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W Brad Johnson  
*United States Naval Academy*

Christopher Koch  
*George Fox University, [ckoch@georgefox.edu](mailto:ckoch@georgefox.edu)*

Gregory O. Fallow  
*George Fox University*

Jennifer M. Huwe

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# PREVALENCE OF MENTORING IN CLINICAL VERSUS EXPERIMENTAL DOCTORAL PROGRAMS: SURVEY FINDINGS, IMPLICATIONS, AND RECOMMENDATIONS

W. BRAD JOHNSON

*Department of Leadership, Ethics, & Law  
United States Naval Academy*

CHRISTOPHER KOCH

GREGORY O. FALLOW

JENNIFER M. HUWE

*George Fox University*

*Previous research suggests that mentorships are quite important in the development of junior professionals in a range of fields, including psychology. Yet some evidence suggests that clinical doctoral students may be less frequently mentored by graduate faculty than other psychology doctoral students. Results of a survey of clinical and experimental psychology doctorates who earned the degree in four distinct time frames from 1945 to the present indicated that clinical PhDs (53%) were indeed less likely than experimental PhDs (69%) to be mentored. Potential explanations for this discrepancy include the nature of clinical training, diffusion in clinical training, and the advent of professional training models. The implications of less frequent mentoring for clinical doctorates are discussed, and several recommendations for addressing this phenomenon are offered.*

## Introduction

Are most psychology doctoral students mentored by faculty during graduate school? Although strong mentor relationships are considered essential for professional development and career preparation (Ellis, 1992), many psychology doctorates report not being mentored by graduate school faculty (Clark, Harden, & Johnson, 2000; Cronan-Hillix, Gensheimer, Cronan-Hillix, & Davidson, 1986). Within the field of clinical psychology, mentoring is viewed as more common in experimental, research-oriented programs than in professional or applied programs (Ellis, 1992). The decline in prevalence of the research-scientist model of training—particularly in clinical psychology—has prompted some to speculate that mentoring (and thereby program quality and effectiveness) has declined as well. Although some have suggested that the demise of traditional academic apprentice (mentor) models has decreased access to mentors in all areas of academia (Folse, 1991), we wondered if clinical doctoral students have less access to mentors than do students in other specialty areas within psychology.

Mentor relationships are personal relationships in which a more experienced (usually older) individual acts as a guide, role model, teacher, and sponsor of a less experienced (usually younger) protégé. A mentor provides the protégé with knowledge, advice, challenge, counsel, and support in the protégé's pursuit of becoming a full member of a particular profession (Clark et al., 2000). Mentoring has generally been shown to have positive effects on protégé performance and overall success in organizational and educational

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Correspondence regarding this article should be addressed to W. Brad Johnson, Department of Leadership, Ethics, & Law, United States Naval Academy, Luce Hall, Stop 7B, Annapolis, MD, 21402. E-mail: johnsonb@usna.edu

settings. Benefits to protégés include more rapid career advancement, higher rates of compensation, greater career opportunity, and enhanced professional identity (Fagenson, 1989; Fagenson-Eland, Marks, & Amendola, 1997; Kram, 1988; Wilde & Schau, 1991). These benefits can be so valuable, some have suggested, that identification with a mentor should be considered a major early career developmental task (Levinson, Darrow, Klein, Levinson, & McKee, 1978; Russell & Adams, 1997).

Mentors, too, are likely to benefit from mentor relationships. Mentors often describe reaping extrinsic rewards such as accelerated research productivity and enhanced professional recognition due to the achievements of protégés (Newby & Heide, 1992; Wright & Wright, 1987). In some instances, organizations may explicitly reward senior professionals who demonstrate proficiency in mentoring or talent development. Intrinsic mentor benefits may include a sense of generativity, greater career satisfaction, and creative synergy stemming from collaboration with protégés (Atkinson, Casas, & Neville, 1994; Busch, 1985; Levinson et al., 1978).

Kram (1988) conducted the most frequently cited research on mentor relationships in organizations. She concluded that mentoring is best conceptualized as a cluster of mentor functions delivered in a relational context. Kram distinguished broadly between career and psychosocial mentor functions. Career functions operate at the organizational level and include sponsorship, exposure-and-visibility, coaching, protection, and challenging work assignments. Psychosocial functions operate at the interpersonal level and include acceptance-and-confirmation, counseling, and friendship. More recently, factor analyses of mentor functions suggest that role-modeling may actually constitute a third major mentor function (Russell & Adams, 1997). To the extent that these functions are present in a hierarchical professional relationship, mentoring is likely to occur.

#### *Mentoring in Academic Settings*

The sparse empirical literature pertaining to mentoring in academic settings is generally consistent with research in business and organizational environments. Among doctoral students in a range of fields, graduate-school mentors appear to play a critical role in career development and success (Blackburn, Chapman, & Cameron, 1981; Busch, 1985; Cameron & Blackburn, 1981;

Reskin, 1979; Sanders & Wong, 1985). Research with doctorates from a range of fields consistently indicates that those who report a graduate-school mentor also report higher rates of publication, more grant funding, more professional organization involvement, and more collaboration with colleagues (Cameron & Blackburn, 1981). Further, the most impactful mentors are well-cited and active scholars in the protégé's field (Reskin, 1979; Sanders & Wong, 1985). Mentoring in graduate school is rated as most helpful when it begins early in the protégé's education and leads to dissertation sponsorship by the mentor. Such long-term supervisory relationships have been termed "primary mentorships" (Russell & Adams, 1997). Finally, those PhDs who are mentored in graduate school are significantly more likely to become mentors themselves (Busch, 1985).

#### *Mentoring in Graduate Psychology Programs*

What about mentoring in psychology graduate education? It appears that the most highly rated psychology doctoral programs in the United States are also those that produce most of the prolific mentors in psychology. Willis and Diebold (1997) found that 25 programs produced almost 60% of all doctoral dissertation supervisors in the field of psychology. Further, a content analysis of obituaries published in the *American Psychologist* determined that the most eminent psychologists in the field are typically described as good teachers and mentors (Kinnier, Metha, Buki, & Rawa, 1994).

Empirical literature relative to mentoring in psychology graduate programs is limited to five surveys. Fifty-percent of alumni from the psychology graduate program at Pennsylvania State University between 1950 and 1965 reported having a mentor (Kirchner, 1969). Among 90 psychology doctoral students at a large Midwestern university, 53% reported having a mentor (Cronan-Hillix et al., 1986), however, clinical students were significantly less likely to be mentored than students in other programs. In a sample of ethnic-minority psychologists, 51% reported having a graduate-school mentor (Atkinson et al., 1994), and 56% of clinical psychology interns in the 1987–1988 academic year reported having a graduate-school mentor (Mintz, Bartels, & Rideout, 1995). The most recent survey of mentoring in psychology graduate programs found that among 787 recent graduates of clinical psy-

chology programs, 66% had a graduate-school mentor (Clark et al., 2000). Although men and women were equally likely to be mentored, PhD graduates were significantly more likely (71%) than PsyD graduates (56%) to have been mentored. Those who had been mentored rated their mentor relationship quite favorably, and 94% of respondents viewed mentoring as extremely important in doctoral training.

We were curious about claims that mentoring relationships are more common in experimental than clinical graduate programs. We also wondered if mentoring was indeed on the wane as some suggest (Ellis, 1992; Folse, 1991), or whether there had been any change at all in the prevalence of mentoring during the last several decades of American psychology. We therefore set out to conduct a cross-sectional survey of psychology doctorates from both clinical and non-clinical specialties and doctorates who had received the PhD during specific time frames from 1945 to the present. Based on previous survey data and speculations regarding the decline in mentoring in psychology graduate programs, we hypothesized that fewer clinical psychologists would report having a mentor in graduate school and that the prevalence of mentoring would decline steadily from 1945 to 1998.

### **The Clinical Versus Experimental Doctoral Student Mentoring Survey**

#### **Method**

We asked the American Psychological Association (APA) research office to generate a random sample of 800 PhD members, half clinical (clinical and counseling psychology) and half experimental (experimental, general, social, and quantitative psychology). We further asked that 25% of both clinical and experimental samples have earned the PhD between 1945–1950, 25% in 1965, 25% in 1985 and 25% between 1996–1998. This selection strategy resulted in an overall sample of 752 APA members (there were only 66 experimental PhDs from the 1945–50 era and only 86 experimental PhDs from the 1996–1998 era). All 752 sample members received a survey instrument, with the exception of 16 whose surveys were returned as undeliverable. Two hundred and ninety-two members returned completed surveys (39.67%). Sixty-three percent of the respondents were men, and the mean age was 55.50 ( $SD = 17.89$ ). Sixty percent of respondents held

a PhD in clinical or counseling psychology (hereafter we refer to this group as the “clinical” group) while 40% held a PhD in a nonclinical (experimental) area of psychology. Twenty-one percent of respondents earned their doctorate between 1945–1950, 26% in 1965, 23% in 1985, and 30% between 1996–1998.

The survey instrument developed for this study was based on previous mentoring research with psychologists (Clark et al., 2000). Due to difficulty with multiple meanings associated with mentoring, the final version of the survey began with this operational definition:

This survey is designed to assess your experience of having been mentored. Mentoring is a personal relationship in which a more experienced (usually older) individual acts as a guide, role model, teacher, and sponsor of a less experienced (usually younger) protégé. A mentor provides the protégé with knowledge, advice, counsel, and support in the protégé's pursuit of becoming a full member of a particular profession. In light of this definition, please answer the following questions.

Following these instructions, respondents were asked if they had a primary faculty mentor in graduate school, who initiated the relationship, how long it lasted, and which mentor functions were present in the relationship. They were then asked to evaluate the mentor relationship and rate their satisfaction with both the graduate program and their career. Respondents who were not mentored were asked why this was the case.

All sample members received a survey packet by mail that contained a hand-signed cover letter, a double-sided, two-page Mentoring Survey, and a stamped, self-addressed return envelope. Anonymity of responses was guaranteed. Ten days after the initial mailing, each member of the sample received a hand-signed reminder post card. All responses received within 3 months of the initial mailing were included in the data analysis.

#### **Results**

Overall, 60% ( $n = 173$ ) of the sample reported having a faculty mentor in graduate school. Men were just as likely to be mentored (61%) as women (60%). The majority of faculty mentors were male (86%), and those who were mentored reported having an average between one and two faculty mentors. A chi-square analysis revealed that experimental PhDs were more likely to be mentored (69%) than their clinical counterparts (53%),  $\chi^2(1, N = 261) = 6.14, p < .05$ . This finding supported our initial hypothesis, that clinical psychology PhDs are less frequently mentored by faculty in graduate school.

Most respondents described their mentor relationships with faculty as mutually initiated (54%), while 24% reported initiating the relationship themselves, 14% reported their mentor initiated the relationship, and 8% were formally assigned to their mentor. Mentor relationships tended to be enduring, with 23% lasting 1–3 years, 35% lasting 3–4 years, and 42% lasting five years or longer. A chi-square test revealed that experimental PhDs reported significantly longer lasting mentor relationships than did clinical PhDs,  $\chi^2(1, N = 155) = 11.22, p < .05$ . Thus in comparison to clinical respondents, experimental respondents were more likely to report having a faculty mentor and to describe the mentor relationship as long lasting.

Regarding our second hypothesis, psychologists who earned their PhD in the 1945–1950 and the 1996–1998 time frames reported the highest rates of faculty mentoring in graduate school (1945–1950 = 62.5%, 1965 = 54.55%, 1985 = 50.82%, 1996–1998 = 68.67%). Table 1 shows the frequencies and percentages of clinical and experimental psychologists mentored by faculty in each of the four time eras. There appears to be a substantial change in percentage of psychologists mentored between the mid 1980s and the most recent 1996–1998 time frame. Contrary to speculations about the decline in mentoring of doctoral students, mentor relationships appear to be more prevalent than in decades past. Nonetheless, nonclinical graduates continue to report a distinct advantage over their clinical counterparts with respect to having a faculty mentor.

We asked mentored respondents to rate level of agreement that specific mentor functions (Kram, 1988) were present in their primary mentor relationship (1 = *strongly disagree*, 5 = *strongly agree*). The most highly rated functions included: provision of acceptance (4.50), direct training (4.46), role-modeling (4.38), provision of opportunities (4.25), and sponsorship (3.73). Between-

group *t* tests for all mentor functions revealed that only provision of opportunities was significantly different, with experimental PhDs reporting more opportunities (4.44) than clinical PhDs (4.08),  $t(149) = 2.02, p < .05$ .

Those who were mentored rated the primary mentor relationship quite positively ( $M = 4.44$  on a 5-point scale; 5 = *extremely positive*). Clinical ( $M = 4.38$ ) and experimental ( $M = 4.51$ ) respondents were equally positive regarding their mentor relationship. We also compared mentored and nonmentored respondents in terms of their ratings of the importance of mentor relationships in graduate training (1 = *extremely unimportant*, 5 = *extremely important*). Mentored respondents (4.65) rated mentor relationships as significantly more important than nonmentored respondents (4.25)  $t(276) = 4.93, p < .001$ . Mentored respondents also reported greater satisfaction with their graduate program  $t(278) = 2.77, p < .01$ . Consistent with previous research (Busch, 1985), mentored respondents were significantly more likely to mentor others themselves (80%) than nonmentored respondents (59%)  $\chi^2(1, 281) = 14.36, p < .001$ .

Finally, we asked those respondents ( $n = 118$ ) who said they were not mentored in graduate school to endorse one or more reasons why this was so. Thirty-five percent indicated faculty were not available to mentor, 19% reported that mentoring was not encouraged by their program, 11% believed faculty did not have time to mentor, 11% could not find a suitable (well-matched) mentor, and 8% did not believe they needed a mentor. There were no significant differences between clinical and experimental groups with regard to reasons for not being mentored.

### Limitations

This is a preliminary survey, and results should be evaluated in light of several limitations. Our

TABLE 1. Percentages and Percent Change in Mentoring across Four Time Frames

Year of Degree	% Mentored						% Change in Mentoring
	Clinical		Experimental		Total		
	%	(n)	%	(n)	%	(n)	
1945–50	48.00	(12)	78.26	(18)	62.50	(30)	
1965	56.63	(20)	57.14	(16)	54.56	(36)	– 12.73
1985	47.50	(19)	57.14	(12)	50.82	(31)	– 6.83
1996–98	62.31	(31)	78.79	(26)	68.67	(57)	35.13

return rate of 39% is low. Although the return rate is common of survey research, nonresponding sample members may vary meaningfully from those who responded. In addition, low sample size did not allow comparison of specific specialty groups within the clinical and experimental samples. Although clinical doctorates are consistently less often mentored in graduate school than nonclinical doctorates, we cannot easily explain why doctorates from 1945–50 and those from 1996–98 reported the highest rates of mentoring. This finding may highlight a “honeymoon” or recency effect in which recent graduates are most favorable about their relationships with graduate faculty. Alternatively, mentoring may be on the rise in psychology doctoral programs. Additional research is needed to ferret out which of these explanations best fits the data. Finally, in spite of the fact that we offered an explicit definition of mentoring, there may have been generational effects and other idiosyncratic differences in the way the term mentor was interpreted.

### **Reasons Why Clinical Doctoral Students May Be Less Frequently Mentored**

Why are clinical and counseling psychologists less likely than their experimental counterparts to report having a faculty mentor during graduate school? What characteristics of training in clinical programs might explain this phenomenon? We hypothesize that at least four factors may have important explanatory value in understanding this clinical versus experimental discrepancy.

1. First, the advent of clinical-psychology training programs resulted in the addition of unique doctoral training components to the traditional psychology curriculum (Peterson, 1997). Specifically, psychology graduate students were asked to demonstrate clinical proficiency in addition to expertise with the subject matter and scientific method in the field of psychology. This change mandated that students spend less time in the pure pursuit of research training and less concerted time collaborating with a faculty advisor (mentor) around the research enterprise.

2. A related contributing factor was described by Johnson and Nelson (1999) as the *diffusion of training* inherent in clinical programs. Diffusion of training refers to the practice of assigning the salient clinical components of doctoral training to external supervisors and agencies. When multiple—often external—supervisors become primary overseers of critical doctoral training com-

ponents, students may have less opportunity to forge substantial and enduring relationships with faculty. It is not uncommon for clinical and counseling graduate students to spend at least half of their program time each week at an external agency, where they may be supervised weekly in a team format or by multiple supervisors. Although accumulation of diverse clinical practice experiences is considered crucial to doctoral training in clinical programs, the short-term and part-time nature of these student-supervisor contacts bode against the probability of important mentorships forming between students and either their own program faculty or external psychologist supervisors.

3. Third, we hypothesize that the advent of professional psychology programs (Peterson, 1997) that adhere to practitioner-oriented training models may have several structural characteristics that inherently reduce the probability of mentorships forming between students and faculty. First, clinical programs in general, and practitioner programs in particular, often admit more students per faculty member than other program types. In contrast to traditional scientifically oriented doctoral programs, it is not uncommon for large professional programs to have so many students per faculty member that the chances of traditional mentorships forming are significantly reduced. Second, the shorter duration of many professional clinical programs also reduces the probability of mentoring simply by reducing the time frame during which students and faculty interact. Another problem with professionally oriented programs is that faculty are often required to engage in clinical practice, thereby further decreasing the time available for mentoring students and collaborating around research. As an exception, some programs intentionally incorporate student training into faculty clinical work. Thus students may work in the same clinic with faculty members, observe their clinical work or collaborate with them on applied research projects.

These observations are supported by a recent comparative analysis of research-oriented versus professional-oriented clinical psychology PhD programs (Maher, 1999). Maher found that professional-applied PhD programs tend to have “lower quality” (p. 479) faculty (as measured by publication record), depend significantly more on part-time faculty (faculty less available for mentoring), have significantly more students per faculty member, and produce significantly more

PhDs than research-oriented clinical programs. It seems reasonable, then, to hypothesize that as PhD programs become more practitioner-oriented and less research focused, the rate at which their doctoral students are mentored may decline (Ellis, 1992). This hypothesis is supported by a recent survey comparing the mentor experiences of recent PhD versus PsyD graduates of clinical psychology programs (Clark et al., 2000). Results showed that PhDs enjoyed a significantly higher rate of mentoring (71%) than PsyDs (56%). Of course mentoring in a range of disciplines may be hampered by changes recently taking place in academia broadly (Belar, 1998). For instance, university accounting systems that give faculty credit exclusively for funded research, and downsizing in tenure-track positions may both contribute to reductions in student-faculty mentoring.

A fourth and final reason why clinical doctorates may be less frequently mentored is the fact that clinical programs often encourage students to engage in personal psychotherapy during graduate school (Fouad, Hains, & Davis, 1990). It is possible that some clinical graduate students do not seek mentoring because they are already engaged in a personal helping relationship. Nonetheless, we are aware of no data supporting the hypothesis that more clinical than nonclinical graduate students engage in personal psychotherapy. Furthermore, research with practicing psychotherapists suggests that many psychotherapists resist entering personal therapy (Guy & Liaboe, 1986).

### **Implications for the Field of Clinical Psychology**

Clinical and counseling psychologists are consistently less likely than experimental and other nonapplied psychologists to be mentored by graduate faculty. Although our survey findings suggest an overall increase in the prevalence of mentor relationships since the 1980s, clinical doctorates remain significantly less likely than experimental doctorates to be mentored. This discrepancy may have several important implications for clinical psychology and the training of psychotherapists.

First, clinical psychology graduate students may be less professionally prepared than their nonclinical counterparts for careers in the field of psychology. Preliminary research supports the notion that the presence of a graduate-school mentor relationship enhances the probability of career

preparedness, career success, and career satisfaction among a range of professionals (Busch, 1985; Cameron & Blackburn, 1981; Wilde & Schau, 1991). Graduate-school mentors provide a range of salient career development functions such as professional modeling, opportunities for networking, sponsorship for appointments and jobs both in graduate school and beyond, and both protection and challenge (Kram, 1988). In essence, the graduate-school faculty mentor often becomes the primary trainer, coach, and promoter of the fledgling psychologist's career. When a faculty mentor is not available to or engaged with a doctoral student, there may be legitimate questions regarding the extent to which the student may develop either a cohesive professional identity or a sustaining sense of professional confidence. In addition, many PhD faculty members do not regularly engage in clinical practice, raising questions about the extent to which they can be maximally useful mentors to clinical doctoral students, most of whom will work as practitioners following graduation.

Second, clinical psychology graduate students may also be less personally prepared than their experimental counterparts for careers in the field. In addition to the career functions noted above, graduate-school mentors often offer students a range of psychosocial functions such as affirmation, support, counseling, and modeling the integration of personal and professional roles (Kram, 1988). Psychosocial functions serve to enhance both career preparedness and personal preparedness of the doctoral student by bolstering confidence, identity integration, and development of both awareness of and appreciation for personal strengths and limitations.

Third, the comparatively lower rate of mentoring in clinically oriented doctoral programs raises additional concerns about ethical obligations and liabilities on the part of training programs. We see two primary ethical concerns here. The first concern relates to standard 3.03 of the Ethical Code (American Psychological Association, 1992), which requires that psychologists avoid false or deceptive statements in advertising—including those relating to education. If clinical psychologists are significantly less likely to be mentored than their nonclinical counterparts, do clinical programs have an obligation to inform prospective students that this is true? If mentoring affects career satisfaction and success (Kram, 1988; Mellott, Arden, & Cho, 1997;

Roche, 1979), would it be most appropriate to apprise students of this fact? Should clinical students receive some information regarding the clinical versus nonclinical disparity with regard to mentoring? Although few clinical programs ever guarantee their students success or satisfaction in their careers, they often promise (or imply) an intensive training experience that enhances the probability of career success. In light of theory and research regarding professional identity development, it seems reasonable to recommend that programs that do not provide or intentionally foster a salient mentoring component should disclose this limitation to students. If this were standard practice, we suspect more programs would collect prevalence data with regard to mentoring and work diligently to increase their own mentoring rates.

A related ethical concern has to do with the appropriateness of allowing significant proportions of doctoral students to go unmentored. Our findings suggest that 41% of recent clinical PhDs are unmentored, while only 22% of experimental PhDs go unmentored. Is it ethically defensible when a graduate program in clinical psychology admits so many students per faculty that the probability of a student finding an available mentor is remote? Is it appropriate for a graduate department to allow a culture of graduate student neglect to persist? If strong mentoring relationships tend to enhance the personal and professional development of psychologists, improve their sense of professional identity, and ultimately result in greater career success, we wonder how mentoring can be so easily neglected in some instances. Although not all students are amenable to or invested in mentoring relationships with faculty, the vast majority of nonmentored students describe faculty unavailability or disinterest as the primary reasons for this deficit (Clark et al., 2000). We suspect that failure to mentor graduate students harms the profession of clinical psychology broadly by diluting the quality and preparedness of clinical psychologists. Although we believe that relationships with clinical supervisors may be useful to clinical doctorates both personally and professionally, these short-term relationships are less likely to provide the career and psychosocial benefits associated with long-term primary faculty mentor relationships.

Another implication of our findings is that substantial disparity exists between the perceptions of program directors and program graduates re-

garding the prevalence of mentoring in contemporary clinical programs. Only 53% of clinical psychologists in our sample were mentored. In contrast, Dickinson and Johnson (2000) surveyed the training directors of all APA-accredited clinical programs and asked them to estimate the percentage of doctoral students in their programs who were mentored. Directors of PhD programs estimated that 83% of their doctorates were mentored while PsyD program directors indicated that 76% were mentored. It seems that faculty leaders may overestimate the extent to which students are meaningfully engaged with faculty in mentorships. This may at least partially explain the relative lack of attention to mentoring in contemporary clinical programs.

A final implication has to do with the long-term impact on the profession of graduating nonmentored doctorates. Literature from a range of fields suggests unequivocally that those who are mentored are more inclined to serve as mentors to others during their careers (Ellis, 1992; Erkut & Mokros, 1984; Roche, 1979; Wilde & Schau, 1991). Our own survey results indicated clearly that mentored psychologists were significantly more likely to mentor juniors themselves. It is reasonable to assume that students who reap the benefits of a strong mentor relationship are more inclined to invest significantly in students and trainees themselves during the course of their careers. From a learning perspective, it may be difficult to become an effective mentor when one lacks an exemplar for good mentoring behavior.

### **Recommendations for Increasing the Rate of Mentoring in Clinical Doctoral Programs**

In light of our survey findings, the hypothesized causes of the clinical versus experimental disparity in rate of mentoring during graduate school, and the potentially negative implications for the field of clinical psychology broadly, we recommend several methods for increasing the prevalence of mentoring for doctoral students in clinical programs.

1. *Create a culture of mentoring.* Clinical psychology programs should give concerted attention to developing a program culture conducive to the formation and facilitation of student-faculty mentorships. Bigelow and Johnson (in press) recommended several strategies for use by graduate departments for increasing the rate of mentor relationship formation. Most prominently, it is essential that program faculty—faculty leaders in par-



ticular—make careful monitoring and promotion of admitted students a high priority. Although formal assignment of mentors to students is unlikely to be productive (Noe, 1988), students and faculty alike respond favorably to educational environments in which mentoring is promoted, fostered, and rewarded (Burke, 1984).

2. *Emphasize mentoring as a criterion during faculty hiring.* Not all psychologists are good mentors. Personal characteristics (Clark et al., 2000; Cronan-Hillix et al., 1986), commitment to training, and personal experience with mentors may all be salient predictors of a faculty member's capacity for serving in the mentor role. In the same way that faculty candidates are asked to furnish evidence of excellent teaching and research, we recommend that candidates be required to demonstrate evidence of effective student mentoring (Johnson & Nelson, 1999).

3. *Emphasize mentoring as a criterion during student selection.* Not all prospective graduate students will make good protégés. Although intelligence, interpersonal skill, self-awareness, motivation, and other criteria typically employed in the selection of graduate students are all likely to predict positive mentor relationship outcomes, we recommend intentional consideration of student-faculty matching at the selection stage of graduate training. Individual faculty should actively consider the traits, interests, and values that characterize an ideal student protégé and then give considerable weight to these factors when selecting students to mentor. Personal difficulties or marked defensiveness in response to feedback would be obvious concerns to most prospective mentors. In addition, students who are relationally dependent or relationally avoidant may be difficult to manage or even engage in the mentoring process.

4. *Provide faculty and students with education regarding mentoring.* It is reasonable to assume that new graduate students and junior faculty have little experience with the protégé and mentor roles. For this reason, a brief introduction to the rationale for mentoring as well as the potential benefits and liabilities of these relationships is indicated. Strategies for selecting a well-matched mentor may be useful for students. Faculty may benefit from explicit training in protégé selection, maintenance of professional boundaries, and delivery of the most important mentor functions (Kram, 1988). Additionally, faculty could be apprised of the irrational and self-defeating beliefs and behaviors common of faculty members as

well as methods for reducing them (Johnson, Huwe, & Lucas, 2000). Examples of common irrational beliefs among mentors include "I must be successful with all of my protégés all of the time," "I have to be greatly loved and respected by all of my protégés," and "My protégés must never leave or disappoint me."

5. *Monitor demands on faculty.* Program leadership should carefully monitor the demands on graduate faculty. It is not uncommon for clinical faculty to juggle undergraduate and graduate teaching, supervision of student research, clinical supervision, clinical and administrative demands in university-sponsored clinical settings, external clinical and consulting practices, and requirements for establishing a program of funded research. Program administrators should carefully consider methods for limiting these demands in light of the time requirements for effective mentoring of graduate students.

6. *Explicitly reward faculty mentoring activity.* Training directors of APA-accredited doctoral programs strongly endorse the importance of mentoring for graduate students (Dickinson & Johnson, 2000). Nonetheless, only a minority of these same directors said they explicitly reward faculty mentoring in the form of weight toward promotion, the offer of decreased teaching loads, financial incentives, or public recognition. Cesa and Fraser (1989) offered one interesting example of how graduate students themselves used public reinforcement techniques to substantially increase the rate of mentoring by faculty in one graduate program. Students collected annual survey data regarding student satisfaction with faculty dissertation chairs as mentors. An annual award was presented to the most effective faculty mentor, and all graduate students were provided with the mean ratings. Not surprisingly, student satisfaction ratings began to climb significantly. We predict that a culture of mentoring will require an emphasis on reinforcing mentoring activity.

7. *Create training model-specific mediums for mentoring.* Although traditional PhD programs have used the research enterprise as the fundamental framework for student-faculty interaction, nontraditional or practitioner-oriented doctoral programs must consider alternative mediums for mentoring students whose primary focus will be clinical work. As an example, Ward (1999) proposed implementation of clinically oriented research teams in programs with a practitioner focus. Using this approach, faculty would supervise

teams composed of students with similar clinical interests. These teams would simultaneously process clinical supervision issues and collaborate on clinically relevant research projects. The collaborative clinical-team structure may prove conducive to the formation of mentor relationships between team members and the faculty supervisor in practitioner-oriented programs.

8. *Collect program-specific mentoring data.* Directors of doctoral programs in clinical psychology should consider the mentoring enterprise within the larger context of the program's unique mission and operational outcome goals. In this way, programs can begin considering methods of measuring the prevalence, nature, and effects of mentoring by faculty (Koch & Johnson, 2000). Although literature from a range of fields consistently points to the benefits of mentoring, we believe that a doctoral program's unique mission and training model should affect the specific form and function of mentoring relationships. Likewise, the desired outcomes of mentoring may be affected by the program's mission and model.

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