

STIGMATIZATION OF PSYCHOLOGY DOCTORAL
PROGRAM APPLICANTS WHO HAVE A
HISTORY OF PSYCHOLOGICAL
COUNSELING

BY

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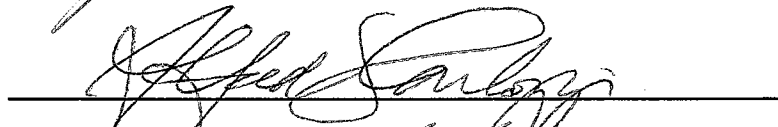
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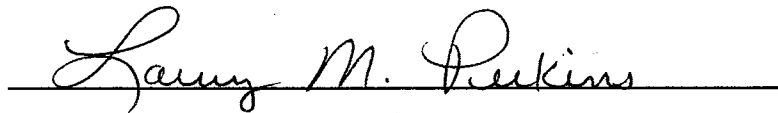
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CHAPTER I

INTRODUCTION

Introduction

The process of societal stigmatization has been described as being a line of research involving an interface between counseling, clinical, and social psychology (Harvey, Bratt, & Lennox, 1987). Stigma has been defined as a preconceived notion, with stigmatization being the process by which individuals who lack a certain trait belittle those individuals who possess it (Piner & Kahle, 1984).

Piner and Kahle (1984) discuss several theories of social stigma. Weisz presented attribution theory (Weisz, 1981) which holds that an individual can be completely discredited by having certain negative traits ascribed to him or her. Goffman's labeling theory (Goffman, 1963) proposes that what is deviant in one context may be the norm in another.

Katz explained ambivalence-response amplification theory (Katz, 1979) which states that stigmatized individuals create ambivalence in their social environments, intensifying whatever alternate response would have been undertaken. In other words, the ambivalence may consist of feelings of aversion and hostility on the one hand, and

feelings of sympathy and compassion on the other. Ambivalence creates a tendency toward behavioral instability, in which the occurrence of extremely positive or negative responses toward the object of ambivalence depends upon how the specific situation is structured.

There is literature to suggest that the recipients of psychological services, or clients, are rejected in the business sector (Farina, Felner, & Boudreau, 1973), in the academic arena (Oppenheimer & Miller, 1988), and in their social interactions (Sibicky & Dovidio, 1986) due to negative attitudes held by members of society resulting from the stigmatization process. Sibicky and Dovidio (1986) explained that a possible consequence for seeking psychological services is rejection from others.

It seems that mental health professionals would not be so inclined to stigmatize those individuals who have received psychological counseling, as mental health professionals are trained to exhibit empathy toward clients. It is surprising, then, that Calicchia (1981) found that mental health professionals and mental health students display negative attitudes toward ex-mental patients. Calicchia indicated that this is incongruent with the positive behavior toward ex-mental patients of mental health

professionals reflected in their advocacy and treatment roles. In other words, mental health professionals suggest that the public accept and integrate ex-mental patients within their communities, yet mental health professionals want nothing to do with ex-mental patients outside of their professional roles.

Oppenheimer and Miller (1988) conducted a study to determine whether actual decision makers form a negative stereotype toward individuals with a history of psychological counseling, and, if so, whether that stereotype results in academic rejection. They found that a negative stereotype was formed toward medical residency applicants with a history of psychological counseling and that academic rejection ensues. Applicants with such a history are less likely to be invited for an interview and are less likely to be accepted into the training program than those without a history of psychological counseling.

Sibicky and Dovidio (1986) examined whether negative social perceptions exist concerning individuals seeking psychological therapy at a university counseling center, and, if so, how these negative social perceptions influence actual dyadic social interactions. They found that subjects behaved in a more negative manner toward clients than toward

nonclients. Additionally, clients were observed to behave in a less socially appropriate manner than nonclients in that they were judged to be less confident, attractive, and likable than nonclients.

Dovidio, Fishbane, and Sibicky (1985) studied whether negative attitudes toward individuals receiving psychological counseling exist due to stigma being associated with psychological problems or due to negative attitudes being attached to help-seeking. The results indicated an ambivalence concerning people with psychological problems.

Parish and Kappes (1979) studied whether the lay public feels negative toward those seeking services for problems and whether these negative evaluations vary due to gender or history of psychological counseling of the layman. It was found that the lay public does indeed experience negative feelings toward those seeking services for problems. In addition, neither the gender of the laymen nor whether they had a history of psychological counseling were found to have significant effects on evaluations.

In summary, evidence suggests that medical professionals as well as laymen engage in the social stigma process. Males and females both participate in the

stigmatization of psychological counseling, and individuals who have received psychological counseling themselves stigmatize other recipients of psychological services. Sibicky and Dovidio (1986) found that clients came to behave in ways that confirmed the perceivers' initial, negative impression, thereby resulting in a self-fulfilling prophecy. Stigmatization may result in clients behaving in a less socially appropriate manner which, in turn, places them at greater risk for subsequent stigmatization.

Calicchia (1981) reported that, while mental health professionals encourage the public to integrate ex-mental patients within their communities, mental health professionals are not willing to integrate them within their own communities. Oppenheimer and Miller (1988) showed that medical residency training directors discriminated against applicants with a history of psychological counseling, thus diminishing their integration into the medical community. However, a study has not previously been conducted which looks at the possibility of training directors of psychology doctoral programs discriminating against applicants with a history of psychological counseling, thus diminishing their integration into the professional community of psychologists.

Statement of the Problem

The present study shall examine the presence or absence of academic discrimination based upon a history of receiving psychological counseling. The focus of this study is denial of admission to academic programs in counseling psychology, clinical psychology, and school psychology. It must be determined whether stigmatization of psychological services exists among psychology educators before an understanding of the problem may be obtained and remediation may be achieved.

Research Questions

Does academic rejection occur as the result of a known history of psychological counseling for applicants to doctoral programs in counseling, clinical, and school psychology?

Do the rejection rates differ among counseling, clinical, and school psychology programs?

Do the rejection rates differ for different presenting problems: interpersonal problems related to the stress of being in a psychology undergraduate/masters' program or depression?

This study is a partial replication of a study conducted by Oppenheimer and Miller (1988) in which academic

rejection based on a history of being the recipient of psychological counseling was examined in graduate medical training programs. The current study is important in that it modifies the population. Rather than examining the attitudes of training directors in medical specialties, this study examines the attitudes of training directors in psychology doctoral programs, individuals who highly value the benefits of psychological counseling.

The rationale for choosing interpersonal problems and depression as the disorders of the hypothetical applicants is that it is both interesting and possible that individuals may apply to doctoral programs with these disorders. Although no studies could be found regarding the prevalence of depressive disorders in graduate students, the lifetime risk for major depressive disorder has been found to vary from 10 to 25 percent for women and from 5 to 12 percent for men, making it one of the more common psychiatric disorders (American Psychiatric Association, 1994).

Purpose of the Study

The purpose of this study is to examine whether academic rejection occurs as the result of a known history of psychological counseling for applicants to doctoral programs in counseling, clinical, and school psychology. An

additional purpose is to explore whether training directors in counseling and school psychology doctoral programs are less likely to discriminate against an applicant on the basis of history of psychological counseling than those in clinical psychology doctoral programs. The rationale for this is that counseling psychologists have been largely aligned with the concepts of normality and clients' concerns as representing developmental phenomena (Ivey, 1976; Nelson-Jones, 1982). A final purpose of this study is to explore whether applicants disclosing a history of psychological counseling for depression are rejected more than those who were treated for interpersonal problems related to the stress of being in a psychology undergraduate/masters' program.

Limitations of the Study

Psychology doctoral programs involved in the study are only those that have obtained full or provisional accreditation by APA (American Psychological Association). The study involves only counseling, clinical, and school psychology doctoral programs. Combined professional-scientific psychology programs shall not be included, as only four are listed in Graduate Study in Psychology (American Psychological Association, 1994) which would

result in a cell size too small for comparison with the other classifications of programs. Subjects are limited to training directors and do not include other faculty members. Presenting problems of the applicants with history of psychological counseling are limited to interpersonal difficulties related to the stress of being in an undergraduate/masters' psychology program and depression. Finally, analogue methodology shall be employed in that the applicant to these psychology doctoral programs is hypothetical. A limitation of such a study is that the results may not be generalizable to the actual admissions process, thus threatening ecological validity.

CHAPTER II

Stigma in Psychological Services

Introduction

Persons with a history of mental illness or of receiving psychological counseling encounter societal stigmatization. The consequence of this stigmatization process is rejection of the stigmatized individuals in the academic arena, in the business sector, and in their personal relationships. In this chapter, the theoretical background of stigmatization shall be explored. The existing literature on the topic of stigmatization of persons with a history of mental illness or of receiving psychological counseling shall be examined, followed by a detailed look at four relevant studies. Additionally, the topic of admissions to psychology programs shall be addressed, as it is pertinent to the current study.

Theoretical Background of Stigmatization

Piner and Kahle (1984) referred to stigma as a preconceived notion. In addition, Piner and Kahle defined stigmatization as the process whereby people who lack a certain trait denigrate people who possess it, thus leading to individual differences in social interaction.

Johannsen (1969) reported that the nature of the stigma

of mental patients is peculiar, as there are no physical traits which differentiate the mental patient from the majority of humanity. In 1986, Sibicky and Dovidio suggested that seeking psychological counseling may be associated with stigmatization similar to that associated with being mentally ill. Sibicky and Dovidio stated that both describing a person as seeking psychological therapy and labeling a person mentally ill implies that the person has psychological problems and is unable to solve his or her own problems.

The social and psychological importance of studying stigma in psychological services leads to the following key questions: Does interpersonal rejection occur as the result of a known history of psychological services? Does occupational rejection occur as the result of a known history of psychological services? Does academic rejection occur as the result of a known history of psychological services? Is rejection the consequence of negative evaluation of mental illness or of help-seeking?

Historically, some of the earlier studies examining the stigmatization of mental patients looked exclusively at stigmatization associated with being "mentally ill." Phillips (1963) posited that the penalty that mentally ill

individuals often pay for being different is rejection by others in the community. Phillips further elaborated that an important social consequence for the person who is defined as deviant may be rejection because of his or her behavior, illness, former illness, or choice of help-source. Rabkin (1972) indicated that the problem concerning mental health professionals is not the negative evaluation of mental illness, but the accompanying rejecting attitudes displayed toward the mentally ill and formerly ill. Rabkin likens mental patients to lepers as targets of rejection.

More than a decade later, Sibicky and Dovidio (1986) found that stigmatization not only affected those people described as mentally ill but also extended to individuals who sought therapy. Sibicky and Dovidio presented negative evaluations and rejection from others as a possible consequence for seeking psychological services.

Goffman (1965) hypothesized a possible reason for rejection of the stigmatized individual. Goffman described the individual who is related through the social structure to a stigmatized individual, a relationship that results in the wider society treating both individuals in some respects as one. Therefore, the loyal spouse of the mental patient, for example, is obliged to share some of the discredit of

the stigmatized person to whom he or she is related. In general, the tendency for a stigma to spread from the stigmatized individual to his or her close connections provides a reason why such relations tend either to be avoided or to be terminated, where existing.

Kusher and Sher (1991) discussed potential sources of fears surrounding the seeking of mental health services. It was reported that the fear of negative judgments by others, or stigma, may evoke negative emotional responses sufficient to inhibit appropriate service seeking.

Empirical Lines of Inquiry

Calicchia (1981) compared the attitudes held by mental health professionals, mental health students, and non-mental health professionals toward ex-mental patients. It was found that while the non-mental health professionals exhibited the most negative attitudes, both mental health groups also displayed negative views. Calicchia pointed out that this is in spite of the positive behavior of mental health professionals reflected in their advocacy and treatment roles. Mental health students considered ex-mental patients to be acceptable and worthy but somewhat unpredictable, incomprehensible and ineffectual. Professionals viewed ex-mental patients as understandable

yet somewhat unpredictable and worthless but, more importantly, as very ineffectual and undesirable. A limitation of this study may be found in the selection of subjects. The non-mental health professionals chosen were all teachers, lawyers, and engineers. Their attitudes may not be representative of the attitudes of the population at large, specifically of those individuals without a college education.

In a study of public views of ex-mental patients (Fracchia, Canale, Cambria, Ruest, & Sheppard, 1976), the adjectives endorsed the most by a sample of 30 male and female suburbanites to describe the undefined term "ex-mental patients" were excitable, strange, tense, strong, uncertain, unsure, unpredictable, convincing, active, and mysterious. Because a correlation coefficient of .74 was found between dangerous and unpredictable, Fracchia et al. concluded that ex-mental patients may be perceived as threatening to the community by this sample. Generalizability may be a limitation, as suburban homeowners were used as subjects.

Contradictory data exists concerning how patients and normals view mental illness. Manis, Houts, and Blake (1963) found that psychiatric and nonpsychiatric patients maintain

similar opinions regarding mental illness. Psychiatric subjects included male psychiatric patients on closed and open wards and had been hospitalized for varying periods of time. Nonpsychiatric patients included medical and surgical male inpatients as well as staff members in the fields of psychiatry, psychology, and psychiatric social work. A possible limitation is that the nonpsychiatric subjects may not be representative of the population at large. Another problem may be that responses of the psychiatric patients may have reflected their attempts to please the staff rather than a genuine opinion.

On the other hand, Crumpton and Wine (1965) discovered differences between normals and schizophrenics in their conceptions of mental illness. Crumpton and Wine were working from the hypothesis that normal and schizophrenic adults differ in their conception of mental illness. It was found that the normal adult perceives the mental patient as sick but moral, a peculiar, different sort of person to be pitied as well as feared, while the schizophrenic views the mental patient as immoral rather than sick, safe but inconsequential. A limitation of this study is that the normals were better educated than the patients (thirteenth grade completed and eleventh grade completed, respectively).

Some of the differences found may relate to educational differences, as patients may have not known as many definitions of the words to be checked on the long adjective checklist given to them.

Results of a study by Crumpton, Weinstein, Acker, and Annis (1963) lend support to the notion that normals view mental illness in terms of sickness and danger, while patients view mental illness in moralistic terms. The subjects used were students in an evening class at a junior college as normals and male hospitalized psychiatric patients. Again, generalizability may be a limitation.

Giovannoni and Ullmann (1962) found that hospitalized mental patients were no better informed than normals about mental health. It was reported that the attitudes of hospitalized mental patients toward the mentally ill were as extremely negative as those of normals. As only male hospitalized psychiatric patients were used as subjects, the results may not be applicable to female psychiatric patients. In addition, all of these participants were patients in the same hospital, and it is possible that their attitudes may reflect those of the hospital staff with whom they had contact.

Piner and Kahle (1984) used undergraduate women in

psychology courses as participants. They hypothesized that in superficial situations of minimal consequence, people will treat stigmatized others with relative understanding. Their hypothesis goes on to say, however, that in situations of high involvement, stigmatizing behaviors are to be expected. It was found that, indeed, as long as a mental patient is participating in some superficial situation, he or she tends to experience more acceptance. The results of this study may not apply to males, as only females were used as participants.

Goodyear and Parish (1978) compared the attitudes of undergraduates enrolled in a psychology course toward a patient seeking counseling, a client seeking counseling, and a typical person. It was concluded that both client and patient were more generally given a negative evaluation than a typical person. Generalizability may be a limitation with the use of undergraduates as subjects. Another limitation may be that these participants were all students at one midwestern state university. Because people's perceptions of counseling help-seekers may differ among the geographic areas, these results may reflect a regional bias.

The hypothesis of Phillips (1963) was that persons exhibiting identical behavior will be increasingly rejected

as they are described as seeking no help, as utilizing a clergyman, a physician, a psychiatrist, or a mental hospital. To test this hypothesis, three hundred married white females were interviewed which introduced the possibility of generalization as a limitation. The findings were consistent with the hypothesis. A problem with methodology was that the participants were presented with case abstracts that had been arranged in the form of a Graeco-Latin Square. Hence case abstracts for all possible combinations of the values of the two independent variables (behavior and help-source) were not presented.

Farina and Ring's study (1965) and Farina, Holland, and Ring's study (1966) examined the role of stigma in interpersonal relations. Using undergraduates as subjects, Farina and Ring found that perception of the co-worker as mentally ill is associated with better task performance. It was considered possible that the increased adequacy of performance was due to the greater threat posed by a successful peer as compared to that posed by a person perceived to be maladjusted and inadequate. It was also found that when a co-worker is viewed to be mentally ill, subjects prefer to work alone and blame him or her for inadequacies in the joint performance even with the lack of

objective measures to justify these responses.

Farina et al. (1966) studied students in an introductory undergraduate psychology course, again introducing the limitation of generalizability. They discovered that the person perceived as abnormal either because of mental illness or a poor childhood experience is treated more harshly than the normal. He or she is also described as less adequate in his or her performance, regardless of the lack of an objective basis for this. He or she is less liked, and subjects prefer no further interaction with him or her.

Examining the occupational consequences of stigma, Farina, Felner, and Boudreau (1973) pointed out the importance of gender in the stigmatization process. Farina et al. (1973) conducted three studies. In the first study, female department store workers evaluated a female confederate negatively when she was tense. Whether or not she had been mentally ill, however, made no difference to them. In other words, the female confederate was not evaluated negatively when she had been mentally ill. In a second study, male hospital employees rejected a male confederate both when he was tense and when he had a history of being mentally ill. In a third study, female hospital

workers met another female confederate, and the results were the same as those of the first study. A female confederate was evaluated negatively by female subjects for being tense, yet whether or not she had been mentally ill made no difference to them. This led to the conclusion that either the sex of the subjects or of the patient (or both) appears to be an important variable in the acceptance of ex-mental patients.

Langer and Abelson (1974) hypothesized that the therapeutic orientations of clinicians would influence the effect of labels on their clinical judgments. The subjects were clinicians associated with university departments known to be either behaviorally or psychodynamically oriented. These clinicians were either graduate or postdoctoral clinical students, residents, or faculty members. Langer and Abelson found no differences between the clinicians with a behavioral orientation and clinicians with a psychodynamic orientation when an interviewee was depicted as a job applicant. However, the psychodynamic as compared to the behavioral clinicians diagnosed significantly more maladjustment when the interviewee was described as a patient. These results may not apply to the general population of clinicians, as the clinicians used as subjects

were all from university settings.

Snyder (1977) conducted a further analysis of the data presented by Langer and Abelson (1974). Snyder hypothesized that when both types of clinicians listen to the interview in which the interviewee is labeled as a patient, the psychodynamically trained clinicians would perceive the client problem as being caused by person-based factors, while the behaviorally trained clinicians would perceive the cause to be situation-based factors. It was also hypothesized that greater maladjustment would be positively correlated with more person-based attributions. As was hypothesized, Snyder found that the psychodynamically as compared to behaviorally trained clinicians perceived the problem to be significantly more person based when the interviewee was depicted as a patient. This means that the problem was perceived to be "located" within the patient as opposed to being "located" within the environment. A significant positive correlation was also found between Langer and Abelson's interviewee maladjustment and locus of problem as measured in the present study, such that greater maladjustment related to more person-based problems.

Importance of Measurement of Stigma

Stigma is seen as multidimensional. Attribution theory

states that a person can be entirely discredited by having certain negative traits ascribed to him or her (Piner & Kahle, 1984). Katz (1979) explained that the discrediting attribute could be related to the individual's physical makeup, social behavior, or familial heritage. The attribute of mental illness engenders in observers strong feelings of repugnance, disdain, or fear. The assumption is that certain behavioral characteristics (such as might be associated with mental retardation, for example) are so central in most people's conceptions of personality, that attribute and possessor are viewed essentially as one and the same.

Labeling theory proposes that deviance in one context may be the norm in another. According to Katz (1979), labeling theory proposes that deviation from a societal norm is perhaps a necessary, but not a sufficient, condition of stigmatization. The labeling perspective holds that individuals are disvalued and isolated less because they display attributes that violate accepted standards, than because the majority choose to consider these so people deviant.

Ambivalence-response amplification theory states that stigmatized people create ambivalence in their social

environments, intensifying whatever alternate response would have been ventured. Katz (1979) clarified that the ambivalence may consist of feelings of aversion and hostility on the one hand, and feelings of sympathy and compassion on the other. Katz explained that ambivalence creates a tendency toward behavioral instability, in which the occurrence of extremely positive or negative responses toward the object of ambivalence depends upon how the specific situation is structured. For example, positive responses may occur in superficial situations involving minimal contact with the stigmatized individual, while negative responses may occur in situations of high involvement (Piner & Kahle, 1984).

The four most relevant studies shall be reviewed in greater detail. The first is that of Oppenheimer and Miller (1988). The purpose of this study was to determine whether actual decision makers (training directors in medical residency programs) form a negative stereotype toward persons with a history of psychological counseling (applicants seeking admission to graduate medical training programs), and, if so, whether that stereotype mediates decisions regarding those persons.

Training directors (N=523) in six medical specialties

rated a hypothetical male or female applicant's personal characteristics (male applicant, female applicant, with history of psychological counseling, without history of psychological counseling) and indicated whether they would invite the applicant for an interview and offer him or her acceptance into the training program. The findings indicated that a negative stereotype was formed toward applicants with a history of psychological counseling, and this stereotype mediated the directors' personnel decisions, as applicants with such a history were less likely to be invited for an interview and were less likely to be accepted into the training program than applicants without a history of psychological counseling. While actual decision makers were used for the research sample, problems of generalizability still exist due to its nature as an analogue study.

The second study is that of Sibicky and Dovidio (1986). The study was designed to investigate whether negative social perceptions presently exist concerning persons who seek psychological therapy at a University Counseling Center, and, if so, how these negative social perceptions influence actual dyadic social interactions. Subjects, who were randomly assigned to be perceivers or targets, engaged

in a brief introductory conversation. Perceivers were informed that their conversational partner, the target, was either a student seeking psychological therapy (client) or a student in an introductory psychology course (nonclient).

Before interacting, perceivers rated clients less favorably than they did nonclients. Judges' ratings of the interactions showed that perceivers behaved in a more negative manner toward clients than toward nonclients, and clients came to behave in a less socially appropriate manner than did nonclients. Sibicky and Dovidio's (1986) sample consisted of 68 male and 69 female undergraduates. This study has limited generalizability to non-college settings, as undergraduates were used in the role of decision makers.

Intraclass correlation coefficients between judges' ratings were computed for each dependent measure in Sibicky and Dovidio's study (1986). The median reliability coefficient for the judges' target ratings was .71. The median reliability coefficient for the ratings of the perceivers' behavior was .69. These reliability coefficients were comparable to those acquired in prior research with the same instruments (Impression Formation Questionnaire, Conversation Assessment Questionnaire, and Judge's Evaluation Questionnaire).

The third study is that of Dovidio, Fishbane, and Sibicky (1985). They were studying whether negative attitudes toward people seeking counseling exist because stigma is associated with psychological problems or because negative attitudes are attached to help-seeking. The sample consisted of 94 male and 81 female undergraduate students. The undergraduates were informed that an applicant had previous psychological problems or previous psychological problems and sought professional help, or no information was given about psychological history. Subjects were told that the individual had either strong or weak academic credentials or no academic data were given.

Applicants who sought help for problems were rated highest on competence and character but low on security and sociability. Applicants who sought help for problems tended to be rated more favorably than were applicants who did not seek counseling. Results indicated an ambivalence about individuals with psychological problems. This study has limited generalizability, because undergraduates were used in the role of decision makers.

The fourth study is that of Parish and Kappes (1979). They were studying whether the lay public feels negative toward those individuals that seek services for problems and

whether these negative evaluations vary as a function of gender or history of psychological counseling of the layman. Undergraduates were asked to evaluate either "a typical person," "a typical person seeking counseling," "a client seeking counseling," or "a patient seeking counseling." The students evaluated a typical person significantly more positively than the other aforementioned target groups.

Neither the sex of the respondents nor whether they had a history of psychological counseling were found to have significant effects on how the various targets were evaluated. The sample consisted of 315 students. This study has limited generalizability, as undergraduates were used as decision makers.

Conflicting Results

Suspicious are cast on this body of literature due to conflicting results. For example, Oppenheimer and Miller (1988) discovered that students having a history of psychological counseling are seen as less competent than those without such a history. On the other hand, Dovidio et al. (1985) found that individuals who obtain help for their problems are perceived as having more character and competence than even persons without psychological problems.

There is a paucity of recent literature on the

stigmatization of mental illness or of seeking psychological services. One reason could be that the focus on stigma has shifted from the mental realm to the physical one, with much recent literature focused on the stigmatization of persons with HIV/AIDS (Trezza, 1994; Sitkin & Roth, 1993; Bor, 1993; St. John, 1992). Much literature has also been recently generated on the stigmatization of homosexuals and drug abusers, two populations with a comparatively high percentage of HIV/AIDS.

Admission to Psychology Doctoral Programs

It is noteworthy to address the current literature on admissions to psychology doctoral programs, as the purpose of this study is to examine whether academic rejection occurs as the result of a known history of psychological counseling for applicants to psychology doctoral programs. In addition, a look at the effect of the American Psychological Association on admission to psychology doctoral programs is in order.

Purdy, Reinehr, and Swartz (1989) mailed a questionnaire concerning the relative importance of various information contained in applications for admission to graduate study to program directors of graduate programs in experimental psychology as well as American Psychological

Association (APA)-accredited programs in clinical psychology and counseling psychology. The results of the questionnaire suggested that the ideal graduate school applicant has a high GRE combined score, strong letters of recommendation, some research experience, and a high overall GPA, with particularly high grades for the final two years. It was found that previous clinical experience is desirable for applicants for a clinical or counseling program.

Mayne, Norcross, and Sayette (1994) mailed a questionnaire to the directors of all 161 clinical psychology programs accredited at that time by the American Psychological Association to examine admission requirements, acceptance rates, and financial assistance in doctoral programs in clinical psychology. The study yielded a return rate of eighty percent. Mayne et al. found that accredited programs desired strong psychological preparation and high grade point averages (exceeding 3.1), and Graduate Record Examination scores (means approaching 600 for each subtest). It was also found that the mean number of applications in 1991 for doctoral programs in clinical psychology averaged 233 per program with an annual acceptance rate of ten percent.

The American Psychological Association addresses the

issue of discrimination in its 1992 Ethical Principles of Psychologists and Code of Conduct, which may be applied to admissions to psychology doctoral programs. The General Principle of Respect for People's Rights and Dignity states that "Psychologists are aware of cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status" (American Psychological Association, 1992) and that "they do not knowingly participate in or condone unfair discriminatory practices."

In addition, Ethical Standard 1.10 states that "in their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law." Finally, recent social attention generated by the Americans with Disabilities Act may serve to discourage discrimination on the basis of a mental disorder.

CHAPTER III

METHODS AND PROCEDURES

Participants for Part I

The study was twofold. In the first part, the participants included the training directors from all of the counseling and school psychology doctoral programs as well as the training directors from one half of the clinical programs. The clinical training directors were divided because of the larger number of clinical psychology doctoral programs. The clinical training directors were randomly selected for the first part of the study. The programs from which the training directors were selected had either full or provisional APA (American Psychological Association) accreditation. Participants were identified by employing Graduate Study in Psychology and Associated Fields (American Psychological Association, 1994). Packets were sent to 187 training directors in the first part of the study, and 104 were returned. This yielded a return rate of 56 percent.

The training directors who participated differed in two characteristics which were among the independent variables in the study. They differed in the type of psychology program in which they worked and in gender, as seen in Table 1. With regard to the type of psychology program

represented, clinical psychology program Training Directors totaled 46 (44.2 percent). Thirty-eight counseling psychology program Training Directors responded (36.5 percent), and twenty school psychology program Training Directors participated (19.2 percent). It was not possible to determine which type of program was represented in the case of four of the 271 Training Directors to which packets were sent in both parts of the study, as they had defaced the numerical coding used to identify them. The data obtained from them was utilized only in the context of determining generalized patterns of discrimination.

With regard to the gender of those Training Directors who responded in the first part of the study, 80 (76.9 percent) were male, and 23 (22.1 percent) were female. In one case, the gender could not be determined, representing 1.0 percent of the sample. These sample percentages mirror the gender make-up of the population of Training Directors, with approximately 75 percent being male (Graduate Study in Psychology, 1994).

Table 1

Training Directors' Demographics in Part I

<u>Variables</u>	Number	Number	Percentage
	<u>Returned</u>	<u>Sent Out</u>	of Total
			<u>Respondents</u>
Psych. Program of T.D.			
Clinical	46	85	44.2
Counseling	38	62	36.5
School	20	40	19.2
Gender of T.D.			
Male	80	143	76.9
Female	23	44	22.1
Unknown	1		1.0
Total received: 104			
Total sent out: 187			

Procedures for Part I

The application of a hypothetical applicant to a psychology doctoral program was sent to the training directors. The application was actually a summary sheet of the hypothetical applicant's credentials. (See appendix A.) The application included the student's grade point average from an undergraduate psychology program, score on the Graduate Record Examination, description of research experience, and description of therapy-related experience, listed as criteria for admission in Graduate Study in Psychology and Associated Fields (American Psychological Association, 1994). Applications to counseling psychology doctoral programs requiring the completion of a masters' program for admission were modified. In such cases, the credentials also included grade point average from a masters' program in counseling.

The applicant's qualifications reflected an above average student. The applicant's undergraduate grade point average was 3.8. On the GRE, the applicant's scores were as follows: Verbal = 700, Quantitative = 600, and Psychology Subtest = 650. In the cases where completion of a masters' program was required for admission, the applicant's masters' grade point average was 3.9. The numbers were chosen by

reviewing Graduate Study in Psychology and Associated Fields (American Psychological Association, 1994) and ensuring that the GPA and GRE scores of the hypothetical applicant were commensurate with the median GPA and GRE scores listed for students accepted into competitive programs. While the basic description of the applicant remained constant, the applicant was either male or female.

In this part of the study, the hypothetical applicant had either a history of receiving psychological counseling or did not have such a history. If the student has been the recipient of psychological counseling, he or she had been treated for interpersonal difficulties related to the stress of being in a psychology undergraduate/masters' program.

There were four experimental conditions. The applicant was female with no history of psychological counseling, male with no history of psychological counseling, female with counseling for interpersonal difficulties, and male with counseling for interpersonal difficulties. Training directors were randomly assigned to one of the four experimental conditions. For those applicants portraying a history of psychological counseling, the therapy-related experience section of the application included the following narrative: "The applicant received psychological counseling

to help cope with relationship difficulties related to the stress of being in an undergraduate/masters' program."

Gender of the student was manipulated through the student's name. The applicant's name was Christine Hall or Christopher Hall. The four possible combinations of the applicant were equally and randomly distributed among the training directors. Packets sent to the training directors were numerically coded, so that a follow-up postcard could be sent to those training directors who had not returned the packet within one month.

The hypothetical applicants differed on the following demographic characteristics: gender, highest degree obtained, and whether or not they had obtained psychological counseling. As can be seen in Table 2, the responses were such that the hypothetical applicants were fairly evenly divided between male and female. Of the 104 packets of hypothetical applicants returned by Training Directors in the first part of the study, 56 (53.8 percent) hypothetical applicants were described as having a history of psychological counseling for interpersonal difficulties, while 48 (46.2 percent) had no mention of receiving psychological counseling included on their applications.

Table 2.

Hypothetical Applicants' Demographics in Part I

<u>Variable</u>	Number	Number	Percentage
	<u>Rated</u>	<u>Sent Out</u>	of Total
			<u>Number Rated</u>
Applicant's Gender			
Male	55	93	52.9
Female	49	94	47.1
Applicant's Degree			
Bachelors	87	160	83.7
Masters	17	27	16.3
History of Counseling			
Interpersonal Diff.	56	94	53.8
No History	48	93	46.2
Total Received: 104			
Total Sent Out: 187			

The questionnaire to be completed by the training directors was found at the bottom of the hypothetical application. The training directors were asked to rank on a five point scale the likelihood that they would invite the applicant for an interview or strongly consider making an offer of acceptance if an interview is not a standard part of their selection process. Additionally, the training directors were asked to rank on a five point scale how strong they considered the hypothetical applicant's following credentials to be: GPA, GRE score, therapy experience, and research experience. They were also asked to rank on a five point scale the importance which they attributed to each of those credentials in general when selecting students for their psychology doctoral programs. The training directors were asked to add any further information in writing.

Participants for Part II

In the second part of the study, the participants included the training directors from the clinical programs not involved in the first part of the study. Packets were sent to 84 training directors, and 46 were returned. This yielded a return rate of 55 percent.

The Training Directors who participated in the second

part of the study differed in gender. Thirty-two (69.6 percent) were male, and 14 (30.4 percent) were female.

Table 3

Training Directors' Demographics in Part II

<u>Variables</u>	Number <u>Returned</u>	Number <u>Sent Out</u>	Percentage of Total <u>Respondents</u>
Gender of T.D.			
Male	32	59	69.6
Female	14	25	30.4

Total received: 46

Total sent out: 84

Procedures in Part II

In this second part, all of the hypothetical applicants on the questionnaire had a history of receiving psychological counseling. One half of the applicants had been treated for interpersonal difficulties related to the stress of being in an undergraduate/masters' program, while the other half had sought therapy for moderate depression.

There were four experimental conditions. The applicant was female with counseling for interpersonal difficulties, male with counseling for interpersonal difficulties, female with counseling for moderate depression, or male with counseling for moderate depression. Training directors were again randomly assigned to one of the four experimental conditions.

The therapy-related experience section of the application included the following narrative: "The applicant received psychological counseling to help cope with relationship difficulties related to the stress of being in an undergraduate/masters' program or moderate depression" (depending upon the particular problem).

Gender of the student was again manipulated through the student's name of Christine Hall or Christopher Hall. The four possible combinations of the applicant were equally and

randomly distributed among the training directors. Numerical coding of the packets and a follow-up letter was employed. The questionnaire was identical to the one used in the first part of the study.

The hypothetical applicants in the second part of the study differed on gender and the presenting problem for which they had received counseling. As can be seen in Table 4, the responses were such that the hypothetical applicants were fairly evenly divided between male and female. Of the 46 packets of hypothetical applicants returned, 24 (52.2 percent) were said to have been treated for depression, while 22 (47.8 percent) were said to have been treated for interpersonal difficulties.

Table 4

Hypothetical Applicants' Demographics in Part II

<u>Variables</u>	Number	Number	Percentage
	<u>Rated</u>	<u>Sent Out</u>	of Total
			<u>Number Rated</u>
Applicant's Gender			
Male	25	42	54.3
Female	21	42	45.7
History of Counseling			
Depression	24	42	52.2
Interpersonal Diff.	22	42	47.8
Total received: 46			
Total sent out: 84			

Research Questions

Research Question Number One

Does academic rejection occur as the result of a known history of psychological counseling for applicants to doctoral programs in counseling, clinical, and school psychology?

Research Question Number Two

If academic rejection does occur, what are the differences for counseling, clinical, and school psychology?

Research Question Number Three

If academic rejection does occur, what are the differences for different disorders: interpersonal problems related to the stress of being in a psychology undergraduate/masters' program and depression?

CHAPTER IV

RESULTS

Introduction

The purpose of this study was to determine if academic rejection occurs as the result of a known history of psychological counseling for applicants to doctoral programs in the three areas of counseling, clinical, and school psychology. Furthermore, if academic rejection does occur, the purpose of this study was to ascertain the differences for counseling, clinical, and school psychology and to find out the differences for different disorders, namely interpersonal problems and depression. In addition, data were collected for the effects of gender of the applicant, as well as gender of the training director, on acceptance of the applicant into a doctoral program. This chapter presents the statistical analyses of the data collected and the consequent evaluation of the research hypotheses designed for this study.

Research Questions

Research Question Number One

Does academic rejection occur as the result of a known history of psychological counseling for applicants to doctoral programs in counseling, clinical, and school

psychology?

Research Question Number Two

If academic rejection does occur, what are the differences for counseling, clinical, and school psychology?

Research Question Number Three

If academic rejection does occur, what are the differences for different disorders: interpersonal problems related to the stress of being in a psychology undergraduate/masters' program and depression?

Means and Standard Deviations

Out of the 271 training directors to whom packets were sent, 154 responded (57 percent). Included in the total of training directors who participated in the study were five who responded after a followup mailing which occurred one month after the initial mailing. This yielded a response rate of 57 percent, as compared to the 44 percent response rate of a previous study using residency program directors as subjects (Oppenheimer & Miller, 1988). This is also comparable to a study conducted by Romans, Boswell, Carlozzi, and Ferguson (1995) in which 74 percent of counseling psychology doctoral faculty, 56 percent of clinical faculty, and 45 percent of school faculty responded.

The frequencies and percents for the strength and importance of credentials of the applicant (from the summary sheet sent to the training directors) are reported in Table 3. The majority of Training Directors rated the hypothetical applicant's GPA as very strong (67.5 percent), while no Training Directors rated it as weak. The Training Directors rated the hypothetical applicant's GRE score as strong. Fifty percent rated it as somewhat strong and 46.1 percent as very strong. Only one Training Director (.6 percent) rated it as somewhat weak.

While the majority of Training Directors rated the hypothetical applicant's therapy experience as strong, the ratings were more divided: 17.5 percent rated it as very strong, 46.1 percent as somewhat strong, 24.7 percent unsure, 9.1 percent as somewhat weak, and 1.9 percent as very weak. While the majority of Training Directors rated the hypothetical applicant's research experience as strong, the ratings were again quite divided: 13.0 percent rated it as very strong, 48.7 percent as somewhat strong, 32.5 percent unsure, and 5.8 percent as somewhat weak.

The majority of Training Directors rated the GPA as important, as 44.2 rating it as very important and 47.4 rated it as somewhat important. Only one Training Director

(.6 percent) rated it as somewhat unimportant. The majority of Training Directors rated the GRE as important, as 44.2 percent rated it as very important and 50.0 percent rated it as somewhat important. Only one Training Director rated it as somewhat unimportant, and one rated it as very unimportant, each constituting .6 percent.

As seen with the strength of the hypothetical applicant's therapy experience, the ratings for importance of therapy experience were more divided. The majority of Training Directors rated therapy experience as important, as 17.5 percent rated it as very important and 51.9 percent rated it as somewhat important. However, 14.3 percent were unsure, 12.3 percent rated it as somewhat unimportant, and 3.9 percent rated it as very unimportant. The majority of Training Directors rated research experience as important, as 40.9 percent rated it as very important and 50.0 percent rated it as important. It was rated as somewhat unimportant by 4.5 percent.

Table 5*

<u>Training Directors' Ratings</u>	<u>Frequency</u>	<u>Percent</u>
Applicant's GPA		
3	10	6.5
4	40	26.0
5	104	67.5
Applicant's GRE Score		
2	1	.6
3	5	3.2
4	77	50.0
5	71	46.1
Applicant's Therapy Experience		
1	3	1.9
2	14	9.1
3	38	24.7
4	71	46.1
5	27	17.5
Unknown	1	.6

*Table 5 continues on following page.

*Table 5 (continued)

<u>Training Directors' Ratings</u>	<u>Frequency</u>	<u>Percent</u>
Applicant's Research Experience		
2	9	5.8
3	50	32.5
4	75	48.7
5	20	13.0
Importance of GPA		
2	1	.6
3	12	7.8
4	73	47.4
5	68	44.2
Importance of GRE		
1	1	.6
2	1	.6
3	7	4.5
4	77	50.0
5	68	44.2

*Table 5 continues on following page.

*Table 5 (continued)

<u>Training Directors' Ratings</u>	<u>Frequency</u>	<u>Percent</u>
Importance of Therapy Experience		
1	6	3.9
2	19	12.3
3	22	14.3
4	80	51.9
5	27	17.5
Importance of Research Experience		
2	7	4.5
3	7	4.5
4	77	50.0
5	63	40.9

Note: The values of the strength and importance of the applicant's credentials, as determined by the Training Directors, are coded as follows:

Very weak/unimportant	1
Somewhat weak/unimportant	2
Unsure	3
Somewhat strong/important	4
Very strong/important	5

The means and standard deviations for these same credentials are reported in Table 6. The means for the Training Directors' ratings of the strength of the hypothetical applicant's credentials are as follows: very strong GPA, somewhat strong GRE, somewhat strong therapy experience, and somewhat strong research experience. The means for the Training Directors' ratings of the importance of the credentials are as follows: GPA as somewhat important, GRE as somewhat important, therapy experience as somewhat important, and research experience as somewhat important.

Table 7 contains the descriptive statistics for the dependent variable, the likelihood of acceptance. The modal answer was "maybe yes."

Table 6

Means and Standard Deviations for Credentials

<u>Credential</u>	<u>Mean</u>	<u>SD</u>
Strength of GPA	4.610	.608
Strength of GRE	4.416	.591
Strength of Therapy Experience	3.686	.935
Strength of Research Experience	3.688	.771
Importance of GPA	4.351	.652
Importance of GRE	4.364	.665
Importance of Therapy Experience	3.669	1.029
Importance of Research Experience	4.273	.752

Note: To interpret the means, it is again necessary to refer to the numerical coding system of 1: very weak or unimportant, 2: somewhat weak or unimportant, 3: unsure, 4: somewhat strong or important, and 5: very strong or important.

Table 7

Frequencies, Percents, Mean, and Standard Deviation for the
Likelihood of Acceptance

<u>Likelihood of Acceptance</u>	<u>Frequency</u>	<u>Percent</u>
Definitely not	2	1.3
Maybe not	4	2.6
Unsure	28	18.2
Maybe yes	71	46.1
Definitely yes	49	31.8

Mean: 4.045

Standard Deviation: .851

Note: Referral to this numerical coding system is necessary for interpretation: 1: definitely not, 2: maybe not, 3: unsure, 4: maybe yes, and 5: definitely yes.

Statistical Analysis

In order to determine if academic rejection results from a known history of psychological counseling for applicants to doctoral programs in counseling, clinical, and school psychology, analyses of variance were performed in each of the two parts of the study. Computations were calculated using the Statistics Package for the Social Sciences (SPSS) User's Guide.

In the first part of the study, two-factor analyses of variance were performed to examine possible effects of gender of the applicant and problem as well as gender of the training director and problem in the likelihood of acceptance. Summaries of these analyses are presented in Tables 6 and 7, respectively. The analysis of variance found in Table 6 examining an interaction of gender of the applicant and problem produced nonsignificant results, indicating that there is not a significant difference for male and female applicants on the likelihood of acceptance with regard to whether or not they have a history of counseling. The analysis of variance found in Table 7 examining an interaction of gender of the training director and problem yielded significant results, and those results shall be presented in "Test of Research Questions."

Table 8

Summary Table for Analysis of Variance for Likelihood of
Acceptance by Applicant's Gender and Problem

Applicant's Gender: Male or female

Problem: History of counseling for interpersonal
difficulties or no history of counseling

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>DF</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig of F</u>
GENDER	.111	1	.111	.168	.683
PROBLEM	.981	1	.981	1.481	.226
GENDER X PROBLEM	.493	1	.493	.744	.390
Explained	1.601	3	.534	.806	.494
Residual	66.235	100	.662		
Total	67.837	103	.659		

Table 8 continued

Means for Table 8

<u>Variable</u>	<u>n</u>	<u>Means</u>
Male Applicant	55	4.07
Female Applicant	49	4.14
History of Counseling	56	4.20
No History of Counseling	48	4.00
Male Applicant with Hx. of Counseling	29	4.10
Male Applicant with No Hx. of Counseling	26	4.04
Female Applicant with Hx. of Counseling	27	4.30
Female Applicant with No Hx. of Counseling	22	3.95

Table 9

Summary Table for Analysis of Variance for Likelihood of
Acceptance by Training Director's Gender and Problem

Training Director's Gender: Male or female

Problem: History of counseling for interpersonal
difficulties or no history of counseling

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>DF</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig of F</u>
TD GENDER	.012	1	.012	.019	.892
PROBLEM	.826	1	.826	1.317	.254
TD GENDER X PROBLEM	62.092	99	.627	*6.502	.012
Total	67.029	102	.657		

Table 9 continued

Means for Table 9

<u>Variable</u>	<u>n</u>	<u>Means</u>
Male TD	80	4.09
Female TD	23	4.13
History of Counseling	55	4.18
No History of Counseling	48	4.00
Male TD and Hx. of Counseling	41	4.07
Male TD and No Hx. of Counseling	39	4.10
Female TD and Hx. of Counseling	14	4.50
Female TD and No Hx. of Counseling	9	3.56

In the second part of the study, two two-factor analyses of variance were conducted. The two-factor analysis of variance found in Table 10 was performed to examine a possible interaction between the applicant's history of counseling (for interpersonal difficulties or for depression) and gender of the applicant. This analysis of variance yielded nonsignificant results, indicating that whether the applicant had received counseling for interpersonal problems or for depression did not significantly affect the likelihood of acceptance with regard to the gender of the applicant for clinical training directors.

The two-factor analysis of variance found in Table 11 examined a possible interaction between the applicant's history of counseling (for interpersonal difficulties or for depression) and the gender of the training director. This also yielded nonsignificant results, indicating that whether the applicant had received counseling for interpersonal problems or for depression did not have a significant effect on the likelihood of acceptance with regard to the gender of the training director for clinical training directors.

Table 10

Summary Table for Analysis of Variance for Likelihood of
Acceptance by History of Psychological Counseling and
Applicant's Gender

History: Interpersonal difficulties or depression

Applicant's Gender: Male or female

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>DF</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig of F</u>
HISTORY	.484	1	.484	.580	.450
GENDER	.426	1	.426	.511	.479
HISTORY X GENDER	2.024	1	2.024	2.429	.127
Explained	2.930	3	.977	1.172	.332
Residual	35.004	42	.833		
Total	37.935	45	.843		

Table 10 continued

Means for Table 10

<u>Variable</u>	<u>n</u>	<u>Means</u>
Male Applicant	25	3.76
Female Applicant	21	3.95
Depression	24	3.75
Interpersonal Difficulties	22	3.95
Male App. with Depression	13	3.85
Male App. with Interpersonal Difficulties	12	3.67
Female App. with Depression	11	3.64
Female App. with Interpersonal Difficulties	10	4.30

Table 11

Summary Table for Analysis of Variance for Likelihood of
Acceptance by History of Psychological Counseling and
Training Director's Gender

History: Interpersonal difficulties or depression

Training Director's Gender: Male or female

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>DF</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig of F</u>
HISTORY	.466	1	.466	.525	.473
TD GENDER	.117	1	.117	.132	.718
HISTORY X TD GENDER	.017	1	.017	.020	.889
Explained	.615	3	.205	.231	.875
Residual	37.320	42	.889		
Total	37.935	45	.843		

Table 11 continued

Means for Table 11

<u>Variable</u>	<u>n</u>	<u>Means</u>
Male Training Directors	32	3.81
Female Training Directors	14	3.93
Applicant's History of Counseling for Depression	24	3.75
Applicant's History of Counseling for Interpersonal Difficulties	22	3.95
Male T.D.'s and Depression	17	3.71
Male T.D.'s and Interpersonal Difficulties	15	3.93
Female T.D.'s and Depression	7	3.86
Female T.D.'s and Interpersonal Difficulties	7	4.00

Two-factor analyses were performed to view possible interactions of problem and classification of programs, as well as applicants' gender and classification of programs, in the likelihood of acceptance. Summaries of these analyses comprise Tables 12 and 13, respectively. The analysis of variance which examined the possible interaction of problem and classification of programs produced nonsignificant results, indicating that whether the applicant had a history of counseling for interpersonal difficulties or no history of counseling did not significantly affect the likelihood of acceptance with regard to the type of program with which the training director was affiliated. The analysis of variance examining the possible interaction of problem and classification of programs yielded nonsignificant results, indicating that whether the applicant was male or female did not have a significant effect on likelihood of acceptance with regard to the type of program with which the training director was affiliated.

Table 12

Summary Table for Analysis of Variance for Likelihood of
Acceptance by Problem and Classification of Programs

Problem: History of counseling for interpersonal
difficulties or no history of counseling

Classification of Programs: Clinical, counseling, or school

<u>Source of Variation</u>	<u>Sum</u> <u>Squares</u>	<u>DF</u>	<u>Mean</u> <u>Square</u>	<u>F</u>	<u>Sig</u> <u>of F</u>
PROBLEM	.799	1	.799	1.237	.269
CLASS	1.815	2	.907	1.404	.250
PROBLEM X CLASS	1.698	2	.849	1.314	.273
Explained	4.510	5	.902	1.396	.232
Residual	63.326	98	.646		
Total	67.837	103	.659		

Table 12 continued

Means for Table 12

<u>Variable</u>	<u>n</u>	<u>Means</u>
History of Counseling	56	4.20
No History of Counseling	48	4.00
Clinical Program	46	3.96
Counseling Program	38	4.18
School Program	20	4.30
Hx. of Counseling and Clinical Program	23	4.00
Hx. of Counseling and Counseling Program	21	4.19
Hx. of Counseling and School Program	12	4.58
No Hx. of Counseling and Clinical Program	23	3.91
No Hx. of Counseling and Counseling Program	17	4.18
No Hx. of Counseling and School Program	8	3.88

Table 13

Table Summary for Analysis of Variance for Likelihood of
Acceptance by Applicants' Gender and Classification of
Programs

Applicants' Gender: Male or female

Classification of Programs: Clinical, counseling, or school

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>DF</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig of F</u>
GENDER	.164	1	.164	.247	.621
CLASS	2.050	2	1.025	1.541	.219
GENDER X CLASS	.475	2	.238	.357	.700
Explained	2.652	5	.530	.798	.554
Residual	65.184	98	.665		
Total	67.837	103	.659		

Table 13 continued

Means for Table 13

<u>Variable</u>	<u>n</u>	<u>Means</u>
Male Applicant	55	4.07
Female Applicant	49	4.14
Clinical Program	46	3.96
Counseling Program	38	4.18
School Program	20	4.30
Male Applicant and Clinical Program	24	3.92
Male Applicant and Counseling Program	19	4.21
Male Applicant and School Program	12	4.17
Female Applicant and Clinical Program	22	4.00
Female Applicant and Counseling Program	19	4.16
Female Applicant and School Program	8	4.50

Finally, a three-factor analysis was performed to examine possible interaction of applicants' gender, problem, and classification of programs in the likelihood of acceptance. A summary of this analysis may be found in Table 12. This analysis of variance yielded nonsignificant results which indicate that an interaction of applicants' gender, problem, and classification of programs does not significantly affect the likelihood of acceptance. Significance of the results was determined by employing the .05 level of significance.

Table 14

Summary Table for Analysis of Variance for Likelihood of
Acceptance by Applicants' Gender, Problem, and
Classification of Programs

Applicants' Gender: Male or female

Problem: History of counseling for interpersonal
difficulties or no history of counseling

Classification of Programs: Clinical, counseling, or school

<u>Source of Variation</u>	<u>Sum</u> <u>Squares</u>	<u>DF</u>	<u>Mean</u> <u>Square</u>	<u>F</u>	<u>Sig</u> <u>of F</u>
GENDER	.145	1	.145	.217	.642
PROBLEM	.780	1	.780	1.169	.282
CLASS	1.849	2	.924	1.385	.255
GENDER X PROBLEM	.449	1	.449	.673	.414
GENDER X CLASS	.172	2	.086	.129	.880
PROBLEM X CLASS	1.566	2	.783	1.173	.314
GENDER X PROBLEM X CLASS	1.245	2	.622	.933	.397
Explained	6.452	11	.587	.879	.563
Residual	61.385	92	.667		
Total	67.837	103	.659		

Table 14 continued

Means for Table 14

<u>Variable</u>	<u>n</u>	<u>Means</u>
Male Applicant	55	4.07
Female Applicant	49	4.14
History of Counseling	56	4.20
No History of Counseling	48	4.00
Clinical Program	46	3.96
Counseling Program	38	4.18
School Program	20	4.30
Male App. with Hx. of Counseling	29	4.10
Male App. without Hx. of Counseling	26	4.04
Female App. with Hx. of Counseling	27	4.30
Female App. without Hx. of Counseling	22	3.95
Male App. & Clinical Program	24	3.92
Male App. & Counseling Program	19	4.21
Male App. & School Program	12	4.17
Female App. & Clinical Program	22	4.00
Female App. & Counseling Program	19	4.16
Female App. & School Program	8	4.50
Hx. of Counseling & Clinical Program	23	4.00
Hx. of Counseling & Counseling Program	21	4.19
Hx. of Counseling & School Program	12	4.58

Table 14 continued

Means for Table 14

<u>Variable</u>	<u>n</u>	<u>Means</u>
No Hx. of Counseling & Clinical Program	23	3.91
No Hx. of Counseling & Counseling Program	17	4.18
No Hx. of Counseling & School Program	8	3.88
Male App. with Hx. of Counseling & Clinical Program	13	4.00
Male App. with No Hx. of Counseling & Clinical Program	11	3.82
Female App. with Hx. of Counseling & Clinical Program	10	4.00
Female App. with No Hx. of Counseling & Clinical Program	12	4.00
Male App. with Hx. of Counseling & Counseling Program	10	4.10
Male App. with No Hx. of Counseling & Counseling Program	9	4.33
Female App. with Hx. of Counseling & Counseling Program	11	4.27
Female App. with No Hx. of Counseling & Counseling Program	8	4.00

Table 14 continued

Means for Table 14

<u>Variable</u>	<u>n</u>	<u>Means</u>
Male App. with Hx. of Counseling & School Program	6	4.33
Male App. with No Hx. of Counseling & School Program	6	4.00
Female App. with Hx. of Counseling & School Program	6	4.83
Female App. with No Hx. of Counseling & School Program	2	3.50

Test of Research Questions

The first research question is as follows: Does academic rejection occur as the result of a known history of psychological counseling for applicants to doctoral programs in counseling, clinical, and school psychology? Seven analyses of variance were conducted to address this question and to assess the factors and interactions of factors contributing to the academic rejection if it were to be found.

It was found that only one analysis of variance yielded significant results, and it did not indicate a relationship between a history of having received psychological counseling and academic rejection. The statistically significant two-way interaction may be found in Table 8. This is the interaction between training director gender and applicant's history of counseling. The graph of this interaction may be seen in Figure 1.

This interaction indicates that male training directors do not significantly differ on their likelihood of accepting an applicant with regard to whether or not the applicant has a history of receiving psychological counseling. However, it indicates that female training directors are more likely to accept an applicant who has a history of receiving

psychological counseling than an applicant without such a history.

Regarding the first research question, academic rejection does not occur as the result of a known history of psychological counseling for applicants to doctoral programs in counseling, clinical, and school psychology. The second research question asks, if academic rejection does occur, what are the differences for counseling, clinical, and school psychology. Such a question presupposes that academic rejection does occur, while the results of this study indicate that it does not. Furthermore, the nonsignificant results of the analyses of variance examining possible differences between types of programs indicate that there is not a relationship between type of psychology program and academic rejection.

The third research question is as follows: If academic rejection does occur, what are the differences for different disorders: interpersonal problems related to the stress of being in a psychology undergraduate/masters' program and depression. This question again presupposes that academic rejection does occur. The nonsignificant results of the analyses of variance examining possible differences between the two types of disorders indicate that there is no

relationship between type or severity of disorder and academic rejection.

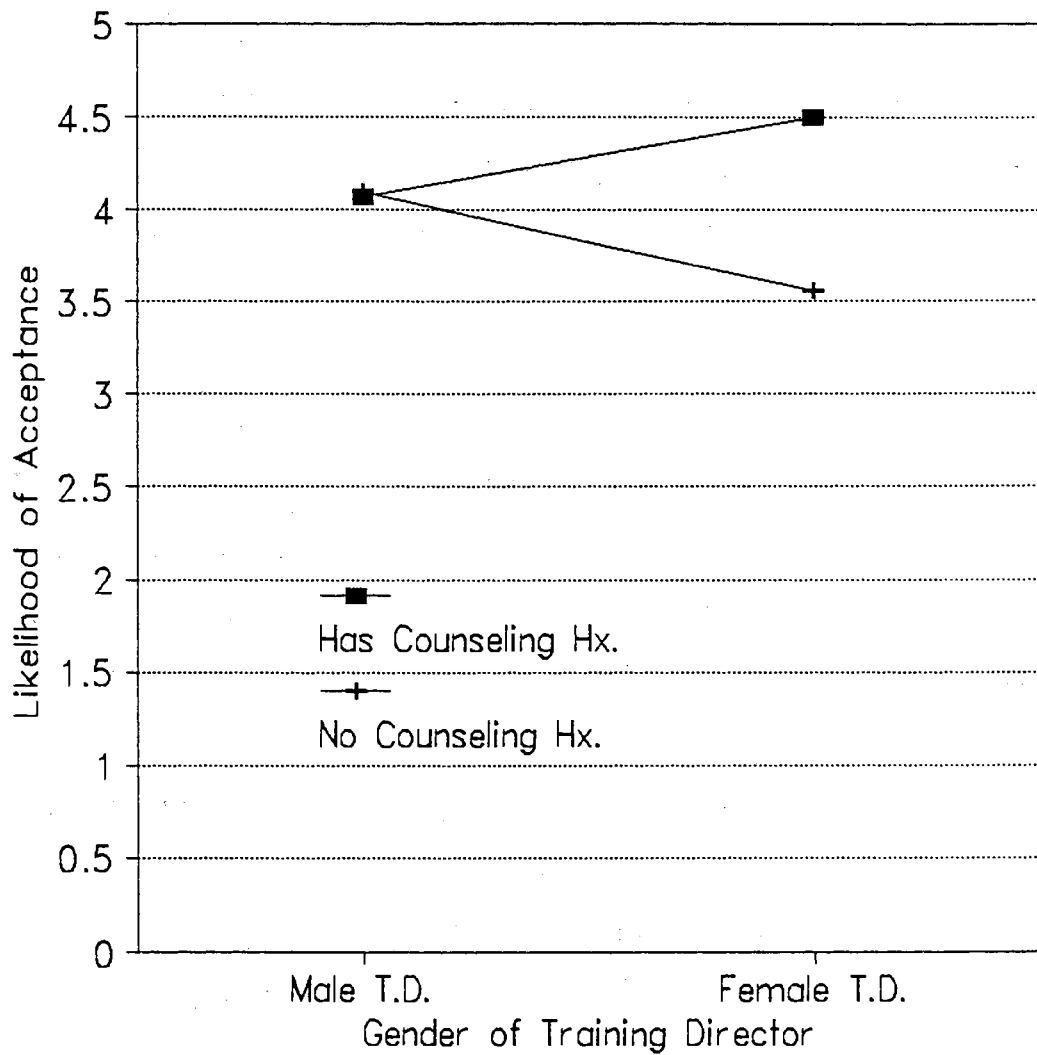


Figure I. Interaction of Training Director gender by counseling history.

CHAPTER V
DISCUSSION, CONCLUSIONS,
AND RECOMMENDATIONS

Introduction

This chapter contains a general review of the study and a discussion of the statistical findings. Subsequently, implications of the results are explored and recommendations for future research are presented.

Summary of Study

The purpose of this study was to determine if academic rejection occurs as the result of a known history of psychological counseling for applicants to doctoral programs in the three areas of counseling, clinical, and school psychology. The instrument used to ascertain this information was a questionnaire attached to a summary sheet of a hypothetical applicant's credentials. While the summary sheet varied in terms of gender of the hypothetical applicant and history of counseling, the questionnaire remained the same in all cases.

Two hundred and seventy-one training directors from fully or provisionally APA-accredited doctoral programs in counseling, clinical, and school psychology were randomly sampled for this study. From this sample of 271 training

directors, 154 usable sets of data were obtained, yielding a usable return rate of 57 percent of the survey population.

The first research question asked if academic rejection occurs as the result of a known history of psychological counseling for applicants to doctoral programs in counseling, clinical, and school psychology. A series of analyses of variance were conducted to test this research question at the .05 significance level.

With regard to the first part of the study, two two-factor analyses of variance were performed to view possible interactions of gender of the applicant and problem as well as gender of the training director and problem in the likelihood of acceptance. In the second part of the study, two analyses of variance were performed which correspond with the aforementioned analyses of variance.

Two two-factor analyses were performed to investigate possible interactions of problem and classification of programs, as well as applicants' gender and classification of programs, in the likelihood of acceptance. A three-factor analysis was conducted to view possible interaction of applicants' gender, problem, and classification of programs in the likelihood of acceptance.

Only one of the analyses of variance yielded

significant results. The statistically significant two-way interaction was between training director gender and applicant's problem (history of counseling).

Conclusions

Based on the statistical findings and within the parameters and limitations of this study, the following conclusion is presented: Academic rejection does not occur as the result of a known history of psychological counseling for applicants to doctoral programs in counseling, clinical, and school psychology. However, it was found that female training directors are more likely to accept an applicant who has a history of psychological counseling than an applicant without such a history. Male training directors make no such distinction. A limitation does exist with the small sample size of the female training directors.

Discussion

The results concerning the occurrence of academic rejection as the result of a known history of psychological counseling for applicants to doctoral psychology programs are somewhat inconsistent with previous research. Research has exposed negative judgements made about individuals who seek professional help in dealing with psychological problems (e.g., Dovidio, Fishbane, & Sibicky, 1985; Parish &

Kappes, 1979; Sibicky & Dovidio, 1986). More specifically, Oppenheimer and Miller (1988) found that medical residency directors formed a negative stereotype toward applicants with a history of psychological counseling, and the negative stereotype mediated their decisions involving the applicants. It was found that applicants who had a history of receiving psychological counseling were less likely to be invited for an interview and were less likely to be accepted into the medical training programs than applicants without a history of psychological counseling.

There is some research to support contrasting feelings toward persons with a history of counseling. Dovidio et al. (1985) found that individuals with psychological problems were evaluated more favorably with regard to scholastic competence and personal character when they sought counseling when compared with individuals without problems.

While ambivalent feelings may abound toward persons with a history of counseling, Oppenheimer and Miller (1988) did confirm that there is a bias on the part of actual decision makers (i.e., medical residency directors) against persons who have a history of psychological counseling, and this bias results in negative personnel decisions.

One explanation for the discrepancy between the results

of this study and those of Oppenheimer and Miller (1988) is that different populations were sampled. The Oppenheimer and Miller study sampled medical residency directors who were making decisions regarding future physicians, while the present study sampled training directors in psychology doctoral programs who were making decisions about future psychologists. While medical residency directors discriminated against applicants with a history of counseling in the Oppenheimer and Miller study, training directors of doctoral psychology programs did not engage in the discrimination process in the current study.

A possible explanation for this lack of participation in the discrimination process is that training directors of doctoral psychology programs value participation in the psychotherapeutic process. For instance, in some doctoral psychology programs students are encouraged to seek psychological counseling both for their personal growth and as a learning tool via modeling. Psychotherapy is sometimes required as a part of graduate training. In psychoanalytic training, specifically, the traditional practice is to provide a standard psychoanalytic experience to the student therapist (Caligor, 1985). The primary rationale for this actually has been to allow the student to obtain freedom

from neurotic symptoms or other pathology that could impair effective personal and professional functioning (Shapiro, 1984).

Based on the presumption that discrimination is at least partially rooted in ignorance, it would follow that people with the most knowledge and understanding of the psychotherapeutic process would be the least likely to discriminate against those who have received counseling. In addition, these subjects may be more tolerant of self-disclosure than the subjects in the Oppenheimer and Miller study, as the hypothetical applicant in both studies had revealed a history of counseling.

A possible explanation for the finding that female training directors are more likely to accept an applicant with a history of counseling than one without such a history is that women, as a group, have historically experienced discrimination in the academic arena. Because of an increased sensitivity to discrimination, they may be inclined to be more tolerant of potentially stigmatizing characteristics. Another possible explanation is that women are less likely to discriminate against recipients of counseling, because women more commonly seek and are accepted into psychotherapy and are more likely to report

satisfaction (Jones & Zoppel, 1982).

It was found that clinical training directors were no more likely to discriminate against applicants with a history of counseling for depression than those who had received counseling for interpersonal problems. This suggests that the severity of the problem for which applicants sought therapy does not affect the likelihood of discrimination or stigmatization on the part of clinical training directors. These results may be different for counseling and school psychology training directors.

Finally, it is possible that different results could have been found if the diagnosis of the hypothetical applicant had been more severe. For example, a diagnosis of schizophrenia may have affected the likelihood of discrimination or stigmatization.

Recommendations

While it has been found that training directors of psychology doctoral programs do not discriminate against applicants with a history of counseling, it is not known if this behavior (reflective of their attitudes) is generalizable to psychologists at large. Therefore, further research is necessary with psychologists in different settings. For example, do psychologists acting as

administrators discriminate against psychologists with a history of counseling who are applying for a position within their agency?

While evidence from this study indicates that female training directors are more likely to accept an applicant with a history of counseling than one without such a history, the reasons for this are purely speculative. Therefore, it is important that these speculations be followed up with further research. For example, a similar study looking at likelihood of acceptance based on the race of the training director and the applicant's history of counseling would shed light on the speculation that women are less likely to discriminate since they have experienced discrimination.

Generalizability is a limitation of this study. Although actual training directors were used as subjects, it is unknown whether their attitudes and behavior may be generalized to psychologists at large. Furthermore, this is an analogue study. The inherent artificiality of the rating task may not reflect the results of a real decision-making process. The reported attitudes and behaviors of the training directors may be different from their actual attitudes held. The use of an instrument with one item

assessing the variable of concern may impact the reliability of the measure. A limitation also exists in that the one significant finding involves female training directors of whom the sample size is small. The 43 percent of training directors who declined to participate by not returning the packets may share a characteristic such that their absence significantly affects the results of the study. Finally, findings need to be replicated given the number of comparisons.

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APPENDICES

APPENDIX A
SUMMARY SHEET OF A HYPOTHETICAL APPLICANT

Summary Sheet of an
Applicant's Credentials

Name: Christine Hall

Degree: Bachelor's of Science in Psychology

Undergraduate Grade Point Average: 3.8

GRE Score: Verbal = 700
Quantitative = 600
Psychology Subtest = 650

Therapy-related Experience: Applicant was a volunteer counselor for a crisis hotline for three years in college. During the third year, she was also responsible for scheduling the other volunteers.

Research Experience: Applicant has been actively involved with a research team examining recidivism in community mental health centers. Publication is set for 1994.

Please rate the strength of the candidate on the following domains. (Please circle.)

A. Grade Point Average:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

B. GRE Score:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

C. Therapy-Related Experience:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

D. Research Experience:

5 4 3 2 1
 Very strong Somewhat strong Unsure Somewhat weak Very weak

Please rate on the following scale the likelihood that you would invite this applicant for an interview or strongly consider making an offer of acceptance if an interview is not a standard part of your selection process:

5 4 3 2 1
 Definitely yes Maybe yes Unsure Maybe not Definitely not

Please rate the importance of the domains in making your decision.

A. Grade Point Average:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

B. GRE Score:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

C. Therapy-Related Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

D. Research Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

Please add any further information regarding your decision: _____

Summary Sheet of an
Applicant's Credentials

Name: Christopher Hall

Degree: Bachelor's of Science in Psychology

Undergraduate Grade Point Average: 3.8

GRE Score: Verbal = 700
Quantitative = 600
Psychology Subtest = 650

Therapy-related Experience: Applicant was a volunteer counselor for a crisis hotline for three years in college. During the third year, he was also responsible for scheduling the other volunteers.

Research Experience: Applicant has been actively involved with a research team examining recidivism in community mental health centers. Publication is set for 1994.

Please rate the strength of the candidate on the following domains. (Please circle.)

A. Grade Point Average:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

B. GRE Score:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

C. Therapy-Related Experience:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

D. Research Experience:

5 4 3 2 1
 Very strong Somewhat strong Unsure Somewhat weak Very weak

Please rate on the following scale the likelihood that you would invite this applicant for an interview or strongly consider making an offer of acceptance if an interview is not a standard part of your selection process:

5 4 3 2 1
 Definitely yes Maybe yes Unsure Maybe not Definitely not

Please rate the importance of the domains in making your decision.

A. Grade Point Average:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

B. GRE Score:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

C. Therapy-Related Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

D. Research Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

Please add any further information regarding your decision: _____

Summary Sheet of an
Applicant's Credentials

102

Name: Christine Hall

Degree: Bachelor's of Science in Psychology

Undergraduate Grade Point Average: 3.8

GRE Score: Verbal = 700

Quantitative = 600

Psychology Subtest = 650

Therapy-related Experience: Applicant was a volunteer counselor for a crisis hotline for three years in college. During the third year, she was also responsible for scheduling the other volunteers. The applicant received psychological counseling to help cope with relationship difficulties related to the stress of being in an undergraduate program.

Research Experience: Applicant has been actively involved with a research team examining recidivism in community mental health centers. Publication is set for 1994.

Please rate the strength of the candidate on the following domains. (Please circle.)

A. Grade Point Average:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

B. GRE Score:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

C. Therapy-Related Experience:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

D. Research Experience:

5 4 3 2 1
 Very strong Somewhat strong Unsure Somewhat weak Very weak

Please rate on the following scale the likelihood that you would invite this applicant for an interview or strongly consider making an offer of acceptance if an interview is not a standard part of your selection process:

5 4 3 2 1
 Definitely yes Maybe yes Unsure Maybe not Definitely not

Please rate the importance of the domains in making your decision.

A. Grade Point Average:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

B. GRE Score:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

C. Therapy-Related Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

D. Research Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

Please add any further information regarding your decision: _____

Summary Sheet of an
Applicant's Credentials

Name: Christopher Hall

Degree: Bachelor's of Science in Psychology

Undergraduate Grade Point Average: 3.8

GRE Score: Verbal = 700
Quantitative = 600
Psychology Subtest = 650

Therapy-related Experience: Applicant was a volunteer counselor for a crisis hotline for three years in college. During the third year, he was also responsible for scheduling the other volunteers. The applicant received psychological counseling to help cope with relationship difficulties related to the stress of being in an undergraduate program.

Research Experience: Applicant has been actively involved with a research team examining recidivism in community mental health centers. Publication is set for 1994.

Please rate the strength of the candidate on the following domains. (Please circle.)

A. Grade Point Average:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

B. GRE Score:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

C. Therapy-Related Experience:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

D. Research Experience:

5 4 3 2 1
 Very strong Somewhat strong Unsure Somewhat weak Very weak

Please rate on the following scale the likelihood that you would invite this applicant for an interview or strongly consider making an offer of acceptance if an interview is not a standard part of your selection process:

5 4 3 2 1
 Definitely yes Maybe yes Unsure Maybe not Definitely not

Please rate the importance of the domains in making your decision.

A. Grade Point Average:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

B. GRE Score:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

C. Therapy-Related Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

D. Research Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

Please add any further information regarding your decision: _____

Summary Sheet of an
Applicant's Credentials

106

Name: Christine Hall

Degree: Masters' of Science in Community Counseling

Masters' Grade Point Average: 3.9

Undergraduate Grade Point Average: 3.8

GRE Score: Verbal = 700
Quantitative = 600
Psychology Subtest = 650

Therapy-related Experience: Applicant was a volunteer counselor for a crisis hotline for three years in college. During the third year, she was also responsible for scheduling the other volunteers. Applicant completed masters' practicum at a university counseling center where she conducted individual therapy, co-facilitated a group for perfectionists, and administered and interpreted career inventories. She received weekly individual and group supervision.

Research Experience: Applicant has been actively involved with a research team examining recidivism in community mental health centers. Publication is set for 1994.

Please rate the strength of the candidate on the following domains. (Please circle.)

A. Grade Point Average:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

B. GRE Score:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

C. Therapy-Related Experience:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

D. Research Experience:

5 4 3 2 1
 Very strong Somewhat strong Unsure Somewhat weak Very weak

Please rate on the following scale the likelihood that you would invite this applicant for an interview or strongly consider making an offer of acceptance if an interview is not a standard part of your selection process:

5 4 3 2 1
 Definitely yes Maybe yes Unsure Maybe not Definitely not

Please rate the importance of the domains in making your decision.

A. Grade Point Average:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

B. GRE Score:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

C. Therapy-Related Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

D. Research Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

Please add any further information regarding your decision: _____

Summary Sheet of an
Applicant's Credentials

Name: Christopher Hall

Degree: Masters' of Science in Community Counseling

Masters' Grade Point Average: 3.9

Undergraduate Grade Point Average: 3.8

GRE Score: Verbal = 700
Quantitative = 600
Psychology Subtest = 650

Therapy-related Experience: Applicant was a volunteer counselor for a crisis hotline for three years in college. During the third year, he was also responsible for scheduling the other volunteers. Applicant completed masters' practicum at a university counseling center where he conducted individual therapy, co-facilitated a group for perfectionists, and administered and interpreted career inventories. He received weekly individual and group supervision.

Research Experience: Applicant has been actively involved with a research team examining recidivism in community mental health centers. Publication is set for 1994.

Please rate the strength of the candidate on the following domains. (Please circle.)

A. Grade Point Average:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

B. GRE Score:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

C. Therapy-Related Experience:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

D. Research Experience:

5 4 3 2 1
 Very strong Somewhat strong Unsure Somewhat weak Very weak

Please rate on the following scale the likelihood that you would invite this applicant for an interview or strongly consider making an offer of acceptance if an interview is not a standard part of your selection process:

5 4 3 2 1
 Definitely yes Maybe yes Unsure Maybe not Definitely not

Please rate the importance of the domains in making your decision.

A. Grade Point Average:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

B. GRE Score:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

C. Therapy-Related Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

D. Research Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

Please add any further information regarding your decision: _____

Summary Sheet of an
Applicant's Credentials

110

Name: Christine Hall

Degree: Masters' of Science in Community Counseling

Masters' Grade Point Average: 3.9

Undergraduate Grade Point Average: 3.8

GRE Score: Verbal = 700
Quantitative = 600
Psychology Subtest = 650

Therapy-related Experience: Applicant was a volunteer counselor for a crisis hotline for three years in college. During the third year, she was also responsible for scheduling the other volunteers. Applicant completed masters' practicum at a university counseling center where she conducted individual therapy, co-facilitated a group for perfectionists, and administered and interpreted career inventories. She received weekly individual and group supervision. The applicant received psychological counseling to help cope with relationship difficulties related to the stress of being in a masters' program.

Research Experience: Applicant has been actively involved with a research team examining recidivism in community mental health centers. Publication is set for 1994.

Please rate the strength of the candidate on the following domains. (Please circle.)

A. Grade Point Average:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

B. GRE Score:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

C. Therapy-Related Experience:

5 4 3 2 1
 Very strong Somewhat strong Unsure Somewhat weak Very weak

D. Research Experience:

5 4 3 2 1
 Very strong Somewhat strong Unsure Somewhat weak Very weak

Please rate on the following scale the likelihood that you would invite this applicant for an interview or strongly consider making an offer of acceptance if an interview is not a standard part of your selection process:

5 4 3 2 1
 Definitely yes Maybe yes Unsure Maybe not Definitely not

Please rate the importance of the domains in making your decision.

A. Grade Point Average:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

B. GRE Score:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

C. Therapy-Related Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

D. Research Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

Please add any further information regarding your decision: _____

Summary Sheet of an
Applicant's Credentials

112

Name: Christopher Hall

Degree: Masters' of Science in Community Counseling

Masters' Grade Point Average: 3.9

Undergraduate Grade Point Average: 3.8

GRE Score: Verbal = 700
Quantitative = 600
Psychology Subtest = 650

Therapy-related Experience: Applicant was a volunteer counselor for a crisis hotline for three years in college. During the third year, he was also responsible for scheduling the other volunteers. Applicant completed masters' practicum at a university counseling center where he conducted individual therapy, co-facilitated a group for perfectionists, and administered and interpreted career inventories. He received weekly individual and group supervision. The applicant received psychological counseling to help cope with relationship difficulties related to the stress of being in a masters' program.

Research Experience: Applicant has been actively involved with a research team examining recidivism in community mental health centers. Publication is set for 1994.

Please rate the strength of the candidate on the following domains. (Please circle.)

A. Grade Point Average:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

B. GRE Score:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

C. Therapy-Related Experience:

5 4 3 2 1
 Very strong Somewhat strong Unsure Somewhat weak Very weak

D. Research Experience:

5 4 3 2 1
 Very strong Somewhat strong Unsure Somewhat weak Very weak

Please rate on the following scale the likelihood that you would invite this applicant for an interview or strongly consider making an offer of acceptance if an interview is not a standard part of your selection process:

5 4 3 2 1
 Definitely yes Maybe yes Unsure Maybe not Definitely not

Please rate the importance of the domains in making your decision.

A. Grade Point Average:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

B. GRE Score:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

C. Therapy-Related Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

D. Research Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

Please add any further information regarding your decision: _____

Summary Sheet of an
Applicant's Credentials

114

Name: Christine Hall

Degree: Bachelor's of Science in Psychology

Undergraduate Grade Point Average: 3.8

GRE Score: Verbal = 700
Quantitative = 600
Psychology Subtest = 650

Therapy-related Experience: Applicant was a volunteer counselor for a crisis hotline for three years in college. During the third year, she was also responsible for scheduling the other volunteers. The applicant received psychological counseling to help cope with moderate depression.

Research Experience: Applicant has been actively involved with a research team examining recidivism in community mental health centers. Publication is set for 1994.

Please rate the strength of the candidate on the following domains. (Please circle.)

A. Grade Point Average:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

B. GRE Score:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

C. Therapy-Related Experience:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

D. Research Experience:

5 4 3 2 1
 Very strong Somewhat strong Unsure Somewhat weak Very weak

Please rate on the following scale the likelihood that you would invite this applicant for an interview or strongly consider making an offer of acceptance if an interview is not a standard part of your selection process:

5 4 3 2 1
 Definitely yes Maybe yes Unsure Maybe not Definitely not

Please rate the importance of the domains in making your decision.

A. Grade Point Average:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

B. GRE Score:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

C. Therapy-Related Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

D. Research Experience:

5 4 3 2 1
 Very important Somewhat imp. Unsure Somewhat unimp. Very unimp.

Please add any further information regarding your decision: _____

Summary Sheet of an
Applicant's Credentials

116

Name: Christopher Hall

Degree: Bachelor's of Science in Psychology

Undergraduate Grade Point Average: 3.8

GRE Score: Verbal = 700
Quantitative = 600
Psychology Subtest = 650

Therapy-related Experience: Applicant was a volunteer counselor for a crisis hotline for three years in college. During the third year, he was also responsible for scheduling the other volunteers. The applicant received psychological counseling to help cope with moderate depression.

Research Experience: Applicant has been actively involved with a research team examining recidivism in community mental health centers. Publication is set for 1994.

Please rate the strength of the candidate on the following domains. (Please circle.)

A. Grade Point Average:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

B. GRE Score:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

C. Therapy-Related Experience:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

D. Research Experience:

5	4	3	2	1
Very strong	Somewhat strong	Unsure	Somewhat weak	Very weak

Please rate on the following scale the likelihood that you would invite this applicant for an interview or strongly consider making an offer of acceptance if an interview is not a standard part of your selection process:

5	4	3	2	1
Definitely yes	Maybe yes	Unsure	Maybe not	Definitely not

Please rate the importance of the domains in making your decision.

A. Grade Point Average:

5	4	3	2	1
Very important	Somewhat imp.	Unsure	Somewhat unimp.	Very unimp.

B. GRE Score:

5	4	3	2	1
Very important	Somewhat imp.	Unsure	Somewhat unimp.	Very unimp.

C. Therapy-Related Experience:

5	4	3	2	1
Very important	Somewhat imp.	Unsure	Somewhat unimp.	Very unimp.

D. Research Experience:

5	4	3	2	1
Very important	Somewhat imp.	Unsure	Somewhat unimp.	Very unimp.

Please add any further information regarding your decision:

APPENDIX B

COVER LETTER FOR TRAINING DIRECTOR SURVEY

Dear Director of Training:

I am a doctoral student in the counseling psychology program at Oklahoma State University. I have chosen training directors from counseling, clinical, and school psychology graduate programs to be subjects for my dissertation. It is my hope that the results of this study will provide important information regarding the decision-making involved in the psychology graduate school admissions process.

I would greatly appreciate your assistance in filling out the following brief questionnaire, which will take you five to ten minutes to complete. To assure your anonymity, please do not sign your name. Of course, your participation is strictly voluntary.

If you have any questions, please contact:

Jennifer Moore
University Research Services
001 Life Sciences East
Stillwater, Oklahoma 74078
(405) 744-5700

I have provided a stamped envelope for you to return the questionnaire to me within a month. Again, I appreciate your participation in my study.

Best regards,

Susan E. Schaefer

APPENDIX C
POSTCARD FOR FOLLOWUP MAILING

*I recently sent you a questionnaire
as part of my dissertation.*

*I understand that you are very busy.
Your participation would be greatly appreciated.*

*If I receive your questionnaire
by October 24, 1994,
I can still use the data.*

Best regards,

Susan E. Schaefer

*I recently sent you a questionnaire
as part of my dissertation.*

*I understand that you are very busy.
Your participation would be greatly appreciated.*

*If I receive your questionnaire
by October 24, 1994,
I can still use the data.*

Best regards,

Susan E. Schaefer

*I recently sent you a questionnaire
as part of my dissertation.*

*I understand that you are very busy.
Your participation would be greatly appreciated.*

*If I receive your questionnaire
by October 24, 1994,
I can still use the data.*

Best regards,

Susan E. Schaefer

*I recently sent you a questionnaire
as part of my dissertation.*

*I understand that you are very busy.
Your participation would be greatly appreciated.*

*If I receive your questionnaire
by October 24, 1994,
I can still use the data.*

Best regards,

Susan E. Schaefer

APPENDIX D
INSTITUTIONAL REVIEW BOARD APPROVAL

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
HUMAN SUBJECTS REVIEW

Date: 05-09-94

IRB#: ED-94-101

Proposal Title: THE IMPACT OF A PREVIOUS HISTORY OF COUNSELING ON
ADMISSION TO DOCTORAL PSYCHOLOGY PROGRAMS

Principal Investigator(s): John Romans, Susan Swatek

Reviewed and Processed as: Exempt

Approval Status Recommended by Reviewer(s): Approved


ALL APPROVALS MAY BE SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD
AT NEXT MEETING.

APPROVAL STATUS PERIOD VALID FOR ONE CALENDAR YEAR AFTER WHICH A
CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD
APPROVAL.

ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR
APPROVAL.

Comments, Modifications/Conditions for Approval or Reasons for Deferral or Disapproval
are as follows:

Signature:


Chair of Institutional Review Board

Date: May 18, 1994

VITA

Susan Elizabeth Schaefer

Candidate for the Degree of

Doctor of Philosophy

Thesis: STIGMATIZATION OF PSYCHOLOGY DOCTORAL PROGRAM
APPLICANTS WHO HAVE A HISTORY OF PSYCHOLOGICAL
COUNSELING

Major Field: Applied Behavioral Studies

Biographical:

Personal Data: Born in Oklahoma City, Oklahoma, July
13, 1965, the daughter of William K. and Billie M.
Swatek.

Education: Graduated from Bishop McGuinness High
School, Oklahoma City, Oklahoma in May, 1983;
received Bachelor of Arts degree in French from
the University of Oklahoma in August, 1988;
received Master of Education degree in Community
Counseling from the University of Oklahoma in
August, 1991. Completed requirements for the
Doctor of Philosophy degree in Applied Behavioral
Studies at Oklahoma State University in December,
1995.

Professional Experience: Practicum Psychotherapist,
University of Oklahoma Counseling Clinic, Norman,
Oklahoma, 1990; Pre-Master's Psychology Intern,
Oklahoma County Crisis Intervention Center,
Oklahoma City, Oklahoma, 1990-1991; Staff
Psychotherapist, Edwin Fair Community Mental
Health Center, Ponca City, Oklahoma, 1991-1992;
Graduate Assistant for ABSED 4052, Oklahoma State
University, Stillwater, Oklahoma, 1991-1992; Staff
Psychotherapist, Edwin Fair Community Mental
Health Center, Stillwater, Oklahoma, 1992-1993;
Graduate Assistant, ABSED Computer Lab, Oklahoma
State University, Stillwater, Oklahoma, 1993-1994;