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GETTING INTO GRADUATE SCHOOL

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Surpassing Milestones: Important Information to Know Before Going to Graduate School

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Sitting for the national licensure exam and reading a recent Student Forum section (Pai, Hommel, Hilliard, Messman-Moore, & Iwamasa, 1998) in *the Behavior Therapist* caused us to reflect on the variety of milestones that we have encountered and overcome during our graduate careers. What struck us immediately was how little we knew about becoming a psychologist when, as undergraduates, we declared ourselves psychology majors. In conversations with students considering going to graduate school in psychology, we noticed the same trend, a general lack of knowledge about the process of becoming a psychologist. As some of our colleagues begin careers teaching undergraduates, many of whom will major in psychology, in colleges around the country, we wish to underscore the importance of including in advisor-advisee meetings open discussions of what lies ahead. We believe that by having such conversations, students will be better prepared for the graduate school experience, a time of tremendous growth and unrivaled opportunity.

The current paper presents both a factual account and personal reflection of what actually lies between an undergraduate major and a licensed clinical psychologist. While those who pursue careers in other areas of psychology may not have had all of the following experiences, they may have had similar ones and can undoubtedly recount numerous others not covered in the following pages. Different issues arise at the undergraduate, graduate, and postgraduate levels and, where possible, we have provided ways to deal with or anticipate these in order to successfully surpass them.

Undergraduate

Looking back, the life of an undergraduate is filled with intellectual exploration, increased autonomy, campus parties, and personal growth. Interest sparked by introductory psychology courses is followed by more specific upper-level courses. Unfortunately, exploring psychology's breadth frequently leads to confusion about which of the many areas to follow. Little thought was given to thinking about academic versus clinical careers, theoretical orientations, or networking. In hindsight, for those thinking about graduate school, it is important to define, at least as much as possible, a life plan early in the process. A decision to pursue graduate education in psychology results in the need to successfully meet several requirements. First, the individual must take the GRE and pass with a sufficiently high score, variously reported as 1,100 or 1,200 combined math and verbal. Second, a good GPA is important. Third, but perhaps more important, is the match between the candidate and potential advisor. It is our experience that undergraduates are frequently unaware of the importance of the advisor-advisee match and place undo emphasis on grades and GREs. Strong applicants often have shown independent initiative and intellectual curiosity in seeking out research and volunteer positions as an undergraduate.

The match between candidate and potential graduate school advisor is based on experience, the most salient being the candidate's involvement in research projects in areas similar to those of the potential advisor. Recently, the publication of these projects has become more important. For those who complete undergraduate training without publications, one option is to take a year off and work in an area (usually as a research assistant) that will provide exposure to research and increase the potential for publications. Another option is to find opportunities to increase one's knowledge of the clinical field (e.g., through psychiatric technician positions). These experiences provide greater familiarity with the role of a clinical psychologist and help the individual to identify likes and dislikes of the profession.

Thus, the first step in pursuing graduate education is to have solid GRE scores, a good GPA, and research/professional experience. Following this, the most important step is to identify a potential advisor with whom you have similar professional interests and convey them during the application/interview process. Good interpersonal skills, expressed enthusiasm, along with signs of hard work, can often balance relative weaknesses in either GRE or GPA.

Graduate

The choice of graduate schools is often based on several factors: the faculty's areas of interest, the degree of emphasis on clinical or research pursuits, generalist versus specialty track programming, and the level of financial support available. To the best of their ability, it is beneficial to the student to identify the position of prospective programs in areas that are important to them. Frequently this knowledge can be obtained during the application process. For example, if financial support is necessary, then individuals will want to seek out programs that have teaching assistant positions or that can supply greater stipend support in order to limit the amount of student loans needed to complete graduate school. Knowing the focus of the program is also important. In some programs, the faculty is composed of clinicians who maintain private practices and devote large portions of the curriculum to assessment and therapy. In these programs, emphasis is placed on the completion of practicums, clinical placements, and supervisory experiences. In others, greater emphasis is placed on conducting research. Faculty in these programs often maintain large grant-based research projects in which incoming students can participate. In many programs, there is a blending of research and clinical work, the traditional scientist-practitioner model. The differences in the overall focus of programs are mirrored by the specific, internal requirements. Specifically, master's theses, qualifying exams, course structure, dissertation defense, and financial support are just some of the areas that can vary between graduate programs.

As noted, the first year is primarily concerned with providing instruction in the courses most needed for becoming successful clinicians and/or researchers. While programs vary in intensity, difficulty, and order of classes, the basics include psychopathology, ethics, psychotherapy, and statistics. This can be a difficult year of transition for the student, with occasional thoughts of "they are going to find out that I don't belong here." To adjust and successfully complete this year, we recommend frequent and open discussions with advisors, professors, senior graduate students, peers, and even counselors. Learn to anticipate difficulties and get assistance as needed. Completion of the first year marks an important milestone in one's graduate career.

The second year brings additional challenges and potential milestones. In addition to academic courses, clinical requirements often increase, and students begin to pursue external practica. There is nothing quite like that first therapy session, when one enters the room unaccompanied

except for the patient. On more than one occasion, we have heard students express or remark having thought, "What do I do now?" Implementing basic skills and techniques learned in class represents the first clinical challenge. Developing the ability to confront and deal with ambiguity, remain genuine, engage in constructive thinking, and think on one's feet are all important at this stage. Throughout much of the first and second years, the graduate student is at a very young developmental level, focusing on the assimilation of new skills. Slowly, as students encounter contradictions from theories and therapeutic challenges, they begin to move into accommodating and altering their understanding to fit their experiences. From a learning perspective, peer supervision, supervisory feedback from audio- and videotaped sessions, and, when possible, watching supervisors during therapy can provide a lot of information. As students progress through this period, we suggest the following: expect to make mistakes, ask questions, and don't create unrealistic goals.

In several programs, the midway point is marked by the master's thesis, which is often the first large, independent research project. Again, the individual learns to blend theory and practice. The goal becomes taking an idea or concept and making it tangible, quantifiable, capable of being studied. With this step, students assume a new level of responsibility: managing data and participants, dealing with committee meetings, and encountering the ethics of research. All of these constitute important skills for the future.

Another major milestone in many programs is preparation for preliminary or qualifying exams. Because of the considerable variation between programs, our comments are based on a program with exams over a multiple-day period. This is a period when time management skills become very important. Given that exams cover salient material from the core courses, there are journals to review, course material to recall, and large amounts of information to commit to memory. For the days of exams, this can be a particularly stressful time, as students seek to demonstrate the breadth of knowledge they've incorporated. It is not uncommon, when first-year students ask those who have completed qualifying exams what it was like and what they wrote about, for senior students to remark in a kind of haze, "I don't know." It appears as though the qualifying exam for some provides a sort of general amnesic experience, an experience that for some is reiterated by the dissertation process.

Following qualifying exams, students have hit another milestone, the halfway point. Although there are still steps to take ahead, the goal of obtaining the Ph.D. appears closer. Continuing in the program, the next two milestones are the dissertation and internship. In most programs, identification and proposal of a dissertation topic, formation of a committee, and collection of initial data is required before internship. During internship, students take what they have learned in graduate school and apply it to the outside world. The range of internship possibilities is influenced by several things: the level of success in graduate school (including publications), areas of interest, the choice and strengths of graduate programs, and the eminence of one's advisor. Because much has been written on the internship application process, we will not go into it in any great depth. To increase the likelihood of getting the internship site of your choice, formulate ideas about what you want to do during the internship, think about future career goals, look at where people in the program have done internships, and examine early on what different internship sites offer. In addition, discussions of the internship process with upper-level students can provide helpful insights.

For many, the internship application process can be a particularly stressful time. Hopefully the recent introduction of the matching system (one that has been relatively successful in the medical setting) will reduce any stress. Despite the stress, however, acceptance into an internship can lead to one of the most satisfying experiences in graduate school. Although the student may enter internship with specific goals or interests, it is important that they also challenge themselves and make use of available opportunities. The willingness to be flexible can often result in very interesting experiences.

For the most part, internship represents a much greater clinical load than experienced to this point. Independence is gradually increased. In addition, the intern may face and negotiate new surroundings, internal structures, institutional politics, and potentially different orientations. At some point during the internship, there is often a period when the intern realizes that they don't know as much as they think they do, a potentially humbling experience, but one that can only serve to help the intern grow. As part of the experience, the intern starts to define what is important for them in their career and what balance they are going to try to strike. Here, supervisors provide not only clinical direction, but also model different ways of balancing personal and professional goals.

As a final note, if the dissertation is not completed before going on internship, it will add an additional challenge to the internship year as the individual will have to coordinate activities with the graduate institution. While challenging, this is not impossible and can be made easier by research assistants and frequent contact with one's advisor and dissertation committee. Needless to say, the rule is, the sooner the better. It is for this reason that some programs have the internship occur in the 4th year, having students return to complete the dissertation during their last year. Regardless of the program's structure, we recommend completing the dissertation as soon as possible.

Postgraduate

So let's say that you have made it this far. Internship is winding down, dissertation is defended, and you are looking at identifying the next step. Within recent years, the choices have been job (academic or clinical practice) versus postdoctoral fellowship. While there are pros and cons to pursuing both routes, it basically boils down to what you want to do "when you grow up." Assuming there are academic positions available and one wants to teach, this is the obvious direction. Alternatively, if the desire is to pursue a position within a specialized area of clinical psychology, a postdoctoral fellowship is appropriate. Although the challenges and experiences will be somewhat different depending on which route one chooses, if one is interested in clinical work, learning the licensure requirements in the state in which he or she would like to practice, passing the licensure exam and amassing supervision hours will be necessary for becoming fully licensed.

In general, postgraduate work is the time when one learns everything they didn't teach in graduate school. This makes sense as life is not 5 years, but a continuing process of growth. During this time, the balance of work and life becomes more defined, as does the direction of one's career. Goals include continued publication, application for grants, understanding the politics of institutions and individuals, and learning the steps (sometimes a trial by fire, and frequently the result of learning from mistakes) of navigating successfully in whatever position one has chosen. Regarding the licensure exam, it too can be another potential stressful process. The key to succeeding is to remember that one only needs enough to pass (generally nationally accepted as a score of 70). In general, though, postgraduate training is truly the time to "do what you want to do." Some people will define themselves as "settlers," deciding to maintain a status quo; still others will choose to be "pioneers," boldly going out and pushing the limits/boundaries and

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exploring new areas. Regardless, the choice is for the individual to make.

In essence, this is what we did not know when we started graduate school. Thankfully, the milestones don't end after graduate school. On the contrary, continuing education credits, grants, licensure in different states, and many more milestones await. But, by this time, we are far from naive and more than capable through our training at meeting the challenges. In the preceding pages, we have provided a brief glimpse of the various milestones that we and several of our colleagues encountered both before, during, and after graduate school. We hope that we have provided insight where there was none and ways to deal with what is to come. There are plenty of opportunities out there. The overriding rule to successfully passing the milestones during your career is . . . ask, if ever in doubt, ask.

Reference

Pai, S., Hommel, K., Hilliard, K., Messman-Moore, T., & Iwamasa, G. (1998). Beginning clinical practicum: What I know now that I wish I knew then. *the Behavior Therapist, 21*, 170-176.

Taking a Gap Year: A Guide for Prospective Clinical Psychology Ph.D. Students

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Faculty and graduate students are frequently approached by undergraduates seeking advice about whether to take a gap year before applying (or reapplying) to clinical psychology Ph.D. programs. This article, written by current clinical psychology graduate students, is intended to serve as a resource for two primary audiences: (a) undergraduates uncertain about their readiness to apply to clinical psychology doctoral programs, who want to learn about the advantages and disadvantages of taking a gap year, and (b) those seeking guidance about improving their application after applying but not being admitted to clinical psychology doctoral programs. Our hope is that faculty advisors and graduate student mentors will disseminate this resource to Ph.D. hopefuls grappling with these predicaments.

SO YOU'RE NEARING THE END of college and have decided to pursue a Ph.D. in clinical psychology … but you've run into roadblocks. Maybe you feel unqualified due to concerns you have not accumulated enough research experience to make you a competitive applicant. Maybe you feel confident about your academic vita, but have personal hesitations about jumping into a doctoral program immediately following graduation. Alternatively, perhaps you have already applied to clinical psychology doctoral programs but feel lost after receiving rejection notices. In this article, we draw upon our own experiences, as well as the experiences of undergraduates we have supervised, to guide Ph.D. hopefuls in determining the best course of action to gain admittance to a clinical psychology program. First, we help readers examine whether they have accumulated sufficient experience to ensure their competitiveness for clinical psychology doctoral programs. We also believe consideration of personal factors is a neglected, yet crucial area of consideration. Thus, we help readers consider whether they are personally prepared to take on another 5 to 7 years of schooling. Next, because students sometimes feel disappointed when faced with the possibility of delaying academic goals, we normalize the decision to take time off between undergraduate and doctoral education. We then describe and critically evaluate the two most common paths taken by students en route to their Ph.D.—completing a master's program, and obtaining employment as a research assistant (RA). Finally, we conclude with suggestions for making the most of a gap year by gaining additional clinical experience, improving GRE scores, attending conferences, and establishing and maintaining professional relationships.

Of note, while this topic has been discussed in other articles (Calhoun & Prinstein, 2017; Prinstein, 2017), our article is unique in that it is written by six clinical psychology Ph.D. students who pursued a range of different pathways toward their doctoral degree, including research-oriented master's programs—an option largely overlooked in prior guides. We also provide an up-to-date list of easily accessible online resources for students. Finally, although our personal experiences do not allow us to speak directly to related degrees and disciplines (e.g., experimental psychology, Psy.D. programs, school psychology, counseling psychology, social work), we believe many of the issues addressed below cut across these disciplines as well.

How Do I Know If I'm Ready?

When gauging readiness for entering a Ph.D. program in clinical psychology, there are two key domains to consider. The first domain—academic qualifications—refers to the skills and experiences that will determine how competitive you will be during the application process, and enable you to hit the ground running when you begin a doctoral program. The second domain—personal readiness—reflects your level of enthusiasm for further schooling and your preparedness for undergoing a major life transition. Together, academic qualifications and personal readiness contribute to your potential for gaining admission and succeeding in graduate school.

The academic qualifications needed for acceptance into graduate school encompass a range of skills and experiences. Though an in-depth discussion of readiness goes beyond the scope of this paper (for further guidance see: http://mitch.web.unc.edu/files/2017/02/MitchGradSchoolAdvice.pdf as well as "Additional Resources" at the end of this article), we provide an overview of considerations for determining the type of program best suited to your interests, and whether you will be perceived as an attractive candidate. First, reviewing program websites will help you confirm that you are pursuing the degree and discipline aligned with career goals. For example, students opposed to the extensive clinical training required in a clinical psychology Ph.D. program should consider pursuing a purely research-focused doctoral degree in a related discipline (e.g., neuroscience and behavior). Alternatively, students who are disinterested in research but passionate about working as a clinician may wish to pursue a degree entirely focused on preparation for clinical practice (e.g., master's in social work, Psy.D. programs). Next, the necessary qualifications for admittance will differ based on the types of programs to which you apply. Within clinical psychology, programs adopt different training models (i.e., clinical science, scientist-practitioner, practitioner-scholar), corresponding to different areas of emphasis (see Bell & Hausman, 2014, for a description of common training models). Generally, research-focused programs expect prospective students to have already demonstrated productivity in research, such as an honors thesis, poster presentations, and even peer-reviewed publications—which are increasingly represented in application packets of competitive doctoral applicants. In contrast, clinically oriented programs place a greater emphasis on prior exposure to clinical settings. It is important to review program websites to get a sense of what skills are most valued in incoming graduate students.

Next, all APA-accredited clinical programs are required to provide data on admitted students within a section of their website entitled "Student Admissions, Outcomes, and Other Data." Comparing your scores to program average GPAs and GRE scores should give you a rough indication of how competitive you might be academically. Of course, even if your scores are

consistently above the mean of previously accepted students, this is not a guarantee that your overall application will be evaluated favorably. Additional academic qualifications including research experiences (reflected in personal statements and curriculum vitae) and letters of recommendation are equally important components of your application. Similarly, if your GPA and GRE scores are consistently below the mean, this may not be a deal breaker in the evaluation process if your other qualifications are exceptional. Faculty may have different standards for your GPA depending on the relevance and rigor of your undergraduate coursework. Programs also differ in how much weight they place on applicants' GRE scores; many programs recognize that the results of standardized tests only weakly relate to graduate school success and may be biased against students coming from disadvantaged backgrounds (Miller & Stassun, 2014; also see https://aas.org/posts/news/2015/12/presidents-column-rethinking-role-gre).

Whether a given applicant is qualified for a Ph.D. is based on a unique amalgam of factors. You can learn a great deal about your own competitiveness from speaking to faculty or academic advisors who are familiar with the graduate admissions process. Ideally, you can identify a faculty member for whom you have served as an RA and set up a meeting, long before application deadlines, to discuss your career goals. During this meeting, the faculty member can help you recognize areas of strength and weakness. It is critical to come prepared with a copy of your curriculum vitae (CV) so the faculty member can get a comprehensive understanding of your qualifications to date (for tips on how to write a strong CV, see Bannon & Rowe-Johnson, 2013). Because research experiences are difficult to quantify, faculty can help you determine whether your experiences are substantial enough to make you competitive.

Like academic readiness, personal readiness to undertake doctoral training is also multifaceted. First, it is helpful to gauge your own gut reaction, and consider hesitations you may have at the thought of applying to a doctoral program. Common reasons students delay applying to doctoral programs include being geographically limited, perhaps due to ties with significant others, family obligations, or financial considerations. Students may have a range of financial concerns, including a desire to earn an income to pay off debt from undergraduate education, hesitations about their ability to manage the cost of applications, or uncertainty as to whether a given doctoral stipend will be sufficient to offset the cost of living in certain locales. Although many APA-accredited clinical psychology doctoral programs waive tuition and provide students with stipends, these programs are typically more competitive than tuition-charging programs, which commonly charge between $10,000–$40,000 per year (see http://clinicalpsychgradschool.org/dprog.php for information about incurred debt). A good understanding of the costs associated with graduate school is helpful for informing decision-making related to financial concerns.

If you do sense personal hesitations, we recommend you ask yourself two questions. First, "Despite these hesitations, am I still committed to pursuing a Ph.D. in clinical psychology?" If yes, then ask yourself, "Can I address any of these concerns during a gap period before graduate school?" For example, if you are unsure whether you truly enjoy the research process, spending time working in a research lab postbaccalaureate may help inform your decision. However, if you are opposed to the often necessary relocation required to attend graduate programs, you will need to honestly consider whether these hesitations could change over the course of a gap year. Although a certain level of anxiety accompanies any major life decision, it is up to you to determine whether the benefits of graduate school outweigh the costs.

Relatedly, we recommend examining whether there are factors propelling you toward doctoral study in clinical psychology. It is a good sign if you feel inspired and enthusiastic at the prospect of jumping back into another 5 or more years of school. A key factor that may inform your level of enthusiasm is whether you have identified a specific research area about which you feel passionate. During graduate school, you will develop expertise in a very specific area; students may find this prospect either thrilling or daunting, depending on their level of interest in the material. To this end, taking an extra year to identify your research passion may result in a more rewarding graduate (and future career) experience. Finally, it can be challenging to make an informed decision to apply to doctoral programs if you do not know what being a graduate student actually looks like day-to-day. For example, in undergraduate programs, students' primary goal is to obtain a high GPA; in contrast, doctoral programs deemphasize the importance of obtaining perfect grades in favor of building a program of research and developing clinical competencies, with the ultimate goal of preparing students for careers as independent researchers and clinicians. Therefore, we recommend you speak to graduate students (more than one if possible, as opinions may vary!) to get a better sense of what graduate school entails.

Coming to Terms With a Gap Year

The process of reflection is vital to making informed decisions about whether you are ready to pursue a doctoral degree in clinical psychology, and, if you choose to take a gap year, will help you make the most of that time. For some, making the decision to take a gap year is relatively easy. For others, coming to terms with the decision to delay entry to graduate school in favor of a gap year is challenging. Students intent on pursuing a Ph.D. in clinical psychology tend to be highly ambitious and driven to succeed. Perhaps, at present, you feel you don't have enough research experience to make you sufficiently competitive, personal considerations are holding you back, or a combination of the two is making you hesitant to apply. Regardless of the reason(s), for some, the decision to take a gap year (or two) may, at first, trigger feelings of dejection. When imagining career trajectories, you may have assumed you would proceed seamlessly from your undergraduate education to your Ph.D. program if you worked hard enough. If so, coming to terms with the fact that you may be unable to achieve your goals in the time line you expected can be disheartening. Further, sharing your decision with important people in your life can be particularly challenging. You may worry that your family and friends will be disappointed in you, possibly perceiving that your decision to take time off is indicative of "giving up." Unfortunately, many are unaware of the competitiveness of clinical psychology Ph.D. programs! Addressing these misperceptions is important to helping your loved ones understand that you have made an informed decision that will best help you reach your goals, and does not reflect upon your commitment to your career. Supporting the notion that coming to terms with a gap year is challenging, an online search reveals a number of Internet forums (e.g., The GradCafe Forums, The Student Doctor Network) with countless threads offering advice to individuals seeking words of wisdom about graduate applica-

tion concerns. Among the most popular threads are those in which students ask others to evaluate "what are my chances" of acceptance into a clinical psychology program (i.e., WAMC threads; https://forums.studentdoctor.net/threads/wamc-what-are-my-chances.686573). Spend a few minutes reading through comments on these websites, and one quickly senses how the decision to delay application (or take a gap year following rejection) is sometimes beset by frustration and self-doubt.

We are here to reinforce the message that there is nothing wrong with deciding to take a gap year. In fact, although we are unaware of existing empirical data, the trend of taking gap year(s) between college and doctoral education may well have increased as clinical psychology Ph.D. programs have become more competitive over time (see http://mitch.web.unc.edu/files/2013/10/AdmissionsRates.pdf for admission rates by program between 2008-2013). Among the six student authors of this article, the majority (four of six) took between 1 to 3 gap years prior to acceptance into the Clinical Psychology Training Program (CPTP) at the University of Nebraska-Lincoln. All four of us benefitted immensely, both professionally and personally, from our decision to take time off. We all believe we gained entry into a competitive clinical psychology program fitting our career goals by making the deliberate decision to use our gap time to our advantage. To help you decide how best to use your gap year(s), the next section delineates the two options that we believe offer students the greatest opportunities to gain critical research and clinical experiences needed for acceptance to a strong clinical psychology program.

Master's Programs

Some students may want to pursue a master's degree in clinical psychology or a related field (e.g., experimental psychology, counseling psychology) as an intermediate step on the way to doctoral programs. As a master's student, you may have opportunities to boost the quality of your research and clinical experiences, expand expertise within a certain area of study, and obtain stronger, more tailored letters of recommendation—all ingredients of a strong graduate school application. Completing a master's program can also familiarize you with the rigors of graduate-level training, thus, potentially easing your transition into a doctoral program.

It is important to identify master's programs that will serve to assist you in reaching your end goal. We recommend pursuing programs that are known for preparing students for future doctoral study. These programs tend to emphasize training in research methods and statistics (as opposed to practice-oriented programs). Not only can these programs help you build research skills, but students who have not identified a clear research interest can gain concentrated experience within a particular content area, and have opportunities to disseminate their work in peer-reviewed outlets (e.g., conferences, journals). Relatedly, we recommend only pursing master's programs with a thesis option. Completing an empirical thesis in your master's program will allow you to gain valuable experience conducting a study independently, which will provide you fodder for your personal statement and interviews, and enable you to develop foundational research skills pertinent to success in doctoral programs. It is possible (though certainly not guaranteed) that completing a thesis in your master's program will even allow you to waive your doctoral program's thesis requirement.

Though arguably less important for doctoral admission, some master's programs also provide clinical training. Because it can be difficult to find clinical opportunities prior to completing a bachelor's degree, many undergraduate students apply to graduate school with limited clinically relevant experience. Master's-level clinical practica will not only boost this section of your CV, but may also prepare you for doctoral-level clinical training. While your cohort members struggle with the anxieties of seeing their very first client, you might find solace in knowing that you indeed have some basic clinical skills. Furthermore, assessment, intervention, and supervision hours accrued during your master's program will ultimately be included on your application for internship (the final step in your doctoral training). Additionally, because the best master's programs tend to accept small cohorts of students, you are likely to have substantial interaction with faculty members across various aspects of training (e.g., courses, research, clinical work). This will allow you to establish close relationships with faculty who can attest to your ability to do graduate work, thus facilitating stronger letters of recommendation as well as mentorship and guidance in the application process. Finally, if you decide not to pursue your doctorate in clinical psychology after obtaining your master's in clinical psychology, you may be able to work as a master's-level clinician under the supervision of a licensed practitioner, depending on your state of residence.

Despite the benefits of pursuing a master's degree, it is important to consider the potential drawbacks of this option. First, master's programs can be costly. Many do not offer assistantships or fellowships to offset tuition costs. Second, completing a master's degree will not necessarily shorten the length of your Ph.D. training. You may be able to transfer some course credits and even waive the thesis requirement. However, even then, you will likely have at least 4 years of doctoral training ahead of you. Third, although earning a master's degree can bolster certain aspects of your application to a doctoral program, it does not guarantee that you will be admitted into a Ph.D. program. Finally, though a master's program will provide you with a breadth of experience, clinical and course requirements may indeed detract from research productivity. Some argue that research experience is most pertinent to doctoral admission, and as such, gap year options focused solely on research might be more worthwhile.

If, after weighing the various factors discussed above, you decide to pursue a master's degree during your gap year(s), then it will be important to carefully choose a high-quality master's program. As noted, a "stepping stone program" that provides abundant research training and opportunities to present and publish will better fit your goals than would a clinically focused program aiming to train master's-level clinicians. If clinical training is offered, look for programs that emphasize cognitive behavioral therapy or other evidence-based approaches. You can also identify stepping-stone programs by talking with program directors about the number of students who go on to apply and gain admission to doctoral programs in clinical psychology. Some examples of these programs, which emphasize CBT training, can be found in a previous *tBT* article (Tafuri, Jaffe, & DiLillo, 2015).

Research Assistant Positions

As an alternative to the master's degree route, some students may choose to acquire additional experience by working as an RA. These positions have various titles, such as research technician, study coordinator, and project manager. Regardless of title, taking on a full- or part-time

RA position will bolster your resume by providing you the opportunity to carry out diverse research activities, focus your research interests to a particular content area, and develop greater clarification of your own career goals. Typically, research assistantships last between 1 and 2 years, and are either funded or volunteer. Ideal research positions provide you the opportunity to be involved in multiple stages of the research process, including: (a) grant writing, which provides you experience assembling components of a new project; (b) study start-up, which may involve protocol design and preparation of documents for the Institutional Review Board (IRB); (c) recruitment and data collection, which often involves interaction with participants and learning unique procedures (e.g., structured interviews, physiological assessments, behavioral coding); (d) data entry and management, which allows you to gain familiarity with important software programs; and (e) data analysis/manuscript preparation, skills essential for conducting your own independent research. If tasks you desire are not written into your job description, simply asking to do more can go a long way! RAs who are motivated to take on additional responsibilities are greatly appreciated by their supervisors. However, if you are unable to obtain the experiences you desire in your current position, be sure to seek them out elsewhere through volunteering.

There are several key benefits to postbaccalaureate research assistantships. The best research positions immerse you in the detailed workings of a research lab, thus preparing you for what will be expected of you in a Ph.D. program. Many principal investigators (PIs) will allow RAs to conduct secondary data analyses of previously collected research, which may be presented at local, national, or international conferences (a clear resume builder). Ambitious RAs may even seek to publish a manuscript in a peer-reviewed journal; doing so helps you stand out among other applicants in the pool. Additionally, you will likely be provided the opportunity to run research participants, allowing you hands-on clinical interaction, which can significantly add to your breadth of experiences.

An added benefit of completing a research assistantship is the number of professional connections that you will build as a result of your time commitment. Based on your diligence in completing tasks to which you are assigned, your skills in working with research participants, your ability to work effectively as part of a team, and your prowess for conducting work independently, your supervisor(s) may have much to say in a letter of recommendation about your strengths. Thus, when considering various research positions, it is important to assess the extent to which you will develop a professional relationship with your PI, and ensure this level of contact matches your desired level of supervision. Some supervisors may meet with their RAs on a weekly basis, offering close supervision, while other PIs may have you report directly to an intermediary point of contact such as a postdoc or graduate student. Finally, because RAs often work in a team setting, you will likely receive support and resources from both your peers and professionals as you prepare to take the next step.

Despite the benefits of research assistantships, there are some limitations of which you should be aware. First, some research positions may not give you the opportunities that ideally set you up for graduate school (e.g., a position that primarily involves one task, such as data entry). Asking questions at job interviews about your specific responsibilities is essential to ensuring your expectations match the reality of the position. Additionally, you may find it difficult to obtain a paid research assistantship. Paid positions are not plentiful, particularly in the current funding climate. Thus, you may find yourself competing with nearly as many applicants as you would find applying to doctoral programs! Individuals most competitive for paid RA positions tend to already have experience in research. If you are unable to obtain a paid RA position, it may be possible to pursue a quality volunteer position that provides you the opportunities you are seeking, while simultaneously working elsewhere part-time.

Perhaps after reading this, you decide you are interested in pursuing a research assistantship. Faculty and/or graduate students at your undergraduate program are among your greatest resources for getting connected with PIs at research-intensive universities or academically affiliated hospitals actively conducting research in an area of interest. We also recommend you search online for faculty working in a research area of interest (e.g., using PsycINFO) and email them inquiring whether they have research assistantships available. If you already applied to doctoral programs but were not admitted, it is perfectly acceptable to email faculty who were unable to admit you and inquire about potential positions. Successful doctoral applicants can and do move for gap year experiences! There are additional resources available as well. You may wish to join free listservs advertising postbaccalaureate assistantships and other job opportunities (such as the ABCT members digest at http://www.abct.org/Members/?m=mMembers&fa=ListServe). You can search https://projectreporter.nih.gov/reporter.cfm to look for grants in your area of interest which have been recently funded, and email the study PI. Your local Psi Chi chapter may regularly receive emails about job opportunities for positions. Finally, we recommend visiting http://clinicalpsychgradschool.org/pbacc.php and searching online for "clinical psychology research assistantships," along with keywords related to your area of interest.

How Many Gap Years Should I Take?

As mentioned, four of us delayed application to doctoral programs to serve as RAs or enroll in a clinical master's program. Specifically, we took off 1 year (n = 1), 2 years (n = 1), and 3 years (n = 2). There are several factors to consider when deciding how long to delay applying to doctoral programs. First, if your goal in taking a gap year is to gain critical research, clinical, and academic experiences, you may choose how long to take off based on what you need to increase your competitiveness. For example, those with substantial research experience by the end of college may only need 6 months to a year to gain additional worthwhile experiences. Of course, there is no litmus test for determining when you have accrued the necessary experience, but our guide above, in addition to our reference list below, can help point you in the right direction. Next, the amount of time you take off may be dictated by logistical reasons. For example, your master's program or research position may require up front a commitment of 2 years. Taking 2 gap years can be advantageous in helping faculty and supervisors get to know you better before writing letters of recommendation (remember, individuals choosing to take 1 year off will need to solicit recommendations the fall after they graduate from college). Finally, you may choose to take several gap years because you are enjoying the time away from school, in addition to accruing valuable experiences. For example, the two authors who decided to take 3 years off were able to see large-scale research projects through to completion, publish findings, earn a salary, and enjoy extra leisure time before launching back into school.

Additional Resume Builders and Professional Networking

If you decide to take a gap year, there are a number of other activities that will help you to further strengthen your application, as well as more clearly identify your interests. Prospective students may wish to gain clinical experience, which can be obtained by volunteering on a crisis hotline, assisting at a domestic violence shelter or child advocacy center, working as a behavioral aid, or assisting with group therapy or skills training in a residential treatment setting. These opportunities can help you gain exposure to clinical populations of interest, and make an informed decision about whether you ultimately want to pursue a clinically oriented Ph.D. Speak to faculty and academic advisors at your undergraduate institution to get the best information about valuable clinical opportunities in your region. As a disclaimer, although clinical experience with a population of interest is looked upon favorably by Ph.D. admissions committees, faculty at more research-oriented doctoral programs generally do not consider this a vital part of an application (Prinstein, 2017). Thus, we recommend students seek clinical opportunities as an adjunct to continued research.

During your gap year(s), it may also be wise to retake the GRE depending on the score you received. Undergraduates often take the GRE for the first time in their final year of college; this is a busy time during which it can be challenging to adequately prepare. To make an informed decision, we recommend reviewing the websites of prospective doctoral programs, updated annually, to determine whether your GRE scores fall within the range of scores of recently accepted students. Furthermore, upon reviewing the required materials for prospective doctoral programs, some students may find that the GRE Psychology Subject Test is required, necessitating you to devote additional time to prepare for another exam. If you do decide to retake the GRE, you can visit https://www.ets.org/gre/revised_general/prepare to obtain resources such as flashcards, study guides, and sample tests.

Another valuable way to enhance your CV and develop connections with faculty mentors of interest is through presenting research at regional and national conferences. If you have a role in an ongoing project at your undergraduate institution, discuss opportunities with your research advisor for presenting findings. Conferences are a prime way to disseminate your research, network with potential faculty advisors, and meet other students with similar interests. To determine appropriate outlets, speak to current graduate students and faculty at your undergraduate institution about conferences they frequent. We recommend attending the annual ABCT convention. In addition to being populated by a range of professionals with diverse interests, ABCT offers a "Getting Into Graduate School" panel each year, sure to be useful as you navigate through the process. Joining professional organizations as a student or postbaccalaureate member also offers numerous networking, mentoring, and presentation opportunities. For example, ABCT offers approximately 40 Special Interest Groups (SIGs), which unite members with similar research and/or clinical interests. Undergraduates may wish to submit posters through a SIG because they have later submission deadlines and a greater proportion of submissions are accepted. Even if you are unable to showcase your own research, it may still be beneficial to attend conferences to introduce yourself and share your research interests with potential faculty mentors and graduate students.

It is also useful to communicate your interest to faculty via email during the fall before applying to doctoral programs. First, check the faculty websites to obtain all available information. When emailing faculty, be sure to avoid questions already answered on their website (e.g., whether they plan on taking a graduate student the following year). We recommend you briefly introduce yourself (e.g., undergraduate institution, current research employment) and express your fit with the faculty mentor and your enthusiasm for the program as a whole. Finding a good match with a faculty mentor is invaluable in graduate school; thus, it is essential to be thoughtful in your search.

Finally, if you decide to take time off following your undergraduate education and you have already developed close professional relationships, we recommend you communicate your plans for your gap year(s) to faculty, and inquire whether they would be willing to write a letter of recommendation for you when the time comes to apply to graduate school. During your gap year(s), stay in touch with these faculty by sending email updates quarterly, and keeping them abreast of your new experiences, as well as your career goals. This will allow letter writers to say they have remained in contact with you and communicate the experiences you have gained over the gap year(s) in their letters of recommendation.

Conclusion

There are many factors to consider when deciding whether to take a gap year before applying to Ph.D. programs in clinical psychology. Committing not only to a graduate program, but also to a career in clinical psychology is a major life decision that should be carefully considered. Reflect on your commitment to this broad career choice (becoming a psychologist), the specific field (clinical psychology), and your particular research and clinical interests. Consider your readiness for graduate training by reflecting on both academic preparedness and personal factors. Discuss any concerns with academic advisors, graduate students, mentors, and other supports in your life. If you identify areas needing improvement, consider whether these areas can be addressed over the course of one or more gap years. Be honest with yourself about what you would do during these gap years; taking time off only helps improve your chances of graduate admissions if you use this time to build your vita and improve your application. Remember that there are a variety of options to gain additional research and clinical experience, including master's programs, paid and volunteer research assistantships, and clinically relevant employment opportunities. Build upon the momentum you have now to seek out and take on new experiences.

We hope this article will serve as a helpful resource in directing your attention toward some important considerations when deciding whether to take a gap year. Ambiguity and uncertainty about these career decisions are common at this stage. A leap of faith is required in making any major life decision, including entering a graduate program, and you are not expected to have mapped out your exact career trajectory prior to entering graduate school. Be aware of any tendencies you may have to be too critical (or perhaps not critical enough) of your qualifications. If you otherwise feel ready to apply to graduate school, but are unsure whether your credentials would merit acceptance into a competitive program, you may consider applying with a backup plan in mind if you are not accepted. In sum, remember that there are no right or wrong choices, but giving careful consideration to the idea of a gap year may help you to improve your long-term success in the field of clinical psychology.

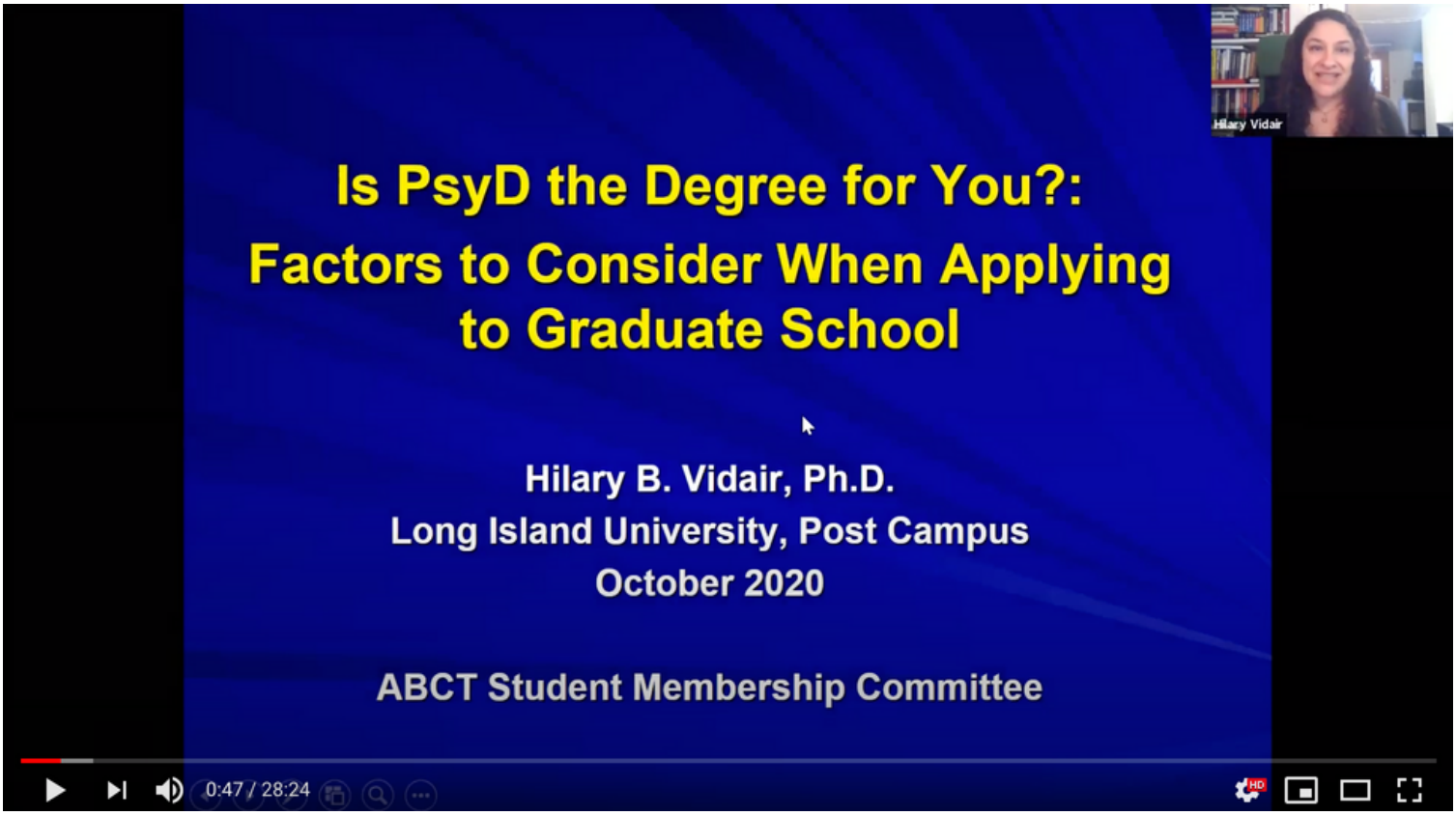
PH.D. VS. PSY.D.
CLINICAL PSYCHOLOGY PROGRAMS

Learn about the distinctions between PhD and PsyD programs
with Dr. Samantha Moshier

Watch the full video here:

https://www.youtube.com/watch?v=z-Q7IF4J2YU

IS PSY.D. THE DEGREE FOR YOU?



Learn about the specifics of PsyD programs
with Dr. Hilary Vidair

Watch the full video here:

https://www.youtube.com/watch?v=WhQ_c6Np-8M

Life as A Student in a CBT-Oriented Clinical Psychology Doctoral Program: An ABCT Primer

Note: This resource was created by the ABCT Student Membership Committee, chaired by Dr. Shannon Blakey. Special thanks to Student Membership Committee members Kiki Fehling, Tabitha Fleming, Sara Ghassemzadeh, Dani Novick, and Amy Sewart for their time and effort developing this useful document for ABCT.

From an outside perspective, understanding what life is like as a graduate student in a clinical psychology doctoral program can be challenging. This difficulty is most likely due to the fact that the experiences of clinical psychology students are remarkably diverse, both within *and* among programs! Yet despite inevitable variability in graduate student experiences, most clinical psychology doctoral training programs share certain common elements, with students' time allocated to didactic instruction, clinical training, research, and other professional activities.

In speaking with its student members and convention attendees, the Association for Behavioral and Cognitive Therapies (ABCT) recognized that many PhD/PsyD program applicants did not fully appreciate all that clinical psychology graduate training entails. For this reason, the ABCT Student Membership Committee created this resource to illuminate what life might look like for a clinical psychology student enrolled in a PhD/PsyD program grounded in cognitive-behavioral theory (CBT). This document addresses the core activities during doctoral training in clinical psychology: didactic instruction (coursework), clinical training, research training, and teaching. The relative priority of each core activity varies over the course of one's degree program; example timelines illustrating the fluctuation in effort spent engaging in various activities for during PhD/PsyD training follow at the end of this document.

Readers interested in learning more about the process of applying to clinical psychology PhD/PsyD programs are encouraged to reference the ABCT Student Membership Committee's corresponding resources, which can be found at http://www.abct.org/Resources/?m=mResources&fa=StudentResources. For additional information on the differences between different mental health-related disciplines and other tips for applying to clinical psychology PhD/PsyD programs, visit http://mitch.web.unc.edu/files/2017/02/MitchGradSchoolAdvice.pdf

General Overview

Doctoral programs in clinical psychology are usually 5 to 7 years in length (4 to 6 years "on campus" before the capstone clinical internship year). Although students take more or less time to graduate for a variety of personal and professional reasons, PhD programs usually take longer to complete than PsyD programs. This could be because research requirements are often greater at PhD programs. It could also be that PhD program students need more time to acquire sufficient clinical experience/hours before

applying for internship, given that PsyD program students usually begin clinical training earlier than most PhD program students.

Many PhD/PsyD students take the bulk of their courses during the first 2-3 years, tapering coursework as they progress in their training. In later years, students spend more time outside of the classroom, typically completing research and/or clinical work. The proportion of time spent engaging in coursework, clinical training, research, and other activities will depend largely on the specific program's training model (e.g., clinical scientist vs. scientist-practitioner) and the type of degree sought (PhD vs. PsyD). For example, a clinical science program (e.g., a program that more heavily emphasizes research over clinical practice) may involve students in research in the first semester but not involve students in clinical work until their second or third year. In contrast, a clinically focused PsyD program might have students engage in clinical work right away and not focus on research until they begin working on their milestone research projects (see "Research Training" below) during later years of training.

The final year of training is a capstone clinical internship: a year-long, full-time clinical placement. (Of note, it is possible that students will need additional time *after* completing the internship year prior to graduation, such as in the case of students who do not successfully defend their dissertation or other degree requirements before the end of internship.) Discussion of the history, purpose, and application process for the clinical internship year is beyond the scope of this resource. Readers interested in learning more about clinical psychology internships should visit https://www.appic.org/.

Didactic Instruction (Coursework)

For a doctoral program in clinical psychology to be accredited by the American Psychological Association (APA), students should demonstrate competencies in specific areas of psychology. Such competency is usually achieved by taking coursework (or demonstrating other training experiences) in these official content areas. The courses provide students with a broad overview of the field by requiring classwork in the areas of social psychology, developmental psychology, cognitive psychology, and neuroscience. They also provide training in other specific areas, such as multiculturalism, ethics, statistics and research design, psychopathology and diagnosis, theories and techniques of psychotherapy, and more.

Beyond classes covering APA-required content areas, doctoral training programs differ with regard to which other classes, if any, they require of or offer as electives to their students. For example, CBT-oriented graduate students might take classes on topics such as basic elements of therapy/counseling, the theory/practice of CBT, specialized training in specific treatments for specific disorders, neuroscience, testing/assessment, advanced statistical methods, and more!

Clinical Training

On a basic level, clinical training in graduate school involves providing mental health care services under the supervision of a licensed clinical psychologist, but training can look different across clinical settings and across stages of a student's training. Graduate students typically gain most of their clinical training by delivering individual or group therapy, but they might also deliver interventions, such as family and/or couples therapy. Clinical work will also involve assessment (i.e., psychodiagnostic, intellectual and achievement, cognitive, personality, or neuropsychological testing) consultation (i.e., providing psychological guidance/opinions to patients, family, or other healthcare providers), coaching patients on the phone, one-time crisis interventions, or other types of brief interventions.

No matter what clinical work involves, graduate students also meet regularly with a clinical supervisor who oversees the clinical service delivery as well as trainees' clinical skills development. Supervisors must be licensed professional clinicians. Supervision can be group-based, individual, or a combination of the two. Supervision groups may consist of people at the same level of training (e.g., a cohort) or a vertical group (e.g., several training levels represented) to allow for peer supervision. At the beginning of a supervision experience, the supervisor will likely provide supervisees with a syllabus or supervision contract. For more information about clinical supervision, the APA (2014) Guidelines for Clinical Supervision in Health Service Psychology can be found at https://www.apa.org/about/policy/guidelines-supervision.pdf

Many graduate programs have students begin their clinical training sequence by conducting assessments and/or therapy at an "in-house" or on-campus clinic, supervised by the program's core or affiliated faculty members. This training may be housed in the program itself or elsewhere at the institution (e.g., counseling center located within the student health service). Some programs also have students start clinical work in "co-therapy" sessions, in which they provide therapy alongside a more advanced clinician (e.g., two therapists in the room). Students might also watch videos of therapy sessions, read articles and/or books about therapeutic principles and practice, and take therapy-related classes to help them learn clinical skills.

As students become more advanced therapists, they might work at external practicum sites, sometimes called "externships." These practica are clinical experiences supervised by professionals in the community and might be situated in a community clinic, private practice, hospital, or Veterans Affairs (VA) medical center. Graduate students might also receive supervised clinical training by serving as a study therapist on a faculty member's (or other affiliated researcher's) clinical trial. This can be an excellent way for graduate students to learn state-of-the art manualized treatments with a great deal of supervisory support.

Finally, clinical training during graduate school will involve engaging in various "support" activities as well. These activities will involve attending lectures at their training sites, reviewing patient medical charts, observing other clinicians perform therapy sessions, and completing clinical documentation (e.g., writing progress notes after therapy sessions, writing assessment reports).

Research Training

Programs also differ in the degree to which they emphasize students' research skills development during graduate training. For example, some programs prioritize students' research productivity (e.g., conducting studies, publishing research articles in peer-reviewed journals) over other training experiences, while other programs aim for students to achieve a balance of clinical and research experiences, and some other programs emphasize for maximizing clinical training opportunities instead of research experiences. Of course, it is also the case that faculty mentors *within* programs vary in the degree to which they encourage their trainees to prioritize and/or balance their training in research, clinical, teaching, and other professional activities.

At minimum, most CBT-oriented doctoral training programs require students to complete two milestone research projects: a thesis and dissertation. Although specific requirements vary across programs, these projects typically involve conducting secondary analysis (i.e., testing hypotheses using data collected from a previous study or a larger study their faculty mentor is currently conducting) or original data analysis (i.e., testing hypotheses using data collected from a study the student designs and runs themselves). Some programs make these milestone projects more clinically focused; for example, comprehensive clinical case reports fulfill thesis/dissertation requirements at some programs. The university, college, and/or professional school in which the doctoral program is housed might also impose requirements and/or restrictions with regard to manuscript page limits, style and formatting, and publication (or otherwise registering the final document with the institution's library system).

Another milestone in clinical psychology graduate training is successful completion of the "qualifying examination" (sometimes called "comprehensive examination"), which students complete prior to advancing to "doctoral candidacy." The qualifying examination presents an opportunity for students to demonstrate adequate progress and competency in clinical psychology before they propose (and later defend) a doctoral dissertation. The exact format of this project varies by program, but it could involve any combination of the following elements: written essays, multiple-choice tests, oral examinations, literature review paper(s), a research portfolio, a teaching portfolio, or presentation of a clinical case conceptualization and treatment plan.

Depending on the values of a student, their faculty mentor, and/or the graduate program itself, additional research projects beyond these milestones may be

encouraged or expected. Students might also be expected to contribute to their primary mentor's research in some way, such as by overseeing ethical review board applications/procedures, interacting with study participants, training and supervising research assistants, assisting with grant submission/administration, and manuscript preparation.

Teaching

Opportunities to gain teaching experience also varies by program and institution, and these experiences are often paid (see "Financial obligations and compensation," below). The title for such positions varies across institutions, but are typically referred to as teaching assistant ("TA"), instructional assistant ("IA"), or teaching fellow ("TF"). Depending on your institution and program, there might be opportunities to serve as a TA/IA/TF for a graduate-level course in addition to undergraduate-level course. Duties of being a TA/IA/TF typically include grading assignments, evaluating final projects/presentations, and proctoring exams. You may also be in charge of leading a laboratory or recitation section of a class, as is common for statistics and methodology/design courses.

Some programs also offer the opportunity to serve as the primary instructor of record for an undergraduate course. This means you would be in charge of creating the syllabus, designing assignments and examinations, maintaining gradebooks, holding office hours, and teaching either in-person or online. You would likely have an assigned faculty member who would mentor/supervise your role as course instructor.

Financial Obligations and Compensation

You might have heard the phrase "there is no such thing as a free lunch." Unfortunately, the same is true for clinical psychology graduate training. Clinical psychology PhD/PsyD programs charge tuition fees, which can vary by program type (PsyD programs tend to charge more for tuition than do PhD programs), institution (e.g., public versus private institution), and student residency status (i.e., in-state, out-of-state, or international students). As a general rule, most PhD programs pay for their students' tuition, whereas most PsyD programs do not. Some institutions charge additional "student fees" (sometimes called "campus fees") on top of tuition, which the training program may or may not cover for their students. Finally, some programs will pay for graduate students' health insurance coverage, which is of significant financial value to trainees.

Many PhD programs and some PsyD programs provide students with a supplemental stipend in exchange for service as a TA/IA/TF, research assistant/coordinator, or administrative fellow (e.g., training clinic administrator). The

amount of funding can differ substantially among programs (e.g., private versus public institutions) and geographic location (e.g., rural versus urban areas). Because it can be difficult to predict a program's financial health in the long-term (e.g., the institution may impose budget cuts to the program's home department), programs might only guarantee stipend funding for a certain number of years. However, many programs will say they have historically been able to provide stipends for the entire duration of their student's pre-internship training, even if they can only *guarantee* funding for a limited number of years. In addition to financial assistance from the graduate program, students might also be eligible for certain internal or external fellowships or scholarships for one (or several) years of graduate training. Students are therefore encouraged to consider applying for funding through federal agencies (e.g., National Institutes of Health) as well as other sources (e.g., Ford Foundation).

In some programs, it might be common for students to hold part-time jobs or take out student/personal loans in order to financially support themselves during graduate school. Alternatively, some programs may *restrict* students from out-of-program employment (usually to ensure the student will complete their degree in a reasonable amount of time). Cost of living varies with the program's location as well, meaning an annual stipend of $20,000 may or may not be sufficient to cover basic living expenses. It is therefore recommended that applicants gather as much information as needed to make an informed decision regarding whether to accept an offer of admission to the program, should an offer be made.

Conclusion

CBT-oriented doctoral programs in clinical psychology share many elements and are held to the same APA accreditation standards, yet there is significant variability in how graduate training is ultimately provided and evaluated. Moreover, students' time dedicated toward making progress in research, clinical, teaching, and other professional skills development varies over time, with certain activity categories "front loaded" during the training program (e.g., more classes early in graduate school, few or no classes near the end of graduate school) and other activities only offered near the end of training (e.g., independently teaching an undergraduate course). Not to mention, graduate students must balance their personal lives on top of their professional training responsibilities.

Although the "lived experience" of a graduate student at a CBT-oriented clinical psychology doctoral program varies both across and within programs, we hope this resource sheds helpful light on what it would be like to complete a CBT-oriented PhD/PsyD program in clinical psychology. Below, we also provide example timelines to illustrate how students might spend their time, be it over the course of a week or over

the course of their degree program. We hope these resources prove useful to readers now and in the future.

ABCT as Your "Professional Home"

ABCT cares deeply about its student members and is always striving to better engage, promote, and advance students throughout their careers. Dues for student and postbaccalaureate membership are substantially reduced, and ABCT membership benefits well outweigh its financial cost. For instance, student and postbaccalaureate members receive printed issues of *the Behavior Therapist* (a publication devoted to work by seasoned clinicians, researchers, and students alike) by mail 8 times per year and have electronic access to all issues of *Behavior Therapy* (a research-focused journal) and *Cognitive and Behavioral Practice* (a journal dedicated to clinical applications of psychological research) year-round. Behavior Therapy is the flagship journal of the association, has an impact factor of 3.243, and ranks 23rd of 129 social science journals; *Cognitive and Behavioral Practice,* ABCT's practice journal, has an impact factor of 1.932, which is quite high for a clinical journal.

Students are also eligible for numerous awards and research grants, can join Special Interest Groups (SIGs), have access to the ABCT Mentorship Directory, and more! Many of the field's experts fondly recall their first attendance at an ABCT annual convention when they were a first-year graduate student, and ABCT is proud of the leaders and champions they have become. Join the ABCT family now, if you haven't already, and let ABCT serve you throughout your career. For more information about membership benefits and services, visit http://www.abct.org/Members/?m=mMembers&fa=Benefits.

Graduate School Timeline Example 1 - Clinical Science or Scientist-Practitioner PhD Program

Year	Coursework	Research	Clinical Work	Other
One	Take full course load, which typically means 4 3-hour classes each during fall and spring semesters. Depending on your program, may also include 1 summer course.	Work on research mentor's research projects. Start writing manuscripts with mentor. Design research project for master's thesis. Possibly apply for external research funding.	None or limited beyond classes on theory/practice of CBT. Maybe observe group supervision of more advanced students and/or advanced students deliver therapy. Maybe carry 1 start doing therapy/assessments in summer.	Serve as teaching assistant/ teaching fellow (TA/TF) for 1-2 undergraduate classes each semester. Maybe teach over summer.
Two	Take full course load during fall and spring semesters.	Work on your mentor's research projects and your master's thesis. Possibly defend your master's thesis. Submit manuscripts for publication, abstracts for convention presentation, and grant applications.	Do up to 1 day/week (~8 hours) of clinical work. Might see 1-4 patients and receive 1-2 hours supervision weekly (typically through program clinic).	TA/TF for 1-2 classes each semester. Maybe teach over summer.
Three	Take 2-3 classes during fall and spring semesters.	Defend master's thesis (if you haven't already). Work on mentor's research projects. Prepare for and/or take qualifying exams. Continue submitting manuscripts, abstracts, and grants.	Increase clinical work, 2 days/week (~16 hours) in program clinic or external practicum site. Might see 6-10 patients and receive 1-4 hours supervision.	TA/TF for 1-2 classes each semester. Maybe teach over summer.
Four	Take 1-2 classes during fall and spring semesters.	Plan, propose, and work on dissertation. Work on research mentor's projects. Continue submitting manuscripts, abstracts, and grants. Possibly mentor undergraduate and/or less advanced graduate students.	Engage in clinical work 2-3 days/week (~16-24 hours), typically at external practicum site. Maybe gain supervised experience supervising less advanced graduate students.	TA/TF for 1-2 classes each semester. Maybe teach over summer. If applying internship next year, begin thinking about internship training goals and possible sites to which to apply.
Five	Take 0-2 classes during the whole year.	Complete, write up, and defend your dissertation (ideally before beginning internship). Continue submitting manuscripts, abstracts, and grants. Possibly mentor undergraduate and/or less advanced graduate students.	Engage in clinical work 2-3 days/week (~16-24 hours), typically at external practicum site. Maybe gain supervised experience supervising less advanced graduate students.	TA/TF for 1-2 classes each semester. If applying for internship this year, will prepare applications August-November and interview December-February.
Six	Clinical internship year: Full-time clinical work, maybe doing some research (0-8 weekly hours) at your internship site (and working on dissertation if you did not defend prior to internship). Continue submitting manuscripts, abstracts, and grants. NOTE: Some students elect to take a sixth year on campus before going on internship, in which case Year Six would look similar to year five (and would likely not involve any coursework).			

Graduate School Timeline Example 2 – Clinical PsyD Program

Year	Coursework	Research	Clinical Work	Other
One	Take full course load (4 3-hour classes) during fall, spring, and summer semesters. Register for clinic credits and attend CBT, psychodynamic, and practicum supervisions weekly throughout the year.	Take research-related courses, mentor undergraduate student theses/projects, assist with mentor's research projects, submit poster abstracts for convention presentation.	See two clients through the program ("in-house") clinic, in addition to caseload you may carry at your practicum site. This varies from 3-7 clients throughout the year. Conduct assessments beginning the summer after 1st year. Do clinical intakes.	Opportunities to teach/serve as teaching assistant (TA) for small stipend.
Two	Take full course load during fall and spring semesters.	Take research-related courses, mentor undergraduate student theses/projects, assist with mentor's research projects, submit manuscripts and/or book chapters for publication, submit abstracts for convention presentation.	Do clinical work 2 days per week (~16 hours) at your clinical practicum placement. Conduct assessments through program clinic.	Opportunities to teach/TA for small stipend.
Three	Take reduced course load during fall and spring semesters. Complete clinical and oral comprehensive ("qualifying") exams for Psy.M.	Take research-related courses, mentor undergraduate student theses/projects, assist with mentor's research projects, submit manuscripts/chapters/convention abstracts, propose dissertation project.	Do clinical work 2 days per week (~16 hours) at your clinical practicum placement. Maybe continue conducting assessments and/or take on additional (part-time) practica hours. Maybe gain supervised experience supervising less advanced graduate students.	Opportunities to teach/TA for small stipend.
Four	Register for dissertation credits during fall and spring semesters.	Complete and defend your dissertation (ideally before beginning internship).	Do clinical work 3 days per week (~24 hours) at your clinical practicum placement. Maybe take on additional (part-time) practica hours. Maybe gain supervised experience supervising less advanced graduate students.	Opportunities to teach/TA for small stipend. If applying for internship this year, will prepare applications August-November and interview December-February.
Five	Register for internship credits.	Complete and defend your dissertation, if you did not do so prior to leaving for internship.	Clinical internship: Full-time clinical work.	N/A

“A Week in the Life” of a CBT-Oriented PhD Program Graduate Student

Clinical Scientist PhD Program – Year 1

	Morning	**Afternoon**	**Evening**
Monday	Lab meeting; protected writing time	TA meeting; Attend research talk	Exercise; Homework
Tuesday	Attend class; TA office hours	Attend clinical supervision meeting; Attend class	Diagnostic interview over the phone (research study data collection)
Wednesday	Protected writing/homework time	Report/note writing; Attend class	Teach as part of TA responsibilities; Read for class
Thursday	Attend assessment supervision; Attend class	Teach as part of TA responsibilities; Weekly meeting with mentor	Attend class
Friday	Grading coursework as part of TA responsibilities; Prepare for therapy cases	Diagnostic interview over the phone (research study data collection)	Exercise; Time with friends; “Light” work (grading, reading for class, etc.)
Saturday	Homework and/or lead therapy groups (as part of research project)	Run errands	Protected time for spending time with friends, reading for pleasure, self-care, exercise, etc.
Sunday	Prepare for teaching as part of TA responsibilities; Homework	Homework	Laundry; Meal-prep

Scientist-Practitioner PhD Program – Year 2

	Morning	**Afternoon**	**Evening**
Monday	Attend class; Teach as part of TA responsibilities	TA office hours; Homework	Lab meeting
Tuesday	Prepare for teaching as part of TA responsibilities; protected writing time	Attend class	Therapy clients
Wednesday	Attend class; Teach as part of TA responsibilities	Attend class; Attend clinical supervision meeting	Therapy clients
Thursday	Therapy client; Prepare for teaching as part of TA responsibilities	Homework; Attend class; Attend clinical supervision meeting	Attend class
Friday	Attend clinical supervision meeting; research meeting; Prepare for teaching as part of TA responsibilities	Homework	Relaxation; Exercise; “Light” work (grading, reading for class, etc.)
Saturday	Homework	Do errands	Go out; Rest; Adventure
Sunday	Research; Read treatment protocols	See friends	Meal-prep for the next week; Create week to-do list

Clinical Scientist PhD Program – Year 2

	Morning	**Afternoon**	**Evening**
Monday	Attend class	Attend clinical supervision meeting	External practicum; Homework/reading for class
Tuesday	Attend clinical supervision meeting; Prepare for therapy cases/clinical work	Attend class	Homework
Wednesday	Protected thesis writing/homework time	Therapy client; Upper level stats class (auditing)	Homework; Exercise
Thursday	Therapy client; Lab meeting	Therapy clients; Meeting with mentor	Attend class
Friday	Protected writing time; Run errands	Therapy client; Report/note writing	Exercise; See friends; “Light” work (grading, reading for class, etc.)
Saturday	Homework; Report/note writing	Do errands	Protected time for spending time with friends, reading for pleasure, self-care, exercise, etc.
Sunday	Homework; Prepare for therapy cases/clinical work	Homework; Thesis writing	Laundry; Meal-prep

Scientist-Practitioner PhD Program – Year 3

	Morning	**Afternoon**	**Evening**
Monday	Attend class; Teach as part of TA responsibilities; Hold TA office hours	Teach as part of TA responsibilities; Attend clinical supervision meeting; therapy client	Protected writing time
Tuesday	Exercise; Therapy client	Attend class; Homework	Therapy clients
Wednesday	Attend class; Teach as part of TA responsibilities	Attend clinical supervision meeting; Teach as part of TA responsibilities; Prepare for therapy/assessment clients	Therapy clients
Thursday	Assessment-based practicum	Assessment-based practicum	Attend class; Therapy clients
Friday	Attend clinical supervision meeting; Attend class; Teach as part of TA responsibilities	Teach as part of TA responsibilities; Protected writing time	Rest; “Light” work (grading, reading for class, etc.)
Saturday	Homework; Protected writing time	Do errands	Adventure; Cohort game night
Sunday	Protected writing time	Prepare for teaching as part of TA responsibilities; Prepare for therapy/assessment clients; reading therapy protocols	Meal prep for the week

Clinical Scientist PhD Program (Student with Fellowship Funding) – Year 3

	Morning	**Afternoon**	**Evening**
Monday	External clinical externship (lead mindfulness class); Attend meeting with research mentor; Attend classes	External clinical externship: DBT team meeting, Co-lead group therapy, Individual therapy client, Clinical notes	Commute home from external externship; Emails; Personal time; Self-care
Tuesday	Attend class	Research-related activities	Research-related writing
Wednesday	External externship (case convention, 2 individual therapy clients)	External externship (co-lead group therapy, see 2 individual therapy clients, write clinical notes)	Commute home from external externship; Answer emails; Personal time; Self-care
Thursday	Attend class; Housekeeping	Research-related writing	Answer emails; Cook dinner
Friday	Research client; Attend clinical supervision meeting	Lab meeting	Personal time
Saturday	Sleep-in	Do errands; Research-related writing	Personal time
Sunday	Sleep-in	Research-related writing	Answer emails; Reading/preparation for externship

Scientist-Practitioner PhD Program – Year 4

	Morning	**Afternoon**	**Evening**
Monday	Assessment-based external practicum; Supervise undergraduate research assistants in the lab	Hold TA office hours; Prepare for teaching as part of TA responsibilities; Teach as part of TA responsibilities; Prepare for the week's clients (e.g., printing, protocol review)	Attend Class; Therapy client
Tuesday	Exercise; Protected writing time	Attend clinical supervision meeting; Therapy clients	Therapy clients at trauma-focused external practicum
Wednesday	Protected writing time; Therapy clients	Prepare for teaching as part of TA responsibilities; Teach as part of TA responsibilities; Lab meeting	Therapy client at trauma-focused external practicum; Lab project data collection
Thursday	Assessment-based external practicum	Catch up (note writing, e-mails); Program meetings	Therapy client; Exercise
Friday	Hospital-based brief intervention external practicum	Prepare for teaching as part of TA responsibilities; Teach as part of TA responsibilities; Attend clinical supervision	Relaxation; Exercise; "Light" work (grading, reading for class, etc.)
Saturday	Writing group	Do errands	Go out; Rest; Adventure
Sunday	Exercise; Protected writing time	Rest; Adventure; Get coffee	Meal-prep for the next week; Create week to-do list

Clinical Scientist PhD Program – Year 5

	Morning	**Afternoon**	**Evening**
Monday	Exercise; Therapy clients; Prepare for clinical work for the week as needed	Attend DBT Consultation Team; See individual patients in DBT/general clinic	See individual patients in anxiety disorders clinic; Complete clinical paperwork
Tuesday	Teach as part of TA responsibilities; Work on dissertation or other research papers	Attend class; Provide peer supervision to less advanced students; Exercise	Complete homework for next week's class; Work on internship applications or dissertation
Wednesday	Therapy clients; Clinical notes/documentation; Work on dissertation or other research papers	See individual patients in anxiety disorders clinic. Attend individual supervision. Complete clinical paperwork.	See individual patients in anxiety disorders clinic; Run therapy group at anxiety disorders clinic; Complete clinical paperwork
Thursday	Teach as part of TA responsibilities; Assess participants /run study visits for dissertation; Meet with research mentor and/or research coordinator running dissertation	Protected writing time; Work on dissertation or other research papers	Exercise; Work on internship applications
Friday	Work on dissertation or other research papers from home	Protected writing time; Work on dissertation or other research papers from home; Exercise	Relax; Hang out with friends
Saturday	Sleep-in; Run errands and/or exercise and/or hang out with friends; Maybe work on dissertation or internship applications	Run errands and/or exercise and/or hang out with friends; Maybe work on dissertation or internship applications	Run errands and/or exercise and/or hang out with friends
Sunday	Sleep-in; Run errands and/or exercise and/or hang out with friends	Run errands and/or exercise and/or hang out with friends	Run errands and/or exercise and/or hang out with friends

Clinical Scientist PhD Program (Student with Fellowship Funding) – Year 5

	Morning	**Afternoon**	**Evening**
Monday	Work on internship applications or dissertation from home	See two clients for individual therapy; Housekeeping; Check-in on data collection for dissertation	Meet with advisor; Co-supervise junior graduate students on therapy study
Tuesday	Work on internship applications or dissertation from home	Research-related writing time from home; Exercise	Personal time
Wednesday	Work on internship applications or dissertation from home	Research-related writing time from home; Run errands	Personal time; Continue work on internship applications or dissertation if needed
Thursday	Work on internship applications or dissertation from home	Research-related writing time from home; Self-care	Personal time; Continue work on internship applications or dissertation if needed
Friday	Work on internship applications or dissertation from home	Lab meeting; Supervision; Meet with supervised study coordinator; Study meeting	Personal time
Saturday	Personal time	Run errands; Personal time	Personal time
Sunday	Personal time	Personal time; Continue work on internship applications or dissertation if needed	Personal time

SELECTING RESEARCH MENTORS

Learn how to select research mentors when applying to doctoral programs with Dr. Andres De Los Reyes

Watch the full video here:

https://www.youtube.com/watch?v=8-YGXIIXCUU

Clinical Psychology Doctoral Program Applications: A Recommended Timeline

Spring/summer prior	▪ Take GRE and GRE Subject Test (if applicable)
Summer prior	▪ Research programs, begin to fill Application Tracking Excel* **See corresponding template created by ABCT Student Membership Committee.*
August/September	▪ Optional: Contact potential faculty mentors* ▪ Ask current and/or former professors/supervisors to write letters of recommendation **Send brief expression of interest email and attach your CV. Only inquire about accepting new students if information is not available on the website or the faculty mentor specifically encourages doing so.*
September/October	▪ Provide people writing your letters of recommendation with materials they requested (typically, your Statement of Purpose, CV/resume, deadlines and instructions specific to each program) ▪ Draft your Statement of Purpose and send to professors/mentors for feedback and copy edits ▪ Update CV and send to professors/mentors for feedback and copy edits ▪ Gather program-specific requirements, keep updating Application Tracking Excel
November/December	▪ **APPLICATIONS DUE (check program websites for exact deadlines*)** ▪ Verify receipt of applications and all supplemental materials (e.g., GRE, transcripts) by the program **Submit applications approximately 2 weeks prior to the deadline to allow yourself time to troubleshoot any issues (e.g., program did not receive all application components).*
December/January	▪ Programs begin extending interview invitations
January-March	▪ Prepare for interviews: Review potential faculty mentors' work (limit to past 5 years, as labs may no longer be continuing older programs of research), develop a list of questions to ask program faculty and students, organize and conduct mock interviews with mentors/colleagues, buy interview attire (or make sure what you have fits properly), and arrange for travel to/from interview sites ▪ Interviews: Be yourself and learn as much as you can about each program! ▪ Send thank-you emails to faculty and students you spoke with over the interview day/weekend
April 15th	▪ Deadline to accept offer of admission

Last edited 9/28/2019 by the ABCT Student Membership Committee. Special thanks to Stephanie Jeffirs, Sarah Jessup, and Rafaella Jakubovic for their work creating this resource.

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Student Forum

Applying to Doctoral Training Programs in Clinical Psychology: Writing an Effective Personal Statement

John P. Forsyth and Edelgard Wulfert, *SUNY at Albany*

EDITOR'S NOTE:
This article was originally accepted under the editorship of Arthur Nezu, Ph.D.

Applying to graduate school in clinical psychology can be daunting, time consuming, and stressful. Admissions committees typically require information from multiple sources including transcripts, letters of reference, scores on standardized tests, curriculum vitae, and a personal statement, also called statement of interest or purpose. Admission into a doctoral program in clinical psychology is highly competitive, and it is not at all uncommon that 150 to 200 students apply for 8 to 10 openings in a given program. Therefore, preparing a compelling application is of utmost importance and requires careful planning and attention to detail. (For a better understanding of the general admissions process, we recommend that you read the guidelines on how to apply to graduate school by Hayes and Hayes, 1989).

Your personal statement constitutes an important part of your application as it leaves the reader with a "first impression" of who you are as a person. Unfortunately, in our experience this first impression is all too often a negative one. After reading countless personal statements from students applying to our Ph.D. training program in clinical psychology, we have come to the conclusion that many applicants have either been ill-advised or they have been well-advised but have not heeded their mentors' recommendations. How else could we explain why so many students struggle when addressing key questions such as why they are interested in clinical psychology, what they wish to accomplish with a doctoral degree, and how our program can help them to achieve their professional aspirations? An unsophisticated approach to such questions is likely to harm an applicant. Therefore, our intent here is to offer you some suggestions for preparing an effective personal statement. This should maximize your chances of getting into graduate school, provided that your background and general accomplishments qualify you for admission.

What Is a Personal Statement?

A personal statement is like the abstract of a paper. Its purpose is for you to provide a succinct overview of your interests, talents, skills, and relevant experiences, discuss your short- and long-range career goals, and make a compelling case for how you fit with the training program to which you are applying. As an abstract, it should be brief (maximally 2 single-spaced pages, using a standard 12-point typeface) and contain all pertinent information in concise form. You definitely want faculty on the admissions committee to read your statement, and you will increase your chances if your statement is short, focused, and to the point.

Remember, with your personal statement you are introducing yourself to faculty who are selecting from a large pool of applicants. You are competing with other applicants, many of whom may have GPAs and GRE scores equal to, or better than, yours. Your personal statement affords you the opportunity to distinguish yourself from the bulk of applicants. Use it to present yourself as an individual who is determined and confident, but humble. Highlight your assets without misrepresenting facts or exaggerating your talents. Use it also to acknowledge and convincingly dispel any liability in your application such as an uncharacteristically low grade or GRE score. You will maximize your chances of admission if you can convince the readers of your statement that you have what it takes to successfully perform in a clinical graduate program, that your aspirations fit well with the goals of the program, and that any experiences and skills you have previously acquired are relevant to the research interests of faculty with whom you would like to work.

Know Your Audience and Keep Them in Mind

Your application will be reviewed by Ph.D.-level academicians whose main pursuits are research, scholarship, and teaching. These faculty members, with too much to do and too little time to do it, often must review the materials of 150 to 200 applicants in a very short period to narrow down the pool to a handful of promising candidates. Their main concern is to identify students with outstanding qualifications, a solid academic background, and research interests that match their own and that are compatible with the philosophy of their training program. In other words, if you want to "join the club," you must fit in.

"Fit" is very important because many programs operate according to an "apprenticeship model": They admit students to work with a *specific* faculty member who will function as their advisor and research mentor. Before applying, it is therefore essential that you do your homework and learn as much as you can about faculty interests and the general theoretical orientation of a given program. This will prevent you from making common mistakes such as applying to a psychoanalytic program when you are interested in behaviorism, or expressing a desire to conduct research in schizophrenia when no one on the faculty has any interest in this area. Mistakes of that kind make you appear as if you applied haphazardly or are woefully uninformed about the admission process.

Another common mistake is when students "tailor" their personal statement to fit a specific program when in reality they neither share the research interests of the faculty nor the philosophical orientation of the program. Although this strategy may be successful, it is risky because it may land you in a program in which you will not be happy. Imagine that you were admitted to a program with a strong commitment to research when your true interests lie in conducting psychotherapy. You may find the research requirements insurmountable, feel disillusioned, and eventually even drop out. The net result would be a lot of unnecessary cost and wasted effort both on your part as well as on the part of faculty who were eager to train you.

Basic Structure of an Effective Personal Statement

In a personal statement you are usually asked to address three questions. First, why are you interested in clinical psychology and what is your motivation to pursue graduate-level training? Second, what goals do you intend to accomplish with a doctoral degree in clinical psychology? Third, how do you think the program to which you are applying will allow you to achieve your goals? Before dealing with each of these questions more specifically, let us hasten to add that you should not interpret the following guidelines as hard

and fast rules. They are simply meant as suggestions to help you to compose an effective statement of interest.

I Became Interested in Psychology Because...

Many applicants misinterpret this questions as a request for some kind of justification: "I need to find a reason for why I want to become a clinical psychologist." In their search for reasons, it is not uncommon for students to resort to some profound personal experience. We have read statements where applicants recounted their own battles with addiction and recovery, their struggles with manic-depressive disorder, or the effects of witnessing a parent's mental illness as reasons for wanting to pursue a career in clinical psychology. While such life experiences may well have influenced your decision to pursue a Ph.D., the personal statement is not the time or place to recount them. Remember your audience! Your statement will be read by academicians who are scholars and, as such, are interested in recruiting students with an intrinsic curiosity about psychology. They want to train psychologists who hold promise of advancing the field by emulating the scholarly endeavors of the faculty. Needless to say, they are skeptical of individuals whose main motivation for entering the field is gaining a perspective on some painful personal experiences.

In describing how you became interested in clinical psychology, concentrate on specific professional experiences. Summarize relevant research, teaching, and human services experiences. Mention faculty with whom you have worked or had meaningful contact at your undergraduate institution. In other words, cite any pertinent contacts and academic or research endeavors that aroused your interest in clinical psychology and instilled the desire in you to pursue graduate-level training. Let us illustrate this point with an excerpt from an actual statement of interest:

> *I graduated with high honors from — where I double-majored in Psychology and English. During my undergraduate studies, I had several opportunities to become involved in conceptualizing, conducting, and publishing psychological research. I also served as a teaching assistant to the instructor of two introductory psychology courses. . . .*

The applicant then described her participation in several research projects that culminated in presentations at scientific meetings and publications:

> *Under the supervision of Dr. X, I was involved in research on child witness testimony. I co-authored a study evaluating lawyer-child communication which found that certain forms of interrogation typically used by lawyers significantly obfuscate courtroom communication. Preliminary results from this study were presented at the 1994 meeting of the — Society and a manuscript describing this study was recently accepted for publication in the Journal . . .*

The applicant also had acquired human services experiences and succinctly described her experience as a summer camp counselor for disadvantaged inner-city children and her training as a crisis counselor for a university hotline. Finally, she briefly elaborated on her responsibilities as a teaching assistant and highlighted her skills in preparing lecture materials, administering tests, conducting exam review sessions, and helping students with writing assignments. This introduction created a very favorable impression of the applicant as an intelligent, well-rounded young woman. She had obviously taken care to prepare herself well for doctoral studies and had acquired experiences in a number of pertinent areas that would facilitate her transition from undergraduate to graduate school.

I Am Pursuing a Ph.D. in Clinical Psychology Because . . .

A second important part of a personal statement is comprised of a discussion of your goals. When describing future career plans, be specific and avoid clichés. It is probably unwise to say that you want an advanced degree in psychology to be able "to help people" or "to open a private practice." These statements are unlikely to impress academic psychologists, not because there is anything intrinsically wrong with wanting to help people but because they are platitudes and reflect either that you have not thought much about your future career plans or that you have little ambition. A Ph.D. in clinical psychology is an advanced social *science* degree. Overemphasizing your applied rather than scientific interests in the profession will minimize your chances.

Another common mistake is a vague statement such as, "I have very broad interests and would like to study many different aspects of psychology before deciding on a career goal." Here the reader is left with the impression that you have not given sufficient thought as to why you would like to pursue a doctoral degree.

The best strategy is to appear focused and to link your current interests in some way to your long-range career plans. At the same time, you should convey that you are open to learning more and developing additional interests. The applicant cited above was able to achieve this very successfully:

> *I am interested in improving the quality of services provided to children who fall within the interface of law and mental health. Continuing my research on child witness testimony is one means to this end. I am, however, open to gaining clinical and research experience involving adult populations, especially in the areas of domestic violence and child abuse. My ultimate goal is to attain an academic position, as this would allow me to continue to pursue my research interests while also teaching students about the interface of psychology and the legal system. Alternatively, I might consider a non-academic policy-making position that would allow me more directly to improve policymaking and client services. In either case, I would want to remain involved in service delivery (e.g., by working with children who are victims of abuse) as I believe that client contact teamed with active research involvement will best enable me to be successful in my chosen profession.*

I Have Chosen Your Program Because . . .

Last, but not least, you need to estab lish a link between your experience an interests and why you would like to pur sue Ph.D. training in the program t which you are applying. We strongl advise you against a generic statement t fit all programs. At the very least, yo should tailor the last part of your state ment to each individual program an show how this particular program fit with your training experiences and futur goals. In the age of the Internet, there i no excuse for not knowing details about program, faculty research interests, an the like, given that most Ph.D. program have web sites with large amounts of rele vant information available. (For Interne addresses of specific universities try http //www.psych-web.com/resource deptlist.htm).

As many programs recruit students fo individual labs, it is appropriate to men tion faculty with whom you would like t work. This requires that you have careful ly investigated Dr. Smith's and Dr. Jones research programs and show how you background and research interests fit wit theirs. If you mention specific faculty members, make sure they work in the are to which you are applying. Requesting admission to a *clinical* program and citing that you would like to work with Dr. X who is a *social* psychologist will make you look uninformed and naive. See how elo quently our previously cited applican addressed the question of why she chose given program:

> *For several reasons, I would be strongly interested in graduate study in your Ph.D. program. First, given the breadth of faculty interests and training opportunities,*

your program offers the broad-based training I consider necessary for the development of effective psychologists. Second, with its strong emphasis on research, your program would afford me the intensive research training I am seeking and teach me how to utilize my research skills to promote social and legal policy reform. Finally, I would relish the opportunity to collaborate in research such as Dr. X's child eyewitness testimony and Dr. Y's jury decision making projects as this research corresponds to my own background and interests.

Dos and *Don'ts* of an Effective Personal Statement

Aside from addressing the three specific questions discussed previously, there are some general guidelines of what to do and what to avoid in order to increase the effectiveness of your personal statement.

Some General Dos

1. Use active voice.
2. Use a spell checker. If need be, have a qualified person read your statement to ensure that it is written in grammatically and stylistically proper English.
3. Drop names, but do not overdo it. Mention faculty and professionals who have mentored you or with whom you have had meaningful professional contacts (e.g., research or human services supervision).
4. Highlight relevant skills and experiences from your vita, but do so humbly.
5. Show not only what you expect from, but also what you can contribute to a graduate program. Faculty are likely to be willing to invest in training you to the degree that you look like a good investment.
6. Edit, and edit again.

Some General Don'ts

1. Avoid being long-winded.
2. Avoid highlighting "red flags" (i.e., personal liabilities that may lead committee members to question your ability to handle the rigors of graduate training).
3. Avoid being flashy or overly dramatic. With advances in computerized desktop publishing, it is easy to get carried away. For instance, we recently had one applicant prepare her personal statement as a newsletter, with columns titled, "Who Is Mary Jane?" "Why Did Mary Jane Choose Albany?" "What Does Mary Jane Like to Do With Her Free Time?", and so on. Similarly, avoid favorite personal quotes or phrases designed to catch the reader's attention. The best way to get attention is by showing that you have relevant skills, experiences, and interests.

As we stated in the beginning, your personal statement is but one element in your overall dossier. By itself, it will neither make nor break you because the main determinant of being admitted to graduate school is the quality of your undergraduate training and background experiences. However, everything else being equal, a well-composed personal statement may well give you the edge over other candidates and maximize your chances of getting admitted into the program of your choice. We hope that our suggestions are helpful and wish you good luck in your application process.

Reference

Hayes, L. J., & Hayes, S. C. (1989). How to apply to graduate school. *APS Observer, 2 (5), 18-19.*

KEEPING TRACK OF LOGISTICS

Dear prospective clinical psychology graduate student,

There are several steps to submitting an application to clinical psychology doctoral programs. The associated application requirements and "to-do list items" are numerous and can be difficult to keep track of over time. For this reason, many applicants develop a Microsoft Excel (or similar) spreadsheet to monitor the preparation and submission of their graduate school applications. Several members of the ABCT Student Membership Committee who were recently accepted to clinical psychology graduate programs graciously volunteered to compare their application tracking spreadsheets and develop a representative template that future prospective students could use to navigate their own application process. Please feel free to adapt and use this resource as you see fit. Special thanks to ABCT student members Stephanie Jeffirs, Sarah Jessup, and Rafaella Jakubovic for their work creating this helpful resource.

Best of luck in your application process!
-The ABCT Student Membership Committee

	A	B	C	D	E	F	G
1	University	Website	Program tracks of interest	Potential faculty mentor #1	Potential faculty mentor #1's interests	Potential faculty mentor #1's email address	Potential faculty mentor #2 (if applicable)
2	University of Example	uofexample.edu	e.g. Child/Adolescent track, Adult, Trauma focused, Health Psychology track, etc.	Dr. Ex Ample		professor@example.edu	
3							
4							
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6							
7							
8							

Access the excel template here:

https://www.abct.org/docs/Students/Getting_Into_Grad.xlsx

ABCT
ASSOCIATION FOR BEHAVIORAL AND COGNITIVE THERAPIES

From *the Behavior Therapist*, Vol. 29, #8, pp. 206-208, Winter 2006

A Letter to the Graduate School Applicant

Andrew Ekblad, *Duke University Medical Center*

I love clinical psychology. I find that when people ask me what I do, I often get a grin on my face when I tell them. It is difficult for me to imagine anything I would rather do with my life than try to better understand what I think of as the most powerful thing on Earth (the mind), and given that understanding, attempt to alleviate the suffering that sometimes stems from the mind.

I have also struggled in graduate school. I have learned to alter my expectations of how long it takes to write a paper, learned what constitutes a "thorough" literature review, learned to be more precise in the way I explain things I am enthusiastic about, learned to revise, revise, and revise on projects I previously would have thought of as complete, etc. Long hours, long-distance relationships, and little money are all constants among graduate students in psychology.

During the first semester of my freshman year in college, I made the lowest grade I would make in my entire life in an Introduction to Psychology class. I was disappointed. I enjoyed psychology, but figured it was not for me if I couldn't even muster the same grade I'd managed in precalculus (a class I took more out of obligation than anything else). So, I went on my merry way, never taking another psychology class as an undergraduate. I pursued major courses of study I enjoyed and excelled in from the outset. I did well in my major, and by the time I graduated, I received honors and awards in one of those majors: English, with an emphasis in poetry writing. In my early 20s, I wanted nothing more than a Master of Fine Arts or a Ph.D. in creative writing. Not only did I aspire to do more writing, I seemed well set up to do just that. I was studying under several well-regarded writers, all of whom encouraged my work. That is why I was surprised when, as my senior year began, they began discouraging me from applying to those graduate programs that were (to me) the logical next step in my education—the step they themselves had taken when they were my age.

"I didn't know what I was doing, Andrew," said one of my mentors. As we continued to speak, what I discovered was that my mentors were not trying to dissuade me from pursuing a life of writing; they were encouraging me to seek a life that I would find most fulfilling. They saw the first step of seeking that most fulfilling life as removing some of the preconceptions I had about what I *should* or *could* do next. They weren't trying to talk me out of going to graduate school for writing, they were reminding me that there is a lot more to "learning" and "education" than formal schooling, and considerably more to life than doing what others have done, or what I thought I should do to advance my: career, education, . . . *fill in the blank*.

By encouraging me to take a break from formal education, they opened a door for me to take a step back from things and reconsider my interests from a variety of perspectives. Most importantly, they helped me see that continuing my formal education should not be an arbitrary next step but a choice based on a passion for and commitment to my interests. When I have met difficult times in graduate school, I have been grateful time and again for being acquainted with that passion and commitment. Why am I making coffee at midnight so I can keep studying for a final? Because I *love* this stuff. Why am I going home to study instead of heading to the pool hall? Because I *love* this stuff. Enthusiasm for and commitment to your interests is what helps sustain you when the inevitable unexpected and undesirable hassles of graduate school arise.

Going to graduate school is partly about advancing your formal education and partly about advancing career opportunities. At the same time, and perhaps more importantly, graduate school in clinical psychology represents an opportunity to move in a direction that will be fulfilling in other ways. There are a number of values with which a Ph.D. may be in accord: the alleviation of human suffering, natural curiosity about the mind, nature more generally . . . Be honest with yourself about what pursuits and possibilities you find inspiring both inside and outside the classroom. Use this as your guide to pursuing interests that can be sustained through the labors of doctoral work.

The "laboriousness" of graduate work may warrant some description. Pursuing a Ph.D. in clinical psychology is very different from undergraduate work. While classes are typically emphasized in the first year or two, beyond this point, relatively few aspects of the graduate school process come with linear and straightforward directions or set deadlines. It is reasonable (likely) that you may spend a year or more on *pre*-dissertation projects. Much of the time spent on these projects may be related more to skill acquisition (literature reviews, statistics, hypothesis-generation, writing) than learning specifically about the area of study you are most interested in. Clearly, abilities to be motivated internally and to seek, accept, and respond to criticism repeatedly and over long periods of time are essential. While processes like this can be tedious, they are often the only way to become a truly independent clinician, thinker, and investigator; this is what a Ph.D. prepares you for.

Speaking of being an independent investigator, you have to work for one in graduate school; this person is called your *mentor*. No brief article, or even a brief book, could completely describe the nuances of the mentor-student experience; but *do not* underestimate the importance of this relationship. A few graduate students have told me they believe the mentor relationship is *the* most important relationship they have (professional or personal) in graduate school. As with all things, there are no rules here. However, some of the following thoughts may be helpful: Seek out information from other students about what working with a particular professor is like. Know what you are looking for. Know the kind of people with whom you resonate and work well. More supportive than challenging? More challenging than supportive? Someone who is willing to give you free reign to explore anything from parapsychology to rat maze learning? Someone who has a specific project up and running they want you to step in on, take a part of, and plan your dissertation around? Do you want to be one of a couple of graduate students in your lab, or one of a couple of graduate students working with a few postdocs, working with a

few faculty members, working with your mentor, who has a variety of ongoing collaborations on multiple continents? None of these possibilities is the perfect option for everyone. Nevertheless, your choice of a mentor will have a significant impact on your experience as a graduate student. Some professors may be better overall mentors than others, but more important is whether or not this faculty member is the best *match* for *you*.

If you are uncertain whether or not training in a Ph.D. program is the best fit for your interests, another way to build confidence about your opportunities postbaccalaureate is consideration of alternatives to the Ph.D. in clinical psychology. Perhaps you are not sure if you want to go into a research or clinically oriented program. If this is the case, take the time to make sure you have experience on both sides of the scientist/practitioner coin. One can learn more about clinical work by volunteering on a crisis line, working in a hospital, finding an opportunity to recruit or assess patients involved in a larger treatment program. Research experience can be gained in most academic and medical centers. What is research? How do you start to do it? How do you write a paper or present at a conference? For those interested in a program that involves research, familiarity with statistics and research methods before entering the program is highly recommended. Since different programs often lean to one side or the other of the scientist/practitioner balance, learn a bit about which of these activities appeals to you most before choosing the schools to which you ultimately apply.

Perhaps you're not clear about the differences between seemingly similar graduate programs such as Master of Social Work, Doctor of Psychology, Doctor of Philosophy (in clinical, developmental, social, or more neurologically based emphases of psychological study), Doctor of Medicine, Nursing, Law . . . Each of these degrees, and the career paths associated with them, should be considered excellent possibilities for someone interested in psychology. Finding a job or volunteering in settings related to these careers can be an excellent opportunity to explore the career, as well as meet persons that may later be able to facilitate your advancement in the field (e.g., by writing letters of recommendation, etc.).

Meeting people is important, because one of the most important things you can do as you think about your steps after college is consider the well-informed opinions of others. Seek the opinions of others who are active in your field of interest. Why did they choose this career? What do they like about it? What do they dislike about it? What do they wish they had known before choosing? What are the implications of this education/career choice for financial, geographic, social, and relationship concerns? Rather than seeking a "single right answer," gather information that will inform a more complete assessment of your options. What would make you happiest? What best suits your vision of a meaningful education and career? I believe a satisfying graduate career, one in which a student can continue to find enthusiasm for the work while preparing the 30th draft of some paper, is built on a special kind of commitment. Talking to others will help you develop a more realistic picture about what is involved in a given area of study or career. Honest self-reflection about values and lifestyle will help you orient toward which of these options is the best fit for you.

Without a doubt, I have known individuals to move straight into graduate school from college, and excell. I have friends and colleagues who in their early 20s had a clear understanding of who they were, what type of career they wanted. If that's you, great! Go for it. There's no need to worry about what's right for you if you already know.

On the other hand, if you're not so sure, know this: it's fine to be not so sure. It's fine to give yourself a while to "find your bliss" (Campbell, 1988, p. 147), as philosopher Joseph Campbell recommended. I'm not suggesting you have to wait for absolute certainty before moving ahead. If this were the case, we would probably all have a hard time leaving the house in the morning! There are always uncertainties. Seek a balance between reasonable uncertainty and something solid within you that says: "Look here. Try this." My suspicion is that without some awareness of the "energy" that nudges us in given certain directions, heading into a Ph.D. program could ultimately prove disappointing and frustrating. If, on the other hand, you feel well informed about the challenges: (possible) relocation, accompanied relationship and social changes, lower income for a number of years; and benefits: (ideally) throwing yourself into something you truly care about, being surrounded by similarly enthused peers and mentors, learning how to be an independent investigator of phenomena you are fascinated by, then this is the ticket.

In the end, attending graduate school may not be the right choice for everyone. Only you can decide whether such a course of action will prove satisfying. Some soul searching, maybe a little time, and frank discussions with people you know in a variety of education and career tracks will go a long way toward helping you decide. Be honest with yourself about what you want from your education, and more broadly, what you value inside and outside the classroom and office. Balance information and advice from others with an awareness of what stirs and moves you. *Don't* let uncertainty scare you away from your interests. *Do* allow your curiosity and passion to inform your educational and career decisions.

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STUDENT FORUM

Mentorship Matters: Graduate Student Mentorship of Undergraduate Mentees

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DERIVED FROM Athena's disguised character Méntōr providing advice to Telemachus in Homer's *Odyssey*, mentorship refers to both a process and a relationship in which an individual with experience and knowledge provides guidance to someone else with less experience. Although graduate students are the beneficiaries of mentorship, they occasionally have the opportunity to serve as mentors to junior students during graduate training; however, not much literature or advice exists to characterize this relationship. This article aims to define and identify domains of mentorship, raise considerations for engaging in the process of providing mentorship while a graduate student, offer recommendations for initiating and maintaining the mentorship relationship, and suggest possibilities for additional levels of involvement beyond an academic department. The principles discussed in this paper likely apply to mentorship across disciplines, yet a goal of this article is to offer some guidance for graduate students engaged in the mentorship of undergraduate mentees (UMs) in psychology departments more generally (with some points specific to clinical psychology).

Common components of mentorship relationships include mutual reciprocity, direct interaction, and role modeling (Palmer, Hunt, Neal, & Wuetherick, 2015). Mentors, who wield greater experience than mentees, provide practical and emotional support and assistance with career and professional development. Palmer and colleagues (2015) identified numerous theories associated with mentorship, including Bandura's social learning theory, developmental perspectives, the relationship continuum model, and "adaptive mentorship" (Ralph & Walker, 2010). Although the theoretical underpinnings of mentorship extend beyond the scope of this article, published theories are available (e.g., Brown, Daly, & Leong, 2009). As described below ("Getting Started"), graduate students may wish to review this body of literature when developing their own mentorship philosophy.

Undergraduate mentorship by graduate students within clinical psychology departments spans various domains, including research, professional development, and clinical endeavors. Graduate students may mentor undergraduates who serve as research assistants for a study (e.g., the graduate student's dissertation project), conduct independent research (e.g., a literature review or secondary data analysis), or carry out a senior thesis project. Tasks may include helping an undergraduate identify a body of literature and develop a research question; engage with data collection, entry, and coding; and/or prepare findings for presentation or publication. In the domain of professional development, graduate school mentors may aid UMs in preparing for graduate school or considering career choices. Although undergraduate mentorship by graduate students may include some clinical responsibilities, the current article will not address clinical supervision in a vertical structure (for information regarding this topic, see Scott, Ingram, Vitanza, & Smith, 2000). Still, it is acknowledged that graduate students may mentor undergraduates as they conduct clinically informed tasks such as simple risk assessments (e.g., scanning the results of a participant's Beck Depression Inventory-II [BDI-II]) in the context of a research study.

Why Become a Mentor? Should I Do It at All?

Benefits to the Graduate Student

There are numerous advantages to mentoring UMs while a graduate student. First, some research projects cannot be executed without ample assistance. For instance, studies involving confederates or simultaneous protocols with multiple participants are more easily implemented with the help of UMs. Beyond the scope of data collection, including undergraduates in research may help increase research productivity as UMs may be interested in collaborating on conference presentations or publications.

Including UMs in research also enables graduate students to learn valuable skills in providing high-quality mentorship. It is advantageous to mentor undergraduates during graduate school given available vertical mentorship opportunities (e.g., learning from a faculty advisor and other senior graduate students with more experience). Additionally, whether in a faculty position, at an academically affiliated medical center, or even within industry, providing mentorship to others will likely be of great value in any leadership role, so it is ideal to start developing these skills early. For example, you will gain practice communicating both positive and negative feedback to your mentees—an essential communication skill across many careers. This skill may not come easily; thus, repeated practice is essential to developing finesse in delivering feedback.

Finally, undergraduates often come to the table with unbridled energy and an eagerness to learn and contribute by virtue of their desire to become entrenched within the field of psychology. Undergraduates may bring innovative research ideas—for example, a novel way to recruit participants through social media. Working with UMs is a way of passing the torch to those who may realize their passion for clinical psychology through a process of working with role models. Importantly, many UMs may be participating in psychology research for the first time, so graduate mentors are well-positioned to profoundly affect their values about the conduct of research. These early experiences have the potential to influence mentees' sense of confidence and self-efficacy and shape the way they see themselves "making it" in this field.

Benefits to the UM

Participating in research before applying to graduate programs (or even paid RA positions) is of enormous benefit to UMs seeking a career in clinical research, and is described in detail elsewhere (see http://www.abct.org/Resources/?m=mResources&fa=GettingGraduate). Working with a graduate student mentor may offer unique advantages. For example, undergraduates working with graduate students are likely to benefit from guidance on a range of professional development issues. Graduate mentors serve as role models, slightly "ahead" of where UMs hope to be in a few short years. By virtue of recently

going through the process themselves, graduate students are well-positioned to mentor UMs through every step of the graduate and/or job application process, including identifying which programs best fit their career goals, evaluating strengths and weaknesses of their experiences to date, providing feedback on cover letters, curriculum vitae, and other aspects of the application, scheduling mock interviews, and navigating the decision process after interviews. Graduate students may be more up-to-date on changes to standardized testing, having recently completed the process themselves, or more aware of specific mentors' styles given peers in the field enrolled at other institutions. Graduate students may also be more adept than faculty members at understanding the typical trials and tribulations of UMs. In considering work-life balance, UMs may be faced with making difficult decisions, such as needing to relocate from family or moving to expensive locations. Undergraduates may feel more comfortable turning to graduate students, who may be more "in touch" or current (relative to faculty members) with these concerns.

Letters of recommendation are another important benefit to undergraduates. Notably, graduate students may have more time to spend mentoring undergraduates compared to faculty members, who are typically already consumed with intensive mentorship of their own graduate students, among other professional obligations. Because graduate students often have more intimate knowledge of the UM's contributions, they may be better positioned to write a personalized letter of recommendation. Of note, most letters of recommendation can be written by a graduate student and cosigned by the principal faculty member in charge of the lab.

Last, UMs can receive mentorship in soft skills and professionalism. For example, graduate students can coach UMs in writing letters to potential mentors by providing examples of their own emails and helping to wordsmith a brief introduction. Additionally, UMs can receive guidance in appropriate etiquette and attire for situations ranging from running participants to attending a job interview. Although a UM may be reluctant to ask an older faculty member for advice on such a question, the UM may feel more comfortable approaching a younger (and perhaps more contemporaneously dressed) graduate student mentor given the smaller power/age differential between UMs and graduate students in comparison to UMs and faculty. Graduate students may also be better positioned to normalize and gently correct "student" behaviors incompatible with "professional" behaviors.

Potential Drawbacks

Despite the myriad benefits of mentoring undergraduates in research, it is important to acknowledge potential drawbacks as well. Time is a precious, finite resource, and taking on UMs detracts from valuable time dedicated to priorities such as writing. Depending on the extent to which UMs have prior research experience, graduate students may need to devote considerable time to training. In addition, although repetitive, painstaking work is a central part of most research, UMs will likely be dissatisfied if their only responsibility is a rote task such as data entry. Thus, graduate mentors will want to optimize the menu of roles and responsibilities entrusted to UMs. This will require the provision of training sessions (necessitating preparation and planning), as well as a willingness to continuously monitor progress and remain vigilant for potential misunderstandings and errors. Undergraduates seeking mentorship on independent research projects, secondary data analyses, or honors theses may require an even greater time commitment.

It is also important to consider the potential for complicated dual relationships. Graduate students serve many roles and may be employed as course instructors or teaching assistants (TAs). Accordingly, a graduate student may find that they are simultaneously serving as a TA for a course (e.g., grading undergraduates' assignments) while recruiting UMs for their lab. In this case, the graduate student may elect to wait until the conclusion of a given term (e.g., after submitting final grades) to include a certain UM in the lab so as to minimize difficulty with this dual relationship or any potential perceptions of favoritism. Graduate students should also be mindful of the social issues that may arise given the potential similar age of the mentor and UM. In a small college town, graduate students and undergraduates may socialize in similar spaces; discussion up front is recommended.

Finally, graduate students may be concerned about their competence to mentor undergraduates and, similar to many times throughout their education, may find themselves experiencing imposter syndrome or in a position of "fake it till you make it." Indeed, there may be times when the graduate student is problem-solving a research-related task for the very first time, only days before training UMs. Other situations may necessitate delivering difficult or challenging feedback to a mentee, which can be anxiety-provoking for both the graduate student and the UM. These confidence issues will likely be alleviated after getting started. The following principles and strategies laid out below will aim to help navigate the complexities of mentoring undergraduates.

Recommendations and How-Tos

Before Getting Started

Prior to mentoring UMs, graduate students can benefit from conducting a brief self-assessment to clarify their own goals, values, and availability. Professional goals could be either research/task-oriented or personal. For example, a graduate student may identify a professional research goal of completing a study requiring multiple UMs simultaneously to run a paradigm. Alternatively, graduate students with a professional goal of obtaining a faculty position at a teaching institution may wish to explore whether they enjoy mentoring or demonstrate that they are capable of undergraduate mentorship.

Regarding availability, graduate students should consider questions such as, "Do I have the time given my current workload/course load?" Graduate students may conclude that the time spent mentoring a UM and providing instructions for data entry could be better spent completing the task independently. Graduate students ought to assess their needs and identify whether these needs can be met by an undergraduate skill set. Although an undergraduate may be able to assist with conducting and scoring certain measures, they are unlikely to serve as a blind independent rater and conduct diagnostic assessments. Graduate students also must consider how many students they will mentor. Responsibilities involved with training a small cohort of UMs who will do data entry and advising one student on a year-long thesis project diverge; although the former group may be mentored with group sessions that fade in frequency as students acclimate to the software/procedures, the latter may require more in-depth, time-consuming meetings for an extended period of time. Graduate students should also consider UMs' previous research experience. For example, have they completed a research methods course? Have they opened SPSS before? Do not

underestimate the time required to respond to student's inquiries!

Getting Started

Start by capitalizing on the many resources available to you! There are numerous excellent guides on how to mentor undergraduates in psychology research (see Table 1). We recommend meeting with your faculty advisor to delineate a plan for UMs' research involvement and seeking any resources or standard operating procedures (SOPs) they may have based on past graduate student mentorship endeavors. Informal discussions with mentors about their perspective on effective mentorship and wisdom garnered throughout their career are helpful. This also provides an opportunity for you and the faculty member to establish a process for checking in and developing an ongoing process for evaluating the experience. Engaging in similar conversations with senior graduate students or other trusted faculty is likely to be fruitful as well. Finally, it is not a bad idea to touch base with staff/faculty in the undergraduate psychology department, who may have some excellent ideas for getting started.

Ideally, before serving as a primary graduate student mentor, you would have the opportunity to collaborate with or co-mentor other graduate students. In doing so, the development of your mentorship skills can be scaffolded through the process of mentoring UMs across projects involving increasing levels of leadership. A great way to start is by observing others—for example, sitting in on lab meetings of more senior graduate students in your lab. It is also helpful to work in tandem with other graduate students on a faculty mentor's project to learn from one another. Ideally, occasional direct observation and feedback from senior graduate students or a faculty mentor is beneficial prior to mentoring undergraduates independently.

We recommend reflecting on your philosophy of research mentorship in the same way you would mull over your pedagogical values prior to teaching a course. Start by reflecting upon personal experiences working with research mentors. What were some of the most positive and formative experiences you had during your training? What skills ended up being essential to your success in research? Who do you want to emulate and how? On the flip side, when it comes to ineffective mentor-mentee relationships, do you have any "horror stories"? If you've had negative experiences along the way, how can you avoid repeating them with your own mentees? Putting yourself in the shoes of your UMs so you can be tuned in with their needs and preferences is a critical piece of providing high-quality mentorship.

Recruiting UMs

You may be able to recruit UMs already working in your lab depending on their availability; this can be advantageous because other graduate students can comment upon their strengths and weaknesses. You may also be interested in putting out a call to the wider psychology department. Ask staff working in the undergraduate psychology department about centralized ways of recruiting UMs; typically, there is an active list serve or a particular course (e.g., Research Methods) to draw from. You will want to provide a brief description of the time commitment, responsibilities, and any benefits (e.g., opportunity to learn to administer a computerized cognitive assessment) to the undergraduate. To help you evaluate potential applicants, you might request that all undergraduates complete an application form. In addition to requesting basic information, this form could include questions such as the following: Why are you applying for this position? What do you hope to gain from this experience? Describe any previous experience you have had as a research assistant. You may also want to request academic transcripts to ensure potential UMs are in good academic standing. See Table 2 for additional suggestions.

Interviewing prospective UMs to evaluate the goodness of fit for each UM for a given project is vital. Gain a sense of what each applicant is hoping to achieve by serving as a research assistant so you can determine whether you would be able to provide those experiences. Consider each applicant's prior research experiences and assess how many hours they can devote to the lab each week. For applicants whose GPA presents concern, provide applicants the chance to justify grades while also keeping in mind that it may be hard for a UM to devote adequate time to the lab if they are not keeping up with their studies. Finally, it is useful to get a sense of each applicant's level of enthusiasm for the project as well as their general demeanor, as this will affect the atmosphere of lab meetings. Be sure to share any standards of practice that would be important for applicants to know prior to agreeing to join the lab and offer time for questions. Prior to making offers, consider the number of UMs you will need to help with a given project; ultimately, this will depend on the scope of the project and number of hours each UM is able to devote to the lab per week.

Staying Organized

Upon taking on UMs, you will want to develop, review aloud, and have them sign a lab "contract" or SOP to ensure complete understanding of roles and responsibilities in the lab. Include your contact information and outline steps for notifying you in the case of unexpected leave or illness. Direct students to communicate with you as soon as they are aware of any deviation

Table 1. Recommendations for Future Reading

Evans, S. E., Perry, A. R., Kras, A., Gale, E. B., & Campbell, C. (2009). Supervising and mentoring undergraduates: A graduate student perspective. *the Behavior Therapist, 32*, 77-82.
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Website of University of Kansas' Center for Undergraduate Research: https://ugresearch.ku.edu/mentor/tips-for-effective-mentoring
Website of Cornell University Graduate School: https://gradschool.cornell.edu/diversity-inclusion/signature-initiatives/graduate-students-mentoring-undergraduates/

from protocol and stress the importance of ethical conduct in research. Explain that everyone is responsible for knowing and adhering to the honor code and treating one another without discrimination to maintain a rewarding learning environment. It is beneficial to specify a dress code for UMs who interact with participants and include guidelines for UMs asking for letters of recommendation. The "contract" or SOP should be a living document that is continually revised and revisited at important junctures (e.g., beginning of each semester).

Next, depending on the project at hand, a syllabus that includes assigned guided readings and trainings can help to get UMs up to speed. The purpose of this is twofold. Most obviously, your UMs will need to learn the responsibilities expected of them as part of the lab. It is helpful to have written guides to completing all tasks, though, depending on the task, it will also be critical to provide walk-throughs in person. The other purpose of assigning readings and trainings is to teach UMs why they are being asked to complete a given task. Remember, UMs are not merely there to assist; they are also eager to learn. To introduce your UMs to the science, you will want to share with them a list of seminal readings informing your project. Your UMs will likely become more passionate and put more effort into producing good work if they understand the importance of the work you are doing (e.g., how are you advancing existing literature, how did you select your methods). For example, you might wish to present your dissertation proposal informing the project (stripped of information that might interfere with blinding) to your mentees and encourage questions.

With rare exception, all labs have regular meetings designed to get everyone working on a project on the same page with efficiency. Depending on the study, you will likely spend time reviewing protocols in detail, followed by conducting practice assignments and observations, and providing regular feedback. UMs should also be encouraged to ask questions and work through minor missteps, without fear of reprisal. Additionally, you may hold additional meetings for subcommittees (e.g., coding teams comprised of a subset of lab members). Small team meetings are a wonderful way to accomplish projects that extend beyond the time allotted for lab meetings.

Lab meetings also offer an opportunity to build group cohesion and UMs' sense of confidence. You can facilitate your mentees' ability to develop informal presentation skills by encouraging them to provide updates and share progress aloud. To help increase your UMs' confidence and passion for research, you may set aside time for journal clubs, in which individual members can select an article of their choosing and present it aloud to the team. Lab meetings are also an excellent setting for professional development discussions. For example, you could develop a mini-lecture on getting into graduate school and use this to begin a discussion with your mentees about their career goals. For those who are interested, you could devote a lab meeting to conducting a round-robin-style editing session for curriculum vitae and personal statements.

It is also important to offer time to meet with UMs individually as needed. UMs may wish to meet individually for a range of personal (e.g., navigating a difficult interpersonal issue, requesting to change their responsibilities) or professional topics (e.g., seeking advice related to graduate school, initiating a secondary data analysis). Because mentees may be hesitant to initiate a meeting, it can be useful to have established office hours during which they are encouraged to visit. Ideally, you should also initiate individual meetings with each UM semi-regularly (e.g., once/semester) to obtain and provide feedback and assist them in working toward their professional goals.

Developmental Considerations

As the UM's skills evolve, so too do their needs. Accordingly, graduate school mentors can help with academic goal setting as well as professional development (e.g., professionalism, networking, leadership) and preparation for graduate school. With regard to academic goal setting, a graduate student may gradually scaffold expectations for a UM to increase lab-related responsibilities from data entry to managing other UMs doing data entry. Similarly, a UM may mature from conducting literature searches to submitting their own poster abstract for a local student conference. Making adjustments to training plans over time not only serves to meet the needs of budding UMs, but also helps to keep the mentorship process stimulating, as new developments unfold. Further, as individual workloads shift with the flow of the academic calendar (e.g., additional grading during midterms) as well as graduate program milestones (e.g., lengthy assessment reports in the second year of training), mentorship expectations must adapt. Depending on timing, graduate students may need to alter the frequency of mentorship meetings and pause certain study tasks. By looking ahead, graduate students can also budget time and prioritize to ensure minimal disruption to their calendar. This is also useful for considering who to take as a UM; training a younger sophomore student may require additional attention and supervision up front but could result in 2 years of dedicated work in the lab, as opposed to investing in training a second-semester senior who may catch on

Table 2. Suggested Questions for Undergraduate Mentee/RA Application

Class Year, expected graduation date (month/year), major, GPA
Relevant completed coursework (e.g., research methods, clinical psychology)
Current employment, if applicable (approximate hours/week)
Why are you applying for this position?
What do you hope to gain from this experience?
Why are you interested in joining this lab?
What are your plans for after graduation/career goals?
Describe any previous experience you have had as a research assistant.
Describe any experience with [statistical package, study technique such as imaging].
Indicate the number of hours you want to work per week and your available time frames.
Indicate summer availability.

quickly but fade quickly given end-of-year/graduation commitments.

Graduate students should continuously monitor their own needs and availability. Reevaluating at the beginning and end of semesters, as well as following the completion of milestones, helps assess the goals of the given project/task (e.g., Has the rate of data entry been sufficient and prompt?). Consider availability (Have I been spending my mentorship time efficiently?), anticipated shifts in needs (e.g., Given the next cycle of the project what, if anything, needs to be adjusted?), boundaries (Are my boundaries too rigid? Nonexistent?), and enjoyment and personal growth (Is this professional relationship adding value or undue burden?). Mentors may also wish to solicit feedback from their mentees in advance of self-reflection. Tools for soliciting feedback and promoting self-reflection are available online (e.g., https://ictr.wisc.edu/mentoring/mentor-evaluation-form-examples/).

Difficult Conversations

The organic, nuanced nature of mentorship heralds inevitable difficulties. Faux pas ranging from a UM arriving in gym clothes to a participant session, a busy graduate student double-booking a meeting with a UM, to mounting concerns regarding data integrity, all necessitate difficult conversations and trouble-shooting. Several steps and approaches are recommended. Difficult conversations are often easier with an existing foundation of trust and respect. Beginning with a review of expectations (timeliness, dress, goals, etc.) can serve as a helpful reference point for difficult conversations (e.g., "As we discussed in September, the expectation is…"). Addressing and documenting concerns privately in a prompt, direct manner is valuable. After identifying a specific concern, allow the mentee time to respond, and listen to their response and explanation. Rather than providing a solution, suggest potential options and engage in collaborative discussion for troubleshooting to minimize the power imbalance. If the situation allows, disclosing a time when you were in a similar position may be helpful for normalizing the experience. If you are struggling with what to say when, consult your peers or faculty advisor for guidance. All in all, avoid the urge to avoid! For further reading, Johnson and Huwe (2002) offer strategies for addressing dysfunction in the mentorship relationship.

Building Trust, Keeping Up Morale, and Mentoring the Whole Individual

Bidirectional trust is vital in the mentor-mentee relationship. A UM can gradually earn a mentor's trust in myriad ways, including timeliness (meetings, deadlines) and accuracy (data entry, IRB correspondence). With a mentor's trust, a mentee can earn increased levels of responsibility (e.g., running participants during evening time slots), which can, in turn, engender additional opportunities for the UM. Increased UM autonomy can benefit a graduate student mentor by allowing them to devote more time to other tasks. Mentors must also demonstrate and promote trustworthiness. This can be verbalized explicitly (e.g., describing ways of preserving confidentiality), displayed through action (e.g., providing timely edits to a UM's personal statement, holding appointments consistently), and demonstrated through role modeling (e.g., demonstrating ethical practices with regard to data analysis, expressing vulnerability, and normalizing uncertainty). A mentee who trusts their mentor may be more open and willing to ask questions and acknowledge difficulties, weaknesses, or concerns. When the aforementioned principles are neglected, trust can erode—or break entirely—and mentors and mentees should be prepared for what to do next. The mentor and mentee should discuss the incident (or series of infractions) and develop a plan for remediation. The graduate mentor may seek consultation from peers or from their faculty advisor and may wish to include the advisor to mediate concerns. The graduate student may also consult with the University Ombudsperson, if the service is available. In some cases, the decision to end the mentor-mentee relationship may be warranted.

Undergraduates can bring a fresh, optimistic, and curious mindset to research. Although this perspective can be refreshing, energy is not limitless. Given the slow pace of research, combined with the tedium of some tasks UMs endure, keeping up morale is essential for mentees. Beyond overtly displaying enthusiasm, providing positive reinforcement via genuine feedback is vital. For example, congratulatory comments to address milestones related to recruitment (e.g., "25% of the way there!"), effort or time ("6 months of hard work!"), or outcomes ("Less than 10 data discrepancies in a massive dataset—great attention to detail.") can help to foster continued enthusiasm while conveying that you are paying attention to the UM's progress and valuing their efforts. Depending on the level of accomplishment, providing an appropriately sized celebration or recognition can be a powerful motivator. Examples include an email to the entire lab following a students' conference abstract acceptance or a pizza party for a group of mentees after completing data entry. Scheduled low-stakes events that bring the group together can help to build mentor-mentee relationships and foster a sense of community.

Graduate students may be particularly attuned to the UM's well-being, including school-life balance and propensity for coping with stress. Do not underestimate the power of dedicating time at the beginning or end of each individual meeting to check in with the UM about how things are going outside of research. Given that college is a stressful time for many students and many psychological disorders onset during this period, the mentor may elect to take a holistic approach and, when necessary, recommend counseling services or additional support. Graduate students should be aware of the tendency for students to self-disclose mental health concerns and prepared to acknowledge the dual-relationship in order to triage appropriately. Indeed, an explicit mention and psychoeducation about avoiding a dual role (e.g., mentor and therapist) is recommended.

Taking into account the biases and prejudices you bring to the mentor/mentee relationship is vital for working effectively with mentees whose personal background differs from your own (with regard to age, race, gender, class, religion, and more). In addition to fostering knowledge and awareness of your own identity, seeking knowledge about your mentee's identity is requisite for effective mentorship. In order to gradually get to know your mentee, regular explicit discussions are valuable. This includes acknowledging barriers that may result from differences in communication styles. For example, Davidson and Foster-Johnson (2001) highlighted cultural differences in respect and conflict management, noting that "students from traditionally high-power distance cultures (e.g., Latinos/Latinas and Asian Americans) place a relatively high premium on respect for people of greater power and status and may be less willing to participate in discussions or debates that suggest they are questioning the authority of a mentor" (p. 558). With regard to conflict management style, differences "vary according to cultural group membership," and responses to con-

flict situations by graduate students from various cultures will differ from what might be considered "acceptable" by the school culture (p. 559). Failure to get to know your mentee's background can stifle conversation, trust, and openness. Of course, the mentor should also be mindful of heterogeneity within groups and avoid making assumptions accordingly. Relatedly, graduate mentors should take time to acknowledge outside events—on campus, in the community, or in the national or global environment. For example, mentors may consider how recent campus dialogue has affected them or check in on international students' concerns given potential changes in federal policy to student visas.

Identity may also influence a UM's research aims. For example, a second-generation Chinese-American student may express an interest in pursuing research related to stigma and parenting beliefs in mental health treatment-seeking behaviors among Asian-American college students. In this situation, identity-related conversation might permeate not only the research design and recruitment considerations, but also the process of identifying postbaccalaureate research opportunities and constructing cover letters with varying levels of self disclosure. In this case, a willingness to explore opportunities alongside your UM while having candid conversations about the marked lack of Asian researchers in clinical psychology could be beneficial.

Beyond the Department

Through interdisciplinary career development centers or campus orientation programs, some universities may provide interdisciplinary opportunities for undergraduate mentorship. In this setup, current graduate students serve as advisors who give UMs a firsthand sense of the graduate school experience. Graduate students in psychology may find themselves mentoring undergraduates of different disciplines as they explore the GRE, graduate admission processes, gap years, differences between masters and doctoral programs, and tools for identifying potential research mentors. In addition to ongoing services offered in career development centers, graduate students may also become involved with undergraduate programming, such as orientation events. In this capacity, graduate students can provide briefer mentorship sessions aimed at helping UMs acclimate to the institution as a whole and elements of student life.

Graduate students may also wish to mentor undergraduate students for reasons other than shared academic interests. Many graduate students find meaning in mentoring undergraduates with shared identities as they navigate academia. For example, international graduate students may offer mentorship to international UMs regarding U.S. campus culture or strategies for navigating visa-related questions. First-generation graduate students may offer mentorship to undergraduates whose upbringing bears similarity to their own. For example, first-generation graduate students may help UMs navigate difficult conversations with their parents regarding the utility of a gap year or the preference to pursue additional schooling despite familial financial strain.

Outside of the university, graduate students may enlist in options to provide mentorship through professional organizations. For example, the Association for Psychological Science (APS) launched a student caucus (APSSC), which offers opportunities to network and socialize via events and workshops. Through the APSSC Mentorship Program, graduate students are connected with an undergraduate mentee. Some organizations also offer virtual mentorship programs.

Conclusion

Mentorship is a complex, effortful, yet meaningful relationship offering many potential benefits to graduate students and undergraduates alike. Deciding whether or not to mentor and determining what type of mentor you want to be requires significant consideration, and the act of mentorship demands time and continual care. The considerations, suggestions, and tools outlined throughout this article are designed to serve as a reference for what may be one of the most rewarding aspects of your career in psychology.

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Maximizing Opportunities During the Doctoral Internship in Professional Psychology: Recommendations for Current and Future Trainees

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THE DOCTORAL INTERNSHIP in professional psychology is a major requirement for degree completion and licensure. Grounded in supervised training in clinical service delivery, the clinical internship year[1] provides complementary learning experiences such as research involvement, didactic seminar attendance, and professional development activities. Due to its placement at the end of the graduate training sequence, internship is often described as a capstone experience of the doctoral degree (Lamb, Baker, Jennings, & Harris, 1982). Yet the internship might be better regarded as a keystone experience of graduate training, considering its catalyzing role in the integration of skills across nine professional competency areas[2] (McCutcheon, 2011). Today, the Association of Psychology Postdoctoral and Internship Centers (APPIC) operates the internship Match, a computerized system in which over 4,000 students in clinical, counseling, and school psychology programs are paired with over 700 internship sites (McCutcheon & Keilin, 2014).

Despite the stressors associated with applying to and completing internship, the internship year is an exciting time during which many professional and personal milestones are met. In contrast to graduate school—where boundaries between personal and professional life are not always clearly defined or defended—internship programs expect interns to complete a manageable set of responsibilities within fixed working hours. Internship also stimulates an attitudinal shift among trainees, who are called to assume greater autonomy and develop a professional identity independent of their graduate advisor(s).

Numerous resources address how to successfully apply and match to an internship (e.g., Prinstein, 2013; Williams-Nicholson, Prinstein, & Keilin, 2018), yet there is a relative dearth of published recommendations for making the most of the internship year itself. In addition to relocating (sometimes with partners or families), interns are asked to identify training goals, establish productive relationships with new supervisors and peers, demonstrate specific professional competencies, and secure a future postdoctoral/staff/faculty position—all in a short period of time! Accordingly, balancing and prioritizing various responsibilities and opportunities become key components of what ought to be a formative and pleasurable year. Reflecting on our experiences as outgoing interns (SMB and ESS) and Training Director of an APA-accredited internship program (SRM), we offer recommendations for maximizing enjoyment and mastery across multiple domains during the doctoral internship.

Cultural Humility as an Overarching Framework

The comments that follow in this article are overlaid with a respect for individual differences among multiple identity dimensions. Cultural humility has been conceptualized as the "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important" to that person (Hook, Davis, Owen, Worthington, & Utsey, 2013, p. 2). We respectfully expand on Hook and colleagues' (2013) original definition in this article to acknowledge the additional relevance of complex social, historical, religious, political/systemic, and other factors on individual identities. Within the context of psychology internship training, we understand cultural humility to be a framework, not a training module; a direction, not a terminal credential. It demands an appreciation not only for individual differences, but for their infinite intersections and interactions. It is optimized through trainee vulnerability, nondefensiveness, and willingness to discuss difficult issues with supervisors, mentors, and peers.

Though full exploration of how to practice cultural humility within professional psychology is beyond the scope of this paper, we do recommend interns incorporate the following essential components of delivering multiculturally sensitive care: (a) fostering a willingness to experience one's own and other people's "differentness" and the resulting potential discomfort, (b) clarifying one's own values and attitudes about ways in which people are "different," (c) seeking patient referrals of people from diverse backgrounds, (d) actively learning about the contextual and systemic issues related to people's "differentness"; (e) openly discussing these issues as they arise in supervision; and (f) willingly looking inward to identify one's strengths and growth areas in this domain. We encourage interns to remain open and engage in ongoing self-reflection throughout the training year, leaning into potential discomfort rather than shying away from it. Respectful curiosity and honest introspection will help interns improve their knowledge, awareness, and skills as they work toward cultural humility. By striving to see through the perspective of others, interns will be better positioned to reflect upon, monitor, and adjust the impact of their implicit and explicit biases on patients and

[1] Although some programs offer extended part-time positions, most internships are year-long, full-time (40-hour) placements.

[2] Profession-wide competency areas identified by the American Psychological Association (APA) include: research; ethical and legal standards; individual and cultural diversity; professional attitudes, values, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills (APA, 2018).

other professionals. Readers interested in learning more about this topic are referred to work by Hook and colleagues (2013), Fisher-Borne, Cain, and Martin (2015), and Yun (2017).

Clinical Skills Enhancement

Given its conception as a self-contained clinical immersion experience (Lamb et al., 1982), internship training is primarily grounded in supervised intervention and assessment, enhanced by exploration of the role of psychologists across various settings and/or patient populations. In accord with the APA (2018) Standards of Accreditation, internship is by definition a broad and general training experience. We therefore encourage interns to consider both long-term career trajectories (e.g., hospital versus university setting) as well as short-term professional goals (e.g., maximizing competitiveness for postdoctoral, clinical staff, or university faculty positions) in selecting clinical rotations and adjunctive experiences. Ideally, the internship training year should include elements of both (a) expanding breadth of training in novel domains and (b) enhancing depth of training in select areas of interest in order to prepare for the next stage of one's career.

A central responsibility of internship programs is to help trainees extend their repertoire of clinical skills and apply these skills in novel professional contexts. To this end, interns are often given opportunities to complete rotations in specialized services distinct from prototypical outpatient mental health clinics (e.g., behavioral medicine or rehabilitation psychology settings) as well as deepen prior learning through more immersive, complex applications of existing skills. Interns might also be invited to attend elective clinical workshops and trainings to learn new therapeutic protocols or approaches—sometimes even earning formal credentials denoting specialized competence in that approach. For example, interns at VA internship programs can sometimes complete formal training sequences for specific empirically supported treatments, gaining marketable "certification" in those therapies. Alternatively, interns across diverse training settings and systems can receive more informal, experiential "on-the-job training" in therapeutic approaches through their work with experienced clinical supervisors. Interns' immersion within multiple—and likely interprofessional—clinical teams also confers the advantage of developing a broader appreciation for perspectives of providers from diverse training backgrounds, in addition to greater familiarity with various team structures and dynamics.

Whereas some interns strive to maximize breadth experiences, it is important to balance exploration with deepening of clinical skills. We thus recommend trainees consider the unique value of developing and refining one's professional identity above and beyond their professional skill set. This can be achieved in several ways. Some interns might prioritize continued training in their area of clinical expertise early in the year in order to be more competitive for fellowships or jobs in those areas, with plans to pursue training in novel approaches, populations, or settings later in the year. Other interns may practice delivering familiar treatments with novel

restraints throughout the entire year—or example, exercising "flexibility within fidelity" to evidence-based principles through their work with patients during short-term inpatient stays or with complex comorbidities. Ultimately, there is no single or perfect way to strike this balance; interns should make the best decision for themselves after careful thought and discussion with trusted advisors.

Being closer to independent practitioners than graduate practicum students, interns are typically expected to take on commensurately more complex cases, including patients who are at higher risk of harm to themselves or others. Although there is regional variability in the type and representativeness of patients' diversity characteristics, interns generally get to work with more demographically and clinically diverse populations than is typically possible during graduate training. Moreover, the internship training year is rich with intentional reflection on interpersonal, cultural, social, historical, institutional, and systemic factors related to the provision of health service psychology. Such reflection—while admittedly demanding on trainees' emotional and cognitive resources—facilitates personal and professional growth, empathic capacity, and clarified professional identity through the catalytic integration of professional values, attitudes, and ethical principles. The prospect of encountering complex situations and working with people from different backgrounds can feel daunting at first, but it is necessary for developing independent ethical and clinical decision-making skills. We recommend that interns draw from available sources of supervision and consultation as they ultimately increase their competence in providing effective, multiculturally sensitive care.

Other new experiences on internship are equally vital for professional functioning, albeit sometimes less glamorous. One of the biggest initial hurdles for many interns is adjusting to new administrative procedures, including learning potentially challenging electronic medical health records systems, processes related to patient flow, and/or insurance and billing procedures. Once relatively mastered, it can be helpful (and can reduce frustration/annoyance) for trainees to consider the functionality of these specific procedures embedded in the broader system, considering "what purpose does this procedure serve?" and "how effectively is it fulfilling its intended purpose?" Consider the example of an intern completing a supervised evaluation and report for individuals seeking organ transplants. At the surface, this exercise could be seen as the intern fulfilling programmatic assessment requirements, mastering the particular assessments consistent with the clinic's procedures, and documenting findings in accord with supervisors' stylistic preferences. Deeper and more significant questions inherent in these tasks include the intended and possible audiences who may access this report, the legal and ethical implications of documentation, and the potential consequences of the evaluation on other professionals' decision making. Interns' formation of an underlying conceptual or "bigger picture" framework, even regarding tedious administrative procedures, is necessary preparation for independent professional practice.

Another important (yet often overlooked) element of clinical training is the concept of interns as experts, despite having fewer years of practical experience than their supervisors. Interns are ideally treated as full members of interprofessional teams who bring their own unique interests as well as their knowledge of state-of-the-art research and practices. Accordingly, we encourage trainees to respectfully share their interests and expertise with colleagues and supervisors not only to familiarize team members with their areas of specialty, but also to facilitate relevant referrals and highlight interns' value as contributing team members. This recommendation is more easily offered than followed; both the first and second authors of this article admittedly had to explicitly identify the ownership and advertising of their clinical skill sets as a formal training goal during their internship placements. It is therefore based on lived experience that we empathetically encourage interns to lean into potential discomfort when refining and embracing their professional identities during internship.

In sum, interns generally experience tremendous clinical skills enhancement, assume agency in determining their training goals, and have significant influence over how their self-identified training goals will be met. Constructing a comprehensive training plan that effectively addresses interns' training goals within the structure of the internship program (and within only 1 year!) can seem like a Herculean task. Designing this plan requires attention to both short-term goals and forethought to advancement beyond internship. It also ideally occurs with the supportive input of trusted and experienced mentors, such as interns' clinical supervisors and/or internship program training director. We strongly encourage interns to embrace the chance to "try on" a (reasonable) variety of experiences, understanding that both positive and less enthusiastic reactions can calibrate one's professional sense of self and inform future career choices. Interns might also benefit from envisioning their future selves to anticipate the type(s) of careers they might want, reflect upon current areas of strength and skills that need bolstering, and consider ways in which certain training experiences will enhance existing interests/skills and cultivate growth in new areas. Overall, a combination of depth and breadth experiences adds layers of nuance and complexity to clinical, academic, and personal perspectives alike, which is essential for understanding the complexities of human experiences and behavior.

Research Training

In addition to supervised clinical training, many programs offer trainees protected time to engage in research (e.g., 4 to 8 hours per week). Research-related activities, broadly defined, might also be infused through other internship training components such as clinical service delivery, consultation, and continuing education. Internship training therefore promotes the integration of clinical science and clinical service delivery, consistent with APA's strategic plan and definition of evidence-based practice in psychology (APA, 2006, 2019). Because designing, obtaining relevant Institutional Review Board (IRB) approval, and implementing original research studies is typically not feasible within a single calendar year, interns often elect to join ongoing projects, run secondary analyses using existing data sets, and/or continue collaborating on projects initiated during graduate school instead.

While most graduate students equate "doing research" with authoring empirical manuscripts, internship allows trainees to engage in several novel forms of scientific inquiry. For example, quality improvement (QI) projects involve analysis of data provided from human participants but are not officially considered "research" by most IRB groups. QI projects are common in hospital settings and have the potential to rapidly inform and improve health service delivery—experiences not commonly available or encouraged, relative to conducting systematic investigations, during graduate school. Interns could also deepen

and/or expand existing research skills through working with new populations (e.g., refugees), applying new methodologies (e.g., case reports), or exploring new funding mechanisms (e.g., VA Office of Research & Development). Interns may also face unique constraints placed by certain settings and/or systems (e.g., when conducting research with protected populations).

For outgoing graduate students accustomed to unrestricted time for data analysis and manuscript preparation, the transition to minimal (or no) protected research time can be difficult at first. Designated research hours may also be distributed in smaller chunks over the course of the week rather than provided in a single block, requiring interns to practice task shifting (e.g., format tables between clinic intake appointments). Moreover, many interns find they have substantially less energy to work on research projects after a full day of clinical service delivery compared to a day of classes and lab meetings. We therefore recommend trainees set realistic research goals for the internship year. It is easier to commit to one to two projects and make additional research commitments if time allows than to fall short of target output/deadlines for the four to five projects originally promised. At the same time, it is essential to practice self-compassion; even the most thoughtful, proactive, and research-focused trainees have difficulties maintaining research productivity among competing internship demands. Research productivity might also fluctuate throughout the year as interns rotate across clinical placements, apply and interview for jobs/fellowships, and navigate other life events outside of work.

Consistent with our belief that internship should build upon and extend graduate school experiences, we encourage interns to explore diverse applications of clinical science rather than maintain the status quo of writing as many empirical manuscripts as quickly as possible. Opportunities to explore varied scientific interests using new methodologies and/or clinical populations are fewer and farther between after the internship year, so we recommend trainees take advantage of the chance to diversify their research skills while they can. At the same time—and consistent with our initial recommendation to set manageable research goals—it becomes important for interns to balance remaining open to new experiences with learning to say "no." Research is only one of several professional competency areas emphasized during internship training and there are only so many hours in the work week.

It is important to acknowledge the above recommendations are easier to implement if interns have completed their dissertation. In fact, some internship programs will not permit trainees to engage in new research until their dissertation has been successfully defended. We therefore encourage potential and incoming interns to prioritize dissertation completion above all other research goals. We similarly advise interns to carefully consider the advantages and drawbacks of continuing graduate school projects during internship. It can be difficult to balance old and new research activities across settings (not to mention time zones!) and investing time in graduate school projects can interfere with building new professional relationships and skills. For this reason, it can be helpful for incoming interns to speak with their graduate

advisor to honestly discuss mutual expectations for the internship year.

Continuing Education and Didactics

Interns can take advantage of numerous formal and informal learning opportunities beyond supervised clinical and research activities. Most programs offer didactic seminars, case conferences, journal clubs, and/or research forums to complement the experiential nature of internship training. Program-sponsored seminars ideally review foundational skills, extend prior skills to new practice settings, and prepare interns for entry into the job market. Though interns may bemoan mandatory didactics after graduate school, continuing education during internship is qualitatively distinct from attending academic lectures or conference presentations. Tailored to meet interns' needs and interests, seminars address professional development, mental/medical health conditions and interventions, and important multicultural, legal, and ethical issues related to health service psychology. We encourage interns to approach continuing education as a vehicle through which to explore professional interests, identify growth areas, and gain "free advice" related to professional development and advancement.

Depending on the training site, interns might also gain access to didactics offered through the larger setting as well as nearby teaching hospitals, universities, and other institutions. Supervisors with varied expertise and training backgrounds can also recommend or lend resources (e.g., books, articles, protocols) as well as direct interns to additional training opportunities of interest. Certain systems might also offer continuing education online; for example, the VA Health Care System grants interns access to the Talent Management System, which hosts thousands of recorded courses and webinars related to specific populations, conditions, and patient care issues. Although impossible to attend or complete every didactic offering on internship, such valuable opportunities at least expose interns to topics they are likely to encounter in their early career and beyond. Moreover, pursuing educational offerings inside and outside of the training facility enhances interns' clinical training and fosters a commitment to life-long learning.

Professional Development

As described above, interns can expect to see rapid development of their baseline competencies within clinical, research, ethical, and diversity domains. This growth is often both exhilarating and exhausting. Adding to this mix is the underlying growth of one's self as a maturing professional person and the corresponding shedding of one's identity as a "student." The daily experience of working with complex patients, of taking on primary responsibility for their care and outcomes, of navigating multiple duties in time-sensitive situations, of collaborating with providers of other disciplines—all these elements conspire in helping interns to act with greater agency, autonomy, and responsibility.

With these changes comes a corresponding recalibration of the intern's identity as a professional. In this sense, internship is truly a "finishing school," in the sense that "school" is in the rearview mirror and in the sense that interns will integrate their knowledge and skill at a higher level of organization than previously possible. As a result, professional behaviors become more fluid, more effective, more authentically integrated into one's "self," and less effortful or "foreign." Undoubtedly, interns can expect to finish their year with a rediscovered sense of their strengths and capabilities. Beginning the year as a "student" and ending the year as a "psychologist" is a heady experience of crossing a critical threshold. There is likely no other single year in a graduate student's tenure that will have such a profound effect on how one views oneself.

The immersive experience of internship additionally promotes another important aspect of professional development. Operating in a new professional setting outside of the home doctoral program—with its attendant expectations and pressures—allows interns to step out from the shadow of important mentors and to use their new freedom to explore additional career options or to revisit earlier-formed self-concepts. It is not uncommon for interns to discover a new excitement for clinical work or a rekindled passion for research. Whether someone forges a new career pathway or recommits to a longstanding career preference, internship provides an unparalleled platform for experimentation and exploration.

Interns also gain the opportunity to refine their approach to effectively navigating a larger network of supervisors and colleagues. Whereas it is typical for graduate students to have only a few direct supervisors at any given time (e.g., one faculty advisor, one clinical practicum supervisor, and one instructor of record overseeing teaching assistant duties), interns can work under or alongside more than a dozen research and clinical staff members during the training year. Accordingly, we encourage interns to thoughtfully consider the manner in which they interact with other professionals, who are likely to present with unique personalities, communication styles, and expectations of interns rotating through their clinic/laboratory. At the same time, working alongside colleagues at various career stages confers several advantages. Whereas more senior supervisors can offer guidance in cultivating team leadership skills, more junior supervisors can offer practical advice for applying to jobs/postdoctoral fellowships. Because trainees must begin applying to post-internship positions soon after initiating internship, obtaining vertical mentorship from a wide range of supervisors can prove invaluable as interns navigate the training year.

Life-Work Balance

Internship is a transitional phase between graduate school and the working world. For many trainees, this adjustment to full-time clinical work restricted to set business hours and a single or small set of predetermined locations can be simultaneously a relief and a challenge. It is therefore critical to cultivate a balance between work and personal life during this demanding year. Though expectations vary across sites, many internship programs advertise 40-hour weeks during operational hours, which can be in stark contrast to the flexible but often quantitatively greater number of working hours during graduate school. Trainee reactions to adopting a different working schedule vary; some relish the ability to compartmentalize personal and professional endeavors while others find it difficult to transition to a rigid, closely monitored, program-determined work schedule. Reduced control over one's schedule can be especially challenging for interns with parenting or other family responsibilities that sometimes arise during normal business hours. Even though many interns elect to continue working on graduate lab projects, the structure (or even symbolic concept) of a 40-hour workweek can be conducive to developing time-management skills that extend to multiple life domains.

The newfound ability to "leave work at work" can be seen as an opportunity to take greater advantage of nonworking hours. The internship year is ripe for engaging in valued activities, exploring new places and

cultures, developing interests and hobbies, attending community events, or adopting a new pet. It is also common for interns to consider and/or begin to have families, which could involve becoming legally partnered or even welcoming children into the home. Although APPIC does not require member programs to offer standardized parental leave, it does recommend the program and requesting trainee be creative and cooperative so as to obtain adequate leave while still meeting program requirements (Ponce, Aosved, & Cornish, 2015). At the very least, the structure, stability, and insurance benefits that accompany full-time employment can be helpful in supporting families, although it can still be challenging to juggle work and family responsibilities.

It is important to acknowledge that not all interns will be financially equipped to pursue every fee-based recreational activity. Intern stipends are generally low and there can be little (if any) "fun money" available after accounting for basic living expenses—especially on the heels of a potentially expensive geographic relocation. For its many advantages and opportunities, the internship year can also be a stressful time. Fortunately, most internship programs provide a built-in social support system: the intern cohort. Intern cohorts range from two (a required minimum class size for APPIC member programs) to over a dozen in size. Undergoing such a challenging and transformative experience together can forge bonds of friendship, professional collaborations, and general collegiality that last well beyond the internship year. In addition to seeking peer support and practicing compassionate self-care (e.g., Bettney, 2017), we encourage trainees to discuss with their supervisors how to mitigate work stress. For example, reducing the intern's workload, decreasing perfectionism and/or self-expectations, or promoting greater task efficiency (e.g., creating note templates to facilitate swifter clinical documentation). In this way, interns can practice building a sustainable career, even in highly demanding or evaluative settings.

General Recommendations and Conclusion

The doctoral clinical internship is an immersive, integrative training experience in health service psychology. Building upon and extending graduate training, internship learning experiences converge to prepare newly minted health service psychology doctorates for activities in clinical practice, science, education, and public interest. Interns often have the benefit of working in a different setting/system alongside new mentors than they did during graduate school, which allows them to evaluate their professional values and passions away from perceived pressures of their graduate program faculty supervisors. Thus, while it is critical to meet internship program requirements and expectations, interns are generally encouraged to invest time and energy in proportion to what is personally meaningful. We also advise interns to remain open to new experiences and bring a curious attitude throughout their placement, as training goals might change during the year. At the same time, learning to say no and set appropriate

boundaries is essential to maintaining a healthy life-work balance.

Although the internship placement itself is time-limited, the associated professional experiences and relationships are not encapsulated. In addition to forming a social support network with fellow interns who may serve as future collaborators or consultants, relationships with clinical supervisors and other training program faculty can be instrumental in one's professional development. We therefore advise interns to maximize personal and professional opportunities by approaching the internship year with the mindset of living one's personal life as if it were only a 1-year experience (carpe diem) but interacting with colleagues as if it were a career-long commitment (protect your professional reputation). Finally, we urge trainees to "pay it forward" during and after internship. Whether that entails sharing resources with fellow members of the internship program, helping recruit future interns, giving honest and encouraging advice to internship applicants, or engaging in some other act of professional service, remember that professionals in health service psychology are united in a shared mission to promote and apply psychological science and knowledge to benefit both the greater society and the individual members it comprises.

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The Road Less Traveled: Scientist-Practitioner-Entrepreneur

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When I was a graduate student in the 1970s we were taught that the ideal psychologist followed the Boulder Model and functioned as a "scientist-practitioner." No one ever mentioned the possibility of becoming a scientist-practitioner-entrepreneur. And yet, those three words together describe my career better than the first two alone. I do many of the same things as my colleagues in academic posts. I supervise students, provide consultation to other professionals and programs, teach workshops, write books and articles, serve on professional committees, occasionally conduct research or provide cognitive therapy services to clients, and produce audio and video materials that teach cognitive therapy skills and protocols.

What makes me an entrepreneur? Entrepreneurs are people who organize their own business, taking considerable initiative and risk. I do many of the same activities of my academic colleagues without an institution surrounding me and without a fixed salary or paid benefits. My financial support and that of my Center for Cognitive Therapy fluctuate on a monthly basis depending upon the mix of my work activities and whether any of them earn money. Entrepreneurs need to manage the pressures of working hard without institutional support or a predictable income stream.

Despite the financial uncertainties and my occasional yearning for the support services and pension plans available in university settings, I cherish the freedom and opportunity to do many different activities in shifting proportions without institutional requirements or departmental reviews. I can accept or reject work activities at will. As I joke with my friends, the joy of working for yourself is that you can work any 12 hours of the day you wish. The path of an entrepreneur is not for everyone. Many entrepreneurs would be better off in salaried employment. Becoming a successful entrepreneur requires vision, passion, a high tolerance for risk, and a commitment to quality. It also helps if you are willing to work hard by yourself when necessary and to partner with others when possible. And if you are devoted to cognitive behavioral therapy it is important to maintain a commitment to science. Here I share personal stories and lessons I've learned that illustrate each of these points.

Vision and Passion

Entrepreneurs need to be self-motivated. There is no employer telling you what to do that day or assigning you projects. Imagine 3 weeks alone in an office with no outside contact. What comes to mind? Think of your own response before you read on. If you think, "I've got to get out of here!" you may not have the personality to be an entrepreneur. If you think, "Now is my chance to develop those ideas and projects I've been wanting to do!" you have the personality of an entrepreneur. You even have the right attitude if you think, "I don't know what I want to do, but in 3 weeks I know I'll come up with something!"

Self-motivation is fueled by vision, an idea or goal that guides your efforts. Vision is usually linked to your values and what really matters to you. The five main visions that have shaped my professional career all came about in different ways. My first vision at age 22 was to be a community psychologist. This vision grew after I attended the first national conference on community psychology and realized that psychology could really make the world a better place by empowering people to improve their own communities. The clear-eyed enthusiasm of older psychologists at this conference resonated with my desires to make a difference in the world and my belief that empowering people to help themselves was better than top-down solutions.

The second vision that drove my career was that I wanted to become the best cognitive therapist I could be. This vision began one night in graduate school when I sat down at dinner in my apartment to read a prepublication copy of *Cognitive Therapy of Depression* (Beck, Rush, Shaw, & Emery, 1979). Aaron T. Beck sent this book to our research team so we could consider using his new therapy in our depression research. I stayed up until 2 A.M. reading the entire book in one sitting. I was so excited. It transformed every idea I had been taught about psychotherapy and made me eager to become a cognitive therapist. Pursuit of my goal to be an excellent cognitive therapist has driven much of my career and informed my later visions.

After several years working as a community psychologist and then a year of solo private practice as a cognitive therapist, Beck proposed a third vision to me. After years of informal mentoring, Beck asked me in 1983 to open a Center for Cognitive Therapy in California. Despite my deep admiration for him, I hesitated before agreeing to his idea. I knew myself well enough to know I would only be happy if this career decision resonated with my own dreams. It seemed like a lot of responsibility. After much discussion and soul-searching I cofounded the Center for Cognitive Therapy with Kathleen Mooney, who agreed to share the work involved in this ambitious project.

In the process of training staff and postdoctoral trainees who joined our center, I rediscovered my love of teaching. Beck invited me to teach professional workshops with him and, after several years, I was teaching solo workshops as a primary work activity. My teaching experiences led to a fourth vision in my career. This vision was that cognitive therapy training could be much more interactive and innovative than it often was. I challenged myself to improve my teaching. To this day I work incredibly hard to develop innovative workshops, spending as much as 2 months full-time constructing a new 2-day workshop.

My goal is to ignite the same passion in workshop participants that I feel for cognitive therapy.

For similar reasons, Kathleen Mooney and I began to produce audio/video materials that attempt to capture the complexity and nuances of cognitive therapy as we understand it. I am passionate about demonstrating cognitive therapy as a fully developed system of psychotherapy. To critics who see CBT as all "technique," we offer taped examples of therapy sessions that illustrate the integration of science with all the relational aspects of psychotherapy.

An outgrowth of my teaching and our audio-video programs is my fifth vision: to create educational materials for the public that are both inspirational and scientifically grounded. When Dennis Greenberger and I wrote *Mind Over Mood* (Guilford Press, 1995) we needed to convince the publisher that there was a market for a self-help book that involved serious work on the part of the reader. Most self-help books at that time were lighter fare. But I strongly believed there were readers who were motivated to work hard to conquer their depression, anxiety, and other mood problems. To Guilford's credit, they gambled on our vision. As one of Guilford's best-selling books of all time, *Mind Over Mood* has now been translated into 14 languages. The success of *Mind Over Mood* encourages me to continue following my vision of creating materials for the public that teach the science of CBT in a variety of appealing formats.

These personal vignettes illustrate how vision can result from participation in conferences, reading, relationships with mentors, partnerships with colleagues, observations of which work activities excite you, and from noticing where you succeed better than others. Vision doesn't necessarily emerge on demand. We often need to reflect and tune into our heartfelt interests to discover our vision. Notice what ideas and activities get your heart pumping faster. Visionary goals can and will change over your career. Those that ignite your passion have the greatest staying power.

Risk Tolerance

At the start of each of these five career paths I worked hard to develop the skills necessary to realize my vision. Many times the choices I made to prepare myself for a new work activity were not financially rewarding but I made them anyway. This is a mark of an entrepreneur: a willingness to take risks, including commitments of time and money, to follow a vision that is important to you and yet has no guarantee of success. Of course, successful entrepreneurs usually pilot ideas and test the waters with small investments of time and money before running headlong down a new path.

The first risk most scientist-practitioner-entrepreneurs take is to reject the path of an academic career. Most entrepreneurs in the making will be successful graduate students, conducting research and publishing papers. I was successful as a graduate student and had the good fortune of positive relationships with several faculty advisors who were generous in their mentoring of me and willing to write good recommendations. When you make the decision to leave academia it is only natural faculty advisors will be somewhat disappointed. If you have a close bond with faculty advisors as I did, it can take courage to embark upon a path of your own choosing that may not fit the vision of those who have helped you thus far in your career.

I have a few suggestions for those of you who will tell faculty advisors about your decision to leave academia behind. First, don't make this announcement in your first year of graduate school. Most faculty members will invest the most time with students who they believe will make the best research and publishing contributions to our field. You don't want to discourage faculty from investing time in your growth. And who knows? You may begin graduate school not intending to become an academic and change your mind with experience. So it is best that all graduate students present themselves as preparing for an academic career in the early years. You are working hard in a Ph.D. program and you want to learn as much as you can about our profession, especially research and publishing because these are essential psychology skills to master no matter what you do later.

Second, when you begin to seriously consider not being an academic you may start to think of yourself as a second-class citizen because you are still operating in an environment that values academic achievement over everything else. Look around the broader world to test out this thought. Would the people you grew up with be more impressed to learn you published an article in the journal of *Behavior Therapy* or to learn that you know how to help a suicidal neighbor feel glad to be alive in just 12 weeks of therapy? Would you rather talk to classmates at your 15th high school reunion about attributional styles or about a pamphlet you wrote on parenting? Psychologists can contribute to the world in so many important ways. Unless reading the journal *Behavior Therapy* is your greatest thrill in life, you can probably feel great work satisfaction in many different roles outside of academia.

Third, when you tell your faculty advisors about your decision, accentuate the positive. Tell them why this new opportunity excites you. Explain how you see your new career making a positive difference in the world. Express appreciation for what they have taught you and comment on how that knowledge will be invaluable on your new career path. Follow through on your commitments to faculty including papers in progress toward publication and teaching obligations. Even if you are very eager to leave graduate school behind, faculty advisors can become lifelong friends as well as mentors. Treat them with the same gratitude and appreciation you show good friends when you move away from a neighborhood.

At graduation, money is usually a big issue. You need money to support yourself and often to pay student loans. Entrepreneurial ventures also require money. For this reason, it is not antithetical for entrepreneurs to look for a job. My first job began on a part-time basis 2 years before graduation, providing income as well as a setting to collect dissertation data. Post-Ph.D., I was hired full-time. This only salaried job of my career was with a nonprofit community agency and gave me the opportunity to work as a community psychologist and acquire invaluable skills for later entrepreneurial ventures.

My position was a mix of psychological and administrative duties. My job activities included supervision of master's-level counselors, consultation with community workers trying to divert young boys from gang membership, development of budgets, membership on county advisory boards, testimony at political hearings, and the writing of grant applications. Every job duty is an opportunity to learn something new. Working in this job helped me develop therapy, supervision, consultation, and teaching skills. When writing grants and administrative reports I honed my research, analytical, and communication skills. In political settings I observed how negotiations, alliances, and practical decisions were made and unmade. When I drafted budgets I understood more thoroughly that a business perspective is important even for nonprofit services.

The details of this job may seem far afield from the entrepreneurial paths that followed. Yet in my mind they are not. This job helped me gain skills, contacts, and confidence to start my own professional business ventures. And, it helped me support myself and save the few thousand dollars necessary to begin my own business. It is important for students and recent graduates to recognize that your first job need not define the rest of your career. At the same time, whatever job you take can be approached as an educational opportunity to learn skills that were never taught in graduate school. Any job can teach you to budget time and money, speak in public, negotiate contracts and work effectively with people who may not share your values or respect your knowledge base.

As my passion for my first job waned, I took a big risk. With the federal grant moneys

supporting our agency shrinking, I balanced our budget by eliminating my own position. I decided to support myself in private practice as a cognitive behavioral therapist. This decision was made after several months of working part-time in the evening as a therapist. To an outsider, my decision to end my job probably seemed foolish. I had only four clients, no office, and a car trunk filled with business cards and stationary. But I envisioned myself with a successful practice and I knew I would work harder to build it if I had no other source of income. Six months later I was seeing an average of 24 clients per week.

The successful growth in my private practice at age 29 came about because I used the skills I had learned in my community work to build my business. I boldly set up meetings with physicians to tell them how CBT would benefit their patients. I gave free talks at community centers. One of the most successful strategies I followed to build my practice is one I recommend to therapists starting a private practice today. This strategy is to identify the types of clients and diagnoses other therapists in your community don't enjoy treating and make those your specialties. I called successful therapists in the area and told them I specialized in seeing the clients they did not want: "Send me your most depressed clients, your most suicidal, and your therapy failures." I passionately believed in cognitive therapy and I had experience treating depression, so these types of clients were, in fact, ideal for me. My success with them led to many more referrals.

Over my career I have taken other risks, although probably none so daring as quitting my only salaried job. In the middle of the managed care revolution, I decided after a budget analysis that our clinic could not afford to participate in managed care anymore. Our overhead costs and the salaries earned by our experienced staff were often greater than the managed care fees collected. We gradually dropped out of all managed care contracts. This risk was a calculated gamble because our Center for Cognitive Therapy operated in a large population center, had a good reputation for high-quality therapy offered by experienced therapists, and the demographics of our area suggested people could afford to pay for therapy out of pocket. We kept our therapy fees below community norms and required full payment at time of service. Taking this risk helped our clinic survive financially.

Another large risk came in the year 2000 when I decided to sell the clinic portion of our center. This risk was born of my own burnout as an administrator. After 17 years of owning and operating a clinic, I no longer enjoyed coming to work each day. I longed to have more time to write and teach. I had a new vision for my career. Kathleen Mooney and I decided to more narrowly focus our Center for Cognitive Therapy on the development of innovative teaching programs, writing projects, and production of audio/video materials. Once we sold our clinic, we decided to limit client therapy services at the center to our own small private practices.

Selling the clinic removed from our shoulders the responsibilities and time spent on administration and employees but it also removed a source of income. Once again, I knew that, for me, following a vision is more important than hanging onto an income stream. It is a true test of such a philosophy to close the doors on a thriving 17-year enterprise and open the doors on a new office that is primarily a nonfunded think tank. Mid-career, I accepted minimal weekly income with occasional income-producing workshops and projects. This risk has been well worthwhile to me. My passion for work has grown with each year in our new streamlined center. Now I have the time to write books (two in progress) and produce teaching materials that approach my vision of what cognitive therapy can be. And we've been able to earn income on enough work projects to support our many unpaid activities.

Quality

My own entrepreneurial philosophy regarding quality is that it is better to do fewer things so you can offer high quality in all that you do. An emphasis on quality means most activities pay very poorly on an hourly basis in the beginning. For example, it can take dozens of hours to create high-quality forms for a clinical practice. These forms contribute to your professionalism and image but yield no higher fees for your services. It can take hundreds of hours to construct an effective workshop, which means you may earn less than minimum wage for your time the first few times you teach it. It takes time to think through the quality implications of business decisions. There is usually a financial cost to hiring the best staff and following the highest ethical principles. And yet over time these commitments to quality pay off. For entrepreneurs your prime asset is your reputation. When you develop a reputation for delivering the best quality services and products, people are more willing to hire or purchase from you than from someone else.

For example, the first 3 years I taught workshops for free to gain experience. I had the advantage that many of these workshops were assisting Aaron T. Beck so the unpaid expenditure of time was really a tuition investment. I learned about cognitive therapy from its founder and developed a close friendship with the best role model I could envision. During the same time period I also gave free workshops to local mental health groups and asked colleagues to attend these workshops and give me brutally honest feedback about what was good and what was poor in my presentation.

This approach paid off for me over time. When I finally was paid to teach workshops, I was able to do a reasonably good job. My initial workshop sponsors were willing to hire me again. Therapists in the audience recommended my workshops to other sponsors. I read workshop evaluations looking for consistent feedback themes and took these to heart, changing my content and delivery style innumerable times over the past two decades. Over time, I developed a reputation for teaching reliably informative, engaging, and in-depth clinical workshops.

Such a reputation is crucial for someone who wants to innovate. In recent years I began to introduce new formats and CBT innovations into my workshops. For example, I developed one workshop in which participants learned CBT principles in structured exercises by actually treating from start to finish over 2 days a co-participant's recurrent problem. With a strong track record for quality, audiences were willing to come to these more experimental workshop formats because they trusted me to provide a quality learning experience.

Commitment to Science

For a cognitive behaviorist, commitment to quality is commitment to science. How does someone outside a university setting maintain scientific involvement? First, by reading. Every year I read a number of books regarding CBT and related fields. I subscribe to a half dozen journals and professional newsletters and skim them when they arrive, choosing two or three articles per month to read more thoroughly. I subscribe to at least one journal outside North America to keep abreast of developments elsewhere. When I write journal articles, book chapters, or books I have an impetus to study specific CBT areas in greater depth. Thus, I encourage entrepreneurs to write as well as read. And if you don't want to write, teach. Teaching also motivates you to read broadly and critically.

Second, attendance at CBT conferences is a great way to expand your knowledge in a short time period. I have attended AABT conferences over a 25-year time span. At AABT I attend research symposia to learn the latest findings (often still unpublished) and theoretical developments related to topics of interest to me. I attend workshops by others to learn new ideas and to study teaching methods used. AABT is also a chance to build friendships with other cognitive behavioral therapists, researchers, and entrepreneurs. Networking is invaluable, even more so when you work outside a larger institution.

I also attend international conferences as often as I can. For me, these have included AABT equivalents in Britain (BABCP) and

Europe (EABCT), World Congresses of Cognitive and Behavioral Therapies, and International Congresses of Cognitive Therapy. International conferences give a broader perspective on CBT ideas. Some Americans don't even realize that many great CBT contributions have come from outside the USA and Canada. Highly effective clinical protocols, especially for anxiety disorders and schizophrenia, have been developed in Britain. International conferences introduce me to ideas years before they reach American journals. Also, international conferences provide rich social opportunities. You can swap ideas and develop friendships with others abroad who care about the same things you do. And travel to exotic locales as a business expense is, as they say in the ads, priceless.

Membership in CBT organizations can be as helpful as conference attendance. Organizations such as AABT offer newsletters, journals, and opportunities to get to know other CBT leaders through committee membership and member discussions on the Internet. Many students belong to AABT as students and then quit after graduation. This is a mistake. National networking opportunities become more important postgraduation than before.

In addition to AABT, I belong to the Academy of Cognitive Therapy (ACT). ACT membership is only available to therapists who qualify for certification in cognitive therapy. Certification can be a big plus for attracting clients if you have a clinical practice. Those who do not yet qualify for certification can still visit www.academyofct.org to find a referral list of certified cognitive therapists around the world. ACT members can participate in an invaluable on-line Internet discussion group that links research with theoretical and clinical applications. Because I frequently work and learn in Britain, I am also a member of the British Association of Behavioural and Cognitive Therapies (BABCP).

In addition to CBT organizations, psychologists can stay current with other areas of psychological science through membership in the American Psychological Association (APA). Those with a clinical practice will also want to join their state psychological association. APA and state psychological associations offer updates on laws, ethical guidelines, discounts on malpractice insurance, and informative journals/newsletters that keep you current with trends in psychology. Membership is also an opportunity to bring CBT science to non-CBT therapists. For example, I chaired a day-long CBT "expertise track" at the 2004 California Psychological Association's annual convention. I offered to do this when I noted how little coverage CBT received at the state convention. It is as important for cognitive behavior therapists to bring CBT science to other psychological meetings as it is to attend CBT conferences and enjoy the collegiality of sharing findings with each other.

A third method for staying up-to-date on science postgraduation is attendance at workshops, either live or via audio/videotape/Web-based programs. When reading workshop brochures or tape catalogs it is usually easy to tell if the presentation is based on empirical findings or on a personal theory of the presenter. Most empirically based presentations refer to empirical research in the brochure. In addition to workshops, it is possible to arrange individual or small group consultation with CBT leaders around the world in person, on the telephone, or via videoconferencing.

Finally, the Internet has made it possible to follow scientific developments more easily than ever before. If you read about an idea or a researcher that interests you, you generally can enter that information into a search engine such as Google and find pertinent articles and research summaries within seconds. Of course, the Internet does not always distinguish between science and nonsense so it is important to pay attention and be critically minded in evaluating the sources of data cited.

Finally, stay in touch with all your friends from your graduate school years who are academics and make new friends at conferences who are researchers. Dinner conversations at conferences are often an enjoyable source of scientific updates. I am fortunate to have many researcher friends. When I come across a new idea or research finding I can e-mail them to find out how this idea fits within their area of specialty. If you don't have friends doing key research, the Internet discussion groups provided by CBT organizations are the best informal source of scientific information.

Hard Work and Partnerships

As is clear from this brief article, successful entrepreneurship requires self-motivation and a willingness to work hard. Sustained effort can be a pleasure when you are working toward goals that ignite your passion. Sometimes my friends offer sympathy if they hear I was at the office on a Friday evening. Some have a hard time understanding that a late night at the office often means I was so caught up in my work that time flew. People who do not love their jobs often cannot comprehend that work can be joyful. Of course there are aspects of any work that are tedious. Entrepreneurial pursuits involve tedium as well. But even tedium feels more worthwhile when you perceive it as advancing progress toward meaningful goals.

A common problem for entrepreneurs is the temptation to do everything yourself. When support services are paid from your own money pool, it is easy to decide to be your own typist, cleaning service, and delivery driver. In addition, many entrepreneurs are highly autonomous. It can be hard to share projects with others, especially if partnering involves compromises in your vision. However, projects are enhanced by a diversity of input. My own career would have been much duller in both process and output without the ongoing contributions of my partner, Kathleen Mooney. In addition, partnerships with other colleagues have led to some of my most successful ventures. In choosing partners, it helps to choose people who have talents and resources to bring to the table that complement your own.

Summary

In my career I combine the roles of scientist, practitioner, educator and entrepreneur. Over the past 20 years my work emphases have shifted. My clinical practice began as a full-time solo practitioner, and then grew to a clinician-owned clinic, and now I am an occasionally practicing clinician. I now primarily work as a workshop instructor, writer, and producer of educational audio and videotapes. The diversity of work roles available to me outside academia has allowed me to reinvent my career multiple times. Because I have a tolerance for risk and confidence in my own ability to develop meaningful work projects, the role of an entrepreneur has been energizing for me rather than unnerving.

I am fortunate. Twenty-three years after graduation I still feel the same enthusiasm and interest in cognitive behavior therapy that I felt as a graduate student reading about Beck's cognitive therapy for the first time. Students and recent graduates who have passionate ideas and a commitment to quality as well as science can be highly successful in academia. If you are self-motivated, have a high tolerance for risk, and are comfortable working outside an institution, you could also consider becoming a scientist-practitioner-entrepreneur. Although this is the road less traveled, if you look around AABT you will find many others on similar paths.

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Christine Padesky *is cofounder of the Center for Cognitive Therapy in Huntington Beach, California. She is a Distinguished Founding Fellow of the Academy of Cognitive Therapy, was named the "Most Influential International Female Cognitive-Behavioral Researcher/Practitioner" by the British Association of Behavioural and Cognitive Psychotherapies (BABCP), and received the Distinguished Contribution to Psychology*

award from the California Psychological Association. She is co-author of 5 books including the best-selling self-help manual Mind Over Mood*, voted the most influential cognitive behavioral book by the BABCP. Further information regarding her workshops, books, and audio/video training materials are available at www.padesky.com (for mental health professionals) and www.mindovermood.com (the public).*

- **When you started graduate school, what did you think you were going to do after you got your degree?** I honestly did not have any idea. I only knew I was interested in psychology.
- **What did you want to do when you finished graduate school?** I wanted to be a community psychologist and teach people psychology principles that would help them improve their own lives and communities.
- **How long did it take before you got over the "imposter syndrome" (the feeling that you're not as much of an expert on topics as other people think you are, or that they will "figure out" that you actually don't know what you're talking about)?** I felt this on and off during the first 7 or so years whenever I did some new activity or taught a new topic.
- **What helped you get over the imposter syndrome, if you have at all?** Even in the first years post-Ph.D., I tried to tell people when I had minimal expertise. I learned that such honesty actually boosted my professional credibility. In the last decade I tell people I'm not an expert, sometimes even when I probably am. This is because I have grown to respect that "expert views" change over time. And even if I am an expert, what is important is that people test out ideas through their own experience. So, instead of relying on (or cringing from) expertise, I try to express ideas in an engaging fashion and invite people to compare these ideas with their own personal experiences. This is more fun for everyone and challenges me to rethink my "expert" opinions if they don't match the experiences of others.
- **How has AABT helped you in your professional development/career?** I've made so many friends through AABT. These are people I can now e-mail or call when I need quick information, references, or advice. They also sometimes buy me a glass of wine at the convention. My first large workshop co-taught with Dr. Beck was at AABT. I've presented many clinical ideas, both new and polished, at AABT workshops and institutes over the years and received useful feedback from attendees. I've learned about research at the convention that improved my clinical work and teaching. ✍

ducting research on issues relevant to African Americans' mental health. I did not think academia suited me, mostly because I was more interested in the role of community settings and interventions as they influenced psychological well-being.

- **What did you want to do when you finished graduate school?** I wanted to be a community psychologist and teach people psychology principles that would help them improve their own lives and communities.
- **How long did it take before you got over the "imposter syndrome" (the feeling that you're not as much of an expert on topics as other people think you are, or that they will "figure out" that you actually don't know what you're talking about)?** I think it was getting tenure that helped me the most.
- **What helped you get over the imposter syndrome, if you have at all?** Up until the point I received tenure, we (assistant professors) are so consistently and frequently evaluated, that it's very difficult to imagine that we really know what we're doing. Earning tenure allowed me to relax and realize that I really do have something valuable to contribute to the field, my department, and to my students.
- **How has AABT helped you in your professional development/career?** My involvement in AABT has been instrumental in moving my career forward. My mentor and former professors are active members, and thus their influence on my clinical work and research is strong to this day. Additionally, I continue to meet new people at AABT whose research and clinical presentations bring new perspectives to my work. My involvement with the African American SIG has been particularly rewarding, as this provides opportunities to dialogue and collaborate with other African American professionals and students. ✍

Thinking Outside the Box: How to Find Professional Opportunities Beyond the Ivory Tower

Angela W. Lau, *Alzheimer's Association* and *Mills-Peninsula Health Services*

Sshhhhhhh. Are you outside the box? Are you outside the box too? Oh, you too? Wait a minute. If there are so many of us outside the box, then why are we whispering? And why are we so surprised at how many of us are out here? As a new professional with a nontraditional professional life (and loving every minute of it!), I am glad our profession is beginning to recognize that there are plenty of positions that offer both great professional satisfaction and a superior quality of life for psychologists who think outside the box. In fact, the February 2001 issue of the APA *Monitor* dedicated a special section (and cover story) to nontraditional careers in psychology, providing a sense of legitimacy to positions outside of traditional academics (www.apa.org/monitor/feb01/homepage/html). However, barriers continue to hinder students and psychologists from being more creative in the application of their knowledge and skills. One main reason for this is not having some framework on how to plan and execute one's exit from the proverbial ivory tower. By sharing my personal experiences and offering suggestions to overcoming some of the obstacles to entering nontraditional careers, I hope to encourage readers to consider all their choices and come to realize that "traditional" is just a frame of mind. What is most important is finding and securing professional opportunities that are both personally and professionally satisfying, regardless of its title or setting.

When I started graduate school, I had every intention of going into traditional academics: a tenure-track position at a Research I psychology department. This would allow me to teach and conduct research 4 days a week and have a private practice 1 day a week, keeping the academic triumvirate intact (research, teaching, clinical). Today, I have maintained the triumvirate but not in its sacred form. I work part-time as a project director of a grant-funded program at a nonprofit organization and part-time as a behavioral/rehabilitation psychologist at a community hospital. I also have an adjunct faculty appointment at a liberal arts college and teach master's-level courses. I am compensated well for applying behavioral principles in new and exciting ways and am able to participate in the academic activities that I enjoy most (teaching, mentoring, writing) without the politics or committee work. Most important, I am able to translate research and science to where I feel it is most needed: at the community level.

The Evolution and Revolution From Within

How we learn to behave and perceive the world is shaped by our environment. Therefore, it is not surprising that most students of university-based Ph.D. programs are trained and groomed for a life engaged in academic endeavors at a university department or university-affiliated institution. After all, your mentor can only teach you what he or she knows. And when you are "raised" a certain way, then you come to believe that what is expected of you is what you personally want. My professional upbringing was pretty research focused, plus all my peers expressed an interest in getting tenure-track positions or working for academic institutions. So there was no question I would be affiliated with a university and that research would comprise a good percentage of my job responsibilities. By the time I was ready to leave for internship, I found what I thought was the perfect way to appropriately incorporate my growing interest in clinical work: the dream 50% research, 50% clinical position at a University School of Medicine. I thought this was as far to the left as I could swing it and still be within my worldview of what was expected of my career. After all, I didn't want to feel bad about myself. And guilt, shame, and feelings of inadequacy are normal reactions when you feel like you are not meeting expectations, letting someone (i.e., your mentor or institution) down, or are different from your peer group. As an overachiever, I tended to magnify these feelings and catastrophic thoughts.

By the end of my internship at the VA Palo Alto Health Care System (VPAHCS), I could no longer deny that while teaching and clinical work were where my passions lay, I wanted to consider options outside of academic institutions. Exposure to a setting where highly respected people were still able to teach and do research while engaged in a 100% clinical position got me thinking.

Plus, as part of our internship training program, we had weekly professional development seminars where I had been exposed to speakers from a variety of work settings and with different professional responsibilities. It was good being introduced to different career options and to hear their process on how and why they came to their jobs. It was beneficial to hear them articulate some of my same reasons for wanting to steer away from research academics. It made more legitimate my desire to prioritize other real-life considerations (e.g., finances, family and personal life, geography), and it gave me hope that it was possible to do this and still have a job that I wanted.

Accepting a postdoctoral fellowship at VPAHCS bought me another year to decide what to do as I honed my skills and earned licensing hours. And to add another complicating factor . . . during my internship and postdoc years, I had been encouraged to and had experienced *balance* in my life for the first time since entering graduate school. I was able to maintain regular work hours (VA Tour of Duty: 8:00 A.M.–4:30 P.M.!), leaving evenings and weekends for a personal life. It felt good being able to put relationships first and to go out without feeling guilty for leaving some work undone. My greatest challenge was having too many professional interests and not knowing how to focus them and make a decision. By now I had also become interested in program development and in community-level intervention. I thought I would know what I wanted to be "when I grew up" and earned my doctorate. I at least came to realize I did not want a tenure-track position at a Research I institution! But what was out there for me to consider? Quite frankly, I did not even know where to begin. I had no clue as to how to look for or apply for a clinical job, as I had never been taught how to do this. I had never known anyone who applied for and accepted a position in a clinical setting outside of academia.

My mentors from graduate school were very supportive of my inclination to explore my career options, but could not offer much practical support. On the other hand, Toni Zeiss, my Director of Clinical Training, was an incredible mentor during these years of struggle. She provided me with a decision-making model for which I could more clearly decide for what kinds of jobs I would apply. It helped organize my thoughts and helped me see what was important to me, which eventually empowered me to make a guilt-free decision to take a nontraditional position. She and other clinical supervisors were instrumental in helping me network and identify positions for which to apply. They were integral in helping to prepare me for the application and interview process for clinical positions. I applied to a variety of positions, both clinical and academic (teaching-focused), and in the end I had happily accepted a full-time position with the Alzheimer's Association, a nonprofit organization.

Be Careful What You Wish for

My postdoctoral fellowship was a 1-year position, so when it came time to start looking for a "real" job I could procrastinate no longer. My biggest challenge was focusing my job search and deciding on *how* to focus my job search. I wanted to be successful, and if I did not get a more traditional job, how would I gauge this? I felt like I was letting myself and others down. After all those years of planning and sacrifice, I was not going to get the payoff I had long expected. I felt like I would be illegitimate and worried I would feel inadequate around my peers. That's where Toni's decision-making model played a crucial role. In essence, the principle behind the Three W's model is that ultimately, there are three general factors that can be considered when making a decision: Who, What, and Where. WHO you want to be with, WHAT you will be doing, and WHERE you will be. To make a decision that you will be satisfied with, you must prioritize the W's and make a decision based on the hierarchy of these factors (e.g., require the first, be increasingly flexible with each subsequent step of the hierarchy). For me, I wanted to be near my aging mother, who lives in California (within driving distance was good enough). I love teaching, clinical work, and program development and wanted to work with older adults and medical treatment teams, in a medical setting. I needed the work environment and coworkers to be supportive and friendly. It would be nice if the position included some administration so I could build experience in this highly marketable skill, and after so many years of poverty, a particular level of monetary compensation certainly would be welcome.

I inquired into and applied for a variety of positions that met my stepwise criteria and I accepted the position that best fit my criteria. It actually was all the things I wanted in a job although not in a setting or organizational structure that I had ever imagined working in. In this position, I was responsible for developing and implementing a program to change physician behavior and caregiver/patient behavior in order to improve their health and quality of life and to decrease hospital service utilization. It entailed program development, teaching, grant-writing, research/program evaluation, and administration. Clinically, I would essentially be working as a consulting treatment team member for medical providers, providing patient support (not therapy) and recommendations based on assessment. Most important for me, I was doing this within a several-hour drive or a 1-hour flight to my family.

While my professional responsibilities and work environment made me feel really good about the position, the inevitable depression and feelings of inadequacy set in. Did I just underemploy myself? Am I going to feel out of place at conferences now? I did some real soul searching to get over my insecurities and realized I was comparing apples to oranges. My sense of self was still being measured with academic standards. I was still comparing myself and my accomplishments against those of my friends and peers, most of whom were in academic positions. I was not looking at my job and defining it within the correct context but rather trying to label it within an academic framework. I guess it is hard not to after so many years of overlearning. It was especially hard not to feel regret, shame, and inadequacy when a former professor's reaction to hearing about my position was, "Oh, that's too bad." By looking at the function of my job rather than its label, I was able to see that, in fact, clinical researchers at Stanford University had almost the same program as did we (change physician behavior to improve Alzheimer's disease management), except with a more extensive data collection process and protocol. It clearly was a label issue for me, so I had to learn to get over this mental block and move on.

I loved this job, but after a few years, I felt the need to expand and stretch my clinical skills. I began to subtly let people know that I was "exploring my options" with my mentors, friends, former coworkers and supervisors, and with people I met at various conferences. At conferences, I would also take the opportunity to inquire about people's positions and work settings to better learn what opportunities were available, what the organization-specific processes were for hiring, and what the current climate was for psychologists in these various arenas. This allowed me to get the informal word out that I would be interested and available should people become aware of an opening or to keep me in mind for something in the pipeline. It also gave me the opportunity to expand my horizons and think

even further outside the box. At the AABT convention in Boston, I met Nancy Baker at the Aging SIG meeting. After finding out that we both worked in the Bay Area, we struck up a conversation. While we were talking about her position and work setting and about my experiences and clinical interests, she mentioned that there was a possible opening where she worked, which is how I learned about my current behavioral psychologist position.

Networking and letting others know about your interests, experiences, and availability is an important way of creating opportunities for yourself. This is also how I became adjunct faculty at a local university. I have never been quiet about the fact that teaching is my first love. I love teaching, whether in a classroom setting, during an informal consultation, or at a community presentation. One of my former supervisors became aware of an opening to teach a course at a local university and alerted me. During the interview process, the chair took note of my experiences, and I have been teaching a variety of courses ever since. While it is admittedly a strain to teach in addition to working a full-time position (or the equivalent of one), I wanted to take full advantage of this opportunity so as to keep my options open for the future. I can always decline an invitation to teach, but I have continued to accept because it allows me to teach in a classroom setting and to hone my teaching and mentoring skills.

Concluding Thoughts

It is important to recognize that interests and priorities will change over time. The need to be flexible and open to change is important for those considering nontraditional careers. I had always imagined teaching and applying clinical principles to improve people's quality of life. I just never imagined it would manifest itself as working three jobs at one time. But I'm having a great time and that is what counts the most. I want to end with a summary of a few practical suggestions for those considering a job outside of traditional academia:

1. *Be aware that you may be your own worst obstacle*. Explore the expectations you have for yourself and determine whether they are institutional/external expectations that you may have internalized as your own. Realize you will experience feelings of insecurity, inadequacy, fear, and other negative affect at some point. Do some reality testing and restructure your thoughts and feelings. The likelihood of experiencing negative affect is probably stronger for those of us who were trained in a university-based doctoral program surrounded by faculty with strong research programs and academic inclinations. But regardless of whether you were trained as a scientist-practitioner, practitioner-scholar, or professional/practitioner, if you don't limit yourself when considering and deciding on your options, then you also will not limit your professional and personal happiness, and your ability to balance the two. Be honest and prioritize your interests and what is important to you. Give yourself permission to prioritize personal happiness and other real-life factors.

2. *Seek others' guidance*. If your major professor/mentor cannot be of practical help or is not supportive of your decision to find a different career path, find another person in your area to be your mentor in looking for and better understanding the hiring process outside of academia (e.g., time frames, expectations, interview process, salary). Having access to someone who has a nontraditional career and can answer your questions or validate/normalize your thoughts and feelings can be very powerful in keeping up your confidence and feeling of legitimacy. Seek out peers who are going through the same process and support one another.

3. *Looking for positions.* Network and lay the groundwork. Plant seeds early and reap them later. When positions become available, organizations typically want to fill them as soon as possible because they want as seamless as possible a transition from one person to the next person who will be filling the position. So, unlike academic jobs, if you see a posting for a clinical/industry job, expect that they will want you to begin soon after the selection process is over. Look closer in time to when you would want to start the job, about 3 months. Realize many jobs are advertised via word-of-mouth. By the time they are posted, the organization may already have candidates in mind (if not already selected). Therefore it is important to network and express your interest to people that you are looking for a position. Ask people to keep you in mind if there is currently anything in the pipeline, or when there are any possible openings in the future.

4. *Apply for everything*. Be creative when looking at postings for positions. Jobs that you are qualified for as a psychologist may be listed under different guises. Depending on the industry, there may be fantastic positions that sound interesting to you but they are only requesting an MA-level person. Check your pride at the door and inquire further about the position. Keep in mind that job descriptions also may not be a good representation of what the job could look like. If you're not sure, try to speak with the contact person for the advertisement and seek clarification. You may find that job responsibilities are not always set in stone and that there may be room for negotiating the position to make a better fit with your skills and interests.

5. *Recognize your skills via a resume*. Take out the machete, because outside of academics, people want to see a short (e.g., 1- to 2-page) resume. You will be shocked at what incredible skills you have when you begin to boil your 15 pages of accomplishments into something closer to 15 descriptive sentences. Every industry has its own standard on what is important to include on a resume and how to phrase things. Read books like *Leaving the Ivory Tower* or go on the Internet and look at resume-building sites (e.g., Chronicles of Higher Education). Review your school's career development center resources. You must know someone who works outside of academics who can lend fresh eyes to your resume. Ask them to provide you with feedback.

6. *Develop a support network*. Find other psychologists who are going through the same decision-making process or are also in nontraditional positions. Finding a peer group will help normalize your feelings when they fluctuate and give credence to your reasons for choosing a nontraditional position. Your peer group of psychologists also can help you develop new and more appropriate markers of success. Similarly, you may be the only psychologist in your workplace. On the one hand, it can be lonely and frustrating at times, but on the other hand, it makes you unique and can boost your visibility and career.

7. *Maximizing your skills*. No job is perfect. If you want to use more of your skills than is being tapped into at work, then if appropriate, try to create an opportunity that requires that you use more of your skill set in your (existing) responsibilities. Or, you can find an alternative outlet for the range of your skill set (e.g., get a second job) or find another job altogether.

8. *Learn from models of success*. Get more exposure to psychologists and other professionals who have successfully applied their skills in creative ways. Learn about how they prioritized their interests, identified their skills, determined the most appropriate setting and career, and coped with the transition. This can help you expand your worldview of psychologists and their roles. Most of all, it can help you gain confidence that it can be done. Some nice profiles are in the February 2001 issue of APA *Monitor*.

The Chronicles of Higher Education (www.chronicle.com) also has good articles in their Career News and Advice archives. Other resources include:

Basalia, S., & Debelius, M (2001). *So what are you going to do with that?: A guide for M.A.'s and Ph.D's seeking careers outside the academy*. New York: Farrar, Straus and Giroux.

Kreeger, K. Y. (1998). *Guide to nontraditional careers in science*. Philadelphia: Taylor & Francis Group.

Rosen, S., & Paul, C. (1998). *Career renewal: Tools for scientists and technical professionals*. Chestnut Hill, MA: Academic Press.

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- **When you started graduate school, what did you think you were going to do after you got your degree?** I wanted to be professor in a psychology department, conducting laboratory-based research on human participants.
- **What did you want to do when you finished graduate school?** I wanted an appointment at a university school of medicine. I wanted to do clinical work but have the affiliation to a university so I could conduct clinical research and also teach in the medical school.
- **How long did it take before you got over the "imposter syndrome" (the feeling that you're not as much of an expert on topics as other people think you are, or that they will "figure out" that you actually don't know what you're talking about)?** It's never gone away, although it seems that over the years, it has become less prevalent and intense in certain settings and circumstances than others. But it's always there when I'm applying my skills in a new setting or with a new population.
- **What helped you get over the imposter syndrome, if you have at all?** I'm not over it by any means, but I think realizing that I do have more knowledge and expertise than most others (after all those years of school and specialized training!) in certain settings (e.g., medical treatment teams, teaching) makes me feel much better. I must know something they don't know if they've hired me and haven't yet fired me! I also solicit constructive feedback from my colleagues now and again to see how I can be more effective in my position. The positive reviews are always reinforcing and help me to combat this distortion.
- **How has AABT helped you in your professional development/career?** It has allowed me to meet new people and build relationships. It's a small enough conference that you can actually meet "big names," establish and maintain friendships (grad school or intern friends, conference buddies) as well as good relationships with colleagues from across the country and around the world. After all, sometimes it's the only time you get to see people face to face! It reinvigorates and informs me on how to be a better scientist-practitioner and provides me with great professional opportunities. It is through AABT that I got one of my clinical positions. And the relationships that I have developed and maintained through AABT have allowed me to keep a finger in the academic world without a traditional academic post (e.g, writing, conference presentations, service). ✍