

# INTRODUCING CLINICAL PSYCHOLOGY

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# 1

## CLINICAL PSYCHOLOGY

### LEARNING OBJECTIVES

- 1.1 Define clinical psychology and describe the evolution of the field from the early 1900s to the present.
- 1.2 Compare the training foci of the scientist-practitioner (Boulder), practitioner-scholar (Vail), and clinical scientist models of training, discussing the perceived advantages and disadvantages of each.
- 1.3 Describe suggestions for increasing the likelihood of getting admitted into graduate programs in clinical psychology, as well as the features of predoctoral internships, postdoctoral internships, and the licensure process.
- 1.4 Summarize current professional activities, employment settings, and characteristics of clinical psychologists.
- 1.5 Differentiate clinical psychologists from related professions, including counseling psychologists, psychiatrists, social workers, professional counselors, and marriage and family therapists.

Welcome to clinical psychology! Throughout this book, you'll learn quite a bit about this field: history and current controversies, interviewing and psychological assessment methods, psychotherapy approaches, and much more. Let's start by defining it.

### WHAT IS CLINICAL PSYCHOLOGY?

#### Original Definition

The term **clinical psychology** was first used in print by **Lightner Witmer** in 1907. Witmer was also the first to operate a psychological clinic (Benjamin, 1996, 2005). More about Witmer's pioneering contributions will appear in Chapter 2, but for now, let's consider how he chose to define his emerging field. Witmer envisioned clinical psychology as a discipline with similarities to a variety of other fields, specifically medicine, education, and sociology. A clinical psychologist, therefore, was a person whose work with others involved aspects of treatment, education, and interpersonal issues. At his clinic, the first clients were children with behavioral

or educational problems. However, even in his earliest writings, Witmer (1907) foresaw clinical psychology as applicable to people of all ages and with a variety of problems.

### More Recent Definitions

Defining clinical psychology is a greater challenge today than it was in Witmer's time. The field has witnessed such tremendous growth in a wide variety of directions that most simple, concise definitions fall short of capturing the field in its entirety. As a group, contemporary clinical psychologists do *many* different things, with *many* different goals, for *many* different people.

Some in recent years have tried to offer “quick” definitions of clinical psychology to provide a snapshot of what our field entails. For example, according to various introductory psychology textbooks and dictionaries of psychology, clinical psychology is essentially the branch of psychology that studies, assesses, and treats people with psychological problems or disorders (e.g., Pomerantz, 2020; VandenBos, 2007). Such a definition sounds reasonable enough, but it is not without its shortcomings. It doesn't capture the tremendous range of everything clinical psychologists do, how they do it, or who they do it for.

An accurate, comprehensive, contemporary definition of clinical psychology would need to be more inclusive and descriptive. The **Division of Clinical Psychology (Division 12)** of the **American Psychological Association (APA)** defines clinical psychology as follows:

The field of Clinical Psychology involves research, teaching and services relevant to the applications of principles, methods, and procedures for understanding, predicting, and alleviating intellectual, emotional, biological, psychological, social and behavioral maladjustment, disability and discomfort, applied to a wide range of client populations. (APA Division 12, 2022)

The sheer breadth of this definition reflects the rich and varied growth that the field has seen in the century since Witmer originally identified it. (As Norcross & Sayette, 2022, put it, “Perhaps the safest observation about clinical psychology is that both the field and its practitioners continue to outgrow the classic definitions” [p. 2].) Certainly, the breadth of this definition does not mean that each clinical psychologist spends equal time on each component of that definition. In fact, some may spend almost all their time specializing on just one component of it. But, collectively, the work of clinical psychologists does indeed encompass such a wide range. For the purposes of this textbook, a similarly broad but somewhat more succinct definition will suffice: Clinical psychology involves rigorous study and applied practice directed toward understanding and improving the psychological facets of the human experience, including but not limited to issues or problems of behavior, emotions, or intellect.

## EDUCATION AND TRAINING IN CLINICAL PSYCHOLOGY

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In addition to looking at explicit definitions such as those listed above, we can appreciate what clinical psychology is by learning how clinical psychologists are educated and trained. The basic components of clinical psychology training are common across programs and are

well established (Norcross & Sayette, 2022; Vaughn, 2006). The aspiring clinical psychologist must obtain a doctoral degree in clinical psychology, about 3,000 of which are awarded each year (Norcross & Sayette, 2022). Most students enter a doctoral program with only a bachelor's degree, but some enter with a master's degree. Often, that master's degree was earned from a "terminal" master's program in clinical psychology (meaning that their program ends at the master's level). Some graduates of such terminal master's programs go on to earn doctoral degrees, while others enter the workforce in some capacity (Campbell et al., 2018; Pomerantz & Murphy, 2016).

For those entering with a bachelor's degree, training typically consists of at least 4 years of intensive, full-time coursework, followed by a 1-year, full-time predoctoral internship. Required coursework includes courses on psychotherapy, assessment, statistics, research design and methodology, biological bases of behavior, cognitive-affective bases of behavior, social bases of behavior, individual differences/diversity, and other subjects. A master's thesis and doctoral dissertation are also commonly required, as is a practicum in which students start to accumulate supervised experience doing real clinical work. When the on-campus course responsibilities are complete, students move on to the 1-year predoctoral internship, in which they take on greater clinical responsibilities and obtain supervised experience on a full-time basis. This predoctoral internship, along with the postdoctoral internship that occurs after the degree is obtained, is described in more detail later in this chapter.

Beyond these basic requirements, especially in recent decades, there is no single way by which someone becomes a clinical psychologist. Instead, there are many paths to the profession. One indication of these many paths is the multitude of specialty tracks within clinical psychology doctoral programs. Indeed, more than half of APA-accredited doctoral programs in clinical psychology offer (but may not require) training within a specialty track. The most common specialty areas include clinical child, clinical health, forensic, family, and clinical neuropsychology (Perry & Boccaccini, 2009). (Each of these specialty areas receives attention in a later chapter of this book.) Another indication of the many paths to the profession of clinical psychology is the coexistence of three distinct models of training currently used by various graduate programs: the scientist-practitioner (Boulder) model, the practitioner-scholar (Vail) model, and the clinical scientist model (Routh, 2015a). Let's consider each of these in detail.

### **Balancing Practice and Science: The Scientist-Practitioner (Boulder) Model**

In 1949, the first conference on graduate training in clinical psychology was held in Boulder, Colorado. At this conference, directors of graduate training programs from around the country reached an important consensus: Training in clinical psychology should jointly emphasize both practice and research. In other words, to become a clinical psychologist, graduate students would need to receive training and display competence in the application of clinical methods (assessment, psychotherapy, etc.) *and* the research methods necessary to study and evaluate the field scientifically (Grus, 2016; Johnson & Baker, 2015; Klonoff, 2011, 2016). The directors at the conference also agreed that coursework should reflect this dual emphasis, with classes in psychotherapy and assessment as well as in statistics and research methods. Likewise,

expectations for the more independent aspects of graduate training would also reflect the dual emphasis: Graduate students would (under supervision) conduct both clinical work and their own empirical research (thesis and dissertation). Clinical psychology graduate programs would continue to be housed in departments of psychology at universities, and graduates would be awarded the PhD degree. The term **scientist-practitioner model** was used to label this balanced, two-pronged approach to training (McFall, 2006; Norcross & Sayette, 2022).

For decades, the scientist-practitioner—or the **Boulder model**, as it is also called—approach to clinical psychology training unquestionably dominated the field (Klonoff, 2011, 2016). In fact, today more programs still subscribe to the Boulder model than to any other. However, as time passed, developments took place that produced a wider range of options in clinical psychology training. In short, the pendulum did not remain stationary near the midpoint between practice and research; instead, it swung toward one extreme and then toward the other.

### Leaning Toward Practice: The Practitioner-Scholar (Vail) Model

In 1973, another conference on clinical psychology training was held in Colorado—this time, in the city of Vail (Grus, 2016; Klonoff, 2016). In the years preceding this conference, some discontent had arisen regarding the Boulder or scientist-practitioner model of training. In effect, many current and aspiring clinical psychologists had been asking, “Why do I need such extensive training as a researcher/scientist when my goal is simply to practice?” After all, only a minority of clinical psychologists were entering academia or otherwise conducting research as a primary professional task. Clinical practice was the much more popular career choice (Boneau & Cuca, 1974; McConnell, 1984; Stricker, 2011), and many would-be clinical psychologists sought a doctoral-level degree with less extensive training in research and more extensive training in the development of applied clinical skills like psychotherapy and assessment. Additionally, some within the profession were questioning whether the quality and quantity of practitioners were sufficient to serve the population (Stricker, 2016). So the **practitioner-scholar model** of training was born, along with a new type of doctoral degree, the **PsyD** (Foley & McNeil, 2015; Routh, 2015b; Stricker & Lally, 2015). Since the 1970s, clinical psychology graduate programs offering the PsyD degree (rather than the PhD) have proliferated. In fact, from 1988 to 2001 alone, the number of PsyD degrees awarded increased by more than 160% (McFall, 2006). Compared with PhD programs, these programs typically offer more coursework directly related to practice and fewer related to research and statistics (Norcross et al., 1998; Norcross & Sayette, 2022). See the next section of this chapter for a more detailed, point-by-point comparison of PhD and PsyD models of training.

The growth of the PsyD (or practitioner-scholar model, or **Vail model**, as it is also known) approach to training in clinical psychology has influenced the field tremendously. Currently, about half the doctoral degrees being awarded in the field are PsyD degrees (Norcross et al., 2005; Norcross & Sayette, 2022). The number of PsyD programs is actually much smaller than the number of PhD programs, but the typical PsyD program accepts and graduates a much larger number of students than does the typical PhD program, so the number of people graduating with each degree is about the same (Klonoff, 2011; Norcross & Sayette, 2022; Stricker, 2011).

## Comparing PhD Programs With PsyD Programs

Quite a bit of variation exists between PhD programs, just as it does between PsyD programs (Gardner, 2015). However, a few overall trends distinguish one degree from the other. *In general, compared with PhD programs, PsyD programs tend to*

- place less emphasis on research-related aspects of training and more emphasis on clinically relevant aspects of training;
- accept and enroll a much larger percentage and number of applicants;
- be housed in freestanding, independent (or university-affiliated) “professional schools,” as opposed to departments of psychology in universities;
- accept students with lower Graduate Record Examination (GRE) scores and undergraduate grade point averages (GPAs);
- offer significantly less funding to enrolled students in the form of graduate assistantships, fellowships, tuition remission, and so on;
- accept and enroll a higher percentage of students who have already earned a master’s degree;
- have lower rates of success placing their students in APA-accredited predoctoral internships;
- produce graduates who score lower on the national licensing exam (EPPP);
- graduate students in a briefer time period (about 1.5 years sooner);
- graduate students who pursue practice-related careers rather than academic or research-related careers; and
- have at least a slightly higher percentage of faculty members who subscribe to psychodynamic approaches, as opposed to cognitive-behavioral approaches.

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Sources: Gaddy, Charlot-Switley, Nelson, & Reich (1995); Klonoff (2011); Mayne, McFall (2006); Norcross & Castle (2002); Norcross & Sayette (2022); Norcross, Sayette, Mayne, Karg, & Turkson (1998).

Table 1.1, which features data from a large-scale survey of graduate programs (Graham & Kim, 2011), offers more detailed findings regarding the general trends listed above.

## Leaning Toward Science: The Clinical Scientist Model

After the creation of the balanced Boulder model in the late 1940s and the subsequent emergence of the practice-focused Vail model in the 1970s, the more empirically minded members of the clinical psychology profession began a campaign for a strongly research-focused model of training.

**TABLE 1.1 ■ Comparison of PsyD and PhD Programs in Clinical Psychology**

Variable	PsyD	PhD
Mean GRE (Verbal + Quantitative) score of admitted students*	1116	1256
Mean undergraduate GPA	3.4	3.6
Percentage of students receiving at least partial tuition remission or assistantship	13.9	78.4
Number of students in incoming class	37.4	9.7
Percentage of applicants attending	26.3	7.4
Percentage successfully placed in APA-accredited predoctoral internships	66.0	92.8

Source: Graham & Kim (2011).

\*GRE scores were reported on the previous GRE scale. Estimated conversions to the current GRE scale are approximately 303 for PsyD and 312 for PhD, based on data provided at [https://www.ets.org/s/gre/pdf/concordance\\_information.pdf](https://www.ets.org/s/gre/pdf/concordance_information.pdf)

Indeed, in the 1990s, a movement toward increased empiricism took place among numerous graduate programs and prominent individuals involved in clinical psychology training. In essence, the leaders of this movement argued that science should be the bedrock of clinical psychology. They sought and created a model of training—the **clinical scientist model**—that emphasized the scientific, research-oriented side of clinical psychology more strongly than did the Boulder model (McFall, 2006; McFall et al., 2015). Unlike those who created the Vail model in the 1970s, the leaders of the clinical scientist movement have not suggested that graduates of their program should receive an entirely different degree—they still award the PhD, just as Boulder model graduate programs do. However, a PhD from a program that follows the clinical scientist model implies a very strong emphasis on the production of scientific research and the use of evidence-based clinical methods (Levenson, 2014; Norcross & Sayette, 2022; Onken Carroll et al., 2014; Shoham et al., 2014).

Two defining events highlight the initial steps of the clinical scientist movement. In 1991, **Richard McFall**, at the time a professor of psychology at Indiana University, published an article that served as a rallying call for the clinical scientist movement (Treat & Bootzin, 2015). In his “Manifesto for a Science of Clinical Psychology,” McFall (1991) argued that “scientific clinical psychology is the only legitimate and acceptable form of clinical psychology . . . after all, what is the alternative? . . . Does anyone seriously believe that a reliance on intuition and other unscientific methods is going to hasten advances in knowledge?” (pp. 76–77).

A few years later, a conference of prominent leaders of select clinical psychology graduate programs took place at Indiana University. The purpose of the conference was to unite in an effort to promote clinical science. From this conference, the **Academy of Psychological Clinical Science** was founded. McFall served as its president for the first several years of its existence, and as time has passed, an increasing number of graduate programs and internships have become



members. Some of these graduate programs have revised the very names of their programs from “clinical psychology” to “clinical science” (or something similar) to reflect the emphasis on science and research. The programs in this academy still represent a minority of all graduate programs in clinical psychology, but among the members are many prominent and influential programs and individuals (Academy of Psychological Clinical Science, 2022; Fowles, 2015; Klonoff, 2016; McFall et al., 2015).

Considering the discrepancies between the three models of training available today—the traditional, middle-of-the-road Boulder model; the Vail model, emphasizing clinical skills; and the clinical scientist model, emphasizing empirical research—the experience of clinical psychology graduate students can vary widely from one program to the next. In fact, it’s no surprise that in the *Insider’s Guide to Graduate Programs in Clinical and Counseling Psychology* (Norcross & Sayette, 2022), a valuable resource used by many applicants to learn about specific graduate programs in clinical psychology, the first piece of information listed about each program is a self-rating on a 7-point scale from “practice oriented” to “research oriented.” Moreover, it’s no surprise that applicants can find programs at both extremes and everywhere in between. Table 1.2 includes examples of specific graduate programs representing each of the three primary training models (scientist-practitioner, practitioner-scholar, and clinical scientist), including quotes from the programs’ own websites that reflect their approach to training.

**TABLE 1.2 ■ Sample Information Regarding Specific Graduate Programs in Clinical Psychology**

Graduate Program	Training Model	Degree Awarded	Clinical/Research Rating	Self-Description on Program Website
Indiana University	Clinical scientist	PhD	7	“Our Clinical Science program is not for everyone. If your primary interests include becoming a practitioner or service provider, you are encouraged to apply elsewhere. There are over 160 APA-accredited clinical programs in the United States and Canada, and most of these programs have a more applied emphasis.”
University of California, Los Angeles	Clinical scientist	PhD	7	“Our program philosophy is embodied in, and our goals are achieved through, a series of training activities that prepare students for increasingly complex, demanding, and independent roles as clinical scientists. These training activities expose students to the reciprocal relationship between scientific research and provision of clinical services. . . .”

(Continued)

**TABLE 1.2 ■ Sample Information Regarding Specific Graduate Programs in Clinical Psychology (Continued)**

Graduate Program	Training Model	Degree Awarded	Clinical/ Research Rating	Self-Description on Program Website
Virginia Tech	Clinical scientist	PhD	7	"Our program's mission is to advance clinical science. . . . Our program's emphasis on the term science underscores its commitment to empirical approaches. . . . Our program is most suited to students who are interested in pursuing science-, research-, academic-, or training-related careers. Students whose primary interest and career goal is solely the direct practice of psychology would likely be more satisfied in a different training program."
Central Michigan University	Boulder/scientist-practitioner	PhD	4	"The academic, clinical, and research experiences at CMU maintain a balance between training in science and practice. . . . Upon graduation, students are prepared to pursue clinical or research careers."
University of Alabama	Boulder/scientist-practitioner	PhD	4	"Graduates function in a variety of settings as teachers, researchers, and providers of clinical services. . . . The program emphasizes the integration of scientific knowledge and the professional skills and attitudes needed to function as a clinical psychologist in academic, research, or applied settings."
Saint Louis University	Boulder/scientist-practitioner	PhD	4	". . . adheres to the scientist-practitioner model of training in clinical psychology. . . . Our faculty members are committed to training and education that evidences the integration of science and practice."
University of Denver	Vail/practitioner-scholar	PsyD	2	"The mission of the PsyD program is to train doctoral-level practitioner/scholars who have foundational interpersonal and scientific skills, a functional mastery of psychological assessment and intervention, and can apply this knowledge and skill in a range of settings."

Graduate Program	Training Model	Degree Awarded	Clinical/ Research Rating	Self-Description on Program Website
Chicago School of Professional Psychology (Chicago campus)	Vail/practitioner-scholar	PsyD	2	"The Chicago School's Clinical Psychology programs train clinical psychologists in assessment, case conceptualization, and evidence-based models of psychotherapy."
Alliant University, San Diego	Vail/practitioner-scholar	PsyD	2	"The APA-accredited PsyD in clinical psychology program at the San Diego campus of CSPP follows a practitioner-scholar model that emphasizes the applications of theory and research to clinical practice."

Sources: Indiana University, <https://psych.indiana.edu/graduate/degree-programs/clinical-science/index.html>; University of California, Los Angeles, <https://www.psych.ucla.edu/graduate/areas-of-study/clinical-psychology/>; Virginia Tech, <https://support.psyc.vt.edu/grads/program/clinical-science>; Central Michigan University, <https://www.cmich.edu/academics/colleges/liberal-arts-social-sciences/departments/psychology/graduate-programs/clinical-psychology>; University of Alabama, <https://psychology.ua.edu/graduate-studies/clinical-psychology/>; Saint Louis University, <https://catalog.slu.edu/colleges-schools/arts-sciences/psychology/clinical-psychology-phd/#text>; University of Denver, <https://psychology.du.edu/academics/psyd-clinical-psychology>; Chicago School of Professional Psychology, <https://www.thechicagoschool.edu/learn/clinical-psychology/>; Alliant University, San Diego, <https://www.alliant.edu/psychology/clinical-psychology/psyd/san-diego>

Note: Clinical/research ratings by directors of each graduate program, as reported in Sayette and Norcross (2022). Ratings range from 1 ("practice oriented") to 7 ("research oriented"), with 4 representing "equal emphasis."

Just as training in clinical psychology has changed dramatically throughout its history, it continues to change today and promises to change further in the future. One study examined the broad trends in training in clinical psychology since the early 1990s. It found that there has been a shift in the theoretical orientation of faculty toward cognitive/cognitive behavioral and away from psychodynamic/psychoanalytic, as well as a considerable increase in the percentage of doctoral students who are female and members of racial or ethnic minorities (Norcross et al., 2018).

Undoubtedly, technology is increasingly influential in the training of clinical psychologists. For an increasing number of students, learning psychotherapy or assessment techniques involves the use of webcams and other computer-based methods that allow supervisors to view, either live or recorded, students trying to apply what they have learned in class. (We will discuss technology, including telepsychology, in more detail in Chapter 3.) Another growing emphasis in training is specific *competencies*, or outcome-based skills the students must be able to demonstrate. Emphasizing competencies ensures that the students who graduate from clinical psychology programs not only will have earned good grades on exams, papers, and other academic tasks but also will be able to apply what they have learned in real settings. Specific competencies that may be required of students could center on intervention (therapy), assessment, research,

consultation/collaboration, supervision/teaching, ethics, cultural diversity, and management/administration (Barlow & Carl, 2011; Gonsalvez et al., 2020; Kaslow & Graves, 2015; Peterson et al., 2010).

One more note about the clinical psychology graduate training experience: While it can be rewarding and fulfilling at times, it can also be very stressful. The combination of intense academic requirements, increasing clinical responsibilities, pressure to complete research projects, and all of the other life challenges that can happen over this multiyear stretch of time can contribute to high levels of stress and even psychological disorders in clinical psychology graduate students (Rummell, 2015). One study of clinical psychology graduate students found that over 20% reported moderate to severe levels of anxiety or depression, and over 10% reported high risk of problematic substance use. The percentages were especially high among LGBTQ+ graduate students (Hobaica et al., 2021). Of course, there are plenty of potential sources of support as well, including faculty, classmates, friends, family, and mental health professionals, among others.

## GETTING IN (AND GETTING LICENSED): WHAT DO GRADUATE PROGRAMS PREFER?

The *Insider's Guide* book mentioned above (Norcross & Sayette, 2022) is one of several resources to educate and advise aspiring clinical psychology graduate students. Others include APA's *Graduate Study in Psychology* (American Psychological Association, 2022) and *Getting In: A Step-by-Step Plan for Gaining Admission to Graduate School in Psychology* (APA, 2007). Getting into a graduate program in clinical psychology is no easy task: Admission rates are competitive, and the application process is demanding. On average, a PhD program in clinical psychology offers admission to only about 7% to 16% of its applicants, a PsyD program offers admission to only 40% to 50%, and each applicant typically applies to about 10–12 programs (Norcross & Sayette, 2022). Knowing how to prepare, especially early in the process, can provide an applicant with significant advantages. Among the suggestions offered by resources such as those listed above are the following:

- *Know your professional options.* Numerous roads lead to the clinical psychologist title; moreover, numerous professions overlap with clinical psychology in terms of professional activities. Researching these options will allow for more informed decisions and better matches between applicants and graduate programs.
- *Take, and earn high grades in, the appropriate undergraduate courses.* Graduate programs want trainees whose undergraduate programs maximize their chances of succeeding at the graduate level. Among the most commonly required or recommended courses are statistics, research/experimental methods, psychopathology, biopsychology, and personality (Norcross et al., 2014; Norcross & Sayette, 2022). Choose electives carefully, too—classes that have direct clinical relevance, including field studies or internships, are often seen favorably (Mayne et al., 1994).

- *Get to know your professors.* Letters of recommendation are among the most important factors in clinical psychology graduate admissions decisions (Norcross et al., 1996). Professors (and, to some extent, supervisors in clinical or research positions) can be ideal writers of such letters—assuming the professor actually knows the student. The better you know the professor, the more substantial your professor’s letter can be. For example, a professor may be able to write a brief, vaguely complimentary letter for a quiet student who earned an A in a large lecture course. But the professor would be able to write a much more meaningful, persuasive, and effective letter for the same student if the two of them had developed a strong working relationship through research, advising, or other professional activities.
- *Get research experience.* Your experience in a research methods class is valuable, but it won’t distinguish you from most other applicants. Conducting research with a professor affords you additional experience with the empirical process, as well as a chance to learn about a specialized body of knowledge and develop a working relationship with the professor (as described above). If your contribution is significant enough, this research experience could also yield a publication or presentation on which you are listed as an author, which will further enhance your application file. In some cases, professors seek assistants for ongoing projects they have designed. In others, the undergraduate student may approach the faculty member with an original idea for an independent study. Regardless of the arrangement, conducting research at the undergraduate level improves an applicant’s chances of getting into and succeeding in a graduate program.
- *Get clinically relevant experience.* For undergraduates, the options for direct clinical experience (therapy, counseling, interviewing, testing, etc.) are understandably limited. Even for those who have earned a bachelor’s degree and are considering returning to school at the graduate level, clinical positions may be hard to find. However, quite a few settings may offer exposure to the kinds of clients, professionals, and issues that are central to clinical psychology. These settings include community mental health centers, inpatient psychiatric centers, crisis hotlines, alternative schools, camps for children with behavioral or emotional issues, and others. Whether the clinical experience takes the form of an internship or practicum (for which course credit is earned), a paid job, or a volunteer position, it can provide firsthand knowledge about selected aspects of the field, and it demonstrates to admissions committees that you are serious and well informed about clinical psychology.
- *Maximize your GRE score.* Along with undergraduate GPA, scores on the GRE are key determinants of admission to graduate programs. Appropriately preparing for this test—by learning what scores your preferred programs seek, studying for the test either informally or through a review course, taking practice exams, and retaking it as necessary—can boost your odds of admission.

- *Select graduate programs wisely.* Getting in is certainly important, but getting into a program that proves to be a bad match benefits neither the student nor the program. It is best to learn as much as possible about potential programs: What is the model of training (Boulder, Vail, or clinical scientist)? To what clinical orientations does the faculty subscribe? What areas of specialization do the faculty members represent? What clinical opportunities are available? Of course, your own preferences or constraints—geography, finances, family—deserve consideration as well.
- *Write effective personal statements.* In addition to the many other items in your application file, graduate programs will require you to write a personal statement (or goal statement). This is your opportunity to discuss career aspirations as well as your research and clinical interests—all of which should fit well with the program to which you are applying. It is also a chance to explain in more detail information that may have appeared only briefly on a résumé or vita, such as clinical experiences or research with an undergraduate professor. Make sure your writing ability appears strong and that you don't make the statement overly personal or revealing.
- *Prepare well for admissions interviews.* Most doctoral programs invite high-ranking applicants for an in-person interview. These interviews are a wonderful opportunity for professors in the program to get to know you and for you to get to know the program. Arrive (professionally dressed, of course) with a strong understanding of the program and your interest in it. The more specific, the better: Interest in particular professors' research concentrations, for example, makes a better impression than the fact that the program has a strong reputation. An upcoming section lists some of the questions you should be prepared to answer. And don't forget to develop a list of your own questions—good questions can solicit more detailed information than you were able to find on the program's website and can impress interviewers in the process.
- *Consider your long-term goals.* Down the road, do you see yourself as a clinician or a researcher? Have you firmly determined your own theoretical orientation already, or do you seek a program that will expose you to a variety? What specific areas of clinical or scientific work are most interesting to you? How much financial debt are you willing to incur? Thinking ahead about these and other questions can increase the likelihood that you will find yourself at a graduate program at which you thrive and that sets you up for a fulfilling career.
- In addition to the general points of advice above, it's a good idea for future applicants to search the literature for studies on how graduate programs handle their admissions processes. For example, one study surveyed the directors of clinical psychology doctoral programs about the importance they place on various components of the application process (Littleford et al., 2018). Results showed that both PhD and PsyD programs placed high value on several core elements: undergraduate GPA, GRE scores, letters of recommendation, personal statement, curriculum vitae, and interview performance. There were some differences between PhD and PsyD programs: Compared to PsyD programs, PhD programs place much greater importance on the

student–mentor research match (making sure that an incoming student has research interests that closely correspond to those of a faculty member) and research assistance experience. Also, compared to PhD programs, PsyD programs were more likely to offer admission to applicants who already had a master’s degree.

- Also, keep in mind that just as each graduate program will evaluate you, you should evaluate each program. When you enter a program, you’ll be spending a significant period of your life there, with a relatively small number of faculty members and classmates. How comfortable does it feel to you? How compatible do the people seem to your way of life? How’s the overall climate (not just weather-wise, but interpersonally)? One study found that when applicants got an offer of admission from a clinical psychology graduate program, prominent factors that determined whether they accepted the offer included not just practical issues (like finances, emphasis on practice versus research, internship placement rate, and average years to complete the program), but also more quality-of-life issues (like diversity/inclusion, personality of faculty members, work–life balance, and geographic location) (Hsueh et al., 2021).

### Interview Questions to Anticipate

There is no formula for the kinds of questions that interviewers might ask an applicant to a clinical psychology program, but these questions are especially common. Whether they ask these particular questions or not, you enhance your chances of finding a graduate program that truly fits your interests by giving them serious consideration.

- Why do you want to be a clinical psychologist?
- What attracts you to our graduate program specifically?
- What are your research interests?
- What approach(es) to psychotherapy do you prefer?
- Which of our faculty members would you like to work with?
- What are your long-term career goals? If you were a student in our program, what would you like to do after you graduated?

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Source: Adapted from Norcross & Sayette (2022).

### Internships: Predoc and Postdoc

All clinical psychology doctoral programs culminate in the **predoctoral internship** (Kaslow & Webb, 2011; McCutcheon & Sannes, 2015). Typically, this internship consists of a full year of supervised clinical experience in an applied setting—a psychiatric hospital, a Veterans Affairs medical center, a university counseling center, a community mental health center, a medical school, or another agency where clinical psychologists work. As implied by the term *predoctoral*,

this internship year takes place shortly before the PhD or the PsyD is awarded. (Along with completion of the dissertation, it is likely to be one of the final hurdles.) It is generally considered a year of transition, a sort of advanced apprenticeship in which the person begins to outgrow the role of “student” and grow into the role of “professional.” In some settings, it is also an opportunity to gain more specialized training than may have been available in graduate school so far. Many internships are accredited by the APA; those that are not may be looked on less favorably by state licensing boards.

The process of applying for a predoctoral internship can feel a lot like the process of applying to graduate school some years earlier. It often involves researching various internships, applying to many, traveling (or videoconferencing) for interviews, ranking preferences, anxiously awaiting feedback, and relocating to a new geographic area. Adding stress to the situation is the fact that in some years, the number of graduate students seeking predoctoral internships has either approached or exceeded the number of available slots (Kaslow & Webb, 2011; Keilin et al., 2000; Klonoff, 2016). In fact, the shortage worsened considerably after roughly 2002, as the number of students who applied but were not successfully placed at an internship increased dramatically, to hundreds per year (Dingfelder, 2012; Hatcher, 2014). That number has since decreased, but the issue remains, at least to some extent (Doran & Cimbora, 2016; Norcross et al., 2018). Numerous causes for the internship shortage (also called an imbalance or crisis by some) have been proposed, but the factor receiving the most attention is the drastic increase in the number of PsyD applicants without a corresponding increase in the total number of internship placements (McCutcheon & Sannes, 2015). The internship application process can certainly generate stress for applicants and feel a bit like a game of musical chairs, but numerous strategies to improve the current situation have been considered (Hatcher, 2014; Mackey & Efron, 2020; Webb & Hill, 2016). Applicants are generally successful in finding an internship position—especially if they don’t overly restrict themselves in terms of the number of applications or geographic range.

Beyond the predoctoral internship and the doctoral degree that follows, most states require a **postdoctoral internship** (or postdoc) for licensure as a psychologist. The postdoc typically lasts 1 to 2 years, and it is essentially a step up from the predoctoral internship. Postdocs take on more responsibilities than they did as predoctoral interns, but they remain under supervision. Like the predoctoral internship, the postdoc often provides an opportunity for specialized training. After postdoctoral interns accumulate the required number of supervised hours (and pass the applicable licensing exams), they can often become licensed by a particular state to practice independently. Some clinical psychologists obtain postdoc positions that are explicitly designed from the start to meet licensing requirements for a particular state; sometimes, such positions are continuations of predoctoral internship experiences. Other clinical psychologists may obtain an entry-level position with an agency and tailor it to meet postdoctoral requirements for licensure (Hatcher & Buchtel, 2016; Silberbogen et al., 2018; McQuaid & McCutcheon, 2018).

Since 2008, a small but growing number of states have decided to drop the requirement of a postdoc for licensure. The rationale behind this decision involves several factors: current graduate training (including the predoctoral internship) provides far more clinical experience than it did years ago when postdoc requirements were put into place; employers often have difficulties funding postdoc positions because third-party payers (e.g., health insurance companies) who



pay the bills for many clients can refuse to pay for services by someone who is not yet licensed; postdoc positions can be difficult to find, especially in rural areas; and some states have a shortage of clinical psychologists to serve their residents, so making licensure easier to obtain is a win-win for the psychologists and the public (Boon et al., 2015; Calkins, 2018).

## Getting Licensed

Once all the training requirements are met—graduate coursework, predoctoral internship, postdoctoral internship—**licensure** appears on the horizon. Becoming licensed gives aspiring psychologists the right to identify as members of the profession—to present themselves as psychologists (or clinical psychologists—the terminology, as well as licensing requirements in general, differs from state to state). It also authorizes the psychologist to practice independently (APA, 2007; Hall, 2015; Schaffer et al., 2011; Siegel & DeMers, 2016).

But you won't simply be handed a license when you get your doctoral degree or when you finish your postdoc. Becoming licensed also requires passing licensure exams—typically, the **Examination for Professional Practice in Psychology (EPPP)** and a state-specific exam on laws and ethics. The EPPP is a standardized multiple-choice exam on a broad range of psychology topics; all U.S. states and most provinces of Canada establish a minimum score for licensure. The state exams vary, of course, according to state regulations but tend to center on legal issues relevant to the practice of psychology in the state in question. The state exams may be written or oral.

Once licensed, clinical psychologists in many states must accumulate **continuing education units (CEUs)** to renew the license from year to year (Neimeyer & Taylor, 2011; Taylor et al., 2019). In various states, psychologists can meet these ongoing requirements in a number of ways—by attending workshops, taking courses, undergoing additional specialized training, passing exams on selected professional reading material, and the like (Babeva & Davison, 2015; Butters et al., 2021; Taylor & Neimeyer, 2016). The purpose of requiring CEUs is to ensure that clinical psychologists stay up to date on developments in the field, with the intention of maintaining or improving the standard of care they can provide to clients.

## PROFESSIONAL ACTIVITIES, EMPLOYMENT SETTINGS, AND CHARACTERISTICS

### Where Do Clinical Psychologists Work?

The short answer is that clinical psychologists work in a wide variety of settings but that private practice is the most common. In fact, this answer is evident not only from a survey of clinical psychologists conducted in the 2000s but also according to similar surveys conducted in the 1980s and 1990s (Norcross & Karpiak, 2012; Norcross & Rogan, 2013).

Since the 1980s, private practice has been the primary employment site of 30% to 41% of clinical psychologists. The second-place finisher in each survey during that time has been the university psychology department, but that number has not exceeded 19%. Between 2% and 9% of clinical psychologists have listed each of the following as their primary work setting:

**FIGURE 1.1 ■ Where Do Clinical Psychologists Work?**

Clinical psychologists work in a variety of settings, including private offices, universities, and hospitals.



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psychiatric hospitals, general hospitals, community mental health centers, medical schools, and Veterans Affairs medical centers. Interestingly, the third-place finisher (after private practice and university psychology department) in each survey since the 1980s has been the “other” category; for example, in 2003, 15% of psychologists listed “other,” writing in diverse settings such as government agency, public schools, substance abuse center, corporation, and university counseling center. It is clear that although private practice remains a common destination, clinical psychologists are finding employment across an expanding range of settings (Borel, 2015; Cooley et al., 2020; Firth et al., 2020; Norcross et al., 2005; Norcross & Karpiak, 2012; Vasquez & Kelly, 2016).

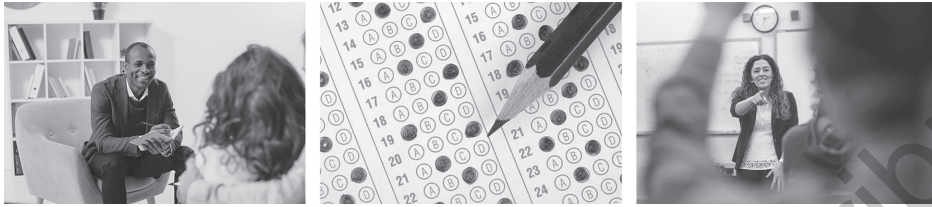
The research above answers the “Where do clinical psychologists work?” question with an American focus: In what settings, within the United States, do clinical psychologists work? Another way of addressing the question is more global: In what countries around the world can clinical psychologists be found? Research shows that the numbers differ drastically between high-income and low-income countries. Specifically, in high-income countries (including the United States, Canada, and many in Europe), there are 14.0 psychologists per 100,000 people. By contrast, in low-income countries (including many in Africa and Asia), there are .04 psychologists per 100,000 people (Saxena et al., 2007). (These numbers reflect “psychologists,” not clinical psychologists specifically, but the impact remains the same.) Consistent with these numbers, there are more mental health professionals (clinical psychologists and others) in the state of California than in the entire continent of Africa (Singla & Patel, 2020). To deal with this low supply of clinical psychologists and other mental health professionals, health care directors often make efforts to train people like nurses, teachers, and community health workers—professionals whose training is not in psychology but have contact with those who need psychological help—to deliver psychological services to the best of their ability under supervision. Research shows that such efforts often produce substantial benefits to people who might otherwise receive no services at all (Cuijpers et al., 2018; Singla et al., 2017).

### What Do Clinical Psychologists Do?

Again, the short answer first: Clinical psychologists are engaged in an enormous range of professional activities, but psychotherapy is foremost. As is the case with employment settings,

**FIGURE 1.2 ■ What Do Clinical Psychologists Do?**

Clinical psychologists' professional activities include psychotherapy, assessment, and education.



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this finding is as true today and has been for decades—at least since the 1970s (Norcross & Karpiak, 2012).

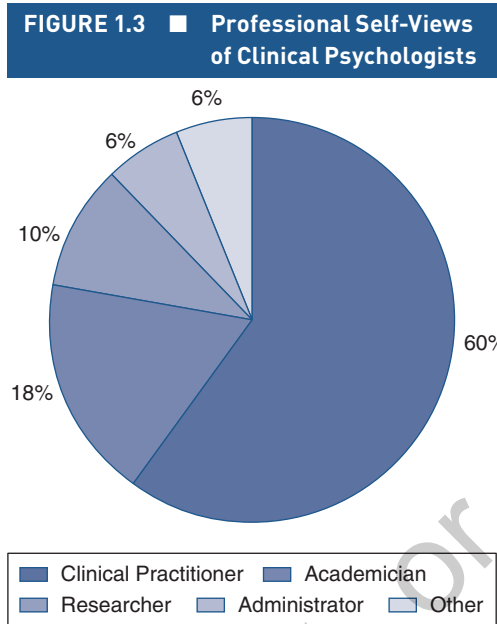
Since 1973, the number of clinical psychologists reporting that they are involved in psychotherapy has always outranked that of any other professional activity and has ranged from 76% to 87%. Moreover, when asked what percentage of their time they spend in each activity, clinical psychologists have reported that they spend between 31% and 37% of their time conducting psychotherapy—a percentage more than double that of any other activity. Of those who practice psychotherapy, individual therapy occupies the largest percentage of their therapy time (76%), with group, family, and couples therapy far behind (6% to 9% each; Norcross & Karpiak, 2012).

Of course, a sizable number of psychologists—more than half—have also reported that they are at least somewhat involved in each of the following activities: diagnosis/assessment, teaching, supervision, research/writing, consultation, and administration. Of these, diagnosis and assessment generally occupy more of clinical psychologists' time than do the others. Overall, it is evident that “clinical psychologists are involved in multiple professional pursuits across varied employment sites” (Norcross et al., 2005, p. 1,474). In fact, about half of clinical psychologists hold at least two professional positions (Norcross & Sayette, 2022). Figure 1.3 illustrates the professional self-views of clinical psychologists.

### What Characteristics Do Clinical Psychologists Have?

Demographically, the clinical psychologists (and other psychologists who provide services) in the United States do not perfectly mirror the U.S. population. Eighty-three percent are non-Hispanic White, which is a higher percentage than the general population. Seventy percent are women, a number that has risen significantly in recent decades. Three percent are Black. The percentage with Asian or Latinx heritage has increased in recent years (to 4% and 7%, respectively), but remains lower than the corresponding rise in the general population. Five percent have disabilities. The mean age is 48.4 years old (American Psychological Association, 2019).

Regarding personal beliefs, psychologists (clinical and other types) as a group tend to be less religious than the general population in terms of affiliating with a particular religion,



Source: Norcross, Karpiak, & Santoro (2005), Figure 3.

participating in religious practices, and reporting religion as an important factor in their personal lives (Delaney et al., 2007; Shafranske, 1996; Shafranske & Cummings, 2013). Relatedly, clinical psychologists as a group tend to hold more liberal social and political views than most members of the general public (Haaga, 2020; Silander et al., 2020). In terms of professional beliefs, a prominent trend in recent years is the rising percentage of clinical psychologists who endorse the cognitive or cognitive-behavioral approach to clinical work, especially among those psychologists who have been students or faculty in graduate programs that emphasize science and research (Heatherington et al., 2012; Norcross et al., 2018; Norcross & Karpiak, 2012).

## HOW ARE CLINICAL PSYCHOLOGISTS DIFFERENT FROM . . .

### Counseling Psychologists

There may have been a time when counseling psychology and clinical psychology were quite distinct, but today there is significant overlap between these two professions. Historically, they have differed primarily in terms of their clients' characteristics: Clinical psychologists were more likely to work with clients whose psychological disorders were more severe, whereas **counseling psychologists** were more likely to work with ("counsel") clients whose psychological disorders were less severe. But today, many clinical and counseling psychologists see the same types of clients, sometimes even as colleagues working side by side. These two fields are also similar in that their graduate students apply for and obtain the same internship sites, often earn the same

degree (the PhD), and obtain the same licensure status (Norcross, 2000). In fact, the two professions share so much common ground that it is entirely possible for a client seeking the services of a psychologist with a doctoral degree after their name to never know whether that doctoral degree is in clinical or counseling psychology.

A few meaningful differences, however, remain between clinical and counseling psychologists. Compared with counseling psychologists, clinical psychologists still tend to work more with clients with more severe disorders, and correspondingly, tend to work and complete internships more often in settings such as hospitals and inpatient psychiatric units. And compared with clinical psychologists, counseling psychologists still tend to work with clients with less severe disorders and, correspondingly, tend to work and complete internships more often in university counseling centers (Eisman & Wright, 2016; Gaddy et al., 1995). Some differences in theoretical orientation are also evident: Both fields endorse the eclectic orientation more than any other, but clinical psychologists tend to endorse behaviorism more strongly, and counseling psychologists tend to endorse humanistic/client-centered approaches more strongly. Additionally, counseling psychologists tend to be more interested in vocational testing and career counseling, whereas clinical psychologists tend to be more interested in applications of psychology to medical settings (Banyasz & Baker, 2015; Norcross & Sayette, 2022).

## Psychiatrists

Unlike clinical (or counseling) psychologists, **psychiatrists** go to medical school and are licensed as physicians. (In fact, their specialized training in psychiatry doesn't begin until well into their training; the first several years are often identical to those of other types of physicians.) As physicians, they are allowed to prescribe medication. Until recently, psychologists could not prescribe medication, but as described in Chapter 3, psychologists have rallied in recent years to obtain prescription privileges and have earned important victories in a small number of states.

Although many people in the general population may see the difference between clinical psychologists and psychiatrists as nothing more than the ability to prescribe medication, the truth is that the difference runs deeper than that. The two professions fundamentally differ in their understanding of and approach to behavioral or emotional problems. Clinical psychologists' training includes an appreciation of the biological aspects of their clients' problems, but psychiatrists' training emphasizes biology to such an extent that disorders—depression, anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), borderline personality disorder, and so on—are viewed first and foremost as physiological abnormalities of the brain. So, to fix the problem, psychiatrists tend to fix the brain by prescribing medication (Noll, 2015). This is not to imply that psychiatrists don't respect “talking cures” such as psychotherapy or counseling, but they favor medication more than they used to, and they practice therapy less than they used to (Harris, 2011; Manninen, 2006). For clinical psychologists, the biological aspects of clients' problems may not be their defining characteristic; nor is pharmacology the first line of defense. Instead, clinical psychologists view clients' problems as behavioral, cognitive, emotional—still stemming from brain activity, of course, but amenable to change via nonpharmacological methods such as psychotherapy.

## IN MY PRACTICE . . .

In my practice, many of my clients don't know the difference between a psychologist and a psychiatrist. Of course, there are those who do know the difference. Those who know often have some first-hand experience with the mental health field: Some have seen both psychologists and psychiatrists before, some have accompanied family members to appointments with both, and some are members of the mental health profession, themselves. But many clients don't know the difference. These are not ignorant people at all. Some have earned impressive degrees, and many have struck me as brilliant in their own ways. They simply don't have this particular piece of information.

Their lack of knowledge has become apparent in a variety of ways. Once, after finishing a long clinical interview with a client, he looked at me expectantly. When I asked if he had a question for me, he asked impatiently, "So? What's the prescription, doc?" When I explained that I was a psychologist and not a psychiatrist, and that I didn't prescribe medication, he seemed completely shocked. Another time, a mother who was bringing her 12-year-old son to his first appointment asked if she could have a few minutes alone with me. She delivered an impassioned speech detailing her stance against psychiatric medication for children, and described how she couldn't sleep the previous night because she was so afraid that I would recommend medication for her strong-willed, possibly hyperactive boy. She seemed quite relieved when I explained who I was and what I did.

I have often wondered why so many people have such trouble separating psychologists from psychiatrists. The similarity of the words certainly doesn't help: They both start with "psych" and end with "ist." The media doesn't help, either: So often in movies, TV shows, and news reports, the names of the mental health professions, especially psychologists and psychiatrists, get jumbled. I have come to the conclusion that part of my job when I speak with new or prospective clients is to make sure that they understand the difference between a psychologist and a psychiatrist. I consider it part of the informed consent process (which we will discuss in greater detail in Chapter 5)—an important element of what clients need to know in order to make an educated decision about whether to move forward with treatment.

### Social Workers

Traditionally, **social workers** have focused their work on the interaction between a client and the components of society that may contribute to or alleviate the client's problems. They saw many of their clients' problems as products of social ills—racism, oppressive gender roles, poverty, abuse, and so on. They also helped their clients by connecting them with social services, such as welfare agencies, disability offices, or job-training sites (Fossum et al., 2016). More than their counterparts in psychology or psychiatry, they were likely to get into the "nitty-gritty" of their clients' worlds by visiting their homes or workplaces, or by making contacts on their behalf with organizations that might prove beneficial. When they worked together with psychologists and psychiatrists (e.g., in institutions), they usually focused on issues such as arranging for clients to transition successfully to the community after leaving an inpatient unit by making sure that needs such as those for housing, employment, and outpatient mental health services were being met.

In more recent years, the social work profession has grown to encompass a wider range of activities, and the similarity of some social workers (especially those conducting therapy) to clinical psychologists has increased (Fossum et al., 2016; Wittenberg, 1997). The training of social workers, however, remains quite different from the training of clinical psychologists. They typically earn a master's degree rather than a doctorate, and although their training includes a strong emphasis on supervised fieldwork, it includes very little on research methods, psychological testing, or physiological psychology. Their theories of psychopathology and therapy continue to emphasize social and environmental factors.

## School Psychologists

As the name implies, **school psychologists** usually work in schools, but some may work in other settings such as day-care centers or correctional facilities. Their primary function is to enhance the intellectual, emotional, social, and developmental lives of students. They frequently conduct psychological testing (especially intelligence and achievement tests) to determine diagnoses such as specific learning disorders and ADHD. They use or develop programs designed to meet the educational and emotional needs of students. They also consult with adults involved in students' lives—teachers, school administrators, school staff, parents—and are involved to a limited degree in direct counseling with students (Albers & Felt, 2015). In many states, the title of school psychologist requires only a master's degree rather than a doctorate (Eisman & Wright, 2016).

## Professional Counselors

**Professional counselors** (often called licensed professional counselors, or LPCs) earn a master's (rather than a doctoral) degree and often complete their training within 2 years. They attend graduate programs in counseling or professional counseling, which should not be confused with doctoral programs in counseling psychology. These programs typically have rather high acceptance rates compared with programs in many similar professions. Professional counselors' work generally involves counseling of people with problems in living or mild mental illness (as opposed to serious mental illness). Their training, compared to that of clinical psychologists, typically includes very little emphasis on psychological testing or conducting research. Correspondingly, their training programs include few if any courses on these topics, focusing instead on providing services to clients. Increasingly, professional counselors are among the clinicians who serve wide varieties of clients in community agencies (Cohen-Filipic, 2015a; Norcross & Sayette, 2022), and they often enter private practice as well. They often specialize in such areas as career, school, addiction, couple/family, or college counseling. Every state has some version of professional counselor licensure, but the name may vary slightly, with common alternatives including mental health counselor, licensed professional mental health counselor, licensed clinical professional counselor, and licensed counselor of mental health (Cohen-Filipic, 2015b; Fossum et al., 2016).

## Marriage and Family Therapists

**Marriage and family therapists (MFTs)** earn master's degrees. Their training focuses on working with couples and families, but sometimes they also see individuals struggling with issues

related to their partners or families. About half of MFTs work in private practice, and most of the others practice in other types of work settings like clinics or agencies (Fossum et al., 2016). Compared to the training of clinical psychologists, the training of MFTs places relatively little emphasis on research and assessment.

## CHAPTER SUMMARY

The scope of clinical psychology has expanded greatly since the inception of the field by Lightner Witmer near the turn of the 20th century. Currently, there are multiple paths to the profession, including three distinct approaches to training: the scientist-practitioner (Boulder) approach, with roughly equal emphasis on empiricism and practice; the practitioner-scholar (Vail) approach, with stronger emphasis on practice; and the clinical scientist approach, with stronger emphasis on empiricism. Gaining admission to a graduate program is a competitive endeavor, with many more applicants than available spots. Knowledge of the professional training options, successful completion of the appropriate undergraduate courses, research experience, and clinical experience are among the factors that can distinguish an applicant and enhance chances for admission. The experience of graduate school in clinical psychology can be fulfilling, but also stress-inducing. The final steps of the training process for clinical psychologists are the predoctoral and postdoctoral internships, in which the trainee practices under supervision to transition into the full-fledged professional role. Licensure, which requires a passing grade on the EPPP as well as meeting state-specific requirements, allows clinical psychologists to practice independently. The most common work setting for clinical psychologists is private practice, but university psychology departments and hospitals of various types are also somewhat frequent. Clinical psychologists (and similar mental health professionals) are much more commonly found in high-income countries than in low-income countries. The most common professional activity for clinical psychologists is psychotherapy, but they also spend significant amounts of time in assessment, teaching, research, and supervision activities. In terms of characteristics, as a group clinical psychologists include high proportions of women and White people, and tend to be less religious and more liberal-leaning than the overall U.S. population. The professional roles of counseling psychologists, psychiatrists, social workers, and school psychologists each overlap somewhat with that of clinical psychologists, yet clinical psychology has always retained its own unique professional identity.

## KEY TERMS AND NAMES

Academy of Psychological Clinical Science (p. 8)	continuing education units (CEUs) (p. 17)
American Psychological Association (APA) (p. 4)	counseling psychologists (p. 20)
Boulder model (p. 6)	Division of Clinical Psychology (Division 12) (p. 4)
clinical psychology (p. 3)	Examination for Professional Practice in Psychology (EPPP) (p. 17)
clinical scientist model (p. 8)	



licensure (p. 17)	psychiatrists (p. 21)
Lightner Witmer (p. 3)	PsyD (p. 6)
marriage and family therapist (MFTs) (p. 23)	Richard McFall (p. 8)
postdoctoral internship (p. 16)	school psychologists (p. 23)
practitioner-scholar model (p. 6)	scientist-practitioner model (p. 6)
predoctoral internship (p. 15)	social workers (p. 22)
professional counselors (p. 23)	Vail model (p. 6)

### CRITICAL THINKING QUESTIONS

1. Lightner Witmer originally defined clinical psychology as a discipline with similarities to medicine, education, and sociology. In your opinion, to what extent does contemporary clinical psychology remain similar to these fields?
2. Considering the trends in graduate training models observed recently, how popular do you expect the scientist-practitioner, practitioner-scholar, and clinical scientist models of training to be 10 years from now? What about 50 years from now?
3. What specific types of research or clinical experience do you think would be most valuable for an undergraduate who hopes to become a clinical psychologist?
4. In your opinion, to what extent should graduate programs use the GRE as an admission criterion for graduate school in clinical psychology?
5. In your opinion, how much continuing education should licensed clinical psychologists be required to undergo? What forms should this continuing education take (workshops, courses, readings, etc.)?

### LOOKING TOWARD GRADUATE PROGRAMS

For undergraduates who are seriously considering graduate school, the *Insider's Guide to Graduate Programs in Clinical and Counseling Psychology* can be a valuable resource (Norcross & Sayette, 2022). The *Insider's Guide* is a book filled with hundreds of pages of detailed information about almost all doctoral programs in clinical and counseling psychology, provided by the programs themselves. Included among that detailed information are lists of special areas of focus for each program, in the form of *research areas* (e.g., faculty members doing research on specific topics, often with grants); *specialty clinics and practica sites* (where graduate students may be able to get targeted clinical experience); and *program concentrations and tracks*. The *Insider's Guide* conveniently provides three separate indices in which you can look up a specialty area and be guided to specific graduate programs (Appendix E for research areas; Appendix F for specialty clinics and practica sites; and Appendix G for program concentrations and tracks). Those indices are great resources if you want an easy way to find out which graduate programs focus on which areas of clinical or counseling psychology.

Below is a list of index entries relevant to the topics in this chapter. Keep in mind a few things as you consider these listings: They are current as of the 2022/2023 edition of the *Insider's Guide* (which typically revises every 2 years); they may change as faculty members retire, take new jobs, or develop new interests; and a graduate program's own website may have more extensive or up-to-date information.

Research Areas Listed	Specialty Clinical and Practica Sites Listed	Program Concentrations and Tracks Listed
Professional Issues Supervision/Mentoring/ Training Miscellaneous and Other— Licensure and Regulatory Boards Miscellaneous and Other—Psychotherapist's Development	Career Counseling/Development College/University Counseling/ Psychotherapy Centers Private Practice	Miscellaneous/Other— Preparing Future Faculty

### KEY JOURNALS

*Annual Review of Clinical Psychology*

*Clinical Psychology & Psychotherapy*

*Clinical Psychology Review*

*Journal of Clinical Psychology*

*Journal of Counseling Psychology*

*Training and Education in Professional Psychology*