Chapter 12. Clinical Internship and the Post-doctoral, Pre-licensure Period

The clinical psychology program requires a calendar-year clinical internship (or half-time over 2 years) as the culmination of clinical training.

Competitiveness of Internships

Clinical internships have become highly competitive, especially in popular areas such as Boston and Washington, DC. Although CUA students have long held a strong reputation at internship settings, careful preparation of your internship application and consideration of a wide range of alternative placements is strongly encouraged. We also urge you to include internship sites outside of the immediate area and other very desirable places to live. Sites in the midwest and in small towns are not as inundated with applications as are sites in attractive urban environments. You can apply in the DC area if you would like to stay here, because our students have done extremely well in the area, but you will increase the chances of getting an internship that you are pleased with if you also plan to apply more widely. You may also keep in mind that we have a high success rate in placing students on internship in their first year of applying. As a final and important consideration, your application for clinical internships has implications for the larger program, our reputation, and the maintenance of our accreditation. Applying for internship requires that you are ready and that you make the maximum effort to ensure success. For example, some students consider applying when they are perhaps less than fully prepared or consider applying to only 1-2 sites thinking that if they do not get in, they can try again next year. This kind of approach has implications beyond the student applicant—such an approach can adversely affect the larger program if you fail to obtain an internship on a first try. If there are any questions about your readiness or strategy, please talk to your faculty advisor, the Associate DCT, or the DCT.

Preparation and Applications

Gather information about internships early. The summer before applying is a good time to collect information about sites, although the sites will typically not have their actual materials available until around September. The source for information on sites and many other aspects of internship application is the website of the Association for Psychology Postdoctoral and Internship Centers (APPIC), the professional organization of internship sites, http://www.appic.org. APPIC has a searchable database of internships with links to internship websites.

APPIC has several listservs that can be joined by going to the APPIC website. Students applying for internship must subscribe to the Match listserv because the information is essential (and yields few messages). There is also a discussion list for applicants, which some students find
useful, and others find anxiety-provoking and not helpful.

The Associate DCT and DCT hold a meeting each year for those who are planning to apply for internship. All facets of the application process are discussed.

APPIC has an application form, the AAPI, that all sites use. It can be accessed via their web site (see link above). Note that, the AAPI is completed entirely online. The application includes a detailed break-down of hours spent in various clinical activities, as well as tests administered. There is also a set of essays on the AAPI. In addition to the standard AAPI, some sites have had their own set of questions in the past.

Application deadlines range from late October to December. Most are November 1, although they keep getting earlier. Give yourself time to work and re-work your internship applications. It is essential to tailor your application to each site in the final essay, and the online AAPI allows for doing so. General statements (e.g., "I want to intern at your setting because it offers the best training") are less effective than those that can detail what is unique about each internship and how it fits into your overall plan for professional development. In our experience, it can be helpful to look at other essays of peers or in books, but then be sure to put them away before writing your own. Your essays must reflect your original work and you never want to literally or inadvertently use the work of others! Be sure to ask your advisor to read all your essays and give you feedback.

High-quality internships are geared toward training, not providing service cheaply through student labor. It stands to reason, then, that the best internships consider more than just the quantity of prior clinical experience. The quality of experience and the student's demonstrated scholarship in all areas of psychology are equally or more important. Give consideration, therefore, to soliciting recommendations from advisors who may know you primarily through research collaboration or seminar work, as well as from clinical supervisors.

**Readiness to Apply for Internship**

Students must receive program approval (from their advisor or the DCT) prior to applying for internship. All criteria are included in the Clinical Practica and Externship Policies and Procedures Guide (Appendix A of this handbook). Faculty meet early in the Fall semester to review the list of students intending to apply for internship that year. Briefly, the criteria are: students must be in good academic standing; students must have submitted their brief (2-page) dissertation proposal to the department faculty by October 1 of the year in which they are applying for internship; students will have completed at least two 9 month clinical externships by the time they begin internship (this rule effective with classes entering in Fall 2011 and later), students will have received satisfactory evaluations from all on-campus and off-campus
practicum and externship supervisors, or have satisfied the requirements of any remediation plans that were developed for unsatisfactory evaluations; students will have received satisfactory faculty ratings on the clinical case conference; students have received satisfactory faculty ratings on the assessment case conference (beginning with classes entering in Fall 2017 or later). In addition to these specific criteria, faculty make a global determination of whether the sum total of each student’s training experiences will have provided sufficient breadth of training to satisfy program expectations and requirements. Operationally, the Director of Clinical Training will not complete the portion of the internship applications that attests to the student’s readiness for internship unless the student has met these criteria.

**APA-Accredited Internships**

All APA-accredited internships are acceptable to the program, and non-accredited sites are acceptable if they meet the criteria below as determined by the Director of Clinical Training. The program strongly encourages students to go to accredited sites. APPIC’s database of sites indicates which are APA-accredited. A list can also be found at [http://www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation). An APA-accredited internship is not required for licensing in most jurisdictions, although it is in some. Those jurisdictions that do not require an accredited site may require the applicant for licensing to provide much more documentation than an applicant with an accredited internship. Further, some employers give preference to job candidates who have had an accredited internship, while other employers may require it.

Below is a website for investigating the rules about internship in different jurisdictions:

[http://www.asppb.net/](http://www.asppb.net/) (general information on licensing requirements and specific licensing requirements of every jurisdiction in the US and Canada)

The clinical faculty has devised a set of guidelines for non-APA-accredited internships (see below). A student must demonstrate that such an internship meets these minimum standards for the internship to be an acceptable placement. Any student who wishes to undertake such an internship should submit all information necessary for the clinical faculty to evaluate the internship's acceptability, such as the description of the training and the list of faculty. This should be done at least 4 weeks prior to the date for submitting your rank-order list. (Do not wait until the day before you must submit your list to ask the Director of Clinical Training if it is acceptable to take a non-accredited site.)
Specialty Internships

Some internships offer specialized training in a particular treatment modality (e.g., psychodynamic) or with a particular population (e.g., inpatients; children and adolescents; college students). Decisions about whether to do such an internship should be made in light of the student's overall training experience (pre- and post-internship) and career goals.

Guidelines for Non-APA Accredited Internships

Students in the CUA Clinical Psychology Training Program are encouraged to seek an APA-accredited clinical internship. However, occasionally a student elects a non-accredited internship. In order to assure the quality of training, the following guidelines serve as minimum standards for non-APA-accredited internship programs. Any internship that fails to meet these guidelines will not qualify as an acceptable training experience for CUA clinical psychology students. The guidelines are not meant to suggest what constitutes a good internship program, merely a minimally acceptable one. An attempt is made to specify certain features which we feel are essential, as well as other features which may be desirable but not absolutely necessary.

1. The student must be clearly designated as a trainee in a formally identified training program, in contrast to being hired as a junior staff member of the facility itself.

2. The program must have a licensed/certified psychologist (Ph.D. or Psy.D.) who functions as training director and who is responsible for the following:
   a) establishing a contract with the trainee regarding the content of the training program. This contract should take into account the trainee's specific skill deficits. It should specify a set of required training experiences (number of hours of direct client contact, seminars, conferences, etc.), and a set of elective training experiences.
   b) insuring that the trainee's program is evaluated periodically, so that the training program can be modified, if necessary.
   c) insuring that mid-year and end-of-year evaluations are made of the trainee's skills and deficits as a clinical psychologist and that these are sent to the CUA Director of Clinical Training.

3. The trainee must receive broad exposure to a reasonable variety of significant clinical problems. It is difficult to specify in advance just what constitutes "broad exposure" or "significant problems." For example, exclusive contact with just one of the following problem groups would constitute too restricted a training experience: an incarcerated prison population,
or a chemically dependent sample (even if both in-patient and out-patient). The internship facility itself could provide direct service only to a limited clientele, as in the case of a prison. However, the training director will be responsible for providing supplementary training experiences at outside training agencies, in order to insure broad exposure to diverse problems as well.

4. It is desirable that the trainee gain experience in a wide variety of treatment modalities, such as individual, group, marital/family, long-term, short-term inpatient and outpatient treatment. Moreover, it is desirable that the trainee receive exposure to a variety of theoretical approaches to treatment (e.g., cognitive-behavioral, psychodynamic). However, exposure to a variety of treatment modes and models does not substitute for experience with a broad client population.

5. The trainee's internship experiences should represent a reasonable balance of activities undertaken by a clinical psychologist, including direct treatment, consultation, assessment, and research. Formal seminars and case conferences are also desirable components of the training year.

6. Adequate supervision time must be allocated for all training activities in which the intern is engaged. This supervision must be provided by two or more licensed/certified psychologists (Ph.D. or Psy.D.) on the training program staff. Total supervision time should amount to at least 5 or 6 hours per week, at least 2 hours of which should constitute individual supervision by a licensed/certified staff psychologist. In addition, it is desirable that the trainee receive some consultation with, and/or supervision by, other mental health professionals, in order to foster a multidisciplinary perspective.

**Very important:** If you complete an unaccredited internship, you may be asked by the jurisdiction in which you seek licensing to provide voluminous documentation on the hours you spent on internship. Track your hours just as you did earlier in the program in preparation for internship application, e.g., by how many face-to-face hours with what type of client, and so on. It is important to know that some future employers (like the VA system) may require an APA accredited internship experience, which may influence your decision-making therein.

**The Match Process**

APPIC administers a computerized matching process of applicants and sites. In other words, after a process of applications and rank ordering, a computer program comes up with the best match of an applicant to the highest rank-ordered site possible. Applicants are told where they have matched, and sites are told who their interns will be. Information on the match can be found on the APPIC website, [http://www.appic.org](http://www.appic.org).
Students must sign up for the match with APPIC and pay a fee. Only sign up after formally approved by the program to register. Most applications are due about November 1, and interviews often take place in December and January. In Phase I of the match, both applicants and sites submit rank-ordered lists early in February. In other words, students rank-order all the sites they are willing to attend, and sites rank-order all the applicants they are willing to train. APPIC convincingly demonstrates that it is in applicants’ (and sites’) best interest to submit an honest rank-order list, regardless of what chance the applicant thinks he or she has of getting the top-ranked site. The Phase I match outcome is announced on a Friday in late February.

Sites are never told what rank an applicant with whom they are matched gave the site, and vice versa. In submitting a rank-order list, applicants are guaranteeing that they will attend the site to which they are matched; it is ethically unacceptable to change one’s mind after the match has been announced. That is why it is so important to rank-order only those sites to which an applicant is willing to go.

Students who do not obtain a position in this first phase of the match are eligible to participate in a Phase II match. Those applicants use the AAPI Online service to submit applications to programs with unfilled positions from Phase I approximately one week after the Phase I match. Applicants and programs submit new rank order lists for Phase II of the Match by a deadline that is roughly 3 weeks after the Phase I match. A second matching process is carried out, and the results of Phase II of the match are distributed 1 week later.

Preparation Tips for Applications and Interviews
(From the Experience of Past CUA Students)

**Note: Additional Tips are found on our Blackboard website**

A. Applications

In addition to the standard AAPI form and questions specific to each site, you will need:
1. An up-to-date vita.
2. Copies of graduate school (and occasionally undergraduate) transcripts.
3. At least 3 letters of reference, as well as the APPIC form attesting to readiness for internship that must be submitted by the Director of Clinical Training.
4. A few sites ask for a recording or transcript of a therapy session. (Some students have gotten by with a treatment summary, though.)
5. A few sites ask for descriptions of every graduate psychology course you have taken.
6. Many sites ask for copies of assessment reports (usually two) that you have written from complete batteries. Be sure to omit the client’s name!

B. The Interviews (Note: This section is very helpful for externships too, although externship interviews will take into account that the student has less experience.)

Most internship sites invite their final list of applicants for individual interviews. While many interviews will be conducted individually between an applicant and a staff member, some interviews are conducted in group format (either you with various staff members and/or you with various other applicants).

Since interviews take place in the winter, you might ask the internship site about potential weather considerations.

Some typical questions are below.
1. What are your strengths and weaknesses as a person? As a professional?
2. What makes you interested in this internship program? How is this setting relevant to your professional goals?
3. Tell me about your supervision experiences. Ever had a conflict with a supervisor? How did you handle it? What were your best and worst supervision experiences?
4. What would you do if your supervisor wanted you to do something you thought was unethical?
5. Why do you think you entered this field?
6. What have you learned about yourself in supervision?
7. How well do you know Rorschach scoring? MMPI interpretation?
8. What have you read in psychodynamic theory? (Often by psychodynamic sites or supervisors)
9. Describe a client you have treated...Why did you pick that case? (By the way, it is a good idea to have a case prepared that is similar to the clientele at that site, if possible.) Keep your case presentation short and clear. You might practice it aloud beforehand; many sites ask this.
10. What is special about you? Why should we take you instead of other applicants?
11. Why didn't you get an A in this one course? (Don't get defensive and don't panic. Think about explanations for any low grades you may have gotten in graduate school in advance of your interviews.)
12. How far along are you on your dissertation? Why did you choose your topic?
13. What do you see yourself doing in 10 years? What would you like people to say about you at your retirement party?
14. What is your theoretical orientation? Why? (If eclectic or integrative, a survey of internship training directors says that’s fine but you must be able to articulate a system for deciding what to do when.)
15. Interviewer describes case and asks how you would intervene.
16. What was your most/least successful therapy case? What types of clients are easiest/hardest for you to deal with?
17. Interviewer points out an area of inexperience, in your background, asks you to comment. Previous students' advice (which may not be the only way to go, but which worked for them): Avoid becoming defensive. Acknowledge the weakness and say this is why you are interested in this internship, because you feel it can help fill in the gap in that part of your experience, that you are committed to working on "X" and believe your record demonstrates that you can be successful at it. An alternative strategy: beat them to the punch if you have a glaring weakness in your experience or knowledge. Tell them right off the bat that one reason you are interested in their program is to become proficient at "X," an area you are very excited about but one in which you would like to gain more competency.
18. What do you think the role of diagnosis is in psychotherapy? What do you think of the DSM? What are its strengths and weaknesses? How would you change it?
19. Imagine you are asked to assess a client. What test(s) would you use and why?
20. The interviewer presents you with an ethical dilemma, asks what you would do etc., followed by the question, "Would you turn in your colleague to hospital administration?"
21. How would you feel about/deal with working with murderers, rapists, and/or child abusers? We have some patients like that here. How would you handle it?
22. How do you make sense of doing clinical work with individuals based on research?
23. How would your best friend describe you?
24. Sites with a high percentage of ethnic minority clients, if you’re not a minority yourself, may ask how it would feel being white working with a predominantly multicultural clientele.
25. You may be asked about any personal therapy you’ve had. A good way of responding is to talk about its relevance to your clinical work.
26. What do you like best about your program, and what would you change about your program if you could?
27. Is there anything else you'd like me to know about you?

Have questions ready for them, but not things you can readily find out from their website. Good questions include:
1. What your interviewer’s clinical and research interests are.
2. What do interns do after internship here? Do you help interns get positions?
3. If there are new faculty and/or some have left, what kinds of changes will that have on the program? Also you can ask about upcoming changes or who might not be supervising in the coming year.
4. One good question to ask is: What sort of trainees do you think function best here?
Here’s a list of questions that was posted one year on the APPIC website:

PRACTICE INTERVIEW QUESTIONS

**Personal/Professional**
1. How did you become interested in psychology?
2. How did you become interested in (specific interest area)?
3. What would you be doing if you were not in psychology?
4. Personal strengths and weaknesses? How do they influence your work? What have you done to deal with your shortcomings?
5. What are your goals after internship? In 5 years?
6. Tell me about yourself?
7. Personal strengths and weaknesses? Who are you, personally?
8. What do you do in your spare time? To relax?
9. Tell me about your interest in this area (geography)?
10. Why did you choose your training program?
11. Why should we accept you over other equally qualified candidates?
12. What do you have to contribute to us?

**Research**
1. Dissertation topic? How is your research progressing? Where do you see it going?
2. How did you get interested in this topic?
3. Clinical relevance of research?
4. Master's thesis?

**Assessment**
1. Tell me about an instrument with which you feel competent.
2. Opinion of projective testing.
3. What Rorschach scoring system? Why?
5. What further assessment training or experiences do you need?

**Treatment**
1. Greatest strength as a therapist?
2. Type of client most difficult to work with? What types of feelings do you have toward such cases? How do these feelings interfere with treatment?
3. Orientation in therapy? What do you think of __ approach?
4. How do you see yourself as a therapist?
5. Challenges you expect to face as a therapist?
6. Experience with family/group/inpatient/etc. treatment?
7. Talk about a therapy case you had. How did you conceptualize the case? What was most effective? (mini-case presentation, 5 minutes)
8. Most challenging case?
9. What type of client do you work best with?
10. What sort of supervisors have you had? What type of supervision is best for you?
11. What further therapy training or experience do you need?

Recruiting
1. What can we do to make you want to come here?
2. How do you see us fitting with your goals?
3. Which of your interest areas are (not) addressed by our program?
4. Where else have you applied and what attracted you to these places?
5. What attracts you most to our internship?

Other
1. What else would like me know about you that isn't apparent from your CV?
2. What is the one question you would like me to ask you?

C. Some Extra Suggestions to Consider

1. Give the people from whom you want recommendations and the Director of Clinical Training a lot of advance notice. Ask for letters in September if you can. Provide each reference person with a list of deadlines for your places. Keep in touch with these people as the weeks go by, making sure they have all the information they need. Most of the recommendations are electronically submitted. If you are not self-managing any paper applications, give your letter writers stamped, addressed envelopes to make their job easier. If you are self-managing paper applications, give them envelopes with the site indicated on them.

2. After your interviews, write to EVERY program in which you are interested. You should not lie, but it is good practice to indicate enthusiasm and interest in EVERY place you plan to rank-order. It is against the rules for an internship site, however, to use information on whether the site is a first choice for an applicant. Do not put the internship in an awkward position by conveying first-choice information. If you are pressured for a first-choice response, discuss it with the Director of Clinical Training.

3. Something you should prepare yourself for: competing against friends/classmates is no fun. Once you're all down to the wire, it's hard to know whether to stay in close touch and lend each other support, or distance yourself for a little while. All we can say is, try to be sensitive to each other. One person may want to keep in touch; another may say "call me next week."
4. Although interviewing is unavoidably an anxiety-provoking process, try to relax and be yourself. It is to your advantage, as well as to the internship site’s, to learn whether or not the internship is a good match for you, and the best way to discover that is by being honest. That's not to say that complete, embarrassing self-revelation is called for; it's always best to present yourself in a positive light. Just remember that you're interviewing them, too. Both you and the site have determined from paper information that you may be a good match. A major purpose of the interview is to determine if they would like to have you around for a year, and if you would like to be there for a year.

D. Some Advice from Alumni

Former Student:
Regarding essay writing:
- For the biographical essay, pick a theme, something about you that is special or unique and that conveys the essence of what you have to offer and write to that. Don't try to be all things to all people, just be the best and truest version of yourself as you can be and try to sell that. Example: I wrote about my background as a journalist and related it to my interest in becoming a psychologist and emphasized the strengths of having a nontraditional background. Also, if you have a good/solid theme in the biographical essay, try to weave it into the other essays when possible and appropriate.
- Leave enough time to write and edit and have someone else read it and revise, revise, revise until your essays sing and become everything they can be in the space allowed. I had several interviewers comment to me that they really appreciated how well-written my essays were and I think it made a difference in my landing interviews.

Regarding the application process:
- Don't freak out if you are very close to the deadline by which you are supposed to hear from programs and haven't heard from very many programs. I heard from about 1/2 of the programs on the last day or two before the deadline and it was an even mix of interview invitations and rejections. The timing of when a program contacts you means nothing!

Regarding the interview process:
- Prepare as much as possible, but don't over-prepare to such a degree that you lose yourself in the process. Know what your general response will be to the expected questions (read the APPIC guide and the list of questions and think through your answers for each), but also leave room for spontaneity and thinking on your feet. Practice with a friend before your first interview--you will get better and more polished the more you do it.
- Also, don't get so caught up in trying to have programs think highly of you that you forget to actually assess whether you want the program. Think of yourself as a catch that they would be lucky to land and try to also ask them about things that are important to you in your training.
Thinking this way will also help you feel more confident.
--Be energetic and enthusiastic and sell, sell, sell the match between you and the program.

**Former Student:**

Sample Interview Questions

- Tell me about yourself
- **The Match**
  - Goals
  - Good feeling from brochure, previous interns, faculty
  - Multidisciplinary, Multicultural
  - Supervision/Mentorship
  - Rotations
  - My training experiences
  - Contributions I could make
  - Other aspects of the program
  - Research
- **Case Conceptualization**
  - Theoretical orientation
  - Short-term goals
  - Long-term goals
  - Methods used
  - Measuring change
  - Conceptualization
  - Determined goals were met
  - Agreeing to termination
- **Theoretical orientation**
- **Challenging clients**
- **Successful Client Experiences**
- **Challenges/weakness/growth areas**
- **Ethical dilemma**
- Where working after internship
- **Specific clinical interests**
- **Challenging clients for me**
- **Short-term goals/Training objectives**
- **Long-term goals.**
- **Pressing issues facing psychologists**
- **Training Experiences**
- **Positive Supervision**
• Negative supervision
• Traits looking for in supervisor
• Clients find it difficult to work with
• Clinical issues most skilled with
• Culturally diverse clients
• Dissertation Status:
• Why chose clinical psychology:
• Strengths and weaknesses of graduate program
• What would you do if not psychology
• Where is profession heading

Former Student:

Internship Interview Sample Questions

Generic ones (i.e. Qs you can expect to be asked at many places):
Why are you interested in our program?
Tell me about a (difficult, interesting, fun, ethically challenging…) case.
What are your strengths/weaknesses?
Tell me about a challenging time during supervision and how you handled it.
What do you ultimately want to do/where do you see yourself in 5 (or 10) years?
What do you like to do outside of psychology?
What is your theoretical orientation?
What are your research interests?

Former Student 3:
What gaps in training would our program have compared to what you want in your internship
year or for your future career?" ('what don't we have?)
What is a systemic change that you've witnessed?
How do cultural considerations specifically affect assessment?
How do you establish yourself as a new employee?
Talk about an ethical dilemma.
What did you do wrong in a case?
Is there an age or presenting problem that is a challenge for you?
What makes you unique?
What is a recent book you read for pleasure? Most influential book? Professional book you’d
carry?
What would you ask a potential intern?
What do you wish we would ask you?
Define transference and countertransference.
Lots of vignettes—tell us your impressions, give a possible dx, talk out loud about your process to get to a dx, what more information would you want?

**Former Student 4:**
Printout of a kid's cognitive assessment and state my impressions

**Former Student 5:**
Who in psychology would you most like to be like?

**Former Student 6:**
Tell me a simple story about yourself that does not have to do with psychology.
You’re at a coffee shop and overhear your client on the phone, talking about suicide, what do you do?

**Former Student 7:**
What’s a television show you’re embarrassed to tell that you watch?

**Former Student 8:**
What is your view on self-disclosure in therapy?
What theoretical orientation do you have toward assessment (reaction to treatment, strengths orientation, discrepancy model)?
How do you incorporate your spirituality in therapy?
What do you look for in a supervisor?

**Former Student 9:**
Tell me something about yourself that’s not in your application?
Tell me about a Family Systems issue that you wish you had handled differently?
Tell me something that you’ve been told is one of your strengths and you agree? Then tell me something you’ve been told is a strength but you don’t yet think of it as a strength?
What would your co-workers say is annoying about you?
Tell me about a case where you made a mistake?
What kind of mistakes do you expect to make as an intern?
What is something that I didn’t ask you that you think I should know?
Tell me how race/ethnicity impacts your clinical work? Give a specific case example.
Is there a population or presentation that is particularly challenging for you? Or with whom you don’t like to work?
What about your family or childhood led you to become a psychologist?
What do you think the mechanism of change is in treatment for pediatric anxiety (in context of conversation about my experience with pediatric anxiety)?
Given clinical vignettes (asked to give impressions, select further assessments, diagnosis, treatment)
Given sample cognitive/achievement assessment scores and asked to discuss impressions

E. Some readings you may find helpful


Suggestions for the Post-Doctoral/Pre-Licensure Period

APPIC and APS Postdoc Exchange

Listings of some postdoctoral fellowships can be found at [http://appic.org](http://appic.org). In addition, the Association for Psychological Science has a free and searchable database of post-docs: [http://www.psychologicalscience.org/index.php/post-doc-exchange](http://www.psychologicalscience.org/index.php/post-doc-exchange).

Advice for During the Program

Former Student: One piece of advice that I would pass along is, whenever possible/feasible, students should research the licensure requirements in the state(s) where they think they might want to get licensed while they are in graduate school - as many states have specific course requirements that may differ from the usual curriculum of the program. I almost had to take 2 courses for NYS. I was able to convince them through submission of course syllabi that I had fulfilled the requirements. Which brings me to my next piece of advice...keep all your notebooks and syllabi. I first had to submit a course description for every course and then the syllabi. It is my experience that states are making the requirements more difficult as time goes on especially
in states that have a large number of licensed psychologists. Therefore, I think it's helpful to be as proactive in the process as possible.

**Choosing What to do After Graduation**

**Former Student:** I have found the post-doc and new psychologist listservs to be helpful resources at [http://www.appic.org/](http://www.appic.org/) and [https://groups.yahoo.com/neo/groups/NewPsychList/info](https://groups.yahoo.com/neo/groups/NewPsychList/info)

A few words on post-docs: A formal post-doc will typically pay less, but will be more secure and guarantee you the necessary numbers of hours of supervision and training. However, community mental health centers may also be good resources for experience as there always seems to be need there.

**Former Students:** 1. CUA students are incredibly well prepared. Without sounding too egotistical, I really do believe that we have "better" (i.e. more breadth and depth) of training that just about any other clinical student I encountered. I was surprised by this both on my internship and then again when I started working after internship. Students should not rest on their laurels, but they should feel confident that they will be well prepared to go on internship and to look very attractive to employers after internship.

2. Don't just look at official postdocs that are posted. Honestly, I found almost all of those completely useless because they pay so miserably, there are so few of them, the training is poor (it's generally just another year of internship with no further advanced training), and the competition for them is incredible. For me, this is how I went about finding my postdoc hours:

   a. Figure out where you are going to want to get licensed, or at least narrow it down to a couple of places. Your postdoc year/s is largely about making professional contacts in the community in which you will want to practice. (I'm speaking here for people who are primarily going to be clinicians). It doesn't make any sense to spend 2 years accruing hours and contacts in North Dakota if you don't want to eventually practice there.

   b. Figure out what the licensure requirements are for that given state. Some states require a certain number of your postdoc hours to be direct clinical services and others don't. In many places you can count hours doing things like research or teaching as long as you still get supervision. Also, some states have rules about how many different supervisors or placements from which you are accruing your hours.

   c. Look at job listings in that given geographical area. Look in the Monitor, the Chronicle, local papers (generally less helpful), and talk to people. I, more than anyone else in existence (I am certain!), hate networking. However, the only reason I got the job which hadn't even been posted, was because of a contact I talked to who happened to know that there was going to be an opening. Contact as many people you know in your network, even secondary contacts can be helpful, to just let them know what things you are looking for. Also, consider taking part-time positions. Honestly, one part time position will frequently pay more than a full-time postdoc.
Don't reject jobs just because they say they are looking for "licensed or licensed-eligible" people. The job I got was listed as such, but after I talked with the director about what taking on a "postdoc" would entail (i.e. some supervision and training on their part, but likely less money), they were willing to give it a shot.

d. If you don't find anything from job listings, start putting your "ideal" position together. For example, CMHCs are always looking for someone to do testing. Call private practice groups to see if you can rent office space for a few hours in the evenings and if they would be willing to contract for supervision. Consider "special population" group clinics (e.g. HIV clinics) to contract for a few hours. Look up teaching a class at a local community college. For me, I really wanted the security of knowing that I will get a certain number of hours per week with one, stable job. But another student, for example, really wanted to get a variety of experience, so his piecemeal approach of putting together several different jobs worked out really well (and also paid more than most postdocs).

e. Make sure you contract for supervision. My supervision was part of my contract, but sometimes you may have to pay for that I think.

3. The last thing I would suggest is be creative. Start thinking about what it is that you would like to do as far as your career and then how you can get supervision doing that to count towards licensure. Don't think of postdoc as another hoop you have to jump through like internship. More than anything, it's a time to continue and specialize your training and start making contacts. Getting the supervision hours can always be arranged. Just make sure you document!!! I had a form I filled out every week listing the number of direct and indirect service hours, individual and group supervision, etc. I did every week and had my supervisor sign it. That made it A LOT easier when I had to start filling out licensure forms and will also I think be helpful if I decide to get licensed in another state.

**Former Student:** All I can suggest from my experience is that a formal post-doc clinical position, though it pays less (but often more than internship) was very worthwhile for me in terms of receiving additional training and easily getting all of the supervised clinical hours I needed. I think it made me more competitive for the job market too, since I was able to get licensed so quickly and had an extra year of experience.

**Former Student:** Especially if one is not willing to move, like me, my options were limited. There are fewer formal post-docs available than in years past, so most people in Baltimore end up piecing together hours in various part-time jobs. It took me longer this way (almost 1 1/2 years) and I had to pay for some of the supervision. But in the long run I believe it will serve me well, for most of these positions have led into professional work that will continue after licensure. For example, I am part of a private practice already.

Another important lesson I learned is that few jobs in psychology are advertised, and the ones that are may not be worth having! All of my positions have come from word of mouth.
Former Student: Different work settings require licensure and others do not. Obviously private practice (on your own) requires licensure. Working in the VA hospital system requires licensure no later than 2 years after your start date, but you don't have to be licensed in any particular state because the hospital is on federal ground. Thus, there people here who are licensed in another state. Research settings, by in large, typically do not require licensure, but some encourage it, especially if it is a clinical research setting.

Accrual of hours is tricky. Because some states require a certain amount of direct clinical hours, it is often prudent to be aware of these requirements ahead of time, so that you can accept post-docs that will help you fulfill those requirements. Taking a research position (what I did) is even more risky because you often accrue much less clinical time than you would in a clinical position (and some states count direct hours differently--e.g., some states, from what I understand, consider the informed consent process a clinical contact, and others do not). It's good to be upfront with potential post-doc employers about your needs for hours prior to taking a position.

Former Student: In our experience, the best (and probably most frequent) solution is for recent grads to stay on a second year in a "post-doc" or "fellow" capacity at the internship site. Many sites offer this as an option (sometimes informally, so it pays to ask), and particularly if the fit between site and student is good, it offers advanced training, salary, and licensure preparation.

Next best is a mid-internship-year (over the holidays) flurry of letters to every past supervisor and placement that the student acquitted themselves well with asking for suggestions or knowledge of potential openings.

Applying to advertised post-docs is fine, but the inside (already at the site) competition is fierce.

Students seeking private practice employment, who have a good rapport with an existing group, often trade services (or accept reduced compensation) in exchange for post-doctoral supervision.

Former Student: 1. Contact any group in the APA directory, local yellow pages, etc...run by either a psychologist or psychiatrist that includes the word 'Associates'. These folks, and other similar groups, have some turnover for staff, more so than most. They are often groups that have folks seeking private practice and licensure hours. Many leave after a brief 2-5 year stint for greener pastures and more control. Lots of my class cohort did something like this.

2. I have had non-licensed folks simply call me to ask me if I had any work to farm out. This is a bit of direct mail/phone approach, but sometimes it works. Send out the message far and cast a wide net - the universe responds.
**Former Student:** In terms of networking, I got information about job and post-doc opportunities through my internship site, from internship supervisors, from CUA faculty, and from other students, both those at Catholic and ones met at pre-doc training sites.

**Preparation for Application for Licensure**

*Some states are moving to requiring fewer post-doc hours.*

**Former Student:** All of the licensure requirements state by state are listed at www.asppb.org. [see address above] These listings also include the state contact person who can help with specific questions. Know your state's requirements as early as possible. You may need to take specific courses that you don't need for graduation from the PhD!

**Former Student:** I also found in the application process that it was helpful to have stayed in touch with my internship program because they were required to submit forms related to the length and substance of my internship.

As far as getting supervision goes, probably the internship is a great place to look for that experience and/or connections to other jobs. I actually took a job without supervision and then convinced them that it was in everyone's best interest to hire a consulting psychologist to supervise me for my license. It was not an easy sell and it set me back a couple of years but I am fortunate enough that I was able to arrange it and in the field/specialty I wanted to be in.

**Studying for Licensing Exam**

**Faculty Member:** For the 50 alumni of our program who took the EPPP exam between 1997 and 2006, the mean score was 166.0 with a standard deviation of 12.3. The mean for the population of 4355 graduates of doctoral programs who took the exam in this period was 135.2 (*SD* = 23.5). Based on a survey of our program graduates, all alumni who sat for the licensing exam from 1999 to 2010 passed it.

**Former Student:** As for the licensing exam, well I'm a bit in the thick of things right now and have little but the obvious advice -- break the content areas into workable "chunks," create a manageable study schedule with deadlines that can be met reasonably (just like comps), and build in time for things that keep you balanced and anxiety-free -- family, friends, self-care -- whatever it takes (usually a sound support system is invaluable, of course).
Former Student: Another issue is the ever-increasing cost of study materials for the EPPP. The test preparation materials are quite expensive, so I have known some people to share materials while studying or to simply get one or two-year old materials from someone.