Internship Placements: Similarities and Differences Between Clinical and Counseling Psychology Programs

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Internship matches among students within clinical (n = 2,130) and counseling (n = 450) psychology doctoral training programs were examined for a complete cohort of intern applicants. The overall rates of successful internship matching, as well as the rankings of those matches, were similar for the 2 specialties. The settings of those internship matches revealed significant differences, however. Clinical psychology students matched at higher rates to a range of medical facilities, for example, whereas counseling psychology students matched at higher rates to counseling center settings. These and other differences were examined in relation to the historical and enduring differences between the 2 specialties and their implications for education, training, and practice within the field of professional psychology.

**Keywords:** internship placements, clinical and counseling psychology, internship match

The specialties of clinical and counseling psychology have long been linked through a shared history marked by longstanding efforts to distinguish them from one another. This study examines the similarities and differences between clinical and counseling psychology training programs in relation to their students’ internship matches. The internship has been characterized as “the linchpin between academic preparation and professional employment” in psychology (Holloway & Roehlke, 1987, p. 210). Indications regarding the distinctiveness of the two specialties in relation to their capstone training experiences might serve to highlight distinctive features of each field. In addition, the predoctoral internship also serves as a harbinger of the professional roles and functions served by psychologists following their graduation (Cherry, Messenger, & Jacoby, 2000; Neimeyer, Bowman, & Stewart, 2001; Neimeyer & Keilin, 2007). Understanding these differences might underscore the unique perspectives and contributions of each specialty and highlight any contemporary expressions that might follow from their historical differences as they relate to the field of professional education and training.

Doctoral programs in clinical psychology were first accredited in 1948, followed by the separate accreditation of counseling psychology programs 4 years later (McFall, 2006). Long before their accreditation, however, attention was focused on the common elements that joined them in their professional training missions as well as their distinctive elements that characterized them. The origins of the two specialties are clearly distinct, though their developmental trajectories have suggested their possible convergence across time. Clinical psychology developed in the context of the medical model of training among graduates of clinical psychology programs.

By contrast, the origins of counseling psychology can be traced to the vocational and guidance movements (Whitely, 1980), which placed strong emphasis on aspects of individual differences and measurement, social and occupational context, and effective life-span adjustment and growth (Dawis, 1992; Heppner, Casas, Carter, & Stone, 2000). The emphasis on preventative and developmental models can be traced to the origins of the specialty in a way that distinguishes counseling psychology from the longstanding allegiance of clinical psychology to a more medical model dedicated to the remediation of disorders and the restoration of function.

Contemporary developments within the specialties continue to distinguish the two types of training programs (Tipton, 1983), and these developments include their allegiance to a different range of training models. Although both specialties were originally grounded in the Boulder scientist-practitioner model of training (Belar & Perry, 1992), a substantial number of clinical training programs have since embraced the practitioner-scholar model of training that can be traced to the Vail conference in 1973 (Peterson, 1976). Research within the field of clinical psychology has shown that 57% of recent graduates within the specialty are now from PsyD programs (Norcross, Kohout, & Witcheski, 2005) that espouse more professional training models, suggesting that in future years the practitioner-scholar model may become the predominant model of training among graduates of clinical psychology programs.

The significant shift toward more professional training in clinical psychology has been counterbalanced by the development of a third model of doctoral training, the clinical scientist. The clinical-science model is most clearly reflected in the membership of the Academy of Psychological Clinical Science (APCS), which is dedicated to the advancement of clinical science, with the term “science” underscoring a “commitment to empirical approaches to...
evaluating the validity and utility of testable hypotheses and to advancing knowledge by this method” (APCS, 2006). The clinical science model effectively expands the range of training models within the field of clinical psychology so that it runs the full spectrum, from programs with predominant commitments to scientific psychology, through balanced science-practice programs, and on to programs with predominantly professional commitments (Cherry et al., 2000). Recent research has demonstrated that the degree of scientific or professional leanings of clinical psychology training programs are related to the types of internships that students from those programs receive, suggesting the potential impact that varying training models may have on internship placements (Neimeyer, Rice, & Keilin, 2007).

By contrast, counseling psychology has retained its strong commitment to a single training model: the scientist-practitioner model. As Stoltenberg et al. (2000) emphasized, “the scientist-practitioner is ‘core’ to the identity of counseling psychology” (p. 629), a position that is echoed in the specialty’s published model training program (Murdock, Alcorn, Heesacker, & Stoltenberg, 1998) as well. This position was supported by the Third National Conference on Counseling Psychology (Meura et al., 1998) that stipulated that “all students need to be trained in a Scientist-Practitioner model” (p. 368), a position that has been reinforced up through and including the Houston conference on counseling psychology in 2001 (Foudal et al., 2004).

One reflection of this adherence to the scientist-practitioner model is that counseling psychology training programs have no institutional members of the Academy of Psychological Clinical Science, and only three programs that offer the PsyD degree. As Neimeyer, Saferstein, and Rice (2005) noted, this highlights the significant differences between the specialties of clinical and counseling psychology in relation to the differential range of training models that characterize their doctoral training programs.

Recent work by Cassin, Singer, Dobson, and Altmaier (2007) documented the scope of this divide. In their nationwide survey, nearly 82% of the graduates of counseling psychology training programs reported being trained under a science-practice model, in contrast to only about 55% of those from clinical psychology training programs. Given the differences between the training models, it is not surprising that Cassin et al. noted a wide range of other differences between the specialties as well. Clinical psychology programs were more closely allied with biological, behavioral, and cognitive–behavioral models of change, whereas counseling programs had greater representation of interpersonal and humanistic/existential traditions. Graduate students enrolled in counseling psychology programs were found to be more ethnically diverse, and the two specialties differed in relation to the populations that they served and contexts in which they worked. Whereas the percentage of graduate students in counseling psychology who preferred to provide services to adult populations (83%) was higher than reported by clinical psychology students (74%), students in clinical psychology expressed more preference to serve children (38%) compared with the percentage for counseling psychology students (27%). And, although clinical psychology students were more heavily represented in preferring clinical/hospital settings (90% compared with 79% for counseling psychology students), a higher proportion of counseling psychology students aspired to academic positions (58%) compared with 48% of clinical psychology students.

Taken collectively, these data support the continued distinctions between clinical and counseling psychology along multiple fronts. However, they contrast with the work of other research that has documented increasing convergence in relation to the two specialties, even to the point of predicting the absorption of one specialty into the other, or the integration of both of them into a combined professional program (Cobb et al., 2004). In studying the field of counseling psychology, for example, Fitzgerald and Osipow (1986) asked, “how special is the specialty?” (p. 535), and provided evidence of substantial convergence in the workplaces, roles, and functions of the practitioners within counseling and clinical psychology. Similarly, Cobb et al. (2004) examined the overlap among clinical, counseling, and school psychology programs and recommended an integrated model that builds on their common foundations within a unified training model. Part of this convergence may be related to the increased levels of psychopathology that have been noted within university counseling centers (Benton, Robertson, Tseng, Newton, & Benton, 2003), a primary employment setting for counseling psychologists (Cherry et al., 2000), even while clinical psychology has renewed its commitment to preventative mental health (McFall, 2006). In addition, some would argue that counseling psychology’s diminishing commitment to its vocational and guidance roots (Watkins, 1993; Watkins, Lopez, Campbell, & Himmel, 1986) may signal a further erosion of its distinctiveness in relation to one of its historical hallmarks.

The purpose of the current research is to contribute to this discussion further by examining similarities and differences between the internship matches associated with students from clinical and counseling psychology doctoral training programs. Substantial similarities might underscore the potential for combining or integrating the specialties, whereas differences might support their continuing distinctiveness. Either way, a clearer understanding of the balance of similarities and differences might inform various constituents in valuable ways. Students seeking professional training in psychology might benefit from understanding differences in the contexts in which clinical and counseling psychology students might train, although practitioners might benefit from appreciating the distinctiveness of each specialty in relation to their capstone training experiences (Holloway & Roehlke, 1987) that may predominate in each field. Thus, the current work utilizes the results of the comprehensive computer match of students in clinical and counseling psychology to their predoctoral internships, and examines these matches for patterns of similarity and differences.

Method

Participants and Procedure

This study was conducted with the assistance of the Association of Psychology Postdoctoral and Internship Centers (APPIC). APPIC obtained from National Matching Services, Inc. (NMS), the comprehensive dataset of all clinical and counseling psychology students’ internship placements in 2003. APPIC then removed all individual and academic programs’ identifying information from those data and provided an anonymous data set of applicants that included the following information: (a) whether the intern had successfully been matched to an internship, (b) the internship site to which each successful applicant was matched, and (c) the...
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A series of analyses were conducted to examine similarities and differences between the internship matches of clinical and counseling psychology students. The first analysis addressed potential differences in the match rate, the second addressed differences in the ranking of the internships to which students successfully matched, and the third addressed differences in the internship settings themselves.

Potential differences in match rates were examined with a chi-square analysis. Results revealed no significant differences between the percentage of clinical psychology students (82.5%) and counseling psychology students (82.7%) who successfully matched to pre-doctoral internships, \( \chi^2(1, N = 2,580) = .004, p > .05 \).

Regarding the mean ranks for the internships to which candidates matched, no significant differences were found between the two specialties, \( t(2,128) = -1.77, p > .05 \) (clinical \( M = 2.25, SD = 1.85 \); counseling \( M = 2.07, SD = 1.61 \)). In comparing the percentage of clinical and counseling students who matched to their first, second, and third choices, the profile of matches was quite similar. A substantial percentage of students matched to their top-ranked internship both from clinical (49.7%) and counseling (53.2%) psychology programs, a pattern that was similar in relation to matches at second-ranked (clinical = 20.4%; counseling = 20.7%), and third-ranked (clinical = 12.3%; counseling = 9.4%) internship sites. The differences between the match rates for clinical and counseling psychology students across all ranks was insignificant, \( \chi^2(14, N = 2,130) = 19.03, p > .05 \), underscoring the similarity of the two specialties in relation to their internship matches.

As for settings, clinical and counseling psychology students matched to significantly different types of internship contexts, \( \chi^2(7, N = 2,096) = 416.15, p < .001 \). Table 1 displays the percentages of clinical and counseling psychology students who matched to each of the eight different types of internship settings. As depicted in Table 1, counseling psychology students were more highly represented than clinical students in university counseling center (44.1% vs. 9%) settings and child and family settings (4.8% vs. 0%). Clinical psychology students, by contrast, were more heavily represented than counseling psychology students within medical center (19.3% vs. 10.0%), CMHCs (13.2% vs. 5.6%), hospital settings (23.6% vs. 8.1%), and consortia (11.9% vs. 3.8%). The percentage of placements within VAMCs and other contexts were relatively similar (see Table 1).

Table 1

<table>
<thead>
<tr>
<th>Counseling</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Frequency</td>
<td>% Frequency</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Setting</th>
<th>Counseling</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCC</td>
<td>44.1</td>
<td>9.0</td>
</tr>
<tr>
<td>Medical center</td>
<td>10.8</td>
<td>19.3</td>
</tr>
<tr>
<td>VAMC</td>
<td>17.7</td>
<td>15.7</td>
</tr>
<tr>
<td>CMHC</td>
<td>5.6</td>
<td>13.2</td>
</tr>
<tr>
<td>Child and family</td>
<td>4.8</td>
<td>0.0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>8.1</td>
<td>23.6</td>
</tr>
<tr>
<td>Consortium</td>
<td>3.8</td>
<td>11.9</td>
</tr>
<tr>
<td>Other</td>
<td>5.1</td>
<td>7.4</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note. UCC = university counseling centers; VAMC = Veterans Affairs medical centers; CMHC = community mental health centers.
Discussion

Results of this study provide evidence regarding similarities and differences concerning the predoctoral internship matches of students in clinical and counseling training programs in psychology. The pattern of findings suggests that both specialties show similar levels of success both in relation to their rates of successful internship matching and in relation to the ranking of the internship sites to which students match. Overall, about 83% of the clinical and counseling psychology students successfully matched to a predoctoral internship site and they did not differ in relation to the ranking of the internships to which they matched. The settings in which they matched, however, showed substantial variation, and this variation largely reflected distinctive features of each subspecialization.

Overall Match Rates

The development of the matching system in 1999 enabled a much clearer and more comprehensive understanding of the internship matching process (Keilin, Thorn, Rodolfa, Constantine, & Kaslow, 2000) and has permitted a tracking of match rates across time and specializations. Previous research has shown similar match rates for clinical and counseling psychology between 1999 and 2003, with students from both specialties successfully matching to a predoctoral internship 80 to 83% of the time (Neimeyer & Keilin, 2007). These findings are consistent with the match rates in the present study.

In examining the longitudinal trends associated with match rates, Neimeyer and Keilin (2007) noted that the supply and demand picture appeared to steadily improve from 1999 to 2002, but suffered a significant setback in 2003, with the number of surplus applicants increasing from 90 (in 1999) to 245 (in 2003). In accounting for the shortfall, Neimeyer and Keilin noted the slight decline in the number of available internship positions may have been due, at least in part, “to the severe budget difficulties faced by federal, state, and local governments . . . resulting in cuts and closing of mental health agencies” (p. 130).

The recent data concerning the 2007 match, in which 25% of internship applicants did not match (APPIC, 2007), suggests a significant worsening of the supply demand imbalance. Although the factors contributing to the more substantial 2007 shortfall have not been fully determined, Keilin et al. (2000) noted that the number of available internship positions, the number of applicants applying for internship, and issues surrounding geographical preferences and other restrictions are all important factors to consider in relation to the ongoing issue of supply and demand. Although clinical and counseling psychology programs appear to have similar overall match rates, there is some evidence that students from professional schools, heavily represented within the specialty of clinical psychology, may be hit particularly hard in relation to internship matching (Keilin, Baker, McCutcheon, & Peranson, 2007). In support of these findings, Neimeyer et al. (2007) found that clinical psychology training programs with stronger professional orientations showed significantly lower match rates (77.5%), compared to those with stronger scientific orientations (88%). As Keilin et al. noted, the reasons for this difference in placement rates remain unknown. Across both specialties, however, the recurring shortfall in internships has, as Boggs and Douce (2000) noted, “shaken the old order in which programs and students had always assumed more sites than potential interns” (p. 675).

Internship Settings

In contrast to their similar rates in matching to internships, however, students in clinical and counseling psychology showed different patterns regarding the specific settings of their matches. The overall pattern of these differences is broadly consistent with enduring differences that have been noted between the specialties in relation to their origins and orientations. The greater allegiance of clinical psychology to a medical model, for example, is reflected in the higher placement of clinical student in medical centers and hospital settings. Nearly 20% of all clinical psychology students were placed in medical center internships, a rate that was nearly twice the percentage of counseling psychology students placed in the same setting (10.8%). General hospital matches further supported this trend, with clinical psychology students matching at nearly three times the rate (23.6%) of counseling psychology students (8.1%) to this setting. That being said, it is also clear that the overall placement of counseling psychology students within medical settings remains strong and continues a trend noted by Neimeyer, Bowman, & Stewart (2001) in their retrospective study of internship matches in counseling psychology. They found that increasingly larger percentages of counseling psychology students matched to general hospital settings across the 26-year period of their review, noting that those settings “now constitute the third most common internship” setting (p. 770) for counseling psychologists, behind university counseling centers and VAMCs.

The current data support the finding that counseling centers remain the most common setting for internship training within counseling psychology today. Counseling psychology students matched at significantly higher rates to university counseling centers (44.1%) as compared to clinical psychology students (9%). The central role of counseling centers as contexts for internship training for counseling psychology students supports a longstanding trend (Neimeyer, Bowman, & Stewart, 2001; Neimeyer & Keilin, 2007). As noted by Neimeyer and Diamond (2001), this trend may reflect the specialty’s proactive and developmental approach to prevention and intervention that represent enduring commitments that can be traced to the origins of the field (Whitely, 1980).

Implications

The results of the current study extend longstanding efforts to better understand differences between clinical and counseling programs, and the distinctive contributions that each makes to the field of professional training. Differences have been noted in relation to their curricula, training models (Cassin et al., 2007), and employment settings (Cobb et al., 2004; Stedman, Neff, & Morrow, 1995) in ways that are broadly consistent with the differences associated with the patterns of internship placement noted in the current study. The implications of these findings extend beyond their descriptive value in identifying similarities and differences between the specialties. Together with related work in this field, they might be useful in advancing discussions regarding the distinctive features of each specialty that could merit preservation within integrated training programs that might seek to combine them.
Further, from the standpoint of students who might be trying to decide between clinical or counseling psychology training programs, clearer information about the pattern of internship matches might help inform their decisions. Although it is unclear how much students utilize information regarding internship placements in their decisions regarding graduate study, individuals who are looking toward particular kinds of training or employment contexts may benefit from this information. Students seeking training or employment within university counseling centers, for example, may consider the potential value of considering training programs within counseling psychology, whereas those interested in working in general hospitals may find clinical training programs a better match for their particular interests.

One of the advantages of the current study is that it provides a comprehensive sampling of internship matches and comparisons across the two specialties. The nature of this sampling substantially reduces issues that might otherwise arise regarding the representativeness of the samples or the generalizability of their findings. Likewise, many threats to internal validity, such as errors in reporting or measurement, are effectively addressed through this comprehensive sampling procedure.

That being said, the interpretation of the data remains open to alternative readings. Substantial differences in internship matches between clinical and counseling psychology students occurred against the backdrop of a range of similarities. A conservative interpretation of the data would note the evidence regarding substantial overlap, as well as selected differences, between the two specialties in relation to the placement of their predoctoral interns. Both these similarities and differences are consistent with the shared history of the two specialties as well as the distinctive forces that have worked their effects on them across the course of their development.

In addition, for academic training programs that seek to compare their internship matches (match rate, rankings, and settings) to national averages, these data may provide useful indications of program outcomes. The demonstration of outcomes that are consistent with training objectives is an important aspect of accreditation. Documentation of successful internship placements, for example, could address the vulnerabilities associated with some professional training programs (Blustein, Goodyear, Perry, & Cyphers, 2005). By tracking the nature of their internship matches programs could document the viability of their training programs and highlight their distinctive contributions to professional psychology. In these and other respects, the results of the current study may be useful to individual training programs in examining their particular outcomes while also informing broader discussions concerning the distinctive contributions of various specialties to the field of professional training in psychology.

References

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