



# Clinical psychology PhD students' admission experiences: Implications for recruiting racial/ethnic minority and LGBTQ students

Loretta Hsueh MA<sup>1</sup>  | Alexandra Werntz MA<sup>2</sup> |  
Steven Hobaica MS<sup>3</sup> | Sarah A. Owens MA<sup>4</sup> |  
Mark A. Lumley PhD<sup>5</sup> | Jason J. Washburn PhD<sup>6</sup>

<sup>1</sup>Department of Psychology, Indiana University-Purdue University Indianapolis (IUPUI), Indianapolis, Indiana, USA

<sup>2</sup>Department of Psychology, University of Virginia, Charlottesville, Virginia, USA

<sup>3</sup>Department of Psychology, Washington State University, Pullman, Washington, USA

<sup>4</sup>Department of Psychology and Neuroscience, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA

<sup>5</sup>Department of Psychology, Wayne State University, Detroit, Michigan, USA

<sup>6</sup>Department of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA

## Correspondence

Loretta Hsueh, MA, Department of Psychology, Indiana University-Purdue University Indianapolis, 402 North Blackford St, Indianapolis, IN 46202, USA.  
Email: [lhsueh@iu.edu](mailto:lhsueh@iu.edu)

## Abstract

**Aim:** The purpose of this study was to explore differences in the clinical psychology PhD program admissions experience (i.e., interviewing and decision-making) by race/ethnicity and lesbian, gay, bisexual, transgender, and queer (LGBTQ) identity.

**Methods:** Participants were 803 students (24% racial/ethnic minority; 19% LGBTQ) enrolled in US clinical psychology PhD programs. Two-group comparisons tested for differences in admission experiences by race/ethnicity and LGBTQ identity.

**Results:** Racial/ethnic minority and LGBTQ students considered a programmatic commitment to diversity as more important in application decisions compared to non-Hispanic White and cisgender heterosexual students, respectively. LGBTQ students were more likely to be advised to not discuss personal information (e.g., sexual orientation) than cisgender heterosexual students. Racial/ethnic minority and LGBTQ students identified financial considerations and program outcomes as more important in their decision-making compared with non-Hispanic White and cisgender heterosexual students, respectively.

**Conclusion:** Increasing funding and fostering authentic training environments should be prioritized in institutional conversations around recruiting racial/ethnic minority and LGBTQ trainees.

## KEYWORDS

admissions, applications, interviews, LGBTQ, race/ethnicity

## 1 | INTRODUCTION

The American Psychological Association (APA) recognizes diversity as a strength and has committed to “building and maintaining a workforce that is diverse in all respects and able to capitalize on its diversity to enhance creativity and productivity” (APA, 2010, para. 5). Consistent with this commitment is ensuring that clinical psychology PhD programs are training a cohort of future psychologists who are representative of the diversity of the US population. Increasing diversity in clinical psychology is critical to the integrity of mental health care and to the integrity of the research that informs that care. Everyone deserves mental health care that affirms and embraces the diversity of the human experience, yet individuals from marginalized backgrounds face more barriers in accessing and benefiting from mental health care (Jackson et al., 2016; McGuire & Miranda, 2008). Increasing the number of clinical psychologists who reflect the backgrounds, cultures, and identities of the communities they serve expands the pool of mental health providers who can effectively work with diverse communities, which is a necessary step toward ensuring equal benefit to everyone who seeks treatment. Furthermore, that psychological research has been used as a vehicle to perpetuate historically oppressive systems (such as racism and homophobia) is not a coincidence, but rather the product of the long-standing suppression of marginalized voices in academia. Increasing diversity among clinical psychological researchers is a crucial step to challenging assumptions of whose interests are worth representing in the formulation of research questions, and for rehabilitating and advancing psychological research.

Despite these implications, certain racial/ethnic groups in psychology PhD programs continue to be under-represented. According to Callahan et al. (2018), Black or African American students were 7.1% of students in accredited doctoral psychology programs but 12.6% of the population (note that all population estimates came from the 2010 Census). Similarly, Hispanic/Latino students were 10.8% of students but 16.3% of the population. Native Hawaiian and other Pacific Islander students were somewhat over-represented (0.9% vs. 0.2%), but attrition rates for this group were up to 8 standard deviations higher than the mean. Although they found evidence of over-representation for Asian (5.5%) and multiracial students (4.6%) compared with their share of the US population (4.7% and 2.9%, respectively), they noted that the trajectories for Asian and multiracial students are in proportion to the projected increase in population prevalence within coming decades and thus some degree of current over-representation is appropriate. In contrast, non-Hispanic White students were somewhat over-represented at 67.6% of students but 64.7% of the population, and unlike in the case of population trajectories for Asian and multiracial populations in the United States, the population trajectory for non-Hispanic White populations are on the decline. At 0.7%, only American Indian and Alaska Native students were equally represented in comparison with their share of the US population, which the authors suggest could be evidence of the success of a longstanding, targeted, government-backed initiative to increase representation in clinical psychology (i.e., the American Indians into Psychology Program; AIIP, 2014). Although it is promising that recent data suggest positive advancements toward representation across some racial/ethnic minority groups in psychology training programs, there are continued barriers for others.

Research on recruiting racially/ethnically diverse students into clinical psychology has arguably received the most attention to date. Diversity, however, involves multiple dimensions of identity such as sexual orientation, gender identity, and disability, which have received less attention (for notable exceptions, please see Callahan et al., 2018 for an analysis of representation by disability and gender; Andrews & Lund, 2015, and Lund et al., 2016, for perspectives from psychologists and psychology trainees with disabilities; and Isacco et al., 2016, on the experiences of professional psychology trainees who are men). What is strikingly absent is research exploring the

experiences of lesbian, gay, bisexual, transgender, and queer (LGBTQ) students in psychology graduate programs. There is value in understanding the experiences of LGBTQ students given their growing in size and visibility (Newport, 2018), including in clinical psychology. For example, Keilin (2018) found that nearly 12% of health service psychology graduate students who matched for internship in 2018 identified as a sexual minority (5% as gay or lesbian, and 7% as bisexual). Despite the proportion of LGBTQ students enrolled in clinical psychology doctoral programs, they remain a relatively under-researched group. This is concerning, given the alarming rates of LGBTQ student attrition in educational contexts (Kosciw et al., 2018; Mancini, 2011).

Although some thought has been put into how graduate programs can increase recruitment of under-represented students, at least in terms of race/ethnicity (Muñoz-Dunbar & Stanton, 1999; Ponterotto et al., 1995), surprisingly little is known about students' experiences with the application and interview process. Nonetheless, research from the late 1990s suggests that racial/ethnic minority students prioritize different factors compared with non-Hispanic White students when determining fit with a graduate program. For example, Ponterotto et al. (1995) found that when reviewing application packets, racial/ethnic minority students reported that financial aid, program requirements, quality and clarity of application materials, and the demographics of the graduate student body were important when considering a program. Muñoz-Dunbar and Stanton (1999) found that successful recruitment of racial/ethnic minority applicants was linked to existing racial/ethnic minority student and faculty representation within the department, freedom to research issues related to diversity, funding availability for racial/ethnic minority students, community characteristics, and the development of a task force designed to increase the recruitment of racial/ethnic minority students. Together, the available data suggest that racial/ethnic minority students may prioritize factors that signal an identity-affirming training environment when deciding on a graduate program. Although these conclusions likely hold today, there is reason to believe that applicants' priorities have shifted in response to a changing economic and political landscape.

The financial context of obtaining a graduate degree has become more inhospitable over the last decade, even after accounting for inflation. The weight of financial debt and the stress associated with pursuing a doctorate in psychology was clearly documented in the landmark study by Doran et al. (2016). However, as illustrated in work by Lantz and Davis (2017) and Wilcox et al. (2019), this burden is unevenly distributed, with marginalized students (i.e., racial/ethnic minorities, women, and lower socioeconomic status [SES] students, and students at the intersections of those identities) bearing the heaviest financial burden. Moreover, the burden of student debt shows little sign of slowing: the more recent estimates observed by Wilcox et al. (2019) were higher than those found in the study by Doran et al. (2016) published just 3 years earlier. Furthermore, a 2018 survey found that LGBTQ students carried, on average, \$112,607 in student debt, which is \$16,000 more than their cisgender heterosexual peers' average debt of \$96,211 (Marquit, 2018). This disparity in borrowing has been attributed in part to the relatively low rates of family support experienced by some LGBTQ individuals: a Pew Research Center (2013) study found that 39% of LGBTQ participants reported being rejected by a family member or close friend because of their sexual orientation or gender identity. In addition to the deleterious effects on mental health, the financial ramifications of family rejection are significant. Without familial support, LGBTQ students are less likely or unable to fill out the free application for federal student aid (Burns, 2017), the form used by millions of students to access federal financial aid for higher education. Transgender students may have their financial aid applications delayed or denied due to a mismatch between their gender identity and sex assigned at birth or mismatch due to legal name changes (Burns, 2017). Notably, LGBTQ individuals face the risk of being kicked out of their homes or may feel that remaining at home would be a threat to their safety, which may explain why LGBTQ individuals are 20%–40% of the population going through homelessness but only 5%–10% of the general population (Ecker, 2016; McCann & Brown, 2019). Together, LGBTQ students may be hit harder by the financial impact of pursuing graduate school compared with their cisgender heterosexual peers, and overall, racial/ethnic minority and LGBTQ students may be more critical of funding considerations and possible debt when considering graduate school, compared with their non-Hispanic White and cisgender heterosexual peers.

## 1.1 | Current study

To our knowledge, no study has yet examined the clinical psychology PhD admissions experience of more recent cohorts, who may be more empowered to seek identity-affirming training environments during the admissions process than earlier students, or specifically how these experiences may differ across race/ethnicity or LGBTQ identity. A greater understanding of student perspectives in the interview and decision-making process may improve programs' ability to recruit a more diverse student body. To that end, this study had two aims. The first aim was to describe how graduate students in clinical psychology PhD programs experienced two aspects of the admissions process interviewing (i.e., authenticity of program's commitments to diversity, topics to discuss or to not discuss during interviews) and decision-making (i.e., specific factors impacting students' final decisions on whether to accept an offer from a program). The second aim was to explore how the admission experiences differed by race/ethnicity and LGBTQ identity.

## 2 | METHODS

### 2.1 | Participants

Participants were students enrolled in university-affiliated PhD programs in clinical psychology in the United States. There were 8438 clinical psychology PhD students enrolled in APA-accredited programs in 2018 (APA, 2018). From the 855 initial participant responses, 807 students completed at least 90% of survey items. Two respondents who did not report their program type were excluded. Data were also excluded from two respondents from PsyD programs to maintain generalizability of the results to PhD programs. The final sample consisted of 803 clinical psychology PhD program students ( $M_{\text{age}} = 27.17$ ,  $SD_{\text{age}} = 3.64$ , age range = 21–52), which suggests that this data represent approximately 10% of clinical psychology PhD students. Of the 803 participants, 318 (39.6%) were in their first or second year of graduate school, 285 (35.5%) were in their third or fourth year, 192 (23.9%) were in their fifth year or later, and 7 (0.9%) had recently graduated.

Racial/ethnic minority students were 23.7% ( $n = 190$ ) of the sample, which is somewhat lower than the 29.5% observed in Callahan et al. (2018). This discrepancy is potentially due to our specific focus on clinical psychology PhD programs, which may be less racially/ethnically diverse than other doctoral-level psychology programs. LGBTQ students represented 19.2% ( $n = 154$ ) of the sample, which is higher than APA's (2017) 9% estimate for LGB representation among early career psychologists. This difference may be due to the focus on PhD students, as APA (2017) found that the proportion of LGB individuals decreased as career stage increased. Of note, the APA's estimate does not include individuals who are transgender, gender-nonconforming, and/or of a sexual orientation other than LGB or heterosexual (e.g., pansexual and queer). Furthermore, 14 (1.7%) participants did not provide responses to racial/ethnic identity items and five (0.6%) participants did not provide responses to the gender assigned at birth, gender identity, or sexual orientation items.

### 2.2 | Procedure

Participants were recruited in December 2018 via an email that was sent to their programs' Directors of Clinical Trainings. All programs were members of the Council of University Directors of Clinical Psychology (CUDCP), which at the time was comprised of 174 university-affiliated scientist-practitioner and clinical science doctoral training programs. Participants were invited via email to take the online survey, which included an online consent form. Participants were told the purpose of the study was to explore how doctoral students in clinical psychology programs view their experiences with the graduate school application process, including application and interview experiences, factors that impacted final decision-making, and perceptions of programmatic commitments to

diversity. Upon completing the survey, participants were fully debriefed and entered into a raffle for one of four \$25 Amazon gift cards. Funding was provided by CUDCP. This study was approved by the «MASKED FOR REVIEW» Institutional Review Board.

## 2.3 | Measures and variables

A survey was developed for the purposes of this study, as detailed below, and items were presented on Qualtrics in the same order across all participants. See Supplemental Materials for the exact wording of all questions and response options. Of note, the present analyses focus on a subset of surveyed items most relevant to the current aims.

### 2.3.1 | Race/ethnicity

Participants were asked to report their race by selecting one or more of the following: Black/African American, White, Asian/Asian American, Native American or Alaska Native, Native Hawaiian or other Pacific Islander, or other. Participants who selected more than one race were classified as multiracial. Participants were also asked whether they identified as Hispanic. "Prefer not to say" was an option for both questions. Participants who selected a race other than only White or who selected Hispanic for their ethnicity were identified as racial/ethnic minority. Those who selected their race as White and their ethnicity as non-Hispanic were identified as non-Hispanic White. Participants who did not provide responses to race/ethnicity items were excluded from comparative analyses.

### 2.3.2 | LGBTQ identity

Participants were asked about their sex assigned at birth, gender identity, and sexual orientation. Participants who reported identifying as a different gender than the one assigned at birth (transgender or gender nonconforming), reported being sex other than male or female at birth, and/or reported a sexual orientation other than heterosexual were classified as being an LGBTQ participant. Participants who did not provide responses to LGBTQ items were excluded from comparative analyses.

### 2.3.3 | Additional sample characteristics

Additional information collected was age and year in PhD program. To further characterize the sample, participants were also asked to indicate the number of times they applied to psychology doctoral programs, the total number of programs applied to in the year they were admitted to their current program, the number of doctoral program interview offers received that year, and to rate their interest in *research* and *clinical work* when applying to a graduate school using a sliding scale ranging from 0 (*not interested*) to 100 (*extremely interested*). Program affiliations were not collected to preserve student and program anonymity.

### 2.3.4 | Interview experience

Participants were asked to report the proportion of programs at which they interviewed that they perceived to have had an authentic commitment to diversity, using 1 (*none or close to none*), 2 (*less than half*), 3 (*about half*),

4 (*more than half*), or 5 (*all or close to all*). In addition, participants were presented with a list of 10 common topics discussed during the interview process and asked to select the topics they were advised by faculty, students, and others to *discuss* during the interviews, as well as the topics to *not discuss* during the interviews.

### 2.3.5 | Decision-making experience

Participants were asked to rate the importance of 24 factors in their decision to accept an offer to a program from 0 (*not important*) to 100 (*extremely important*).

## 2.4 | Data analysis

Analyses were performed using SPSS version 24.0. Descriptive statistics were computed to characterize the sample. To examine whether decision-making experiences differed along racial/ethnic and LGBTQ identity lines, a series of *t*-tests (for continuous variables) and  $\chi^2$  tests (for categorical variables) were conducted. Effect sizes (Cohen's *d* for *t*-tests and  $\phi$  for  $\chi^2$  tests) were interpreted using Cohen's (1988) conventions for small ( $d = 0.20$ ,  $\phi = .10$ ), medium ( $d = 0.50$ ,  $\phi = .30$ ), and large effects ( $d = 0.80$ ,  $\phi = .50$ ).

## 3 | RESULTS

### 3.1 | Full sample

Sample characteristics are presented in Table 1. Across the sample, participants reported high interest in both research and clinical work when applying to programs. More than half (67%) of participants were accepted after applying only once. Participants applied to a median of 10 programs and received four interview offers for the year they matriculated. Most (69%) participants indicated that a program's commitment to diversity was at least "moderately important" in their decision to apply, although responses were normally distributed.

Although a quarter of participants said "all or almost all" of the programs' commitments to diversity seemed authentic, about 1 in 10 said "none or close to none" seemed authentic. Nearly all participants reported being advised to discuss research experiences during interviews, followed by advice to discuss future career goals, clinical work, and mentoring style (Table 2). About half of all participants reported they were advised *not* to discuss personal information, other programs applied to, or personal considerations (such as geographical restrictions).

Participants rated APA accreditation, type of degree (PhD vs. PsyD), and research fit with the primary mentor as the most important factors in their decision to accept an offer (Table 3). CUDCP affiliation, Psychological Clinical Science Accreditation System (PCSAS) accreditation, and the size of the primary lab were rated as the least important.

### 3.2 | Differences in the admissions process across race/ethnicity and LGBTQ identity

Tables 2 and 3 present participants' responses regarding their admissions experiences, stratified by the group comparisons. Racial/ethnic minority participants ( $M = 3.5$ ,  $SD = 1.2$ ) considered a program's commitment to diversity as more important in deciding whether to apply than did non-Hispanic White participants ( $M = 2.9$ ,  $SD = 1.1$ ;  $t(789) = -6.48$ ,  $p < .001$ ,  $d = .52$ , medium effect). Similarly, LGBTQ participants ( $M = 3.5$ ,  $SD = 1.1$ ) rated programmatic commitment to diversity as more important in deciding whether to apply to a program than did cisgender heterosexual participants ( $M = 2.9$ ,  $SD = 1.1$ ;  $t(793) = -4.95$ ,  $p < .001$ ,  $d = .55$ , medium effect).

**TABLE 1** Differences in participant characteristics by race/ethnicity and LGBTQ identity

	Total sample		Non-Hispanic White, n = 599		Racial/ethnic minority, n = 195		Cisgender heterosexual, n = 644		LGBTQ, n = 154	
<b>Demographics</b>										
Age, M (SD)	27.2	(3.6)	27.3	(3.8)	26.7	(3.2)	27.1	(3.4)	27.5	(4.5)
<b>Race/ethnicity, n, %</b>										
Black/African American	37	4.6	-	-	-	-	30	4.7	6	3.9
Asian/Asian American	47	5.9	-	-	-	-	38	5.9	9	5.8
Hispanic/Latino	40	5.0	-	-	-	-	31	4.8	9	5.8
Non-Hispanic/Latino White	599	74.6	-	-	-	-	480	74.5	117	76.0
Native American and Alaska Native	5	0.6	-	-	-	-	4	0.6	1	0.6
Multiracial	38	4.7	-	-	-	-	31	4.8	7	4.5
Other	23	2.9	-	-	-	-	18	2.8	5	3.2
<b>Gender identity, n, %</b>										
Cisgender woman	651	81.1	488	81.5	158	81	-	-	-	-
Cisgender man	139	17.3	102	17	34	17.4	-	-	-	-
Transgender woman	4	0.5	3	0.5	2	1	-	-	-	-
Transgender man	2	0.2	2	0.3	0	0	-	-	-	-
Non-binary gender	4	0.5	3	0.5	1	0.5	-	-	-	-
Other sex at birth to woman	1	0.1	0	0	1	0.5	-	-	-	-
<b>Sexual orientation, n, %</b>										
Heterosexual	650	80.9	486	81.1	157	80.5	-	-	-	-
Lesbian and gay	66	8.2	17	2.8	9	4.6	-	-	-	-
Bisexual	58	7.2	46	7.7	12	6.2	-	-	-	-
Pansexual	11	1.4	7	1.2	4	2.1	-	-	-	-
Multiple selected	39	4.9	31	5.2	8	4.1	-	-	-	-
Other	14	1.7	11	1.8	3	1.5	-	-	-	-
<b>Student characteristics</b>										
Interest in clinical work, M (SD)	73.8	(23.5)	73.2	(23.8)	74.8	(22.5)	74.2	(23.1)	71.9	(25.2)
Interest in research, M(SD)	72.3	(22.9)	72.3	(22.8)	72.8	(22.9)	72.1	(23.0)	73.6	(22.5)
Considered programmatic commitment to diversity as important in applying, M(SD)	3.0	(1.1)	2.9	(1.1)	3.5	(1.2)	2.9	(1.1)	3.5	(1.1)

(Continues)

TABLE 1 (Continued)

	Total sample		Non-Hispanic White, <i>n</i> = 599		Racial/ethnic minority, <i>n</i> = 195		Cisgender heterosexual, <i>n</i> = 644		LGBTQ, <i>n</i> = 154	
# Years applied, <i>M</i> ( <i>SD</i> )	1.4	(0.7)	1.4	(0.6)	1.4	(0.6)	1.4	(0.7)	1.4	(0.6)
# Programs applied, <i>M</i> ( <i>SD</i> )	9.9	(4.5)	9.9	(4.4)	9.8	(4.5)	9.9	(4.5)	9.8	(4.3)
# Interview offers, <i>M</i> ( <i>SD</i> )	4.0	(2.7)	4.0	(2.7)	3.9	(2.5)	3.9	(2.7)	4.1	(2.5)

Note: Values may not add to 100% given "Prefer not to say" and skipping items were permissible.

Abbreviation: LGBTQ; lesbian, gay, bisexual, transgender, and queer.

As shown in Table 2, racial/ethnic minority participants (33%) were more likely than non-Hispanic White participants (19%) to say they were advised to discuss a program's commitment to diversity during interviews ( $\chi^2[1, N = 792] = 16.72, p < .001, \phi = .15$ , small to medium effect). LGBTQ participants (75%) were more likely than cisgender heterosexual participants (66%) to report being advised not to discuss personal information, such as their sexual orientation ( $\chi^2[1, N = 797] = 3.96, p = .046, \phi = .07$ , small effect). In contrast, racial/ethnic minority participants (42%) were less likely than non-Hispanic White participants (52%) to report being advised not to discuss personal considerations, such as geographic restrictions, ( $\chi^2[1, N = 792] = 6.20, p = .01, \phi = .09$ , small effect).

Finally, as shown in Table 3, racial/ethnic minority participants endorsed the following factors as more important than non-Hispanic White participants: receipt of a funding incentive ( $p = .002, d = .34$ , small to medium effect), program tracks ( $p = .02, d = .21$ , small effect), program length ( $p < .001, d = .32$ , small to medium effect), diversity and inclusion factors ( $p < .001, d = .71$ , medium to large effect), preparation for board certification ( $p < .001, d = .37$ , small to medium effect), and PCSAS accreditation ( $p = .003, d = .29$ , small to medium effect; please see Table 3 for specific means and standard deviations). LGBTQ participants ( $M = 60.6, SD = 28.3$ ) considered diversity and inclusion factors as more important in their decision-making compared with cisgender heterosexual participants ( $M = 48.2, SD = 27.4; p = .001, d = .45$ , medium to large effect). Similarly, LGBTQ participants ( $M = 48.3, SD = 28.5$ ) endorsed teaching expectations as being more important in their decision-making than did cisgender heterosexual participants ( $M = 40.1, SD = 24.9; p < .001, d = .31$ , small to medium effect).

## 4 | DISCUSSION

The goal of this study was to provide insight into clinical psychology PhD students' admissions experiences, with a focus on the experiences of racial/ethnic minority and LGBTQ students and the role of diversity-related factors in the decision-making process. Students reported remarkable consistency in their application experiences, but key differences emerged across race/ethnicity and sexual orientation/gender identity. Overall, these results suggest that programs seeking to meet the needs of a more representative applicant population must consider both program climate and the differing financial and personal needs of racial/ethnic minority and LGBTQ students to achieve greater recruitment and retention of a diverse and competitive graduate student body.

### 4.1 | The importance of a program's authentic commitment to diversity

Racial/ethnic minority students and LGBTQ students considered a program's commitment to diversity as more important to their decisions to apply, compared with non-Hispanic White and cisgender heterosexual students,

**TABLE 2** Total sample frequency and results from  $\chi^2$  analyses of being advised to discuss and to not discuss 10 topics during interviews across race/ethnicity and LGBTQ identity

	Topics advised to discuss				
	Comparison 1			Comparison 2	
	Total sample	NHW	REM	CH	LGBTQ
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Research (e.g., prior research experience)	795 (99)	594 (99)	190 (98)	637 (99)	152 (99)
Future career goals	662 (82)	491 (82)	161 (83)	525 (83)	122 (80)
Clinical work (e.g., prior clinical experience)	584 (73)	435 (73)	140 (72)	474 (74)	105 (69)
Mentoring style	581 (72)	436 (73)	137 (71)	467 (73)	109 (71)
Funding	557 (69)	413 (69)	135 (70)	440 (68)	112 (73)
Internship match rate	347 (43)	261 (44)	81 (42)	272 (42)	72 (47)
Program's commitment to diversity	182 (23)	114 (19)	64 (33)**	139 (22)	41 (27)
Personal considerations (e.g., will you be moving with partner)	101 (13)	75 (13)	24 (12)	82 (13)	19 (12)
Other programs applied to	43 (5)	32 (5)	11 (6)	36 (6)	7 (5)
Personal information (e.g., sexual orientation)	21 (3)	13 (2)	8 (4)	16 (3)	5 (3)
	Topics advised to not discuss				
	Comparison 1			Comparison 2	
	Total sample	NHW	REM	CH	LGBTQ
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Research (e.g., prior research experience)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Future career goals	14 (2)	13 (2)	1 (1)	11 (2)	3 (2)
Clinical work (e.g. prior clinical experience)	88 (11)	67 (11)	19 (10)	69 (11)	19 (12)
Mentoring style	4 (1)	3 (1)	1 (1)	4 (1)	0 (0)
Funding	46 (6)	31 (5)	14 (7)	39 (6)	7 (5)
Internship match rate	8 (1)	4 (1)	4 (2)	7 (1)	1 (1)
Program's commitment to diversity	14 (2)	9 (2)	5 (3)	14 (2)	0 (0)
Personal considerations (e.g., will you be moving with partner)	395 (49)	310 (52)	80 (42)*	318 (49)	74 (48)
Other programs applied to	459 (57)	340 (57)	112 (58)	364 (57)	93 (61)
Personal information (e.g., sexual orientation)	544 (68)	415 (69)	122 (63)	426 (66)	114 (75)*

Note:  $N = 803$ .

Abbreviations: CH, cisgender heterosexual; LGBTQ, lesbian, gay, bisexual, transgender, and queer; NHW, non-Hispanic white; REM, racial/ethnic minority.

\* $p < .05$ .

\*\* $p < .001$ .

**TABLE 3** Ratings across total sample and results from t-tests for the degree to which 24 factors influenced the decision to accept an offer across race/ethnicity and LGBTQ identity

	Comparison 1			Comparison 2	
	Total sample Mean (SD)	Non-Hispanic White Mean (SD)	Racial/ethnic minority Mean (SD)	Cisgender heterosexual Mean (SD)	LGBTQ Mean (SD)
APA accreditation	94.4 (15.0)	94.0 (15.8)	95.2 (12.8)	94.5 (14.6)	93.8 (16.9)
PhD versus PsyD	94.1 (15.9)	94.1 (15.8)	94.2 (16.2)	94.9 (14.1)	91.6 (21.4)
Research fit	86.8 (17.5)	86.2 (17.9)	89.0 (16.2)	87.0 (17.3)	86.4 (18.3)
Mentor personality	80.3 (20.7)	79.4 (21.0)	82.6 (19.8)	80.0 (21.0)	81.7 (19.3)
Funding/financial support	78.9 (22.5)	77.9 (22.6)	81.6 (22.1)	79.4 (22.1)	77.3 (23.9)
Program research-practice balance	74.7 (21.6)	72.9 (21.8)	77.4 (20.3)	74.6 (21.4)	74.9 (22.5)
Funding incentive (e.g., fellowship)	73.2 (32.2)	70.8 (22.5)	<b>79.5 (27.8)*</b>	73.0 (32.4)	74.0 (32.1)
Prior graduates' success	72.4 (25.9)	70.6 (25.9)	73.9 (25.4)	71.2 (25.9)	71.9 (25.6)
Peer opinion of program	72.0 (23.2)	72.1 (2.2)	71.4 (23.3)	72.1 (23.7)	71.6 (21.0)
Program reputation	71.6 (21.1)	71.4 (20.9)	72.5 (21.8)	72.2 (20.6)	68.7 (23.1)
Internship match rate	71.4 (26.9)	70.4 (27.1)	74.3 (26.3)	71.4 (27.1)	71.5 (26.3)
Clinical practicum experiences	70.5 (24.1)	69.8 (23.6)	72.0 (25.9)	70.1 (24.3)	71.4 (23.3)
Faculty reputation	65.0 (25.4)	64.3 (24.9)	66.4 (27.0)	65.8 (24.8)	61.0 (28.1)
Program theoretical orientation	64.1 (27.0)	63.6 (27.3)	65.7 (26.2)	63.4 (27.3)	67.3 (25.7)
Work-life balance	60.7 (26.3)	60.8 (26.3)	60.5 (26.7)	60.9 (26.2)	59.5 (26.9)
Program tracks	60.1 (31.2)	58.5 (31.4)	<b>65.0 (30.2)*</b>	60.1 (20.9)	60.1 (32.2)
Geographic location	60.0 (29.0)	59.4 (28.8)	61.9 (29.7)	60.2 (29.3)	59.1 (27.2)
Program length	52.7 (2.74)	50.6 (27.7)	<b>59.0 (25.6)**</b>	53.3 (27.4)	50.0 (27.2)
Diversity/inclusion factors	50.6 (28.0)	45.6 (26.2)	<b>65.0 (28.1)**</b>	48.2 (27.4)	<b>60.6 (28.3)**</b>
Teaching expectations	41.8 (25.8)	40.7 (25.5)	44.2 (26.4)	40.1 (24.9)	<b>48.3 (28.5)*</b>
Preparation for board certification	38.0 (31.6)	35.1 (21.1)	<b>46.6 (31.3)**</b>	37.2 (31.5)	40.8 (32.)
Size of primary lab	35.2 (23.9)	34.6 (23.2)	37.5 (25.3)	35.4 (23.2)	36.3 (26.5)
PCSAS accreditation	23.4 (29.8)	21.3 (28.1)	<b>30.3 (34.1)*</b>	23.2 (29.4)	24.9 (31.7)
CUDCP affiliation	22.2 (28.5)	20.9 (27.9)	26.4 (30.0)	22.0 (28.2)	23.8 (20.0)

Note: All response ranges 0 (least important) to 100 (most important).  $N = 803$ . Bold texts denote significant group differences.

Abbreviations: APA, American Psychological Association; CUDCP, Council of University Directors of Clinical Psychology; LGBTQ; lesbian, gay, bisexual, transgender, and queer; PCSAS, Psychological Clinical Science Accreditation System.

<sup>a</sup> $n = 549$ –785 responders. <sup>b</sup> $n = 415$ –587 responders. <sup>c</sup> $n = 126$ –188 responders. <sup>d</sup> $n = 439$ –628 responders. <sup>e</sup> $n = 107$ –151 responders.

\* $p < .05$ .

\*\* $p < .001$ .

respectively. This finding underscores the importance of programs communicating their sincere and actionable commitment to diversity before applicants enter the formal admissions process. It is concerning, however, that a quarter of students estimated that fewer than half of all programs where they interviewed demonstrated an authentic commitment to diversity, and that one in ten students indicated that *none* of the programs demonstrated an authentic commitment to diversity. These results suggest that applicants are attuned to the consistency between a program's stated values and how a program puts those values into practice, finding that some programs do not appear to live up to their commitments. Diversity statements, for example, are readily accessible to applicants, and programs often utilize these statements to attract a more diverse applicant pool; however, higher education scholars have critiqued such statements for their ineffectiveness in bringing about the changes to which they claim to aspire (Davis & Harris, 2015; Squire et al., 2019). Worse than ineffective, Ahmed (2012) argues that such statements function to insulate the institution from having to make tangible progress toward a more equitable campus, all while publicly signaling a tone of inclusivity. As such, clinical psychology PhD program faculty should examine if their stated intentions to promote diversity and inclusion have translated into material impact.

Counseling psychology doctoral programs, which share professional outcomes with clinical psychology doctoral programs (Norcross et al., 2020), have been exemplary in this regard. Counseling psychology's commitment to diversity and social justice are explicated in its standards and principles (DeBlaere et al., 2019; Scheel et al., 2018), and are strongly held among counseling psychologists in the field (Lichtenberg et al., 2018; Taylor et al., 2019). In practice and potentially as a result, counseling psychology doctoral programs historically have had the highest proportion of racial/ethnic minority student enrollment compared with other health service psychology fields, including clinical psychology (Kang, 2018). In 2015, approximately onethird of counseling psychology doctoral students identified as a racial/ethnic minority (Norcross et al., 2020). Counseling psychology also has proportionally more racial/ethnic minority faculty and faculty interested in conducting research related to multicultural or minority issues (Norcross et al., 2020). The presence of racially/ethnically diverse faculty also seems to be key to attracting racially/ethnically diverse applicants in school psychology, another health service psychology field. For example, in a survey of 38 school psychology doctoral programs, Malone and Ishmail (2020) found that the percentage of racial/ethnic minority students was positively associated with the percentage of racial/ethnic minority faculty and the number of multicultural courses offered, again stressing the importance of substantiating programmatic commitments to diversity through material actions.

One of the most consistent conclusions emerging from the literature across health service psychology fields is that diverse students gravitate to programs with diverse faculty. Past research has examined the effectiveness of strategies used to recruit and retain under-represented faculty in detail (e.g., Bhalla, 2019; Smith et al., 2004), and we briefly summarize three specific recommendations for deans, program heads, and faculty search committees here. First, the search committee itself should be diverse. Under-represented faculty candidates likely screen for signals of a welcoming and inclusive work environment and the composition of the search committee may be the candidate's first impression of how a program puts its values into practice. Second, job descriptions should be defined in broader terms to attract a wider and more diverse applicant pool, as narrowly defining the job can limit the applicant pool with the unintended consequence of reducing the number of underrepresented faculty applicants (Stewart & Valian, 2018). Third, diversity-related job qualifications (e.g., commitment to mentoring under-represented students) should be emphasized in the job description. Smith et al.'s (2004) study of the hiring process of three large public research universities found that 47% of under-represented faculty (defined in the study as African American, Latino, and American Indian faculty) were hired through searches that explicitly mentioned diversity-related qualifications, compared with 29% of under-represented faculty who were hired through searches that made no mention of such qualifications.

## 4.2 | Discuss diversity and inclusion openly, and with everyone

The interview is an opportunity for both programs and applicants to assess nonacademic characteristics. Programs and program faculty often use the interview to assess for applicant characteristics such as motivation and

interpersonal skills (Glazer et al., 2016), and applicants evaluate the program and program faculty on dimensions of cultural climate, such as feelings of communality and collegiality (Veilleux et al., 2012). As such, it is not surprising that racial/ethnic minority students in this study were more likely than non-Hispanic White students to report being advised to discuss a program's commitment to diversity during interviews. Deliberately asking about programmatic commitments to diversity provides a glimpse into the program culture and helps prospective students better ascertain whether they will be supported, understood, and valued by the program. In contrast, it is worth noting that LGBTQ students did not differ from cisgender heterosexual students on whether they were advised to discuss issues of diversity during interviews, and further, that LGBTQ students were more likely than cisgender heterosexual students to report being advised *not* to discuss personal information, such as sexual orientation or gender identity. Although a lack of personal disclosure may reflect desirable applicant qualities like professionalism and discretion, broad discouragement of personal disclosure may prevent prospective students from accurately evaluating whether a program environment aligns with their individual values and needs. It is ultimately the prospective student's decision whether or not to disclose an aspect of their identity, and our data cannot determine whether students decided to discuss personal information against advice. Nonetheless, these results suggest that programs (and specifically, faculty who are interviewing prospective students) should proactively approach and encourage conversations related to diversity throughout the application process, which may lift the burden off prospective students of all backgrounds and provide an opening to discuss their diversity-related concerns. Proactive and open discussions may be particularly beneficial for prospective students whose identities are less visible, including LGBTQ students. In addition, the decision of whether to openly discuss issues related to diversity may understandably be a source of stress for some applicants. Undergraduate and master's program faculty could help applicants navigate this decision by, for example, processing the applicant's concerns with them, identifying supportive faculty colleagues from their networks, or role-playing with the applicant interview discussions related to issues of diversity and identity with the applicant.

### 4.3 | Final decisions: Financial viability of pursuing a PhD in clinical psychology

APA accreditation was the most important factor in final decisions across the total sample, followed by factors related to fit with the mentor (research fit with primary mentor and personality fit with primary mentor) and program reputation, including peers' opinion of the program, also appearing in the top 10. These results were largely consistent with prior studies (McIlvried et al., 2010; Walfish et al., 1989), suggesting that many aspects of the decision-making process have remained stable over time. Compared with prior studies, however, students in this sample were more concerned about financial incentives (funding/financial support and receiving a funding/incentive packages), program outcomes, specifically placement and success of prior graduates, as well as internship match rates. These changes may reflect greater consideration of debt acquisition and loan repayment, given recent increases in the average student loan debt burden of entering graduate students (Doran et al., 2016).

Even still, racial/ethnic minority students considered financial factors (receiving a funding incentive) and program outcomes (preparation for board certification and program length) as more important in final decisions compared with non-Hispanic White students, which is in line with prior work that documents the uneven burden of student debt and debt-related stress on marginalized students. For example, Wilcox et al. (2019) estimated a mean cumulative borrowing of approximately \$122,195 for psychology PhD students, an astounding amount in and of itself. However, Lantz and Davis (2017) also found significant between-group differences in graduate student debt across gender, SES, race, and their intersections, such that women of color borrowed more to finance their education than both White women and men of color, and women from lower SES families borrowed more than both men from lower SES families and women from upper SES families. The uneven impact of student debt on women, racial/ethnic minorities, and lower SES students further penalizes the same students who were already economically and socially disadvantaged. It is clear that without intervention, these financial considerations will

continue to discourage disadvantaged students from pursuing a career in clinical psychology, resulting in further homogenization of the field.

Giving direct implications for diversifying the field of clinical psychology, programs are urged to take a proactive stance in addressing the student debt crisis. To be sure, student debt is a sociopolitical issue larger than what the field of psychology alone can tackle (however, see Pietrantonio & Garriott, 2017, for a discussion of how psychology programs and the APA can advocate for funding in higher education, including at the federal level). However, programs do have decisional latitude over monies that are set aside for a specific purpose, such as travel funds and recruitment incentives. In these cases, Lantz and Davis (2017) argue that programs need to approach resource distribution decisions with equity in mind—that is, resources should be distributed based on actual (vs. assumed) need—and that faculty should situate financial conversations in the context of training to create a safe environment for students to discuss their financial realities. Critically, they add that such conversations must also be situated in the context of helping the student succeed in the program (e.g., by helping the student identify resources), and not in a way that signals dissatisfaction with the student's progress (e.g., by implying that the student's outside job is interfering with their academic responsibilities).

#### 4.4 | Limitations and future directions

Some limitations of the study are worth noting. First, the study sample was limited to students currently enrolled in clinical psychology PhD programs; therefore, these results reflect the experiences of successful applicants only. Little is known about the large number of clinical psychology PhD program applicants who did not gain admittance (Michalski et al., 2019). In addition, self-selection bias is possible, given that these data represent approximately 10% of enrolled clinical psychology PhD students from 2018. Relatedly, these results may not generalize to clinical psychology doctoral students who are not enrolled in PhD programs (i.e., PsyD students). Second, students were asked to retrospectively report on their experiences, which may have resulted in recall bias. To address these limitations, a future study should follow applicants in real time through the application process. In addition to reducing recall bias, a prospective study would also capture the experiences of students who ultimately are either not offered admittance, or who chose to not accept an offer. Third, this paper focused on two areas of identity—racial/ethnic and LGBTQ identity—despite the diversity in experience at their intersections. Of note, an analysis at the intersection of race/ethnicity and LGBTQ identity was not completed due to the small number of students that identified as an LGBTQ student of color, and future research should purposefully sample LGBTQ students of color to address this gap in knowledge. Relatedly, this paper cannot speak directly to the experiences of students of differing religious or political affiliations, disabilities, SESs, and many more identities that shape the application experiences. Finally, although several intriguing group differences emerged, the survey did not assess for reasons underlying these group differences. For example, LGBTQ students rated teaching expectations as a more impactful factor in their final decisions compared to cisgender heterosexual students, but conclusions are limited by the lack of write-in explanations or prior findings in literature. In addition, the causes and consequences of the mismatch between a program's stated commitment to diversity and what applicants perceived as (in)authentic once they interviewed at the program remain unknown.

Two key directions for future research are worth considering. First, research should probe the process by which applicants appraise programs' efforts to signal an inclusive environment. It is possible that applicants are increasingly vigilant about appraising the consistency between a program's stated values and how a program puts those values into practice. As such, there is also a need to examine how experiences on interview day change applicants' perceptions about the authenticity of program's stated commitments. Second, future research should examine the degree to which students are deterred from ranking highly or accepting an offer from a program that fails to live up to expectations regarding diversity and inclusion. Importantly, although racial/ethnic minority students and LGBTQ students in the current study considered diversity and inclusion-related factors as being more

important in their decisions to *accept* an offer compared to non-Hispanic White and cisgender heterosexual students, is it unclear whether these factors were important in decisions to *reject* an offer.

## 5 | CONCLUSIONS

Experiences of the application process are largely consistent among clinical psychology PhD students; however, racial/ethnic minority and LGBTQ students report experiences that are distinct in important and addressable ways. Given the importance of programmatic commitments to diversity in students' decisions, there is a need for programs to critically evaluate existing policies, curricula, graduate training experiences, and the admissions process to strengthen their commitments to fostering inclusion. Furthermore, these data suggest that programs seeking to meet the needs of a more diverse applicant population must consider not only program climate but also the financial and personal needs of students from diverse backgrounds. Advocating for higher graduate student stipends and greater financial support for students with less socioeconomic privilege or family wealth, and fostering a more inclusive and authentic training environment are undoubtedly priorities for many programs, and although this study is not exhaustive, these data offer a foundation for facilitating institutional conversations around better recruitment and retention of a diverse and competitive graduate student body.

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### CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

### ETHICS STATEMENT

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

### DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author, Loretta Hsueh. The data are not publicly available due to their containing information that could compromise the privacy of research participants.

### ORCID

Loretta Hsueh  <http://orcid.org/0000-0002-4169-0824>

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## SUPPORTING INFORMATION

Additional Supporting Information may be found online in the supporting information tab for this article.

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