PhD Personal Statement Example

Field: Clinical Psychology (PhD/PsyD Track)

What this essay does: *Opens with a clinical observation rather than personal history. Transitions from observation to research question to methodological approach. Names specific supervisors, measures, and populations. Distinguishes PhD research identity from clinical practitioner identity, which is the key move for this program type.*

During my second year as a research assistant in Dr. Maria Santos's Trauma and Resilience Lab at the University of Michigan, I administered the PTSD Checklist for DSM-5 to forty-three adolescents who had been referred following community violence exposure. Seventeen of them scored above the clinical threshold. Twelve of those seventeen had already received at least one course of trauma-focused cognitive behavioral therapy. I brought those numbers to Dr. Santos and asked her why so many treated adolescents were still symptomatic. She said: "That is the question the field has not answered yet." I have been working toward an answer since.

My research question is why trauma-focused CBT achieves remission in some adolescents and symptom reduction but not remission in others, and whether baseline inflammatory biomarkers can predict treatment response before the first session begins. I am applying to the PhD program in Clinical Psychology at the University of Washington to work with Professor James Whitfield, whose research on neuroimmune mechanisms in PTSD provides the biological framework I need to pursue this question rigorously.

My undergraduate thesis, completed under Dr. Santos's supervision, examined the relationship between interleukin-6 levels at intake and symptom trajectory over twelve weeks of treatment in a sample of thirty-one adolescents. I collected dried blood spot samples, processed them using enzyme-linked immunosorbent assay protocols, and analyzed the resulting data using mixed-effects regression models in R. The preliminary finding, that elevated IL-6 at intake predicted a significantly flatter response curve even in adolescents who completed the full treatment protocol, was accepted for presentation at the 2026 Association for Behavioral and Cognitive Therapies annual conference.

I am pursuing a PhD rather than a PsyD because my primary goal is to generate the evidence base that will eventually change clinical protocols, not to apply existing protocols in a clinical setting. I want to design the studies that determine which adolescents need augmented treatment, what that augmentation should look like, and how to identify them before the standard approach fails. That work requires a research-focused training environment, access to a laboratory infrastructure for biomarker processing,

and mentors who are actively engaged in the questions I am pursuing.

After completing my doctorate, I intend to establish an independent research program focused on precision approaches to PTSD treatment in adolescent populations, with the specific goal of developing a validated pre-treatment biomarker panel that clinicians can use to match patients to treatment modalities. I am also interested in Dr. Whitfield's ongoing collaboration with Seattle Children's Hospital, which would give me access to a clinical population during training and a clear pathway toward the translational research I ultimately want to do.

The twelve adolescents in my dataset who received treatment and remained symptomatic are the reason I am applying to this program. They are also the reason I am applying to a research doctorate rather than settling for a question with an easier answer.