

C H A P T E R 1

INTRODUCING CLINICAL AND COUNSELING PSYCHOLOGY

A warm welcome to the *Insider's Guide*.

If you are reading this book for the first time, we assume you are either considering applying to graduate programs in clinical and counseling psychology or are in the process of doing so. For even the best-prepared applicant, this can precipitate a great deal of stress and confusion. The mythology surrounding this process is foreboding, and you may have heard some "horror" stories similar to these: "It's the hardest graduate program to get into in the country"; "You need a 3.7 grade point average and outrageous GREs or they won't even look at you"; "If you haven't taken time off after your bachelor's degree and worked in a clinic or research lab, you don't have enough experience to apply."

Having endured the application process ourselves, we know how overwhelming and bewildering the task appears at first glance. However, we find that much of the anxiety is unwarranted. It does not take astronomical test scores or years of practical or research experience to get into clinical and counseling psychology programs. Although these qualifications certainly help, they are not sufficient. Equally important are a knowledge of how the admission system works and a willingness to put in extra effort during the application process. In this book, we will help you to work smarter and harder in getting into graduate school.

Clinical and Counseling Psychology

Before dealing with the question of "how to apply," we would like to address "why" to apply and what

clinical and counseling psychology entail. Reading through the next section may prove useful by making you aware of other programs of study that may better suit your needs.

Let us begin with clinical psychology, the largest specialty and the fastest growing sector in psychology. Two-thirds of the doctoral-level health service providers in the American Psychological Association (APA) identify with the specialty area of clinical psychology. A census of all psychological personnel residing in the United States likewise revealed that the majority reported clinical psychology as their major field (Stapp, Tucker, & VandenBos, 1985).

A definition of clinical psychology was adopted jointly by the APA Division of Clinical Psychology and the Council of University Directors of Clinical Psychology (Resnick, 1991). That definition states that the field of clinical psychology involves research, teaching, and services relevant to understanding, predicting, and alleviating intellectual, emotional, biological, psychological, social, and behavioral maladjustment, applied to a wide range of client populations. The major skill areas essential to clinical psychology are assessment, intervention, consultation, program development and evaluation, supervision, administration, conduct of research, and application of ethical standards. Perhaps the safest observation about clinical psychology is that both the field and its practitioners continue to outgrow the classic definitions.

Indeed, the discipline has exploded since World War II in numbers, activities, and knowledge. Since 1949, the year of the Boulder Conference (see below),

TABLE 1-2. Professional Activities of Clinical and Counseling Psychologists

Activity	Clinical psychologists		Counseling psychologists	
	% involved in	Average % of time	% involved in	Average % of time
Psychotherapy	64	46	51	37
Diagnosis/assessment	49	24	40	19
Teaching	42	22	60	32
Clinical supervision	40	12	45	14
Research/writing	40	31	51	27
Consultation	32	16	36	12
Administration	39	24	72	24

Note. Data from Norcross & Karpiak (2012), Goodyear et al. (2008), and Lichtenberg, Goodyear, Overland, Hutman, & Norcross (2015).

few, child and family services, correctional facilities, rehabilitation centers, school systems, health maintenance organizations, psychoanalytic institutes, and the federal government.

Although many psychologists choose careers in private practice, hospitals, and clinics, a large number also pursue careers in research. For some, this translates into an academic position. Continuing uncertainties in the health care system increase the allure of academic positions, where salaries are less tied to client fees and insurance reimbursements. Academic psychologists teach courses and conduct research, usually with a clinical population. They hope to find a “tenure-track” position, which means they start out as an assistant professor. After a specified amount of time (typically 5 or 6 years), a university committee reviews their research, teaching, and service, and decides whether they will be hired as a permanent faculty member and promoted to associate professor. Even though the tenure process can be pressured, the atmosphere surrounding assistant professors is conducive to research activity. They are often given “seed” money to set up research labs and attract graduate students eager to share in the publication process. (For additional information on the career paths of psychology faculty, consult *The Compleat Academic: A Career Guide* [Darley, Zanna, & Roediger, 2003], or *Career Paths in Psychology* [Sternberg, 2006].)

In addition, research-focused industries (like pharmaceutical and biomedical), as well as community-based organizations, are increasingly employing psychologists to design and conduct outcomes research. The field of outcomes research combines the use of assessment, testing, program design, and

cost-effectiveness analyses. Although lacking the job security of tenure, industry can offer greater monetary compensation and is a viable option for research-oriented Ph.D.s.

But even this range of employment settings does not accurately capture the opportunities in the field. Approximately half of all clinical and counseling psychologists hold more than one professional position (Norcross & Karpiak, 2012; Goodyear et al., 2008). By and large, psychologists incorporate several pursuits into their work, often simultaneously. They combine activities in ways that can change over time to accommodate their evolving interests. Of those psychologists not in full-time private practice, more than half engage in some part-time independent work. Without question, this flexibility is an asset.

As a university professor, for example, you might supervise a research group studying aspects of alcoholism, treat alcoholics and their families in private practice, and teach a course on alcohol abuse. Or, you could work for a company supervising marketing research, do private testing for a school system, and provide monthly seminars on relaxation. The possibilities are almost limitless.

This flexibility is also evident in clinical and counseling psychologists’ “self-views.” Approximately half characterize themselves primarily as clinical practitioners, 25% as academicians, 7% administrators, 7% researchers, and 2% supervisors.

Also comforting is the consistent finding of relatively high and stable satisfaction with graduate training and career choice. Over two-thirds of graduate students in clinical and counseling psychology express satisfaction with their post-baccalaureate preparation. Moreover, 87 to 91% are satisfied with

piak, 2012) consistently reveal that 15% more clinical psychologists are employed in full-time private practice than are counseling psychologists, whereas 10% more counseling psychologists are employed in college counseling centers than are clinical psychologists.

Studies on the functions of clinical and counseling psychologists substantiate these differences, but the similarities are far more numerous (Brems & Johnson, 1997; Goodyear et al., 2008). Thus, as you consider applying to graduate school, be aware of these differences but also remember that the two subdisciplines are similar indeed—which is why we feature both of them in this *Insider's Guide*!

In order to extend the previous research, we conducted several studies on APA-accredited doctoral programs in counseling psychology and clinical psychology regarding their number of applications, characteristics of incoming students, and research areas of the faculty (Norcross, Evans, & Ellis, 2010; Norcross, Sayette, et al., 1998; Sayette, Norcross, & Dimoff, 2011). We found:

- ◆ The average acceptance rates of Ph.D. clinical (6%) and Ph.D. counseling (8%) psychology programs were quite similar despite the higher number of applications to clinical programs (270 vs. 130).
- ◆ The grade point averages (GPAs) and GRE scores for incoming doctoral students were nearly identical in Ph.D. clinical and Ph.D. counseling psychology programs (3.5 for both).
- ◆ The counseling psychology faculty were more interested than clinical psychology faculty in research pertaining to minority/multicultural issues (69% vs. 32% of programs) and vocational/career testing (62% vs. 1% of programs).
- ◆ The clinical psychology faculty, in turn, were far more interested than the counseling psychology faculty in research pertaining to psychopathological populations (e.g., attention deficit disorders, depression, personality disorders) and activities traditionally associated with medical settings (e.g., neuropsychology, pain management, pediatric psychology).

When interpreting these findings, it is important to realize that Ph.D. programs in clinical psychology encompass an enormously diverse set of schools. Accordingly, comparisons between clinical and counseling Ph.D. programs reflect general trends. For instance, as we describe in more detail in chapter 4, several APA-accredited professional schools offering a Ph.D. in clinical psychology accept more than half of those who applied (Sayette, Norcross, & Dimoff,

2011). In contrast, the acceptance rates among Ph.D. clinical scientist programs accredited by PCSAS (see Table 2-1 and below) are vastly different, in the 2% to 8% range. Please rely on the reports on individual doctoral programs at the back of the book, rather than on these generalizations alone.

In addition, please bear in mind that these systematic comparisons reflect broad differences in the APA-accredited Ph.D. programs; they say nothing about Psy.D. programs (which we discuss in the next chapter) or nonaccredited programs. Also bear in mind that these data can be used as a rough guide in matching your interests to clinical or counseling psychology programs. The notion of discovering the best match between you and a graduate program is a recurrent theme of this *Insider's Guide*.

Combined Programs

The American Psychological Association (APA) accredits its doctoral programs in five areas: clinical psychology, counseling psychology, school psychology, other developed practice areas, and combined psychology. The last category is for those programs that afford doctoral training in two or more of the specialties of clinical, counseling, and school psychology.

The “combined” doctoral programs represent a relatively new development in graduate psychology training, and thus are small in number, about 4% of APA-accredited programs. In emphasizing the core research and practice competencies among the specialties, combined programs try to enlist their respective strengths and to capitalize on their overarching competencies. In doing so, the hope is that a combined program will be “greater than the sum of its parts” (Salzinger, 1998). For students undecided about a particular specialty in professional psychology and seeking broad clinical training, these accredited combined programs warrant a close look.

The chief reasons that students select combined doctoral programs are for greater breadth and flexibility of training and for more opportunity of integrative training across specializations. The emphasis on breadth of psychological knowledge ensures that combined training will address the multiplicity of interests that many students have and that many psychologists will need in practice (Beutler & Fisher, 1994). The chief disadvantages of combined programs are, first, their lack of depth and specialization and, second, the fact that other mental health professionals may not understand the combined degree.

Our research on combined training programs

the programs meet or exceed the criteria. Accredited programs are scheduled for periodic review every 3 to 10 years. “Accredited, on contingency” means that the program is relatively new and is on its way to meeting all of the required criteria. “Accredited, inactive” is the designation for programs that have not accepted students for several successive years. This indicates that the program is phasing out and closing. “Accredited, on probation” is the designation for programs that were previously accredited but are not currently in compliance with the criteria. This is considered an adverse action: it serves as notice to the program, its students, and the public that the program is in danger of having its accreditation revoked. We do not feature inactive programs or programs on probation in our Individual Reports at the end of this book.

In the past decade, there has been concern among some clinical psychologists about the proliferation of professional schools unaffiliated with universities offering doctorates in clinical psychology. Some psychologists believe that these professional schools, especially the for-profit chain, have eroded the quality and scientific training of new psychologists. Thus, a new accreditation system—Psychological Clinical Science Accreditation System (PCSAS; pronounced *pee-see-sass*)—was launched in 2010 to “accredit clinical psychology training programs that offer high quality science-centered education and training, producing graduates who are successful in generating and applying scientific knowledge” (Baker et al., 2008; www.pcsas.org).

This new accreditation system for clinical science Ph.D. programs is steadily growing in numbers and influence. PCSAS was recently recognized as an accredited body by the Council for Higher Education Accreditation (CHEA), a national gatekeeper of accrediting organization. While CHEA recognition is not approval from the government, such as that obtained by APA, it is an important step for graduates of PCSAS-accredited clinical science programs to be able to work in settings which require graduation from an accredited program.

PCSAS was designed to accredit only clinical Ph.D. programs emphasizing science; not Psy.D. programs, not counseling psychology programs, not internships. About 30 Ph.D. clinical programs have gained PCSAS accreditation so far (Table 2-1), and they simultaneously continue their APA accreditation as well. Yes, you read that correctly: all PCSAS-accredited programs have maintained their APA (or CPA) accreditation as well.

What’s important for you, as an applicant, to

know is that there are two national accrediting organizations for professional psychology: one large and inclusive (APA) and one small and specialized (PCSAS). It’s also useful for you to know that there is spirited debate about the quality of for-profit professional schools and the proper role of research training in clinical and counseling psychology.

For more than 30 years, doctoral psychology programs in Canada enjoyed the option of simultaneous accreditation by the Canadian Psychological Association (CPA) and the American Psychological Association (APA). This dual accreditation enabled United States citizens to travel north to attend APA-accredited Canadian programs and facilitated internship placement and licensure in the United States for both American and Canadian students. Graduates of APA-accredited programs, whether located in Canada or the United States, were eligible for the same privileges.

In 2007, APA decided to phase out accrediting Canadian psychology programs over a 7-year period. At the end of 2015, APA accreditation for programs located in Canada came to a full stop. Mutual recognition agreements will continue, but formal APA accreditation of Canadian programs has not. Most jurisdictions in the United States recognize CPA-accredited programs for the purposes of licensure, but a couple do not. Thus, be aware of this transition and the potential consequences on internship and licensure in selected U.S. states.

We do *not* want to discourage anyone from attending excellent Canadian doctoral programs in psychology; we *do* want you to be informed consumers. Toward this end, Table 1-4 provides the names, degrees (Ph.D. or Psy.D.), and locations of all CPA-accredited doctoral programs in clinical, counseling, and combined psychology.

Our Reports on Individual Programs provide crucial descriptive and application information on each APA-accredited doctoral program in clinical, counseling, and combined psychology. The APA Education Directorate updates the listing of accredited programs annually in the December issue of the *American Psychologist* and bimonthly on their Web site, www.apa.org/ed.

How important is it to attend an APA-accredited program? The consensus ranges from important to essential. APA accreditation ensures a modicum of program stability, quality assurance, and professional accountability. Students in APA-accredited programs have a formal appeals mechanism to the profession and APA, but not so for students attending nonaccredited programs. Graduates of APA-accred-

ful of states now require an APA-accredited doctoral program and internship for licensure, but that number of states will gradually increase. APA has officially requested that state licensure boards revise their regulations to require completion of an APA- or CPA-accredited doctoral program and internship. In fact, psychology is the only health profession that does not currently require graduation from an accredited program to sit for licensure.

All other things being equal, an APA-accredited clinical, counseling, or combined psychology program gives you a definite advantage over a nonaccredited program. As we warn our own students, "Do you want to spend your entire career explaining and defending why you did not attend an APA-accredited program!?"

Online Graduate Programs

Practically every institution of higher education now offers online courses and distance education. The worldwide rate of growth in online courses is staggering; tens of millions of students take them every year. Some institutions have gone further to create graduate programs that are entirely online, with all discussions being conducted electronically on bulletin boards and all assignments being submitted by computer.

Several of these online learning institutions offer and advertise doctoral programs in clinical psychology, including Walden, Capella, Phoenix, and Fielding. Fielding Graduate University requires several weeks of in-person residency per year, making it the only distance program that has ever been APA accredited (but is now on probation). APA does *not* accredit fully online programs in professional psychology.

We are frequently approached by students intrigued with these and other distance-learning doctoral programs and asked whether we think they are credible programs. Our answer is that a couple may prove credible, but definitely not preferred, for several reasons. First, we recommend that students favor APA-accredited programs, and only one of these programs has ever met the minimum educational criteria set forth by APA. Second, many psychology licensing boards will not issue licenses to graduates of distance learning programs (Hall, Wexelbaum, & Boucher, 2007). Third, online programs lack quality control over their clinical supervisors, who are scattered around the country. Fourth, much of the learning in doctoral programs occurs in close, interpersonal relationships with faculty on a daily basis. Frequent computer contact is useful, but in our

opinion, not equivalent. And fifth, without sounding too stodgy, we believe online programs are still too new and alternative to have developed a track record of producing quality psychologists. Most internship directors and potential employers feel likewise; graduates of non-APA-accredited distance programs have experienced difficulty in securing employment as psychologists.

Online education increases accessibility and convenience for students in many areas of study. However, this benefit does not extend as readily to students in graduate psychology programs because, in addition to course work, they need practical experience, clinical supervision, research mentoring, and residency requirements (Murphy et al., 2007). APA objects to the lack of ongoing, face-to-face interaction and quality control in fully online graduate programs for health service psychologists.

Of course, each online program needs to be evaluated on its own merits, and each doctoral student must be considered for his or her individual abilities. In the end, graduate students will get out of a program what they put in—whether through a traditional, bricks-and-mortar institution or an innovative, online program. The early research on distance and online education indicates that it produces comparable outcomes to traditional education, at least in acquiring knowledge and academic skills. Unfortunately, there is insufficient research on the online preparation of professional psychologists to render any conclusions.

Recent research demonstrates that many psychology majors—45% or so—are interested in online graduate programs (Bendersky et al., 2008). Given the aforementioned problems with online graduate education in psychology, we repeat our warning to be wary. Students matriculating into these programs often do so under the false belief that these online programs will offer comparable training, licensing, and professional benefits as traditional, accredited programs. They rarely do.

Should you, despite our warnings, decide to apply to online doctoral programs in psychology, we would advise you to:

- ♦ complete your master's degree in a conventional program to secure one in-person degree and to meet the admission prerequisites of most online doctoral programs.
- ♦ obtain information on the program's track record of producing graduates who secure APA-accredited internships and eventually licensure as psychologists.
- ♦ determine the residency requirement (how much time per year is expected on campus).

tional levels to advance social justice and to promote positive behavior.

Graduate training in community psychology occurs within clinical-community psychology programs or within explicit community psychology programs. The former are clinical psychology programs with an emphasis on or a specialization in community; these doctoral programs are listed in Appendix E (Research Areas) under "community psychology." About 10 universities in the United States offer a doctorate in community psychology, and an additional 15 offer a doctorate in clinical-community. If your interests lean toward prevention and community-based interventions, then by all means check out a specialization or a program in community psychology. The lively Web sites at www.scra27.org/ and www.communitypsychology.net provide further information about the field and training programs.

3. Clinical Social Work. A master's degree in social work (M.S.W.) is a popular practice alternative these days. One big advantage of this option is a much higher rate of admission to M.S.W. programs, with about 65% of applicants being accepted to any given program, on average (O'Neill, 2001). Other advantages are GREs less often required for admission, fewer research requirements, part-time study and night courses, and completion of the M.S.W. in less than half the time necessary to obtain a psychology Ph.D. With legal regulation in all 50 states and third-party vendor status (insurance reimbursement) in all states, clinical social workers are increasingly achieving autonomy and respect, including more opportunities for independent practice.

The major disadvantages lie in the less comprehensive nature of the training, which is reflected in a lower pay scale as compared to psychologists. Not becoming a "doctor" and not being able to conduct psychological testing also prove troublesome for some.

Students interested in clinical social work as a career should peruse an introductory text on the profession, consult career publications (for example, Wittenberg, 2003), and contact the National Association of Social Workers (NASW; www.naswdc.org). This organization provides detailed information on the emerging field, student membership, and accredited programs in clinical social work. Two other Web sites on social work programs also prove handy: www.petersons.com/graduate-schools.aspx and www.socialworksearch.com.

4. Psychiatry (Medicine). Students often dismiss the possibility of applying to medical schools, believing that admission is so difficult that it is out of the question (Halgin, 1986). However, the student interested in neuroscience and severe forms of psychopathology may find this to be an attractive choice. Although the application process necessitates more rigorous training in biology, chemistry, and physics than required in psychology programs, the admission rate may also be higher than the most competitive doctoral programs in clinical and counseling psychology. Of the 48,000 people applying to medical school annually, about 46% are admitted, and about half of them are women. The average GPA of applicants accepted to medical school is between 3.5 and 3.6 (see aamc.org for details). Wanted in particular are psychiatrists and pediatricians, both attractive specialties to those drawn to mental health and children.

Medical school thus remains an attractive option for many students headed toward a career in mental health. For further information and demystification of this subject, refer to the data-driven *Medical School Admission Requirements (MSAR) 2012-2013: The Most Authoritative Guide to U.S. and Canadian Medical Schools* (Association of American Medical Colleges Staff, 2011) and *The MedEdits Guide to Medical School Admissions: Practical Advice for Applicants and their Parents* (Freedman, 2011). One prime Web site is www.aamc.org, the official Web site of the Association of American Medical Colleges.

Several advantages of a medical degree should be recognized. First, an M.D. (allopath) or D.O. (osteopath) allows one to prescribe medication. Second, the average income for psychiatrists is higher than for psychologists. Third, a medical degree permits more work in inpatient (hospital) facilities. Applicants should not dismiss this possibility out of hand, and should explore medicine as a career, especially if their interests lie on biological and neurochemical levels.

5. Psychiatric Nursing. The employment opportunities for nurses are excellent at this time, especially for psychiatric nurses who have the flexibility of working in hospitals, clinics, health centers, or private practice. Of course, psychiatric nurses are nurses first and are required to obtain a bachelor's degree (B.S.N.) and to become registered (R.N.) prior to obtaining their Master of Science in Nursing (M.S.N.). They do not conduct psychological testing and rarely perform research, but psychiatric nurses practice psychotherapy in both inpatient and outpa-

sites, or write to the respective organizations for additional information.

Research Alternatives

Some graduate students enter clinical or counseling psychology to become researchers. They are less interested in working with patients than researching clinical phenomena. If you are most interested in research, here are some nonpractice alternatives that might appeal to you.

1. Social Psychology. Social psychology is concerned with the influence of social and environmental factors on behavior. Attitude change, social neuroscience, group processes, interpersonal attraction, and self-constructs are some of the research interests. Social psychologists are found in a wide variety of academic settings and, increasingly, in many nonacademic settings. These include positions in advertising agencies, personnel offices, corporations, and other business settings. Check out the official Web sites of the Society for Personality and Social Psychology (www.spsp.org) and the Social Psychology Network (www.socialpsychology.org) for additional resources.

2. Industrial/Organizational Psychology. This branch of psychology focuses on the individual in the workplace. Industrial/organizational psychologists frequently select and place employees, design jobs, train people, and help groups of workers to function more effectively. Master's programs generally prepare students for jobs in human resources and personnel departments, whereas doctoral programs are geared to preparing students for academic positions and for management and consulting work on larger-scale projects. Industrial/organizational psychologists earn among the highest median salaries compared to other areas of psychology (Kohout & Wicherski, 1992). Academics find positions in both psychology departments and business schools.

The Society for Industrial and Organizational Psychology (2013) produces a useful list of *Graduate Training Programs in Industrial/Organizational Psychology and Related Fields*, which describes 200 plus graduate programs in "I/O" psychology and how to contact each. It is available free from the society's Web site (www.siop.org). Students interested in pursuing a career in I/O should obtain, beyond psychology classes, courses in management, marketing, and organizational behavior as well as research experience.

3. Behavioral Neuroscience. For the student interested in the workings of the brain and its influence on behavior, programs in neuroscience may be a better match than clinical psychology. By employing animal subjects and computer models, researchers can control the conditions of their studies to a rigor often elusive when using human participants. Research areas include learning, psychopharmacology, memory, and motivation. For example, recent investigations on memory have provided valuable insight into the etiology and course of Alzheimer's disease. Go to the Society of Neuroscience Web site (www.sfn.org/careers-and-training/training-program-directory) for a directory of graduate programs in neuroscience.

Research demonstrates that neuroscience graduate programs expect entering students to possess course work and lab work beyond the standard psychology curriculum (Boitano, 1999). Essential courses would include biology, chemistry, calculus, and introduction to neuroscience. And desirable courses would sample from cell biology, biochemistry, and anatomy and physiology. These are all possible, with adequate planning, to incorporate into the psychology major, should you decide on this path relatively early in your undergraduate career. The Web site (www.funfaculty.org/drupal/) of Faculty for Undergraduate Neuroscience (FUN) provides a bounty of useful information on preparing for a career in neuroscience.

4. Developmental Psychology. The developmental psychologist studies behavior change beginning at the prenatal stages and extending through the lifespan. Areas such as aging, identity, and development of cognitive and social abilities are popular areas within developmental psychology. The characteristics of individuals at different age ranges, such as the work of Piaget on child cognition, are of particular interest here.

Geropsychology, or the psychology of aging, has become a popular specialty as the elderly population in this country presents special needs that are insufficiently addressed. Employment opportunities in geropsychology are sure to grow over the next several decades. Visit the Web sites of APA's Division of Adult Development and Aging (www.apadivisions.org/division-20/) and the Society of Clinical Geropsychology (www.geropsychology.org) for more.

5. Cognitive Psychology. Cognitive psychology presents an attractive option for students whose interests lie in the exploration of human thought

TABLE 1-5. Average Acceptance Rates in Graduate Psychology Programs
(% of students who apply and are accepted to a particular program)

Area	Master's	Doctoral
Clinical Psychology	37%	(Table 4-1)
Clinical Neuropsychology	—	26% ^a
Cognitive Psychology	40%	16%
Community Psychology	61%	24%
Counseling Psychology	63%	(Table 4-1)
Developmental Psychology	44%	20%
Educational Psychology	57% ^a	48%
Experimental Psychology	39%	15%
Health Psychology	41%	16%
Industrial/Organizational Psychology	52%	27%
Neuroscience	32% ^a	15%
Quantitative Psychology	78%	36%
School Psychology	34%	31%
Social & Personality Psychology	39%	12%

Source: American Psychological Association Center for Workforce Studies. (2010). *Graduate Applications, Acceptances, Enrollments, and Degrees Awarded to Master's- and Doctoral-Level Students in U.S. and Canadian Graduate Departments of Psychology: 2008-2009*.

^aData taken from Norcross, Kohout, & Wicherski (2005).

degrees in all of psychology; about half of the applicants to any master's program are accepted. These numbers should prove comforting to you and reduce some of those pre-application jitters. And remember: you will be applying to several graduate programs, thereby increasing the probability of acceptance even more.

Doctoral programs are obviously more competitive than master's programs. The applied areas of psychology—clinical, counseling, health, school, and industrial/organizational (I/O)—tend to be the most selective.

For those interested in doctoral programs in clinical and counseling psychology—approximately one-half of undergrads—the situation is more complex as there is huge variation in acceptance rates. We shall take you step-by-step through the acceptance rates to these programs later in this *Insider's Guide*. For now, we want you to gain a general sense of the odds of getting into graduate school in psychology and to feel confident that there is a place for most serious students in graduate school, even if it is a part-time master's program.

On "Backdoor" Clinicians

The APA ethical code outlines two pathways to becoming a clinical or counseling psychologist. The

first is to complete a doctoral program and formal internship in clinical or counseling psychology. The second is to obtain a nonclinical psychology doctorate and then to complete a formal respecialization program in clinical or counseling psychology, which includes the internship. Formal training and supervised experience, not simply the desire to become a clinical or counseling psychologist, are required according to the APA ethical code.

In the past, some psychologists obtained doctorates in developmental, experimental, social, or educational psychology or in a psychology-related discipline and managed to practice as "clinical psychologists" or "counseling psychologists." This was possible because of the paucity of clinical and counseling psychology doctoral programs and because of generic state licensure laws, which recognize only one broad (generic) type of psychologist. However, this educational and licensure process circumvents the established pathway, increases the prospects of inadequate training, and in some cases results in unethical representation. Hence the term *backdoor*—unable to enter through the front door, they sneak in through the back entrance. Major universities, the federal government, the Veterans Administration, and practically all universities now insist on the doctorate (or respecialization) in clinical or counseling psychology for employment as a clinical