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Ph.D. or Psy.D. in Clinical Psychology

Overall History and Philosophy of the Profession

There are several intersecting areas to discuss when trying to get an accurate taste of the history of psychology. In the following section I will note important and significant aspects of the early history of psychology, expand on the schools of thought that have emerged throughout the last century, discuss how the role of assessment in psychology developed, note significant history related to treatment issues, and relate a brief background regarding the development of the American Psychological Association (APA), psychology's national professional organization.

Early History

The role that most people are likely to associate with a mental health career is a psychologist. Indeed, psychology is one of the oldest mental health professions. As we begin to examine the history of psychology, understand first that there are theories and ideas of mental illness, and its treatment that can be traced back many centuries. For example, in medieval times, beliefs that evil spirits inhabited those who suffered from what may have been depression or psychosis were prominent, and many espoused the belief that hysteria in women was due to her uterus "wandering" throughout her body. These rather misguided

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ideas may represent some early understanding that people's experiences and thoughts have an influence on their behavior. However, it is widely accepted that the *general* discipline of psychology began in 1879, when Wilhelm Wundt started the first experimental laboratory in psychology at the University of Leipzig in Germany. Four years later, in 1883, G. Stanley Hall established a similar laboratory at Johns Hopkins University in the United States. These laboratories enabled the observation and manipulation of human mental processes using scientific methods. And they represent the beginning of the general discipline of psychology.

In 1896 Lightner Witmer founded the first psychology clinic at the University of Pennsylvania. This is considered the beginning of the branch of psychology referred to as *clinical* psychology. It should be noted that the *general* field of psychology has many branches. In fact, the APA identifies 54 divisions of psychology (http://www.apa.org/about/division/index.aspx). Examples include experimental psychology, cognitive psychology, forensic psychology, and industrial/organization psychology, to name just a few. This text will not expand on these branches of the psychology profession as, while they all involve "helping people," it is not through face-to-face therapy or counseling, in which most readers of this text likely have the most interest. There are very good texts available that examine the various branches of psychology and the educational track that one would follow to pursue them. You are urged to check those out if you want to research other ways that psychology helps people. The branches of psychology in which you likely are most interested are clinical psychology, counseling psychology (discussed further in Chapter 2), and school psychology (discussed further in Chapter 7).

Schools of Thought

As already stated, the opening of Witmer's psychology clinic represents the beginning of clinical psychology. However, Sigmund Freud's contributions in the area of psychoanalysis and the psychodynamic theory probably shone the brightest spotlight on the field. He believed that people were motivated by unconscious motives and drives and that their childhood experiences and crises were vital to understanding their adult personality. He also suggested that personality development

occurred due to children passing through his proposed stages of psychosexual development. Freud's theories were (and are) quite controversial, and many people minimize the validity of his theory. However, what is important for clinical psychologists and other mental health providers is that, regardless of one's view of Freud's ideas, he was instrumental in proposing that not all mental problems have physiological causes. Prior to Freud and Witmer, the prevailing belief represented a more biological view (or medical model view) of mental processes. That is, all behavior had its origin in something biological versus environmental. While it is now quite accepted that biology plays a substantial role in one's mental health, it is also known that the environment and personal characteristics play a role too.

Freud also used psychoanalysis to treat his patients. Psychoanalysis could be viewed as the beginning of "talk therapy." In psychoanalysis the therapist or psychoanalyst explores the patient's view of his/her past or childhood and uses hypnosis and dream interpretation to uncover unconscious drives or explanations for present behavior. While some of his techniques might be considered extreme by many therapists today, it is an unavoidable conclusion that Freud's ideas have influenced modern-day talk therapy.

Before we delve any deeper into the important historical events that shaped psychology, let us examine the schools of thought that developed after Freud's psychoanalytical or psychodynamic approach. Briefly, the other main theories that would emerge in the next half century were behaviorism, cognitive psychology, and humanist psychology. Ultimately, these schools of thought influenced not only psychologists but also each of the mental health professions. So, to continue, let us examine the development of these schools of thought.

As explained earlier, Freud's psychodynamic perspective was one of the initial ways that psychologists tried to explain clients' behavior and psychological difficulties. However, soon another theory would challenge Freud's ideas. In 1913 John B. Watson began work that would eventually be categorized as the school of thought referred to as behaviorism. He and his followers rejected the emphasis Freud and his colleagues put on unconscious (and therefore, unobservable) forces and drives. They felt strongly that a person's behavior – not a person's unconscious or childhood traumas – was the key to understanding that person. Since the unconscious was not measurable or observable, the

behaviorists felt there was no place for it in psychological theory. Instead, researchers such as B.F. Skinner concentrated on operant conditioning, which emphasized the effect that consequences and reinforcements had on a person's behavior. Behaviorism had a major impact on the field of psychology for quite some time. Many concepts from it can be seen in use today (e.g., token economies, behavior modification). The behaviorist idea that consequences and reinforcements can change behavior is still a powerful idea in psychology as well as other mental health professions.

Cognitive psychology emerged in the mid-1950s. It is part of a larger field termed cognitive science that is interdisciplinary in nature and can include the fields of linguistics, anthropology, neuroscience, philosophy, and education as well as psychology. Proponents of cognitive psychology, partially in response to the emphasis on behaviorism, believe that internal processes (thoughts, ideas, values, memories) could mediate behavior. That is, behavior is maintained not only by consequences and reinforcement but also by individuals' thoughts and expectations. For example, even if rewarded handsomely for a task some people will turn down the task because it violates a value that they strongly hold. One of the more influential theories from this school of thought was Jean Piaget's theory of cognitive development in which he delineates stages of cognitive development that children pass through en route to attaining their adult level of cognition and thought. If you haven't had a course in human development involving Piaget and his theory, do a quick Internet search and briefly examine his stages of development.

Also in the mid-1950s another school of thought was emerging. Psychologists such as Carl Rogers and Abraham Maslow felt that psychoanalysis and behaviorism assumed more negative about people than positive. They felt that people were not simply slaves to their unconscious drives nor were they puppets that could be controlled by rewards and consequences. Instead, humanists propose that individuals are able to exercise free choice and that each person has a potential they strive to realize. The basic belief of those who reside in the humanist camp is that humans are innately good and that they are capable of expressing free will and striving for self-actualization. Therapists who operate from a humanist perspective believe that if they treat clients with unconditional positive regard and allow the client – rather than the

therapist – be the authority on their own inner experience, the client will achieve effective change. This type of therapy is often termed client-centered therapy.

Now that we have summarized the basic schools of thought that have shaped and continue to shape the mental health professions, let's go back and note some other important occurrences in the growth of psychology.

Psychological Assessment

The scope of clinical psychology was broadened in 1905 to include the conducting of psychological assessments. There are various types of assessments utilized by psychologists; for example, intelligence tests, aptitude tests, and personality tests. A more detailed explanation of the history of intelligence testing can be found in the history section of Chapter 7 (School Psychologist). Briefly, know that first, Alfred Binet and Theodore Simon developed what is now (after several refinements by others) the intelligence test or IQ test, which is purported to measure general intelligence. An IQ test is administered individually and the results are reported as a numerical score. An average score is 100 and the standard deviation of these tests is 15. On the other hand, aptitude tests (such as the ACT and SAT or the military ASVAB exam) measure one's likely future ability to be proficient in a particular area or at a particular skill. These tests (while not without their flaws) began to get widespread use in the military during World War I and later in World War II. They were utilized to assist in the placement of soldiers into the most appropriate job duty.

Later, in 1921, Hermann Rorschach developed his personality test, the Rorschach inkblot test. His test and other personality inventories and tests that followed were designed to measure a person's traits or characteristics that are stable across various situations. As stated, the advent of this type of measurement of human potential and personality opened many more doors for psychologists. Moreover, assessment and testing – intelligence, aptitude, and personality testing, among others – are one of the skills in the purview of clinical psychologists as well as school psychologists (Chapter 7). They continue to be one of the niches that make psychology different from some of the other mental health careers. That is, while other mental health professions may be

trained in the use of a limited number of assessment measures, only psychologists are trained and licensed to conduct and interpret the results of all psychological assessment measures.

Treatment Issues

Another important thing that helped shaped psychology (as well as other mental health professions) was that in 1900 Clifford Beers, a Yale graduate who was employed in the insurance industry, made a suicide attempt, was hospitalized and diagnosed with manic depression. He found the conditions inside the mental institution in which he was housed deplorable. He wrote letters while in the hospital to state officials and then, in 1903 after he had been released, he wrote a book titled *A Mind That Found Itself*, which detailed the problems he saw inside the institution. The book was widely read and led to reforms in the way mentally ill people were treated. Beers' work helped call more attention to the mental health movement and subsequently mental health workers and their training.

It was decades later, in 1963, when another event helped shape the treatment of patients and the practice of psychology and, as you will read in subsequent chapters, the practice of other mental health professions. President John F. Kennedy signed the Community Mental Health Centers Construction Act, which mandated federal funds for the creation of mental health centers around the country. The idea was to be able to provide community-based care as an alternative to institutionalization. This obviously opened up more job opportunities for mental health professionals.

Incidentally, Kennedy's vision was never fully realized. The intention was noble. While the deplorable conditions that Beers wrote about in the early 1900s did not exist in the 1950s, there was still a great deal of patients housed and likely medicated long-term in mental hospitals. For example, the average length of stay for someone diagnosed with schizophrenia was 11 years. While state hospital admissions declined by 90% after the act was passed, only about half of the proposed mental health centers were ever built, and none were fully funded. Some believe that ultimately a disservice was done to the mentally ill. Former U.S. Representative Patrick Kennedy (the nephew of President Kennedy) stated in 2013 as the 50th anniversary of the act was observed, "The

goals of deinstitutionalization were perverted. People who did need institutional care got thrown out, and there weren't the programs in place to keep them supported." He continued, "We don't have an alternate policy to address the needs of the severely mentally ill" ("Kennedy's vision"). As you contemplate your potential contributions to the mental health field, keep in mind this very real problem of the underserved mentally ill.

Treatment issues have more recently been affected by the advent of managed care and the influence of insurance companies in general in the medical/psychological fields. Because these issues have a strong impact on not only psychologists but also on all the other mental health professions, I have chosen to discuss them in more depth in Unit 2. Let it suffice to say here that the ways that professionals are reimbursed for their services have an impact on treatment.

Professional Organization – the APA

As you will realize when you examine each of the subsequent chapters regarding other professions, the development of a field is often related to the development and strength of a professional organization that helps to unify individuals in the field and standardize details such as the training of students in the field. Psychology is no different. In 1892 the American Psychological Association (APA) was founded by a group of 31 men who elected G. Stanley Hall as its first president. Membership in the organization grew slowly but, by 1940, there were over 600 members. However, in the late 1920s the APA expanded its membership to include what it termed associate members. Associate members did not possess Ph.D.s. but were doing applied work (the kind many of you hope to do) with individuals. Growth in this type of membership soared, reaching just over 2,000 by 1940.

The inclusion of associate members in the APA represented a combining of *general* psychology, which involved engaging in and embracing scientific process as well as conducting research, and *applied* psychology, which involved working directly with people in order to help them overcome personal difficulties. Further merging of these two aspects of psychology within the APA occurred during World War II, when the APA leaders reorganized and merged with other psychological organizations that existed at the time. The mission of the APA

was now not just promoting the practice of the science of psychology but also advancing the application of psychology and promoting human welfare. This dual emphasis remains today.

When World War II ended psychology enjoyed its greatest growth. With servicemen returning home, there was a need for a variety of services that psychologists could provide. Issues ranged from reunification with family to coping with traumatic war memories to assisting with reentering the civilian workforce. Psychology was enjoying a surge in growth, credibility, and financial funding. Similarly, the APA was growing. Membership grew from 4,000 in 1945 to 30,000 in 1970.

It was around this time that the APA also began to design a divisional structure within its organization. That is, once an APA member, the psychologist could choose to join one or more of several "special interest" divisions. The most popular divisions at the time were Clinical (now, Division 12) and Personnel, which is now called Counseling (Division 17). As mentioned earlier in this chapter, there is a total of 54 divisions in the APA today. While the breadth of interest areas attracts more members and illustrates the versatility of psychology, some fear that the divisions fragment the discipline and make members less unified.

As you can see, the field of psychology has undergone a great deal of growth in its comparatively short history. I have tried to give you a flavor of that growth by examining the early history of the field, the role of assessment measures, the changes in treatment venues, and the development of a professional organization to attempt to unify professionals in the field. As you read about other mental health professions you will see how some of the same influences expanded upon here have had an effect on their profession too.

Education

Let me begin with some generalities about graduate training in psychology. In general, in order to become a psychologist, one needs to complete a doctoral program. This typically involves about 4–5 years of graduate study and a 1-year internship. Sometimes programs will award a master's degree along the way (after 2 years of coursework and the completion of a master's thesis) but this degree is not meant as a

stopping point (more about the perils of stopping with a master's degree in psychology at the end of this chapter). Rather, the terminal or final intended degree is the doctoral degree or Ph.D. (or Psy.D., which will be discussed further later in this chapter). As part of the coursework, students are expected to complete a dissertation. The parameters of the dissertation will vary based on the type of program in which the student is enrolled. However, at its basic level, a dissertation is a piece of original research in which one does an extensive review of the literature in a particular area, then designs a study that might be a logical "next step" for that particular area of interest. After the proposed study is approved, the actual study would be carried out, statistical analysis would be conducted and interpretations of the data would be made and analyzed. This is a lengthy and rather lonely process but goes a long way to prove that the graduate is able to synthesize, analyze, and think scientifically about information.

As stated above, there is always a requirement of a 1-year internship. The internship is coordinated with the Association of Psychology Postdoctoral and Internship Center (APPIC). Students may apply to internships with members of the APPIC. Once students apply they are "matched" by the APPIC. This process is a somewhat stressful one as there are a limited number of APPIC sites, and students are likely to be applying to locations out of state. At times students are not matched with a site and have to wait a year to apply again or use the APPIC Clearinghouse to obtain a site that may not have been their first choice. When applying to both graduate programs and/or internships, students are strongly encouraged to only apply to ones that have been granted accreditation by the APA to ensure that the programs meet basic standards it sets forth.

There are four routes to earning a doctoral degree in a branch of psychology that conducts psychotherapy or assessment. These are

- a Ph.D. in clinical psychology
- a Ph.D. in counseling psychology
- a Psy.D. in clinical or
- a Psy.D. in counseling psychology.

Counseling psychology will be discussed further in the next chapter. However, at this time I want to explain more about the differences

between a Ph.D. and a Psy.D. In order to understand the distinctions between these degrees, a bit more history and context is needed. As was briefly discussed in the history section, following World War II there was an influx of veterans experiencing psychological difficulties, especially symptoms of what we now term post-traumatic stress syndrome. Therefore, the federal government increased the funding granted to clinical psychology graduate programs, and the Veterans Administration (VA) provided sites for those students to practice their clinical skills. This quick growth of clinical psychology caused many to question exactly how students were being trained. As a result, in 1949, the APA held the Boulder Conference on Graduate Education in Clinical Psychology in Boulder, Colorado.

Prior to this, the prevailing philosophy of training was much the same as it was for other disciplines (e.g., history, philosophy, etc.). That is, that graduate students would become versed in scientific inquiry and use their skills to further the knowledge base of the discipline through scientific research. While this was seen as a noble and certainly a typical goal of earning an advanced degree, many in the field of psychology felt that training programs were neglecting the applied goal of teaching students how to work with and counsel people. Therefore, the purpose of the Boulder Conference was to determine the best way to train psychologists. Based on the discussions at the conference it was decided that students would be taught to conduct and to critically examine research in the discipline but would also learn more hands-on applied clinical skills. This model drove and continues to drive most clinical psychology programs. These are programs in which the graduate is awarded a Ph.D. This model came to be termed the Boulder model or the scientist/practitioner model as graduates would learn the skills of a scientist as well as the skills of a practicing therapist.

However, many were not satisfied with the philosophy of the Boulder model. Critics believed that the emphasis on research was too great. Indeed, many students labored through the research portion of their graduate program (often including completing a thesis and dissertation) with no real desire or intention to use those research skills in their career, as their plan was to engage in more applied, therapeutic work. Therefore, in 1974 at another APA conference held in Vail, Colorado, an APA committee proposed a

second model of training. This model, known as the Vail model or practitioner model, emphasizes the practitioner portion of training over the scientist. The philosophy was that students would receive a *professional degree* more akin to the degree earned by lawyers and doctors who attend law school and medical school versus receiving an *academic degree* more akin to the degree earned by other academics, such as, those who receive Ph.D.s in philosophy, English, economics, and so on. Indeed, programs might not even be housed in a university but could be in freestanding schools. The degree awarded to graduates would be a Psy.D.

It was agreed that both models, the Boulder model or Ph.D. and the Vail model or Psy.D., would provide viable ways to be trained and later practice psychology. Today, graduates of both types of programs are qualified for the same clinically oriented jobs. The major difference is that only the Ph.D. graduates would likely be qualified for full-time, tenure-track employment at a college or university. Most of those positions require the research background that the Ph.D. training includes. Part-time or adjunct teaching may be viable options for the Psy.D., depending on the university.

While the Psy.D. is a legitimate way to earn the title of clinical psychologist, graduates did initially face some resistance from professionals in the field (all of whom held Ph.D.s) and were perhaps seen as holding a lesser degree. However, those attitudes have softened.

Main Differences Between Ph.D. and Psy.D.

The distinctions between the two programs, Ph.D. and Psy.D., are often difficult to discern. The easiest way to flesh out some of the distinctions and differences is to list them for you. So, the following list compares the Ph.D. and Psy.D. in various categories.

- Dissertation: While both programs take at least 4 years (often closer to 5–7 years) to complete coursework and culminate in a year-long internship, only Ph.D. programs require a research-based dissertation. For a dissertation, a student typically designs a study, proposes it to a committee comprising graduate professors, then once approved by them collects and gathers data, analyzes the data using

statistical procedures, and finally interprets that data. It is intended that the student's project will help further the knowledge base in the area of psychology. On the other hand, while Psy.D. students also complete a culminating project, it is not necessarily a research-based scientific study (though it could be) but may be more community-based or more qualitative than quantitative. Due to the length of time needed to complete a more scientifically based study, often students in a Ph.D. program may take longer to finish their doctoral program.

- Stigma: As mentioned earlier there is a softened stigma, though stigma nonetheless, toward Psy.D.s by Ph.D.s. The negative view may be more pronounced if the student graduated from a free-standing versus a university-based Psy.D. program. Presumably this is because the freestanding schools have higher enrollment numbers and therefore possibly less stringent admission requirements, and because their students are often not required to complete a research-based dissertation. Despite the negative views that Ph.D.s may hold, it should be pointed out that those views end with them. That is, the general public and insurance companies see the two degrees as equivalent. So clients will rarely request one degreed professional over another, and insurance companies pay the same for psychologists who hold either degree. Additionally, according to data provided by the APPIC, there is no substantial difference between degrees in terms of acceptance to internship.
- Admissions and debt: The biggest difference between Ph.D.s and Psy.D.s is the admissions process into their schools and the level of financial aid offered by both. Ph.D. programs typically have funding for their incoming students, so that students leave with less debt than they might incur in Psy.D. programs. Ph.D. programs can do this for two reasons. First, since they are all part of universities, their professors are doing their own research and often bringing in grant dollars – which can be filtered to funding for incoming students. Second and more significant for you, the reader, is that Ph.D. programs accept far fewer students and therefore have more rigorous admission criteria. Thus, it is much more difficult to get accepted to a Ph.D. program but, once in, you will accrue much less debt. Alternatively, it is easier to get accepted to a

Psy.D. program but you will accrue much more debt in the process as there is less funding available.

- Graduate coursework: Coursework in a Ph.D. program will include more classes in research methods and statistics than a Psy.D. program. However, keep in mind that Psy.D.s are still being trained to understand and digest research. It is important for everyone to be adept at comprehending the most recent studies being conducted. However, the Ph.D. will also be learning how to conduct the research. For a discussion on the importance of research, please refer to Box 1.1. Beyond that, both types of programs will have classes in assessing, diagnosing, and treating mental illness. Psy.D. programs may have more practicum or hands-on training opportunities. Bear in mind, however, every program is unique and when students are applying they should be attending to what is emphasized and what is not in order to help determine the best fit for them.
- Internship: Recall that after 4–5 years of coursework, students must complete an internship. One way to judge the differences between Ph.D. and Psy.D programs is to look at APPIC internship acceptance rates. According to the APPIC summary of internship match rates (http://www.appic.org/Portals/0/downloads/APPIC_Match_Rates_2011-14_by_State.pdf) there are some differences in acceptance rates. The APPIC gives a summary of match rates for the combined years of 2011–2014. It reports that overall during those years 79% of Ph.D. candidates were matched with an internship. While 70% of Psy.D. candidates were matched with an internship. These numbers become more disparate when you look at the type of internships to which they were accepted. That is, of the 79% of Ph.D. candidates who were matched to an internship, 91% were matched to an *APA accredited* internship. Of the 70% of Psy.D. candidates who were matched to an internship, 57% were matched to an *APA-accredited* internship. The link to the report referenced above also gives the statistics for individual programs. It is possible to find a particular Psy.D. program with higher APA-accredited acceptance rates than another particular Ph.D. program. Therefore, when looking at graduate schools, be sure to check the rates for the program you are interested in and see how they compare to other programs.

Box 1.1 Why is Research so Important?

Many high school and undergraduate students hear teachers and professionals extol the virtues of conducting research. You may wonder why it's so important or so emphasized. First, the job of those who work in higher education is not just to educate students but also to contribute to the knowledge base of the profession. For example, how does one know how brain functioning contributes to depression or why certain treatments work better than others or whether there is enough evidence to call a certain set of symptoms a new disorder or what is the best way to interview a child who is suspected of being sexually abused? Of course, rigorous scientific research is needed to help answer such questions. "That's fine," you say. "Let someone else do the research, I just want to do therapy." While that is understandable, please remember that, in order to treat individuals with mental health issues, you need to at least read, digest, and evaluate the research in those areas just mentioned. That means you need some working knowledge of research methods and statistics so that you can discern whether any given research finding is valid. There have been many ill-conceived treatments that were not scientifically validated but used by clinicians and subsequently had very detrimental effects on clients. Look up "rebirthing therapy" or "facilitated communication" or "use of anatomically correct dolls in assessing sexual abuse." These treatments or techniques have illustrated the perils of not conducting scientific research properly AND the perils of professionals not understanding that the treatments were problematic because they were unable to critically evaluate the claims of those who developed or designed the treatment.

- Licensing: Both degreed professionals will have to sit for the Examination for the Professional Practice of Psychology (EPPP), which will be discussed further in the next section. Another way to look at the distinctions between the two professions is to examine the average "pass" rate on this exam of both types of graduates. The Association of State and Provincial Psychology

Boards (ASPPB) publishes a report each year detailing how each program (clinical, counseling, Ph.d., Psy.D) performs on the exam. The most recent report was published in 2012 and included data detailing the pass rate of test takers from 2007 to 2012. You can find the report in its entirety at http://c.ymcdn.com/sites/www.asppb.net/resource/resmgr/EPPP_/2012_ASPPB_Exam_Scores_by_Do.pdf.

You can use the information in the tables to look at the doctoral programs in each state and determine the number of people who attempted the exam and the percentage who passed it. After examining the numbers the Social Psychology Network published on its website (https://www.socialpsychology.org/clinrank.htm) an ordering of the data organized by Jean M. Kim and Edward C. Chang from the University of Michigan. The data indicate that Ph.D. graduates typically perform at higher levels than Psy.D. graduates. Norcross (2000), who noted the same trend in previous decades, points out that this replicated difference may be due to the sizes of the programs. For example, smaller Ph.D. programs with higher faculty/student ratios typically produce students who perform better on the exam than Ph.D. graduates from comparatively larger programs with lower faculty/student ratios. Therefore, since most Psy.D. programs are larger (though not all), their lower scores may be more a function of that characteristic than the underlying philosophy and training of the program. Either way, whichever program you choose, it is worth taking a look at the scores of the school's graduates on the EPPP as *one* measure of the strength of the program.

- Employment: As mentioned above, with the exception of tenure-track university faculty positions that a Psy.D. may have trouble securing, the two degrees will qualify graduates for the exact same types of positions.

Licensing

Following the completion of coursework and the internship, students will earn their doctoral degree (Ph.D. or Psy.D.). However, before graduates can begin independent practice they will have to first accrue a certain amount of supervised client hours and, second, sit for the

EPPP. Prior to passing this exam, a graduate may still work as a psychologist but must be supervised by a licensed psychologist.

Accruing supervised hours typically consists of weekly face-to-face meetings with a licensed psychologist on a weekly basis. During these meetings, the diagnosis, treatment, and/or progress of various clients whom the supervisee is seeing are discussed. The supervisor also needs to sign off on insurance forms. These supervised hours are typically required by each state before graduates can sit for the EPPP. Each state has a different amount of supervised client hours required.

The EPPP is administered by the Association of State and Provincial Licensing Boards (ASPLB) and consists of 225 multiple-choice questions; candidates are given 4 hours and 15 minutes to complete the exam. Each question has four choices and only one choice will be the correct one. There is no penalty for guessing. Interestingly, of the 225 questions, only 175 are scored. The other 50 are considered pre-test questions and, based on responses from candidates, may be included as a scored item on a future exam. The raw scores (which had been used in the past to determine cutoffs) are now converted to scaled scores. Therefore, scores will range from 200 to 800. This conversion to scaled scores enables administrators to take into consideration question difficulty and other test factors. That is, perhaps one version of the test is slightly more difficult than the one given the year before. The scaled scores help account for that. If you don't understand the reasoning behind the scaled scores, know that you will after you take your undergraduate course in statistics! In terms of passing the exam, each state has its own cutoff score. However, more than 90% of the jurisdictions that utilized the exam use 500 as a passing score. This is the score recommended by the ASPPB. In case you're curious, about 80% pass the exam on their first try.

Understand that this is an exam for which you will study. While the scoring is standardized like the score for the SAT, it is a different kind of test. The SAT was intended to be an aptitude test and was originally designed to measure your potential to do well in college. Despite the fact that there are study courses and books to buy to improve your SAT scores, most students do not score appreciably higher on subsequent administrations because their overall potential to do well in college doesn't change drastically. In fact, most of the classes and books focus on test-taking strategies versus increasing knowledge in a particular

area. The EPPP is instead measuring actual knowledge about or achievement in understanding topics in psychology. Currently, that includes questions from the following areas: the biological bases of behavior, the cognitive-affective bases of behavior, the social and cultural bases of behavior, growth and lifespan development, assessment and diagnosis, treatment and intervention, research methods and statistics, and ethical and professional issues. There are materials you can purchase that streamline the tremendous knowledge base in these areas. Practice exams are typically included allowing you to gauge progress and try to increase knowledge in areas in which you test more poorly.

To summarize, licensing as a psychologist requires graduation from a doctoral program, completion of a state-mandated number of supervised hours with clients, and a passing score on the EPPP. Again, prior to the completion of these requirements, you may see clients but it will have to be under the supervision of a licensed psychologist.

Types of Jobs for which the Degree will Qualify You

Ph.D. and Psy.D. graduates are qualified for the same types of jobs (with the exception of college professor – this will be discussed at the end of this section). The following describes the type of sites where a clinical psychologist may work.

Inpatient Hospital

Inpatient units in a hospital and/or psychiatric hospitals house clients with severe mental health problems who may be a danger to themselves or others. Patients in these facilities may be there voluntarily or involuntarily. Due to insurance restrictions and the theory that patients should be kept in the "least restrictive environment" possible, stays are often not long in an inpatient ward. Among persons with serious mental illness, the average length of hospitalization declined from 12.8 to 9.7 days between 1995 and 2002 (Watanabe-Galloway & Zhang, 2007.) Therefore, while individual and group therapy may be a part of psychologists' duties on an inpatient unit, they will not likely engage in long-term therapeutic interventions. Their goal will be to stabilize and

refer the patient to an outpatient agency for follow-up. Psychologists will play an integral role in the evaluation of the patient's status. They will likely be part of a treatment team composed of psychiatrists, social workers, and nurses who work together to design an appropriate treatment plan. One of the most significant contributions that the psychologist will make on an inpatient unit is to exercise his/her skill at psychological assessment. Psychologists will use intelligence and personality testing to help make determinations about an individual's mental state and capabilities as well as about their diagnosis and treatment plan.

Many hospitals will also have a partial hospitalization unit that they utilize as a "step down" for patients. Patients come to sessions for several hours a day, several days a week, but still live at home. This is more cost effective and affords the individual the ability to remain at home. Psychologists may be employed doing individual, group, or family therapy on a partial hospitalization unit.

Part of a Team at Another Type of Facility

Psychologists may also be employed as part of a treatment team at other types of agencies. For example, prisons, group homes, and nursing homes typically have a psychologist on staff. The psychologist will do individual, group, and family therapy, and consult with other professionals at the facility to help determine the best treatment plan for individuals in their care.

Outpatient Mental Health Clinic

Many psychologists work in outpatient mental health clinics conducting individual, group, marital, and/or family therapy. Additionally, they may perform psychological assessments using intelligence, personality and/or aptitude tests, and write reports detailing their results.

Private Practice

Many psychologists start their own private practice. While running one's own private practice is often viewed as a career goal, there is a great deal besides doing therapy that goes into it. These practitioners

must also be versed in or get assistance in how to choose appropriate office space for a sound price, how to hire (and possibly fire) support staff to answer phones, greet clients, and file insurance claims. For this reason, I often recommend advisees consider a minor in business while they are still an undergraduate. Other psychologists may not own the private practice but work as an independent contractor in someone else's practice. In that capacity they hold no responsibility for the business side of the practice but see clients for therapy or assessment. They are typically paid a percentage of what the practice owner receives from insurance and/or client payments.

College Counseling Center

Hodges (2001) notes that, when college counseling centers were established in the early/mid-1900s, it was common practice for faculty members to counsel students about academic and, later, personal issues. Over time, with the solidification of both counseling psychology and mental health counseling, the role was eventually given to professionals with more training and specialization in counseling techniques.

Today, those professionals could be psychologists (clinical or counseling, Ph.D. or Psy.D.) or mental health counselors or social workers. Clients will be limited to students at the university in which the professional is employed. Presenting problems are often things that "traditional" students may be experiencing, such as homesickness, relationship issues, or vocational issues. However, students may also present with more severe psychological disturbances such as suicidal ideation or drug and/or alcohol abuse. Further, many college students are NOT "traditional" but adult students with families and careers so that therapists at a counseling center would have to be prepared to encounter as many presenting problems as someone in private practice or at a mental health center.

Additionally, campuses are more likely now than ever to be made up of a diverse population of students from various backgrounds and countries. So, those who work there must be adept at cross-cultural and diversity issues (Hodges, 2001). University counseling center personnel may also be called upon to present information to various campus organizations and/or do campus-wide programming. If you

would like to peruse various job openings to see exactly what some counseling centers are looking for in their professional employees, try the Association for University and College Counseling Center Directors' website (http://www.aucccd.org/job-postings). The "job board" allows you to get familiar with what many schools look for in candidates for college counseling center positions.

Primary Practice Psychologist

A newer venue in which a psychologist may be employed is in a primary practice physician office, such as family practice office or a pediatrician office. The collaboration between physician and psychologist is sometimes referred to as integrated medical care. The exact role that each psychologist might play in a medical practice is varied and, really, still being defined (McDaniel & deGruy, 2014).

For example, psychologists may help with assessment and follow-up of clients who present to physicians with psychologically related issues such as depression or attention deficit disorder. Patients may turn to their family doctor or pediatrician for psychotropic medication for a couple of reasons. First, in areas where patients do not have easy access to psychiatrists, patients may rely on their family doctor or pediatrician for medication for psychological ailments. Second, patients may also choose to see their family doctor for psychotropic medication because they trust their family practice doctor more than a psychiatrist who they may feel is not as versed in their history. Though pediatricians and family practice doctors are well within their competence when they prescribe psychotropic medication, some acknowledge that it is advantageous to have a psychologist on staff to conduct assessments and confirm diagnoses before the physician prescribes for a psychological problem.

Alternatively, a psychologist may be part of a treatment team at the medical office that helps to make decisions about the care of a patient. Further, psychologists could be called upon to follow up with patients between appointments to help increase treatment compliance and track progress. As stated earlier, this is a very new area for psychologists (and perhaps other mental health professionals) to be employed. The APA has, however, already begun compiling lists of internships that provide specific training in the area of primary care.

Finally, I should note here that psychologists may be utilized one day to actually prescribe for patients in medical settings. A movement is afoot to advocate for psychologists to receive training and accreditation in prescribing psychotropic medications for clients. I will expand more on the possibility of psychologists having prescription privileges in Chapter 12.

University Professor

This is the one job category in which a Psy.D. will have a more difficult time working. Most universities require that their tenure-track faculty members hold a Ph.D. Because university professors are required not only to teach students but also to engage in research, their experience with their own thesis and dissertation and their likely collaboration with graduate faculty research while they were in graduate school are thought to make them more prepared for faculty positions. This Ph.D. requirement is not unique to psychology. Most undergraduate colleges will require faculty in all departments to hold a Ph.D. Therefore, if teaching is something in which you think you might be interested one day, you may need to be looking more at Ph.D. track jobs. Also, remember that if research is something that really interests you, there are other ways to do this besides earning a Ph.D. in *clinical* psychology. Students who get Ph.D.s in, for example, experimental psychology, cognitive psychology, or social psychology may have as their career goals teaching at the university level and engaging in research in their field. If a faculty position is something that you desire one day, keep in mind that the larger the university the more emphasis that will likely be placed on research. For example, you may have heard the phrase "publish or perish," meaning that if faculty members don't publish a sufficient amount of research in reputable journals they will not be granted tenure and will therefore likely need to find other employment. Other, often smaller schools, will still value and expect research production but will have less stringent requirements of their faculty.

Obviously, in addition to the research and scholarship just discussed, a faculty member will be required to teach a prescribed number of classes each semester, the number of which will vary from school to school and be based on the amount of research that is expected of the faculty. At larger research institutions with high expectations for faculty

research, that number might only be two classes per semester. At smaller, liberal arts schools, it is usually closer to four. At community colleges where there is often no research requirement of faculty, the number could be as high as six. Often the salary of a professor of psychology will be lower than it would be if that person worked in the profession but outside of academia. However, there are usually other benefits in a university atmosphere, not the least of which includes a 9- or 10-month contract so that summers are freer.

Nursing Homes

Long-term care facilities for the elderly may have psychologists on staff to assist with mental health issues faced by the residents of the facility or to perform psychological assessments on the residents. In addition, the psychologist might also be charged with conducting training or workshops for the staff of the facility in order to help them better understand and interact with the residents who may be in varying stages of physical and mental decline.

This is a job site in which a psychologist could also work part time. There are various agencies that contract with long-term care facilities to provide a psychologist to visit a particular facility on a weekly or biweekly basis. The facility may not be able to afford a full-time psychologist and/or the facility may feel a weekly or biweekly visit from one is sufficient to meet the needs of its residents. Therefore, a psychologist could work for one of those contracting agencies and see clients/residents from one or more facilities each week.

Earning Potential

On average, psychologists will have higher earning potential than the other mental health professionals discussed in this book. This is due largely to the more advanced degree that they hold (a Ph.D. versus a master's). Insurance companies will reimburse more for a Ph.D. than they will for a master's level therapist. However, the difference is not substantial. As an example, at the private practice in which I work, Ph.D.s are paid 60% of whatever the practice owner collects for any given client. The master's level therapists (mental health counselors,

social workers) typically start at 50% and move to 55% when they are completely licensed. Keep in mind that, as mentioned above, the amount paid by insurance providers to a Ph.D. is slightly higher than a master's level therapist. So the Ph.D. is receiving 60% of a slightly higher rate. Obviously, the hourly rate that is paid for a client hour will vary, but if you live in an area with an average cost of living you can guesstimate between $80 and $120 per hour. Before you start calculating a yearly income based on these numbers PLEASE read the information regarding salary in Unit 2 that discusses some of the reasons to and not to work in mental health. Spoiler alert: Getting rich is NOT one of the reasons to work in this field.

Of course, there are other types of jobs that a Ph.D. might hold that are not based on a "client hour" but on a salary that the agency, the hospital, the school, etc., may pay. This will vary based on the area in which you live. For each chapter I am going to give you some rough numbers based on the *Occupational Outlook Handbook* published by the U.S. Department of Labor. Overall, in 2012, the most recent data reported, the median salary for a psychologist was $69,280. The median salary is the wage that one half of those in the profession earned more than and one half of those in the profession earned less than. The numbers from the *Handbook* will be used to describe salary in subsequent chapters as well. This is a good way to compare "apples to apples." However, you have to remember that the number does not consider the area of the country in which one resides nor does it consider whether psychologists are just beginning their career or is late in their career. Again, though, the median salary gives you some perspective and a way to compare professions.

Types of Clients Served

Psychologists can work with a wide variety of clients. They are trained to conduct individual, group, family, and marital therapy. They may work with clients who suffer from depression, bipolar disorder, anxiety disorders, autism spectrum disorders, substance abuse disorders, psychotic disorders, and adjustment disorders, among others. They may work with prisoners or do crisis intervention after a traumatic event. Keep in mind that all mental health professionals must be sure

to operate within their "scope of practice" or within areas in which they have competency. Therefore, not every psychologist may have the experience or specific training to deal with every issue. For example, while all psychologists will learn about family systems and family dynamics, they may not all have taken specific classes in marriage counseling. Therefore, that may not be one of the treatment modalities that they use. Another example of this is that, while all psychologists take classes in child and adolescent development and psychopathology, they did not all choose to do practicum or internship experience with children. Therefore, they may not see children and/or adolescents in their practice. Typically, the internship year is a time when experience is gained with specific populations. However, there are also plenty of "hands on" opportunities during graduate school in the form of practicum experience gained in facilities within the community and supervised by a faculty member. Following graduate school and licensure, psychologists must also do continuing education each year and will often take classes/workshops that will help them become more specialized in a particular area or with a particular population.

What about Getting a Master's Degree in Psychology?

I am including an extra section here because many students want to know about the advantages of earning a master's degree in clinical psychology – especially because in many programs graduates earn a master's as part of their journey to obtain a Ph.D. The answer to the question depends somewhat upon the state in which you reside. However, as a general rule of thumb, a master's in clinical psychology is not a useful degree because a master's level student is not eligible to apply for a license. He or she can practice but will always have to rely on a supervisor to sign off on treatment plans and insurance paperwork. There are a couple of exceptions.

First, a few states offer a license at the master's level. In most cases, the license does not allow you to refer to yourself as a "psychologist" but as one of a number of variations in titles. This will likely mean that your job responsibilities are reduced from that in which a psychologist might engage. States will use titles for their master's level clinicians such as Psychological Associate, Psychological Examiner, Psychological

Assistant, or Psychological Practitioner. States that offer a license in one of these areas are Alaska, Arkansas, California, Kentucky, Maine, Nebraska, New Mexico, Oregon, and Vermont. My information was gleaned from the ASPPB's website. Its site includes a link to the *Handbook of Licensing and Certification Requirements* (http://www.asppb.org/HandbookPublic/handbookreview.aspx). At this link you can view the licensing requirements for each state.

We have not yet discussed license-eligible mental health careers such as social work and counseling. However, these professions, as you will soon read, have different licensing rules and standards, and practitioners can therefore be licensed with a master's degree and do counseling with clients. They are generally referred to as LPCCs (Licensed Professional Clinical Counselors) or some variation of that. I bring this up because there are a few states that will also license master's level psychologists – not as psychologists, but as licensed professional clinical counselors. If this is an option you wish to explore, please be sure to check the rules of the state in which you live. In this case you would be looking up the rules for the state board of counseling to see if it includes provisions for master's level psychologists.

A second reason that some students pursue a master's in clinical psychology is because they have been turned down for admission to Ph.D. programs. They hope that earning a master's degree, and thereby gaining both research and clinical experience, will increase their attractiveness to Ph.D. programs when they reapply. The disadvantage to this is that, even if they are accepted to a Ph.D. program after their master's degree, the Ph.D. program will not automatically accept credit hours from the master's program. Therefore, students may find that they have to take 2 years to complete their master's program and still another 4 years if/when they get into their desired Ph.D. program.

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