TOPICAL ARTICLES

The Master's-Level Clinician: Application and Admission to Doctoral Programs

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The effect of having a master's degree on doctoral program application and acceptance/nonacceptance remains unclear. All former master's-level clinicians (N = 89) in an MS psychology program for an 11-year period were sampled; 65 individuals responded. Of those who applied to doctoral programs (n = 28), 86% gained admission. Results indicated significant differences between this accept group (n = 24) and a noapply group (n = 37). The noapply group had significantly lower GRE Quantitative scores, took significantly more time to complete the master's degree, were significantly older, chose the master's degree because at the time of master's application they did not want a doctorate, and had a higher percentage of women. Four primary implications of the data are discussed.

The value of a terminal master's degree to those seeking doctoral program admission remains uncertain. On the one hand, some doctoral programs seem reluctant to accept such individuals (Albee, 1971; Annis, Tucker, & Baker, 1978; Howell & Murdock, 1972; Saccuzzo & Schulte, 1978). On the other hand, some research and writing support the value of a terminal master's degree for doctoral program admission (Mealiea, 1973; Ward & Ziegler, 1973). It is difficult to gain admission to many PhD and PsyD programs, and a master's degree may be the only choice for some qualified individuals (or the degree of choice for others). One *can* earn a master's degree and apply to doctoral programs with hopes of admission (Annis, Tucker, & Baker, 1978; Mealiea, 1973; Perlman, in press; Tucker & Annis, 1981).

Korn (1984) recently estimated that the odds on gaining doctoral program acceptance seem to be improving (although he did not look at master's-level individuals per se) while LeUnes, Bourgeois, Bond, and Oppenheimer (1982) argue for in-depth follow-up of master's programs. The present research addresses both issues. It is an 11-year follow-up on doctoral program applications for all students in a MS Psychology Program–Clinical Emphasis. The study focuses not only on those who apply and are accepted or denied admission to doctoral programs, but also on those who have never made application. This latter group has been ignored in the literature.

The purpose of this research is to determine if differences exist between students trained in a terminal master's program with a clinical emphasis who applied and/or gained admission to doctoral programs and those who did not apply. Learning more about these master's clinical persons may be of assistance to faculty members who teach in terminal master's-level clinical programs in planning and assessment; that is, program goals and curricula could differ depending on whether students go on for doctoral study, work in the field, or both. These data may also benefit both undergraduate and graduate students (and faculty members advising them) in educational and career planning and decision-making.

METHOD

Subjects

Students who had completed all coursework (but not necessarily the thesis) for the master's degree in psychology with a clinical emphasis at the University of Wisconsin–Oshkosh from 1971 to 1982, inclusive, were sampled ($N = 89$).

The Program

The MS Psychology–Clinical Emphasis program has an 18–21 credit "core" with courses in experimental design, statistics, learning, experimental psychology, theoretical issues, and thesis. Clinical courses include individual intelligence testing, projective tests, objective tests, psychopathology, psychotherapy, community mental health, four semesters of community agency practicum, and two semesters of psychodiagnostic practicum. The program requires 45 semester credits in total.

Instrument

Data were collected by means of a questionnaire that took 10 minutes to complete. Respondents' age and sex were obtained. Undergraduate data included major, grade point average, and degree earned. Data on master's clinical training included: (a) amount of time between receipt of bachelor's degree and beginning of master's training; (b) amount of volunteer experience prior to master's training—measured on a 5-point scale coded from none to more than 1 year; (c) amount of paid human service/mental health work experience—measured on a 1- to 4-point scale coded from none to 1 year or more full-time; (d) when master's training was begun; (e) when coursework was completed; (f) when thesis was completed; (g) age when coursework was completed; and (h) grade point average. Five items with a 1- to 5-point Likert-type scaling (*strongly agree* to *strongly disagree*) asked about reasons behind the decision to attend a clinical master's program (feeling doctoral program admission would be impossible, doctoral training taking too long, doctoral education seeming too expensive, not wanting a doctorate at the time master's clinical program application was made, and doctoral program admission being denied).

Post-master's program data were gathered for all persons sampled. Those accepted into doctoral programs were asked to supply information in response to questions applicable at the time of first doctoral program admission. Questions included (a) amount (years and months) of full-time and part-time salaried mental health work; (b) post-master's scholarly experience (number of paper presentations, symposium participations, manuscripts published); (c) number of workshops, conventions, and training sessions attended; (d) amount, if any, of research activity; and (e) Graduate Record Examination scores (Verbal, Quantitative, Analytic, and Advanced).

Those respondents who had not made doctoral program application answered additional items, including a question with a 6-point Likert-type scale (*very unlikely* to *very likely*) on the likelihood that doctoral program application would be made in the future. They were also asked six questions, scaled on a 5-point Likert-type scale (*agree* to *disagree*), about their reasons for not making doctoral program application (unable to relocate, financial, belief admission would be denied, thesis incomplete, family considerations, present employment too good).

Respondents who had been accepted into doctoral programs answered questions about (a) the year first acceptance into a doctoral program occurred; (b) number of years in a row all doctoral program applications were denied; (c) total number of applications made and number of acceptances; and (d) whether the respondent had attended a doctoral program and, if so, the university and program emphasis. Those who attended doctoral training programs responded to items asking about (a) degree level of their class, that is, all master's-level, majority master's-level, majority bachelor's-level; (b) credit received for master's training (all, part, none); (c) number of credits of pre-master's work required in the doctoral program; and (d) whether the person had graduated, was still in, or had dropped out of the doctoral program.

Those persons who had applied and never gained admission to a doctoral program answered questions about the number of years doctoral program application had been made and the total number of applications submitted.

Procedure

A cover letter, questionnaire, and self-addressed, postage-paid, return envelope were sent to each of the 89 former students, with a 2-week follow-up.

RESULTS

Thirteen questionnaires were returned "addressee unknown," decreasing the usable sample to 76. Completed questionnaires were received from 65 former students (41 males and 24 females, average age = 27.7 years), a response rate of 85.5% (73% of all clinical graduates in 11 years). Thirty-seven (57%) respondents indicated that they had not applied to doctoral programs since completing their master's training (noapply). Twenty-four (37%) respondents indicated that they had gained admission into one or more doctoral programs following completion of their master's training (accept). Four (6%) respondents indicated that they had applied to, but had not been accepted by, any doctoral program since finishing their master's training (noaccept). Thus, 86% of all master's individuals who had applied to doctoral programs gained admission. The noaccept group was dropped from further study due to its small size.

To determine if the noapply and accept groups differed significantly, chi-square analyses or separate t tests were performed. For the latter, an F statistic for homogeneity of variance at the .05 level of probability was computed for each item analyzed. When homogeneity of variance was assumed, t values with pooled variance estimates were used. In those instances where homogeneity of variance could not be assumed, t values with separate variance estimates were used. All t tests were nondirectional, using .01 as the level of significance.

Those who were accepted to doctoral programs (19 males, 5 females) may be characterized, compared with their noapply peers (19 males, 18 females) as: wanting a doctorate even when gaining admission to a master's program; being younger, $t\,(59) = 2.86$, $p < .001$, M = 27.7 years versus 31 years; having a higher GRE Quantitative score, $t\,(49) = 3.97$, $p < .001$, M = 616 versus M = 521; and taking less time to complete the master's degree, $t\,(43) = 3.42$, $p < .001$, M = 26 months versus 35 months, including thesis. A chi-square analysis revealed significant differences for number of males and females in the two groups, $\chi^2\,(1, N = 61) = 4.79$, $p < .05$. An inspection of individual cells reveals the noapply group is 49% female, the accept group 21% female. The noapply group is not firmly established at the master's-level with 15 individuals stating they were still planning to seek doctoral training, 12 not planning to do so, and 10 undecided.

Pre-Master's Training Data

A bachelor's degree with a psychology major was predominant for both groups (accept group = 88%, noapply

group = 97%) (χ^2, n.s.). For the noapply group the BS degree was held by 68%, whereas only 37% of the accept group had this degree (63% had a BA degree). A chi-square analysis on type of bachelor's degree was significant, χ^2 (1, N = 61) = 5.33, $p < .025$. There is a relationship between type of degree and whether one makes doctoral program application after master's training with a greater percentage of those who do apply for doctoral study possessing a BA degree. The undergraduate GPA (computed on a 4-point scale) for the accept group was 3.16; for the noapply group, it was 3.32 (t test, n.s.). The noapply and accept groups averaged 11.84 and 18.83 months, respectively, between conclusion of bachelor's and beginning of master's training (t test, n.s.). Finally, 62% of the noapply and 75% of the accept groups had volunteer experience in mental health, and 54% of the noapply group and 50% of the accept group had salaried work experience in mental health (chi-square values on these latter two findings were not significant).

Master's and Post-Master's Training Data

The accept and noapply groups had the following mean GRE scores: (a) Verbal GRE equaled 568 and 538, (b) Analytic equaled 613 and 581, (c) Advanced equaled 610 and 551, respectively. The accept group had a mean master's-level graduate GPA of 3.65 and were 25.5 years old at the completion of master's-level training; the noapply group had a graduate GPA of 3.54 and were 27 years old when they received their degree. The t-test analyses on these variables yielded nonsignificant results.

The accept and noapply groups were compared for scholarly experience, research activity, and attendance at workshops, conventions, and training sessions after master's training. Chi-square analyses on the first two variables and a t test on the latter yielded nonsignificant results. Six members (of 37) in the noapply group and 5 members (of 24) in the accept group reported research activity. Scholarly experience (paper presentations, symposium participation, publishing of manuscripts) was limited for individuals in both groups. Only 8 persons in the noapply group and 7 persons in the accept group reported engaging in any scholarly work. Finally, on the average, those in the noapply group attended 6 workshops, 1.5 conventions, and 4 training sessions. Those in the accept group reported attending an average of 3 workshops, 1 convention, and 4 training sessions after master's work and before first doctoral program acceptance.

Doctoral Application Data

Of the 61 individuals studied, 32 applied to doctoral programs prior to master's-level clinical training. Of these 32, 26 (81%) were denied admission. It is interesting to note that 18 individuals in the accept group had applied to doctoral programs (before master's training) and 17 had been denied admission. In other words, 17 persons denied admission to doctoral programs before terminal master's clinical study gained doctoral program admission after master's training.

Table 1 provides data on reasons for attending a terminal master's program and not pursuing a doctorate in psychology directly after undergraduate training. Each statement was scaled from 1 = *strongly disagree* to 5 = *strongly agree*. The Disagree category represents Responses 1 and 2, the Agree category combines Responses 4 and 5. The t-test analyses comparing those in the accept and noapply groups on the uncollapsed 1- to 5-point scaled items yielded one significant result, "I decided to attend a clinical master's program rather than directly pursuing a doctorate because I did not want a doctorate at that time," t (59) = 4.49, $p < .001$. Those in the noapply group had a higher mean (2.76) response to this item than persons in the accept group (1.42).

Members of the noapply group were asked to indicate their reasons for not seeking a doctoral degree in psychology since they completed master's training. Items were scaled 1 to 5 with Responses 4 and 5 in the Agree category. The percentage of respondents who agreed with each reason were: (a) present employment satisfactory (70%), (b) family considerations (51%), (c) expense of a doctoral education (38%), (d) unable to relocate (32%), (e) thesis incomplete (8%), and (f) belief admission would be denied (4%).

Analyses of accept group data revealed that the group's mean age at time of first doctoral program acceptance was 27.7 years and the mean amount of time between completion of coursework for the master's degree and first doctoral program acceptance was 22.5 months. Fifty-eight percent indicated the thesis was complete when first accepted into a doctoral program. Respondents in the accept group were

Table 1. Percentage of Respondents Giving Various Reasons for not Directly Pursuing a Doctorate in Psychology after Undergraduate Training

	NOAPPLY				ACCEPT			
Reasons	Disagree	Undecided	Agree	N	Disagree	Undecided	Agree	N
Length of a doctoral program	68	8	24	37	87	0	13	24
Expense of a doctoral education	73	5	22	37	79	8	13	24
Not interested in a doctorate	57	0	43	37	92	0	8	24
Belief that admission would be denied	62	5	33	37	29	4	67	24
Application to doctoral program made and admission denied	36	0	64	14	6	0	94	18

also asked to indicate when (after master's training) they achieved their first doctoral program acceptance. Results revealed that 11 individuals (46%) gained acceptance into at least one doctoral program during their first year of application, seven individuals (29%) were admitted during the second year of application, with five respondents (21%) successful during their third or fourth year of application. One individual (4%) was not able to gain admission into any doctoral program until the seventh year of application.

Members of the accept group were also asked to indicate the total number of doctoral applications made, the emphasis of the programs to which they applied, and the number of programs that accepted them. Twenty-three individuals applied to Clinical programs; 11 gained admission (48%), but only 12% of their applications were accepted. Some applicants applied to over 25 Clinical programs! Thirteen persons applied to Counseling programs with six gaining admission (46%), 12 applied to PsyD programs with five gaining admission (42%), and all eight who applied to "Other" (School Psychology, Industrial/Organizational) programs gained acceptance. The acceptance rate of applications submitted was 24% for Counseling programs, 53% for PsyD programs and 92% for "Other" programs. Nine persons applied to both PsyD and PhD Clinical programs. No one was accepted to both, 5 individuals were accepted to PsyD programs, 3 were accepted to PhD Clinical programs, and 1 person was denied both Clinical and PsyD admission, but was accepted in an "Other" doctoral program.

Doctoral Program Attendance Data

Of the 24 members of the accept group, 21 (88%) attended doctoral programs in psychology. Of these, 5 persons attended PhD Clinical programs, 4 PsyD programs, 4 Counseling programs, and 8 attended "Other" programs in psychology. Calculation of amount of master's work accepted revealed 13 respondents (62%) who reported that all master's work was accepted. No student accepted into a doctoral program had all master's work denied. Mean number of courses repeated by these master's-trained individuals once in doctoral training was 2.4

The high success rate of the accept group may be due in part to their selection of programs. Respondents who attended doctoral training were asked to provide their best estimate on the percentage of their doctoral class with a master's degree; 10 stated that their entire doctoral class had master's degrees, 7 stated that a majority admitted were at the master's level, and 4 claimed that the majority admitted were at the bachelor's level.

DISCUSSION

The terminal master's degree with a clinical emphasis is not a dead-end precluding doctoral work. Eighty-six percent (24 out of 28) of the respondents who applied to doctoral programs gained admission and of these 24, 17 had been denied admission before master's training. Almost half of those accepted gained admission to PhD clinical programs, and training in PsyD programs was also possible. Admission to School Psychology and Industrial/Organizational doctoral training was almost certain. What is not known is whether the acceptance rate is good because of improved credentials due to master's training, better advising, a more reasonable choice of programs, being older, having more work experience, or other factors. The finding that a greater percentage of those in the accept group compared to the noapply group have a BA degree, not a BS, cannot be explained by the authors.

The accept group, as a whole, seems to have chosen the master's degree as a second choice or as a "stepping-stone" to the doctorate. Two groups emerge in the research. For the accept group, primarily male, a career path includes doctoral work. For the second group, equally men and women, the master's degree becomes the end point of formal academic training in psychology (a chosen alternative for some, for others a result of family, good employment, realization that doctoral program acceptance is remote, and other considerations). Thus, advisers, students, and faculty members have some insight into who will and who will probably not go on for doctoral work. Those who will probably do so report (in retrospect) that they wanted a doctorate when earning a BA/BS degree, are younger, more likely to be male, have a higher GRE Quantitative score and, once in a terminal master's program, finish sooner. This study encompasses a 1971–1982 time period; it will be interesting to see if similar research in the future reports a higher percentage of women attending doctoral programs after master's training.

The data lend support to the argument of the possible "solidity" of the terminal master's-level clinician. Based on the one program sample reported here, there are few differences between those who go on for doctoral work and those who do not apply, many of whom work in the field at the master's level. The differences in applying for doctoral work and eventually earning this degree seem to be those of motivation and nonwork considerations, not of overall ability as measured by GPA, most GRE scores, and so on. This research provides limited evidence that one may be in error to think of the person with terminal master's-level training in the clinical area as a "PhD dropout" with the negative connotations this phrase may carry with it.

Although applicants are probably wise to choose doctoral programs that accept those with master's degrees, anti-master's bias may still be encountered. One respondent accepted into a Developmental/Clinical doctoral program commented that the admissions committee at that university "does not prefer" to admit master's-trained individuals, and added that she was "the first one" to be admitted. Another individual who had gained acceptance into a PhD program in Industrial/Organizational psychology commented, ". . . having a master's kept me from being admitted. I had to beg." Persistence and appropriate assertiveness may be needed for master's-trained individuals seeking doctoral program admission.

Generalization of these findings should be made cautiously because of the single program studied, its characteristics, the sample's characteristics (GRE scores, years of work experience, age, etc.), and individuals' perseverance in making doctoral applications. It is also not known what quality of counsel these students received about doctoral program applications and the reasons students selected programs for application. The high response rate, number of

comments on questionnaires, and the fact that all but two of the respondents requested a copy of the results seem to suggest that this is an issue that elicits both interest and strong emotion. The research reported here should be useful for students in psychology, advisers, and faculty members.

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NOTES

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2. Address reprint requests to Baron Perlman, Department of Psychology, University of Wisconsin–Oshkosh, Oshkosh, WI 54901.

An Interdisciplinary Approach to Teaching Introductory Courses in Psychology, Biology, and Philosophy

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This paper describes an introductory psychology course taught in conjunction with introductory biology and philosophy. This "triad" arrangement allows for an interdisciplinary treatment of various issues without diluting the presentation of content specific to the individual disciplines. Information on evaluation of the courses is also presented.

For 3 years, I have been teaching my introductory course each fall as part of a "triad" in psychology, biology, and philosophy. In this triad, the 20 students who enroll in my section also enroll in specially designated sections of introductory biology and philosophy. The triad is open only to incoming freshmen. The psychology and philosophy components carry three credits each; the biology component carries four. Incoming students thus devote well over half of their time in the first semester to this interdisciplinary experience. This conjunction of courses has evolved within the context of our "writing across the curriculum" program. The triad is one way students can earn a "W," a certification of basic competency in writing that is required for graduation.

The rationale for this course is fourfold. First is the fact, understood by all three instructors, that psychology, philosophy, and biology to a considerable extent share a common history, as well as the belief that, as a consequence of this common history, we are often asking the same ultimate questions, though the tools we use surely differ. The development of the triad reflects this belief. Second, we share a justified concern that students come away from experiences in introductory courses, indeed often from their entire undergraduate experience, with an exaggerated sense of the barriers between disciplines and an underdeveloped sense of the ties that bind them together. The development of our triad was conceived as a partial antidote to this problem.

Third, we have the responsibility of supporting our students' efforts to become clear thinkers and competent writers. Some of the specific topics we use to meet this responsibility are described below. Although we do not always