Demystifying One’s Chances of Acceptance into Clinical PhD Psychology Programs

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Abstract
The present study investigated the commonly accepted view from various sources (e.g., American Psychological Association [APA]), which indicates that the significant difficulty in being accepted into a PhD in clinical psychology program. Data were collected (total number of applicants, applicants accepted, and number of accepted students who matriculated) from 100 APA-accredited PhD in clinical psychology programs that are also members of the Council of University Directors of Clinical Psychology. These data were used to examine why the probability of acceptance into at least one clinical PhD program may be higher than previously thought. The results showed an acceptance–matriculation discrepancy—the overall number of individuals accepted into clinical psychology PhD programs is higher than that of matriculated students. In addition, being accepted into a clinical PhD program is a function of the number of applications per applicant. The article concludes with a discussion of how applicants to clinical PhD programs should approach the application process.

Keywords
clinical, acceptance, graduate school, application, PhD

Every year, thousands of individuals (both current students and graduates) apply to one or more PhD in clinical psychology programs. While it is easy to apply to these programs, it is quite difficult to be accepted (sometimes referred to as “admitted”) to these programs. Prinstein (2017, p. 28) stated that applying to PhD in clinical psychology programs is

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...

The purpose of the present study is to (1) fully examine the probability of being accepted and matriculating to PhD in clinical psychology programs and (2) show that, although the probability of being accepted into a specific PhD graduate program in clinical psychology is relatively low, the probability of being accepted into at least one program is likely higher than previously reported.

What is currently known about an individual’s chances of being accepted and matriculating into a clinical psychology graduate program? The American Psychological Association (APA) offers annual data from its Education Directorate, Office of Graduate and Postgraduate Education and Training, which summarize the number of applications and overall acceptance rates by degree level and broad subfield. The most recent data (Michalski, Cope, & Fowler, 2017, table 3) showed that for a doctoral degree in clinical psychology there were 39,781 applications and 4,806 acceptances, for an acceptance rate of 12.1%. This percentage includes both PhD and PsyD degrees (D. Michalski, personal communication, January 10, 2019). Although quite low, Michalski, Cope, and Fowler (2017, table 3) show that there are six other psychology doctoral degree programs that are as difficult as or more difficult to gain acceptance into than clinical psychology (cognitive: 11.9%, counseling: 11.4%, experimental: 12.1%, neuroscience: 10.3%, and social: 7.9%).

Given the data on clinical doctoral degrees from the Michalski et al.'s (2017) report on PhD and PsyD programs combined, the researchers aimed to locate additional data from APA regarding acceptance to only PhD in clinical psychology graduate programs. In fact, such data exist in the form of another APA report, titled the “5-Year Summary Report, 2011–2015” authored by APA’s Commission on Accreditation (2016). The report showed that acceptance (reporting 2015 median data) for a PhD in clinical psychology is only 6%.

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lower than other clinical-related doctoral programs: school, counseling, and PsyD. Thus, the report concluded that being accepted into a PhD in clinical psychology program was the most difficult compared to other subfields in psychology.

The preceding APA data did not clarify two important issues related to applying to PhD in clinical psychology programs. Firstly, the data indicate that there is a low chance of acceptance, but nothing was stated about whether there is an acceptance-matriculation discrepancy. This discrepancy occurs when acceptance rates to a PhD in clinical psychology program are higher than matriculation rates to these same programs. Not discussing this discrepancy has potentially led to individuals misunderstanding their chances for acceptance to graduate school. For some readers, the acceptance-matriculation discrepancy might seem very confusing. That is, given the challenge of gaining acceptance into a clinical psychology PhD program, why would any applicant choose not to matriculate once accepted? Although it is possible that an applicant decides that attending graduate school is no longer a part of their life plan, the acceptance-matriculation discrepancy is typically the result of applicants with strong credentials applying to multiple schools. With regard to these high-level applicants, these individuals are typically the “best of the best.” These applicants understand that being accepted into a clinical psychology PhD program is going to require excellent grades, very high Graduate Record Examination (GRE) scores, research experience, excellent letters of recommendation, and so on. In addition to these credentials, the applicant must have a near perfect fit with a potential mentor. These high-level applicants are competing for a certain number of slots across all of the clinical psychology PhD programs. It is further challenging to consider these applicants have lower degrees of freedom for acceptance due to their specific research or clinical interests. For instance, for an applicant who wishes to pursue a child clinical program, there are only so many of these programs in the country and thus many fewer potential applicant slots relative to the total number of slots.

To continue with how the acceptance-matriculation discrepancy develops, these high-level applicants realize that to gain acceptance into any school requires applying to multiple schools—the number of schools will be discussed later. For example, Applicant X applies to 15 schools. She gains acceptance at School 1, School 2, School 3, School 4, School 10, and School 14. Although Applicant X received acceptances to six schools, she of course can only matriculate at one school, and she chooses School 3. Once Applicant X chooses School 3, Applicant X’s slots at School 1, School 2, School 4, School 10, and School 14 are now open for other applicants. With regard to these newly opened slots, schools may offer acceptance to other applicants who were initially placed on a waiting list. However, it is often the case that these applicants have accepted offers from other schools already, thereby increasing the acceptance-matriculation discrepancy. Occasionally, universities may go far down their waiting list and determine that the next applicant really is not an ideal fit for the program or determine that the number already matriculating is sufficient based on program needs (e.g., not exceed funding).

The second issue not discussed in prior APA reports regards the number of applications per applicant. Given that individuals apply to multiple programs, it seems important to consider exactly how many schools applicants apply to in order to better calculate acceptance and matriculation rates. Although APA does not collect data on the number of applications per applicant, it is informative to examine other professional organizations that do collect such data. For example, the Association of Medical Colleges (2017) noted that in 2017–2018 there were 816,153 applications to medical school from 51,680 applicants, an average of 16 applications per applicant. Of these applicants, 21,338 matriculated into medical school—there was no published acceptance rate data available. Thus, 41% of medical school applicants actually matriculated to medical school. This seems to be a high percentage, but given that those who apply to medical school are, similarly to clinical psychology PhD program applicants, very strong candidates, the results are not surprising. In addition, the Law School Admissions Council (LSAC, 2018) tracks data for the 205 law schools accredited by the American Bar Association (ABA). These data showed that for all semesters of 2016, there were 351,100 applications from 56,500 applicants, an average of about six applications per applicant. The LSAC lists the total number of applicants admitted (42,800), and the ABA lists the actual number of students enrolled in their first year of law school at 41,136. Thus, in the case of law applicants, 73% of applicants actually enrolled in law school. Once again, the matriculation rate for law school seems much higher than expected, but this high percentage also makes sense given that high-achieving individuals apply to multiple schools.

To better understand the acceptance-matriculation discrepancy and the number of application per applicant with regard to PhD in clinical psychology programs, the present study evaluated data from PhD programs in clinical psychology who are members of the Council of University Directors of Clinical Psychology (CUDCP). Each of these programs is required to publicly report (via the Internet) the total number of applicants, applicants accepted, and number of accepted students who matriculated (i.e., enrolled in the program). Two hypotheses were investigated. First, it was predicted that there would be an acceptance-matriculation discrepancy as a result of acceptance rates being higher than matriculation rates (Hypothesis 1). Second, it was predicted that although the probability of being accepted into a specific PhD graduate program in clinical psychology is relatively low, the probability of being accepted into at least one program is likely higher than previously thought (Hypothesis 2), when one considers the number of applications per applicant.

Method
Data Collection
Every APA-accredited doctoral program must present on its website a link to “Student Admissions, Outcomes, and Other Data.” Within this link, each program is required to list (in table
format) the following information for the last 10 years: time to completion, internship placement, attrition, and licensure percentage, and program costs for the most recent cohort only (APA Commission on Accreditation, 2015). In addition to these data, PhD programs in clinical psychology who are members of the CUDCP are required to present additional information within the “Student Admissions, Outcomes, and Other Data” link. The additional information includes the total number of applicants, applicants accepted, number of accepted students who matriculated (i.e., enrolled in the program), GRE scores of those accepted, and Grade Point Average (GPA) of those accepted.

There is no publicly available list of CUDCP members. Thus, to collect data for these schools, the authors of the current study accessed all APA-accredited PhD programs (N = 173) for the 2016–2017 academic year, linking (via the Internet) to each program’s “Student Admissions, Outcomes, and Other Data,” to determine whether the additional CUDCP data were available. Eighty-two programs listed these data for 2016–2017, but 18 schools listed either data for “2016” (n = 14) or for an earlier year. With regard to the latter, the current study evaluated the data for the most recent year: 2013–2014: N = 2, 2014–2015: N = 1, and 2015–2016: N = 1. Thus, the present data set includes 100 PhD in clinical psychology programs.

**Results**

**Hypothesis 1:** The results supported Hypothesis 1. Overall, for the 100 schools for which data were available, there were 21,238 applications, 1,066 accepted students, and 699 students who matriculated into these PhD in clinical psychology programs—the acceptance-matriculation rate was 66%. The acceptance rate was 5% (about the same as listed by APA, 2016), and the matriculation rate was 3%. When examining individual schools, the data showed that the range for acceptance rate was 1–62% (SD = .07), and for matriculation rate 1–58% (SD = .06). The median acceptance frequency was 10 applicants, and the modal acceptance frequency was eight applicants. The median matriculation frequency was seven applicants, and the modal matriculation frequency was five applicants.

**Hypothesis 2:** There was also support for Hypothesis 2. Although the probability of being accepted into a specific PhD graduate program in clinical psychology is relatively low, the probability of being accepted to at least one program may be higher than previously thought (Hypothesis 2), when one considers the number of applications per applicant. As stated earlier, neither APA data (e.g., Michalski et al., 2017) nor the CUDCP data includes information about the number of applications there were per applicant to PhD in clinical psychology programs. The present data, however, could be examined to determine the acceptance rate based on applicants applying to a low (5), medium (8), high (12), and very high (15) number of programs. As a reminder, the CUDCP data included 21,238 applications, 1,066 accepted students, and 699 students who matriculated into clinical PhD programs. Table 1 presents the number of applicants, acceptance rates, and matriculation rates for applicants based on the estimated number of applications per applicant. It is very clear that as the number of applications per applicant increases, both acceptance and matriculation rates increase. Most importantly to Hypothesis 2, the acceptance rates are higher than the 12% and 6% acceptance rates reported by Michalski et al. (2017) and APA (2016), respectively. Thus, by taking into account the number of clinical PhD program applications per applicant, it is evident that acceptance into a PhD program (not a specific program) in clinical psychology is not as daunting as previously assumed.

**Discussion**

Historically speaking, the path toward acceptance and matriculation into a PhD in clinical psychology program is relatively difficult (see Michalski et al., 2017). This is especially true for an applicant hoping to attend a specific APA-accredited PhD program. The current study found an acceptance-matriculation discrepancy. That is, acceptance rates were higher than matriculation rates (Hypothesis 1). In addition, although the probability of being accepted into a specific PhD graduate program in clinical psychology is relatively low, the probability of being accepted into at least one program may be higher than previously thought, when one considers the number of applications per applicant (Hypothesis 2).
Given the potential advantage of applying to a relatively high number of programs, there is a question of how many applications per applicant is best? There are no published data indicating an ideal number of applications. APA (2018) does not offer a specific recommendation about the number of schools an individual should apply to but encourages applying to schools that an individual considers to be the best “fit.” The notion of fit can be defined in terms of academic record, letters of recommendation, school location, potential mentor, research experience, research interests, and career plans (e.g., academics vs. private practice; see also Prinstein, 2017).

Some websites offer specific recommendations about the number of applications one should submit. For example, Prinstein (2017, p. 46) states that 12-20 is a “good ballpark number” to work with (see also Choukas-Bradley, 2011) and that determining an actual number depends on several factors such as geographic restrictions. In addition, some websites discuss the importance of applying to different types of schools based on one’s likelihood of acceptance (Grayson, 2018; Novacek, 2016). These types include “dream” or “reach” schools, “match” schools, and “safety” schools. Dream or reach schools are extremely competitive, and the applicant is least likely to gain acceptance based on their GPA and GRE scores. Match schools include PhD in clinical psychology programs where an applicant’s record matches the schools’ student admissions, outcomes, and other data. Safety schools serve as “backup” schools because an applicant’s record exceeds the minimum admissions criteria. Some websites that discuss different types of schools argue that an applicant should apply to several of each type (e.g., Geher, 2017).

It is important to note the current data, suggesting applicants should increase the number of applications to PhD in clinical psychology programs, must be interpreted with caution. Increasing the number of applications will not guarantee acceptance into a doctoral program. Instead, there are several key factors that must be acknowledged when one is deciding how many program applications to submit:

1. The current data assume equal qualifications among applicants. There are many differentiating variables such as GRE scores, GPA, life experiences, research and clinical interests, and mentorship fit which could influence acceptance rates.
2. An individual should only be applying to those programs for which they are a competitive applicant. If one is not academically competitive, no number of applications will lead to an acceptance. A caveat is that each applicant must determine one’s own competitiveness. This should involve consultation with faculty and researching relevant data.
3. Academic competitiveness is not always based on absolute values because one’s competitiveness is often viewed in relative terms based on the “competition”—other applicants—who are applying to the same program. Regrettably, an individual will be unaware about the strength of other applicant’s materials.
4. Individuals must be aware that each additional application takes substantial time and effort, and costs US$57 (US Dollar, 840), on average (Michalski et al., 2017).
5. Applicants should utilize the data that is publicly available on each program’s website. This includes data required by APA and CUDCP.

The current study offers additional information to potential applicants and faculty about the likelihood of being accepted and matriculating into a PhD in clinical psychology program. While this information can be helpful to students who are dealing with the application process, more research is needed to better understand this process. For example, this study investigated only applications and matriculation to PhD in clinical psychology programs. It is hoped that future research will examine other master’s and doctoral programs in clinical psychology (i.e., PsyD, school, counseling, rehabilitation, etc.), as well as graduate programs in experimental psychology subfields. This research will require collecting data (e.g., number of applications) from all graduate programs and is now only recommended by CUDCP for its clinical psychology graduate program members. In addition, it will be important for future researchers to include applicant responses to questions about applying and matriculating to graduate school. Such a methodology should allow researchers to determine (1) what factors contribute to an applicant applying to a particular type of program (e.g., MA vs. PhD) and to certain schools and (2) what factors impact an applicants’ decision to matriculate in a particular type of program at a specific school. Such research will assist students in making more informed decisions as they move forward with pursuing a career in psychology.

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