

A Developmental Lag in the Evolution of Doctor of Psychology Programs

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In 1973, the American Psychological Association (APA) sponsored the Conference on Levels and Patterns of Training. Conference members concluded that the education and training for the practice of psychology is different than for research and recommended that when emphasis is on preparing students for providing clinical services, the Doctor of Psychology (PsyD) degree should be awarded. Faculty information for APA-accredited PsyD programs was reviewed, as well as recruitment advertisements for PsyD faculty members. Overall, 21.0% of the faculties possess PsyD degrees, 76.2% possess PhD degrees, and 2.8% possess another degree. Thus, 40 years after recognition of the practice-oriented PsyD degree, academic faculties for PsyD programs are dominated by members with the PhD degree. Additionally, job ads for PsyD faculty positions are focused on research-oriented criteria; more practice-oriented criteria are mentioned rarely. We argue that in a mature profession, members assume responsibility for educating the students who will inherit positions within that profession. The data indicate that PsyD programs did not evolve in this manner. Instead, a developmental lag occurred and vestigial research-oriented program traits continued to influence the hiring criteria for PsyD program faculty. This may have deleterious implications, including potentially undermining PsyD students' nascent professional identity, stifling an academic role as a vocational opportunity for PsyD graduates, and blurring distinctions between the degrees. Recommendations for undoing the lag are provided.

Keywords: doctor of psychology, education, PsyD, training, Vail model

In 1973, the American Psychological Association (APA) sponsored the Conference on Levels and Patterns of Training in Vail, Colorado. Conference members concluded that psychological

knowledge had matured sufficiently to warrant creating distinct practice-oriented programs (Korman, 1976). Members also concluded that if the education and training for practice differs from research, then different degrees should reflect that: when emphasis is on preparing students for providing clinical services, the Doctor of Psychology (PsyD) degree should be awarded; when the focus is on preparing students for conducting experimental research, the Doctor of Philosophy (PhD) degree should be awarded (Korman, 1976).

The authors of the present article are PsyD graduates interested in contributing to the education and training of PsyD students. While we found ways to teach and supervise at the graduate level as adjunct and/or clinical faculty members, we also faced difficulty when pursuing core faculty positions within PsyD programs. Specifically, we rarely met the hiring criteria. We hypothesized that despite emergence of a practice-oriented training model and degree, PsyD program faculty hiring still appears to be based predominantly on research-oriented criteria. To study this more thoroughly, we reviewed faculty information from PsyD program websites and other health care disciplines with practice-oriented doctoral degrees, categorized each PsyD program's institutional setting according to its Carnegie Foundation Graduate Program Classification, and reviewed PsyD faculty recruitment advertisements.

As of February 2014, there were 64 PsyD programs in clinical psychology accredited by the APA (American Psychological Association, n.d.-d). Each program's website was re-

This article was published Online First May 25, 2015.

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WE THANK Aubrey Austin, Mary Ellen Monahan, Theresa Rosner-Salazar, and Matthew Siblo for their helpful comments on an earlier version of the article.

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viewed to discern its core (i.e., at least 50% professional time) faculty composition (see Table 1). Adjunct, *emeritus*, and supervisory faculty members were not counted. Whereas most sites provided relevant information regarding faculty members' degrees, roles, responsibilities, and delineated license status clearly, other sites were more problematic. Examples included the following: faculty members listed only as "Dr." rather than a name followed by degree; lack of clarity in who was considered a core faculty member versus some other role (e.g., adjunct or supervisor); lack of clarity in faculty members' responsibilities and license status; and potentially outdated information. If an individual's role was ambiguous, then we considered that person core faculty. In those instances when someone was listed only as "Dr.," a supplemental Google search was conducted using the individual's name; this clarified the person's degree, although not always his or her role. Our survey provides a preliminary topography of the current PsyD faculty landscape. Overall, 21.0% of the faculties possess PsyD degrees, 76.2% possess PhD degrees, and 2.8% possess another degree.

For comparison, we also reviewed core faculty information from other health care disciplines with practice-oriented doctoral degrees, including medicine,¹ dentistry,² optometry, and podiatry (see Table 2). For each discipline, 10 schools were selected randomly from accredited programs with faculty information available online. Data collection proceeded similarly to the PsyD faculty review. In allopathic medicine programs, 64.2% of the faculties possess the Doctor of Medicine degree and 24.2% possess PhD degrees. In osteopathic medicine, 53.4% possess the Doctor of Osteopathic Medicine degree and 36.8% possess PhD degrees. In dentistry, 66.7% possess either the Doctor of Dental Surgery or Doctor of Dental Medicine degree and 19.1% possess PhD degrees. In optometry, 63.8% possess the Doctor of Optometry degree and 15.0% possess PhD degrees. In podiatry, 75.3% possess the Doctor of Podiatric Medicine degree and 13.5% possess PhD degrees.

Given our hypothesis, we were interested in how PsyD faculties in research settings compared to those in nonuniversity affiliated professional schools. Thus, each PsyD program's institutional setting was categorized according to its Carnegie Foundation Graduate Program Classification (*Carnegie Foundation for the Advancement of Teaching, n.d.*). PsyD programs within a university classified as a "Research University—Very high research" (RU/VH) are labeled "research" whereas programs within a nonuniversity affiliated professional school classified as a "Special Focus Institution—Other health professions school" (Spec/Health) are labeled "special focus" (see Table 3). When PsyD programs are located within research universities, 9.8% of the faculties possess PsyD degrees whereas 87.9% possess PhD degrees. In special focus schools, the PsyD faculty rate is 33.7% whereas 62.0% possess PhD degrees.

Advertisements recruiting faculty for PsyD programs were recorded from the APA PsycCareers website (*American Psychological Association, n.d.-e*) over a 12-month period (January through December 2014). We reviewed 21 advertisements; because one ad recruited for two positions, there were 22 openings. Twenty-two ads recruiting for clinical psychology faculty positions in PhD programs were selected randomly for comparison. Each ad's content was examined for language describing

the position's qualifications and responsibilities, focusing on common and expected items (see Table 4). Regarding qualifications, both PsyD and PhD programs usually require a doctoral degree. For PsyD programs, either degree is usually acceptable: 12 ads (54.6%) explicitly mention both degrees, whereas seven ads (31.8%) provide no specification. Three PsyD programs (12.6%) require someone with a PhD. In contrast, PhD programs predominately require a PhD degree (14 ads, 63.6%), with none mentioning the PsyD degree. Among PsyD programs, 14 (63.6%) require previous teaching experience and 11 (50.0%) want a publication track record. Among PhD programs, 14 (63.6%) require previous teaching experience and evidence of publication. For clinical qualifications, 16 (72.7%) PsyD programs require licensure (or eligibility) and four (18.2%) require clinical practice or expertise. Meanwhile, 10 (45.5%) PhD programs require licensure (or eligibility) and five (22.7%) require clinical practice or expertise. Finally, three (13.6%) PsyD ads mention the practitioner–scholar model whereas seven (31.8%) PhD ads mention the scientist–practitioner model. Regarding responsibilities, both PsyD (18 ads, 81.8%) and PhD (21 ads, 95.5%) programs want applicants to teach and conduct research. Among PsyD programs, five (22.7%) ads mention generating external funding; among PhD programs, 11 (50.0%) mention generating external funding. For supervisory responsibilities, 11 (50.0%) PsyD ads indicate supervising students' research and nine (40.9%) students' clinical work. Meanwhile, five (22.7%) PhD ads indicate research supervision and six (27.3%) clinical supervision.

Statement of the Problem

The data indicate that 40 years after endorsement of a practice-oriented training model and degree, PsyD program faculties are dominated by members with the PhD degree. The phenomenon appears particularly acute for PsyD programs located within research universities. In the years immediately after the Vail conference, it made sense that PsyD program faculties would be comprised of individuals with PhD degrees, as few would have yet earned a PsyD degree. However, we assert that in a mature profession, members should assume responsibility for educating those who will inherit positions within that profession. In other practice-oriented health care disciplines, professional degree holders appear to constitute significantly more of the faculties. It seems reasonable to expect that PsyD programs would have evolved similarly to these programs. Our data indicate that PsyD programs did not evolve in this manner. If two different training models were recommended as necessary, then why are students studying one model continuing to be taught by faculty prepared using the other?

We argue that a developmental lag occurred and vestigial research-oriented PhD program traits continued to influence the hiring criteria for practice-oriented PsyD program faculty. Hiring

¹ In medicine, training in the allopathic model leads to the Doctor of Medicine degree, whereas training in the osteopathic model leads to the Doctor of Osteopathic Medicine degree. Both degrees are practice-oriented. In many medical programs, an individual may also pursue a PhD degree if he or she intends to conduct research.

² In dentistry, either the Doctor of Dental Surgery or Doctor of Dental Medicine may be awarded. Both degrees are practice-oriented and the education and training for each degree are the same.

Table 1
Core Faculty Composition of APA-Accredited PsyD Programs in Clinical Psychology

School name	% PsyD (<i>n</i>)	% PhD (<i>n</i>)	% Other (<i>n</i>)
Adler School of Professional Psychology–Chicago	46.7 (14)	53.3 (16)	0.0 (0)
Alliant International University			
Fresno	0.0 (0)	100.0 (7)	0.0 (0)
Los Angeles	26.7 (4)	73.3 (11)	0.0 (0)
Sacramento	0.0 (0)	100.0 (8)	0.0 (0)
San Diego	14.3 (2)	85.7 (12)	0.0 (0)
San Francisco	0.0 (0)	100.0 (19)	0.0 (0)
Antioch University New England	40.6 (13)	50.0 (16)	9.4 (3)
Argosy University			
Atlanta	18.2 (2)	81.8 (9)	0.0 (0)
Chicago	31.8 (7)	59.1 (13)	9.1 (2)
Hawaii	36.4 (4)	63.6 (7)	0.0 (0)
Orange County	20.0 (2)	80.0 (8)	0.0 (0)
Phoenix	18.8 (3)	68.8 (11)	12.5 (2)
San Francisco	35.7 (5)	64.3 (9)	0.0 (0)
Schaumburg	26.7 (4)	73.3 (11)	0.0 (0)
Tampa	77.8 (7)	22.2 (2)	0.0 (0)
Twin Cities	21.4 (3)	78.6 (11)	0.0 (0)
Washington, DC	20.0 (5)	80.0 (20)	0.0 (0)
Azusa Pacific University	50.0 (7)	50.0 (7)	0.0 (0)
Baylor University	0 (0)	100.0 (23)	0.0 (0)
Biola University	14.8 (4)	85.2 (23)	0.0 (0)
Carlos Albizu University			
Miami	36.4 (4)	63.6 (7)	0.0 (0)
San Juan	41.7 (5)	58.3 (7)	0.0 (0)
Chestnut Hill College	22.2 (4)	72.2 (13)	5.6 (1)
Chicago School of Professional Psychology–Chicago	43.6 (17)	56.4 (22)	0.0 (0)
Denver, University of	13.0 (3)	82.6 (19)	4.3 (1)
Florida Institute of Technology	25.0 (2)	75.0 (6)	0.0 (0)
Forest Institute of Professional Psychology	33.3 (6)	66.7 (12)	0.0 (0)
Fuller Theological Seminary	0.0 (0)	100.0 (13)	0.0 (0)
George Fox University	33.3 (5)	66.7 (10)	0.0 (0)
George Washington University	0.0 (0)	90.9 (10)	9.1 (1)
Hartford, University of	28.6 (2)	71.4 (5)	0.0 (0)
Immaculata University	66.7 (8)	25.0 (3)	8.3 (1)
Indiana State University	0.0 (0)	100.0 (11)	0.0 (0)
Indiana University of Pennsylvania	4.0 (1)	96.0 (24)	0.0 (0)
Indianapolis, University of	25.0 (4)	75.0 (12)	0.0 (0)
John F. Kennedy University	23.1 (3)	76.9 (10)	0.0 (0)
La Salle University	27.3 (6)	72.7 (16)	0.0 (0)
La Verne, University of	0.0 (0)	100.0 (15)	0.0 (0)
Loma Linda University	8.3 (1)	91.7 (11)	0.0 (0)
Long Island University–C.W. Post	15.8 (3)	84.2 (16)	0.0 (0)
Loyola University Maryland	14.3 (5)	85.7 (30)	0.0 (0)
Marshall University	9.5 (2)	85.7 (18)	4.8 (1)
Marywood University	0.0 (0)	82.4 (4)	17.6 (3)
Massachusetts School of Professional Psychology	35.3 (18)	54.9 (28)	9.8 (5)
Midwestern University			
Downers Grove	30.0 (3)	60.0 (6)	10.0 (1)
Glendale	37.5 (3)	50.0 (4)	12.5 (1)
Nova Southeastern University	4.4 (2)	91.1 (41)	4.4 (2)
Pacific University, Oregon	17.9 (5)	82.1 (23)	0.0 (0)
Palo Alto University, PGSP–Stanford Consortium	5.6 (1)	94.4 (17)	0.0 (0)
Pepperdine University	3.4 (1)	96.6 (28)	0.0 (0)
Philadelphia College of Osteopathic Medicine	25.9 (7)	59.3 (16)	14.8 (4)
Ponce School of Medicine and Health Sciences	66.7 (8)	25.0 (3)	8.3 (1)
Regent University	30.0 (3)	70.0 (7)	0.0 (0)
Roosevelt University	4.0 (1)	96.0 (24)	0.0 (0)
Rutgers University	17.6 (6)	82.4 (28)	0.0 (0)
Spalding University	30.8 (4)	69.2 (9)	0.0 (0)
Virginia Consortium Program in Clinical Psychology	7.7 (2)	88.5 (23)	3.8 (1)
Wheaton College	22.2 (2)	77.8 (7)	0.0 (0)
Widener University	14.3 (2)	85.7 (12)	0.0 (0)
Wisconsin School of Professional Psychology	42.9 (3)	57.1 (4)	0.0 (0)
Wright Institute	11.9 (5)	81.0 (34)	7.1 (3)
Wright State University	35.7 (5)	64.3 (9)	0.0 (0)
Xavier University	5.9 (1)	94.1 (16)	0.0 (0)
Yeshiva University	4.3 (1)	95.7 (22)	0.0 (0)
<i>Total</i>	<i>21.0 (250)</i>	<i>76.2 (908)</i>	<i>2.8 (33)</i>

Table 2
Faculty Composition of Healthcare Professional Programs

School name	% Prof ^a (n)	% PhD (n)	% Both (n)	% Other (n)
Medicine (Allopathic)				
Buffalo, University of	66.1 (491)	21.0 (156)	7.1 (53)	5.8 (43)
Cleveland Clinic Lerner College of Medicine	65.8 (50)	25.0 (19)	5.3 (4)	3.9 (3)
Colorado, University of	72.0 (103)	21.7 (31)	2.1 (3)	2.1 (3)
Commonwealth Medical College	44.4 (24)	42.6 (23)	1.9 (1)	11.1 (6)
Howard University	71.8 (637)	19.2 (170)	2.6 (23)	6.4 (57)
Quinnipiac University	43.8 (14)	46.9 (15)	6.3 (2)	3.1 (1)
Rush Medical College	56.2 (230)	30.8 (126)	5.6 (23)	7.3 (30)
Temple University	66.1 (423)	21.6 (138)	7.3 (47)	5.0 (32)
Vanderbilt University	46.8 (257)	37.0 (203)	11.7 (64)	4.6 (25)
Vermont, University of	84.5 (164)	10.8 (21)	2.1 (4)	2.6 (5)
<i>Total</i>	<i>64.2 (2393)</i>	<i>24.2 (902)</i>	<i>6.0 (224)</i>	<i>5.5 (205)</i>
Medicine (Osteopathic)				
AT Still University, Kirksville	49.3 (37)	38.7 (29)	0.0 (0)	12.0 (9)
Campbell University	40.5 (17)	33.3 (14)	2.4 (1)	23.8 (10)
Kansas City University	34.0 (16)	51.1 (24)	0.0 (0)	14.9 (7)
Lake Erie College, Erie Campus	44.9 (22)	42.9 (21)	0.0 (0)	12.2 (6)
Nova Southeastern University	48.7 (38)	16.7 (13)	0.0 (0)	34.6 (27)
Oklahoma State University	57.3 (63)	31.8 (35)	0.9 (1)	10.0 (11)
Pacific Northwestern University	41.9 (13)	35.5 (11)	3.2 (1)	19.4 (6)
Philadelphia College of Osteopathic Medicine	63.5 (54)	30.6 (26)	0.0 (0)	5.9 (5)
Western University of Health Sciences	46.9 (38)	32.1 (26)	0.0 (0)	21.0 (17)
West Virginia School of Osteopathic Medicine	45.2 (28)	41.9 (26)	0.0 (0)	12.9 (8)
<i>Total</i>	<i>53.4 (326)</i>	<i>36.8 (225)</i>	<i>0.5 (3)</i>	<i>17.3 (106)</i>
Dentistry				
Alabama, University of	96.3 (26)	0.0 (0)	0.0 (0)	3.7 (1)
California-Los Angeles, University of	59.4 (41)	20.3 (14)	17.4 (12)	2.9 (2)
Creighton University	100.0 (16)	0.0 (0)	0.0 (0)	0.0 (0)
Florida, University of	62.9 (78)	19.4 (24)	8.1 (10)	9.7 (12)
Midwestern University, Arizona Campus	48.9 (23)	48.9 (23)	2.1 (1)	0.0 (0)
Minnesota, University of	53.6 (59)	21.8 (24)	15.5 (17)	9.1 (10)
New England, University of	65.4 (17)	23.1 (6)	3.8 (1)	7.7 (2)
Ohio State University	55.8 (48)	22.1 (19)	12.8 (11)	9.3 (8)
Southern Illinois University	84.8 (84)	11.1 (11)	0.0 (0)	4.0 (4)
Tufts University	97.2 (35)	2.8 (1)	0.0 (0)	0.0 (0)
<i>Total</i>	<i>66.7 (427)</i>	<i>19.1 (122)</i>	<i>8.1 (52)</i>	<i>6.1 (39)</i>
Optometry				
California-Berkeley, University of	45.6 (26)	15.8 (9)	36.8 (21)	1.8 (1)
Ferris State University	78.9 (15)	5.3 (1)	10.5 (2)	5.3 (1)
Illinois College of Optometry	74.6 (44)	8.5 (5)	6.8 (4)	3.4 (2)
Midwestern University, Arizona Campus	46.9 (15)	43.8 (14)	9.4 (3)	0.0 (0)
Missouri-St. Louis, University of	86.4 (19)	13.6 (3)	0.0 (0)	0.0 (0)
New England College of Optometry	63.8 (30)	10.6 (5)	17.0 (8)	8.5 (4)
Ohio State University	33.3 (8)	20.8 (5)	45.8 (11)	0.0 (0)
Pacific University	68.6 (24)	17.1 (6)	8.6 (3)	5.7 (2)
Pennsylvania College of Optometry	80.6 (25)	6.5 (2)	9.7 (3)	3.2 (1)
Western University of Health Sciences	69.7 (23)	12.1 (4)	12.1 (4)	6.1 (2)
<i>Total</i>	<i>63.8 (229)</i>	<i>15.0 (54)</i>	<i>16.4 (59)</i>	<i>3.6 (13)</i>
Podiatry^b				
Barry University	78.6 (11)	21.4 (3)	0.0 (0)	0.0 (0)
Des Moines University	100.0 (7)	0.0 (0)	0.0 (0)	0.0 (0)
Kent State University	64.0 (16)	12.0 (3)	0.0 (0)	24.0 (6)
Midwestern University, Arizona Campus	88.9 (8)	0.0 (0)	0.0 (0)	11.1 (1)
New York College of Podiatry	55.6 (10)	27.8 (5)	0.0 (0)	16.7 (3)
Western University of Health Sciences	93.8 (15)	6.3 (1)	0.0 (0)	0.0 (0)
<i>Total</i>	<i>75.3 (67)</i>	<i>13.5 (12)</i>	<i>0.0 (0)</i>	<i>11.2 (10)</i>

^a "Prof" refers to the professional degree awarded by each discipline (e.g., MD, DDS, DPM). ^b There are nine accredited podiatry programs in the United States; only six had faculty data available online.

PsyD faculty based on research-oriented criteria is explicit in most job advertising. Meanwhile, more practice-oriented criteria are rarely mentioned. Nearly all PsyD programs claim to follow the practitioner-scholar model yet only three (13.6%) ads mention it.

We wonder why experience with the program's training model is not considered an essential qualification. Additionally, ongoing clinical work and a capacity to demonstrate clinical expertise are crucial qualifications, yet they are mentioned only four (18.2%)

Table 3
PsyD Faculty Composition in Research Universities Versus Special Focus Professional Schools

School name	% PsyD (n)	% PhD (n)	% Other (n)
Research universities			
Baylor University	0.0 (0)	100.0 (23)	0.0 (0)
Denver, University of	13.0 (3)	82.6 (19)	4.3 (1)
George Washington University	0.0 (0)	90.9 (10)	9.1 (1)
Nova Southeastern University	4.4 (2)	91.1 (41)	4.4 (2)
Rutgers University	17.6 (6)	82.4 (28)	0.0 (0)
Wright State University	35.7 (5)	64.3 (9)	0.0 (0)
Yeshiva University	4.3 (1)	95.7 (22)	0.0 (0)
<i>Total</i>	<i>9.8 (17)</i>	<i>87.9 (152)</i>	<i>2.5 (4)</i>
Special focus professional schools			
Adler School of Professional Psychology–Chicago	46.7 (14)	53.3 (16)	0.0 (0)
Chicago School of Professional Psychology–Chicago	43.6 (17)	56.4 (22)	0.0 (0)
Forest Institute of Professional Psychology	33.3 (6)	66.7 (12)	0.0 (0)
Massachusetts School of Professional Psychology	35.3 (18)	54.9 (28)	9.8 (5)
Wisconsin School of Professional Psychology	42.9 (3)	57.1 (4)	0.0 (0)
Wright Institute	11.9 (5)	81.0 (34)	7.1 (3)
<i>Total</i>	<i>33.7 (63)</i>	<i>62.0 (116)</i>	<i>2.8 (8)</i>

Note. Many schools once considered special focus are now components of universities (e.g., Alliant International, Argosy) and are categorized differently according to the Carnegie Graduate Program Classification.

times. Licensure is also an important qualification. Although 16 (72.7%) ads do mention it, we are surprised the percentage is not higher, both for practical reasons (clinical supervision) and for modeling professional behavior. Finally, in a practice-oriented program, supervising students' clinical work would seem to be a primary job responsibility, yet only nine (40.9%) ads mention it. Although most ads state that a PsyD degree is acceptable, PsyD graduates are unlikely to be competitive applicants given that they typically are not prepared to teach, conduct and publish research, or write grant proposals.

A Developmental Lag

Psychologists once were prepared exclusively to conduct experimental research; it was not until *Witmer (1907/1996)* argued that

Table 4
Qualifications and Responsibilities Described in Job Advertisements

Item	% PsyD (n)	% PhD (n)
Qualification		
Clinical practice/expertise	18.2 (4)	22.7 (5)
Doctoral degree: No specification	31.8 (7)	13.6 (3)
Doctoral degree: PhD/ABD acceptable	13.6 (3)	63.6 (14)
Doctoral degree: PhD or PsyD acceptable	54.5 (12)	0.0 (0)
Licensed or license eligible	72.7 (16)	45.5 (10)
Practitioner–scholar (or Vail) model	13.6 (3)	0.0 (0)
Publication track record	50.0 (11)	63.6 (14)
Scientist–practitioner model	0.0 (0)	31.8 (7)
Teaching experience	63.6 (14)	63.6 (14)
Responsibility		
Advising	31.8 (7)	22.7 (5)
Clinical supervision	40.9 (9)	27.3 (6)
Conduct/publish research	81.8 (18)	95.5 (21)
Departmental service	31.8 (7)	31.8 (7)
Generate external funding	22.7 (5)	50.0 (11)
Mentoring	22.7 (5)	27.3 (6)
Research supervision	50.0 (11)	22.7 (5)
Teach	81.8 (18)	95.5 (21)

psychology could be used both to study people and to help them, that a “clinical” psychology emerged. Even then, psychologists received no formal preparation for professional practice. Although clinical experiences were sometimes arranged, training was haphazard and emphasis remained on learning how to conduct experimental research (*Donn, Routh, & Lunt, 2000; Peterson, 1997*).

During and after World War II, demand for practice-oriented psychologists increased dramatically in the United States as hundreds of thousands of soldiers needed assessment and treatment (*Donn, Routh, & Lunt, 2000*). In response, the APA formed the Committee on Training in Clinical Psychology, which proposed to teach psychologists how to conduct experimental research and apply knowledge to clinical situations (*Shakow et al., 1947*). The “scientist–practitioner” model was born. The new model was accepted in 1949 at the APA Conference on Training in Clinical Psychology in Boulder, Colorado (*Raimy, 1950*). Nearly all clinical psychology graduate programs followed the scientist–practitioner model as a way to earn APA accreditation and attain government funding (*Peterson, 1997*).

The difficulty integrating the education and training for both research and practice within the same degree has been long recognized (*Frank, 1984; Himelein & Putnam, 2001; Hoch, Ross, & Winder, 1966; Levy, 1962; Peterson, 1968, 2006*). Although the scientist–practitioner model ostensibly included clinical training, many argued that preparation for practice was often neglected (e.g., *Albee & Loeffler, 1971; Peterson, 1997*). Furthermore, because researchers dominated programs, faculty hires and promotions were based largely on research productivity. Important professional activities, such as clinical supervision, attaining licensure, and fostering one's own clinical endeavors, were either discouraged or not counted (*Peterson, 1997*).

While the scientist–practitioner model “stood intransigent and impervious through the 1950s and 60s” (*McConnell, 1984, p. 363*), the APA attempted to respond to pressure for more and better clinical training by forming the Committee on the Scientific and Professional Aims of Psychology in 1963. The Committee concluded that the scientist–practitioner model failed to do either of

the jobs for which it was designed and recommended several important changes, including the following: establishing separate practice-oriented programs, potentially in locations other than university psychology departments; developing a practice-oriented training model; and using the PsyD degree to designate preparation for clinical practice (Pfaffmann & American Psychological Association, 1965, Anonymous & American Psychological Association, 1967). These recommendations initially received little support (Anonymous & American Psychological Association, 1967), although all were eventually acknowledged at the 1973 Vail conference (Korman, 1976).

Despite emergence of a practice-oriented model and degree, programs still apparently hire PsyD faculty based on typical PhD program criteria. Numerous factors likely continue to directly and indirectly influence most PsyD programs' hiring procedures. Because a majority of faculty members are PhD graduates trained in the scientist-practitioner model, they may have limited knowledge of, and no personal experience with, the practitioner-scholar model. Thus, they end up replicating that with which they are familiar. Institutional cultures, expectations, and/or requirements also define, reinforce, and enforce hiring policies and procedures. This includes the "publish or perish" culture and specific institutional criteria for what counts as scholarship. Broader regulatory factors may also play a role. For example, some jurisdictions require a dissertation for credentialing; thus, programs hire PhD graduates to supervise PsyD students' research. Finally, the APA's Commission on Accreditation (CoA) defines criteria for being a core faculty member, identifies certain content to be covered through the curriculum, and evaluates adherence to these and other provisions. While various requirements are necessary to maintain education and training standards, they inevitably influence programs' hiring procedures. More problematic, there are no PsyD graduates on the CoA (American Psychological Association, n.d.-c). If there are two distinct training models, then it seems incongruous for only scientist-practitioners to evaluate practitioner-scholar programs. The above-mentioned factors are deeply ingrained, making it difficult for PsyD graduates to attain faculty positions in PsyD programs.

Implications

The developmental lag in the evolution of PsyD programs may have several deleterious implications, including the following: potentially undermining PsyD students' nascent professional identity; stifling academic roles as a vocational opportunity for PsyD graduates; and blurring distinctions between the degrees. First, in the course of a student's education and training, he or she gradually identifies with teachers and supervisors and is inculcated into the professional culture. Indeed, faculty members' modeling professional roles and responsibilities is an important aspect of doctoral training, as acknowledged by the APA accreditation process (APA, 2013). PsyD students, as burgeoning practitioner-scholars, experience unique educational, training, and professional issues. It is reasonable to assert that PsyD students need a clear, strong, and undiluted practitioner-scholar identity. Numerous explicit and implicit messages are sent to PsyD students when most faculty members in a typical PsyD program possess a different degree and were likely educated and trained as scientist-practitioners. Professional and ethical concerns may also emerge if a faculty member

is not an active, licensed practitioner. Finding appropriate role models is a familiar issue for clinical psychology. Doctoral-level students once were taught and supervised extensively by psychiatrists, and many psychologists worked diligently to reduce psychiatry's influence on clinical psychology (Albee, 1998).

Next, based on the data presented in this article, PsyD graduates interested in an academic role may be deterred from even applying for positions in which research productivity, previous teaching experience, and fund raising figure so prominently. Because PsyD graduates are generally educated and trained as practitioner-scholars, they usually do not conduct research, publish extensively, or pursue external funding. Thus, they appear unlikely to meet typical hiring criteria for a PsyD core faculty position which means little opportunity to interview, let alone to be hired. The *status quo* stifles a core faculty role as a professional activity for a PsyD graduate.

Finally, when a PsyD program is dominated by faculty members with PhD degrees, efforts to blur distinctions between the degrees may occur. For example, in some PsyD programs, students affiliate with a professor's research lab, run subjects, conduct their own experimental research, and/or write dissertations. These are important activities for a PhD student; however, for a PsyD student, the hours may be spent more effectively by learning how to engage in practice-oriented scholarly endeavors (e.g., designing and implementing a case study), becoming a critical consumer of the contemporary research literature, and participating in more clinical activities. The latter is increasingly important given the need to prepare PsyD students for working with diverse populations in diverse settings. Blurring distinctions between the degrees does have implications, as it occurred at the first PsyD program at the University of Illinois: more and more research requirements were added and the degree ended up taking *longer* to complete than a PhD from the same department (Peterson, 1997). Furthermore, the program was eventually discontinued because the department's research-oriented faculty and the university's administration did not value clinical practice (Peterson, 1997).

Undoing the Lag

As indicated by the Vail conference, practice-oriented programs need a distinct culture and model. To that end, several steps can be taken to undo the developmental lag: define scholarly activities more broadly to identify appropriate faculty hiring criteria; prepare PsyD students to assume responsibility for teaching subsequent generations; and advocate for the needs and requirements of practice-oriented programs.

The definition of scholarship has increasingly narrowed. Within academic settings, scholarship means controlled experimental research and publication is the method to measure it (Boyer, 1990). However, controlled experimental research is just one type of scholarship and publication is just one way to document it; different forms of scholarship also merit recognition and consideration. Scholarship needs to be defined more broadly (Boyer, 1990; Halpern et al., 1998). To that end, Boyer (1990) identified four types of scholarship, each of which requires serious, rigorous, disciplined effort: discovery, integration, application, and teaching. The scholarship of discovery involves systematically investigating some phenomenon in a disciplined manner. Currently, the discovery process is often reduced to the controlled manipulation of variables

and using quantitative methods to discern statistically significant causal patterns having wide applicability. However, there are neither logical nor methodological requirements that these components be involved for the discovery process to be considered scholarly. Natural and field experiments, as well as observational studies using qualitative methods, are also legitimate and effective ways to discover knowledge. This includes the single case study (Yin, 2013), phenomenological inquiry (Smith, Flowers, & Larkin, 2009), and structural examination (Caws, 1997). The scholarship of integration involves connecting knowledge, whether from one's own research or that of others, to broader patterns or specific cases. Integration involves analyzing and interpreting information in order to generate novel associations and fresh insights, making the activity "as valuable and as difficult as the generation of original data" (Halpern et al., 1998, p. 1295). The scholarship of application seeks ways that knowledge can address specific problems. Application can also involve professional service activities when the activity relates directly to one's field of knowledge. Finally, the scholarship of teaching involves conveying knowledge to others. Though teaching typically is reduced to lecturing in a classroom, it can take many forms and involve innovative methods (e.g., a blog, YouTube video).

An individual with a PsyD degree can demonstrate all these forms of scholarship. A professional psychologist, acting as a local clinical scientist (Stricker & Trierweiler, 1995), is always engaged in the process of discovery: every patient is a single case study. The professional psychologist, using a patient as his or her own control, compares the patient's phenomenology to existing theoretical, empirical, and clinical knowledge about psychopathology and mechanisms of change. Professional psychologists consistently engage in integration as they analyze and critique findings from their own cases and others' research. Whether working on an assessment or psychotherapy case, the professional psychologist integrates idiographic findings with nomothetic knowledge. Professional psychologists engage in application whenever they answer the question: what does research have to say about what I am doing? Diagnoses, case formulations, and treatment plans must be constructed carefully, examined continuously, and related directly to the individual patient. Based on Boyer's (1990) definition of application, clinical supervision is a vital service activity that clearly counts as scholarship. Professional psychologists engage in teaching whenever they convey complex ideas to patients, peers, or other audiences.

Programs leading to the PsyD degree that subscribe to the practitioner-scholar model should hire academic faculty in accord with the needs and requirements of a practice-oriented degree. Thus, the criteria for hiring academic faculty for PsyD programs should align better with how a practice-oriented psychologist actually works. Rather than conducting experimental research, publishing extensively, and generating external funding, the principal criteria would be the applicant's abilities to: demonstrate excellence in clinical practice; engage in the discovery process; integrate and apply knowledge; provide supervision; and convey knowledge. Additionally, experience with the practitioner-scholar training model would be pivotal. How would these criteria be operationalized? There are many creative ways a PsyD applicant could demonstrate his or her clinical and scholarly performance. One method would be through a portfolio in which an array of materials is presented to document knowledge and skills (Glassick,

Huber, & Maeroff, 1997). This could involve examples from the applicant's practice of clinical psychology and supervision (e.g., recorded psychotherapy and supervision sessions), a sample test report, a case study, a literature review on a specific topic or a book review, a syllabus for a proposed course, and a statement covering teaching philosophy and goals.

To prepare PsyD students for assuming responsibility for teaching subsequent generations, PsyD programs should provide elective education and training opportunities in teaching. For interested students, this could entail a three-credit class on how to teach professional psychology at the graduate level, with topics covering course design, evaluation, and instruction methods. Teaching assistantships would provide training under the supervision of an experienced teacher. Furthermore, readings in the histories of the PsyD degree, practitioner-scholar model, and Vail conference would be assigned (e.g., Anonymous & American Psychological Association, 1967; Korman, 1974; Peterson, 1997), most suitably within a history and systems of psychology course.

Regardless of whether a PsyD program is set in an academic department, university-based professional school, or nonuniversity affiliated professional school, the data suggest that few programs have evolved beyond the research-oriented "publish or perish" culture. As mentioned, numerous factors likely influence most PsyD programs' hiring procedures, and we recognize that many programs may lack authority over such decisions. Thus, cultivating change requires advocacy at multiple levels. For example, state legislatures could be lobbied to amend regulations mandating a "dissertation" for credentialing. Instead, a "capstone project" would be required (this could be a dissertation, a case study, or critical literature review).

Because change is unlikely to occur spontaneously within existing institutional frameworks, various transactional efforts may facilitate the change process, including educating college or university authorities, crafting more appropriate hiring criteria for job advertisements, and amending relevant institutional policies to be more inclusive of psychologists who hold a PsyD degree. First, professional programs prepare students for direct service delivery, so it is a poor fit to apply criteria used for research-oriented programs when hiring PsyD faculty. Administrators and faculty committees responsible for hiring decisions must be made aware of a practice-oriented program's unique mission, needs, and requirements. Next, more appropriate hiring (and promotion) criteria must be introduced, focusing on an applicant's abilities to demonstrate excellence in clinical practice, engage in the discovery process, integrate and apply knowledge, provide clinical supervision, and convey knowledge. In some universities, unique hiring (and promotion) criteria are defined to reflect particular programs' specific missions. For example, fine arts faculty members at the University of Alabama at Birmingham demonstrate scholarship through their artistic endeavors (University of Alabama at Birmingham, n.d.).

PsyD graduates need to become better advocates for their own professional interests, including becoming involved in their own governance. Currently, there are no PsyD graduates on the CoA. This seems to be a glaring underrepresentation. Although PhD programs outnumber PsyD programs (175–64), the latter enroll more students, producing more psychologists (Norcross, Kohout, & Wicherski, 2005). PsyD graduates should pursue CoA membership. Becoming an APA site visitor (American Psychological

Association, n.d.-b) may also offer a valuable way to begin influencing policies and procedures.

Discussion

Some may argue that this article is a solution in search of a problem. Is becoming an academic faculty member even a career goal for PsyD graduates? Can PhD faculty members who were trained in a more practice-oriented PhD program and/or are actively engaged in clinical activities be effective educators and role models? Are PsyD graduates who may be adjunct or supervisory faculty sufficient? Might there be complementary roles for both PsyD and PhD graduates within every professional psychology program? Also, some may ask how other health care professional programs with practice-oriented degrees handle faculty hiring.

There does not appear to be any contemporary research regarding PsyD students' or graduates' professional interests. Although beyond the scope of this paper, surveying these populations would provide a preliminary sense of how many might want to pursue an academic role. The authors' anecdotal experiences suggest that there are PsyD graduates eager to assume responsibility for preparing subsequent generations. The authors of the present article are PsyD graduates interested in contributing to the education and training of PsyD students. We are also aware of numerous PsyD students and graduates similarly intrigued by the possibility of an academic role. Given that at least half of all clinical psychology doctorates now awarded are PsyD degrees (Norcross et al., 2005), there should be an ample pool of qualified applicants from which to draw. According to APA membership statistics as of January 2014 (American Psychological Association, n.d.-a), there are currently 13,570 members with a PsyD degree. Assuming there are probably thousands more PsyD graduates who are not APA members, if only 1% are interested in an academic role, then this would provide a sufficient applicant pool given there were only 22 PsyD jobs posted on the PsycCareers website in 2014. Additionally, once teaching becomes a viable vocational opportunity, more PsyD students and graduates likely will become interested.

Although the PsyD degree has become the predominant option for individuals wanting to practice clinical psychology (Marwit, 1983; McIlvried, Wall, Kohout, Keys, Goreczny, 2010), practice versus teaching does not have to be an either/or professional choice. Faculty members could organize a group practice. Although faculty practice groups are common in other health care degree programs, such as medicine and dentistry, they are rare in clinical psychology. Thus, faculty members could teach through their practice by conducting intake interviews, psychotherapy, or testing behind a mirror or through using recorded session material. A faculty practice group could provide professional and pedagogical resources for PsyD programs.

Although PsyD programs may employ PhD graduates who were trained in a more practice-oriented program and/or are clinically active, and who may be effective teachers and supervisors, this misses the pertinent issue: the startlingly low PsyD representation on PsyD program faculties. As we argued in a previous section, this may have deleterious implications. Also, there are many programs that hire PsyD graduates to teach on an adjunct basis or serve as clinical supervisors. Although these are important roles, they are not considered core faculty members with essential executive and oversight responsibilities.

Might there be complementary roles for both PhD and PsyD degree holders within every clinical psychology program? Many health care practice-oriented degree faculties include PhD members who teach basic science courses (e.g., physiology, biochemistry) and members with the professional degree who teach clinical courses (e.g., anesthesiology, emergency medicine). Superficially, this may seem to be a reasonable resolution to the problem we have identified. Yet, PsyD programs still would have to hire more PsyD graduates to teach clinical courses to address the current imbalance. For this arrangement to be truly complementary, PhD programs would also have to hire PsyD graduates, as core faculty, to handle the clinical components. We are not sanguine about this occurring.

Although we have not conducted a comprehensive survey of hiring procedures from all health care programs across practice-oriented doctoral degrees, criteria in such programs often conform to the recommendations made in this article, even at research universities. Medical schools may offer a useful comparison, as practicing physicians are routinely hired for both tenure and non-tenure-track core faculty positions. At George Washington University, a major research university, appointment to a tenure-track medical school faculty position depends on performance in teaching, scholarship, and service activities (George Washington University School of Medicine and Health Sciences, n.d.). Scholarship is defined broadly and can be demonstrated in numerous ways. Furthermore, quality of scholarship carries more weight than quantity. For non-tenure-track positions, faculty members are granted an academic title, are eligible for promotion, and typically work according to multiyear, renewable, performance-based contracts. Some research activity is expected, although the focus is on teaching, supervising, and clinical productivity (<http://smhs.gwu.edu/faculty/apt>).

Our goal is for more PsyD graduates to obtain core faculty positions within PsyD programs. Whether any given position is tenure or non-tenure track will depend on specific factors within the hiring program and/or institution. If hiring criteria align with our recommendations (excellence in clinical practice, engagement in the discovery process, integration and application of knowledge, clinical supervision, and knowledge conveyance), then PsyD graduates should be eligible for tenure-track positions. Within this framework, hiring (and promotion) criteria are met by participating in those scholarly activities that are commensurate with a practice-oriented degree.

Summary

We reviewed core faculty information for APA-accredited PsyD programs and other health care disciplines, categorized each PsyD program's institutional setting according to its Carnegie Foundation Classification, and reviewed PsyD faculty recruitment advertisements. Overall, 21.0% of the faculties possess PsyD degrees and 76.2% possess PhD degrees. When PsyD programs are located within research universities, 9.8% of the academic faculties possess PsyD degrees whereas 87.9% possess PhD degrees. In special focus professional schools, the PsyD faculty rate is 33.7%. In allopathic medicine programs, 64.2% of the faculties possess the Doctor of Medicine degree and 24.2% possess PhD degrees. In osteopathic medicine, 53.4% possess the Doctor of Osteopathic Medicine degree and 36.8% possess PhD degrees. In dentistry,

66.7% possess either the Doctor of Dental Surgery or Doctor of Dental Medicine degree and 19.1% possess PhD degrees. In optometry, 63.8% possess the Doctor of Optometry degree and 15.0% possess PhD degrees. In podiatry, 75.3% possess the Doctor of Podiatric Medicine degree and 13.5% possess PhD degrees. Finally, research-oriented criteria are explicit in most PsyD job advertising while practice-oriented criteria are rarely mentioned.

Forty years after recognition of the practice-oriented PsyD degree, faculties for PsyD programs are dominated by members with the PhD degree. We argue that PsyD programs did not evolve similarly to other health care disciplines in which members assume responsibility for educating the students who will inherit positions within that profession. Our explanation for this developmental lag is that despite emergence of practice-oriented programs, research-oriented hiring criteria remained. This puts PsyD graduates at a competitive disadvantage.

We identify possible deleterious implications of the developmental lag. PsyD students experience unique educational, training, and professional issues. As such, they need a clear, strong, and undiluted practitioner-scholar identity. When a PsyD faculty is dominated by PhD graduates, this may undermine PsyD students' professional identity. Next, the typical hiring criteria for a PsyD position rarely align with how a PsyD graduate is educated and trained. This makes it exceptionally difficult for a PsyD graduate to compete, stifling an academic role as a professional activity. Finally, distinctions between the degrees may become blurry. In particular, adding the type of research activities usually performed by PhD students essentially transforms the PsyD degree into a "PhD-lite." PsyD programs need a distinct model and culture, focused on the mission of a practice-oriented profession.

We make several recommendations to remedy the situation. Foremost, PsyD faculty hiring criteria should shift to an applicant's clinical skill, experience with the practitioner-scholar model, and scholarly performance in the domains of discovery, integration, application, and teaching. To prepare current PsyD students for teaching subsequent generations, we recommend PsyD programs provide elective education and training opportunities in teaching. PsyD students should also be provided more robust education in the histories of the PsyD degree, practitioner-scholar model, and Vail conference. Advocacy at multiple levels is also required to promote change, including lobbying state legislatures, educating individuals responsible for hiring decisions, and amending relevant institutional policies and procedures. PsyD graduates also need to become more involved in their own governance. Undoing the lag will mark another phase in the development of professional psychology.

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Received September 19, 2014

Revision received February 25, 2015

Accepted April 7, 2015 ■

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