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**How to:**

*Enhance your  
qualifications*

*Choose  
the right  
program*

*Prepare  
an effective  
application*

*Master the  
interview*

*Make a final  
decision*

**1998/1999  
E D I T I O N**

# Insider's Guide to Graduate Programs in Clinical & Counseling Psychology

Michael A. Sayette  
Tracy J. Mayne  
John C. Norcross

# **INSIDER'S GUIDE**

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## to Graduate Programs in Clinical and Counseling Psychology

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*1998/1999 Edition*

Michael A. Sayette  
Tracy J. Mayne  
John C. Norcross

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**INSIDER'S GUIDE TO GRADUATE  
PROGRAMS IN CLINICAL  
AND COUNSELING PSYCHOLOGY**

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To paraphrase John Donne, no book is an island, entire of itself. This sentiment is particularly true of a collaborative venture such as ours: a coauthored volume in its fifth edition comprising the contributions of dozens of psychologists and of reports on individual doctoral programs provided by training directors throughout North America. We are grateful to them all.

We are also indebted to the many friends, colleagues, and workshop participants for their assistance in improving this book over the years. Special thanks to Ms. Dawn Giuffre, Ms. Rhonda Karg-Bray, and Ms. Marie Kobayaski who spent countless hours coordinating the data collection on individual program reports, and to Ms. Barbara Baumann, Ms. Joan Wertz, Ms. Marianne Page, Ms. Lisa McLain, Mr. Michael Perrott, Ms. Helen B. Sysko, Mr. Duane Samuel, and the staff of the Alcohol and Smoking Research Laboratory at the University of Pittsburgh for their assistance in collecting and inputting data. Parts of the research reported in this book were generously supported by faculty and research grants from the University of Scranton. Seymour Weingarten and his associates at Guilford Press have continued to provide interpersonal support and technical assistance on all aspects of the project. Ms. Amy Rosenbaum were particularly helpful in assisting in the preparation of the Appendices.

Finally, our efforts have been aided immeasurably by our students, graduate and undergraduate alike, who courageously shared their experiences with us about the application and admission process.

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# PREFACE

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One of the benefits of applying to clinical and counseling psychology programs is that you earn the right to commiserate about the process afterwards. It was a night of anecdotes and complaints (while doing laundry) that led us to review our travails and compare notes on the difficulties we each experienced during the admission process. We emerged from three diverse backgrounds: one of us (T.J.M.) graduated from a large state university, took time off, and then entered a doctoral program; one of us (M.A.S.) graduated from a liberal arts college and immediately pursued a doctorate; and another one of us (J.C.N.) graduated from a liberal arts college within a major state university after 5 years and then pursued doctoral studies. Although we approached graduate school in different ways, the process was much the same. We each attempted to locate specific information on clinical and counseling psychology admissions, looked to people around us for advice, took that which seemed to be sound, and worked with it. Not all the advice was good (one professor went so far as to suggest a career in the theater instead!), and it was difficult to decide what was best when advice conflicted.

All in all, there was too little factual information available and too much unnecessary anxiety involved. No clearly defined or well-organized system was available to guide us through this process. So we decided to write an insider's guide to graduate programs in clinical and counseling psychology.

The last 10 years have seen the entire process of choosing schools and applying become progressively more difficult. Approximately 65,000 bachelor's degrees are awarded every year in psychology, and about 20% of the recipients go on to earn a master's or doctoral degree in psychology (Jalbert, 1996). Clinical and counseling psychology programs continue to grow in number and to diversify in mission: 188 APA-accredited doctoral programs in clinical psychology, 65 APA-accredited doctoral programs in counseling psychology, dozens of non-APA-accredited doctoral programs, and hundreds of master's programs. Which should you apply to? And which type of program is best for you—counseling or clinical, practice-oriented Psy.D. or research-oriented Ph.D.?

We shall take you step-by-step through this confusing morass and help you make informed decisions best suited to your needs and interests. In this new edition, we devote more time to examining the differences between clinical psychology and counseling psychology programs, as well as the value of the World Wide Web in the application process. We have also added a companion website for the *Insider's Guide*, which will contain updated program information, new studies on the graduate admissions process, and related practical materials. So come visit us periodically at [www.guilford.com/gradpsych](http://www.guilford.com/gradpsych). In this new edition, we explore crucial issues regarding

admission criteria, acceptance rates, financial aid, and theoretical orientations to help you decide which program best fits your needs.

What we would most like to do, in clear and concise language, is to help *you* through this process, from the initial decision to apply through your final acceptance. In Chapter 1, we describe the predominant training models in clinical and counseling psychology and alternatives to these disciplines. In the next chapter, we discuss the essential preparation for graduate school—the course work, clinical experiences, research skills, entrance examinations, and extracurricular activities. From there, in Chapter 3, we get you started in the application process and assist you in understanding admission requirements. In Chapter 4, we show you how to systematically select schools on the basis of multiple considerations, especially research interests, clinical opportunities, theoretical orientations, financial assistance, and quality of life. Then in Chapter 5, we take you through the application procedure itself—forms, curricula vitae, personal statements, letters of recommendation, academic transcripts, and the like. Last, in Chapters 6 and 7, we take you through the perils of the interview and the complexities of the final decision. With several worksheets and concrete examples, we will help you feel less overwhelmed, better informed, and, in the end, more aware that *you* are the consumer of a program that best suits *your* needs.

We have conducted many original studies on graduate psychology programs for this book in an effort to inform your decision making. These results provide information on the differences between clinical and counseling psychology programs (Chapter 1), programs' research areas (Appendix E), clinical and practica sites (Appendix F), admissions criteria, application odds, financial assistance, and more (Reports on Individual Programs). A detailed time line (Appendix A) and several worksheets (Appendices B, C, and D) also provide information and guidance on the heretofore treacherous journey of applying to graduate programs in clinical and counseling psychology.

This volume will assist anyone seeking admission to graduate school in clinical and counseling psychology, both master's and doctoral degrees. However, the primary focus is on Ph.D. and Psy.D. applicants, since the doctorate has become the entry-level qualification for psychology. Just as a master's degree in biology does not make one a physician, a master's in psychology does not, by state licensure and APA regulation, typically qualify one as a psychologist. Forty-eight states require the doctorate for licensure or certification as a psychologist; 10 states grant legal recognition of psychological associates, assistants, or examiners with a master's degree (APA Practice Directorate, 1991). But the material presented herein is relevant for master's (MA or MS) applicants as well.

With this practical manual, we wish you an application process less hectic and confusing than ours, but equally rewarding in the end result. Good luck!



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## CHAPTER 1

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# INTRODUCING CLINICAL AND COUNSELING PSYCHOLOGY

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If you are reading this book for the first time, we are assuming you are either considering applying to graduate programs in clinical and counseling psychology or are in the process of doing so. For even the best prepared applicant, this can precipitate a great deal of stress and confusion. The mythology surrounding this process is foreboding, and you may have heard some “horror” stories similar to these: “It’s the hardest graduate program to get into in the country”; “You need a 3.8 grade point average and 700s on your GREs or they won’t even look at you”; “If you haven’t taken time off after your bachelor’s and worked in a clinic, you don’t have enough experience to apply.” Having endured the application process ourselves, we know how overwhelming the task appears at first glance. However, we have found that much of the anxiety is unwarranted. It does not necessarily take astronomical test scores or years of practical experience to get into clinical and counseling psychology programs. Although these qualifications certainly help, they are not sufficient. Equally important are a knowledge of how the system works and a willingness to put in extra time and effort during the application process.

### ***Clinical and Counseling Psychology***

Before dealing with the question of “how to apply,” we would like to address “why” to apply and what clinical and counseling psychology are about. Reading through the next section may be useful by making you aware of other programs of study that may be more suitable to your needs.

Let us begin with clinical psychology, the largest specialty and the fastest growing sector in psychology. Two-thirds of the doctoral-level health service providers in the American Psychological Association (APA) identify with the specialty area of clinical psychology

(VandenBos, Stapp, & Kilburg, 1981). A census of all psychological personnel residing in the United States likewise has revealed that the majority reported clinical psychology as their major field (Stapp, Tucker, & VandenBos, 1985).

A recent definition of clinical psychology was adopted jointly by the APA Division of Clinical Psychology and the Council of University Directors of Clinical Psychology (see Resnick, 1991). That definition states that the field of Clinical Psychology involves research, teaching, and services relevant to the applications of principles, methods, and procedures for understanding, predicting, and alleviating intellectual, emotional, biological, psychological, social, and behavioral maladjustment, disability, and discomfort, applied to a wide range of client populations. The major skill areas in psychology essential for the field of clinical psychology are: assessment; intervention; consultation; program development, supervision, administration, and evaluation of these services; conduct of research; and knowledge and application of ethical standards. Perhaps the safest observation about clinical psychology is that both the field and its practitioners continue to outgrow the classic definitions.

Indeed, the discipline has experienced a veritable explosion since World War II in numbers, activities, and knowledge (Barron, 1986; Strickland, 1985). Since 1949, the year of the Boulder Conference (see below), there has been a nearly 1,300% increase in psychology doctoral graduates. Approximately 2,000 doctoral degrees are now awarded annually in clinical psychology—1,300 Ph.D. degrees and 500 to 800 Psy.D. degrees. All told, doctoral degrees in clinical psychology account for about 40% of all psychology doctorates. As a consequence, the Division of Clinical Psychology is regularly the first or second largest division within the APA. Table 1-1 demonstrates the continuing popularity

## INTRODUCING CLINICAL AND COUNSELING PSYCHOLOGY

of clinical psychology and the growing number of clinical doctorates awarded annually.

These trends should continue well into the new millenium. After a drop in the early 1980s, the percentage of psychology majors among college freshmen has continued to increase nationally to over 3%. In fact, the proportion of college freshmen who explicitly express an intention of becoming clinical psychologists has steadily risen to 1.3% (Astin, Green, & Korn, 1987). A recent nationwide survey of almost 2 million high school juniors, reported in the *Occupational Outlook Quarterly*, found that psychology was the sixth most frequent career choice. Indeed, according to recent data from the U.S. Department of Education, interest in psychology as a major has never been higher (Murray, 1996). So, if you are seriously considering clinical or counseling psychology for a career, you belong to a large, vibrant, and growing population.

Counseling psychology is the second largest specialty in psychology and another rapidly-growing sector. As also shown in Table 1-1, counseling psychology has experienced dramatic and sustained growth over the past three decades. We are referring here, of course, to counseling *psychology*, the doctoral-level specialization in psychology, not to the master's-level profession of counseling. This is a critical distinction: our book and research studies pertain specifically and

solely to counseling psychology programs, not counseling programs.

The distinctions between clinical psychology and counseling psychology have steadily faded. Graduates of counseling psychology programs are eligible for the same professional benefits as clinical psychology graduates, such as psychology licensure, independent practice, and insurance reimbursement. The American Psychological Association (APA) ceased distinguishing many years ago between clinical and counseling psychology internships: there is one list of accredited internships for both clinical and counseling psychology students. Both types of programs prepare doctoral-level psychologists who provide health care services.

At the same time, a few differences between clinical psychology and counseling psychology are still visible. First, clinical psychology is larger than counseling psychology: in 1996, there were 188 APA-accredited doctoral programs in clinical psychology and 65 APA-accredited doctoral programs in counseling psychology (APA, 1996). Table 1-1 reveals that these counseling psychology programs—in addition to some unaccredited programs—produce about 500 doctoral degrees per year. By contrast, clinical psychology programs produce approximately 2,000 doctoral degrees (1,300 Ph.D. and 500 to 800 Psy.D.) per year. Second, clinical psychology graduate programs are almost ex-

**TABLE 1-1. Popularity and Doctorate Production of Psychology Subfields**

Subfield	Percentage of doctoral-level psychologists <sup>a</sup>	Number of Ph.D.s awarded <sup>b</sup>		
		1964	1976	1994
Clinical	44%	400	883	1329
Cognitive	1%	—	—	76
Counseling	11%	47	267	464
Developmental	4%	19	190	158
Educational	6%	37	124	98
Experimental	3%	225	357	143
Industrial/organizational	6%	50	73	124
Personality	1%	36	62	20
Physiological	1%	37	133	46
Psychometric/quantitative	2%	22	27	23
School	5%	22	143	81
Social	3%	88	209	145
Other or general	12%	19	387	560
<i>Total</i>	100%	1013	2883	3287

<sup>a</sup> From "Census of Psychological Personnel: 1983" by J. Stapp, A.M. Tucker, & G.R. VandenBos, 1985, *American Psychologist*, 40, 1317-1351. © 1985 American Psychological Association. Reprinted by permission.

<sup>b</sup> National Research Council, *Summary Report of Doctoral Recipients from United States Universities* (selected years), Washington, DC: Author.

clusively housed in departments or schools of psychology, whereas counseling psychology graduate programs are located in a variety of departments and divisions. Our research (Turkson & Norcross, 1996) shows that, in rough figures, approximately one-quarter of doctoral programs in counseling psychology are located in psychology departments, one-quarter in departments of counseling or counseling psychology, one-quarter in departments or colleges of education, and one-quarter in assorted other departments. The historical placement of counseling psychology programs in education departments explains the occasional awarding of the Ed.D. (doctor of education) by counseling psychology programs. Third, clinical psychology graduates tend to work with more seriously disturbed populations and are more likely trained in projective assessment, whereas counseling graduates work with healthier, less pathological populations and conduct more career and vocational assessment. And fourth, counseling psychologists more frequently endorse a client-centered/Rogerian approach to psychotherapy, whereas clinical psychologists are more likely to embrace behavioral or psychodynamic orientations. Studies on the roles and functions of clinical and counseling psychologists do in fact substantiate these differences, but the similarities are far more numerous (Fitzgerald & Osipow, 1986; Tipton, 1983; Watkins, Lopez, Campbell, & Himmel, 1986a, 1986b).

In order to extend this previous research, we recently completed a study of APA-accredited doctoral programs in counseling psychology (95% response rate) and clinical psychology (99% response rate) regarding their number of applications, characteristics of incoming students, and research areas of the faculty (Norcross, Sayette, Mayne, Karg, & Turkson, in press). We found:

- the average acceptance rates of Ph.D. clinical (6%) and Ph.D. counseling (8%) psychology programs were quite similar despite the higher number of applications to clinical programs (270 vs. 130).
- the average grade point average (GPA) for incoming doctoral students were identical in Ph.D. clinical and Ph.D. counseling psychology programs (3.5 for both).
- the average GRE scores of accepted students were similar, with Ph.D. clinical students having slightly higher scores as a group.
- the counseling psychology programs accepted more ethnic minority students (25% vs. 18%) and master's students (67% vs. 21%) than the clinical psychology programs.
- the counseling psychology faculty were far more interested than clinical psychology faculty in research pertaining to minority/cross-cultural issues (69% vs. 32% of programs) and vocational testing (62% vs. 1% of programs).

- the clinical psychology faculty, in turn, were far more interested than the counseling psychology faculty in research pertaining to psychopathological populations (e.g., attention deficit disorders, depression, personality disorders) and activities traditionally associated with medical settings (e.g., neuropsychology, pain management, pediatric psychology).

Please bear in mind that these systematic comparisons reflect broad differences in the APA-accredited Ph.D. programs; they say nothing about Psy.D. programs (which we discuss later in this chapter) or non-accredited programs. Also bear in mind that these data can be used as a rough guide in matching your interests and characteristics to clinical or counseling psychology programs. The notion of discovering the best match between you and a graduate program is a recurrent theme of this *Insider's Guide*.

As shown in Table 1-2, clinical and counseling psychologists devote similar percentages of their day to the same professional activities. About one-half of their time is dedicated to psychotherapy and diagnosis/assessment and a quarter of their time to research and administration. A stunning finding was that over half of clinical and counseling psychologists were routinely involved in all seven activities—psychotherapy, assessment, teaching, research, supervision, consultation, and administration. Flexible career indeed!

The scope of clinical and counseling psychology is continually widening, as are the employment settings. Many people mistakenly view psychologists solely as practitioners who spend most of their time seeing patients. But in truth, clinical and counseling psychology are wonderfully diverse and pluralistic professions. Consider the employment settings of American clinical psychologists: 40% in private practices, 19% in universities or colleges, 5% in psychiatric hospitals, 9% in medical schools, 4% in general hospitals, another 5% in community mental health centers, 4% in outpatient clinics, and 11% in "other" placements (Norcross, Karg, & Prochaska, 1997a, 1997b). This last category included, just to name a few, child and family services, correctional facilities, rehabilitation centers, school systems, health maintenance organizations, psychoanalytic institutes, and the federal government.

Although many psychologists choose careers as clinicians in private practice, hospitals, and clinics, a large number also pursue careers in research (Crowe, Grogan, Jacobs, Lindsay, & Mack, 1985). For some, this translates into an academic position. Uncertainties in the health care system are increasing the allure of an academic position, where salary is less tied to client fees than in a clinical position. Academics teach courses and conduct research, usually with a clinical population. They hope to find a "tenure-track" posi-



**TABLE 1-2. Professional Activities of Clinical and Counseling Psychologists**

Activity	Clinical psychologists		Counseling psychologists	
	% involved in	Average % of time	% involved in	Average % of time
Psychotherapy	84	37	74	28
Diagnosis/assessment	74	15	62	12
Teaching	50	9	60	18
Clinical supervision	62	7	54	6
Research/writing	47	10	50	8
Consultation	54	7	61	7
Administration	52	11	56	15

Note. Adapted from "Clinical Psychologists in the 1990s: II" by J.C. Norcross, R.S. Karg, & J.O. Prochaska, 1997, *The Clinical Psychologist*, 50(3), 4-11; and from "Contemporary Counseling Psychology: Results of a National Survey" by C. E. Watkins, F. G. Lopez, V. L. Campbell, & C. D. Himmell, 1986, *Journal of Counseling Psychology*, 33(3), 301-309. © 1986 American Psychological Association.

tion, which means they start out as an assistant professor. After a certain amount of time (typically 5 to 7 years), a university committee reviews their research, teaching, and service, and decides whether they will be hired as a permanent faculty member and promoted to associate professor. Even though the tenure process can be a pressured one, the atmosphere surrounding assistant professors is very conducive to research activity. They are often given "seed" money to set up facilities and attract graduate students eager to share in the publication process. (For additional information on the career paths of psychology faculty, consult *The Psychologist's Guide to an Academic Career*, Rheingold, 1994, or *Career Paths in Psychology*, Sternberg, 1997).

But even this range of primary employment settings does not accurately capture the opportunities in the field. About half of all clinical and counseling psychologists hold more than one professional position (Norcross et al., 1997a; Watkins et al., 1986a). By and large, psychologists incorporate several pursuits into their work, often simultaneously. They combine activities in ways that can change over time to accommodate their evolving interests. Of those psychologists not in full-time private practice, over half engage in some part-time independent work (Norcross et al., 1997b). Without question, this flexibility is an asset.

As a university professor, for example, you might run a research group studying aspects of alcoholism, counsel alcoholics and their families in private practice, and teach a course on alcohol abuse. Or, you could work for a company supervising marketing research, do private testing for a school system, and provide monthly seminars on relaxation. The possibilities are almost limitless.

This flexibility is also evident in clinical and counseling psychologists' "self-views." About 60% respond

that they are primarily clinical practitioners, 20% are academicians, 7% administrators, 5% researchers, 5% consultants, and 2% supervisors (Norcross et al., 1997b; Watkins, 1986a).

Also comforting is the consistent finding of relatively high and stable satisfaction with graduate training and career choice. Over two-thirds of former and current graduate students in clinical and counseling psychology express satisfaction with their post-baccalaureate preparation. Moreover, 87 to 91% are satisfied with their career choice (Norcross et al., 1997b; Tibbits-Kleber & Howell, 1987; Watkins et al., 1986a). The conclusion we draw is that clinical and counseling psychologists appreciate the diverse pursuits and take advantage of their professional flexibility, which plays a significant role in their high level of career satisfaction.

The diversity in professional choice has produced a diversity of training models in professional psychology. Without a firm understanding of the differences in these training models, many applicants will waste valuable time and needlessly experience disappointment. Let us now distinguish between the two prevalent training models in clinical psychology—the Boulder model and the Vail model. Counseling psychology has parallel differences in training emphases; however, it does not typically employ the same terms as clinical psychology and does not offer the Psy.D. degree.

## **The Boulder Model (Ph.D.)**

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*. Clinical psychologists were considered first and foremost as psychologists and were to have a rigorous, broad-based education in psychology. Their training would encompass statistics, history and systems, and research, with core courses in development, biopsychology, learning, and the like. The emphasis was on psychology; clinical was the adjective.

The Boulder conference was a milestone for several reasons. First, it established the Ph.D. as the required degree, as in other academic research fields. To this day, all Boulder model, scientist-practitioner programs in clinical psychology award the Ph.D. degree. Second, the conference reinforced the idea that the appropriate location for training was within university departments, not separate schools or institutes as in medicine and dentistry. And third, clinical psychologists were trained for simultaneous existence in two worlds: academic/scientific and clinical/professional.

The important implication for you, as an applicant, 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 programs. Many applicants are specifically seeking this sort of training. Others are seeking training more focused on the practice of psychology. For these applicants, there is an alternative to the Boulder model: the Vail model of training psychologists.

## **The Vail Model (Psy.D.)**

Some dissension with the recommendations of the Boulder conference emerged at later meetings; however, there was a strong consensus that the scientist-practitioner prototype, Ph.D. degree, and university training should be retained. But in the late 1960s and early 1970s, change was in the wind. Training alternatives were entertained, and diversification was encouraged. This sentiment culminated in a 1973 national training conference held in Vail, Colorado (hence, the "Vail model").

The Vail conferees endorsed different principles, leading to a diversity of training programs (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 (Ph.D.—Doctor of Philosophy) from the professional role (Psy.D.—Doctor of Psychology). Graduates of Vail model professional programs would be *scholar/professionals*: the focus would be primarily on clinical service provision 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 one of at least three organizational settings: within a psychology department; within a university-affiliated psychology school (for instance, Rutgers and Adelphi); and within an independent, "free-standing" psychology school (e.g., California School of Professional Psychology). These latter programs are not affiliated with universities but are independently developed and staffed. Table 1-3 lists APA-accredited clinical psychology Psy.D. programs.

Clinical psychology now has two robust and complementary training models that produce equivalent numbers of doctoral-level psychologists each year. Although Boulder model programs still outnumber Vail model programs, Vail model programs enroll, as a rule, three to four times the number of incoming doctoral candidates (Mayne et al., 1994). This creates a numerical parity in terms of psychologists produced.

The differences between Boulder model and Vail model 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. Even Vail programs require some research and statistics courses; you simply cannot avoid research sophistication in any accredited psychology program. The clinical opportunities are very similar for students in both types of programs.

As we discuss in subsequent chapters, there are tradeoffs between Vail and Boulder model programs. Vail model professional programs provide slightly more clinical experience and courses, but less research experience and courses than Boulder models (Tibbitts-Kleber & Howell, 1987). Vail model programs afford easier (but not easy) admission but less financial assistance than Boulder model programs. As a rule, students in professional programs tend to be older, are more likely to have master's degrees already, and possess more experience in clinical activities than their Boulder model counterparts (Farry, Norcross, Mayne, & Sayette, 1995; Mayne, Norcross, & Sayette, 1994). Both Vail and Boulder programs have similar admission criteria which favor grade point average, entrance examination scores, letters of recommendation, and so on. (All these topics are covered in detail in later chapters.)

Several recent studies have demonstrated that initial worries about stigmatization, employment diffi-