

## **Clinical Psychology: PhD vs. PsyD**

*Students contemplating doctoral studies in clinical psychology are confronted with a confusing diversity of training opportunities. Boulder model or Vail model, PhD or PsyD? Without a firm understanding of the differences in these training models, many applicants will waste valuable time and needlessly experience disappointment.*

### **The Boulder Model (PhD)**

The first national training conference on clinical psychology was held during 1949 in Boulder, Colorado (hence, the Boulder model). At this conference, equal weight was accorded to the development of both research competencies and clinical skills. This dual emphasis resulted in the notion of the clinical psychologist as a scientist-practitioner.

The Boulder conference was a milestone for several reasons. First, it established the PhD as the required degree, as in other academic fields. To this day, all Boulder-model programs in clinical psychology award the PhD degree. Second, the conference reinforced the idea that the appropriate location for training was within a university department, not a separate school or institute as in medicine and dentistry. And third, clinical psychologists were trained to be scientist-practitioners-prepared for work in both the academic world and the practice world.

The important implication for students and advisors alike is to know that Boulder-model programs provide rigorous education as a researcher along with training as a clinician. Consider this dual thrust carefully before applying to Boulder-model programs. Some first-year graduate students undergo undue misery because they dislike research-oriented courses and the research projects that are part of the degree requirements. These, in turn, are preludes to the formal dissertation required by Boulder-model, PhD programs.

### **The Vail Model (PsyD)**

Dissension with the recommendations of the Boulder conference culminated in a 1973 national training conference held in Vail, Colorado (hence, the Vail model). The Vail conferees endorsed different principles, leading to an alternative training model (Peterson, 1976, 1982). Psychological knowledge, it was argued, had matured enough to warrant creation of explicitly professional programs along the lines of professional programs in medicine, dentistry, and law. These professional programs were to be added to, not replace, Boulder-model programs. Further, it was proposed that different degrees should be used to designate the scientist role (PhD) from the practitioner role (PsyD--Doctor of Psychology). Graduates of Vail-model professional programs are scholar-professionals: the focus is primarily on clinical practice and less on research.

This revolutionary conference led to the emergence of two distinct training models typically housed in different settings. Boulder-model programs are almost universally located in graduate departments of universities. However, Vail-model programs can be housed in three organizational settings: within a psychology department, within a university-affiliated psychology school, and within an independent, freestanding psychology school. The latter programs are not affiliated with universities; rather, they are independently developed and staffed.

Table 1 lists the 56 APA-accredited PsyD programs as a function of their institutional setting. As seen there, 17 PsyD programs are housed in university departments, 23 in university professional schools, and 16 in freestanding institutions. Clinical psychology programs represent the largest segment, with 82% of the PsyD programs. For this reason, we focus in this article on the PsyD programs in clinical and counseling psychology, recognizing, of course, that there are a handful of PsyD programs in school psychology.

### **Two Training Models**

Clinical psychology now has two established and complementary training models. Although Boulder-model, PhD programs still outnumber PsyD programs, PsyD programs enroll, as a rule, three times the number of incoming doctoral candidates per school (Mayne, Norcross, & Sayette, 1994). This creates almost a numerical parity in terms of psychologist graduates.

The differences between clinical PhD and clinical PsyD programs are quantitative, not qualitative. The primary disparity is in the relative emphasis on research: Boulder programs aspire to train producers of research; Vail programs train consumers of research. PsyD programs require some research and statistics courses; you simply cannot avoid research sophistication in any APA-accredited program. The clinical opportunities are very similar for students in both types of programs. Indeed, research has substantiated that PsyD programs provide slightly more clinical experience and clinical courses but less research experience than Boulder-model, PhD programs (Tibbitts-Kleber & Howell, 1987).

Several studies demonstrated that initial worries about stigmatization, employment difficulties, and licensure uncertainty for PsyDs never materialized (Hershey, Kopplin, & Cornell, 1991; Peterson, Eaton, Levine, & Snett, 1982). Nor are there discernible differences of late in employment except, of course, that the research-oriented, PhD graduates are far more likely to be employed in academic positions and medical schools (Gaddy, Charlot-Swilley, Nelson, & Reich, 1995). Although PsyD graduates may still be seen in some quarters as second-class citizens by Boulder-model traditionalists, this is not the case among health care organizations or individual consumers.

### **Vive la Différence!**

Two training models present attractive diversity and alluring choices for students. But with choice comes the responsibility of being informed about actual differences between PhD programs and PsyD programs, as opposed to antiquated stereotypes or personal biases. Our colleagues and I have been systematically collecting data on PsyD programs over the past decade in order to present such objective, contemporary information (e.g., Mayne et al., 1994; Norcross, Hanych, & Terranova, 1996; Norcross, Sayette, Mayne, Karg, & Turkson, 1998).

Here we present many of "the facts" about PsyD programs in clinical and counseling psychology, particularly in comparison to PhD clinical psychology programs. All of the comparisons are based solely on APA-accredited programs; generalizations to non-APA-accredited programs cannot be made.

#### Acceptance Rates

In general, PsyD programs average 141 applications and 53 acceptances, but there are significant differences as a result of institutional location. Freestanding programs, on average, receive twice the number of applications as university department programs (with university professional schools in between). Similarly, the freestanding programs accept significantly more of the applicants than both types of university-based programs. The average acceptance rate for PsyD programs is 40-41%. That is, 4 out of 10 applicants to a PsyD program are accepted. By contrast, the average acceptance rate for clinical PhD programs is 11-15%. That is, 1 or 1.5 out of 10 applicants to a PhD program is accepted.

#### Enrollments

Freestanding PsyD programs typically enroll far more students per year (46) than university PsyD professional schools (31) and university PsyD departmental programs (16). PsyD programs have relatively large incoming classes each year.

By contrast, the number of incoming students in a clinical PhD program is much smaller (about 9 per year).

#### Financial Assistance

Although PsyD programs afford easier (but not easy) admission, they provide less financial assistance than PhD programs. Across all PsyD programs, 18% of students receive both tuition waiver and assistantship. University-based departmental PsyD programs tend to offer more aid: 31% of their students receive both tuition waiver and assistantship compared to 14% and 12% of incoming students in university professional schools and freestanding programs, respectively.

By contrast, clinical PhD programs provide 70-80% of their students with full financial assistance (tuition waiver plus assistantship stipend). In other words, more rigorous admission standards and acceptance odds translate into increased probability of substantial financial aid (Kohout, Wicherski, & Plon, 1991; Mayne et al., 1994).

The proliferating number of APA-accredited programs and the increasing number of acceptances in psychology doctoral programs during a period of economic downsizing raises difficult questions about internal funding of students. Our findings on financial aid portend a "pay as you go" expectation for three fourths of PsyD students. This is particularly true, as we have seen, for students in freestanding PsyD programs. The explicit expectation, as is true in such other practice disciplines as medicine and law, is that graduates will repay their debt after they are engaged in full-time practice.

#### Student Debt

Doctoral students' debt can be substantial. Research demonstrates that 74% of recent graduates in clinical psychology have debt related to graduate studies. Graduates of PsyD programs reported a median debt of \$53,000 to \$60,000. Recipients of Boulder-model clinical PhDs, by contrast, reported a median debt of \$22,000 (Kohout & Wicherski, 1999). In large part, this difference in debt between PsyD and PhD graduates is attributable to the huge differences in financial aid between them. The APA researchers (Kohout & Wicherski, 1999) who compiled these data conclude, "It is important to disseminate this information to students who may be considering a career in psychology--so that their decisions can be fully informed" (p. 10). We wholeheartedly agree.

### Student Characteristics

The educational and demographic characteristics of PsyD and PhD students are quite similar with one exception. Seventy percent of all clinical psychology doctoral students are now women, and about 20% are members of ethnic or racial minorities. The difference is that students in PsyD programs are far more likely to have master's degrees already (and concurrently tend to be a little older) than PhD students. About 35% of incoming PsyD students possess a master's degree, compared to about 20% in PhD programs.

### Faculty Theoretical Orientations

PsyD faculty are impressively diverse in their theoretical orientations. About 30% of PsyD faculty subscribe to the psychodynamic/psychoanalytic orientation, another 30% to the cognitive-behavioral orientation, and about 20% to systems/family systems. The remainder of the faculty favor humanistic and behavioral theories.

By contrast, cognitive-behavioral faculty dominate PhD programs in clinical psychology. In fact, about 65% of the faculty are cognitive-behavioral. PhD programs afford less theoretical variety, certainly fewer psychoanalytic and humanistic faculty on staff.

### Length of Training

Another crucial difference between PhD and PsyD programs concerns the length of training. Students in PhD programs take significantly longer, approximately 1 to 1.5 years longer, to complete their degrees than do PsyD students. This finding has now been replicated in our research and that of others (Gaddy et al., 1995). Various interpretations are given to this reliable difference, from PsyD training is more focused and efficient on one hand, to PhD training is more comprehensive and rigorous on the other.

### Licensure Exam

One disconcerting trend is that PsyD graduates do not perform as well as PhD graduates on the national licensing examination for psychologists (Kupfersmid & Fiala, 1991; McGaha & Minder, 1993; Yu et al., 1997). That is, doctoral students who graduate with PsyDs score lower, on average, than doctoral students who graduate with PhDs on the Examination for Professional Practice in Psychology (EPPP), the national licensing test. Higher EPPP scores have been reliably associated with smaller-sized clinical programs and larger faculty-to-student ratios, in addition to traditional PhD curricula.

This replicated difference probably applies more to the larger, freestanding PsyD programs than to the smaller, university-based PsyD programs. But the lesson is clear: smaller sized programs with proportionally more faculty are important factors to consider in selecting a doctoral program.

