

# the Behavior Therapist

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## Rethinking Clinical Training: Introduction to the Special Issue

*Alayna L. Park, University of Oregon*

*Amy R. Sewart, California State University Dominguez Hills*

BECOMING a clinical psychologist is an appealing career path for many. With knowledge and skills in clinical practice, clinical science, and teaching, clinical psychologists are qualified for a variety of positions in academia, health services, and industry with a median annual salary of \$105,780 (U.S. News, 2022). For these reasons, along with the rewarding nature of work that improves human well-being and functioning, more than 40,500 prospective students apply to clinical psychology doctoral programs each year (American Psychological Association, 2019). Students also make up 32% of ABCT membership, although not all are pursuing clinical psychology training.

Clinical psychology doctoral programs are designed to produce psychological service providers, who use clinical science and clinical practice to alleviate human suffering, through rigorous coursework, clinical practice, and research experiences. Even prior to graduate matriculation, prospective students are encouraged to complete undergraduate psychology coursework and gain research and clinical experience. As noted in Prinstein's (2022) renowned guide to applying to graduate school in clinical psychology, "about 50% or more of those who successfully gain admission into a clinical Ph.D. program have accrued 1–2 years of postbaccalaureate research experience." Upon matriculating into an APA-accredited clinical psychology doctoral program, students must acquire

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## the Behavior Therapist

Published by the Association for  
Behavioral and Cognitive Therapies

305 Seventh Avenue - 16th Floor  
New York, NY 10001 | www.abct.org  
(212) 647-1890 | Fax: (212) 647-1865

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**Subscription information:** *tBT* is published in 8 issues per year. It is provided free to ABCT members. Nonmember subscriptions are available at \$40.00 per year (+\$32.00 airmail postage outside North America). **Change of address:** 6 to 8 weeks are required for address changes. Send both old and new addresses to the ABCT office.

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## INSTRUCTIONS for AUTHORS

The Association for Behavioral and Cognitive Therapies publishes *the Behavior Therapist* as a service to its membership. Eight issues are published annually. The purpose is to provide a vehicle for the rapid dissemination of news, recent advances, and innovative applications in behavior therapy.

- Feature articles that are approximately 16 double-spaced manuscript pages may be submitted.
- Brief articles, approximately 6 to 12 double-spaced manuscript pages, are preferred.
- Feature articles and brief articles should be accompanied by a 75- to 100-word abstract.
- Letters to the Editor may be used to respond to articles published in *the Behavior Therapist* or to voice a professional opinion. Letters should be limited to approximately 3 double-spaced manuscript pages.

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training, usually in the form of coursework, in: (i) biological aspects of behavior; (ii) cognitive and affective aspects of behavior; (iii) social aspects of behavior; (iv) history and systems of psychology; (v) psychological measurement; (vi) research methodology; (vii) techniques of data analysis; (ix) individual differences in behavior; (x) human development; (xi) psychopathology; (xii) professional standards and ethics; (xiii) theories and methods of assessment and diagnosis; (xiv) effective intervention; (xv) consultation and supervision; (xvi) program evaluation; and (xvii) cultural and individual diversity (American Psychological Association, 2006). Doctoral students must also complete clinical practica where they are encouraged to accrue at least 500 assessment and intervention hours, as well as a 1-year, full-time clinical internship usually completed in the final year of the program. Moreover, doctoral students are required to lead a dissertation demonstrating original and independent research, with additional research requirements instated by most programs.

Guidelines, principles, and procedures for education and training in professional psychology were originally established after World War II to “provide adequate training at the doctoral level in clinical psychology to meet the nation’s needs for providers of psychological services to armed forces veterans” (American Psychological Association, 2006). Although it can be argued that current practices of clinical psychology doctoral programs accomplish this task, there are issues with the status quo that may be impairing the field’s ability to train a competent and diverse workforce and to effectively address today’s mental health needs. For example, most undergraduate research and clinical opportunities are unpaid, making it difficult for students with limited financial resources to pursue these experiences. Paid research opportunities are rare. Although an estimated 127,330 bachelor’s degrees in psychology were awarded in 2020 (American Psychological Association, 2021), a crowdsourced website listing postbaccalaureate research positions had only 48 job ads posted in 2020 (Psychology job wiki, 2021). Additionally, there are limited clinical jobs for postbaccalaureates, as the provision of mental health services necessitates at least a master’s degree in most states. For those who take the step of applying to graduate programs, applications can be expensive. With a mean application cost of \$58 (SD = \$23.68) and some suggestions to apply to 10 or more programs (Bailey & Gotlib,

1998), submitting a set of applications can easily cost upwards of \$500. Among the approximately 13% of applicants who successfully gain admission to clinical psychology doctoral programs (American Psychological Association, 2019), programs often offer little to no financial support. A 2016 survey of 520 psychology graduate programs showed that 80% of public doctoral programs offered full tuition waivers, with a median stipend of \$15,000 (American Psychological Association, 2016). Although some support is undoubtedly better than no support, 24% of 2020 psychology doctorate recipients reported having to rely on loans, personal savings, personal earnings, and the savings and earnings of their spouse, partner, or family to finance their graduate studies (National Center for Science and Engineering Statistics, 2020). Furthermore, clinical psychology doctoral students are required to complete a 1-year, full-time clinical internship with associated application and possible relocation costs to earn their degree (Association of Psychology Postdoctoral and Internship Centers), as well as postdoctoral training with relatively low pay and possible relocation costs to obtain licensure in most states (Association of State and Provincial Psychology Boards, 2022).

These barriers to successfully obtaining and completing clinical psychology doctoral training have disproportionately disadvantaged trainees with limited connections and resources and have resulted in a mental health workforce that does not reflect the U.S. population. Specifically, inconsistent with U.S. population estimates, 84% of psychologists identify as White, 6% Hispanic, 4% Black, and 3% Asian—with less than 1% identifying as American Indian, Alaska Native, Native Hawaiian, or Pacific Islander (American Psychological Association, 2022). Compared with the estimated 9% of the U.S. population with a disability (U.S. Census Bureau, 2021), there are only 4% of psychologists with disabilities. Additionally, nearly half of doctorate recipients in 2020 had at least one parent with an advanced degree (National Center for Science and Engineering Statistics, 2020). The overrepresentation of privileged identities among clinical psychologists has meant that psychological phenomena are largely understood from a majoritized perspective; it has meant that minoritized trainees will have difficulty finding research and clinical supervisors who can relate to their socio-cultural experience; and it has meant that clients will be hard pressed to find a thera-

pist, let alone one who shares their background and lived experiences.

This special issue brings together articles that delve deeper into current issues in clinical training; it includes a variety of perspectives from graduate students to directors of clinical training; and it proposes actions that trainees, advisors and supervisors, training programs, and professional organizations can take to enhance equity and advance the field’s shared mission of promoting human well-being and functioning.

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The authors have no conflicts of interest or funding to report.

**Correspondence to** Alayna Park, Ph.D., Department of Psychology, University of Oregon, 1227 University of Oregon, 1451 Onyx Street, Eugene OR 97403  
alaynap@uoregon.edu

— You Are Invited —

## ABCT Annual Meeting of Members

Saturday, November 19

12:30 - 1:00 p.m.

New York Marriott Marquis  
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### CLINICAL TRAINING FORUM

## The Future of Mental Health Care: Why We Need Clinical Competencies for Undergraduate Psychology Majors

Stephanie M. Ernestus, *Stonehill College*

C. J. Eubanks Fleming, *Elon University*

Susan J. Wenze, *Lafayette College*

Kerstin K. Blomquist, *Furman University*

CLINICAL<sup>1</sup> COMPETENCY guidelines offer a framework of skill development that supports the effective provision of psychological care. Roberts and colleagues (2005) highlighted the need for the development and assessment of clinical competence by explaining that “the psychology profession has the ethical obligation to do no less than its best to ensure that its members are competent and to offer evidence of their competence to all stakeholders through the proper assessment procedures” (p. 360). Despite this, the competencies of the largest group of future mental health care providers, undergraduate psychology majors, are rarely, if ever, discussed and have certainly not been assessed. To address this gap, we assert that there is a need for the development, assessment, and implementation of clinical competency guidelines for undergraduate psychology students.

### *Undergraduates Are Future Licensed Providers*

Psychology is a rapidly growing major, with enrollments increasing more than three-fold over the past 50 years (National Center for Education Statistics, 2019). Psychology majors are among the most likely to pursue postgraduate education, with 46.1% obtaining master’s and doctoral degrees (Carnevale et al., 2015). The bulk of the students pursuing graduate training in mental health care enter 1- or 2-year master-level programs (Robiner, 2006; Thompson, 2020), while relatively few pursue doctoral-level training (APA, 2020). Despite these high rates of participation in graduate study, there are no guidelines regarding undergraduate training or coursework related to mental health care. A large number of individuals in diverse programs (clinical and nonclinical fields) share coursework in psychology, but at this time there is no standardization of coursework

required for undergraduate graduation or clinical graduate entry. Consequently, students enter graduate school with vastly different backgrounds and preparation—some with training in ethics, clinical research, and clinical-related internships, and some without. This variability in preparedness places significant burden on graduate training programs, especially master’s programs where there is limited time to make up for deficits, and ultimately may result in notably different levels of readiness/competence at graduation.

Beginning clinical preparation during undergraduate years has the potential to reduce these preparation disparities and facilitate training outcomes (Gee et al., 2021). Standardization of coursework and practical experience would allow for the development of helpful assessments of clinical competence and assist with the graduate admissions process for provider training programs. Programmatic changes that support the development and assessment of competence could prompt curricular shifts that help programs to address appropriate clinical coursework across all students, such as developing “clinical specialization” tracks for those students who are anticipating a career as a mental health provider. These changes could reduce concerns of bias where privileged students know to seek out or acquire certain experiences earlier or could aim to replace biased measurement systems such as the GRE for these programs (De Los Reyes & Uddin, 2021) and allow for more grounded evaluation of students by undergraduate recommenders. Development and assessment of common standards could also be useful in evaluating preparedness for applied undergraduate experiences, such as internships.

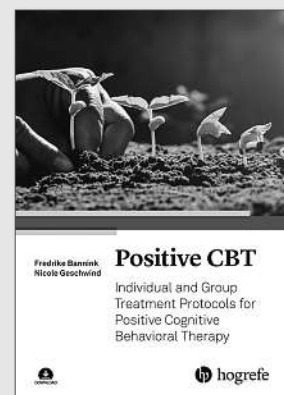
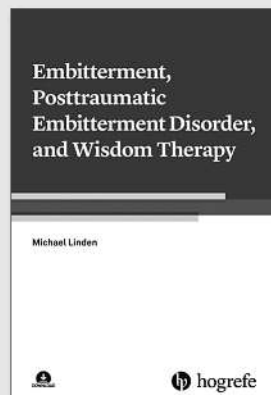
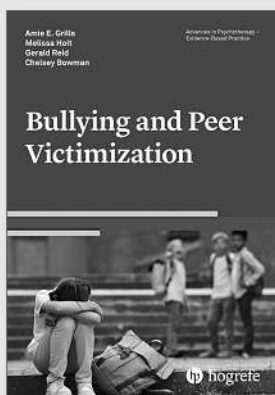
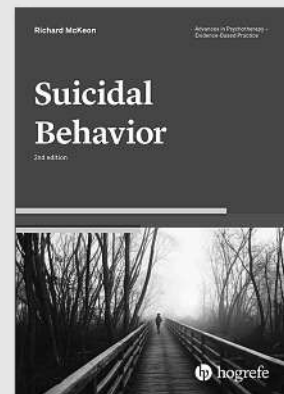
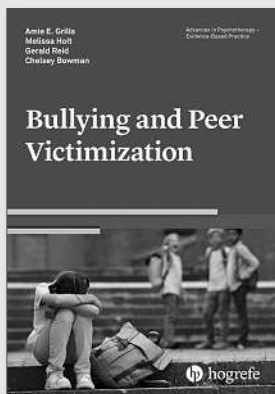
Overall, establishing standard coursework that addresses foundational clinical competencies would afford many benefits; it could improve student performance in graduate programs, streamline graduate education across fields, support a common

<sup>1</sup>With “clinical” competencies, we are referring to activities relating to mental health care at all levels, in all forms and settings, by diverse providers including but not limited to clinical psychology, counseling psychology, school psychology, school counseling, social work, and marriage and family therapy. We recognize that different fields and providers may prefer or use different terms related to their activities and competencies.



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language and set of priorities for mental health providers more globally, reduce disciplinary silos, and facilitate more effective interdisciplinary patient-centered care (Cubic et al., 2012; Kathol et al., 2010).

### ***Undergraduates Become Bachelor-Level Providers***

In addition to students who pursue graduate training in clinical fields, students may also become bachelor-level providers. Prior to the pandemic, between 35.5% and 85.4% of individuals' serious mental health needs were untreated (The WHO World Mental Health Survey Consortium, 2004), and this unmet need has risen with the COVID-19 pandemic (Marques et al., 2020; Sanderson et al., 2020). Due to the urgent state of mental health across the globe, there is increased attention to the need to mobilize those without advanced training to provide services (i.e., Godoy et al., 2019; Hubbard, 2022; Raviola et al., 2019). In one example of this mobilization, the University of Oregon is partnering with local schools to develop a bachelor degree and certificate programs that will be practice- and application-focused, with the goal of increasing available providers for children's behavioral and mental health care (Hubbard). In another example, mental health "navigators" can be trained to provide informational and educational assistance, support skill development, and assist in advocacy, with strong results (Godoy et al.). Similarly, task sharing models have demonstrated the effectiveness of brief, low-intensity interventions (including psychological treatments) delivered by non-specialist health workers (including paraprofessionals, teachers, traditional healers, community members, and others; Raviola et al.). These services would benefit from clinically competent individuals who have learned foundational skills as well as the fundamental approaches to evidence-based practice. Indeed, training undergraduates in clinical competencies would prepare nonspecialist health workers to better meet global mental health care needs.

### ***Undergraduates Are Consumers of Mental Health Care***

Undergraduate clinical competencies would support psychology majors as they (and their family and friends) consume mental health information and services going forward. Psychology represents one of the top six most common majors in the U.S. with 116,500 bachelor-level degrees conferred in 2018–2019 alone (National

Center for Education Statistics, 2021). Psychology majors are also among the most likely of university students to seek counseling and psychotherapy services (Erekson et al., 2022). Since knowledge about mental health treatments is a major factor that can predict treatment engagement in individuals and their communities (Godoy et al., 2019; Ofonedu et al., 2017), setting informed expectations with such a large population is an important step in the consumption of and engagement with mental health care.

## **What Is the Current State of Clinical Competencies?**

### ***Clinical Competencies for Clinicians***

It was not until the 1980s that specific competencies were first defined by the National Council of Schools and Programs of Professional Psychology (Peterson et al., 1997; Rodolfa & Schaffer, 2019), shifting the focus of psychology away from knowledge-based education towards the demonstration of professional proficiency (Nelson, 2007). Foundational competencies, which are the knowledge, skills, attitudes, and values that underlie all psychological practice, and functional competencies, which encompass major tasks and roles a psychologist can expect to carry out, are widely embraced within professional psychology education and training (Grus, 2014; Rodolfa et al., 2005).

Currently, the American Psychological Association (APA) identifies competencies starting at the practicum stage of doctoral training in clinical psychology: 15 clinical competencies in both core foundational areas (professionalism, reflective practice, scientific knowledge and methods, relationships, individual and cultural diversity, ethical and legal standards and policy, interdisciplinary systems) and functional areas (assessment, intervention, consultation, research and evaluation, supervision, teaching, administration, and advocacy) are operationalized with behavioral anchors and toolkits meant to assist with evaluation and assessment (Grus, 2014). With the APA's focus on increasing master-level programs (Thompson, 2020), additional master-level competencies for health service providers have been proposed (Callahan, 2019). Similarly, in the field of social work, nine specific competencies are expected for bachelor- and master-level work, including: ethical/professional behavior, engaging diversity and difference in practice, advancing human rights, engaging in research, engaging in

policy practice, engaging with individuals/families/groups/organizations/communities, assessing those groups, intervening with those groups, and evaluating practice with those groups (Council on Social Work Education [CSWE], 2015). For Marriage and Family Therapists, five core competences have been developed: knowledge of the MFT profession, practice of relationship/systemic therapy, commitment to ethical practice, awareness, knowledge and skill to responsibly serve diverse communities, and development and application of research (Commission on Accreditation for Marriage and Family Therapy Education [COAMFTE], 2021). As evidenced by these three fields, there is tremendous overlap in provider competencies, highlighting the ability to develop competencies for undergraduates who pursue different mental health careers.

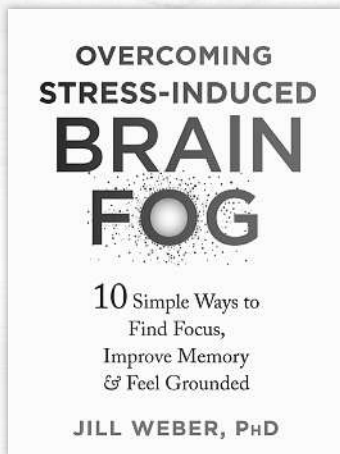
### ***APA's Undergraduate Curriculum Guidelines for Psychology Majors***

The current guidance for educating psychology majors comes from the APA *Guidelines for Undergraduate Psychology Majors* (APA, 2013), which focus on knowledge-based learning goals and are not directly tied to any future clinical or professional roles. These five important learning goals include: knowledge base in psychology, scientific inquiry and critical thinking, ethical and social responsibility in a diverse world, communication, and professional development (APA, 2013). Although bachelor-level social work programs train students to meet clinical competencies (CSWE, 2015), there is no recommendation related to basic clinical competencies for undergraduates in psychology. Given that training in APA's doctoral-level clinical competencies was intended to be a "career-long" endeavor (Roberts et al., 2005, p. 356-357), neglecting this training in psychology undergraduates directly contradicts this developmental perspective.

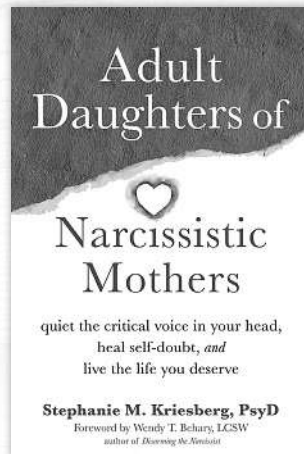
### ***Predoctoral Competencies for Clinical Psychology***

In response to this gap, CUDCP proposed predoctoral competencies in five areas: knowledge (e.g., introduction to psychology, psychopathology, methods/statistics, and affective, biological, cognitive, developmental, and social), research (undergraduate and postbaccalaureate opportunities), clinical (described next), values/attitudes/individual characteristics, and competencies to serve a diverse public (CUDCP, 2021). Under clinical competen-

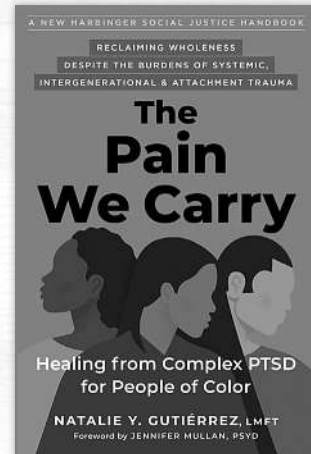
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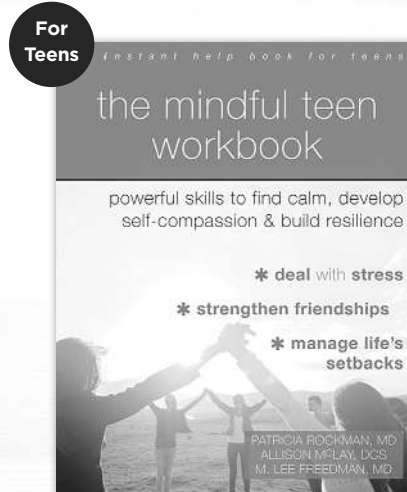
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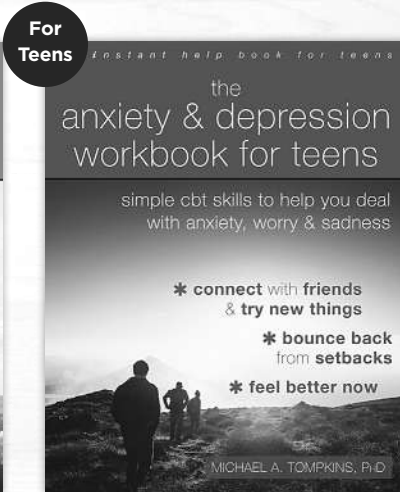
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cies, they note that students are not expected to mirror clinical psychologists' job functions as undergraduates and instead suggest that students focus on gaining experience with populations of interest. They also suggest that the value of clinical preparation may vary depending upon the graduate program's area of emphasis. In the social work field, volunteer and practical work is more explicitly recommended across the board for application for admission (CSWE, 2015). Although the CUDCP list is a helpful tool for students pursuing doctorates in clinical psychology, it falls short in several ways. First, it does not address the broader need for clinical standards for students considering different master-level mental health degrees. Second, competencies are suggested more generally for entry into doctoral programs but are not specifically expected to be accomplished during undergraduate years. Additionally, these standards do not give specific benchmarks for clinical training that could be addressed and assessed as a part of the undergraduate curriculum (e.g., ethics). Finally, these competencies provide "aspirational guidelines" and do not focus on measurable skills (CUDCP, 2021).

### Where Do We Stand?

We have several helpful starting points for developing competency standards for undergraduates, along with clear gaps that need to be addressed. There are sets of graduate-level competencies that are defined and measurable but not altogether appropriate for the undergraduate level (i.e., APA doctoral- and master-level clinical competencies) due to requirements for practicum experience, the specificity of the recommendations developed for certain providers, limited coursework at this point in their education, and the lack of guidance for undergraduates. There is a set of guidelines for general undergraduate education that does not address clinical knowledge/skills (i.e., APA undergraduate psychology major guidelines) as well as clinical competencies for social work practitioners that are not utilized in psychology programs. Finally, while there are suggested guidelines for entry into clinical doctoral programs, they do not provide standardized, clinically focused, measurable benchmarks for undergraduate psychology students. We propose to use the APA's graduate clinical competencies as a primary guide to develop scaffolded, measurable, undergraduate-appropriate competencies that

can be utilized to evaluate undergraduate outcomes in clinical domains.

### What Should Undergraduate Clinical Competency Standards Include?

The development of competencies for undergraduates is complicated at this early stage of training, given the diversity of fields and roles undergraduates may ultimately enter, the difficulty with assessing these competencies in large-enrollment institutions, and the lack of resources available for this level of curriculum shift. Additionally, identifying competencies becomes even more difficult as not all psychology students will go into clinical roles, and these competencies could be developed to be either universal for all majors (e.g., preparing all undergraduates to be informed consumers and supportive community members) or only for students in clinical or applied "tracks." To open the conversation for developing standards, we propose three initial competencies (evidence-based practice, ethics, and diversity) that apply to both models.

#### *Evidence-Based Practice*

Although it is likely that most university faculty would already be teaching the use of scientific literature, specific information on the development of evidence-based practices (EBPs), the research criteria used to determine an evidence base, the implementation of evidence-based techniques in practice, and the value of science-based treatments may not be communicated if clinically focused course work does not specifically address these issues. Extending the APA's "Scientific Knowledge and Methods" competency to undergraduates by specifically grounding education in EBPs seems essential for a host of reasons. First, EBP knowledge would prepare future providers by serving as a strategy for bridging the science-practice gap that exists between the standards of current best-practice evidence-based therapy and what therapists and other providers may actually do (Lilienfeld et al., 2015). Many therapists rely more on intuition and experience than research evidence (e.g., Pignotti & Thyer, 2009; Stewart & Chambless, 2007), and concern has been raised about a lack of training in EBPs in master-level programs (Baker et al., 2008). Infusing science-based clinical competencies into the undergraduate curriculum could help to address these concerns because it would hopefully increase uptake of EBPs and reduction of pseudoscientific interventions across fields

and education levels. Additionally, early knowledge about EBPs is relevant for students as future consumers of mental health services and supporters of those with mental health challenges in their lives. Understanding the rationale for and creation of empirically supported treatments (as a part of EBP) can be helpful personally and in terms of students' healthcare and general scientific literacy.

#### *Ethics*

Developing a sense of ethics takes dedicated time and thoughtfulness, so extending the "Ethical Legal Standards and Policy" competency to undergraduates has many benefits (APA, 2012). Despite an effort by clinical faculty to address ethical issues at the undergraduate level, 60% of doctoral-level psychologists wished they had received more undergraduate training in professional issues in psychology such as ethical guidelines and practice standards (Fagan et al., 2007). Although undergraduates are not in clinical practice on their own, many participate in internships and/or service-learning experiences where ethical conflicts could arise. Also, many graduate students begin clinical work in the first semester or first year of graduate school, which may precede their ethics coursework. It is additionally important for students to enter into the profession (at all levels) with a clear understanding of good boundaries, limitations of competence, and appropriate behavior. Finally, understanding of ethics would help support students in future consumption of mental health services. It has long been argued that client understanding of ethics is essential to the therapeutic process and that clients' knowledge is often incomplete (Hare-Mustin et al., 1979; Hillerbrand & Claiborn, 1988). Training undergraduates to understand ethical clinical behavior would equip them with knowledge of their rights (such as confidentiality) and inform them on unethical behaviors (e.g., sexual relationships with therapists).

#### *Diversity*

With regard to "individual and cultural diversity," there are several example items that are likely already covered by the APA undergraduate guidelines, such as, "Articulates how ethnic group values influence who one is and how one relates to other people" and "Articulates dimensions of diversity (e.g., race, gender, sexual orientation)" (APA, 2012, p.16). However, there are also more advanced objectives that would not necessarily be addressed without



a clinical lens, such as “Articulates beginning understanding of the way culture and context are a consideration in working with clients” and “Articulates beginning understanding of the way culture and context are a consideration in the therapeutic relationship” (APA, 2012, p. 2). This also goes hand-in-hand with recommendations of teaching about evidence-based practice, as client characteristics and values are a core tenet of EBP (Hays, 2009). Our understanding of how best to support and celebrate diversity has moved from multiculturalism and cultural competence (e.g., Hays, 2009) to cultural humility (e.g., Gottlieb, 2021) and beyond (e.g., therapy directly addressing racism-related trauma; Adames et al., 2022) in a relatively short span of time. There has also been a move toward White therapists not simply practicing “allyship” but instead adopting an actively antiracist approach (e.g., Sue, 2017), which would be beneficial for providers at all levels. These shifts and key priorities in the therapy world highlight the importance of education, research, and

practice related to individual and cultural diversity, and they underscore that such critical training should not wait until graduate school.

Improving knowledge and practice related to supporting diversity would also support undergraduates as laypersons and consumers of mental health care. Indeed, in addition to preparing future providers, engendering empathy, respect, and collaboration are among psychology’s chief functions in educating the general public and fit with the APA’s resolution that psychology meaningfully contribute (perhaps for the first time) to disarming and dismantling individual and systemic racism (APA, 2021). This monumental effort to both acknowledge psychology’s role in perpetuating systemic racism and facilitate the work needed for systemic dismantlement requires that all individuals who intersect with the field (in clinical, academic, and other roles) be able to meaningfully and concretely contribute to a more just and equitable profession and society.

## What Are the Next Steps?

### *Research and Establish Interdisciplinary Standards*

Research and collaboration across programs, disciplines, and professional organizations are needed to proceed in the development of undergraduate clinical competency benchmarks. We believe that an important next step entails focusing on the potential value of undergraduate competencies as they relate to preparation for graduate study. We suggest future research that evaluates training faculty’s perspectives on, and priorities for, undergraduate preparation for graduate study. In keeping with CUDCP’s guidelines for applying for clinical doctoral programs, we suggest that researchers work to identify key metrics for preparation across disciplines and programs. Additionally, it will be essential to gather input from faculty teaching undergraduate courses to aid development of objectives that are achievable and relevant to undergraduate students—both those



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who do and do not intend to continue into clinical professions.

### Develop Assessment Methods

Once an appropriate list of benchmarks has been created, specific and measurable objectives can be crafted, and a measure to evaluate undergraduate competencies in key clinical domains can be designed. In any case, these objectives and metrics must be cautiously designed and measured to ensure that they do not join the long history of biased instruments (De Los Reyes & Uddin, 2021). To that end, it is essential to include diverse voices in the development of these competencies. Additionally, it is important to consider feasibility and acceptability of any assessment to ensure implementation. Current models of assessment require frequent self- and supervisor-formative and summative assessment (e.g., Fouad et al., 2009), which may not be feasible with large undergraduate classes. However, there are models of assessment (e.g., computer-based assessments; Nelson, 2007, or program-level assessments) that could be practically implemented.

### Support Implementation

Finally, the implementation of coursework and programmatic changes needed to meet and assess these standards is a significant undertaking. Reviewing the curriculum as well as adjusting materials and programming with an eye towards improving clinical readiness requires an openness to change, significant clinical and pedagogical expertise and department/university support that may not be readily available at all undergraduate institutions. In addition, the majority of individuals teaching in higher education are temporary faculty working outside the tenure-track (e.g., part-time adjuncts; American Association of University Professors, 2018), who are typically overworked, underresourced, not involved in department decision making, and are subsequently less equipped to implement such changes than professors who are supported in full-time positions (Bolitzer, 2019). Initiatives and resources at the federal, state, and institutional level have often focused on postbachelor-level training (McHugh & Barlow, 2010) and so would need to be adapted and supported at the undergraduate level. Some models of implementation of clinical competencies (e.g., developing certificate programs or vocational programs similar to nursing) would require policy-level changes and coordination. All of these factors could impede the implementation of clinical

competencies within an undergraduate program. Identifying ways to increase financial and logistical support at institutional levels and beyond for people who teach undergraduates cannot be ignored.

### Conclusion

To conclude, we believe that the development of specific, measurable, and equitable benchmarks for undergraduate clinical outcomes is an important (and too long neglected) step in the education of psychology undergraduates. Regardless of career path, ensuring a common experience, knowledge base, and skill set will be beneficial to psychology students and positively impact our communities and mental health care globally.

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- ...
- Statement of Positionality:** As authors of this article, we wish to clearly identify our positionality to the material. All four authors work primarily or entirely with undergraduate psychology majors, teaching a variety of psychology courses (including on clinically relevant topics). We each work with, advise,



and supervise students interested in graduate school, including those interested in master- and doctoral-level programs. We are all White, straight, cisgender, able-bodied, U.S. citizens (one a dual citizen and child of immigrants), which impacts our understanding of the topics presented in this article. Each of us is a licensed clinical psychologist in one or more states in the U.S., making our understanding and suggestions in this article particularly focused on the U.S. and clinical training. Currently, we are all teaching at small liberal-arts colleges, but each of us has

trained (and/or taught) in larger R1 universities and worked on interdisciplinary teams, which we hope will allow us to create suggestions that are not limited to our institutions and clinical field.

The authors have no conflicts of interest or funding to report.

**Correspondence to** Stephanie M. Ernestus, Ph.D., Department of Psychology, Stonehill College, 320 Washington Street, North Easton, MA 02357; sernestus@stonehill.edu

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Alexandra L. Clark, *The University of Texas at Austin*

### Increasing Demand and Limited Opportunities for Training in Clinical Psychology

The demand for mental health services has been exacerbated by the COVID-19 pandemic (Titov et al., 2020). The combination of stress and fatigue related to the pandemic and increased access to mental health treatment through telehealth has contributed to an influx of people seeking mental health treatment. As demand increases, there is a shortage of mental health providers to meet this need; nearly 37% of the population of the U.S. resides in areas that have a shortage of mental health professionals (U.S. Bureau of Labor Statistics, 2022). According to projections by the U.S. Department of Health and Human Resources, there will be a projected 1% increase in psychologists by 2025, which will not match the 6% projected demand (Health Resources and Services Administration, 2016). The American Psychological Association (APA), when using a racial/ethnic equivalence scenario, anticipated there would be a need for an additional 20,220 psychologists by 2030 (APA,

2018). The racial/ethnic equivalence scenario projects the demand for psychologists if the U.S. population had service utilization equivalent to the insured non-Hispanic White population in metropolitan areas (APA 2018). As the demand for mental health professionals increases, the number of available mental health professionals will be limited by graduate program constraints.

Despite the need for additional psychologists, clinical psychology Ph.D. program acceptance rates continue to be very low. According to the APA, the median acceptance rate is 8% and the median number of applications per program is 148 (Michalski et al., 2019, p. 8). In 2016 the national acceptance rate was 5% and the matriculation rate was 3%, with a range from 1–26% for acceptance rates across the schools examined. The median matriculation for programs was seven students (Golding et al., 2020). Data also suggest that the number of racial/ethnic minorities pursuing doctoral studies has slightly increased (17% in 1993 to 23% in 2013), although the APA “Equity, Diversity, and Inclusion Framework” acknowledges there

is a significant gap between the racial/ethnic demographics of new graduates and those of the larger U.S. (APA, 2021; Norcross et al., 2018). Furthermore, there is evidence that the psychology training-to-workforce pipeline has not included other minoritized/marginalized (e.g., lesbian, gay, bisexual, transgender or disabled persons) groups (Callahan et al., 2018; Hsueh et al., 2021). These data highlight current challenges in the field: The demand for and interest in clinical psychology Ph.D.s exceeds the availability of positions, and historically minoritized/marginalized groups have not been well represented.

While there is a need to increase the number of psychologists to meet the demand for mental health treatment, graduate cohort size is often restricted due to limited funding for stipends and tuition. Many departments offer funding through teaching assistant (TA) positions, research assistant (RA) positions, or fellowships. However, these positions are limited to funding that is allocated by departments or individual labs (e.g., through grant funding) for these types of positions. Additionally, most graduate students are matched to a specific mentor whom they work with throughout their graduate training and typically these mentors accept 0–2 students per cohort. Further, some mentors may not accept students because they do not have grant funding for an RA position, or the department does not have a TA position available for this mentor. Clinical psychology Ph.D. programs are lengthy, with the average time to complete programs being 5–7 years (Norcross et al., 2018), which can lead to mentors and programs not being able to accept a student because they are unable to commit to mentorship or funding for this length of time. The combination of few available mentors and limited funding for graduate students makes it challenging to merely increase the size of

cohorts. Therefore, clinical psychology Ph.D. programs will likely remain competitive so the field's ability to identify strategies to increase accessibility during the application process and the likelihood of acceptance are essential, particularly for historically marginalized groups, including but not limited to Black, Indigenous, and People of Color (BIPOC) individuals, individuals from lower socioeconomic statuses, first-generation college students, gender and sexual minorities, and individuals with disabilities.

### **Equity Issues in Clinical Psychology Training: Considerations for Psychology Departments and Mentors**

In the wake of civil unrest and protests tied to the murder of George Floyd, the APA issued a formal statement in October 2021 apologizing to people of color and acknowledged it had “failed in its role leading the discipline of psychology, was complicit in contributing to systemic inequities, and hurt many through racism, racial discrimination, and denigration of people of color, thereby falling short on its mission to benefit society and improve lives” (APA, 2021). While this statement was an important first step in taking accountability for the systemic inequities and barriers BIPOC individuals face in receiving equitable care, a major emphasis of the resolution was to affirm commitments to training and developing a diverse workforce. This commitment will require transformative change, extensively outlined in the 2021 “APA Equity, Diversity, and Inclusion Framework.” Within the framework, APA highlights that members of distinct social groups (gender, racial, ethnic, religious, national, ability identity, sexual orientation, socioeconomic status) may experience unjust and differential treatment at the individual and larger structural level that restricts opportunity. As a result, the field of clinical psychology must acknowledge and actively engage in equitable practices—an ongoing correction of assessing needs and correcting historical inequities—that will enhance access to training opportunities for all members of these social identity groups. Although many clinical psychology training programs have since made similar public statements committing to improving representation, it is essential that we acknowledge the role that systemic racism and discrimination plays in creating barriers for BIPOC and other minoritized social groups and rectify structural barriers that ultimately

impede wider inclusivity efforts. Below we expound upon some immediate areas of attention that mentors and training programs must conceptually grasp for these efforts to be successful. While we suggest that the APA framework and other detailed Call to Action plans be consulted for additional comprehensive and explicit recommendations (APA, 2021; Galán et al., 2021), a foundational understanding of barriers is needed.

### ***Supervisor and Faculty Workforce Diversity***

Recent estimates suggest that although Whites account for 60% of the U.S. population, approximately 84% of practicing clinical psychologists and academic faculty are White (Lin et al., 2018). The current racial/ethnic composition of the psychology workforce does not match those it needs to serve and thus the vast majority of BIPOC applicants and trainees do not currently see themselves adequately reflected in the academy. From a training perspective, this lack of representation stifles the well-documented creative benefits of diversity and limits the generalizability, rigor, and reproducibility of our research and intervention efforts (Galán et al., 2021; Intemann et al., 2009). It also leads to a monocultural training perspective that may not adequately conceptualize and integrate appropriate cultural factors of influence. Compared to faculty of color, White supervisors are less likely to engage in conversations about race within supervision or to find these conversations beneficial (White-Davis et al., 2016). Furthermore, while APA and clinical science training models emphasize the importance of multicultural and diversity training in core curriculum requirements, many supervisors themselves lack adequate experience working with diverse clinical populations (Yabuksi et al., 2010). Given graduate training and the larger field of psychology has taken a White Eurocentric perspective historically, programs should provide adjunctive training opportunities tailored to enhancing critical knowledge gaps in assessment and treatment of diverse patient populations to clinical supervisors and trainees. This may require providing funding for diversity-related continuing education credits or unique training workshops and consultative services conducted by experts.

Finally, there is some evidence to suggest that implicit bias may play a role in the student selection process (Luebbe & Ogbaselase, 2018; Milkman, 2005). An

integral step forward for creating an equitable graduate training experience and environment for BIPOC students is centered on serving those most in need, and must include concerted efforts to recruit and retain faculty of color. To promote recruitment of diverse faculty, the National Institutes of Health (NIH) recently launched the FIRST (Faculty, Institutional Recruitment for Sustainable Transformation) program that could be leveraged by training programs. The FIRST program aims to increase diverse faculty in biomedical research and academic settings, as well as create an inclusive environment. Furthermore, the NIH UNITE—an initiative aimed at addressing systemic racism and establishing equitable funding opportunities—in tandem with diversity supplements that can be attached to many NIH grants may ultimately provide additional funding opportunities utilized for diverse faculty and students.

### ***Structural Barriers to Preparedness, Applying, and Completing Ph.D. Programs and Proposed Solutions***

Students from minoritized/marginalized backgrounds oftentimes face a multitude of unjust factors that may limit opportunities for competitive employment for research assistantships and preparedness for the application process. For example, research shows that household incomes of BIPOC, first-generation, or low SES students are generally lower and that these students commonly face unique financial barriers (e.g., loans, lack of familial financial support, lack of knowledge about how to navigate higher education) that make them less likely to pursue graduate training (Carlton, 2015). These students may also be required to work outside of their studies to support themselves or navigate other familial commitments and pressures to succeed. The additional responsibility of work can preclude students from actively seeking out and participating in as many research opportunities both prior to and during graduate school. Unfortunately, this may inhibit their ability to form close relationships with research mentors or sponsors that are needed for a successful research career and letters of recommendation during the application process. Furthermore, the costs of attending conferences may be cost prohibitive and participating in unpaid summer research programs while not actively enrolled in classrooms may be inaccessible for students from these backgrounds due to less availability. To help mitigate these barriers

and increase equity for students from lower-income backgrounds, faculty can consider offering paid undergraduate and postbaccalaureate (postbac) research opportunities, university departments and professional organizations can increase travel funds to conferences for students and postbaccalaureates, and clinical psychology programs and their respective universities could consider providing travel stipends for in-person interviews if they are required. However, limited funding and cuts to funding for mental health research can make this difficult for faculty and programs.

Mentors and sponsors offer critical guidance on the scientific process, as well as graduate school application process, and utilize their social capital to help students navigate the intricacies of unfamiliar situations and successfully capitalize on opportunities. An important opportunity for applicants to increase their competitiveness is the ability to collaborate or lead scientific manuscripts or conference presentations because these are often evaluated or expected in the admissions process. However, opportunities to work on publications and conference presentations is often unequal across applicants. For example, the type of undergraduate institution can impact access to these opportunities as research tier-one universities (R1) may have more labs in diverse research topics and space for students relative to community colleges, liberal arts colleges, or tier-three programs. To help overcome this, faculty could consider embedding scientific writing and training (e.g., systematic reviews) into required coursework to help increase the opportunity for publications even if less ongoing research or datasets are available. Further, for faculty and mentors who are actively publishing, they may consider involving students in the conference and publication process, particularly if students are serving in an unpaid, volunteer role. Some professional organizations (e.g., International Society for Traumatic Stress Studies) are now offering “papers in a day” at conferences where people can apply to work on a scientific manuscript collaboratively during the conference in a condensed time period. Organizations may consider increasing these efforts to allow additional publication opportunities and networking for those who may otherwise have limited access. Last, undergraduate programs may consider offering courses that overview various types of graduate programs in mental health, including

Ph.D.s in clinical psychology, and offer practical tips for applying.

The Council of Graduate Schools has also identified that program environment is a key factor in completing doctoral training (<https://cgsnet.org/data-insights/diversity-equity-inclusiveness/degree-completion/>; Council of Graduate Schools, n.d.). Minoritized/marginalized trainees may feel isolated within graduate cohorts and be forced to repeatedly navigate microaggressions or culturally insensitive remarks (Jaramillo et al., 2016; McGee, 2016). Furthermore, continually navigating university settings that were not built with them in mind may reinforce imposter syndrome and symptoms of anxiety and depression (Bravata et al., 2019). Mentors and programs could support the creation of safe spaces or support groups consisting entirely of people from marginalized/minoritized where unique barriers can be discussed and processed with others. Alternatively, funding dedicated to a professional society centered on marginalized/minoritized identities could help individuals establish a supportive community of peers or senior advisors within the field that may have successfully navigated unique barriers these groups may face.

Variability in costs of living may affect where minoritized/marginalized trainees ultimately matriculate to and differences in program financial support (tuition waivers, stipends, grants) can make the experience more stressful and burdensome. Additionally, graduate students may have varied program or inequitable demands (teaching assistantship vs. graduate research assistantship vs. fellowship) that may also leave trainees vulnerable to dropout even after admission. Importantly, programs and mentors could work to create more equitable fellowship funding opportunities by offering writing or grant review workshops where students can receive assistance from multiple faculty members and samples from successfully funded students to enhance constructive feedback and guidance.

### ***Practices Essential to Diversifying Clinical Psychology***

There are systemic and long-standing structural barriers that prevent minoritized/marginalized students from applying to, engaging in, and completing doctoral training. We encourage all clinical psychology training programs to review some of the previously mentioned recommendations, make commitments beyond diversity statements, and take actions outlined

in these frameworks. While we seek to promote awareness of barriers minoritized/marginalized trainees, our larger discipline should commit to practices that involve the direct confrontation of discriminatory, unjust, or unfair practices.

### ***Leveling the Playing Field: Practical Recommendations for Clinical Psychology Applicants***

Given the competitiveness of the Ph.D. application process, it is imperative that the field works together to increase equity in the application process. Unfortunately, access to information about how to successfully prepare a CV, find research positions, identify appropriate Ph.D. programs and mentors, and prepare a strong application largely depends on relationships with individuals aware of the “hidden curriculum” and academic culture. The opportunity for these relationships is often not equal between applicants. In an effort to increase transparency and provide information to those who may not otherwise have access, this article aims to provide practical tips for applicants interested in research positions or Ph.D. programs. Additionally, we have provided example personal statements from successful applicants (with permission) and have annotated these to highlight how our recommendations below appear in various statements (see online supplementary materials: Appendix A [<https://www.abct.org/wp-content/uploads/2022/09/Wells-Appendix-A.pdf>] and Appendix B [<https://www.abct.org/wp-content/uploads/2022/09/Wells-Appendix-B.pdf>]).

### ***Research Assistant and Related Positions***

Prior to graduate school, individuals can become involved in research through numerous positions (e.g., research assistant [RA], project coordinator), and can obtain positions as an undergraduate or postbaccalaureate, as well as paid or unpaid positions.

#### ***• Undergraduate Research Positions***

**Identifying Research Positions.** There are several ways undergraduate students can identify and obtain research positions, which may vary by the school and size of school. Professors often have research labs, which can include research projects funded by external grants or departmental support. To become involved with a professor's research, students can email professors expressing interest in their research and ask about available research assistant positions, approach professors after classes



or during office hours, and some schools offer research position placements for course credit. Applicants may consider providing the professor with their current curriculum vitae (CV) and a brief overview of their interests. When identifying positions, faculty and mentors should make applicants aware of commitment requirements (e.g., number of hours per week, duration of commitment), pay, and other benefits of the position (e.g., opportunities to collaborate on conference presentations or manuscripts). For students in unpaid positions, faculty may consider not requiring a minimum number of hours as individuals may need to also have paid employment. Students may also seek services through the Career Services or writing centers on campus for feedback on CVs and cover letters, as well as interviewing skills, to prepare for both undergraduate and post-baccalaureate positions.

**Compensation for positions.** Ideally, all research positions would be paid to increase equity for students who are financially unable to volunteer unpaid time. If funding is unavailable to pay undergraduates for research positions, faculty may consider other incentives to enhance career development, such as inclusion on conference presentations, scientific manuscripts, and feedback on application materials (e.g., CV, statements of purpose). Undergraduate students may be eligible to apply for external funding, such as the McNair Scholars, Ford Foundation, and Robert Wood Johnson. The National Institute of Health also offers diversity supplement awards for undergraduate, graduate, and postdoctoral trainees that can be integrated with a faculty member's larger NIH grant. If students are unaware of funding, they may consider asking psychology department faculty or Career Services personnel for advice and guidance on relevant funding.

### **Postbaccalaureate Research Positions**

Postbac research positions following graduation from undergraduate education allow individuals to obtain research experience and learn new skills, clarify research interests, and ideally provide opportunities for collaboration on academic products.

#### • *Finding Job Opportunities*

There are several methods to locate job postings and opportunities, as well as securing unposted positions. Applicants can search human resources (HR) websites on university or research organization websites to find posted positions. For example, applicants may search terms such

as *research assistant, research technician, psychology technician, research coordinator, or project coordinator*. There are also listservs that applicants can search to find positions, such as listservs for major organizations (e.g., Association for Behavioral and Cognitive Therapies) or websites such as <https://clinicalpsychgradschool.org/forums/forum/opportunities/> and <https://psychologyjobsinternships.wordpress.com>. Job opportunities are also often posted on Twitter and can be located using hashtags such as #CBTWorks and #PsychTwitter. Finally, there are some formal postbac training programs, such as the National Institute of Health's Post-Baccalaureate Intramural Research Training Award (IRTA/CRTA).

In addition to finding already posted positions, applicants can consider contacting faculty and researchers whose work they are interested in to inquire about available or upcoming job opportunities. Applicants may email individuals whose work they read in scientific journals or find ongoing research grants on websites like NIH RePORTER or Clinicaltrials.gov. Once an applicant has identified a researcher of interest, applicants can send a brief email introducing themselves, their research interests, how their interests align with the researcher's program of research, include an updated CV, and ask about any upcoming or available paid research positions.

### **Research Mentorship**

It is important to establish a relationship with a research mentor. Students may obtain mentorship from the principal investigator of a lab, identified faculty member, graduate students, or postdoctoral fellows. Additionally, some organizations have databases of research mentors (e.g., Black in Neuro, Society of Black Neuropsychology) or programs to match students with research mentors who belong to the organization.

### **Preparing a Competitive Ph.D.**

#### **Application**

Given the competitiveness of Ph.D. programs, a strong application is necessary for admission. While each school will have its own admissions process and standards, a strong statement of purpose (SOP), also known as a personal statement, tends to be universally important. Therefore, we provide below several suggestions for writing a competitive statement of purpose, as well as annotated examples from successful applicants (see online Appendix A and B: [https://www.abct.org/wp-content/](https://www.abct.org/wp-content/uploads/2022/09/Wells-Appendix-A.pdf)

<https://www.abct.org/wp-content/uploads/2022/09/Wells-Appendix-B.pdf>).

#### • *Purpose of the Statement*

Most Ph.D. programs in clinical psychology use a mentorship model where applicants apply to work with a particular faculty member in the department. The purpose of the SOP is to make the following clear to the admissions committee and the identified mentor of interest: the applicant's research interests, research questions, evidence of critical thinking skills, and how the applicant's aspirations and goals align with the identified mentor. Applicants should be mindful to not just summarize their CV for their SOP. Applicants should focus more on what they learned from their experiences, the research questions their experiences have provoked, and how these experiences tie together to inform their current research goals. The SOP is weaving together applicant's experiences and it can be helpful to find a common "thread" throughout (e.g., a commitment to historically oppressed populations, individuals who have experienced trauma). Well-written SOPs demonstrate critical thinking skills and are evident of the applicant's ability to formulate independent research ideas, which also helps potential faculty mentors determine if the applicant is an appropriate research match for their lab and/or current projects.

#### *Factors to highlight in the SOP.*

Throughout the statement, the applicant should clarify their research interest is in terms of topic (e.g., posttraumatic stress disorder [PTSD], traumatic brain injury, parent-child relationships) while also narrowing their interests within the topic. For example, an applicant interested in PTSD may be particularly interested in examining how to increase implementation of evidence-based PTSD treatments in community settings or interested in identifying resiliency factors for PTSD. Applicants should aim to be specific about interests while also considering if the identified mentor can provide mentorship in that area. Additionally, applicants may describe methodologies they seek to apply to their research (e.g., randomized clinical trials, ecological momentary assessment), while being aware if the proposed mentor(s) or program can provide mentorship in those methods (this information may be on a faculty's website or in the program's handbook). Finally, applicants can specify populations of interest (e.g., veterans, LGBTQIA populations, children). Applicants may

have multiple research interests, but listing several concentrations with no clear overlap may raise concerns about an applicant's clarity of direction. It is typical for applicants to list 1–2 faculty mentors with whom their interests align and often in their preferred order of interest.

Overall, the SOP is an opportunity for applicants to demonstrate their research interests, writing skills, and distinguish themselves from other applicants. It should be clear to someone reading the SOP the type of research an applicant hopes to conduct in graduate school and the direction they may pursue (e.g., tenure track professor, researcher at an academic medical center). Applicants should allow for ample time (e.g., 2–3 months) to write the SOP, including drafts, edits, and revisions from mentors to ensure the strongest statement possible.

### Concluding Remarks

The field of clinical psychology is full of opportunities to make a meaningful impact on the lives of individuals living with mental illness and advance our understanding of human behavior through rigorous research. While the APA has taken accountability for its role in perpetuating racism and discrimination, doctoral training programs will need to further address their role in reinforcing inequitable training structures and practices. In brief, this will include making concerted efforts to modify curriculum, research, and clinical practices, ensuring representation of faculty and students, and addressing the financial barriers and limitations associated that disproportionately affect trainees from diverse backgrounds. Finally, it is crucial to also increase transparency as a field in terms of expectations for applications (e.g., publishing admissions processes and standards on school websites) and increase access to materials or information that will improve applications.

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**Statement of Positionality:** This article offers an overview of the competitiveness of research positions and admissions to clinical psychology Ph.D. programs, as well as factors impacting the state of the field, considerations for graduate programs and Ph.D. mentors to improve equity, and practical suggestions for individuals interested in pursuing clinical psychology. The competitiveness of gaining admission into Ph.D. pro-

grams in clinical psychology impacts multiple groups, including prospective applicants, graduate programs and admissions committees, as well as Ph.D. mentors. Therefore, this article addresses issues relevant to each of these groups and is organized throughout to indicate the intended audience. While there are numerous paths an individual can pursue in mental health (e.g., Psy.D., master of social work) the current article focuses on the clinical psychology Ph.D. program due to the authors' expertise and concerns regarding the increasing competitiveness of the field. Throughout the article, we have tried to highlight areas of growth for this discipline of study, as well as offer suggestions for institutions and faculty to consider to improve equity and diversity within clinical psychology. However, these suggestions and comments are not exhaustive and our field will need to commit to modifying oppressive

structures and challenging conventional systems of power. As the discipline continues to reflect and look towards much needed change, it will also be important to include the input of additional scholars—especially those from marginalized and minoritized identities—and further elevate work from these groups in order to promote systemic growth and change that will broaden the impact of clinical psychology services.

The authors would like to thank Rosalba Gomez for her assistance in compiling data on admissions rates in clinical psychology Ph.D. programs and administrative assistance.

The authors have no conflicts of interest to report.

**Correspondence to** Stephanie Y. Wells, Ph.D., Durham VAHC, 508 Fulton St., Durham, NC; [stephanie.wells2@va.gov](mailto:stephanie.wells2@va.gov)

## CLINICAL TRAINING FORUM

# The Clinical Training Timeline in Terminal Master's Programs: Challenges and Solutions

Stacy S. Forcino, *California State University, San Bernardino*

L. Michelle Grimes, *Southern Utah University*

Matthew R. Capriotti and Erin L. Woodhead, *San José State University*

MASTER'S-LEVEL mental health service providers far outnumber doctoral-level psychologists, and the gap appears to be widening (Bureau of Health Workforce, Health Workforce Services Administration, 2018). All 50 states grant mental health provider licenses at the master's level, including those for marriage and family therapists, independent mental health practitioners, psychology associates, clinical social workers, and various professional counselor designations (e.g., professional clinical counselor, mental health counselor). Most of the master's degree programs designed to meet the educational requirements for those degrees are housed in departments of counseling, social work, or education. Such programs can seek accreditation through governing bodies relevant to their professional domains (e.g., Council for Accreditation of Counseling and Related Educational Programs, Council on Social Work Education, Commission on Accreditation for Marriage and Family

Therapy Education). Other master's programs are housed in departments of psychology and are primarily or exclusively staffed by doctoral-level psychologists. Those programs have gained attention in recent years, as the American Psychological Association (APA) lays the groundwork for future accreditation of terminal master's programs conferring degrees in health service psychology (American Psychological Association, 2021; Washburn, 2019).

APA's accreditation work has highlighted important issues regarding master-level training and licensure that are relevant to a broad range of terminal master's programs training students in cognitive and behavioral therapies. One of the most significant challenges is the clinical training timeline. Typically, master's programs are designed to be completed in 2 years, less than half the time required for a doctoral degree. The prospect of training students to provide evidence-based therapeutic ser-

vices skillfully in that timeline is daunting, perhaps particularly so for faculty who were themselves trained on the doctoral timeline. Given the compressed timeline relative to doctoral training, it is not surprising that some debate has arisen regarding which therapeutic skills terminal master's students can and should acquire. It seems likely that APA's training objectives for master's programs will represent at least some narrowing of competencies relative to doctoral programs. Nevertheless, students who graduate from master's programs go on to practice independently in a range of clinical settings, routinely treating a broad range of client problems. Debate about specific competencies aside, the skills students must develop by graduation are necessarily numerous and complex, and thus the training needs are substantial.

APA's recent recommendation that master-level clinical training be "sequential, cumulative, [and] graded in complexity" (American Psychological Association, 2021, p. 1) reflects an evidence-based approach to teaching and learning mirrored in doctoral psychology programs. Indeed, master's programs must wrestle with the same questions doctoral programs do: When should students have their first clinical experiences? What constitutes readiness for external practicum? Which courses should be taught early in the program, and which can be taught later, concurrent with more advanced clinical work? However, additional challenges regarding timing and sequencing arise in the com-



pressed timeline of a master's program. The question of how to prepare students for external practicum is one we have found to be particularly challenging. In the master's programs we are familiar with, students provide clinical services in external placements during both semesters of their second year. There they accrue much, if not all, of the face-to-face supervised clinical experience required for graduation (in California, 225 pre-degree direct experience hours for licensure as a marriage and family therapist, for example). In our experience, community supervisors work hard to ensure that a student's supervised experience matches their competencies and training needs over that second year (and, indeed, they are ethically obligated to do so). However, our students are expected to start making significant clinical contributions right away, and to become increasingly independent over the year. To support our students and community partners, we have found it imperative to maximize opportunities for developmentally appropriate and effective clinical training experiences early in the master's educational programming. Some master's programs can do so in an in-house training clinic via a prepracticum or practicum course, just as doctoral programs routinely do. However, internal practicum supervisors are still faced with challenges related to the short timeline (When exactly can students begin seeing clients in the training clinic? What clinical experiences are appropriate for first-year students?). In our opinion, it is unwise to defer the bulk of a student's clinical training to their second year or to rely solely on external sites for experiential training. There are valuable clinical training experiences we can offer students early in their education via internal practicum and/or embedded throughout the general curriculum. Here we offer four examples of training activities designed to foster master's student clinical skill development that can be used early in the master's curriculum and help facilitate the transition to external training sites.

### **Clinical Training Example #1: Practice Clients**

In clinical training, there is a long history of using "practice clients," individuals who are not seeking services but act as themselves to receive course credit or some other incentive. At one of our universities, master's students conduct clinical interviews and implement a psychoeducation-based intervention with practice clients

during the first semester of their first year. Volunteers are recruited from a lower-division psychology course; their participation yields credit for an assignment with several options for completion. During recruitment students are asked not to volunteer if they have active, severe mental health difficulties or are in crisis. They are also informed that they will not be receiving assessment or psychotherapy, that the focus of the sessions is instead on graduate student training.

For an introductory counseling skills class, master's students are assigned to meet with two practice clients for two sessions each. For the first practice client, the master's students conduct a two-session psychosocial interview and write a formal intake assessment report covering the content of the sessions. Video clips from the sessions are shown in small groups during the counseling skills class, and feedback is shared using a feedback form and via discussion. For the second practice client, the master's students conduct a one-session psychosocial interview and then provide a psychoeducation-based intervention during the second session. The master's students are assigned one of four intervention content areas to address during that second session: sleep hygiene, mindfulness, emotional awareness and expression, or social skills. The student delivers a module, session, or portion thereof from an evidence-based manual that includes psychoeducation and session activities related to that content area (e.g., Barlow et al.'s [2011] Unified Protocol for Transdiagnostic Treatment of Emotional Disorders; Edinger & Carney's [2008] Overcoming Insomnia). They also write a clinical note for that intervention session. Finally, the master's students who were assigned to the same intervention content area give a group oral presentation focused on the content area, including workshop-style training in the specific intervention techniques they used with their practice clients. The master's students also show video clips from their practice client sessions and receive feedback, as above.

For an internal child therapy practicum, master's students meet with practice clients early in the semester before they are assigned true clients. Master's students conduct two-session psychosocial interviews, querying an undergraduate volunteer who is a parent about his or her minor child (who is not present for the sessions). Video clips are shown in class and feedback is discussed as a group. The master's students write a formal intake report, as above.

The content of the sessions is also used for in-class discussions related to case conceptualization and treatment planning for child clients.

### **Clinical Training Example #2: Motivational Interviewing**

Motivational interviewing (MI) is an evidence-based intervention that is increasingly used in community mental health settings for a wide variety of clinical problems and with a diverse set of clients (Schoener et al., 2006). Providing MI training to master's-level clinicians equips them with an intervention that is both evidence-based and widely used in community mental health. As an example of specific training in MI skills and interventions for master's-level clinicians, we partnered with the Student Wellness Center at one of our universities to provide a two-session course of a one-on-one MI intervention to students sanctioned for alcohol- and cannabis-related infractions (Brief Alcohol Screening or Cannabis Screening and Intervention for College Students [BASICS/CASICS]; Dimeff et al., 1999). BASICS is a brief motivational intervention focused on harm reduction goals. Clients first complete an online assessment about their use (eCHECKUP TO GO; Moyer et al., 2004). Then they meet with a counselor to review the assessment, assess patterns of use, beliefs about alcohol and cannabis use, and substance use history. Clients are also encouraged to self-monitor their alcohol or cannabis use going forward. The second session consists of personalized feedback with comparison to alcohol and cannabis use norms among college students, review of personal consequences of use, perceived risks/benefits of use, and provision of a menu of options to assist in reducing alcohol and/or cannabis use.

At this institution, BASICS/CASICS sessions are mandated by campus policies but are not consistently implemented due to staffing shortages. In addition to providing the BASICS intervention to students who received infractions, there was also a desire to provide the BASICS intervention to self-referred students who completed an online assessment and feedback and expressed concerns about their use. The Student Wellness Center estimated that the two-session intervention would take approximately 3 hours per student, including time to complete relevant notes and paperwork. This training experience was designed to be incorporated into an existing Addictions course. Instructors were to

be trained in the intervention and provide didactic instruction and case supervision.

The BASICS/CASICS curriculum is meant as a brief motivational intervention and is not designed for college students with significant mental health problems. To address concerns about students presenting with significant problems during the BASICS/CASICS information, we partnered with the Student Counseling Center to provide a referral for additional services or a warm hand-off should there be any immediate concerns about safety. We planned for services to only occur during times when faculty were available and when the Student Counseling Center was open.

### **Training Example #3: Child Social Skills Intervention Study**

Social skill-based interventions also have applicability across a broad range of client groups and problem areas (Muesser, 2018). Thus, early exposure to social skills interventions benefits students. At one of our institutions, first-year master's students were trained to deliver a manualized intervention to address childhood sibling conflict as part of a randomized clinical trial. The Super Siblings intervention (Nakaha et al., 2016) is a 5-session program aimed at teaching 4- to 11-year-old high-conflict sibling dyads conflict resolution skills. In each session, the child sibling dyads were taught a strategy to solve a common conflict through didactic instruction, verbal rehearsal, models, and role-playing. Parents attended sessions with their children and were taught to track, reinforce, and prompt skill use in the home and community settings. Support skills were taught to parents via didactics, verbal rehearsal, models, and role-plays. Sessions were led by a primary therapist, who directed two therapy assistants in role-playing and modeling, using dolls to simulate sibling conflict scenarios.

Master's students were trained in and delivered the intervention as part of a first-year internal practicum. Their training began with two half-day workshops, including didactics, modeling, and role-play of the intervention techniques and led by the developer of the intervention. After completing the workshop, the master's students received further didactic training during the first 6 weeks of the practicum course, with half of each class period focused on Super Siblings training and the other half on clinic policies and general child therapy skills. After completing the

training, each master's student was assigned to run the intervention with one high sibling-conflict family, their first client. They were also assigned to therapy assistant roles, to assist their practicum classmates and as additional training in the intervention. After cases began, practicum meetings focused on group supervision of those cases.

### **Training Example #4: CBT-Based Social Emotional Learning Intervention in Schools**

Master-level clinicians work in a range of settings. Therefore, it is beneficial for trainees to gain experience providing services outside of a traditional clinic setting. First-semester master's students delivered a CBT-based socio-emotional learning lesson as part of a service learning project connected to their Advanced Child Psychopathology course. This partnership was undertaken between the course instructor (M.R.C.) and a local elementary school through a community-university-city partnership called CommUniverCity (cucs.org). CommUniverCity partners with underserved communities in San Jose to address community-identified needs through service-learning activities embedded in university courses. This project addressed the identified needs around community health.

Students working in groups of 2 to 3 were instructed to provide a 25-minute socio-emotional learning lesson based around a topic and session outline from a behavioral skills program for school-aged children with attention and behavior problems. Topics included emotion regulation, assertive communication, good sportsmanship, and responding to teasing. Trainees were required to include a didactic component, an experiential component, and a review/feedback component in their lessons. Effective session planning required trainees to adapt approaches from those implicit in the provided skills teaching materials (intended for closed therapy groups of 4 to 8 children) to be delivered in a classroom-wide, single-session intervention. Trainees also fashioned student learning goals relevant to the session and designed assessment devices to capture whether the lesson produced stated goals. In addition to the educational goals specific to lesson content, trainees also joined with CommUniverCity program's goals around building a college-going culture among area youth, by including a brief introduction of themselves as a college student

studying to be a therapist, defining in a child-friendly fashion what a therapist does, and briefly discussing values-based reasons behind their pursuing higher education. Each group then delivered the lesson two to three times to students in different classrooms, such that students were exposed to several topics through the program within a single school day.

### **Recommendations for Terminal Master's Programs**

These four training examples share several common elements related to providing high-quality, evidence-based, and ethical clinical training early in the master's training curriculum; we offer them here as general recommendations. First, opportunities for experiential clinical training can be maximized if embedded across courses that occur early in the master's curriculum. Role-plays, standardized patients, and other applied pedagogical strategies, such as practice clients, can be adapted in focus to fit nearly any course content area. Second, both true clients and practice clients can be intentionally selected from groups that are likely to present with less severe problems than more typical clients. Even practice clients selected from a relatively low-risk population provide excellent in-vivo learning opportunities; they are real people who respond in social and affective ways in real time and many will disclose mild or moderate stressors (e.g., relationship problems, stress related to work, school, or caregiving). Clients who are referred but because of a specific subclinical problem (e.g., sibling conflict, substance use concerns) also provide excellent clinical training opportunities with fewer risks than clients from a more general outpatient referral population. Working with clients from subclinical populations also allows students to master important clinical skills in a more manageable domain. Third, students can be assigned to use a narrow set of clinical skills or techniques in a brief time-limited manner. Thus, students can reach proficiency in a relatively short amount of time, and the predictability in the session structure allows them to feel better prepared for sessions, easing their anxiety. To facilitate skill generalization, supervisors can make explicit, via didactic instruction and student feedback, elements of the experience that will be used when providing other evidence-based services. For example, the supervisor might discuss and provide feedback about the therapist's fidelity to empirically supported

treatment procedures and the tailoring of a scientifically validated protocol to meet the needs of client's culture, context, or treatment setting.

Overall, these recommendations are aimed at making early clinical experiences more manageable to students, instructors, and supervisors. The four examples provided were designed to reduce the need for high-stakes clinical decision-making, which lowers the risk for students and, by extension, instructors and clinical supervisors. Student feedback regarding these experiences has been overwhelmingly positive. They report appreciating the opportunity to apply newly acquired clinical skills in a live, dynamic setting, even if briefly. The external programs we have partnered with reported high satisfaction, as well.

Although our experience has been positive, it is important to note that successful implementation of these and similar training experiences requires resources. In our experience, the greatest cost is instructor time. Planning, coordination, and collaboration with external groups is often required, as is recruitment and management of clients or participants. Other resources, such as physical space and equipment, may also be required. To be successful, there must be programmatic support both in values and culture, as well as funding. Indeed, our examples were successful in part because of the support we received from our programs, departments, colleges, and universities. One of the examples described benefited from an internal award for reassigned time, two benefited from resources from an existing and adequately funded in-house training clinic, all benefited from department and college support of small class sizes (including a 1:4 supervisor to supervisee ratio in the first-year practicum), and two benefited from an increase in instructor compensation, negotiated to reflect the workload required to

deliver these types of experiences to students. Unfortunately, many terminal master's programs exist in departments where this type of support is lacking. However, if we do not provide experiential learning opportunities and developmentally appropriate clinical training early and often, we risk producing master's students who are underprepared for external practicum and/or the workforce, not to mention the risk of ethical concerns related to trainee competency and client welfare. With such a short timeline for clinical training, those who teach in terminal master's programs are challenged to develop with their own innovative solutions. We hope those in the position to support them will do so.

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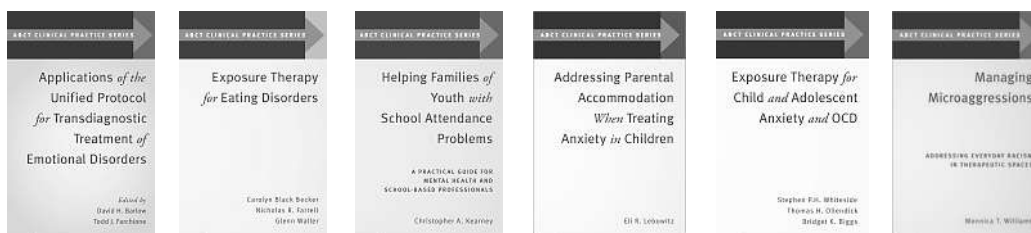
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No conflicts of interest or funding to disclose.

**Correspondence to** Stacy S. Forcino, Department of Psychology, California State University, 5500 University Parkway, San Bernardino, CA 92407; [sforcino@csusb.edu](mailto:sforcino@csusb.edu)

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# The More You Know, the More You Owe: The Cumulative Impacts of Doctoral Psychology Financial Burden

Blanka Angyal,\* *University of Kentucky*

Mary A. Fernandes,\* *Georgia State University*

Quincy Guinadi,\* *Saint Mary's University of Minnesota*

THE STUDENT DEBT CRISIS has garnered significant attention over the past few years; however, despite the attention, the financial burden associated with higher education continues to rise, and policies that perpetuate the crisis remain largely unchanged. Nationally, as of April 2022, the U.S. student loan debt has reached \$1.75 trillion, with over 43 million Americans accruing federal student loan debt (Hanson, 2022). Within the field of psychology, the average reported debt for students enrolled in a graduate program was \$100,603.79 in 2016 (Doran et al., 2016a). Given the high annual growth rate of the student loan debt balance (Hanson), the average is expected to be much higher in 2022. Unfortunately, median starting salaries for psychologists is lower relative to other similar professions (Doran, Kraha, et al., 2016), leaving many to question if a career in psychology, particularly in academia, is worth the financial investment.

The financial burden of graduate education in psychology is not felt equally by all. Disparities in burden are well documented for students of color, particularly Black and Latinx students, first-generation college students, and students from low socioeconomic status (SES) backgrounds (Wilcox, Barbaro-Kukade, et al., 2021; Wilcox, Pietrantonio, et al., 2021). Black and Latinx graduate students tend to borrow more than their White peers, with some estimates as high as 118% and 49% more, respectively (Belasco et al., 2014). One contributory factor articulated by Wilcox and colleagues is the predatory targeting of Black borrowers by the private loan market. Another compounding factor is that Black and Latinx borrowers who are already subjected to systemic wealth

inequities may need to borrow more (Miller, 2017). The racial wage-gap continues to increase, further exacerbating these disparities and making it harder for Black and Latinx borrowers to repay their loans upon graduation.

First-generation college students and students from low SES backgrounds similarly experience disparities in student loan debt and financial burden and report higher levels of financial stress and delayed life milestones (Wilcox et al., 2021). Discrepancy in financial borrowing is also observed based on gender, with women students borrowing 25% more than men (Belasco et al., 2014). Taking an intersectional approach, Lantz and Davis (2017) further highlighted the reality that women of color borrowed more than White women and men of color, and women from lower SES backgrounds borrowed more than men from lower SES backgrounds and women from higher SES backgrounds. There is a noticeable gap in the literature about international and undocumented students' financial burden in the scientific literature. Given that undocumented and international students are denied federal loans and federal training opportunities, further investigations into the financial burden experienced by this group is warranted.

In addition to disparities based on social identities, students enrolled in Psy.D. programs accumulate a disproportionate amount of debt, with over \$60,000 higher average levels of debt than those enrolled in health-service (HSP) Ph.D. programs (Doran, Kraha, et al., 2016). This is at least partly attributable to higher cost and lower funding available to Psy.D. students in for-profit education institutions. Although not

the focus of the present article, it is also important to note that the median anticipated debt for students enrolled in master's programs was equal to that of students enrolled in Ph.D. programs (\$75,000; Doran, Kraha, et al., 2016). This is highly concerning given the discrepancy in salaries between those with a master's degree and Ph.D. Another concerning aspect is that master's and Psy.D. programs are increasingly viewed as a means to diversify the pipeline for graduate psychology and the psychology workforce. For example, the APA (2016) report of psychology student demographics from 509 departments shows that more students of diverse racial and ethnic identity attend terminal master's and master's programs housed within doctoral programs compared to only doctoral programs. We might therefore expect these programs to attract individuals from traditionally excluded backgrounds, which will only exacerbate disparities in financial burden.

## Financial Burden Incurred at Each Stage of Graduate Education

Such high levels of graduate student debt force us to investigate how the costs accumulate in graduate psychology education. We outline the various points at which financial burden is incurred, from application to degree completion. Most prospective graduate students are advised to apply to 5–10 psychology graduate programs to increase the likelihood of acceptance. The average cost of each application is \$47 (range from \$0 to \$125; from the *Graduate Study in Psychology* report; Michalski et al., 2018), with only a few programs offering need-based waivers. For programs that require the GRE, applicants can expect to spend an additional \$205, as well as \$150 if required to submit GRE Subject Test scores, and additional costs if using preparatory programs. Applicants also have to cover the cost of transcript transfer and mailing, interview attire, and more. Many students go through more than one application cycle before they are admitted into a program. Prior to the COVID-19 pandemic, interviews largely took place in person, requiring most HSP program applicants to cover the cost of travel to and from each site, as well as the cost of accommodation during the interview period if accommodation is not provided by current students in the program. Once a student is admitted to a graduate program, they likely spend thousands of dollars on relocation. Few psychology

\*All authors share first authorship. Authors' names are presented in alphabetical order.

graduate programs, if any, provide relocation financial assistance.

A 2016 APA *Summary Report on Tuition and Financial Aid* reported that the median yearly in-state tuition for public doctoral programs was \$11,000, while the out-of-state tuition was \$24,000. Median tuition for private doctorate programs was \$34,000. Tuition costs increased by 65% between 2009 and 2015. Most public doctorate programs offer their students partial or full tuition remission as well as a teaching and/or research assistantship in exchange for their labor. Public doctoral programs offer an approximate median stipend of \$15,000. By contrast, many private doctorate programs do not cover tuition, and they offer an approximate median stipend of \$6,000. These stipends are woefully insufficient to meet the cost of living, let alone the additional financial costs associated with graduate school, such as health insurance, practice insurance, travel to and from unpaid practica, software licenses required for degree completion (e.g., SPSS), technology (e.g., cell phone, laptop), publication costs, and countless additional “hidden costs” (Wilcox, Barbaro-Kukade, et al., 2021). For students with nontraditional education trajectories, additional costs might include day care and/or caretaker services, need to provide immediate or extended family with financial assistance, and loss of income if relocation disrupts spousal/partner employment.

Low stipends are not the only way through which graduate student labor is exploited. Students in many programs (HSP and non-HSP) are required to complete several practicum or internship opportunities during the course of their training. Many programs prohibit practicum sites from paying graduate students for their supervised work under the guise of protection from exploitation. However, the direct provision of 10–20 hours of service without pay not only contributes to student burnout, it forces many students to seek external employment in order to make ends meet. Employment for the purpose of supporting oneself through graduate school is sometimes reprimanded by programs and advisors who expect their students’ 100% dedication to the program. External student funding and grants (e.g., NSF, NIH) might also be subject to stipend caps imposed by programs. As a result, many students feel the need to keep their external sources of income private.

As if relocating once for graduate school was not enough, HSP students often find

themselves having to relocate again for internship—a degree requirement. Students are encouraged to apply to 15 or fewer internship sites, which results in application fees of \$498 as of 2022. Cost of travel for internship interviews prior to the pandemic averaged approximately \$2,000 (from 2021 APPIC Match Survey; Keilin, 2021). Virtual interviews dramatically lowered the cost of the internship application and interview process. Given the “internship crisis” and high rate of unmatched applicants over the past several years, many students participated in more than one internship application cycle, doubling the cost of the internship process. Data from the APPIC Board of Directors (2019) on match rates by doctoral programs shows that students from Psy.D. programs, who incur disproportionate amounts of debt (Doran, Kraha, et al., 2016), match for internship at considerably lower rates than students from Ph.D. programs (APPIC, 2019), which further compounds their financial burden, as students need to reapply the following year. Once matched, some internship sites with more financial access may ease doctoral students’ financial strains by covering their relocation costs (e.g., Navy), while others do not offer additional aid to students who have to move across states. The high cost of relocation has resulted in several groups and individuals sponsoring relocation awards/grants to students in need (e.g., APPIC, National Register, #PsychGradWishList).

Internship stipends are similarly low and incommensurate with the cost of living. In 2021, the mean stipend for U.S. internship sites was approximately \$30,000. The same survey respondents reported an average debt load of \$103,198 (in 2021 APPIC Match Survey; Keilin, 2021). Internship programs also differ greatly in the benefits they offer to doctoral students (e.g., healthcare, insurance, paid time off, holidays, budget for education and training).

Unsurprisingly, many students who are in pursuit of academic positions and/or board certification have to repeat the application and relocation process for postdoctoral training, which comes with its own set of costs. This process greatly disincentivizes students from pursuing public service positions or further professional development and forces most students into private practice, especially those with high levels of debt to repay.

The accumulation of costs does not stop at the degree completion or postdoctoral training stage. In order to be licensed as a

psychologist and practice independently, early career psychologists and future psychologists have to pay additional fees to apply for licensure and prepare and register for licensure exams. In a gradPSYCH article about the licensure process, Dittmann (2004) listed estimates of licensure fees alone ranging from \$500 to \$1,000, with a contextualized example of a candidate spending approximately \$3,000. A 2016 APA *Summary Report* estimates the cost of licensure and application fees to be between \$800 and \$1,400. Licensure, application, and preparatory class fees have inflated since 2004 and 2016. For example, two of the authors applied for licensure in 2022 in states that do not require the EPPP Skills Exam (Part 2). Total costs, including licensure application, EPPP registration, and preparatory materials, was \$1,353 for one author and \$2,050 for the other. These expenses increase when individuals do not pass on their first attempt.

Depending on the state in which the student is planning to practice, they have to pass the national Examination for Professional Practice in Psychology (EPPP) Part 1, EPPP Part 2, and/or the state jurisprudence examination. A recent study by Macura and Ameen (2021) examined the EPPP pass rates and factors that were associated with first-time passing and found significant differences across race, program accreditation, and type of doctoral degree. Those who passed the first round were more likely to be White (89% as compared to 70% of people of color), graduated with a Ph.D. (88% as compared to 80% of Psy.D.), and attended an accredited doctoral program (85% as compared to 69% of nonaccredited programs). In addition, results showed significant differences in the length of obtaining licensure among different racial groups; psychologists of color on average took 5 months longer than their White colleagues to attain licensure. Some trainees are also required to pay licensed psychologists for supervision services provided in order to obtain licensure, which is an added financial burden. Licensure is not the final financial hurdle for early career psychologists. Licensure renewal fees and continuing education (CE) credit requirements are a continued cost. Early career psychologists may have limited financial means and social capital for mentorship about cost-effective ways to meet CE requirements. There are also additional costs for those seeking board certification.

In summary, the financial cost of graduate education in psychology is significant (see Table 1), and the resulting impacts are

detrimental to the individuals affected, the profession, and the public.

### Long-Term Effects of Financial Burden

The accumulation of financial burden throughout graduate school contributes to life stressors such as career choices, life delays, and increased mental health issues (Doran, Kraha, et al., 2016). The lack of adequate compensation in certain careers in psychology can present as a deterrent for graduates who carry a significant amount of debt. In 2015, the median annual salary for early career psychologists was \$60,000 (Lin et al., 2017). When comparing across different position types, compensation was found to be the highest for management positions (\$72,000) and lowest for teaching positions (\$55,550). Similar patterns of compensation are evident as the individual transitions from early-career to mid- and late-career stages. Individuals with financial debt were found to work more hours, reported higher rates of dissatisfaction with their career, and were more likely to work outside their field (Luo & Mongey, 2016). Especially for graduate students of lower SES status or who are first-generation college students, the financial consequences of graduate education may follow them into their professional career and adversely impact them as compared to their peers

with greater financial access (Wilcox, Pietrantonio, et al., 2021b).

Significant financial stressors also cause delays in an individual's life milestones and choices. In a recent 2016 survey on psychology graduate students' debt, 85.6% of graduate students reported delays in life milestones such as retirement planning, buying a home, having children, and/or getting married (Doran, Kraha, et al., 2016). Additional research points to a trend of graduate students moving back in with their parents due to financial strain; this trend was more evident among Black graduates as compared to their White peers (Bleemer et al., 2017; Davidson, 2014). The combination of limited compensation and insufficient financial aid may also result in a different source of debt for graduate students—credit card debt (Wilcox, Barbaro-Kukade, et al., 2021). Graduate students who struggle to afford the costs of training and professional development (e.g., gas costs of traveling between practicum sites, conference fees), basic necessities, or emergencies may rely on credit cards as a financial source. In the long term, graduate students and early career professionals who are unable to meet credit card payments may have lowered credit scores that impact their ability to obtain funding on home or car loans.

It is no surprise that significant financial stressors were positively associated with psychological distress and unhelpful

coping strategies. Constraints created by financial debt and limited financial resources often contribute to feelings of insufficiency (Zhang & Kim, 2019), guilt and anxiety (Deckard et al., 2021), anger and frustrations (Olson-Garriott et al., 2015), and increased alcohol and substance use (Qian & Fan, 2021). There were also gender and racial differences in the experiences of psychological distress across varying groups of young adults. A longitudinal study on increased student debts found that young men reported higher levels of mental health distress, smoking, and drinking as compared to young women (Qian & Fan). Another study on Black and Latinx college students found that debt-induced stressors were significantly associated with self-hostility, guilt, sadness, and fatigue (Deckard et al.).

Financial burden impacts more than just the individual. The trickle-down effects can be felt by the profession and by the public. Financial debt influences (a) career decisions made by those considering graduate psychology education, (b) representation and diversity within the profession as graduate psychology is cost-prohibitive for many individuals from historically excluded and low SES backgrounds, (c) attrition rates in the field, and (d) public access to affordable services as early career professionals are forced to consider ways to recuperate their financial losses after graduating (e.g., through private practice).

**Table 1.** Total Estimated Costs of Doctorate Psychology Education

Source	Approximate/Estimated Cost (\$)
Graduate school applications	235-470
GRE	205-855
In-person interview costs	2,000
Graduate school relocation costs (Perry, 2021)	2,200-5,700
Tuition*	11,000-34,000
Health insurance (American College Health Association, as cited in Brenoff, 2017)	1,500-2,500/year for 6 years
Internship applications (HSP students only)	498
In-person interview costs	2,000
Licensure requirements (EPPP fees, application costs, etc.)	800-1,400
Internship relocation costs (Perry, 2021)	2,200-5,700
Cost of living (U.S. Bureau of Labor Statistics, 2020)	38,266/year for 6 years
<b>Total estimated costs</b>	<b>259,734 - 297,219</b>

*Note.* \*tuition for public institutions ranges from 11,000 (in-state) to 24,000 (out of state) on average. Tuition for private institutions is \$34,000 on average (2016 APA Summary Report).



## Proposed Changes and Policy Suggestions

Recommendations for addressing graduate student financial burden in psychology have been made for every level, including at the individual, institutional, and federal levels (see Doran, Reid Marks, et al., 2016; Mancoll et al., 2021; Wolff et al., 2020).

At the individual level, increasing financial literacy is key to identifying and mitigating personal sources of debt accumulation (Doran, Reid Marks, et al., 2016). Students may find themselves making poorer financial decisions if they are not made aware of financial skills and resources, including comparing student loan options, anticipating hidden costs, and future financial planning (e.g., retirement plan, savings, credit card debt, etc.). Financial education should begin at the high school level as students start to plan for college, and it should continue throughout their undergraduate and graduate training (Doran, Reid Marks, et al.). The American Psychological Association for Graduate Students (APAGS) has provided resources and tools for individuals to improve their financial literacy, find scholarships and funding, and educate themselves on loan repayment and forgiveness options. APAGS also recently published a *Financial Expenditure Evaluations for Students* (FEES) as a tool for students to financially plan for their graduate education and assess quality of financial support provided by programs (APA, 2021).

Institutions and graduate programs are also responsible for providing financial education and advocacy for students. Universities and graduate/internship/postdoctoral programs should understand the realities and consequences of significant student loan debt and work to provide students with adequate access to financial aid and keep costs accessible and affordable (Doran, Reid Marks, et al., 2016). Institutions should also be held accountable for utilizing nonpredictive admissions standardized tests and exploitative and predatory enrollment practices. Research on the Graduate Record Examination (GRE) test showed low association with graduate student outcomes or success (Sternberg & Williams, 1997), and it was not an equitable measure of “deservingness” for a doctoral program (Gomez et al., 2021). Furthermore, studies highlighted that utilizing the GRE as an admissions test increased gatekeeping and limited access to certain groups of equally qualified applicants

(Bleske-Recheck & Browne, 2014; Gomez et al.). A 2014 research study (Miller & Stassun, 2014) found that the utilization of GRE cutoff scores eliminated 94.8% of African Americans from the application pool.

While the cost of tuition is also beyond the program faculty’s control, they can advocate on behalf of students by highlighting the lack of funding or high tuition costs to the administration (Angyal et al., 2022). Programs and faculty should also increase transparency surrounding the hidden costs of their programs (Angyal et al.) and educate students on their financial realities postgraduation (APA, 2021). Some examples of hidden costs are textbooks and software purchases, transportation costs to practicum sites, administrative and travel fees for internship applications. This information should be readily accessible and disseminated to students within an informed consent process prior to the student accepting a program offer. Further, the information should be repeated to students throughout their graduate training (e.g., brief seminars, didactics, etc.; Angyal et al.). Faculty might also consider optimizing the amount of time that trainees spend in graduate programs (e.g., transferring equivalent master-level courses to reduce the amount of time from enrollment to graduation), discussing compensation for graduate- and practicum-level service provision, providing a list of affordable options for psychological services to graduate students, and developing affiliated internship programs (formerly captive internships) to reduce costs. Other financial support such as teaching students to advocate for themselves, locating financial resources that the student might be eligible for (e.g., loan repayment services; Angyal et al.), teaching students to negotiate compensation, and understanding students’ earning potential will be beneficial for students postgraduation.

At a systems level, organizations like the APA are encouraged to continue advocacy around student debt forgiveness programs and legislation (Angyal & Wolff, 2020; Mancoll et al., 2021; Wolff et al., 2020), including public service loan forgiveness, Medicare/Medicaid reimbursement for trainee services, and higher funding for psychology education (e.g., Minority Fellowship Program, Graduate Psychology Education Program). The APA Advocacy Office prioritizes funding for applied psychology research, graduate education and training financing, and psychology workforce development (APA, 2022). However,

collaboration and partnerships across institutional, state, and federal levels may be needed for progress towards easing psychology graduate education financial burden. It is important to note that many of the policies that are currently being advocated for (e.g., Public Service Loan Forgiveness), while helpful, are only temporary solutions. Consistent with what others have previously argued (Wilcox, Pietrantonio, et al., 2021), in order to tackle the root financial issues facing prospective students, we must consider broader systemic policies, including significantly reducing the cost of higher education, raising the minimum wage, shrinking the racial wealth gap, and supporting economically disadvantaged communities (e.g., international students, undocumented students).

Finally, as a profession, it is our collective duty to address the ever-growing financial burden of the next generation of psychologists. A shift in culture from one that passively observes the growing crisis to one that actively combats it is critical. This may require challenging narratives grounded in meritocracy and classism that perpetuate inaction (e.g., “students just need to spend less money,” “our stipends were low too,” “they should just get a side job”). The financial debt crisis is expected to worsen over time, and the impacts will be felt throughout our psychology workforce, but most devastatingly by those who are already underserved or have no access to mental health services. The financial debt crisis of psychology students and early career professionals is a matter of equity, urgency, and ethics, and it requires coordinated advocacy so that the growing societal needs can be met.

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**Positionality Statement:** Mary A. Fernandes, Ph.D., graduated with a Ph.D. in Clinical Psychology from Georgia State University. She is currently a Clinical Neuropsychology Postdoctoral Fellow at the Washington, DC, VA Medical Center. Her professional interests include clinical neuropsychology practice and mental health policy and advocacy, with a specific emphasis on policies aimed at increasing equitable access to high-quality health care. Mary identifies as an Indian, immigrant, first-generation, cis, heterosexual, able-bodied woman from a low SES background. Mary's contributions to this article are from positions of privilege and historical marginalization. She is committed to life-long learning and social justice from a humble and self-reflective lens.

Blanka Angyal, Ph.D., earned a degree in counseling psychology at University of Kentucky. She is currently a psychologist at the South Texas VA. Her professional interests include advocacy and policy, multicultural training, equity and cultural practice in organizations, positional practice and liberatory psychology. Within her personal and professional roles, Blanka strives to use her privilege and experiences of marginalization to facilitate healing and to promote equity and inclusion. Blanka identifies as Hungarian and Roma, immigrant, first-generation, cis, able-bodied woman in a heterosexual relationship and from a low SES background. The contents of this article closely reflect personal, financial, and institutional hardships and privileges she experienced within and outside graduate school.

Quincy Guinadi, M.A., is a counseling psychology Psy.D. student at Saint Mary's University of Minnesota, Minneapolis. She will be starting her predoctoral internship at the University of St. Thomas in 2022. Her pro-

fessional interests include international students' and immigrants' mental health needs and well-being, performance and sport psychology, and leadership development. Quincy identifies as Chinese, an international student from Singapore and Indonesia, third culture kid, immigrant, cis, heterosexual, able-bodied woman. The opportunity to attend multiple higher education institutions in a foreign country across the world is a financial privilege that is accessible to Quincy. She is committed to utilizing her positions of privilege and power to advocate for others who do not have the same access, and to continually gain awareness and self-reflect on her path as an immigrant in the United States.

No conflicts of interest or funding to report.

**Correspondence to** Blanka Angyal, Ph.D., 14038 Fairway Oaks, San Antonio, TX 78217 [angyalblanka@gmail.com](mailto:angyalblanka@gmail.com)

## STUDENT FORUM

# The Importance of Virtual Interviews for Graduate School and Internships in Clinical Psychology

Julia S. Yarrington,\* Meredith R. Boyd,\* Danielle Keenan-Miller,  
*University of California, Los Angeles*

THE COVID-19 PANDEMIC has caused significant disruptions in everyday life and has amplified the already-urgent need for increased attention to diversity and inclusion at the systemic level. With this context in mind, this article seeks to consider the benefits of maintaining remote interviews that began during the pandemic for graduate school and clinical internships as they pertain to diversity and inclusion. We begin by briefly reviewing the challenging context in which virtual interviewing began, outlining the benefits of virtual interviewing, and concluding with special considerations and future directions to further improve the virtual interviewing process.

Many of the social and occupational shifts resulting from the pandemic have led to notable challenges, including isolation,

mental health difficulties, and financial strain (Nelson et al., 2020; Yarrington et al., 2021). In the midst of the pandemic, the U.S. also saw increases in violence towards the Asian American and Pacific Islander (APPI) community (Wang et al., 2020), as well as increased attention to ongoing and increasing violence against Black Americans (Krieger, 2020; Liebman et al., 2020; Roberts, 2020) and the role of law enforcement in such violence. Through both disruption to the status quo and amplification of existing disparities, the pandemic served as a catalyst, drawing attention to the urgent need for advances in equity and inclusion.

Stronger calls for equity led a number of organizations to reflect on their role in promoting equity and inclusion. For example, the Association for Behavioral and Cognitive Therapies (ABCT) released a state-

ment on racism and discrimination that expressed alignment with Black Lives Matter and the National Association for the Advancement of Colored People (NAACP), and launched the Task Force to Promote Equity, Inclusion, and Access (Antony et al., n.d.). In addition, the American Psychological Association (APA) published an apology to people of color in the U.S. in an effort to take accountability for its role in contributing to inequity through racism and discrimination towards, and denigration of, people of color (APA, 2021). Although the APA's apology has been criticized for omitting key aspects of its history and as disconnected from actionable steps towards promoting equity (Association of Black Psychologists, 2021; Auguste, 2021), at a minimum, it speaks to a broader trend of attempts to reckon with the impact of perpetuating systemic racism and discrimination.

Of course, national organizations were not the only structures within the field of psychology that attempted to make changes to increase equity. The pandemic necessitated that clinical psychology departments across the country rapidly shift courses, clinical work, and interviews for both graduate school and clinical internship to a virtual format. The shift to virtual learning, therapy, and interviews presented a natural experiment for broad, structural changes to processes that may have perpetuated inequity in academia his-

\*Indicates shared first-author contribution.



torically. Benefits yielded through this experiment are detailed.

### Cost Comparisons

A significant barrier to pursuing graduate education is financial burden, often in part related to debt accrued while pursuing an undergraduate degree (e.g., Malcolm & Dowd, 2012). Among individuals who are able to apply for graduate programs and are subsequently accepted, debt remains a significant burden. Median educational debt among clinical psychology graduate students is \$80,000 (Gee et al., 2021). This financial strain is further compounded by low graduate student pay, which is, on average, less than \$20,000 annually (Gee et al.). The financial burdens encountered at many stages of graduate training in psychology have a disproportionate impact on individuals from minoritized backgrounds, first-generation students, and those whose families cannot provide financial support, and thus represent one of the mechanisms through which inequality and underrepresentation is maintained through institutional structures. Given that financial burdens are a significant factor in considering the merit of virtual interviews, we first present a financial comparison between costs accrued during applications to graduate school and clinical internship pre- and mid-pandemic. Of note, data regarding the cost of interviewing for graduate programs in clinical psychology is sparse. Across hypothetical interview scenarios, we attempted to consistently take a conservative approach to estimating travel fees so as to avoid inflating our broader estimate of interview costs. However, our approach remains limited by the paucity of data regarding graduate school interview costs, and as such, the estimate below should be interpreted cautiously.

#### Cost Comparison: Interviews for Graduate School

Doctoral programs in clinical psychology are both extremely popular and highly selective programs, with an average acceptance rate ranging from 2–8% in clinical science programs specifically (Sayette & Norcross, 2018). The selectivity of these programs typically means that students are encouraged to apply to anywhere from 12 to 20 programs (Norcross & Sayette, 2016; Prinstein, 2022). Our cost comparison employs a potentially conservative average of 15 applications. Unfortunately, data regarding an average number of interviews per applicant is lacking. Assuming an

applicant is highly competitive, we believe it is reasonable to assume that applicant might receive one interview for every two to three programs to which they applied. Therefore, we will provide a cost comparison for a theoretical applicant who received six interviews, most of which take place in cities that have a regional airport and public transportation of some kind (e.g., metro system, bus system, rideshare accessibility).

Again, given that data on graduate school interviews from applicants are sparse, we offer estimates based upon a range of potential graduate school interview scenarios. We will consider the following possible travel scenarios: (1) interviewing for a program local to the applicant, (2) interviewing at a site within driving distance, (3) interviewing at a site necessitating public transportation (e.g., train, bus), but in a region proximate to an applicant (e.g., an applicant who lives in Boston, MA, interviewing in Washington, DC), (4) interviewing at a site necessitating air travel that is not proximate to an applicant (e.g., an applicant who lives in Cleveland, OH, interviewing in Los Angeles, CA), and (5) interviewing at a site necessitating air travel and car travel (e.g., rental car, longer rideshare). We will assume that most of these theoretical interviews would provide lodging, but given that this is not always the case, we will consider a sixth scenario in which an applicant interviews at a site necessitating air travel and lodging.

• *Prepandemic Costs. Scenario 1:* In the case of a local interview, based upon data from transportation entities and average rideshare costs in three major metropolitan areas (i.e., Boston, Chicago, Los Angeles), we estimate that, on average, an applicant might spend approximately \$7 on bus or metro fares or gas and potential parking fees (Massachusetts Bay Transportation Authority, n.d.; Chicago Transit Authority, n.d.; Metro, n.d.), or up to \$50 on rideshare fares for travel to and from an interview. *Scenario 2:* We estimate that if an applicant had their own car, they might spend approximately \$100 on fuel to drive to and from the interview (Dehan, 2021). In the event that an applicant would need to reserve a rental car, they might expect to pay approximately \$81 per day (Anderson, 2022). Conservatively, an applicant would likely need a car for two days, yielding a total cost of \$212 for a rental car and one tank of fuel. *Scenario 3:* Data from 2015 suggests that the average rail fare cost for an Amtrak passenger in the U.S. was

approximately \$70 (Bureau of Transportation Statistics, 2019). In an effort to provide a conservative estimate, we will retain this statistic to represent the typical cost of an interview necessitating public transit other than airfare, given that buses are likely less expensive and that the average train ticket has likely increased in cost since 2015. *Scenario 4:* The average cost of airfare in the U.S. in the first quarter of 2019 was \$353 (Bureau of Transportation Statistics, 2019). Therefore, we will assume that airfare and a rideshare to and from the airport might cost an applicant approximately \$400 on average. *Scenario 5:* Assuming airfare and a two-day car rental, an applicant would be expected to spend an average of about \$515. *Scenario 6:* Finally, in the event that an applicant needed to fly to an interview, use a rideshare to and from the airport, and stay at a hotel for two nights, given an average nightly hotel cost of just over \$100 (Lock, 2021), an applicant could expect to spend approximately \$603.

In sum, accounting for various modes of transportation, before the pandemic and virtual interviews, our conservative estimates suggest that a highly competitive applicant might expect to spend anywhere from \$1,695 to \$1,850 total attending interviews for clinical psychology graduate programs. Even in the event that an applicant does not receive as many interviews, based upon the above data, an applicant could expect to spend an average of \$295 per interview. Therefore, an applicant who received half as many interviews as our hypothetical applicant above might still expect to spend an average of nearly \$900 on interviews. Again, where possible, we selected conservative estimates for price, meaning that in actuality, the cost per interview may be even higher.

• *Costs of Interviewing During the Pandemic.* As virtual interviews became the norm due to pandemic-related travel limitations, travel costs were eliminated. We anticipate that applicants still incurred significant expenses applying to graduate school during the pandemic, with the application process alone generally costing applicants well over \$1,000 (Norcross & Sayette, 2016). It is also possible that new costs associated with virtual interviewing arose for some, including upgrading internet speed, paying for childcare, or reconfiguring a space to be conducive to interview (e.g., buying lighting). However, the significant costs of travel for interviews were reduced to zero.

### **Cost Comparison: Interviews for Internship**

The Association of Psychology Postdoctoral and Internship Centers (APPIC) collects data from students who underwent the most recent internship match process. These surveys query demographic information, self-reported costs associated with applying, and, in surveys since the pandemic, perspectives on virtual interviewing. Comparison of the 2018 survey with the 2021 survey allows for an estimation of cost differences from virtual versus in-person interviewing (Keilin, 2018, 2021). To contextualize this data, in 2018, the APPIC survey was completed by 59% of all students who participated in the match. Students reported applying to an average of 15.4 sites ( $SD = 4.8$ ) and receiving an average of 7.4 ( $SD = 3.8$ ) interviews. In 2021, the APPIC survey was completed by 68% of all students who participated in the match. Students reported applying to an average of 14.9 sites ( $SD = 4.6$ ) and receiving an average of 7.5 ( $SD = 3.9$ ). Although students submitted significantly more applications in 2018 compared with 2021,  $t(5040) = 3.76$ ,  $p < .01$ , the difference in number of interviews received, which is the driver of cost differences, was not significant,  $t(5040) = .91$ ,  $p = .36$ .

In 2018, the total average cost of traveling for interviews for students from U.S. doctoral programs was \$1,570 ( $SD = \$1,562$ ), which included expenses such as air or train fare, car rentals, taxis, gasoline, and hotels. In addition, the average cost of “other” expenses, which included expenses such as Match registration, clothing costs, and phone calls, was \$251 ( $SD = \$350$ ) interviews. In 2021, the cost of travel was nearly eliminated ( $M = \$6$ ,  $SD = \$52$ ) and the average cost of “other” expenses was reduced by more than half ( $M = \$100$ ,  $SD = \$167$ ). It is worth noting that the costs of applications themselves rose between 2018 and 2021 even though students applied to significantly less sites. In 2018, students reported spending an average of \$519 on applications ( $SD = \$343$ , e.g., application fees, APPIC fee, cost of obtaining/sending transcripts) whereas in 2021 students reported spending an average of \$603 ( $SD = \$340$ ). Despite the elimination of travel costs and reduction of “other” costs, the total cost of applying for internship is still quite high, especially in the context of the average income and debt of students participating in the match as well as income to be expected during the internship year.

In 2021, APPIC also collected data about student perceptions of virtual interviews, which revealed that 94% of students were between “moderately” (scale midpoint) and “extremely” satisfied with the virtual selection process. Further, the majority of students expressed a preference for virtual rather than in-person interviews (72%) and the perspective that exclusive virtual interviews should be mandated for all psychology internship programs (66%).

Taken together, student preference and cost differences already paint a compelling picture for continuing with virtual interviewing or internships in future years. However, there are additional benefits associated with virtual interviewing.

### **Broader Benefits of Virtual Interviews**

In addition to the strong case made for virtual interviews based on cost alone, virtual interviews have several benefits. First, virtual interviewing removes the time commitment associated with traveling to and from interviews. This may be helpful for reducing the logistical burden for applicants with caregiver responsibilities. Although it is challenging to determine the percent of the graduate school applicants in caregiver roles, according to APPIC 2021 data, 12% of internship applicants were living with at least one dependent child and 6% of applicants were living with at least one dependent adult (Keilin, 2021). Virtual interviewing is not burden-free for those in caregiving roles but there is a vast difference between coordinating a half or full day of childcare compared with multiple nights of travel to other cities. The reduced time commitment may also be helpful for working graduate school applicants who have limited (or no) paid time off from work. The combination of application costs (e.g., preparing for and taking the GRE, sending GRE and transcripts to each school, university application fees) and reduced pay can create an especially difficult financial situation.

Another benefit of virtual interviewing is the reduced environmental impact associated with travel. According to the 2021 APPIC data, 4,139 students applied for internships and received an average of 7.5 interviews resulting in over 31,000 interviews conducted (Keilin, 2021). There are approximately 400 APA-accredited clinical psychology doctoral programs that accept an average of 11 students per year, resulting in approximately 8,800 interviews conducted (assuming two interviews per posi-

tion; APA, n.d.; Michalski et al., 2017). In total, virtual interviewing has the potential to remove approximately 39,800 instances of travel per year and thus reduce travel related carbon emissions.

Virtual interviewing also continues to be an important step in protecting applicants who are most vulnerable to the COVID-19 virus and other illnesses, as well as applicants with disabilities, some of which may be associated with being immunocompromised. Virtual interviews were initially implemented to mitigate the spread of COVID-19. Although there are now vaccines and better treatments to combat COVID-19, the virus is still circulating in the population and can still cause hospitalizations and/or chronic illness (Crook et al., 2021). Apart from COVID-19, graduate school and internship interview season coincides with peak flu season, which has always been more dangerous for applicants with certain underlying health conditions or applicants in close contact with those with underlying health conditions (Centers for Disease Control and Prevention, 2021). Even in instances where illness is not severe, taking additional time away from work due to illness on top of time taken off to travel for interviewing can be a significant financial stressor for applicants. Virtual interviews may also reduce the burden of traveling for individuals with disabilities, in cases where mobility or pain-related conditions, for example, would make traveling difficult.

### **Our Stance**

The above data points to a myriad of compelling reasons, including cost, equity and diversity, environmental impact, and time constraints, for retaining a virtual interview format for both admission to graduate school and clinical psychology internships. The authors strongly recommend that all interviews remain virtual, rather than offering a hybrid option. Hybrid options may contribute to perceived pressure to visit sites in person and may disadvantage those who interview virtually, in that applicants who opt for a virtual interview may be perceived as less committed, and because some may find it easier to connect with applicants who visit sites in person. However, it is essential to continue efforts to proactively identify and alleviate barriers or complications that may be posed by virtual interviews.

## Considerations and Recommendations for Virtual Interviews

Although virtual interviews address several important barriers to considering graduate school or pursuing clinical internships, virtual interviews may introduce complications for certain applicants. Some applicants may have a home environment that is not conducive to completing interviews. Virtual interviews necessitate access to stable internet connections, private space, quiet space, professional backgrounds, and acceptable lighting, each of which may be less common among applicants who are underresourced or who have been systematically disadvantaged in a way that perpetuates lack of access to resources. Promoting equity in the context of virtual interviews means that institutions must play a part in solving barriers to virtual interviews. One possible solution is for undergraduate institutions, workplaces, or graduate schools to offer free lab, clinic, campus, or office spaces to applicants for interviews. Ideally, these spaces could be reserved for long periods of time to ensure privacy and would be offered proactively by institutions at the onset of the interview season. The latter point is especially important for reducing the burden on individual applicants to advocate for their needs during an already taxing process. Each year, APPIC releases guidance and tip sheets for interviewing to both programs and applicants. To further encourage programmatic space accommodations, APPIC could consider listing this point among their recommendations.

Another concern for applicants might be the perception that it is more challenging to discern culture and climate of both a program and a geographical location in which a program lies. Again, this might be an especially pressing concern for applicants with marginalized identities. In a virtual context, it might feel more challenging for applicants of color to know whether they might be the only person of color on staff or in a program, or for a queer applicant, whether they could feel safe in public spending time with a partner in a new town. One solution for applicants to graduate school could be to attend diversity-focused admissions events such that they have a space to ask current graduate students who may have shared identities about diversity, equity, and inclusion. Additionally, graduate programs could

consider hosting optional in-person recruitment days for accepted students. Ideally, graduate schools would pay for travel to and from the recruitment days as well as lodging. Programs may be more inclined to cover these expenses as costs would be lower than if recruitment took place during the application phase, due to fewer individuals being accepted than interviewed, and because of the desirability of having individuals accept offers tendered, which may be more likely after a site visit. A potential solution for internship applicants is for graduate programs to collect and distribute feedback from program alumni about their experiences at internship sites. A more involved solution would be for sites to offer optional in-person open house events after the internship site has submitted rankings but prior to the deadline for applicant rankings. This would allow applicants to freely choose if and which open houses to attend to clarify their rankings without the pressure of feeling disadvantaged should they choose not to attend.

Another issue posed by virtual interviewing is the difficulty discerning aspects of the physical site for applicants with disabilities that impact mobility. Sites should be proactive in making this information clear through the use of videos, photos, and written descriptions that thoroughly document distance and routes from the area in which students would park or be dropped off to the various spaces the student would use during the workday (offices, conference rooms, restrooms, break rooms and cafeterias, stairs, elevators). Sites should also be transparent if older buildings are not fully updated to be compliant with Americans with Disabilities Act requirements for accessible design. Disability is a broad term that encompasses a diversity of mental and physical conditions (Americans with Disabilities Act, 2022). While virtual interviewing may reduce barriers for some applicants with disabilities, it may pose new challenges for others, such as those with hearing or vision impairment or conditions that make sitting for long periods of time difficult. For this reason, sites should be responsive to requests for accommodations as well as proactive when designing their virtual interviewing agenda (e.g., frequent breaks, using a mix of synchronous interviews and asynchronous information sessions, options for phone or video interviews, using video-conferencing platforms that enable closed captioning).

It is challenging to anticipate all possible complexities and unintended conse-

quences of a shift to virtual interviewing. For this reason, it is imperative that future research focus on gathering information about the application and interview process, particularly through qualitative methods that enable capture of a wide variety of perspectives. This research should prioritize collection of the experiences of historically marginalized groups in the field of psychology.

Although virtual interviews reduce barriers for applicants to graduate school and internships in clinical psychology, the field must continue efforts to promote equity and access through the interview process. Unfortunately, virtual interviews do not eliminate the potential for bias based upon race, weight, dress, gender, or perceived attractiveness, among other factors, each of which are predictive of interview outcomes (Burmeister et al., 2013; Cavico et al., 2012; Pruitt & Isaac, 1985). Presently, there is wide variability in how graduate school and internship interviews are conducted, increasing the chances for bias in the interview process. For this reason, we advocate that accrediting bodies such as APPIC, APA, and Psychological Clinical Science Accreditation System (PCSAS) should work with professionals in organizational management to implement interviewing guidelines that reduce the potential for bias. For example, certain methods of standardizing interview questions and training interviewers have been shown to decrease bias in some instances (Bragger et al., 2002; Brecher et al., 2006; Huffcutt & Woehr, 1999).

## Conclusion

The COVID-19 pandemic presented an unexpected challenge to clinical psychology doctoral programs and necessitated rapid shifts to a virtual format for classes, clinical work, and interviews for admission to graduate programs and clinical internships. These adjustments offered an important opportunity to reconsider pre-pandemic practices and their perpetuation of inequity and exclusion in academia. In-person interviews for graduate programs and clinical internship in psychology posed a significant financial barrier for applicants. Virtual interviews alleviate numerous burdens, beyond financial stress, including time required for traveling to sites and remaining at sites for interviews, environmental impacts of travel, and reducing exposure and spread of illnesses, whether COVID-19, the flu, or other seasonal illnesses that are rampant at the time



of interviews. Therefore, we strongly recommend that interviews for graduate programs and internships in clinical psychology remain virtual. We believe that it is essential for policies regarding virtual interviews to apply universally, given that programs or internship sites that offer optional in-person interviews may unintentionally lead applicants to conclude that they would be at a disadvantage if they opted for a remote interview.

Numerous barriers to entrance to and success in higher education exist for students, especially those with marginalized identities. Offering exclusively virtual interviews for graduate programs and internships in clinical psychology represents an important step in promoting equity. It is essential that qualitative efforts focus on uncovering barriers posed by virtual interviews that prioritize perspectives of marginalized or underrepresented students, in a continued effort to improve access to and maximize diversity in clinical psychology.

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The authors have no conflicts of interest to report. The writing of this manuscript was supported by the NIMH T32 Pre-Doctoral Training Grant (J.S.Y.).

**Correspondence to** Julia S. Yarrington, 2244A Franz Hall, Los Angeles, CA 90095-1563 [yarringtonjs@ucla.edu](mailto:yarringtonjs@ucla.edu)

## CLINICAL PRACTICE FORUM

# Call to Action: Internship Equity for Clinical Psychologists

Zoe R. Smith, *Loyola University Chicago*

THE PREDOCTORAL clinical internship for Ph.D. and Psy.D. students in clinical, counseling, and school psychology is a 1-year, full-time clinical position that all trainees must complete to earn their doctoral degree. Participation in the predoctoral clinical internship typically occurs during the last year of a trainee's Ph.D. or Psy.D. program. Sponsoring internship sites commonly include academic medical centers, primary schools/districts, universities, private practices, prisons, Veteran's Affairs facilities, and community clinics, among others. Prior to internship, doctoral clinicians have typically completed 500+ hours of direct clinical work. During the 1-year internship, trainees are expected to develop and/or refine a comprehensive set of clinical skills necessary for conferral of a Ph.D. or Psy.D. Core competencies are developed through direct therapy hours, didactics, supervision, assessment, and report/note writing. The internship selection process was intended to closely align to the medical residency model through its use of a site-matching mechanism adapted for a 1-year clinical internship. In practice, this attempted alignment to the medical residency process has created inequities for our trainees, most significant of which includes a lack of compensation parity with medical residents. This commentary provides examples of ways to increase equity for psychology doctoral trainees, particularly for groups of individuals who are most oppressed. This includes dismantling of oppressive systems to increase equity and decrease bias and oppression in clinical training.

Liberation psychology demands a shift from individual focus to collective, community-based care focused on the "needs of those who experience the most extreme forms of oppression" (Neville et al., 2021, p. 1251). Liberation psychology is supported by five foundational domains, including (a) facilitation of relationships, (b) promotion of ethical consciousness, (c) creation of empowering learning sites, (d) generation of reciprocal knowledge and translation, and (e) increase of structural equity (Neville et al., 2021). This commen-

tary draws from the fifth domain, increasing structural equity, which encourages a reorientation of clinicians toward a community-based interpretation of how systemic oppression effects mental health and away from a narrower focus on the individual without appropriate context. Psychologists do not typically receive training in system disruption; however, we are well positioned to remove systemic barriers in our field, including unfair labor policies and discriminatory practices (Neville et al.). To create an environment of empowerment, we must address the high level of inequity from a structural perspective.

## Issues and Inequities in the Clinical Psychology Internship Process

Please see Table 1 for an overview of inequities/issues, calls to action, and power actors.

### Overburdened Application Process

Doctoral-level clinicians typically start preparing internship application materials the summer before applying. They draft four essays and a multitude of cover letters, document clinical hours, provide information for letters of recommendations, and are required by most programs to propose their dissertation prior to submitting internship applications by November 1. The approximately 96 to 320 hours spent on the internship application and match process results in a deprioritization of health and well-being, research, advocacy, service, and clinical work (Crane, 2022; Palitsky et al., 2022; Palmer, 2022).

Internship-related costs place an undue economic burden on applicants. To successfully apply for internship, applicants are required to pay for a match number, application fees, and technology tools (e.g., Time2Track). On average, the application process incurs costs of \$2,323 (APPIC, 2018). Fifteen applications costs \$498, cost of travel averages \$1,570, and moving costs average \$1,400, which is approximately 1.5 months of internship salary before taxes (APPIC, 2018). This economic burden perpetuates a classist selection bias inherent in our field by establishing an unnecessary

barrier to entry tied to socioeconomic status rather than clinical preparedness.

### ***Interns Are Underpaid***

Internship salaries are woefully undervalued when compared to other doctoral-level clinicians. Average compensation for this full-time position is \$31,100, with some salaries as low as \$15,000 (APPIC, 2021a). Thus, doctoral clinicians are likely to incur significant personal debt, averaging nearly \$100,000 (APPIC, 2018). In addition, there is a clear inequity in internship salaries for psychology and medical trainees, with the average first-year medical

resident receiving nearly double that of a psychology intern (\$60,289; AAMC, 2021).

### ***Interns Are Overworked***

Despite low salaries and high levels of personal debt incurred by interns, internship sites openly advertise 40- to 60-hour work weeks. Some internship sites average 60- to 80-hour work weeks, leading to interns making lower than minimum hourly wage. Currently, there are few safeguards for interns around the number of hours worked and it is not directly tied to accreditation.

### ***Lack of Free Market in Match Process***

Once doctoral clinicians finish interviewing, both the applicants and the sites complete a rank order list to facilitate the matching process. This mechanism eliminates application choice and minimizes employment freedom, leaving doctoral-level clinicians in a vulnerable position (Paltisky et al., 2022). Opaque, centrally controlled labor-matching systems can be ripe for oppression. Put plainly, since doctoral-level clinicians are required to complete the internship year at the site to which they match, “if they require higher income

**Table 1.** Inequities and Issues in the Internship Process and Direct Calls to Action

<b>Inequity Issues</b>	<b>Call to Action</b>	<b>Power Actors</b>
Overburdened application process	Simplified application <ul style="list-style-type: none"> <li>• Take out essays</li> <li>• Shorten CL</li> </ul> No cost to application process APPIC require virtual interviews only	APPIC Doctoral programs Internship sites
Underpaid	APPIC require minimum wage at NIH post-doctoral level (\$54,846) and adjust yearly for inflation/cost of living <ul style="list-style-type: none"> <li>• Requirement for accreditation<sup>a</sup></li> </ul>	Accreditation board APPIC Internship sites
Over worked	APPIC require sites to stick to 40 hours per week <ul style="list-style-type: none"> <li>• Paid overtime if interns work over 40 hours</li> </ul> Flexibility in hours requirements from licensing boards Public feedback forum on internships <sup>a</sup>	Accreditation board APPIC Doctoral programs Internship sites Licensure board
Match process does not allow for free market <sup>a</sup>	Eliminate match process Interview for internship same way as doctoral graduate school interviews	APPIC Doctoral programs Internship sites
Ambiguity in respect and status <sup>a</sup>	Award honorific of Dr. by establishing post-grad internship <sup>a,b</sup> Higher pay due to awarding of doctorate prior to internship <sup>b</sup> Interns be designated as employees, not students Flexibility in seeking other higher paying jobs or specialty areas post-graduation	Accreditation board APPIC Doctoral programs Internship sites
Inequitable benefits	APA/APPIC require full health insurance coverage and benefits <sup>a</sup> for accreditation <ul style="list-style-type: none"> <li>• Include dependents, short-term disability, parental leave, workers' compensation<sup>a</sup></li> </ul>	Accreditation board APPIC Internship sites
Assumption of privilege	Fewer relocations required by providing flexibility in timeline and positions <sup>b</sup> Cover moving expenses Streamline health insurance/benefits Support trainees in finding appropriate medical teams	APPIC Doctoral programs Internship sites Licensure board

*Note.* For readability, calls to action and inequities do not have APA citations, thus <sup>a</sup> indicates citation for Palitsky et al. (2022) and <sup>b</sup> for Berenbaum et al. (2021). CL = cover letter; APPIC = Association for Psychology Postdoctoral and Internships Centers; NIH = National Institute of Health.



than their site offers, interns are not free to seek a raise or discontinue internship and seek another job. On the contrary, they risk “*forfeiting their degrees unless they complete internship as stipulated*” (Paltisky et al., 2022, p. 14; italics added for emphasis).

### ***Ambiguity in Respect and Status***

There are also stark differences between the doctoral-level training for psychologists and medical residents regarding timeline to graduation. For doctoral-level clinicians, internship is a required, 1-year residency, most frequently in a different city from their graduate program and occurs *pre*-graduation. This means our doctoral clinicians, even those that have defended their dissertation prior to internship, are not given the honorific of doctor. “Doctor” confers a great sense of credibility in the medical system. Establishing credibility of our early-career clinicians is a crucial step toward prioritizing mental health practitioners and the people they serve within the healthcare system at large. As mental health is stigmatized in health settings (Henderson et al., 2014), this level of credibility can be vital towards prioritizing mental health of the people we serve as therapists and advocates. Medical teams that include psychology interns are more likely to listen to psychoeducation and behavioral health strategies when interns are appropriately credentialed as advanced mental health professionals (Henderson et al.; Palitsky et al., 2022). Empowering the newest clinicians among us will directly benefit the teams we support and the people we serve by delivering enhanced, comprehensive treatment outcomes.

### ***Inequitable Benefits***

Currently, APA-accredited internship sites are not required to provide full health insurance coverage for interns; this is not the case for medical residents (AAMC, 2021; Palitsky et al., 2022). Starting a new job in a new city presents meaningful challenges for all doctoral students. Setting up new providers is difficult for everyone, particularly since most health insurance does not start until 1 month after the internship start date, and this lapse of health insurance can be life altering and costly. Further, moving for internship perpetuates ableism, discrimination in favor of abled people, as we do not prioritize clinicians with disabilities. Changes in health insurance and/or location affect the team of providers doctoral clinicians can have on their care team. In addition, establishing a new medical team is time consuming, stressful, and can

lead to inadequate care (Gomez, 2022). In addition, some sites label interns as students, not employees, resulting in a lack of adequate benefits during their internship year and precluding the use of COBRA benefits during the period between ending internship and starting at their next place of employment.

### ***Assumption of Privilege***

Our current internship system was premised on the notion that doctoral candidates can afford to be underpaid for 5 years of graduate school and an additional year of residency. Also, the internship timetable often results in a 4- to 12-week pay gap. Moving for 1 year is costly and invokes classism, increasing the burden on our already underpaid and overworked doctoral students. As APA and many psychologists have called for increased equity in all aspects of our field (Gee et al., 2022; Neville et al., 2021), we need to thoroughly reconsider how our current internship system advances continued oppression of doctoral clinicians. Please see Table 1 for further information on inequities, calls to action, and actors.

## **The Way Forward**

There are many actionable steps toward equity, including simplified application process, development of a postgraduation internship, creation of free-market job choice, adherence to NIH postdoctoral minimum wage standards plus 40-hour work week with compensated over time, increased flexibility in licensing, inclusion of full employment benefits, and system-wide reevaluation of our principles related to clinician equity. For a thorough review of systemic challenges in internship training and additional calls to action, please read Palitsky et al. (2022).

### ***Simplify the Application Process***

The Association for Psychology Postdoctoral and Internships Centers (APPIC) can begin to streamline the application process by removing essays and requiring only one-page cover letters per site, plus a CV. There is some debate on the utility of certain aspects of the internship application. A doctoral-level clinician’s CV should support a site’s initial evaluation of an applicant’s skill set. A cover letter can provide site-specific goals, statements of social justice, salient personal details that an application wishes to communicate, and what training that individual desires to obtain from the site. This level of disclosure is sufficient for a 1-year position and is

commensurate with job applications for similar or even longer-term positions.

In addition, APPIC and APA should mandate that accredited internship sites conduct interviews virtually to limit further socioeconomic marginalization of lower-income candidates. Currently, most internship programs offer virtual interviews, which trainees and internship sites alike have reported preferring (APPIC, 2021b). Virtual interviews can, at a minimum, avoid burdensome costs of travel and accommodations associated with the status-quo process. The proliferation of communication technology tools can facilitate virtual interviews, helping to partially decrease economic inequities associated with the interview process.

### ***Shift to Postgraduation Internship***

Over two decades ago, the Council of University Directors of Clinical Psychology (CUDCP) voted to make the clinical internship *postdoctoral*, while the APPIC board, APPIC member sites, Council of Counseling Psychology Training Programs, and Association of Counseling Center Training agencies voted to keep it *predoctoral* and prevailed (Boggs & Douce, 2000). This vote reinforced the inequitable system we have today. Creating a postdoctoral internship is consistent with most other health professions (Berenbaum et al., 2021) and would address economic inequities, eliminate ambiguity of expertise in integrated care settings, enhance employee benefit coverage, and combat the flawed assumption of applicant privilege. It would allow doctoral-level clinicians (then doctors) to bill for services at an increased rate, require higher wages, and increase credibility from other providers. This revenue enhancement may help fund higher salaries and clinician benefits (Berenbaum et al.; Palitsky et al., 2022). Shifting internship to postgraduation would also help our doctoral-level clinicians earn fair compensation for their work, particularly if APPIC and APA required a minimum of NIH postdoctoral payments for site accreditation (\$54,835; NIH, 2022).

A postdoctoral internship would encourage greater flexibility in experience by enabling focus-areas outside of direct clinical care for doctoral trainees who wish to establish careers in data science, policy, industry, and health promotion (Berenbaum et al., 2021). This would decrease the demand for clinical internships. Even clinically focused individuals may have enough direct therapy and/or assessment hours in graduate school to apply for full-time posi-

tions, allowing them to obtain a longer-term position and higher salary. As our population's mental health difficulties grow ever-more frequent and complex, clinician agility and diversity of provider experience will emerge as key tenets of tomorrow's clinical psychology profession. See Berenbaum et al. for a detailed description of that plan.

### ***Dismantle the Match Process***

To progress towards "bold thinking" and liberation (Gee et al., 2022; Neville et al., 2021) would be to eliminate the match process altogether. This would empower our doctoral-level clinicians to choose an internship site according to clinical needs and training desires. This would increase equity, as doctoral clinicians could choose based on a variety of factors, including salary, geography, health care needs, support systems, partners' ability to find work, training experience, benefits, and much more. The doctoral student application and interview process provide a template to frame this redesign. The current application and interview timeline could stay the same but eliminating the match process would allow for greater applicant choice akin to the Ph.D. program application process. No matter the path that is chosen, APPIC should remove all costs associated with applying, as this is a huge economic burden for graduate students who are underpaid at all levels. If the match process is eliminated, the cost to APPIC to run the match and check the results would be eliminated as well, making it easier to remove costs to applying.

### ***Clear Boundaries and Transparency at Sites***

Internship sites must communicate clear goals and boundaries for interns by engaging in collaborative decision making. Transparency needs to be prioritized such that candidates understand the professional culture of each site. "Wisdom of the grapevines" is not an equitable way for applicants to learn of sites that may include overwork and/or underappreciation (Palitsky et al., 2022, p. 6). This information should be published and publicly available, hosted by APPIC and be provided to all prospective applicants (Palitsky et al.).

To increase equity and adequately compensate doctoral-level clinicians, we recommend APPIC mandate baseline annual compensation at NIH postdoctoral levels (\$54,835; NIH, 2022) for internship sites to earn accreditation. This baseline should also be subject to cost-of-living adjust-

ments. In addition, internship sites should limit work to 40 hours per week with overtime pay. Since interns function as full-time employees, APPIC and APA should also require accredited sites to provide benefits comparable to other full-time employees. Internship sites should provide a relocation stipend, as applicable.

### ***Licensure***

Licensing boards may need to expand scope of services when determining licensure qualification hours as well as take steps towards a unified licensure for clinical psychologists (i.e., multi-state credentialing). With psychologists more easily practicing across state lines, the amount of people we serve using telehealth models can greatly expand (Palitsky et al., 2022). This is a crucial step toward liberation of the field of psychology. Liberation of our field means better serving those who hold oppressed identities and who are not currently served by our field (Neville et al., 2021).

### ***Potential Trade-offs***

Important considerations to this proposal include clinician loan repayment upon graduation, ability of sites to support guaranteed compensation and benefits requirements, and availability of internships sites. Importantly, we will need to consider how loan repayment would work. As a postgraduation internship would still be considered prelicensure training, there are ways to advocate student loan-repayment be deferred until doctoral clinicians complete internship. It is plausible that student loan repayment could commence simultaneous to internship year since clinicians' status would no longer be classified as students, again underscoring the need to adequate compensation for interns to support successful entry into the profession. If student status is removed, internship sites mentoring clinicians with loans (or international clinicians previously on student visas) would need to consider how to advocate loan and visa extension for their interns.

In addition, many internship sites are underfunded themselves, frequently employing full-time staff not receiving NIH postdoctoral minimum compensation levels. Rampant underfunding of the behavioral health system reflects the decades-long declines in government support for mental health research and practice (Gee et al., 2022). Our representative organizations (e.g., APA, societies) must continue to lobby insurers and state legislators for fair and equitable payment for our

services. With regards to internship, however, APPIC, APA, and funding agencies may be able to provide funds to sites that would struggle to meet the minimum compensation requirement. In addition, as interns would now have a conferred Ph.D. or Psy.D., sites would be able to directly bill for their work, which could offset increased compensation.

Concerns of an "internship crisis" (i.e., too many clinical psychology doctoral clinicians for too few internship sites) are valid. It is possible that creating a postgraduation internship would decrease the supply of internship opportunities, but it is also likely that it would decrease the number of doctoral trainees applying for internships. APPIC and CUDCP should survey current clinical psychology trainees and internship sites about the costs and benefits to postgraduation internship. This will help us better understand supply and demand dynamics for internship sites and across the field in aggregate.

### ***Call to Action***

This commentary outlines only a handful of options for pushing our field toward growth. It is important to remember we have all been trained in a system of inequity, and it is difficult to practice reflection and unlearning of oppressive systems and long-held beliefs. We need to push through the present discomfort towards boldness, flexibility, and liberation. The action items outlined in this commentary, taken together, work towards liberation for our doctoral-level clinicians and our field at large, allowing flexibility, choice, and empowerment to learn from and help the communities in which we are entrusted to serve.

In sum, it is recommended that internship be postgraduation, interns receive higher pay with full benefits, interns be treated with the credibility their services provide, and the match process be a free market. This call to action provides much needed enhancement of choice and freedom for doctoral-level clinicians. Use this call to action. Speak to directors of clinical training, internship directors, supervisors, faculty, students, licensing boards, funding agencies, and other stakeholders about how to create a more equitable internship experience. Use this call to make change, demand moving toward equity, and ultimately, liberation.

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- ...
- Positionality Statement:** As a graduate of University of Chicago Medicine's 2020 predoctoral internship class, the author experienced the seismic shift in mental healthcare delivery catalyzed by the COVID-19 pandemic. She is a cisgender woman, pansexual, racialized as Black and White, and her pronouns are she/her. She grew up in the Chicago area and is currently a second-year, tenure-track assistant professor at Loyola University Chicago. Among other factors, Dr. Smith prioritized internship opportunities based on geographic proximity to family and support systems. The author is highly intentional in her use of "we" throughout this commentary to emphasize the collective effort required of the entire health-service psychologist community needed to drive meaningful change.
- No conflicts of interest or funding to report.
- Correspondence to** Zoe R. Smith, 1032 W. Sheridan Chicago IL 60660; [zsmith5@luc.edu](mailto:zsmith5@luc.edu)

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## Exploring Different Visions for the Future of Health Service Psychology Internships: Reports From an Initial Stakeholder Meeting

Keanan J. Joyner, *University of California, Berkeley*

Lisa M. Anderson, *University of Minnesota*

Beza M. Bekele, *Arizona State University*

Jennifer L. Callahan, *University of North Texas*

Amy H. Egbert, *The Miriam Hospital/Alpert Medical School of Brown University*

Catherine Grus, *American Psychological Association, Education Directorate*

Kimberly Hill, *Stanford University*

Jeanette Hsu, *Veterans Administration, Palo Alto*

W. Gregory Keilin, *Association of Psychology Postdoctoral and Internship Centers, Houston*

Gabriela López, *Brown University, Center for Alcohol and Addiction Studies*

Tara G. Mehta, *University of Illinois at Chicago*

Stefanie Sequeira, *University of Pittsburgh*

Wayne Siegel, *Minneapolis Veterans Affairs Healthcare System*

Amy K. Silberbogen, *Veterans Administration, Boston Healthcare System, Boston University School of Medicine*

Timothy J. Strauman, *Duke University*

Shona N. Vas, *University of Chicago*

Jacqueline R. Wall, *American Psychological Association, Education Directorate*

Jason J. Washburn, *Northwestern University*

Cindy M. Yee, *University of California, Los Angeles*

Bethany A. Teachman, *University of Virginia*

HEALTH SERVICE PSYCHOLOGY (HSP) is a broad field dedicated to the promotion of well-being, prevention and treatment of mental illness, and ultimately a reduction of the burden of mental illness on society. As the ongoing COVID-19 pandemic has highlighted, this burden is ever-increasing and changing, and it is critically important to refine and improve the field in response to this changing mental health landscape to better adapt to the needs of society. One of the important and traditional training experiences of HSP doctoral degrees is the internship year, typically completed in the year before the end of the doctorate. The internship year has been the focus of much debate in the field for decades, with criticisms dating back to the 1950s. More recently, the calls for changes to HSP training broadly, and the internship period specifically, have intensified (Atkins et al., 2014; Bell et al., 2020; Berenbaum et al., 2021; Palitsky et al., 2022), as indicated by the topic of this special issue of *the Behavior Therapist*. As such, the focus of the current work is to report on a recent meeting focused specifically on potential HSP internship reforms to accelerate discussion of tractable proposals across a wide array of interested groups. This initial meeting was coordinated by the scientific quality subcommittee of the Coalition for the Advancement and Application of Psychological Science (CAAPS; caaps.co), an umbrella organization formed in 2016 to provide an opportunity for organizations committed to clinical science to have a means for working together productively on shared goals.

The internship period serves many important functions for the HSP field, being a constant staple of clinical training over several decades (Norcross et al., 2018). However, major concerns have been raised by some constituent groups about the design, training focus and impact, equity, and need for the HSP internship period (Atkins et al., 2014; Bell et al., 2020; Berenbaum et al., 2021; Palitsky et al., 2022). CAAPS' goal was to facilitate conversation among relevant parties with diverse perspectives, experience, and expertise tied to internship training, and not to advocate for any specific changes to the internship model (though we have elsewhere; see Berenbaum et al., 2021). As such, the goal of the current paper is to share the positions of included interested groups as transparently as possible, and report on the conversations that were had at this meeting. It should be noted that this meeting was brief (3 hours) and intentionally kept

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The third through nineteenth author contributed equally to the current work; authors are listed alphabetically by last name.

small (< 25 attendees) to allow for a more focused conversation that could set the stage for future, larger meetings, so in no way did this initial meeting reflect the full range of perspectives of individuals and groups who have been thinking about these issues, but our intent was to lay out key issues to seed future conversations.

Prior to the meeting, it was requested that each group draft a short (~2 page) statement to circulate to all the other groups to read in preparation for the meeting, as well as to be published here as part of this paper. The prompts given to groups were: (a) What is working well/most important to preserve about the current internship model? (b) What is not working well/most needs to be changed in the current internship model? (c) What changes to the internship model would you hope to see in the next 5+ years to address the current problems most efficiently?

With these summaries as a base for conversation, the initial meeting was held virtually (over Zoom) on May 2, 2022. The meeting began with a welcome and introduction of all groups, highlighting their top point from their summaries, followed by discussions of: (a) the primary goals for the internship period; (b) the challenges of achieving these goals within the current system; (c) potential ways forward (what to preserve about the current internship model, what might be worth reimaging/ changing, and what unintended consequences might there be to different proposals); and (d) next steps to concretely move the conversation forward in the near future (considering what type of follow-up will be most effective, how to logistically incorporate the broadest array of stakeholders).

### Interested Groups Represented

In attendance were: (1) Catherine Grus and Jacqueline Wall, representing the American Psychological Association (APA) Education Directorate; (2) Cindy Yee-Bradbury and Jeanette Hsu, representing the Academy of Psychological Clinical Science (APCS); (3) Shona Vas and Amy Silberbogen, representing the Association of Psychology Postdoctoral and Internship Centers (APPIC) Board of Directors; (4) Jacqueline Horn and Michelle Paul, representing the Association of State and Provincial Psychology Boards (ASPPB); (5) Jason Washburn and Tim Strauman, representing the Council of University Directors of Clinical Psychology (CUDCP); (6) Amy Egbert and Gabriela López, representing a recent intern/postdoctoral fellow perspective and as authors of Palitsky et al.

(2022); (7) Beza Bekele and Stefanie Sequeira, representing a graduate student perspective as part of SEED and authors of Galán et al. (2021); (8) Wayne Siegel, representing an internship/postdoctoral training director perspective; (9) Tara Mehta, representing an internship training director perspective; (10) Joe Steinmetz and Robert Levenson, representing the Psychological Clinical Science Accreditation System (PCSAS); (11) Jennifer Callahan, offering expertise on competency evaluation; and (12) Keanan Joyner, Lisa Anderson, Bethany Teachman, and Amanda Jensen-Doss, from CAAPS.

### Position Summary Statements

Included in the online supplement (<https://www.abct.org/wp-content/uploads/2022/09/Joyner-online-Supplement.pdf>) are the individual summaries from those groups who chose to publish them (some groups preferred to only share their summary during the meeting or elected not to write a summary), approved by each co-author for publication as part of this paper. It is important to note that some summaries represented the perspective of the group they were representing (e.g., their Board had approved the summary), while others represented individual opinions on the subject matter. Furthermore, due to the positioning of the members of CAAPS, the meeting had a clear overrepresentation of clinical psychologists, likely resulting in the omission of important issues relevant to counseling and school psychologists.

Below, we highlight four key themes that arose from their summaries and the discussion at the meeting, with relevant quotes from groups' prepared summaries.

### Themes Representative of Key Discussions

#### Theme 1: Purpose of an Internship

*Catherine (Cathi) Grus and Jacqueline Wall, representing the American Psychological Association (APA) Education Directorate:* "The fundamental purpose of an internship is to be an intensive, structured, clinically focused experience that promotes acquisition of competencies required for professional practice. This element of training provides the opportunity to assess interns' growth areas and ensure they will be ready for independent practice at the entry level following successful completion of the internship program. This is important as problems of professional competence can be amplified or made apparent

when the intern is engaged in service provision with greater frequency and complexity than that which occurs during practicum training within the doctoral program."

*Wayne Siegel, representing an internship/postdoctoral training director perspective:*

"The current form and structure of the internship year has not changed in many years while psychology as a profession and what psychologists do have changed significantly. I agree that it is time to look at the internship experience and what may need to change to keep up with the evolving profession. ... We need an updated definition of what clinical psychology is and how that may overlap with or be different than clinical science or experimental psychology. What may or may not be required for internship could differ significantly based on these definitions. It would be useful to not think about how internship should change, but how the profession of psychology needs to change to meet the needs of society, and then consider how internship should change to fit into that overarching purpose."

*Tara Mehta, representing an internship training director perspective:* "The current focus on supporting the transition from trainee to professional is a strength of the internship training year. Working at an internship site that reflects an intern's future work setting or goals provides opportunities to connect with mentors, provide on-the-job professional development, and network with future colleagues. ... The current system is structured in such a way as to prioritize direct care, to the exclusion of other viable career options. Direct care is an important service and a goal of many, if not most, interns. However, psychologists who provide direct care comprise a small percentage of providers nationally, thus on our own psychologists will not be able to address the vast mental health burden within our society (Berenbaum et al. 2021). ... The current internship system is structured as independent of graduate training to the detriment of students. As noted compellingly by Palitsky and colleagues (2022), it is challenging for interns to advocate for their needs in the current system given their relatively weak bargaining position as new employees. To overcome these challenges, I suggest, as others have (see Atkins et al., 2014) forging a strong and ongoing alignment between graduate programs and internships to help advocate for interns to ensure quality of

training during internship that best addresses each intern's unique needs."

### **Theme 2: Economics of Internship**

*Catherine (Cathi) Grus and Jacqueline Wall, representing the APA Education Directorate:* "Funding for internship stipends remains a challenge. Both funding for slots and the amount of the internship stipend. One mechanism that could be used to generate funding for internships would be the ability to bill for services provided by interns, something that is not widely possible at present. Efforts to seek reimbursement for services provided by interns through Medicaid have been successful in a few states and there are current efforts related to Medicare. Private insurers rarely allow non-licensed providers to bill."

*Cindy Yee-Bradbury and Jeanette Hsu, representing the Academy of Psychological Clinical Science (APCS):* "Notwithstanding positive features of the internship process, the economics of the internship year need to be considered in future changes to the current model. While virtual interviews offer a one-time savings of thousands of dollars, the combined expense associated with applying to internships, moving for a one-year appointment, and surviving the year on low stipends is considerable. In order to prepare our students for a successful transition to their early career, it is imperative to provide sufficient financial support in the form of increased stipends and other grants in order for new graduates not to be burdened with debt."

*Amy Egbert and Gabriela (Gaby) López, representing a recent intern/postdoctoral fellow perspective:* "Internship salaries should reflect the minimum wage for that jurisdiction, and in all cases should be a living wage. This may be achieved by evaluating the current billing requirements for intern service reimbursement. ... Billing requirements vary across states and insurance companies. Increasing standardization of billing between different states, in different settings is likely necessary to target intern reimbursement effectively. The Medicare Physician Fee Schedule could be used as a model, where Medicare pays for services rendered by medical residents (post MD, pre-licensure) in teaching hospitals as a part of approved programs. We recommend lobbying for something similar for psychologists in health care service settings on internship (i.e., if Medicare pays for psychologists in that setting, there should be some mechanism for billing for supervised intern work). This would also

eliminate what can be a predatory practice of supervisors claiming intern services as their own and billing as if they were the primary provider."

*Beza Bekele and Stefanie Sequeira, representing a graduate student perspective:* "Though this is obviously a very recent change, we believe that it is important to preserve the virtual interview format to make the process more equitable and reduce the financial burden on graduate students.... We need to pay interns a living wage. Paying less than \$30,000 for 50-60 hours of work a week is insufficient, and sends a message that interns are not valued (though we are often relied on to run clinics). By the time we reach internship, many of us are in our 30s and have families. In many cities, interns cannot even afford daycare for \$30,000 a year. This creates a serious barrier to equity. We have heard from some students who are considering leaving graduate school prior to internship because of financial stress. It would be helpful for students to know they would be paid more (and more fairly) on internship."

### **Theme 3: Competency Evaluation**

*Cindy Yee-Bradbury and Jeanette Hsu, representing the APCS:* "The emphasis by internship programs on the number of accrued assessment and intervention hours has contributed to an "arms race" whereby students feel pressure to accrue more hours to be competitive. Although the internship imbalance has recently improved in favor of applicants, students continue to try to accrue hours, a decision that can come at the expense of progress in other areas of their graduate education. One alternative would be to place a cap on the maximum number of reportable hours on the AAPI. Another option is to switch from an emphasis on accrued hours to defined competencies, which would provide a more valid measure (assuming the field can agree on what would test such competencies)."

*Wayne Siegel, representing an internship/postdoctoral training director perspective:* "Many have raised the question of how much clinical work is needed to determine competence. From my perspective, this is the central question. Psychology as a profession has not developed valid and reliable mechanisms to determine clinical competence. Many instruments, scales, and processes have been developed but they all involved a significant amount of professional judgment, and none have demon-

strated acceptable reliability or validity. ... I believe it is a grave error to draw the conclusion that less clinical training is needed because we cannot measure the effectiveness of more training. We should not change what we are doing because we do not know if it's effective. We need to determine what is effective and let the data drive what is needed."

*Jennifer Callahan, providing expertise in competency assessment as it pertains to health service psychology:* "The current internship model has not yet fully embraced an evidence-based approach. For example, emphasis on academic achievements and letters of recommendation evidence little utility (Grote et al., 2001; Miller & Van Rybroek, 1988; Stedman et al., 2009). ... Pathways for stakeholder feedback are unclear and do not consistently result in measured deliberation. Calls for assessment of competency, differentiation of competency thresholds that can distinguish practicum-level from internship-level readiness, and identification of specific competencies that influence match outcomes, date back at least 15 years (Collins et al., 2007). Although the match process implies an evaluation of readiness and fit, the current internship model is not empirically grounded in a competency framework. ... Focusing more specifically on competency assessment, delineation of expected pre-internship competencies could be accomplished via a data-driven approach (as opposed to expert consensus, which represents a relatively low level of evidence). Table 1 of Callahan (2019) draws from item response theory analyses to provide the rank order difficulty of competencies, which were derived from the seminal Benchmarks document (Fouad et al., 2009), and identifies the neutral point between master's and doctoral level competencies. That information could be very useful in defining what it means to be ready for internship and/or assessment of trainees. ... An additional benefit of implementing a competency assessment framework is that pre-match trainee competency data could be coupled with measurement of trainee competencies at the end of internship to allow internship sites to engage in data-driven program evaluation and strategic improvements."

### **Theme 4: Timing of the Internship Period**

*Cindy Yee-Bradbury and Jeanette Hsu, representing the APCS:* "More broadly, the Academy is in strong support of changing



the current sequence of the clinical psychology internship from predoctoral to postdoctoral training, allowing students to graduate with their doctoral degrees without completing a full-time internship. This change could help address the current confusion of status for psychology interns in interdisciplinary treatment settings, allow for greater compensation for services provided by interns (which could contribute to higher stipends), and allow for some students not intending to engage in clinical practice in the immediate future to opt out of (or delay) completion of clinical internship training.”

*Shona Vas and Amy Silberbogen, representing the Association of Psychology Postdoctoral and Internship Centers (APPIC) Board of Directors:* “The placement of the internship as a required and essential component of the doctoral program is an extremely important aspect of the current internship model and is crucial in ensuring that students receive high-quality clinical training. The question of whether to move the timing of the internship has been raised and discussed at numerous conferences and by task forces many times over several years, with the consistent conclusion that the current model provides extensive advantages (e.g., see APA BEA, 1998; Boggs & Douce, 2000; Robiner & Grove, 2001; Stedman, 2007) that far exceed any potential benefit for making changes to this sequence of training. APPIC continues to remain strongly committed to the current placement of the internship as an essential component of the doctoral program and believes that changes to this model will severely undermine the quality of clinical training that students in Health Service Psychology (HSP) receive. ... when a student’s competency concerns result in resignation or termination from internship, doctoral programs play essential roles in both the remediation process and in protecting the public. APPIC strongly believes that relocating the internship in the sequence of training will eliminate this type of collaboration, resulting in poorer outcomes and greater risk of harm to the public.”

*Jason Washburn and Tim Strauman, representing the Council of University Directors of Clinical Psychology (CUDCP):* “The structure of the internship as a requirement within the doctoral degree is a concern. Doctoral programs have little to no control over the quality of the internship training, other than restricting their students’ applications to specific internships. It is odd—if

not entirely problematic—to have a degree that depends on such intensive and important training that is potentially disconnected from the doctoral program. ... The internship should be moved out of the doctorate. HSP may benefit from existing healthcare education and training models. For example, in medicine, an intern is someone who has graduated with their MD and is completing their first year of post-medical clinical training (PGY-1). Most MDs complete necessary licensing exams during the internship year and get licensed before continuing their training with a two-year residency (PGY-2/PGY3). If HSP moved the internship out of the doctorate, it would mirror this process entirely and may also facilitate great adaptation of board certification in HSP.”

### Summary of Meeting Discussions

In this section, we describe what was discussed during the different sections of the meeting. We do not intend to provide exhaustive meeting notes, but rather a narrative version of the general points of agreement and ideas for moving forward. In the first section, the goals of an internship period were discussed. There was broad agreement that one goal is to offer intensive and structured clinical experiences that promote competencies required for entering professional practice. More specifically, these clinical experiences are designed to be “generalist” in orientation, and to help provide supervision and development of skills in areas of gaps in pre-internship training. Furthermore, these intensive clinical experiences also serve a function of protecting the public, establishing baseline quality standards of clinical practice in HSP. Internship also helps to preserve the continuity in training requirements required for licensure across a number of states. Another point of agreement was that the internship period supports the transition from trainee to professional; for example, providing exposure to a range of potential career paths and evaluating how trainees might enjoy a career including intensive and/or full-time clinical practice. One key question that remained largely unanswered in this discussion was in regard to clinical competencies, and to what extent the goal of the internship is to screen out underprepared candidates or to screen in competent candidates who are seeking to develop specialized skills, explore different career paths, be exposed to specific clinical populations, etc. (or to do both). If the fundamental goal

is to screen out, consistent with the ethic of protecting the public, versus screening in, this may lead to different proposals for evaluating candidates during the match system and subsequent structure of the internship period.

The next topic of discussion was about the barriers and challenges to achieving these goals. There was broad agreement about the outsized emphasis on accruing a specific number of hours/reports, and the need to shift away from this. Borrowing language from one attendee, this contributes to an “arms race” that ultimately has a negative impact on all trainees whereby the focus shifts from developing competencies to accruing metrics disconnected from the true qualities that are of interest. Another point with broad agreement included concern regarding low and inconsistent stipends (combined with high costs for applications and moving) for interns. In the same vein, there are inconsistent and low reimbursement rates for intern services; in some states, interns’ work is entirely reimbursable, and in others, for a partial rate, and in others, not at all. This presents challenges to raising stipends, as it may introduce unintended system-wide consequences (e.g., a reduction of the number of slots available in the match due to financial limitations). Another core point raised by many stakeholders concerned the difficulty of changing the internship system due to it being embedded within multiple, only partially overlapping systems (e.g., hospitals, clinics, etc.), which could lead to tension between training goals and the system’s needs (e.g., an individual institution’s financial goals).

Increased collaboration between internships and graduate programs could potentially solve some of these challenges; however, that is a challenge in and of itself. As one example, because the internship is required for graduation from doctoral programs and there are a range of funding and accreditation pressures, there is an inherent push for Directors of Clinical Training/doctoral programs to certify an applicant’s readiness for internship to increase their chances of matching (critical to maintaining good program standing). At the same time, these same Directors of Clinical Training/doctoral programs are expected to serve a gatekeeping function to ensure strong clinical skills are established before internship. Finally, another challenge discussed was the somewhat narrow focus of internship training on preparing graduates for a career in clinical practice but not for other types of careers and ways HSP psy-

chologists could contribute and have impact (e.g., dissemination and implementation or policy).

In terms of potential ways forward, there was a wide variety of ideas proposed, which are described in the individual summaries. Highlighting the idea with most agreement and enthusiasm—significant improvements to the evaluation of competencies was both popular and seen as tractable among attendees. One suggestion for initiating steps forward in this area included the proposal to revise the AAPI to reduce the emphasis on hours-based requirements, and instead increase emphasis on competency evaluation (e.g., Goodie et al., 2021). Multiple stakeholders relayed updates that the Council of Chairs of Training Councils (CCTC) is currently working to revise and update their Standardized Reference Form to be able to better speak to competency acquisition during the internship application process. The goal of this effort is to standardize competency evaluation and reference letters to ensure that competencies are addressed. These revised forms could serve to provide much more useful information about pre-internship competency than relying on unstructured letters of recommendation that are often inflated with general positive descriptors and unstandardized in the information they present. The use of the Standardized Reference Form (and competencies-based evaluations) could also pave the way to develop a data-driven application process that may allow for a “profile” analysis of areas of competencies already acquired by an applicant, and areas for growth during internship that may match with specific opportunities a given internship site can provide.

Comparatively, the topic of the optimal timing of internship training (i.e., moving it from pre to postdoctoral) had less consensus. Some of the benefits highlighted when discussing a postdoctoral internship period included an increase in pay and reimbursement levels, and movement of interns to equal status with medicine interns/residents. This would also necessarily remove the requirement of completing the internship to receive the graduate degree, and provide added flexibility to the setting, timing, and training focus of internships. However, there were also several potential unintended consequences and challenges noted. There would be huge implications and challenges for regulatory boards; making internship postdoctoral would require changes at the state level for licensure and other practice regulatory

boards that could take years to go through state legislatures. And with individual state legislatures having to make changes, the speed at which changes are approved will be over different years, which could pose challenges for implementation at a national level. The balance of applicants to available internship positions may also be affected—with increased salaries, depending on reimbursement rates, internship sites may not be able to support as many slots. This may be offset by a reduced number of interested applicants (given the internship would no longer be a predoctoral requirement), but there also might be years with an imbalance. Given the relative balance of applicants and positions currently available (APPIC, 2021; Saklofske et al., 2019), safeguards would need to be put in place to retain this parity. Also, the role of a doctoral internship (and collaboration between doctoral internships and graduate programs) as a safeguard to ensure only high-quality providers obtain the degree and become license eligible would need to be carefully considered, as well as implications for public protection. Any changes to doctoral and internship requirements would necessitate examination of the repercussions for licensure, so there would be massive domino effects of changing the timing of internship.

The meeting ended with discussion of concrete next steps. All members agreed on the need to expand the relevant groups involved in the discussion and, in particular, individuals from counseling and school psychology settings would need to be included (depending on the identified scope of changes) as any changes to the internship system affects all of HSP. Strategies were discussed to seed discussions surrounding internship reform with as much of the field as possible, and to create channels to solicit feedback. Specifically, plans to host panels at a broad range of conferences, potential surveys, and other avenues for engagement were considered, along with the possibility of a larger summit. For example, APPIC and the APA Education Directorate hosted a postdoctoral training summit following the APPIC membership conference in 2016, which led to several positive updates to postdoctoral training. One could imagine similarly positive impacts on clinical internship from another summit that included diverse stakeholders, but it will be key to have multiple organizations work together to make a summit of this style a reality.

In conclusion, there is extensive enthusiasm and commitment across multiple

stakeholder groups to consider a variety of revisions to HSP internship training, with ideas for reform that vary in tractability, difficulty, and time lines. Cross-organization collaborations will be critical going forward to evaluate the potential for unintended consequences of changes in one domain affecting a cascade of changes in other domains when it comes to revisions and updates to the HSP internship period.

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No conflicts of interest or funding to report.

The third through nineteenth author contributed equally to the current work and are listed alphabetically by last name.

**Correspondence to** Keanan J. Joyner, University of California, Berkeley, 2121 Berkeley

## ABCT → New Special Interest Group

ABCT is in the process of forming a new Special Interest Group (SIG) for **Personality/Personality Disorders**. The Personality/Personality Disorder Group-in-Formation promotes research on cognitive-behavioral approaches to addressing personality disorders, along with the broad underlying dimensions of personality that underlie the expression of many forms of psychopathology. We aim to form a bridge between cognitive-behavioral treatment and emerging dimensional models of personality/psychopathology. We hope to:

1. Provide a home for like-minded ABCT members to network
2. Increase awareness of the overlap between personality and psychopathology,
3. Engage treatment experts in practical conversations about using transdiagnostic, personality-based approaches to streamline clinical care.

Our first SIG meeting will be held during ABCT's Annual Convention on Sunday morning from 8:00 A.M. to 9:00 A.M. in Marquis Ballroom A, 9th Floor. In this meeting, we will make key decisions about SIG leadership, SIG goals, whether to charge dues, etc. ABCT uses meeting attendance to gauge member interest in new SIGs-in-Formation, so mark your calendars!

> If you want to be kept in the loop about the Personality/Personality Disorders SIG, email Drs. Shannon Sauer-Zavala ([ssz@uky.edu](mailto:ssz@uky.edu)) or Matt Southward ([southward@uky.edu](mailto:southward@uky.edu)) and we'll add you to the list.



## Spotlighting ABCT Fellows

THIS IS THE FIRST of a series of articles meant to spotlight current Fellows of ABCT. We plan to publish such spotlights at least twice a year in *tBT*, and we plan to spotlight Fellows of diverse background: professional degree, area(s) of outstanding and sustained accomplishment, and personal diversity. Fellow status is the highest level of membership in ABCT, and we hope that many members aspire to demonstrate their outstanding and sustained accomplishments in at least one of the areas of eligibility: clinical practice; education and training; advocacy/policy/public education; dissemination and implementation; research; and diversity, equity, and inclusion.



### Spotlight on Fellow Maureen Whittal

For this first article, we spotlight **Maureen Whittal**, who is a Fellow and also a member of the ABCT Fellows Committee. The interview below offers an overview of her accomplishments and what being an ABCT Fellow means to her.

***Becoming a Fellow means that you have distinguished yourself in a variety of areas that can include dissemination, clinical service, research, training, program development, policy/advocacy and advancing diversity, equity, and inclusion. Could you please identify three professional accomplishments of which you are most proud?***

Thank you for the opportunity to discuss my work. I am typically not someone who likes to stand in the spotlight. I'm much more comfortable doing what I do in the background.

That said, I would say that cofounding Anxiety Canada in 1999 stands out as the accomplishment of which I am most proud. I cofounded the nonprofit with a close colleague, Dr. Peter McLean. The mandate of the organization is to provide evidence-based behavioral health information and resources to allow for the self-management of problematic anxiety. It's been a labor of love throughout the years. Anxiety Canada now has an operating

budget of over a million dollars per year, and the website receives over 2 million visits each year. MindShift CBT, the mobile application, is a well-regarded free app that has won numerous awards with many thousand active monthly users. With our international scientific advisory committee which I co-lead with Dr. Lynn Miller, we provided timely resources to help people manage during the pandemic. More recently we created resources to help those traumatized by war, which were translated into Ukrainian.

In the beginning of my career, cognitive approaches to OCD were in their infancy. I was lucky enough to have a postdoc at the University of British Columbia to develop and test these cognitive treatments. It allowed me to reconnect with Jack Rachman. It is difficult to read in the area of OCD without being aware of the importance of Jack's work. I will always be grateful to Jack for his guidance and influence in my professional life (not to mention the wine tasting knowledge he imparted along the way). The research work I did in the development of these treatments for OCD has been incredibly fulfilling and has given me many opportunities to train others in the same at national and international conferences. This work allowed me to connect with the broader CBT community worldwide and has been a highlight of my career.

I was an Assistant Editor for *Cognitive and Behavioral Practice* for 4 years and Editor for subsequent 5 years. There were challenges trying to make time for everything and maintain balance with the other aspects of my life but it was worth it! During the time of my editorship, I instituted video manuscripts. Hopefully they are still in existence :) as I've had numerous people say they were helpful in learning or teaching protocols. The opportunity to shape what was disseminated to colleagues and knowing that articles were being used to help others learn was very gratifying.

***What advice would you have for someone considering applying for Fellow status at ABCT?***

I suspect my tendency to not want to be in the spotlight is a common one. I struggled with the notion of putting myself forward for Fellowship. It felt a bit like bragging and

saying "look at me." I had to put that aside and remind myself that I've worked hard for many years and that it is okay to be acknowledged for it. I think it's also natural to be concerned about rejection and having a committee of my peers say that I was not good enough. I know the latter was a thought that crossed my mind. Fortunately, I have the CBT skills to treat my own doubting thoughts about my competence! So, if you are thinking about applying for Fellowship with ABCT, do that cognitive restructuring if you need to and check in with yourself from a values perspective and maybe in the beginning a bit of motivational work with yourself (hitting a plethora of CBT skills to help get the process going).

Assuming you are at the stage of action, picking the letter writers is an important part of the process. The letters need to reflect your sustained and exceptional contributions and how they go above and beyond the day-to-day responsibilities of your job. The Fellows Committee has gone to great lengths to concretize what is needed for letter writers. Lay out your accomplishments to your letter writers in a separate document, even if they know you well. Simply handing over your CV is not a good idea. Although it illustrates your work, the richness of it is not apparent. See earlier comments re not bragging and don't hold back! — whether that is in the summary for your letter writers or answering the application questions for yourself. Regarding the letter writers, if you have the ability to ask letter writers who can talk about different aspects of your career, that would be good but not a requirement.

In summary, if you believe that you have made an enduring, sustained, and exceptional contribution, please consider putting in an application to be recognized by your peers for your hard work and dedication. ■

## Call for Applications

# FELLOWS

ABCT Fellow Status for 2023

### ABCT Fellows Class of 2022

Amanda Jensen-Doss, Ph.D.  
Barry S. Lubetkin, Ph.D.  
David C. Hodgins, Ph.D.  
David W. Pantalone, Ph.D.  
Kenneth E. Freedland, Ph.D.  
Matthew D. Skinta, Ph.D.  
Monnica T. Williams, Ph.D.  
Thompson Elder Davis III, Ph.D.  
Laura D. Seligman, Ph.D.

### ABCT Fellows Committee

Antonette Zeiss, Ph.D., Chair  
J. Gayle Beck, Ph.D.  
Brian Chu, Ph.D.  
Debra Hope, Ph.D.  
Christopher Martell, Ph.D.  
Simon Rego, Ph.D.  
Maureen Whittal, Ph.D.

APPLICATION  
DEADLINE:  
June 1, 2023

The ABCT Fellows committee is pleased to announce that 9 new members have been recognized. For a complete list of all Fellows, please see <https://www.abct.org/membership/fellow-members/>. This past year the Fellows Committee used the revised Fellows guidelines in selecting new Fellows. In brief, ABCT Fellow Status is awarded to full members who are recognized by a group of their peers for distinguished, outstanding, and sustained accomplishments that are above and beyond the expectations of their existing professional role. Because members' career paths come with unique opportunities, the committee was sensitive to the environment in which the potential applicant was functioning, and we weighed the contributions against the scope of the applicant's current or primary career.

### Multiple Routes to ABCT Fellow Status

The 2021 revision of the Fellows application materials now offers 6 areas of consideration for fellowship: (a) clinical practice; (b) education and training; (c) advocacy/policy/public education; (d) dissemination/implementation; (e) research; and (f) diversity, equity, and inclusion. Applicants for fellowship will be asked to endorse the area(s) in which they wish to be considered. These areas can be overlapping, but also have unique features. Endorsement of multiple areas does not increase the likelihood of selection as a Fellow; demonstrating outstanding, sustained effort in one area is all that is required. What guides the committee's decision making is determining if an applicant has made an exceptional, sustained contribution that goes beyond their work role expectations.

**Who is Eligible to Apply for Fellow Status?** (a) Full membership in ABCT for > 10 years (not continuous); (b) Terminal graduate degree in behavioral and cognitive therapies or related area(s); and (c) > 15 years of professional experience following graduation. Two letters of reference are required; one should be from an existing ABCT Fellow. If the latter requirement is a barrier to applying, please contact the Chair of the Fellows committee at [fellows@abct.org](mailto:fellows@abct.org) who will then assist in determining how to best handle this request. The Committee encourages qualified and diverse applicants to apply.

The Fellows Committee strongly recommends that potential Fellow applicants as well as their letter writers describe the applicant's specific contributions that are outstanding and sustained. To aid in writing these letters the Fellows committee prepared Guidelines for Applicants and Letter Writers for how to write fellow status contributions <http://www.abct.org/Members/?m=mMembers&fa=Fellow>. While these guidelines provide examples of what the Fellows committee considers outstanding, sustained contributions, they are far from exhaustive.

**Deadline for Fellow Status Applications:** June 1, 2023, is the deadline for both applicants and letter writers to submit their references. Applicants will be notified of the decision on their application by mid-October 2023. For more information, please visit the Fellowship application page <https://www.abct.org/Members/?m=mMembers&fa=Fellow>

## 2022 Graduate Student Research Grant Winner and Honorable Mention

EVERY YEAR, ABCT's Research Facilitation Committee awards a Graduate Student Research Grant (GSRG) to provide financial support for a student whose research shows great innovation, creativity, and broader significance. Our 2022 Winner is Gabrielle Ilagan, a doctoral student in the Bronx Personality Lab at Fordham University, for her dissertation project entitled "Invalidation, Identity-Related Minority Stressors, and Borderline Personality Disorder Symptoms in the Flow of Daily Life." Our 2022 Honorable Mention is Kiran Kaur, a doctoral student in the Treatment Mechanisms, Community Empowerment, and Technology Innovations lab at the University of Utah for her dissertation project "Identifying the Role of Emotion Regulation Flexibility in the Association Between Acculturative Stress and Anxiety Symptomatology to Develop an Ecological Momentary Intervention." We sat down with our awardees to learn more about their projects.



**2022 Student Research Grant Winner:**  
**Gabrielle Ilagan**

### *Tell us about the project the GSRG is funding.*

I was drawn to the question of whether invalidating experiences in adulthood—not just childhood, as most theoretical accounts emphasize—might play a role in the time course of borderline personality disorder (BPD) features. Since most prior research has focused on retrospective reports of childhood invalidation from parents, I wanted to contribute to our understanding of how current, day-to-day invalidation from peers in adulthood may act as a maintenance factor for BPD symptoms. I also have been struck by recent articles on how identity-based discrimination may function as additional forms of invalidation, so I was interested in studying this in the flow of everyday life for minoritized and underresearched populations. The project is therefore going to involve ecolog-

ical momentary assessment (EMA) to examine (1) whether daily fluctuations in invalidation are associated with fluctuations in BPD symptoms at a within-person level, and (2) whether identity-related invalidation and self-validation may serve as risk and protective factors, respectively, for Black and Latinx people with BPD symptoms. I hope this can be a step in identifying viable culturally relevant treatment targets that can contribute to building racially affirmative clinical models of BPD, and encourage other professionals working with people with severe emotion dysregulation to be thoughtful about the intersection of BPD symptoms and minoritized identities.

### *What does getting this award mean to you?*

To me, the award is like an affirmation that studying this topic is important and that this study can contribute to our understanding of the effects of emotional invalidation and identity-related invalidation in the lives of people with BPD symptoms, especially people who have been underrepresented in the literature. I have long been interested in how social interactions influence emotion regulation problems, and how experiences specific to people with minoritized identities affect their mental health, so it is exciting that my project combining these interests can come to fruition, thanks to this grant. I am so grateful that this award will allow me to pursue a research project I'm passionate about, one that I conceptualized in my very first semester of graduate school.

### *How has ABCT contributed to your development as a researcher and clinician?*

Even before I began my Ph.D. program, ABCT members and resources helped me navigate the process of applying to graduate school. Since then, not only has the ABCT Graduate Student Research Grant funded a research project I'm passionate about, but the clinical resources and mentorship offered by ABCT have been helping me prepare for my first externship, at a CBT-based clinic. My first ABCT convention is this November, and I have no doubt that I will be exposed to novel ideas and

meet professionals and peers that will inspire me to further develop my skills as a researcher and as a clinician. I am looking forward to the opportunity to share my own research and learn as much as I can from everyone else.

### *How did you first become involved in research? What was this first research experience like?*

I first became involved in research thanks to my undergraduate professors at Williams College, who encouraged me to ask questions and go hunting for the answers. Mentored by Dr. Laurie Heatherington, I designed an honors thesis about client preferences for a racial or gender match with their psychotherapist. It was an exciting adventure learning how to use Qualtrics and Amazon Mechanical Turk to collect quantitative and qualitative data, another adventure figuring out how to analyze the data appropriately, and yet another adventure writing it up for publication. This series of adventures taught me the benefits of multimethod designs, and of both nomothetic and idiographic perspectives. I will always be thankful that I learned early on that being science-centered does not preclude being person-centered, and that I had wonderful role models that showed me what kind of researcher, clinician, mentor, and person I wanted to be.

### *What drew you to this particular research question?*

My overarching interest in how identity and interpersonal relationships affect emotion regulation has aligned well with studying BPD, a diagnosis that is often stigmatized, commonly misunderstood, underresearched, and even poorly named. Because our social interactions and our ability to regulate our emotions can fluctuate from moment to moment, and this might ring even more true for people with BPD symptoms, I thought that traditional assessment methods using retrospective reports and drawing between-person conclusions might be limiting our knowledge of how daily invalidation maintains BPD symptoms over time. I hoped that a study using EMA could help us capture the within-person associations between these variables. However, I also read about and reflected on how identity-based discriminatory experiences can act as group-specific forms of invalidation. Given the lack of empirical studies on the psychopathology and treatment of BPD in racially minoritized communities, I felt passionate about pursuing a research question that



might help urge clinicians to incorporate addressing identity-based invalidation and self-validation in treatment.

***What is an example of a setback you've experienced in your work, and how did you handle it?***

I've always been interested in making mental healthcare more accessible, whether that's by studying potential treatment targets for cultural adaptations of psychotherapies, attending to client preferences, exploring lower-intensity treatments that could be incorporated into stepped care systems, or digitizing interventions. This led me to undertake a project assessing the effectiveness of smartphone apps in addressing BPD-related symptoms. However, one setback my team and I experienced was four rounds of revising and resubmitting our manuscript. Since it was my first first-authored paper, I was initially discouraged by the seemingly never-ending list of changes to be made, and it was often challenging to respond to the reviewers' suggestions. My mentor and our collaborators were all incredibly supportive throughout every round, encouraging me to delve deeper into the statistical analysis and helping me hone my writing skills. When it was finally accepted for publication, the manuscript was much stronger, and I could appreciate how each of the reviewers had helped us improve the manuscript's quality and its contribution to the literature. The months of back-and-forth taught me not only perseverance, but also the utmost importance of well-designed studies, rigorous statistical tests, inviting feedback, and changing course if need be.

***If you weren't pursuing a career in psychology, what would you be doing?***

In another life, I might have been a historian. In my undergraduate years, I majored in Psychology and History, both rooted in my love of listening to stories. The stories we have—about ourselves, and about the

world—are powerful, and so is the analysis of what forces and whose voices shape these narratives. Conducting oral history interviews, preserving the perspectives of people who lived through different moments in time, hearing an individual's story and placing it in the context of broader historical events, and capturing what life was like then and how it affects life in the present, are all tasks I would thoroughly enjoy. I'm particularly passionate about immigration history, and love learning the stories of individuals who upended their lives to move to another country, the circumstances that shaped their decisions to leave the life they knew, and the joys and challenges they faced as they explored where they fit in a completely new community.



**2022 Student Research Grant Honorable Mention:  
Kiran Kaur**

***Tell us about the project the GSRG is honoring.***

The project that earned the designation of honorable mention covers part one of a two-part study. Part one includes filling critical gaps in addressing anxiety symptomatology in ethnic minority college students experiencing acculturative stress by examining emotion regulation flexibility through ecological momentary assessments. Over the past decade, anxiety and anxiety-related disorders have significantly increased among college students, and the SARS-CoV-2 (COVID-19) pandemic has exacerbated these rates. Acculturative stress (AS) refers to the stressors associated with being an ethnic minority and experiencing acculturation (e.g., perceived discrimination from the majority culture,

rejection from the culture of origin). Ethnic minority college students (MCS) experiencing AS are at greater risk for anxiety disorders, and deficits in emotion regulation (ER) are acknowledged as a transdiagnostic feature across these mental health concerns. Previous literature suggests that greater AS is associated with greater reported deficits in ER, which, in turn, are related to higher levels of psychological distress. However, previous research on ER and AS in ethnic MCS is limited by using either retrospective reports or reporting strategies in experimentally controlled settings. Hence, ecological momentary assessments effectively assess spontaneous ER fluctuations across daily contexts. Information from part one will inform part two, which will involve developing an ecological momentary intervention that reduces AS, anxiety, and ER inflexibility.

***What does getting this honorable mention mean to you?***

Receiving an honorable mention from ABCT was very rewarding as it showed me that my research study had potential and that others felt it was also an important topic to study. I'm very thankful to the ABCT Research Facilitation Committee for seeing the value of my research proposal.

***How has ABCT contributed to your development as a researcher and clinician?***

ABCT has played an instrumental role in my research development by providing me with resources, networking, and opportunities as a graduate student, such as the Graduate Student Research Grant and the ABCT Annual Convention. Additionally, being an ABCT graduate student member has given me access to clinical workshops and videos on how to provide culturally competent evidence-based treatments, which have been very helpful as a developing clinician. ■

Visit <https://www.abct.org/2022-convention/> for more convention-related information ▼



Travel Guide  
Hotel Information  
Local Attractions  
Restaurants  
Child Care  
Code of Conduct  
Health & Safety Protocol

*Join us in congratulating these fabulous graduate student researchers at the 2022 ABCT Convention Awards Ceremony in New York City!*

Friday, Nov. 18, 5:30-6:30 p.m.  
Astor Ballroom (7th floor)

**NOW ACCEPTING  
APPLICATIONS**

# **GRADUATE STUDENT RESEARCH GRANT**

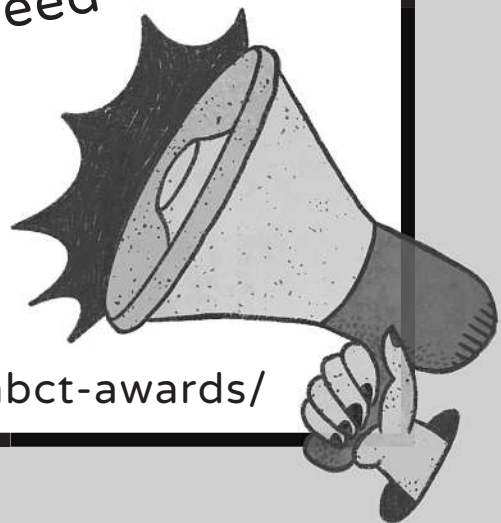
ABCT's Research Facilitation Committee is sponsoring a grant of up to \$1,000 (plus one honorable mention) to support graduate student's master's thesis or dissertation research with a clear financial need

**APPLICATIONS DUE 3/1/23 TO:**

RJJACOBY@MGH.HARVARD.EDU

For detailed instructions see:

[www.abct.org/membership/abct-awards/](http://www.abct.org/membership/abct-awards/)



# ABCT

Cultivating Joy With CBT

## 57th Annual Convention

November 16–19, 2023



## SEATTLE

### Call for Continuing Education Ticketed Sessions

**Workshops & Mini Workshops** | Workshops cover concerns of the practitioner/ educator/researcher. Workshops are 3 hours long, are generally limited to 60 attendees, and are scheduled for Friday and Saturday. Please limit to no more than 4 presenters. Mini Workshops address direct clinical care or training at a broad introductory level. They are 90 minutes long and are scheduled throughout the convention. Please limit to no more than 4 presenters. When submitting for Workshops or Mini Workshop, please indicate whether you would like to be considered for the other format as well.

- For more information or to answer any questions before you submit your abstract, contact the **Workshop Committee Chair, [workshops@abct.org](mailto:workshops@abct.org)**

**Institutes** | Institutes, designed for clinical practitioners, are 5 hours or 7 hours long, are generally limited to 40 attendees, and are scheduled for Thursday. Please limit to no more than 4 presenters.

- For more information or to answer any questions before you submit your abstract, contact the **Institute Committee Chair, [institutes@abct.org](mailto:institutes@abct.org)**

**Master Clinician Seminars** | Master Clinician Seminars are opportunities to hear the most skilled clinicians explain their methods and show taped demonstrations of client sessions. They are 2 hours long, are limited to 40 attendees, and are scheduled Friday and Saturday. Please limit to no more than 2 presenters.

- For more information or to answer any questions before you submit your abstract, contact the **Master Clinician Seminar Committee Chair, [masterclinicianseminars@abct.org](mailto:masterclinicianseminars@abct.org)**

**Research and Professional Development** | Presentations focus on “how to” develop one’s own career and/or conduct research, rather than on broad-based research issues (e.g., a methodological or design issue, grantsmanship, manuscript review) and/or professional development topics (e.g., evidence-based supervision approaches, establishing a private practice, academic productivity, publishing for the general public). Submissions will be of specific preferred length (60, 90, or 120 minutes) and format (panel discussion or more hands-on participation by the audience). Please limit to no more than 4 presenters, and be sure to indicate preferred presentation length and format.

- For more information or to answer any questions before you submit your abstract, contact the **Research and Professional Development Chair [researchanddevelopmentseminars@abct.org](mailto:researchanddevelopmentseminars@abct.org)**

**Submission deadline: February 7, 2023 3:00 a.m. EST**

*Submissions will be accepted through the online submission portal, which will open after January 1, 2022. Submit a 250-word abstract and a CV for each presenter. For submission requirements and information on the CE session selection process, please visit [www.abct.org](http://www.abct.org) and click on “Convention and Continuing Education.”*





# Call for Award Nominations

*to be presented at the 57th Annual Convention in Seattle*

*The ABCT Awards and Recognition Committee, chaired by Sara R. Elkins, Ph.D., University of Houston Clear Lake, is pleased to announce the 2023 awards program. Nominations are requested in all categories listed below. Applicants from traditionally underrepresented backgrounds are particularly encouraged to apply. Given the number of submissions received for these awards, the committee is unable to consider additional letters of support or supplemental materials beyond those specified in the instructions below. Please note that award nominations may not be submitted by current members of the ABCT Board of Directors.*

**Career/Lifetime Achievement** Eligible candidates for this award should be members of ABCT in good standing who have made significant contributions over a number of years to cognitive and/or behavior therapy. Recent recipients of this award include Thomas H. Ollendick, Lauren B. Alloy, Lyn Abramson, David M. Clark, Marsha Linehan, Dianne L. Chambless, Linda Carter Sobell and Mark B. Sobell, Philip C. Kendall, Richard G. Heimberg, Patricia A. Resick, and Dean G. Kilpatrick. Applications should include a nomination form (available at [www.abct.org/awards](http://www.abct.org/awards)), two letters of support, and the nominee's curriculum vitae. Please e-mail the nomination materials as one pdf document to [ABCTAwards@abct.org](mailto:ABCTAwards@abct.org). Include "Career/Lifetime Achievement" in the subject line. **Nomination deadline:** March 1, 2023.

**Outstanding Clinician** Awarded to members of ABCT in good standing who have provided significant contributions to clinical work in cognitive and/or behavioral modalities. Recent recipients of this award include Albert Ellis, Marsha Linehan, Marvin Goldfried, Frank Datillio, Jacqueline Persons, Judith Beck, Anne Marie Albano, and Cory Newman. Applications should include a nomination form (available at [www.abct.org/awards](http://www.abct.org/awards)), two letters of support, and the nominee's curriculum vitae. Please e-mail the nomination materials as one pdf document to [ABCTAwards@abct.org](mailto:ABCTAwards@abct.org). Include "Outstanding Clinician" in the subject line. **Nomination deadline:** March 1, 2023

**Outstanding Training Program** This award will be given to a training program that has made a significant contribution to training behavior therapists and/or promoting behavior therapy. Training programs can include graduate (doctoral or master's), predoctoral internship, postdoctoral programs, institutes, or continuing education initiatives. Recent recipients of this award include the Massachusetts General Hospital/Harvard Medical School Predoctoral Internship in Clinical Psychology, the University of Nebraska-Lincoln Clinical Psychology Training Program, the Charleston Consortium Psychology Internship Training Program, the Clinical Science Ph.D. Program at Virginia Polytechnic Institute & State University, the Florida State University's Clinical Psychology Ph.D. program, and the Beck Institute. Applications should include a nomination form (available at [www.abct.org/awards](http://www.abct.org/awards)) and two letters of support. Please e-mail the nomination materials as one pdf document to [ABCTAwards@abct.org](mailto:ABCTAwards@abct.org). Include "Outstanding Training Program" in your subject heading. **Nomination deadline:** March 1, 2023

**Michael J. Kozak Critical Inquiry and Analytical Thinking Award** "Clarity of writing reflects clarity of thinking." This statement reflects the overarching goal that Michael J. Kozak sought to achieve himself and that he vigorously encouraged others to reach as well. His penchant for critical inquiry cut across contexts: whether in providing cognitive-behavioral treatment itself, offering supervision of treatment, in scientific inquiry and writing, or in advising investigators about how to put their grant applications in the best possible position for success. Dr. Kozak was always in search of clarity. Accordingly, recipients of the Michael J. Kozak Critical Inquiry and Analytical Thinking Award from ABCT should embody this same spirit in their own work. Michael was able to achieve this high standard and promote its achievement in others with great skill and kindness, so recipients should also conduct themselves in such a way in their professional lives. This award will be given in alternate years. The recipient will receive \$1,500 and a plaque. Please complete the online nomination materials at [www.abct.org/awards](http://www.abct.org/awards). Then email the nomination materials as one pdf document to [ABCTAwards@abct.org](mailto:ABCTAwards@abct.org). Include "Michael J. Kozak Award" in the subject line. **Nomination deadline:** March 1, 2023.

**The Francis C. Sumner Excellence Award** The Francis Cecil Sumner Excellence Award is named in honor of Dr. Sumner, the first African American to receive a Ph.D. in psychology in 1920. Commonly referred to as the "Father of Black Psychology," he is recognized as an American leader in education reform. This award can be given on an annual basis, awarded in even years to a graduate student and in odd years to an early career professional within the first 10 years of terminal degree. Candidate must be a current member of ABCT at the time of the awards ceremony and priority will be given to students and

professional members of ABCT at the time of the nomination. The award is intended to acknowledge and promote the excellence in research, clinical work, teaching, or service by an ABCT member who is a doctoral student or early career professional within 10 years of award of the PhD/PsyD/EdD/ScD/MD who identifies as Black or Indigenous. The award is given to recognize that Black and Indigenous practitioners and scholars are underrepresented in clinical psychology, despite making important contributions to our field. The Francis C. Sumner Excellence Award is meant to reflect the overarching goal of ABCT supporting its members of color. The 2021 early career recipient of this award was Isha Metzger, Ph.D., and the 2022 student recipient was Tia Tyndal, M.A. The recipient will receive \$1,000 and a certificate. Please complete the online nomination materials at [www.abct.org/awards](http://www.abct.org/awards). Email the nomination materials as one pdf document to [ABCTAwards@abct.org](mailto:ABCTAwards@abct.org), and include "Francis C. Sumner Award" in the subject line. **Nomination deadline:** March 1, 2023

### **Anne Marie Albano Early Career Award for Excellence in the Integration of Science and Practice**

Dr. Anne Marie Albano is recognized as an outstanding clinician, scientist, and teacher dedicated to ABCT's mission. She is known for her contagious enthusiasm for the advancement of cognitive and behavioral science and practice. The purpose of this award is to recognize early career professionals who share Dr. Albano's core commitments. The 2022 recipient of this award was Anu Asnaani, Ph.D. This award includes a cash prize of \$1,000 to support travel to the ABCT Annual Convention and to sponsor participation in a clinical treatment workshop. Eligibility requirements are as follows: (1) Candidates must be active members of ABCT, (2) New/Early Career Professionals within the first 10 years of receiving his/her the doctoral degree (PhD, PsyD, EdD). Preference will be given to applicants with a demonstrated interest in and commitment to child and adolescent mental health care. Applications should include a nomination form (available at [www.abct.org/awards](http://www.abct.org/awards)), two letters of support, the nominee's curriculum vitae, and a personal statement up to three pages. Application materials should be emailed as one pdf document to [ABCTAwards@abct.org](mailto:ABCTAwards@abct.org). Include candidate's last name and "Albano Award" in the subject line.

**Nomination deadline:** March 1, 2023

**Charles Silverstein Lifetime Achievement Award in Social Justice** Members of the Association are encouraged to nominate individuals who have made significant and sustained lifetime contributions to advancing social justice initiatives over many years. This award is given at the discretion of the Board of Directors and is primarily designed to recognize the critical, and often underrecognized, contributions from cognitive and/or behavior therapy (CBT) grassroots activists who are from and primarily work with minoritized and oppressed communities. In very rare instances, the award may be given to allies from the CBT field if nominations arise from minoritized members and their perspective is centered. A key element of this award is recognition that grassroots CBT activists typically have less access to power to directly change systems secondary to structural injustice and oppression. Thus, contributions to advancing social justice by grassroots CBT activists may look different than those of allies, even though grassroots activist contributions are no less important and typically confer increased risk for the individual. Eligible candidates for this award do not need to be a current ABCT member but must have a strong historic connection to the CBT field. ABCT membership at some point in the candidate's career is desirable. Nominations for this award should include a letter of nomination/support as well as a curriculum vitae of the nominee or other significant evidence of the nominee's social justice work. Application materials should be emailed as one pdf document to [ABCTAwards@abct.org](mailto:ABCTAwards@abct.org). Include candidate's last name and "Silverstein Award" in the subject line. **Nomination deadline:** March 1, 2023

**Distinguished Friend to Behavior Therapy** This award is given annually to an individual or organization that supports the aims of ABCT in providing awareness, advocacy, or evidence-based behavioral health services in the field of cognitive and behavioral therapies. Eligible candidates for this award should NOT be members of ABCT, but are individuals who have promoted the mission of cognitive and/or behavioral work outside of our organization. Candidates are nominated by an ABCT member and applications should include a letter of nomination/support and a curriculum vitae of the nominee. Recent recipients of this award include The Honorable Erik K. Shinseki, Michael Gelder, Mark S. Bauer, Vikram Patel, Benedict Carey, and Bivian "Sonny" Lee III. Please e-mail the nomination materials as one PDF document to [ABCTAwards@abct.org](mailto:ABCTAwards@abct.org). Include "Distinguished Friend to BT" in the subject line. **Nomination deadline:** March 1, 2023

**President's New Researcher Award** ABCT's 2022-23 President, Jill Ehrenreich-May, Ph.D., invites submissions for the 45th Annual President's New Researcher Award. The winner will receive a certificate and a cash prize of \$500. The award will be based upon an early program of research that reflects factors such as: consistency with the mission of ABCT; independent, innovative work published in high-impact journals; and promise of contributing to cognitive and behavioral theory to advance the field. Scholars who trained in smaller labs or who work in less research-intensive environments are also encouraged to apply, as the quality and potential impact of one's work, not the number of publications, will be the focus. **Requirements:** must have had terminal degree (Ph.D., Psy.D., M.D., etc.) for at least 1 year but no longer than 5 years (i.e., completed during or after 2016); must submit a peer-reviewed, empirical article for which they are the first author (in press, or published during or after 2019); 2 letters of recommendation must be included; self-nominations are accepted; the author's CV,

letters of support, and paper must be submitted in electronic form. Applicants from traditionally underrepresented backgrounds, or whose work advances our understanding of behavioral health disparities, are particularly encouraged to apply. E-mail the nomination materials (including letter of recommendation) as one pdf document to [PNRAward@abct.org](mailto:PNRAward@abct.org). Include candidate's last name and "President's New Researcher" in the subject line. **Nomination deadline:** March 1, 2023.

### Student Dissertation Awards

- Virginia A. Roswell Student Dissertation Award (\$1,000)
- Leonard Krasner Student Dissertation Award (\$1,000)
- John R. Z. Abela Student Dissertation Award (\$500)

Each award will be given to one student based on his/her doctoral dissertation proposal. Accompanying this honor will be a monetary award (see above) to be used in support of research (e.g., to pay participants, to purchase testing equipment) and/or to facilitate travel to the ABCT convention. Eligibility requirements for these awards are as follows: 1) Candidates must be student members of ABCT, 2) Topic area of dissertation research must be of direct relevance to cognitive-behavioral therapy, broadly defined, 3) The dissertation must have been successfully proposed, and 4) The dissertation must not have been defended prior to November 2023. Proposals with preliminary results included are preferred. To be considered for the Abela Award, research should be relevant to the development, maintenance, and/or treatment of depression in children and/or adolescents (i.e., under age 18). Self-nominations are accepted, or a student's dissertation mentor may complete the nomination. The nomination must include a letter of recommendation from the dissertation advisor. Please complete the nomination form found online at [www.abct.org/awards](http://www.abct.org/awards). Email the nomination materials (including letter of recommendation) as one pdf document to [ABCTAwards@abct.org](mailto:ABCTAwards@abct.org), and include candidate's last name and "Student Dissertation Award" in the subject line.

**Nomination deadline:** March 1, 2023

**Graduate Student Research Grant** The ABCT Research Facilitation Committee is sponsoring a grant of up to \$1000 to support graduate student research. The grant will be awarded based on a combination of merit and need. Eligible candidates are graduate student members of ABCT seeking funding for an unfunded (including internal sources of funding) thesis or dissertation project that has been approved by either the faculty advisor or the student's full committee. Applications should include all of the materials listed in GSRG Application Guidelines (<https://www.abct.org/membership/abct-awards/>) and one letter of support from a faculty advisor. Please email the application, excluding the advisor letter, in a single pdf to the chair of the Research Facilitation Committee, Ryan Jacoby, Ph.D. Include "Graduate Student Research Grant" in your subject heading. Please ask your faculty advisor to e-mail a letter of support separately. **Application deadline:** March 1, 2023

**Student Travel Award** This award recognizes excellence among our student presenters and is intended to defray some of the travel costs associated with presenting at the convention with a cash prize of \$500. This award money is to be used to facilitate travel to the ABCT convention. To be eligible, students must 1) have their symposium or panel submission for the 2023 ABCT convention accepted for presentation; 2) be a symposium presenter (i.e., first author on a symposium talk) at the ABCT annual convention; 3) be a student member of ABCT in good standing; and 3) be enrolled as a student at the time of the convention, including individuals on predoctoral internships, but excluding post-baccalaureates. Awards are highly competitive and preference is given to projects demonstrating student initiation and independence, and innovation for the field. Two awards are given annually, with one granted to an underrepresented student member, defined broadly as race, ethnic background, sexual orientation, or discipline. Additional requirements and submission instructions are available on the Student Travel Award Application found online at [www.abct.org/awards](http://www.abct.org/awards). Award winners will be announced in mid-September 2023. **Application deadline:** July 22, 2023

**Elsie Ramos Memorial Student Poster Awards** This award is given to student first authors whose posters have been accepted for presentation at ABCT's Annual Convention. The winners each receive an ABCT Student Membership and a complimentary general registration at the next year's ABCT's Annual Convention. To be eligible, students must 1) have their poster submission for this year's ABCT convention accepted for presentation; 2) be student members of ABCT in good standing; and 3) be enrolled as a student at the time of the convention. Awards are highly competitive and preference is given to projects demonstrating student initiation and independence and innovation for the field. Three awards are granted annually. Additional requirements and submission instructions are available on the Elsie Ramos Memorial Student Poster Award Application found online at [www.abct.org/awards](http://www.abct.org/awards). Award winners will be announced in mid-September 2023. **Application deadline:** July 22, 2023

**Outstanding Service to ABCT** This award is given annually to an individual who has displayed exceptional service to ABCT. Nominations for this award are solicited from members of the ABCT governance. Please complete the nomination form found online at [www.abct.org/awards/](http://www.abct.org/awards/). Email the completed form and associated materials as one pdf document to [ABCTAwards@abct.org](mailto:ABCTAwards@abct.org). Include "Outstanding Service" in the subject line. **Nomination deadline:** March 1, 2023



## ||| Awards & Recognition |||

### **Congratulations to ABCT's 2022 Award Winners**

Awards Ceremony will take place at the Annual Convention  
on Friday, November 18, 5:30-6:30 p.m.,  
NYC Marriott Marquis, Astor Ballroom (7th floor)

#### **Career/Lifetime Achievement**

Dean Kilpatrick, Ph.D., *Director of the National Crime Victims Research and Treatment Center at the Medical University of South Carolina & Co-Director of the Charleston Consortium*

#### **Outstanding Mentor**

Susan W. White, Ph.D., ABPP,  
*The University of Alabama*

#### **Outstanding Educator/Trainer**

Lynn McFarr, Ph.D., *Professor of Health Sciences, UCLA David Geffen School of Medicine and Founder and Executive Director, CBT California*

#### **Francis Cecil Sumner Excellence Award**

Tia Tyndal, M.A., *The Catholic University of America*

#### **Anne Marie Albano Early Career Award for the Integration of Science and Practice**

Anu Asnaani, Ph.D., *University of Utah*

#### **The Sobell Innovative Additions Research Award**

Kate Wolitzky-Taylor, Ph.D., *UCLA Department of Psychiatry and Biobehavioral Sciences*

#### **Outstanding Service to ABCT**

Anu Asnaani, Ph.D., *University of Utah*

#### **Outstanding Service to ABCT**

Stephen Crane, DES, ABCT

#### **Virginia Roswell Student Dissertation Award**

Divya Kuman, *Southern Methodist University*

#### **Leonard Krasner Student Dissertation Award**

Robyn A. Ellis, *Northern Illinois University*

#### **Student Research Grant**

Gabrielle Ilagan, *Fordham University*

#### **Student Research Grant Honorable Mention**

Kiran Kaur, M.S., *Utah University*

#### **President's New Researcher Award**

Kristen Szuhany, Ph.D., *NYU Grossman School of Medicine/NYU Langone Health*

#### **ADAA Career Travel Award winners**

Monica Federoff, M.D., Ph.D.

Ki Eun (Kay) Shin

#### **Elsie Ramos Memorial Student Poster Winners**

Sadaf Khawar, *Montclair State University*

"Is Acceptance and Commitment Therapy via Telehealth Effective? A Pilot Study During the Covid-19 Pandemic to Support Parents of Children with Developmental Disabilities"

Ana Rabasco, *Fordham University*, "Preliminary Findings from a Brief Mindfulness Intervention for Adults with Suicidal Ideation"

Allegra Netten, *University of Prince Edward Island*  
"Development and Validation of a Scale to Measure Climate Change Anxiety"

#### **Student Travel Award Winners**

Danielle Morabito, *Florida State University*

"Development and Evaluation of a Web-Based Tonic Immobility Psychoeducational Intervention"

Thomas Le, *University of Maryland, College Park*

"Body Positivity for Asian Americans: Development and Evaluation of the Pride in Asian American Appearance Scale"



### *Special Section*

## **“Applications of Cognitive Behavioral Therapy to Psychological Disorders and Comorbid Medical Conditions in Pediatric Patients”**

GUEST EDITORS:

**Robert D. Friedberg, Ph.D., ABPP**  
**Laura Payne, Ph.D.**

Pediatric medical settings often represent the front door for behavioral health concerns. Moreover, integrated pediatric behavioral health care is an emerging frontier and CBT is poised to play a significant role in patient services. This development is especially fortuitous since these clinical sites are experiencing major surges in cases requiring psychosocial intervention. However, there is a relative lack of research directing the application of CBT for psychological conditions in comorbid medical disorders as well as a dearth of resources detailing the application of CBT in these pediatric cases. Accordingly, providing more clinically relevant research and practitioner-friendly guides for working with these patient populations is the precise focus of this special issue.

Our goal is to represent the perspectives of research-focused, education-focused, and practice-focused readers of the journal. C&BP is a practitioner-oriented journal. Consistent with the aims, scope, and mission set by Dr. Nikolaos Kazantzis' editorial team, we are interested in data-based manuscripts as long as these are presented in the context of rich clinical descriptions (e.g., case vignettes, video demonstrations, and therapist guidelines). We also encourage review articles and commentaries with focus on clinical practice implementation that complement empirical submissions.

Authors or author groups with questions about potential submissions are invited to contact the Guest Editor team identified above. Those manuscripts selected for further consideration will be peer reviewed according to the journal's usual editorial policies and procedures. Authors will be expected to revise manuscripts promptly. Accepted articles will be posted online within a short time frame of acceptance.

### *Topics may include but are not limited to:*

- Treating traditionally underserved and marginalized pediatric patient populations diagnosed with comorbid psychological and medical conditions with CBT spectrum approaches
- Training clinicians to deliver CBT to pediatric patients with comorbid psychological and medical conditions
- Assessment and adjunctive treatment of female-specific health conditions, including premenstrual exacerbation of psychiatric symptoms, endometriosis, etc.
- CBT for psychological disorders comorbid with pediatric medical conditions such as asthma, pain (menstrual pain, endometriosis, headache, G-I, etc.), diabetes, sickle cell disease, cystic fibrosis, inflammatory bowel disease, etc.
- CBT for anxiety and or depression presenting in primary care settings
- CBT for pediatric sleep problems
- CBT approaches to medical nonadherence in pediatric patients
- CBT for children with fears about medical procedures

► **Manuscript submission portal:** <https://www.editorialmanager.com/candbp>  
 ► **Deadline for Submissions:** February 2023

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# Vote

Look for the electronic link in your email.

in ABCT's  
next election

## SLATE of CANDIDATES:

### President Elect:

Carolyn Black Becker, Ph.D.

Steven A. Safren, Ph.D.

### Representative-at-Large

Jason Duncan, Ph.D.

Colleen A. Sloan, Ph.D.

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# Webinar

OCTOBER 28 | 11:00 A.M. EDT

Register  
Now!

## Measurement-Based Care

— Jacqueline Persons, Ph.D.

Dr. Persons will define measurement-based care, describe reasons for providing MBC, offer hypotheses about why MBC might lead to improved client outcome, and describe steps to take to provide MBC, with many clinical examples and tools that learners can use to implement MBC. This webinar is ideal for private practitioners but is useful to therapists who provide CBT to adults in any outpatient setting.

11:00 am- 12:30 pm Eastern | 10:00 am – 11:30 am Central | 9:00 am – 10:30 am Mountain |  
8:00 am – 9:30 am Pacific

\$15 Student ABCT Members | \$25 ABCT Members | \$35 Non-Members

<https://elearning.abct.org/>



## Are you following ABCT on social media?

Join the conversation!



**Facebook:** Association for Behavioral and Cognitive Therapies

**Twitter:** @ABCTNOW

**Instagram:** @abct\_insta

NOTE: The Forums replaced the list serve last November.

To check out the Forums discussion, go to the ABCT website, log in to your account through "My Membership," and click on "Forums."

Want to get more involved? If you are interested in joining the Social Network & Media Committee or want to learn more about what we do, please contact Alex Long at Long.AlexandraD@gmail.com



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The ABCT Forums have replaced the list serve. The Forums are a place to communicate and network with other ABCT members. Users of the ABCT Forums will receive email notifications whenever a new thread is created, and have the ability to subscribe to threads and receive email notifications whenever a new post is made on that thread. Users of the ABCT Forums will also have the ability to create new topics of discussion and message other ABCT members privately.

You can access the ABCT Forums by visiting [abct.org](http://abct.org) and clicking on ABCT Forums link, or by logging in to your ABCT account. If you have not already set up your ABCT Forums profile, you will be prompted to do so. Once that has been set up you will have complete access to the Forums!

**How to receive posts in digest form:** Emails received from the Forums will include an option at the bottom of the message to switch to the digest format. Users can also sign into their ABCT account and navigate to the Forums, and change their settings to receive emails in the digest format.

We hope to expand the scope of our Forum topics over the coming months. For now, we encourage you to share any job/internship opportunities, clinical referrals, or general discussion topics to the Forums! If you have any questions, please reach out to [membership@abct.org](mailto:membership@abct.org).

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