

Clinical Versus Counseling Psychology: What's the Diff?

by John C. Norcross - University of Scranton, Fields of Psychology Graduate School

The majority of psychology students applying to graduate school are interested in clinical work, and approximately half of all graduate degrees in psychology are awarded in the subfields of clinical and counseling psychology (Mayne, Norcross, & Sayette, 2000). But deciding on a health care specialization in psychology gets complicated. The urgent question facing each student--and the question frequently posed to academic advisors--is "What are the differences between clinical psychology and counseling psychology?" Or, as I am asked in graduate school workshops, "What's the diff?"

This article seeks to summarize the considerable similarities and salient differences between these two psychology subfields on the basis of several recent research studies. The results can facilitate your informed choice in the application process, enhance matching between the specialization and your interests, and sharpen the respective identities of psychology training programs.

Considerable Similarities

The distinctions between clinical psychology and counseling psychology have steadily faded in recent years, leading many to recommend a merger of the two. Graduates of doctoral-level clinical and counseling psychology programs are generally eligible for the same professional benefits, such as psychology licensure, independent practice, and insurance reimbursement. The American Psychological Association (APA) ceased distinguishing many years ago between clinical and counseling psychology internships: there is one list of accredited internships for both clinical and counseling psychology students. Both types of programs prepare doctoral-level psychologists who provide health care services and, judging from various studies of their respective professional activities, there are only a few meaningful differences between them (e.g., Gaddy, Charlot-Swilley, Nelson, & Reich, 1995; Norcross, Karg, & Prochaska, 1997; Watkins, Lopez, Campbell, & Himmell, 1986).

Put differently, students interested in a career in psychological health care should certainly consider both clinical psychology and counseling psychology in their initial deliberations. Of course, we are addressing here counseling psychology, a doctoral-level field in psychology, not the master's-level profession of counseling.

Salient Differences

At the same time, a few differences between clinical psychology and counseling psychology are still visible and may impact your application decisions. Here are thumbnail sketches of these differences.

Size

Clinical psychology doctoral programs are more numerous than counseling psychology doctoral programs: In 1999, there were 194 APA-accredited doctoral programs in clinical psychology and 64 APA-accredited doctoral programs in counseling psychology. Clinical psychology programs produce approximately 2,000 doctoral degrees per year (1,300 PhD and 600 to 700 PsyD), while counseling psychology programs graduate approximately 500 new psychologists per year.

Location

Clinical psychology graduate programs are almost exclusively housed in departments or schools of psychology, whereas counseling psychology graduate programs are located in a variety of

departments and divisions. A 1995 survey of APA-accredited counseling psychology programs found that 18% of them were housed in colleges of art and science, 75% were housed in schools of education, and 6% in interdepartmental or interinstitutional settings (Woerheide, 1996).

Professional Activities

The daily activities of clinical and counseling psychologists are highly similar. They devote the bulk of their day to psychotherapy, teaching, research, and supervision (Mayne et al., 2000). But there are a few robust differences: Clinical psychologists tend to work with more seriously disturbed populations and are more likely trained in projective assessment, whereas counseling psychology graduates work with healthier, less pathological populations and conduct more career and vocational assessment (Brems & Johnson, 1997; Fitzgerald & Osipow, 1986; Watkins, Lopez, Campbell, & Himmell, 1986).

Theoretical Orientations

In one of our recent studies (Bechtoldt et al., 2000), we compared the theoretical orientations and employment settings of APA's Division 12 (Clinical) and 17 (Counseling) psychologists (N = 1,389). These results are summarized in Table 1. Again, the convergence was more impressive than the divergence: 29% of both divisions embraced the eclectic/integrative orientation and 26% endorsed the cognitive orientation. However, clinical psychologists more frequently favored the behavioral and psychoanalytic (but not psychodynamic) persuasions, and counseling psychologists the client-centered and humanistic traditions.

The same pattern holds true for the theoretical orientations of faculty members. In one of our studies (Norcross et al., 1998) examining the theoretical orientations of faculty in doctoral clinical and counseling psychology programs, we found a higher percentage of psychodynamic faculty in clinical PsyD programs, a higher percentage of humanistic faculty in counseling PhD programs, and a higher percentage of cognitive-behavioral faculty in clinical PhD programs.

Employment Settings

Previous research has consistently found that clinical and counseling psychologists are employed in similar settings, with private practice and universities leading the way. But here, too, we find salient differences. Counseling psychologists are more frequently employed in university counseling centers, whereas clinicians are more frequently employed in hospital settings (Gaddy, Charlot-Swilley, Nelson, & Reich, 1995; Watkins, Lopez, Campbell, & Himmell, 1986). The following table summarizes data from the APA (1997) national membership base.

As seen here, Division 12 clinical psychologists were more often employed in private practice, hospitals, and medical schools. By contrast, Division 17 counseling psychologists were more likely to be located in universities (particularly university counseling centers) and other human service settings.

Graduate Admissions

In a large study, colleagues and I set out to obtain critical information on the admission statistics and student characteristics of APA-accredited programs in counseling and clinical psychology (see Norcross et al., 1998, for details). We secured the following information: Graduate Record Examination (GRE) scores and grade point averages (GPAs), number of applicants and acceptances, percentages of incoming students entering with a baccalaureate only and those with a master's degree, and the percentages of incoming students who were women and minorities. The results from 178 clinical psychology programs and 61 counseling psychology (response rates of 99% and 95%, respectively) provide the empirical basis for these conclusions:

- The mean GRE scores of accepted applicants in clinical and counseling psychology doctoral programs were similar overall with a few differences favoring the clinical

programs. For all programs, verbal scores averaged 621 (SD = 45), quantitative scores averaged 627 (SD = 45), and analytical scores averaged 648 (SD = 53). The average score on the Psychology Subject Test was 641 (SD = 47). The only significant differences emerged between PhD clinical programs and PhD counseling programs on the verbal and quantitative scores. In both cases, the incoming students of the clinical PhD programs had higher mean scores (638 verbal and 664 quantitative).

- Similarly, the grade point averages of incoming students were quite similar across clinical and counseling doctoral programs: The overall GPA averaged 3.5 (SD = .2) and the psychology GPA averaged 3.7 (SD = .1).
- The programs accepted, on average, 6 to 8% of the 239 (SD = 123) applicants. The acceptance rate refers to the percentage of applicants who were accepted to the programs, not to the number of students who eventually enrolled in the program. The clinical programs received a significantly higher number of applications than did counseling programs (270 vs. 130), but the acceptance rates were virtually identical between clinical PhD and counseling PhD programs.
- For both types of programs, two thirds of the entering doctoral students were women and one fifth were ethnic minorities. Counseling psychology programs, however, accepted a significantly higher percentage of ethnic minorities (25%) than their clinical counterparts (18%).
- For both clinical and counseling programs, approximately two thirds of incoming doctoral students were baccalaureate level and one third master's level. However, this generic conclusion was tempered by the fact that counseling psychology programs accepted a far higher proportion of master's-degree students than PsyD programs, which in turn accepted a far higher proportion than the PhD clinical programs (67% vs. 40% vs. 21%).

Research Areas

In the same study, we took a close look at the frequency of research areas for clinical and counseling psychology doctoral programs. For all programs, the most frequently listed areas of faculty research, in descending order, were: behavioral medicine/health psychology, minority/cross-cultural psychology, psychotherapy process and outcome, family therapy and research, child clinical/pediatric psychology, neuropsychology, mood disorders, anxiety disorders, eating disorders, and assessment. In order to discern patterns of probable differences in research areas between clinical and counseling programs, we examined the frequency of listings for departures from the expected ratio.

By far, the largest differences occurred in minority/cross-cultural psychology and vocational assessment: 69% and 62% of counseling psychology programs listed these, respectively, compared to only 32% and 1% of the clinical programs. Counseling psychology programs more frequently provided research training and mentorship in human diversity (e.g., gender differences, homosexuality, minority/cross-culture, women's studies), and professional issues (e.g., ethics, professional training). Conversely, clinical psychology program offered, as a group, more research opportunities in psychopathological populations (e.g., attention deficit hyperactivity disorder, autism, affective disorders, chronic mental illness, personality disorders, posttraumatic stress disorder, schizophrenia) and in activities traditionally associated with medical and hospital settings (e.g., pediatric, neuropsychology, pain management, psychophysiology).

Concluding Comments

Choosing between counseling psychology and clinical psychology has been difficult for graduate school applicants given the paucity of published studies and their considerable overlap. As a resource to applicants and advisors, this article has attempted to review the similarities and highlight their differences.

The specific credentials, characteristics, and interests of students should guide applications, of course. Counseling psychology programs seem best suited for those with established interests in the vocational and career processes, human diversity, and professional training. Similarly, students possessing master's degrees and those seeking more intensive exposure to humanistic theory and practice would find these the "norm" in counseling psychology.

Conversely, students with an abiding interest in psychopathological populations and in behavioral health will more likely find these in clinical psychology programs. While all APA-accredited programs expect their incoming students to manifest relatively high GREs and GPAs (Norcross, Hanych, & Terranova, 1996), the PhD clinical psychology programs expect them a bit higher. Students with a cognitive-behavioral orientation should also find PhD clinical programs most amenable to their interests.

Distinctive emphases between PhD counseling psychology and PhD clinical psychology programs ought not to be rigidly interpreted as absolute or unique characteristics. With the robust overlap in these programs, qualified students should consider all options and then tailor their applications to those specializations that match their academic credentials, research interests, career trajectories, and theoretical orientations. We hope that the systematic comparisons provided in this article will assist students and advisors in doing just that.

References

- American Psychological Association Research Office. (1997). Demographic characteristics of Division 12 members by membership status: 1997. Washington, DC: Author.
- American Psychological Association Research Office. (1997). Demographic characteristics of Division 17 members by membership status: 1997. Washington, DC: Author.
- Bechtoldt, H., Wyckoff, L. A., Pokrywa, M. L., Campbell, L. F., & Norcross, J. C. (2000, March). Theoretical orientations and employment settings of clinical and counseling psychologists: A comparative study. Poster presented at the 71st annual convention of the Eastern Psychological Association, Baltimore, MD.
- Brems, C., & Johnson, M. E. (1997). Comparison of recent graduates of clinical versus counseling psychology programs. *Journal of Psychology*, 131, 91-99.
- Fitzgerald, L. F., & Osipow, S. H. (1986). An occupational analysis of counseling psychology: How special is the specialty? *American Psychologist*, 41, 535-544.
- Gaddy, C. D., Charlot-Swilley, D., Nelson, P. D., & Reich, J. N. (1995). Selected outcomes of accredited programs. *Professional Psychology: Research and Practice*, 26, 507-513.
- Mayne, T. J., Norcross, J. C., & Sayette, M. A. (2000). *Insider's guide to graduate programs in clinical and counseling psychology (2000-2001 ed)*. New York: Guilford.

Norcross, J. C., Hanych, J. M., & Terranova, R. D. (1996). Graduate study in psychology: 1992-1993. *American Psychologist*, 51, 631-643.

Norcross, J. C., Karg, R., & Prochaska, J. O. (1997). Clinical psychologists in the 1990's. II. *The Clinical Psychologist*, 50, 4-11.

Norcross, J. C., Sayette, M. A., Mayne, T. J., Karg, R. S., & Turkson, M. A. (1998). Selecting a doctoral program in professional psychology: Some comparisons among PhD counseling, PhD clinical, and PsyD clinical psychology programs. *Professional Psychology: Research and Practice*, 29, 609-614.

Watkins, C. E., Lopez, F. G., Campbell, V. L., & Himmell, C. D. (1986). Counseling psychology and clinical psychology: Some preliminary comparative data. *American Psychologist*, 41, 581-582.

Woerheide, K. (1996). 1995 summary of characteristics and outcomes of university-based, clinical doctoral programs. Washington, DC: American Psychological Association Office of Program Consultation and Accreditation.

John C. Norcross (image) ABOUT THE AUTHOR: John C. Norcross, PhD, is professor of psychology at the University of Scranton, where he has served as the Psi Chi faculty advisor for 15 years, and the current president of the APA Division of Psychotherapy. He presents and publishes regularly on applying to graduate school and is the coauthor of the *Insider's Guide to Graduate Programs in Clinical and Counseling Psychology* (Guilford Press). Among his dozen books are *Systems of Psychotherapy: A Transtheoretical Analysis* and the *Authoritative Guide to Self-Help Resources in Mental Health*.

Fall 2000 issue of *Eye on Psi Chi* (Vol. 5, No. 1, pp. 20-22), published by Psi Chi, The National Honor Society in Psychology (Chattanooga, TN). Copyright, 2000, Psi Chi, The National Honor Society in Psychology. All rights reserved.