

Clinical and Counseling Psychology: Can Differences Be Gleaned From Printed Recruiting Materials?

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Students and professionals alike often ask, “What is the difference between clinical and counseling psychology?” An even more basic question for educators and trainers is, “Are students accurately informed of the differences between the two specialties?” To address this question, we examined recruitment and application materials from 227 APA-accredited doctoral programs in counseling psychology (CoPhD, $n = 56$), clinical psychology PhD (CIPhD, $n = 137$), and clinical psychology PsyD (CIPsyD, $n = 34$). It should be noted that 83% of both clinical and counseling psychology programs, respectively, were represented in the data. An eight-page coding instrument was used to examine similarities and dissimilarities between each discipline. The results of this study suggest few differences in program or faculty characteristics, student and faculty demographics, or admission and training requirements, as advertised in program recruitment materials. Implications of these findings are discussed and directions for future research are presented.

Keywords: training, clinical psychology, counseling psychology, doctoral training

Over the past century, applied training in the field of psychology has advanced significantly (Peterson, 1991) and continues to evolve (Cobb et al., 2004; Peterson, Peterson, Abrams, & Stricker, 1997; Tipton, 1983). From the establishment of the scientist-practitioner training model to the development of the PsyD degree, there appears to be considerable variability present in the training of professional psychologists, but is there really? If variability exists, are prospective students adequately informed of these differences?

It has been noted that doctoral students in applied psychology programs believe there to be a discrepancy between; the job duties they will eventually perform outside academic settings and the training they have received (Murray, 2000). As a result, it has been suggested that training programs need to provide their students with a

more “. . . broad and common base of knowledge and methods in the scientific discipline of psychology” (Beutler et al., 2004, p. 914). Consequently, there is significant overlap across training programs in clinical and counseling psychology (Cobb et al., 2004), so much so in fact that “combined” programs have been in existence since the 1970s (Beutler et al., 2004). Given the overlap across these specialties, particularly in terms of the occupational roles and functions (Cobb et al., 2004; Fitzgerald & Osipow, 1986; Tipton, 1983), there is no wonder why professionals and students alike have difficulty articulating the distinction. What features therefore, if any, define the two specialties and are there aspects to each of these disciplines that truly make them unique?

Historical Roots

Perhaps the best starting point to unravel the complicated question of how the disciplines of clinical and counseling psychology are different is to examine each discipline’s history as well as provide a contemporary definition for each.

History of Clinical Psychology

Many regard the establishment of Lightner Witmer’s Psychological Clinic at the University of Pennsylvania in 1896 as the origin of clinical psychology (Trull & Phares, 2001). It was not until World War II, however, that clinical psychology truly emerged as a profession. One force facilitating this emergence was that the Department of Veterans Affairs (VA) sponsored a large program to train clinical psychologists, which included university-based training in psychological theory along with clinical training in therapy and assessment (Collins, 1998). This model culminated in a number of conferences (e.g., the Boulder Conference) focusing on general clinical training with a broad background in psychology (Collins, 1998). Recommendations resulting from these conferences have established the specific evaluation criteria and pro-

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cesses by which the American Psychological Association (APA) assures that clinical training programs are indeed training clinical psychologists (Collins, 1998). Given the emphasis on assessment, diagnosis, and treatment, clinical psychology is believed to be based on the medical model (e.g., Kuther & Morgan, 2004), consistent with Witmer's belief decades earlier when he noted that clinical psychology is "closely related to medicine" (Witmer, 1907).

Currently, clinical psychology has two complementary training models: the Boulder model (PhD), and the Vail model (PsyD) (Norcross & Castle, 2002). Although both models focus on clinical training in general (Collins, 1998), the primary difference between the two is the emphasis on research. The Vail model notes that psychological knowledge is mature enough to justify professional programs similar to what exists in other fields such as medicine and law (Norcross & Castle, 2002). Therefore, clinical PsyD programs generally train their graduates as scholar-professionals, focusing primarily on clinical practice and research consumption. Clinical PhD programs, however, generally train their graduates as scientist-practitioners, with equal focus on research production and applied skills (Norcross & Castle, 2002). Regardless of the model, clinical psychology is defined as the integration of "science, theory, and practice to understand, predict, and alleviate maladjustment, disability, and discomfort as well as to promote human adaptation, adjustment, and personal development" (APA Society of Clinical Psychology, 2007). Additionally, clinical psychology focuses on the "intellectual, emotional, biological, psychological, social, and behavioral aspects of human functioning across the life span, in varying cultures, and at all socioeconomic levels" (APA Society of Clinical Psychology, 2007).

History of Counseling Psychology

Although overlapping, the paths of counseling and clinical psychology appear to diverge in the former's focus on the work of Parsons and the vocational guidance movement (Whiteley, 1984). Specifically, as society became industrialized, with significant increase in secondary school enrollments, there were new conditions of educational opportunity and occupational choice (Whiteley, 1984). Parsons was among the first to provide vocational assistance to individuals, which later led to the founding of the Boston Vocational Bureau in 1908 and the National Vocational Guidance Association in 1913 (Whiteley, 1984). Hence, vocational psychology aimed to improve the vocational choices of young adults via guidance services provided by the public school system (Whiteley, 1984).

Of particular note, as the VA was a major force for the emergence of clinical psychology as a profession, it also contributed to the identification of counseling psychology (known as vocational psychology prior to 1951) as a profession in its own right. Specifically, the conclusion of WWII resulted in an enormous demand to return soldiers back to civilian life by assisting them with the problems they faced upon their return, such as personal and vocational problems (Whiteley, 1984). The VA was therefore given the mandate of creating new programs of rehabilitation focusing on educational, occupational, and emotional well-being. Given the emphasis on all aspects of a client's life, counseling psychology is believed to be based on a more holistic model (e.g., Kuther & Morgan, 2004) as compared with clinical psychology.

Today counseling psychologists focus on "personal and interpersonal functioning across the life span with a focus on emo-

tional, social, vocational, educational, health-related, developmental and organizational concerns" (APA Society of Counseling Psychology, 2007). Counseling psychology "focuses on typical, atypical, and dysfunctional development encompassing individual, family, group systems, and organizational perspectives" (APA Society of Counseling Psychology, 2007). Unlike their clinical psychology counterparts, counseling psychology initially supported a scientist-practitioner model while resisting the scholar-professional training model (Stoltenberg et al., 2000). This stance was strengthened by publication of the "Model Training Program in Counseling Psychology" (Murdock, Alcorn, Heesacker, & Stoltenberg, 1998) which stipulated that model programs "adhere" (p. 663) to the scientist-practitioner training model. Recently however (and consistent with developments in clinical psychology), counseling psychology PsyD practitioner-scholar programs have been accredited by APA, which raises questions of what is the most appropriate training model, and importantly, how is the training model tied to expected training outcomes (Neimeyer, Saferstein, & Rice, 2005).

Contemporary Clinical and Counseling Psychology: Is There a Difference?

Currently, once the doctoral degree is awarded, psychologists from both disciplines can work as researchers, practitioners, teachers, or a combination of the three, and may work side by side in a variety of settings including: academic institutions, hospitals, community mental health centers, independent practice, and college counseling centers (American Psychological Association Research Office, 2003). Additionally, both clinical and counseling psychologists can be licensed in all 50 states and are able to practice independently as health care providers. Such observations led to a growing body of research examining how the two specialties train future generations of professional psychologists. To date, data show broad likenesses with slight but noteworthy differences (Cobb et al., 2004). Specifically, core curricula (e.g., breadth, foundations of practice, and assessment/intervention courses) are virtually identical (Cobb et al., 2004). This finding is likely due to accreditation standards set forth by the Office of Program Consultation and Accreditation of the APA that emphasize broad and general training for psychologists (APA Committee on Accreditation, 2007).

However, historical and philosophical differences appear to underlie the observed differences across program types. In particular, clinical programs are more likely to offer courses in neuropsychology, psychopharmacology, and health psychology/behavioral medicine, whereas counseling programs are more likely to offer classes in career development, developmental disabilities, substance abuse, and sexuality (Cobb et al., 2004).

Taking into consideration that within-specialty variations among doctoral programs appear nearly as large as between-specialty variations, it is no wonder that students electing to pursue graduate education in applied psychology may be unclear which subfield is best suited to their individual needs. In fact, based on the authors' experiences, it appears a sizable number of applicants to clinical and counseling psychology graduate programs choose the discipline they apply to based on the advice of their mentors, rather than a thorough understanding of the philosophical distinctions between the two disciplines. But what about students without the advice of a mentor?

How are they to learn of the distinctions between clinical and counseling psychology? Of even greater importance, how do prospective graduate students identify the type of program to which they apply?

It is likely that program recruitment materials are one place interested applicants may look for guidance regarding the type of program that will best suit their needs. Furthermore, applicants who received advice to pursue a particular discipline will likely seek more specific information from program recruitment materials regarding available training opportunities. Although all programs rely on materials to recruit applicants to their programs, no empirical research has examined the clarity of these materials for highlighting similarities and differences between clinical and counseling psychology training.

The purpose of this study, therefore, was to examine program recruitment materials in order to determine if clinical and counseling programs are advertising themselves differently. We specifically elected to examine program recruitment materials for multiple reasons: (1) they are likely sources of information for applicants to clinical and counseling psychology doctoral programs; (2) our assumption that program recruitment materials are static forms of data that change little from year-to-year; and (3) established doctoral programs accredited by the APA are not likely to make substantial changes to their programs without external pressures to do so. Considering that the majority of programs are reaccredited for 7 years and few programs are placed on probation or have their accreditation revoked (S. Zlotlow, personal communication, May 22, 2007), significant programmatic changes are not likely between site visits. Thus, we aimed to utilize clinical and counseling psychology doctoral programs' recruitment materials to examine program characteristics, faculty research interests, student admissions criteria, and course offerings and applied experiences in applied psychology doctoral programs.

Based on accreditation requirements and a review of the literature, few differences between counseling Ph.D. (CoPhD), clinical Ph.D. (CIPhD), and clinical PsyD (CIPsyD) programs were expected. Specifically, we anticipated few differences in program characteristics, student or faculty demographics, and training requirements. However, given historical and philosophical underpinnings for clinical and counseling psychology specialties, we hypothesized differences in faculty research interests. Specifically, we hypothesized that clinical faculty would be more involved in research examining issues related to severe mental illness, whereas counseling psychology faculty would be significantly more focused on research examining life adjustment, developmental issues, and multicultural issues. Regarding curriculum and training opportunities, APA-accredited programs are required to adhere to a prescribed training curriculum; however, it was hypothesized that CoPhD programs would be more likely than their clinical counterparts to offer vocational training, whereas, CIPsyD programs would require additional practice experiences, with a decreased focus on research, relative to their CIPhD or CoPhD counterparts. Additionally, it was hypothesized that clinical programs would be more likely to offer specialized tracks in health psychology and behavioral medicine than their counseling psychology counterparts. Consistent with prior research, we did not expect to observe differences in the documented employment placements

of graduates from the three types of training programs, with the exception that CIPhD and CoPhD programs would have more graduates in research settings than their CIPsyD counterparts.

Method

Participants

There were no human participants in this study. Rather, recruitment and application materials from 61 counseling psychology and 171 clinical psychology programs, for a total of 230 programs, were obtained. For purposes of data analyses, the clinical psychology programs were separated into CIPhD ($n = 137$) and CIPsyD ($n = 34$) programs. The counseling psychology data included data from three PsyD programs and two EdD programs; however, for purposes of maintaining meaningful comparisons to the CIPhD and CIPsyD, programs, these programs were omitted to create a counseling psychology PhD group (the small number of programs offering the PsyD or EdD in counseling psychology did not allow for separate groups). Thus, 227 programs were coded, including 56 CoPhD, 137 CIPhD, and 34 CIPsyD programs.

Materials

An eight-page coding instrument was developed by the authors to investigate training opportunities and requirements, as well as student, faculty, and programmatic data of counseling and clinical psychology programs.¹ Primary areas of emphasis included: program characteristics (e.g., program descriptions, academic department/college, training model, faculty demographics including theoretical orientations); program coursework (e.g., number research, assessment, and therapy courses required, availability of specialty courses and specialized tracks, domains covered in qualifying examinations); practicum training (e.g., sites available, number semesters of required practicum, diversity of available practicum sites); admissions (e.g., number students admitted, student demographics); and faculty research interests in direct application of treatment/interventions and assessment and not direct applications (all research that did not include treatment/interventions or assessment). The code sheet was developed to provide numerical data, such that tallies and sums of preidentified words, content, and phrases included in the printed materials (e.g., tallies of program descriptor data, sum of faculty involved in specific types of research, etc.) were obtained. No qualitative or narrative data were analyzed. This coding method allowed research assistants to document data, via checks (e.g., check all that apply) or count data, as they reviewed program materials.

Procedure

Program recruitment materials were requested from all APA-accredited counseling (i.e., 72 programs) and clinical psychology (204 programs) programs listed in the American Psychologist (2000). If materials were not received within 4 weeks of the initial mailing, a follow-up e-mail was sent requesting

¹A copy of the code sheet is available by contacting R.D.M.

information. Only printed materials were included in this study. As noted earlier, 56 CoPhD, 137 CIPhD, and 34 CIPsyD programs (total 227 programs) were included in this study. Ironically, the responding programs included 83% of both counseling and clinical psychology programs.

Four research assistants, trained by the authors, coded program recruitment materials. Training provided coders the nature and purpose of each item, a description of where to find data for each item, and instructions for how to code each item. The four research assistants were divided into two teams (i.e., teams A and B), and each team coded all 227 of the counseling and clinical psychology programs independently from the other team. To ensure data quality, the two coding sheets from these reviews were compared; however, to avoid a team rating bias, the two teams were evenly divided so that one research assistant from Team A and one research assistant from Team B were paired together for review. The two research assistants from each newly organized team then jointly compared the two original coding sheets for half of the counseling and half of the clinical psychology programs. The other newly developed team reviewed the other half of programs. Data comparison included completing a new coding sheet that transferred all consistent data (from the two initial reviews) to a final coding sheet. Discrepancies between the two original coding sheets were clarified by further examination of the recruitment materials. When a consensus was reached, the corrected data was then transferred to the final coding sheet. To further ensure data accuracy, two research assistants separately entered data into a statistical program and the two data sets were compared for discrepancies. All discrepancies were clarified by referring back to the final (jointly created) coding sheet.

Data analyses for this study included descriptive statistics, Chi Square analyses for categorical data, and Analysis of Variance procedures (including Multivariate Analysis of Variance using Wilks' lambda criterion) for interval data.

Results

The coding instrument utilized in this study allowed for the analysis of four broad areas: (1) program characteristics, (2) faculty characteristics, (3) admission requirements and student demographics, and (4) training requirements and opportunities. The results section will summarize the data most relevant to our hypotheses according to these broad sections. Other relevant data obtained via program recruitment materials is highlighted in Table 1.

Program Characteristics

It is assumed that most applicants to doctoral programs in psychology review program descriptors when determining the schools to which they apply; thus, program materials were evaluated for key word descriptors that distinguished between clinical and counseling PhD and clinical PsyD, psychology programs. As seen in Table 2, results of Chi Square analyses indicated more similarities than differences between program descriptors, consistent with our hypothesis. Nevertheless, a few noteworthy differences were obtained. As might be expected given historical foci (Norcross, Castle, Sayette, & Mayne, 2004; Collins, 1998; Whiteley, 1984), CoPhD programs were significantly more likely to use words such as vocational/career

psychology than clinical psychology programs. CIPsyD programs were more likely to use words such as "professionalism/professional" and "practitioner-scholar" when describing their programs, as compared with CIPhD or CoPhD programs. Conversely, CIPhD and CoPhD programs were significantly more likely than CIPsyD programs to describe their programs as "scientist-practitioner." CoPhD programs were also significantly more likely to use the term "maladaptive" in their program materials than either their CIPhD or CIPsyD counterparts. In addition, CoPhD programs were more likely than their CIPhD counterparts to use the terms "normal developmental issues/problems" and "life span." See Table 1 for other notable findings.

Faculty Characteristics

An area of likely interest to prospective students is faculty research, and there were significant differences with regard to CoPhD, CIPhD, and CIPsyD faculty research interests, $\Lambda(16,262) = 7.49, p = .000$. Follow-up univariate analyses indicated significant group differences for treatment outcome or intervention research, $F(2, 141) = 7.22, p = .001$; research focusing on treating mental illnesses, $F(2, 141) = 7.81, p = .001$; nontreatment-related issues of mental illness, $F(2, 141) = 38.67, p = .000$; and "other" research interests, $F(2, 141) = 4.78, p = .01$. There were however, no significant differences for research focusing on treatment related to general psychological functioning ($p = .10$), other treatment related research ($p = .422$), assessment ($p = .156$), and research related to general psychological functioning ($p = .358$). Scheffé post hoc analyses indicated that faculty in CoPhD ($p = .025$) and CIPsyD ($p = .005$) programs were more likely to conduct treatment or intervention outcome research than their CIPhD counterparts. CoPhD faculty were less likely than CIPhD faculty to conduct research focusing on treatment of mental illnesses ($p = .001$). Faculty in CIPhD programs were also more likely to conduct general mental illness research (i.e., nontreatment-related) than both CoPhD ($p = .000$) and CIPsyD ($p = .004$) faculty. Finally, CoPhD faculty were more likely than CIPsyD faculty to conduct "other types" of research ($p = .01$)².

*Admission Requirements and Student Demographics*³

A significant difference was observed in the advertised number of students admitted to CoPhD, CIPhD, and CIPsyD programs,

²Other research included a list of the following items: behavior analysis, child psychology, driving behavior, geriatric psych, health psychology/behavioral medicine, pediatric psych, professional development/training, psychology and law, psychology and religion, psychopharmacology, research methods, science of philosophy, and other.

³Although data regarding undergraduate grade point average, Graduate Record Examinations scores, and degree status of entering students (e.g., bachelors level or masters level) were coded and analyzed, these results were not included to conserve space, because few programs reported such data in recruitment program materials, and obtained results were consistent with more thorough data presented by others (see Norcross et al., 1998; Peterson, 2003).

Table 1
Other Relevant Data Obtained via Program Recruitment Materials

Program characteristics	<ol style="list-style-type: none"> 1. CoPhD, $\chi^2(1df) = 9.618, p = .002$ and CIPsyD, $\chi^2(1df) = 9.487, p = .002$ programs were more likely to use terms such as “practice (therapy, assessment, or consultation)” compared to CIPhD programs. 2. No differences were observed between CoPhD programs and CIPhD or CIPsyD with respect to the inclusion of terms related to multicultural issues in their program descriptions (although CIPsyD programs were more likely than CIPhD programs to incorporate such terms in their program descriptors, $\chi^2(1df) = 7.872, p = .005$). 3. CIPsyD programs were no less likely to include terms such as “research” or “dissertation” than their CIPhD or CoPhD counterparts when describing their programs. 4. CoPhD and CIPhD programs generally advertised a scientist-practitioner training model (87% and 80%, respectively), whereas CIPsyD programs advertised a practitioner-scholar training model (48%), a practitioner-scientist training model (13%), or “other” training model (35%).
Faculty characteristics	<ol style="list-style-type: none"> 1. 60%, 58%, and 57% of CIPhD, CIPsyD, and CoPhD faculty were male, respectively. Reliable data regarding faculty race/ethnicity was not available from program recruitment materials. 2. No significant differences were observed across the three program types in the number of faculty that were licensed as psychologists, $F(2, 22) = 2.79, p = .083$. 3. CoPhD faculty were more likely to identify themselves as cognitive-behavioral, $\chi^2(2df) = 8.846, p = .012$, or eclectic, $\chi^2(2df) = 6.257, p = .044$ in their theoretical orientation compared to their clinical counterparts (clinical psychology programs tended to report a behavioral orientation).
Admission requirements/student demographics	<ol style="list-style-type: none"> 1. The majority of CoPhD, CIPhD, and CIPsyD programs required interviews (82%, 76%, and 95% respectively), $\chi^2(6df) = 3.80, p = .704$. 2. No significant relationship was observed between program and type of interview, whether it be an onsite, $\chi^2(4df) = 6.32, p = .177$, or phone interview, $\chi^2(4df) = 6.81, p = .146$. 3. There was no difference across program types with respect to the number of undergraduate psychology hours completed, $F(2, 58) = 0.778, p = .464$ (all programs required approximately 18 hours of psychology credit). 4. No significant relationships were observed between the type of program and requirements for clinical, $\chi^2(2df) = 3.01, p = .222$, or research experience $\chi^2(2df) = 3.37, p = .186$, as the majority of programs <i>preferred</i> such experiences, but few <i>required</i> these experiences. 5. No significant relationship was observed across program types with respect to the presence or absence of funding available to students in their first year, $\chi^2(2df) = 2.62, p = .269$, or throughout their tenure in the program, $\chi^2(2df) = 0.318, p = .853$.
Training requirements/opportunities	<ol style="list-style-type: none"> 1. Although not statistically significant, CoPhD programs, on average, required one more research or statistics course ($M = 3.9, SD = 1.912$) compared to their CIPhD ($M = 3.1, SD = 1.036$), and CIPsyD ($M = 3.0, SD = 0.816$) counterparts. 2. CoPhD ($M = 4.83, SD = 4.3$) and CIPsyD ($M = 5.0, SD = 2.582$) programs appear to require more classes in psychotherapy and counseling than CIPhD programs ($M = 2.8, SD = 1.033$); although practically significant, this finding also was not statistically significant. 3. CIPsyD programs tend to require more assessment classes ($M = 3.6, SD = 1.342$) than both CIPhD ($M = 2.68, SD = 1.108$) and CoPhD ($M = 1.67, SD = 1.155$) programs (also not statistically significant). 4. CoPhD programs were more likely to incorporate career and/or vocational psychology into their comprehensive examinations compared to CIPhD, $\chi^2(1df) = 6.484, p = .011$ and CIPsyD, $\chi^2(1df) = 5.340, p = .021$, programs. 5. CoPhD programs were more likely to incorporate research, $\chi^2(1df) = 11.831, p = .001$ and theory, $\chi^2(1df) = 19.158, p = .000$ into their comprehensive examinations than were CIPhD programs. 6. CIPsyD programs were more likely than CoPhD programs to include general psychological principals, $\chi^2(1df) = 15.651, p < .000$.

$F(2, 141) = 63.19, p = .000$. A Scheffé post hoc procedure indicated that, on average, CIPsyD programs admitted significantly more students ($M = 35.0, SD = 22.11$) than both CoPhD ($M = 8.1, SD = 2.21; p = .000$) and CIPhD ($M = 9.5, SD = 5.9; p = .000$) programs. The differences observed between the number of students admitted to CoPhD and CIPhD programs or in student retention rates among CoPhD (92%), CIPhD (91%), or CIPsyD (91%) programs were not statistically significant.

There were no significant differences between type of program and student gender, as all three programs tended to admit more female (approximately 68%; range 67%–70%) than male applicants. There was however, a significant difference with regard to student race/ethnicity, $F(2, 59) = 9.31, p = .000$; as CoPhD programs had a significantly greater percentage of minority students ($M = 32.11, SD = 15.09$) than did CIPhD ($M = 19.04, SD = 7.14$) programs; however, there were no significant differences

observed between CoPhD and CIPsyD ($M = 25.2, SD = 13.65$) programs or between CIPhD or CIPsyD programs.

Training Requirements and Opportunities

There were no significant differences observed in the academic requirements among CoPhD, CIPhD, and CIPsyD programs with regard to the number of classes required in research or statistics, $F(2, 50) = 1.798, p = 0.176$; psychotherapy or counseling, $F(2, 17) = 1.561, p = 0.239$; assessment, $F(2, 24) = 2.707, p = 0.087$; or the number of elective courses required, $F(2, 9) = 1.249, p = 0.332$.

Although many programs offered specialized tracks (i.e., child psychology, forensic psychology, health psychology, neuropsychology, geriatric psychology, addictions and/or substance use, career or vocational psychology), there were no significant differences between programs, with the anticipated exception that CoPhD programs were

Table 2
 χ^2 Values and Percentage of Program Including Program Descriptors Among CIPhD, CIPsyD, and CoPhD Programs

Program descriptor	χ^2 value	χ^2 value	χ^2 value
	Clin PhD vs. Couns PhD	Clin PsyD vs. Couns PhD	Clin PhD vs. Clin PsyD
Academic	11.36*	6.30*	0.09*
	CIPhD 41% CoPhD 14%	CIPsy 38% CoPhD 14%	CIPhD 41% CIPsy 38%
Disability	1.62*	1.45*	0.01*
	CIPhD 3% CoPhD 0%	CIPsy 3% CoPhD 0%	CIPhD 3% CIPsy 3%
Excellence (reference to any aspect of excellence, including training in teaching, research or practice)	1.23*	9.50*	7.49*
	CIPhD 15% CoPhD 8%	CIPsy 35% CoPhD 8%	CIPhD 15% CIPsy 35%
Life roles	7.23*	0.01*	7.39*
	CIPhD 0% CoPhD 6%	CIPsy 6% CoPhD 6%	CIPhD 0% CIPsy 6%
Personal development	4.38*	0.42*	7.48*
	CIPhD 9% CoPhD 20%	CIPsy 27% CoPhD 20%	CIPhD 9% CIPsy 27%
Science or scientific	0.51	0.24	1.43
	CIPhD 67% CoPhD 61%	CIPsy 56% CoPhD 61%	CIPhD 67% CIPsy 56%
Theory	1.29*	0.02*	1.35*
	CIPhD 48% CoPhD 57%	CIPsy 59% CoPhD 57%	CIPhD 48% CIPsy 59%
Holistic development	0.02*	0.08*	3.67*
	CIPhD 0% CoPhD 4%	CIPsy 3% CoPhD 4%	CIPhD 0% CIPsy 3%
Normal development issues	9.08*	1.47*	1.04*
	CIPhD 2% CoPhD 14%	CIPsy 6% CoPhD 14%	CIPhD 2% CIPsy 6%
Practice–therapy, assessment, consultation	9.62*	0.66*	9.49*
	CIPhD 57% CoPhD 82%	CIPsy 85% CoPhD 82%	CIPhD 57% CIPsy 85%
Professionalism	0.56*	7.58*	13.62*
	CIPhD 47% CoPhD 53%	CIPsy 82% CoPhD 53%	CIPhD 47% CIPsy 82%
Supportive learning environment	0.37*	0.30*	1.54*
	CIPhD 6% CoPhD 8%	CIPsy 12% CoPhD 8%	CIPhD 6% CIPsy 12%
Diversity or multicultural training	2.94*	1.19*	7.87*
	CIPhD 27% CoPhD 41%	CIPsy 53% CoPhD 41%	CIPhD 27% CIPsy 53%
Vocational or career psychology	21.94*	8.80*	0.56*
	CIPhD 2% CoPhD 22%	CIPsy 0% CoPhD 22%	CIPhD 2% CIPsy 0%
Adaptation	2.55*	0.70*	
	CIPhD 0% CoPhD 2%	CIPsy 0% CoPhD 2%	CIPhD 0% CIPsy 0%
Discomfort	0.40*	1.46*	0.97*
	CIPhD 1% CoPhD 0%	CIPsy 3% CoPhD 0%	CIPhD 1% CIPsy 3%
Functioning or well-being	2.00*	0.25*	3.63*
	CIPhD 9% CoPhD 16%	CIPsy 21% CoPhD 16%	CIPhD 9% CIPsy 21%
Life span	9.19*	1.55*	1.07*
	CIPhD 7% CoPhD 22%	CIPsy 12% CoPhD 22%	CIPhD 7% CIPsy 12%
Practitioner-scholar	0.80*	18.28*	33.39*
	CIPhD 2% CoPhD 0%	CIPsy 32% CoPhD 0%	CIPhD 2% CIPsy 32%
Scientist-practitioner	1.76*	19.99*	15.42*
	CIPhD 42% CoPhD 53%	CIPsy 6% CoPhD 53%	CIPhD 42% CIPsy 6%

(table continues)

Table 2 (continued)

Program descriptor	χ^2 value	χ^2 value	χ^2 value
	Clin PhD vs. Couns PhD	Clin PsyD vs. Couns PhD	Clin PhD vs. Clin PsyD
Client strengths	4.83	0.49	1.04
	CIPhD 2%	CIPsy 6%	CIPhD 2%
Dissertation	0.02	0.33	0.29
	CoPhD 10%	CoPhD 10%	CIPsy 6%
Internship	0.03	6.63*	10.83*
	CIPhD 19%	CIPsy 24%	CIPhD 19%
Maladjustment	9.27*	3.69	0.28
	CoPhD 20%	CoPhD 20%	CIPsy 24%
Research	0.85	1.39	5.29
	CIPhD 1%	CIPsy 47%	CIPhD 19%
Teaching	1.00	0.01	0.99
	CoPhD 10%	CoPhD 10%	CIPsy 47%
Other	1.16	0.14	0.32
	CIPhD 87%	CIPsy 0%	CIPhD 1%
	CoPhD 81%	CoPhD 10%	CIPsy 0%
	CIPhD 39%	CIPsy 71%	CIPhD 87%
	CoPhD 31%	CoPhD 81%	CIPsy 71%
	CIPhD 9%	CIPsy 6%	CIPhD 87%
	CoPhD 4%	CoPhD 9%	CIPsy 29%
			CIPhD 39%
			CIPsy 29%
			CIPhD 9%
			CIPsy 6%

Note. Pearson Chi-square analyses were reported for all comparisons. For comparisons not satisfying the minimum cell frequency, Fisher's Exact Test (2-sided) was used to determine significance.

* $p < .01$.

significantly more likely to offer a specialized track in career or vocational psychology than CIPhD, $\chi^2(1df) = 25.297, p = .000$, or CIPsyD, $\chi^2(1df) = 9.231, p = .002$, programs.

As practicum is a primary training modality in professional psychology, programs were reviewed for the amount of practicum required and the types of practicum offered. There were no significant differences observed between programs with respect to when students begin taking practicum, $F(2, 75) = 0.588, p = .558$; as students in all three programs typically began practicum in their second semester. There was however, a significant difference in the number of semesters of practicum required, $F(2, 65) = 4.419, p = .016$. A Scheffé post hoc procedure indicated that CIPsyD programs required significantly more semesters of practicum ($M = 5.77, SD = 1.92$) than CoPhD programs ($M = 4.0, SD = 1.81$), but not CIPhD programs ($M = 5.30, SD = 1.76$). Additionally, there was a significant difference observed in the availability of external practicum placements. Specifically, CIPhD programs were significantly more likely to advertise external practicum in adult, $\chi^2(1df) = 19.924, p = .002$; and child, $\chi^2(1df) = 16.986, p = .008$ inpatient units as well as medical schools or hospitals, $\chi^2(1df) = 8.743, p = .000$; than CoPhD programs. CIPsyD programs were significantly more likely to advertise practicum experiences in neuropsychology or rehabilitation settings, $\chi^2(1df) = 5.028, p = .025$; than CoPhD, but not CIPhD ($p > .05$) programs. There was also a trend for CIPsyD programs to be more likely than CoPhD to offer practicum opportunities in adult and child inpatient units and medical schools or hospitals; however, low power precluded these data from possibly reaching statistical significance.

Finally, there were few differences regarding the work settings programs reported for their graduates. Observed differences were that CoPhD programs were significantly more likely to report graduates working in university counseling centers, $\chi^2(1df) =$

$8.589, p = .003$, and community mental health centers $\chi^2(1df) = 11.691, p = .001$, compared to their CIPhD counterparts, and more likely to work in academic or university settings $\chi^2(1df) = 12.019, p = .001$, compared to CIPsyD graduates.

Discussion

The aim of this study was to investigate differences between clinical and counseling psychology doctoral programs as advertised in program recruitment materials; however, the most dramatic feature of our data is the overwhelming similarities of descriptive information provided in clinical and counseling psychology program recruitment materials. It is worth reiterating that the results of this study are based on program recruitment materials and not faculty reports or surveys. Nevertheless, consistent with prior findings (Cobb et al., 2004), the results of this study suggest few differences in program or faculty characteristics, student and faculty demographics, or admission and training requirements (with the exception that CIPsyD programs admit significantly more students than CIPhD or CoPhD programs). In fact, it has been previously suggested (Cobb et al., 2004) that there may be more differences within each specialty than between the specialties, and examination of the majority of program recruitment materials in this study leads to similar conclusions.

With the exception of a few notable differences, clinical and counseling psychology programs provide similar descriptions in program recruitment materials. Students reviewing program materials are likely to find similar descriptive words that describe programs, similar mentoring models, and that CoPhD and CIPhD programs are likely to advertise a scientist-practitioner training model (clinical PsyD programs are more likely to advertise a practitioner-scholar training model). Additionally, prospective stu-

dents will find few differences between faculty at CIPhD, CoPhD, or CIPsyD programs, with the exception that CIPsyD programs advertise more faculty. Although some differences in research foci were evidenced in these results (e.g., CoPhD and CIPsyD faculty are advertised as more likely to conduct treatment or intervention outcome studies, whereas CIPhD faculty are advertised as more likely to study issues related to mental illness), it is likely that similar differences are just as likely within specialty areas as between specialty areas. Therefore, it is evident that few program descriptors and faculty characteristic differences of practical significance can be gleaned from program recruitment materials. Similarly, few differences of practical significance emerged when reviewing admission requirements, student demographics, and training requirements and opportunities. These conclusions may not be surprising given the training requirements mandated by APA accreditation.

Although the overall results of this study suggest similarities in how clinical and counseling psychology programs advertise their programs and the students they recruit, there were some differences worth noting. Of possible significance for prospective applicants were the findings that clinical psychology programs are more likely to offer external professional training (i.e., external practicum) in inpatient and medical settings. Furthermore, a notable difference, as advertised in recruitment materials, appears to be in patient populations targeted. Consistent with its historical roots (Norcross, Castle, Sayette & Mayne, 2004; Collins, 1998; Whiteley, 1984) CoPhD programs are less likely than their clinical counterparts to offer external practicum in inpatient or hospital/medical settings (both child and adult), or to focus their research efforts on issues pertaining to mental illness. Along similar lines, both CIPhD and CIPsyD programs typically require more assessment classes than do CoPhD programs. Thus, it appears that clinical psychology programs (particularly the PhD programs) are more likely to emphasize psychopathology compared to counseling psychology training programs. This is important information for prospective students determining which type of applied graduate program to attend. If interested in working with populations suffering from severe and persistent mental illnesses, clinical psychology programs may, on average, offer greater diversity in these areas.

Historically, counseling psychology has professed to be a more holistic discipline, with a stronger focus on multicultural issues, in distinguishing themselves from their clinical counterparts (e.g., Kuther & Morgan, 2004). The finding that CoPhD programs are more likely than CIPhD programs to describe their programs with terms such as "normal developmental issues," "life span," but also "maladaptive" appears consistent with this claim of an overall holistic training model. Thus, students who are interested in working with individuals from a holistic approach (e.g., psychological, developmental, occupational, social perspectives) may find greater fit with a counseling psychology program. However, there were no significant differences observed between counseling and clinical recruiting materials with respect to inclusion of terms related to multiculturalism, suggesting that clinical programs emphasize multicultural training as much as their counseling psychology counterparts.

It was also interesting to learn that CIPsyD programs do not appear to emphasize research or dissertation work any less than CoPhD or CIPhD programs in their recruitment materials. It is noted that the results of these findings are in regard to quantity of

research coursework, rather than quality or research productivity which are separate issues (see Peterson, 2003). Similarly, we hypothesized that CIPsyD recipients would be less likely to be employed in research settings; however, this was only observed between CoPhD and CIPsyD recipients, with regard to employment in academic settings (which frequently includes significant research requirements). Thus, it is noted that although the PsyD is not a traditional research degree, CIPsyD training programs adhere to the practitioner-scholar training model with emphasis on students developing skills for conducting or consuming research.

Although the results of this study are informative regarding similarities between clinical and counseling psychology programs, it is not without limitation. Of primary concern is the fact that these data were obtained from recruitment materials which have many goals and objectives, including attracting a diverse student body while complying with accreditation bodies. Although this is the information most readily available to applicants and is one of the main sources of information likely to influence application decisions, the data is not verifiable. In other words, programs may highlight specific aspects of their programs (while minimizing others) in their recruitment materials so as to appear most attractive to prospective applicants. What students may actually encounter once participating in a specific program may be somewhat different than advertised. Thus, the results should be considered in light of what training programs are trying to sell to potential applicants, rather than as "absolute truth."

In spite of this limitation, the results of this study are informative by highlighting the many similarities in how clinical and counseling psychology doctoral programs describe their respective programs and recruit prospective students. In fact, the results of this study suggest greater similarities than differences between programs. Furthermore, the results of this study are relevant for training programs that may want to reexamine their program recruitment materials to highlight unique aspects of their training program and commitment to their respective specialty. Additionally, the results of this study may assist prospective applicants to better identify the career path that best matches their interests. Specifically, prospective students who are uncertain regarding their preference for clinical or counseling psychology training may benefit from the distinctions noted in this study.

Overall, the results of this study overwhelmingly suggest, with few notable differences, that clinical and counseling psychology programs are advertised similarly and little differential information can be gleaned from a comprehensive review of program recruitment materials. Given the consistency of these results with previous findings noted above, one is left to speculate whether there are, in fact, significant differences between the two specialties. As previously noted, similar conclusions have been drawn in the literature (e.g., Cobb et al., 2004). However, it seems plausible that significant theoretical differences exist between the disciplines. In other words, differences between the two specialties lie in the historical underpinnings that manifest themselves via program philosophies, and cannot be tapped by examining the content of training. Thus, we need to begin examining the process of training rather than the content of training (e.g., how is research methods and practicum taught rather than how many courses are required). Future research must begin to ask different questions if any differences are to be identified. In other words, do clinical and counseling psychologists approach clients differently? Do clinical

and counseling psychologists behave differently in session, in the supervision provided to students, or in how they teach and conduct research? Although it is hypothesized that such differences will be subtle, it is likely that these subtle differences will further elucidate the differences between the two specialties. Nevertheless, until such research is completed, both specialties need to better identify and inform prospective students how they are truly unique from one another, if at all.

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