psychology degree tend to offer far less training in evidence-based practice. They also have much less desirable faculty to student ratios, with some students unable to see their mentors for months at a time. [Data reveal](#) that the rate of obtaining an accredited predoctoral internship (required to become license for practice in many states) also is significantly lower within unaccredited Psy.D. programs (7%) and accredited Psy.D. programs (48%) as compared to accredited clinical Ph.D. programs (81%). The rate of passing the national licensing exam (called the EPPP) also differs between Psy.D. and Ph.D. program. [These data](#) reveal that students from accredited Ph.D. programs score significantly higher and are more likely to pass than those from Psy.D. programs. This is critical to consider – the last thing you want to do is to spend tens of thousands of dollars on graduate school, but end up unable to graduate or get a job!

Overall, the Psy.D. option can be a reasonable 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.

For more details regarding the qualities to examine in a clinical psychology doctoral program, see the undergraduate website for the [Council of University Directors of Clinical Psychology \(CUDCP\)](#).

Hopefully, the information in this section will offer you some direction on the types of programs that are the best match for you.

To Postbacc or not to Postbacc?

Once you know what kind of program you wish to apply to, the next question is *when* to apply. Do you feel ready? Do you have enough research experience to pursue a clinical psychology Ph.D. degree. How can you get more experience, including a post baccalaureate research assistant job? One of my graduate students, Casey Calhoun, has offered [an excellent document](#) that will help you in this situation!

A few brief tips are offered here as well.

When?

Clinical Ph.D. grad programs will take 5-6 years to complete, ending with a year-long predoctoral internship in a new location. To obtain a license to practice or a faculty position, most complete 1-2 additional years of post-doctoral work. If you are not ready to embark on a 6-8 year educational path, and you'd like to enjoy some of your 20s without shouldering major professional responsibilities, you may want to take a couple of years to do something else before applying to graduate school.

By the time you apply, you should have a fairly well-articulated idea of what you are interested in studying within the field of clinical psychology. You certainly will want to be sure whether your interests are in child, adult, or health (or neuropsychology, forensic, or geropsychology), and you'll also want to have a good idea of which disorder, risk/protective factor, or psychological process you are most interested in studying. Many students interested in a clinical Ph.D. are "interested in everything," and that is perfectly ok. However, it is too broad to get accepted almost anywhere. A year or two before applying to graduate school can be extremely helpful in narrowing one's interests and ultimately developing an application that is far more likely to be successful. I estimate that about 50% or more of those who successfully gain admission into a clinical Ph.D. program have accrued 1-2 years of post-baccalaureate (postbacc) research experience.

What?

If you do choose to take a year off, how is it best to spend your time? While backpacking through Europe or auditioning for a reality show cast may sound like a fun way to take "time off," it's not going to get you into graduate school. Nor will your work as a bartender, sales clerk, or employee at facility where you get clinical experience. For most all clinical Ph.D. programs, the best thing you can do is to get more experience with research, research, research. This will demonstrate that you are serious about psychology, and that you have continued to follow your dream to dedicate your life to a mental health career.

That doesn't mean that you need to be involved in research full-time, nor does it mean that you need to have a paid research position. In fact, most applications rarely state whether the postbacc experiences were full or part time, nor do they indicate whether they were salaried or volunteer opportunities. Most important is that they help you to learn more about the field and how to think about psychology like a scientist. If you were to wait tables for a couple of years, while

volunteering 10 hours a week at a nearby research lab, you might be just as likely to gain admission as someone with a paid, full-time research position.

How?

Many prefer to get a full-time research position for a variety of reasons. First, it allows for a more in-depth experience that will help you determine your interests. Second, you likely will get better acquainted with lab staff and the principal investigator who will then be in a better position to write you a strong letter of recommendation. Third, many find a postbacc position to be fun and certainly more intellectually stimulating (I can attest) than your work as a waiter at Red Lobster would have been.

How do you get a full-time research assistant position? Start in December and get a copy of your CV ready. A CV is not the same as a resume. It's longer, more thorough, no bullets, and can include as much information as you want to convey your relevant background experiences. Make sure it is formatted nicely and free of errors – it offers an important first impression.

To find available postbacc research assistant (RA) positions, you should do the following:

1. Visit the directory of RA positions available at www.clinicalpsychgradschool.org
2. Tell every professor you know you are looking for a position and to please keep an eye out for a job ad.
3. Join [ABCT](#), [SSCP](#), as well as [SCCAP](#) (if you are child/adolescent focused) or [SBM](#) (if you are health focused) so you can get on their listservs. RA job ads are posted on each of these lists all time.
4. Look up faculty who do research of interest and write them a brief note asking whether they are hiring. Be ready to send your CV if they reply with interest, and be patient yet persistent. Many of the RA jobs available each year are filled before an ad is even posted because applicants have been in contact expressing their interest. It may take inquiries to about 30-50 faculty (who should be emailed individually, not all in one cc line), but this approach will eventually work.

Section 2

Applying to Doctoral Ph.D. Programs in Clinical Psychology

This next section offers specific suggestions for applying to doctoral Ph.D. programs in clinical psychology. A general overview of some common issues is included (e.g., obtaining research experience, writing a personal statement, etc), followed by a section specifically on the interview process in Section 3. Last, I have included answers to “frequently asked questions” that have been sent to me over the years (see Section 4), and some terrific tools online that will help make the application process easier (Section 5).

For a student's perspective on the application process, see [a terrific document](#) written by one of my former graduate students, Sophie Choukas-Bradley.

Obtaining “High Quality” 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 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 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. Try asking some questions, or offering some opinions and thoughts during a lab discussion. Your ideas do not need to be revolutionary, but will 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 nor 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 psychology 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 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 2-10% of applicants (often about 3-8 out of 150-550) are admitted. [This table](#) will offer some data to help you estimate the acceptance rate of each program. 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.

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 pre-med 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 3.2. 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 accredited 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').

Specific Classes?

Students sometimes ask whether specific classes might increase or decrease the likelihood of admission. Beginning in 2019 or so, the short answer is: "Maybe." Your graduate training may be significantly streamlined if you have taken courses that cover the following topics before matriculation into graduate school:

- Affect or Emotions
- Biological psychology (or something like it broadly focusing on the brain, neurons, etc.)
- Cognitive psychology (or a course on learning and memory)
- Developmental psychology
- Social psychology
- History of psychology

Beyond these courses, which electives you may have taken, or which classes you took outside of psychology probably won't matter much at all. Because the psychology major typically includes a similar set of classes in most all undergraduate institutions (e.g., Intro 101, 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 electives 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. I recommend that non-psychology majors try to take as many of the courses listed above as possible (in descending order of importance: Intro, Research Methods, Statistics, followed by the six courses bulleted above) and also the Psychology GRE subject test. But if it is not possible to take, your chances of getting in are not terribly lower than if you had a psych major.

The GRE.

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. In practice, I believe most all students' verbal and quantitative scores exceed the 75th percentile; however, *significant deviation* in these scores is allowed when considering cultural and language limitations/biases 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.

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 three 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.

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 clinical 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 account 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 are likely also invested 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. This is the piece that separates a good research statement from a great one. Too often, the research statement reports prior research experience as if checking off a box, seemingly indicating that with this requirement satisfied, the applicant should be granted admission. Thus, statements that go beyond simply confirming prior lab participation immediately stand out.

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." Even better, it made you "wonder what factors may have made IBT particularly effective for some in the study." Anything that demonstrates that you are "knocking on the door of novel hypotheses" will work well. It doesn't have to be a great or even especially novel hypotheses, but one or two that indicate you are thinking psychologically will do it.

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 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 they 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

Students commonly write potential mentors to inquire whether applicants would be accepted in their labs 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.

In fact, sending an email without a true question (or with a question that could have been easily answered on the program or faculty member's website) can be the kiss of death. Similarly, questions that reflect a general unawareness that faculty may only have time for a brief response also may be seen as lacking in professional judgement.

Section 3

I Just Got an Interview for a Clinical Psychology Doctoral Program What do I do?!

Congratulations! You just received an interview for the most competitive application process in the entire graduate education system within the United States! A smaller percentage of applicants gain admission to clinical psychology doctoral (Ph.D.) programs than to law school, medical school, or any other type of advanced graduate degree program, and your interview brings you one enormous step closer to gaining admission!

At most universities, about 3-6 applicants are invited for an interview for every one admissions slot available. Suddenly, the odds are looking pretty good for you! The 200-600 applications received by most doctoral level clinical psychology graduate programs have been narrowed to just a few dozen, and for the lab you are most interested in, just a small handful of folks will be coming for an interview. However, referring to this next stage of the process as an “interview” incorrectly portrays the experience as a process by which faculty are exclusively selecting students. In reality, a large proportion of interview-invited applicants have more than one site to visit, which means that students are evaluating and selecting programs as much as vice versa. You have a lot of “power” in this situation, and a lot of information to gather to make one of the most important professional decisions of your life. Let's get prepared for a very fun, and somewhat stressful, interview season!

Scheduling the Interviews

Sometime in December or January you will start receiving invitations to come for an interview! Get ready to accrue some frequent flyer miles! Although occasionally a program may be able to help defray the costs of your interview travel, it is most likely that you will need to pay for all travel expenses on your own. Once you hear about an interview, you will probably get some details from the program about ways that they can help you make your travel as easy as possible. Many programs will have someone take you to/from the airport, and most all will give you the opportunity to stay with a graduate student to eliminate hotel expenses. Helpful hint: flights are commonly delayed in winter, and luggage is lost frequently! Plan to wear a suit on your interview, and consider packing it in your overhead bag!

One of the first questions that arises when applicants begin hearing about interviews pertains to inevitable dilemmas in scheduling. Most interviews occur in the months of January and February, (and occasionally March, although this process seems to be moving earlier and earlier each year). With just a few possible weekends to organize a day for applicant interviews, it is quite likely that you will experience a scheduling conflict between two schools that have extended invitations. Sadly, there is no easy solution to this dilemma. Some schools may offer multiple dates for you to visit; others will not. Sometimes you can arrange your own informal visit on a date that is convenient for you; however, the depth of information and number of people who will meet you likely will be reduced as compared to the experience you would have on the formal “Interview Day.” In some cases, you may learn of an impending conflict between a site that has extended an interview vs. another site that has not yet, but might soon extend an invitation for the same date. It is perfectly OK to call a site and ask when their interview dates may be, but of course, be sure not to assume that you are getting an interview, or sound

presumptuous in your request for info.

For these reasons, it is critical that you do not quickly accept the first interview invitation you get! Instead, take a quick look on the undergraduate website of the Council of University Directors of Clinical Psychology (CUDCP) – an association of most all accredited clinical Ph.D programs – to review which other sites are interviewing in the same day as your invitation, and make sure you are scheduling your interviews according to your interests. You can find that calendar of interview dates at www.clinicalpsychgradschool.org, and if you are feeling particularly stressed about when you will hear, you will find that many sites list their interview invite notification dates there as well.

When dealing with such scheduling conflicts, please be extremely sensitive to the difficulties involved for the program in coordinating a large interview day for its applicants. A tremendous amount of planning and expense is dedicated to these days; be sure to request exceptions only with great care and consideration for how much work is involved among your hosts. Also, if wrestling with a scheduling conflict, make sure your communication with a program clearly expresses your interest level in the site accurately. If you must cancel, rearrange, or decline an interview invitation, be sure that the faculty understand whether this is a reflection of your interest in their program.

Thanks to modern technology, sometimes it is possible to be at two places at once. If you have the capability to communicate by Skype or phone from one site to another, you may find that the day's schedules are not altogether impossible to reconcile. For instance, if you request early morning interviews at one site, you may be able to schedule late afternoon interviews by another, and conduct one set over your laptop. Although this is certainly not a perfect solution and could require some flexibility and understanding among your sites, it may be a workable solution in today's technology age that helps you resolve a conflict. If a site invited you for an interview, they know that you're great, and they should not be surprised to learn that you have gotten other interview offers as well.

What Will Happen During These Interviews?

Most applicants return from interviews quite surprised at how little they were interviewed! In other words, most expect to be asked many questions, but in fact, find that they are doing most of the asking during these visits. This is an extremely important reality that will help you prepare for the interview in a way that's different from what you may have expected.

No faculty member will quiz you on statistics, the details of their recent publications, or the names of historical figures in psychology. Preparing for the interview should not feel like studying for a Psychology midterm. Rather, you should create a list of many, many questions that you would like to ask while on the interview. In my own opinion, I would suggest that you never run out of questions! Asking questions is a great way to get answers, but for interviewing purposes, it also is a terrific way to convey that you know what you are getting into, you understand what graduate training will involve, you are enthusiastic about this opportunity, and you are conscientious enough to have done your homework about the program and its training opportunities.

But how do you know what type of questions to ask? Unfortunately, almost all graduate programs in clinical psychology sound very similar on paper or on the web. It's hard to get a sense of the factors that programs vary on until you've seen a few. This will not be a problem when you arrive at your fourth interview, but how will you know what to ask on your initial interviews?

One recommendation is to download the clinical program handbook from 2-3 graduate programs; it does not matter if they are programs you applied to. Any handbooks will do. Skim through them, and you will start to notice differences. Some may mention multiple practicum opportunities; others will have a standardized training sequence. Some may give students many choices in coursework; some may provide more structure in students' schedules. Some programs offer TAs and RAs; others may offer fellowships too. Some have a Comps, a Quals, an Area Paper, or none! Some require students to complete a masterss thesis, some don't. As you look through Handbooks, you may notice a few factors that are especially important to you, and this will give you some ideas of what things to ask when meeting with folks.

I asked my current graduate students and a few faculty friends to send along some questions that they found helpful to ask different sites as they went through the admissions process. Here's what they suggested:

Questions To Ask Potential Advisors

- What is your mentoring style?
- How does one earn authorship in this lab?
- How do students select research topics for their own thesis/dissertation, and what role do you play in this process?
- What role do you see me having in this lab if I come here? Is there a grant on which I could work?
- Are there opportunities for summer funding?
- What opportunities are there to get involved in research collaborations with other labs?
- To what extent can my interests as a student be incorporated into the broader interests of your lab, vs. how much would I be expected to carry out an existing line of research?
- What supports exist in the department for students wishing to write their own grants?
- What are the current projects in this lab, and in what directions do you expect the lab research to go over the next five years?
- How many classes are typically offered to graduate students in (statistics, methods, therapeutic techniques, etc.) each semester/year?
- What practicum opportunities are offered?
- Do most students finish their dissertation before internship or during the internship year?
- What types of statistical consultation are available on campus?
- What type of collaboration (if any) occurs among the clinical faculty (or between the clinical and other faculty if a student has a strong interest in another area)?
- Is it possible and/or typical for students to work with more than one faculty member? How does this work?
- What are faculty/student relations like? What's the general climate of the clinical division and department? (a good question to ask other graduate students)
- What type of internship placements do students get?

- What type of jobs have graduating students from the program received in the past few years?

Questions To Ask Graduate Students

- Is it possible to live comfortably on the stipend salary in this town?
- What areas are best for grad students to live?
- Timeline questions (what are the expectations and norms for completion of various program milestones - e.g., master's, comps, dissertation, etc.)
- What is it like to work with the advisor that you are applying to work with (e.g., How often does your advisor meet with you? Do you feel like your advisor is either unavailable, or a micromanager?).
- If single and hoping to get into a relationship.... What is life like here for single students? Is this an easy place to meet other people our age?
- If a member of an underrepresented ethnic minority, or LGBTQ+, perhaps ask: What is the climate here for minority individuals? How supportive is the community?
- What kinds of resources/supports are available to minority students at this university/program?
- How competitive vs. cooperative are grad students in this program?
- To what extent does the training in this program focus on students' development as researchers vs. clinicians vs. teachers?
- What sorts of teaching opportunities exist here for graduate students? Is there training for new teachers as part of the program?
- Is funding guaranteed for the time I am here? For how long is it guaranteed?

Talking About Research

Perhaps most important, your “interviews” for clinical psychology Ph.D. programs will include reciprocal discussions regarding mutual research interests. Because this is such an important part of the interview process, this section offers some special suggestions and tips.

First, do your homework. When you initially applied to graduate programs, you likely looked for faculty mentors with whom you shared some research interests. Admittedly, in many cases, your match with that faculty member may have been based on a fairly broad understanding of their work (i.e., from a sentence or two on their webpage) and a fairly large range of your own interests. Now that you have been selected for an interview, it is expected that your interests will have matured and narrowed a tad. Also, it is somewhat expected that your knowledge of this professor's work has become more thorough and informed. Luckily, there are some very easy tools available to help you do this.

You likely will begin your investigation into a faculty member's research interests by looking at their website and downloading recent abstracts and articles from PsychInfo. This remains a terrific approach for learning about the faculty member's work. In addition to reading about the most common themes in their work, as well as understanding the methods s/he typically uses in research (e.g., observational studies, clinical trials, questionnaire-based data collection, etc.), be sure also to note whether faculty seem to be publishing at a reasonable rate (i.e., this can vary from 0-20 within a single year, with a range of 1-5 being quite common) and whether they are publishing with their students as co-authors (or even first-authors). This may give you some

insight as to whether there will be publication opportunities while you are working together, and whether you will be given a chance to collaborate on these publications.

Keep in mind, however, that PsychInfo and many faculty members' websites may give you somewhat "old" information. PsychInfo lists articles currently published online or in print, which means they were first drafted at least 1-2 years ago about a study that may have started several years before then. If the faculty member does not keep their website current, the information listed here also may not reflect recent work.

One solution to help you learn about ongoing research is [NIH Reporter](#). If the faculty member has a current grant funded by NIH, you can find out all kinds of terrific information about their current work from this site! Just do a search by name, and you can read an abstract of their grant, read recent publications, and even get a sense of how much more time this grant will last. This will give you a great idea of exactly what the faculty member is working on, and what project you may be involved in should you attend this school. If the faculty member has a grant funded by a private foundation, you may be able to find similar information from the foundation's website.

If the faculty member listed any publications on his/her website or CV as being "in press" in a specific journal, you can also check that journal's website. Many journals post online pre-prints earlier than PsychInfo catalogs these (check ResearchGate too). This will give you an opportunity to read about research that has very recently been accepted for publication.

As you read through the faculty member's publications and descriptions of the lab's current projects, read "actively." Rather than thinking of this person as a "perfect" researcher who is studying exactly what you want to study, try to think about the ideas you might be able to bring to the lab, and take notes! Some faculty members will be interested during the interview in hearing *your* ideas for research (some may ask you to brainstorm on the spot), and most will be interested in seeing how you think about research. Importantly, any research ideas you propose during the interview should fit with the general research interests of the lab. (For example, if you are interviewing with a faculty member who specializes in ADHD among preadolescents, you might ask whether she has considered studying gender differences in ADHD; you would probably not want to discuss your interest in eating disorders in adolescent girls (unless the researcher has demonstrated a broad range of interests)).

Second, speak up! During your visit, you will receive an overwhelming amount of information about ongoing research. Every faculty member and current graduate student will have much to say about their current work and upcoming projects. To succeed during this interview process, make sure you talk about your own research experience and interests in detail – at least inasmuch as it helps you demonstrate how you are a match to this lab! Although some of this information was written in your personal statement, some folks may not have had access to this statement, or may not have read it very recently. In addition, you may be able to share more details in a manner that helps more thoroughly explain your experiences. This is important, particularly when considering what the interview process is like for the faculty member.

From the faculty perspective, the Interview Day can be quite confusing and difficult. I rarely

have heard a faculty member describe their admissions decisions as easy. Rather, most of us agree that there are an overwhelming number of outstanding students, that the students who arrive for any given Interview Day all are phenomenal and quite likely to be very successful, and that the decision of how to rank-order these uniformly excellent candidates is painstaking, frustrating, and even sometimes idiosyncratic. In short, faculty would like a student who 1) they generally get along with; someone who will be pleasant to interact with nearly every day for the next five years, and then quite frequently for the rest of their careers; 2) someone with initiative, who will be as passionate and committed to the research in the lab as they are, and who will be invested in the research outcomes you are working on together; and 3) someone who is intellectually stimulating – who will bring great ideas to the table, expand the lab in creative and innovative directions and augment the caliber of intellectual discussions within research meetings.

Sounds intimidating? It's not, really. Just speak up! Express your interests, your ideas, your enthusiasm, and your natural talents will shine through. If a faculty member describes research you've read about, share your opinions or ideas (e.g., "Have you ever thought of studying X within that framework?" "Why did you decide to use this/that approach?" "How do you think this connects with the X theory?" "I'm interested in seeing how that idea may work differently in X population"). It is common for applicants to feel like everyone else in the room is qualified to be there, but they secretly are the imposter who got invited to the interview due to some computer malfunction. Don't believe this! You have been invited because your experience is terrific, you have much to contribute, and several faculty members wrote glowing letters about your potential! Be sure to speak your mind, and you will help to show the faculty member and graduate students that you can be a terrific member of their lab!

Third, be specific – maybe. When discussing their approach to admissions, some faculty indicate that they prefer a "blank slate" (i.e., someone who can be taught from scratch and will be shaped mostly by their experiences in the graduate lab). More commonly, however, faculty are looking for someone who may arrive on campus with their own ideas, experiences, and emerging areas of expertise. This is a tricky balance that you will want to think about before you attend an interview. If you are open to literally anything the faculty member offers as a potential research topic, you may not seem "ready" for graduate school. Some may say that you are more interested in gaining admission than actually doing the work once you get there. On the other hand, if you seem overly fixed on a certain topic or method, despite what you hear during the Interview Day, then some may feel like you are not a match to the research lab, or that you are not interested in integrating old with new experiences.

This is a very personal issue, in that there is no "wrong" answer or approach to the interview process. If you indeed are universally interested in all experiences, then it is certainly preferable to be honest about that, rather than portray your interests inaccurately. Conversely, if you are strongly committed to a specific topic, then you should hold out for experiences that will help you grow in your desired direction. Keep in mind that a "balance" probably is a good approach to match with most potential faculty members. Before you attend an interview, therefore, consider what research topics you are most interested in vs. which are less crucial for your graduate training. Think about what you are most strongly committed to, and how you will represent your research interests when asked. It is quite common for your to be asked what your

future career goals may be, what you do or don't like about the research process, and what your research interests are (you may want to plan a 2-4 minute response for this one). Most important, think about the research that excites you the most, and use the Interview Day to determine whether you think you can get that research done, specifically at the place you are visiting.

I am often asked what separates great applicants from outstanding applicants on interview day. Here's my answer: great applicants are socially skilled, energetic, enthusiastic, prepared, conscientious, understand what graduate school involves, and seem ready to make a commitment.

Outstanding applicants are all of that plus...

1) they can engage scientifically with their potential faculty mentor

In other words, they can hypothesize, interpret, or critique right there on the spot, and seem to enjoy doing so

2) they love to be trained

They can extract a positive lesson from every training experience, no matter how relevant or seemingly irrelevant, and apply these lessons elsewhere

Other Interviews

You will not be talking about research in all of your interview meetings. In fact, this may occur mostly with your potential mentor (i.e., the person you requested to work with), yet, there will be other interviews scheduled during the day with other faculty and students. Some of these other folks may have research interests far from your own, and you are not necessarily expected to be knowledgeable about all of their work. So, what will you talk about?

The purpose of these interviews often is two-fold. First, the program would like to get to know you better to determine whether you are a good match to the overall ideology and "vibe" of the program. Are you competitive or collaborative? Do you seem very research-oriented or clinically-focused? Do you seem interested in this program?

Second, these interviews are meant to give you a chance to learn as much as you can about the program and your advisor. Be sure to ask lots of questions to help you learn exactly what it would be like to spend the next 4-6 years in this new environment. When meeting with students, be sure to ask very direct questions about your potential mentor, her/his availability, style, and expectations. Students will give you the most direct and helpful information. Make sure you use this opportunity to get information very well!

Other Factors

A few other issues to keep in mind during the Interview season:

1. Interviews can be exhausting. You may have a day of "chain" interviewing – i.e., each meeting may end with an introduction to your next interviewer, or you may have just a very brief break between each meeting. Be sure you give yourself a break, if needed. For most folks, it is difficult to be "on" for many hours in a row, and if you need to excuse yourself to use the restroom, take some notes, process the information you just heard, or eat a PowerBar on the run,

it is perfectly OK to do so. You may want to plan for this in advance.

2. Bring along a nice leather folio of sorts that you can carry around with you during the interview day. This will give you something to do with your hands. Fill the folio with a few copies of your CV (occasionally, someone may ask for a copy), some notes on the faculty members' research, and your list of many, many questions. It is perfectly appropriate to open your folder and remind yourself of a few questions in the middle of an interview. No one expects you to have everything memorized. It's also OK to jot a note or two down while talking. As long as you are able to engage in a comfortable, socially-skilled conversation while you do so, feel free to refer to this folder throughout the interview day, if you think it will help you stay focused and sharp.

3. **Everyone you speak to is part of the admissions process.** The faculty, the students, the staff, all will be part of your graduate program environment and all have valuable information to share with the admissions committee. And they will!

4. If the Interview Day includes an informal time for students and faculty to mill about a room and talk, take the opportunity to talk to with faculty members who may not have been on your schedule. Ideally, you will end up at a program where you have a good rapport with many faculty members including your primary advisor; these other faculty members will likely be your professors in classes, and you may collaborate with them on research projects. Additionally, many faculty members will have a say in your admissions decision, and if they remember you being a friendly, intelligent, and interesting person, it can help your chances!

5. At many graduate programs, applicants may be invited to an informal reception hosted by graduate students. Although it may look just like a party you attended in college, it is not. Grossly inappropriate behavior at this party would not be appropriate.

6. Most programs will offer the opportunity to stay with a graduate student during your visit to their site. This is a terrific way to get to learn about the program and get to know a student well, but it is not mandatory that you stay with a student. If you do stay with a student in his/her home, remember that anything you tell that student may be reported back to the admissions committee.

7. Thank you notes are a very nice gesture, but certainly not required, and it will make no difference if they are sent by email, snail mail, handwritten, typeset, etc. Most commonly, students send a thank you email to a few of the people they met with during the Interview Day to express gratitude for their visit and to express their level of interest in the site. Although it is not required, it is a good idea to send a thank you note of some sort to the faculty member you are applying to work with and to the student you stayed with (if applicable), reiterating how much you enjoyed your visit and how interested you are in the program.

8. Keep in mind that you are not only interviewing for a graduate school position, you also are creating a professional network. The faculty and students you meet on interview day are the experts in your area of research who will likely be your reviewers when you submit articles and grants, your colleagues and collaborators in future symposia or projects, your search committee

when you apply for jobs or post doc positions, and perhaps even your letter-writers when you are reviewed for promotion. This realization has several implications. First, of course, make sure you act as professionally and graciously as you can throughout the application process. Second, be considerate if you find yourself in a position of declining an offer or interview. In other words, don't "burn bridges". If writing a note to decline an opportunity, be sure you express your gratitude and continuing interest in their work more broadly. You may decide that this lab or person's research is not a match for your graduate training, but your paths may indeed cross again.

9. At some point in the process, perhaps even before you have completed your interviews, you will hopefully start to receive offers of admission. A few facts:

1) You should never, ever feel pressured to make a final decision before April 15. No program or individual should tell you otherwise; CUDCP has [a list of policies](#) that help ensure the process is smooth and fair to all involved. Be sure you review these policies!

2) Don't officially accept any offer until you have received the details of the offer in writing (by email or mail). There's no fine print to be worried about, but it is still important to be sure that your offer is guaranteed before you start declining other opportunities.

3) If you do hold multiple offers, it is your responsibility to try and narrow your options as quickly as possible. In other words, try not to hold more than two offers at any one time. Someone out there who is just as nervous about this process as you were is still waiting on an offer, and cannot hear the good news until you have made your decision. If you can narrow your choices down to two, and release any additional offers you may be holding, it will help the system move smoothly for everyone else.

How to Make Your Decision

If you are really lucky, you may get an offer from more than one clinical Ph.D. program. Wow – congratulations! But while you celebrate, you need to make a tough decision. Here's some advice for how to do so wisely.

1. First and foremost – pick an (APA and/or PCSAS) accredited institution! This must be a top priority.
2. If you want to do lots of research during your career, it is very important to keep in mind that the decision you are about to make will affect your CV forever. Your academic pedigree, including not only which school you attend, but also your primary mentor, will have a great deal to do with where you get accepted for a predoctoral internship, where you get hired, and whether you get tenure. It will be how people talk about you and your career for decades (e.g., "Oh, she's a XX University student...one of YY's mentees). But that doesn't mean you should pick a well-known school or a "famous" mentor, necessarily. Far more important is that you pick a context that will allow and inspire you to do great work. Sometimes that means picking the rock star who is well-known, well-networked, and well-funded. But junior folks can often be the better bet. Remember - today's junior professor could be tomorrow's superstar, and if they are active, innovative, and on the rise, that could be better than the more senior investigator that is starting to slow down.
3. Pick someplace with a climate you love. Grad school is hard. Don't select a program that makes life harder for you! Your mentor should be supportive, approachable, attentive, and

caring. Your program should be collegial, flexible, and invested in you. If you don't sense these qualities in your interactions with folks throughout the application process, think carefully about whether it is the right environment. Remember, even if your program is located in a big city with lots of other people and places to visit for the next 4-6 years, you will probably spend a remarkably high proportion of your life in the psychology department building, and your comfort and happiness among the people inside it is very important.

4. You may have a partner when you begin this process. There's a good chance that they will not be your partner by the time you get your Ph.D. Think carefully about how much that relationship should influence your decision. First year graduate students break up with the partner they moved with way more than you may think.
5. You may be excited to get started with clinical work, and you will notice that your sites vary in the types of clinical experiences available. But remember that your biggest gains in clinical competence actually will be on internship, during the year after you finish the rest of your graduate curriculum. That's because internship offers more intensive training (40-60 hours/week, rather than 10-20 hours/week), so the learning curve is a lot steeper and you will progress much faster. Don't select a graduate school just because it has a prac or two you like. But do consider whether the site you pick a site that has a good rate placing students at accredited internships. See [this handy chart](#) to look up the internship match data on different programs and don't worry about differences of only 10-15 percentile points (those are only due to small N's), but do attend to differences bigger than that.
6. You're going to be poor in graduate school. Your nine month stipend may be only \$17-27K, and you will joke (or weep) that you are living not much higher than the poverty level. Sure, a higher stipend is attractive. But it should not be main basis for your decision. The difference of \$5K or so between School 1 and School 2 is not a good enough reason to make a life-long professional decision (see #2 above). By the way, if you take out student loans during graduate school (many do), be sure to keep the [NIH Loan Repayment Program](#) in mind after you graduate. Best. Thing. Ever.
7. Perhaps most important, think about your potential mentor and consider the commitment you are about to make. That relationship will be one of the most significant partnerships you ever will experience, at least professionally. They will celebrate with you with each exciting accomplishment, they will support in your most anxious moments, and they will be there to catch you during your biggest disappointments. I don't just mean professionally either. Those same few years that you work in the same building may also be the period in your life when you experience a whole range of life events, and that mentor is going to be with you every step of the way. In many cases, they will be available to you as a mentor for the rest of your lives. If you have been extended an offer to work in someone's lab, this is the commitment they are ready to make to you. Pick the person who think will help make your educational experience as fruitful and happy as can be.

Good luck to everyone!

PS – want some advice on how to succeed once you get to graduate school? You can download [this book for free](#) from a computer connected to the server at most universities. Also, check out [this brief post](#) that was fun to write! Good luck!

Section 4 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 master's level counselors or marriage and family therapists. In academia, psychologist salaries largely are determined by the type of university (public, private), geographic region, and years in rank. In 2017, most brand new assistant professor salaries at arts and sciences psychology departments ranged between \$70-90K. But keep in mind this is a nine-month salary. In other words, 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 \$90K becomes a 12 month salary of \$120K. [This paper](#) offers more data on faculty salaries at psychology departments.

Salaries for doctoral-level clinicians are more variable. Depending on whether clients pay out of pocket or by insurance, whether you get paid based on what you bill vs. what you collect, whether you are paid to work as in a private/group practice vs. a staff psychologist, and where in the USA you live, salaries can range from \$60K to \$100K as a starting practitioner. The days of converting your garage into a little private practice and raking in \$200/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](#):

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. These days, many graduates 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 see 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. For more data, see [this document](#).

6) What accounts for variability in the length of graduate training?

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 affect on you at all. Alternatively, some psychologists will set a policy to not directly interact with insurance companies, but rather they 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 is 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, and this also may increase the market of people seeking services from psychologists. Clinical services may be offered by Ph.D.s and Psy.D.s, as well as by counseling psychologists, 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 these 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 will enter 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](#). You will find here that about 4000 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 55% 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. APA's [Center for Workforce Studies](#) offers some information on employment in psychology, across clinical and non-clinical areas.

About the Application Process

1) What is your opinion of some of the top clinical 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 there are several different ranking systems available for clinical Ph.D. programs. Most are outdated, and 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) 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 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 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) demonstrates the generality of evidence-based treatments to increasingly diverse populations. The overwhelming majority of work also continues 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 examined 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.

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?

Almost 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!!!](#)

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 efforts were directed toward academic goals that demonstrate your commitment to psychology, then that can work in your favor. Most importantly, 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 positing 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 they 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.