

Association of Psychology Postdoctoral and Internship Centers

APPIC NEWSLETTER



Volume XXIII, Number 2

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Special Article:

What is APPIC Doing For You?

BY EMIL RODOLFA & PEGGY J. CANTRELL

The Association of Psychology Postdoctoral and Internship Centers (APPIC) was founded in 1968. The association has been organized to facilitate the achievement and maintenance of high quality training in professional psychology. To accomplish this goal, APPIC facilitates the exchange of information among institutions and agencies offering doctoral internship and/or postdoctoral training in professional psychology; develops standards for such

training programs; provides a forum for exchanging views, establishing policies, procedures and contingencies on training matters and selection of interns, and resolving problems and issues for which common agreement is either essential or desirable; provides assistance in matching students with training programs; and represents the views of training agencies to groups and organiza-

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Chair's Column



What APPIC Does For You

BY
NADINE J.
KASLOW, PH.D.,
ABPP

I am honored to have the opportunity to serve as Chair of APPIC during a year of monumental changes and many new challenges. This year began with a well-attended and very moving celebration of APPIC's 30 anniversary. Many Past Chairs and Past Board Members, as well as current APPIC members and colleagues from APA's Board of Educational Affairs, gathered to reminisce about the metamorphosis of APPIC. Over the past 30 years, APPIC has changed from a "Mom and Pop" operation run on a shoe string budget, that no one else in the psychology community ever heard of, to a well-established, fiscally sound organization that is a major player at the national level with regard to the education and training of psychologists as we enter the 21st century. On behalf of the current Board and all current APPIC members and subscribers, I would like to express gratitude and appreciation to all of our predecessors who had the foresight, energy, determination, investment, and at times even courage, to create and govern an organization dedicated to the internship and postdoctoral training of future psychologists.

The current Newsletter focusing on "What APPIC Does for You" is a reflection of APPIC's past and present efforts and activities, and future directions.

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**ASSOCIATION OF
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POSTDOCTORAL AND
INTERNSHIP CENTERS**

The Association of Psychology Post-doctoral and Internship Centers (APPIC) was formed in 1968 to foster the sharing of information about mutual concerns and to provide a uniform voice with respect to pre- and postdoctoral internship training interests within psychology.

We publish a newsletter three times per year for our members. We are recognized by APA as the primary organization to consult about internship training. Since our inception, we have maintained a formal liaison with APA's Education Directorate.

We publish an annual *Directory of Internship and Postdoctoral Programs in Professional Psychology*, which is intended in part as a service to students. Approximately 1,500 copies of the *Directory* are now distributed each year. The *Directory* is updated every year in late summer, and is free to APPIC members.

We also are responsible for establishing with our members a standardized procedure and a uniform date and time span for matching internship applicants and internship programs. The procedural guidelines are published annually in both the *Newsletter* and the *APPIC Directory*.

Additionally APPIC operates a Clearinghouse to facilitate the placement of unmatched predoctoral internship applicants with unfilled positions at APPIC member programs. The Clearinghouse starts its operation after the Uniform Notification date for predoctoral matching. Please see the current APPIC Directory for detailed information on the Clearinghouse.

APPIC Membership is by institution rather than by individual. In order to be a member of APPIC, an internship program must be one year full-time or two years half time, accept only applicants enrolled in a regionally accredited doctoral degree granting program in professional psychology, be directed by a licensed professional psychologist, meet other relevant membership criteria, and provide annual updates of descriptions of its program for the *APPIC Directory*.

Membership dues are \$400 for pre-doctoral internship programs, \$400 for free-standing post-doctoral training programs, and \$650 for pre-doctoral and post-doctoral programs at the same agency/institution. Application fees are \$250 per application. Non-APA-accredited internship programs, and post-doctoral training programs are reviewed in order to determine whether they meet APPIC membership criteria. For further information write to APPIC, c/o Ms. Connie Hercey, MPA, 733 15th Street, NW, Suite 719, Washington, D.C., 20005, or call 202/347-0022.

Remarks from the Editor: The Journal of Training

BY ROBERT W. GOLDBERG,
PH.D., ABPP

As announced in our July Anniversary Issue, the *APPIC Newsletter* will now be published three times a year: in July, November, and March. We currently anticipate having the regular columns and features in each issue. The March 1999 number will be an Archival Issue, publishing accumulated Minutes of the organization and any other policy or activity statements generated by the Board. We plan for the July 1999 issue to be the first step in developing a true 'journal of psychology training.' Accordingly, we are soliciting research or qualitative articles relevant to internship training and its place in developmental professional education. Articles for this fledgling issue, even if brief, should conform to APA style requirements. Please join us in this next evolutionary step by submitting a contribution!

In the meantime, this November number is a Special Issue on APPIC Member Services, to update you on the scope of activities in which APPIC engages and the expanded services we are able to provide to Member programs and other stakeholders in the professional community.

Happy Holidays!!!!

Notice of Expulsion

The APPIC Board of Directors voted on August 11, 1998 to expel the following internship program for violation of Member Policies 1, 2, and 11, as well as APPIC Standards 13c and 13d.

**MONTREAL GENERAL
HOSPITAL
PSYCHOLOGICAL SERVICES
MONTREAL, CANADA**

This site was previously sanctioned and placed on probation for one year August 7, 1996 - August 7, 1997 for violation of Member Policy 3a.

APPIC Matching Program: A Brief Update

BY GREG KEILIN, PH.D.,
UNIVERSITY OF TEXAS COUNSELING AND MENTAL HEALTH CENTER



Registration for the Match is proceeding well. As of October 16, 98% of APPIC member internship sites had registered for the Match, and we expect to reach 100% in the next few days. A total of 33 non-APPIC member internship programs have also registered. On approximately November 1, a list of participating internship programs will be posted on the NMS web site.

Internship applicants appear to be taking our advice and not waiting until the last minute (i.e., December 1) to register. NMS has mailed well over 2,000 applicant registration packets thus far, and they continue to get many new requests each day.

By December 31, Training Directors will receive their Rank Order List forms, listings of Match participants and code numbers, and instructions for submitting their Rank Order Lists.

We are encouraging all Training Directors, internship applicants, and Directors of Clinical Training to subscribe to APPIC-MATCH-NEWS, an e-mail list which provides up-to-date news and information about the Match. Although we now have approximately 1,000 subscribers to this list, this represents only about 25% of all Match participants. To subscribe, simply send an e-mail message to listproc@mcfeeley.cc.utexas.edu with the following command in the first line of the message body:

**SUBSCRIBE
APPIC-MATCH-NEWS Firstname
Lastname**

Be sure to substitute your name for "Firstname Lastname."

Also, if you haven't read the information posted on the NMS (www.natmatch.com/psychint) and APPIC (www.appic.org) web sites, we encourage you to do so.

APPIC Supporting New and Developing Internships

BY MARTHA DENNIS CHRISTIANSEN

The APPIC Board of Directors is committed to the goal of facilitating the development of new internship programs. While this goal has always been a part of APPIC's support efforts for the training community, APPIC has prioritized this goal as part of its follow up activities after the APPIC/APA Supply and Demand Conference in April, 1998. Specifically, APPIC will utilize resources within APPIC to support the development of new internship programs and provide resources to mentor new internship programs.

Beginning summer, 1998 a resource packet is mailed to new training directors upon request. In addition, a workshop for new training directors was offered and very well-attended both at the

APPIC/APA Supply and Demand Conference and the APPIC Pre-convention Program at the APA Annual Convention. Plans are in development for offering a similar workshop at the next APPIC Membership Meeting and Conference, March, 1999 in Orlando.

APPIC's website and expansion of listservs and news groups will provide ongoing and timely support to new programs. A new column in the APPIC Newsletter, *Tips for Trainers*, appears regularly. Finally, plans for "personal" consultation to new and developing programs are under consideration. For more information contact: Martha Dennis Christiansen at mdchri@facstaff.wm.edu or 757/221-3620.

Chair's Column

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Thus, those who served the organization in past decades all contributed significantly to the contents of this Newsletter. And, it goes without saying that my current colleagues on the Board, as well as our current Committee Chairs and Committee members, have informed significantly the current activities of APPIC that we will be sharing in this Newsletter. It is my sincere hope that those of you reading the Newsletter who are enthusiastic about and invested in current APPIC activities, as well as those readers who have other creative and constructive ideas about future directions for APPIC, will become more involved in APPIC and will help steer us through the engaging and rocky waters of the next decade.

Our decision to focus this Newsletter on "What APPIC Does for You" was the result of a number of factors. First and foremost, in times of great change (e.g., instituting the Computer Match, developing and revising a universal application, changing the APPIC Offers and Acceptance Policy, moving to more electronically based communication, supply-demand imbalance in internship positions specifically and the field of psychology more generally), it is imperative that we step back and reflect upon what we are doing, where we are going, and where we need to be going. Second, in these times of cost-cutting, more and more administrators at institutions stop each time they need to pay a new bill, and ask, why do we need to belong to this group. Hopefully, we can share

some responses to this question with you. Third, as we struggle to find a balance among directly and indirectly meeting the myriad and often conflicting needs of our members, addressing the needs of our subscribers, collaborating effectively with other relevant constituency groups, and serving as a key voice for psychology internship and postdoctoral training at the national level, we need to obtain feedback from our members and subscribers about these multiple efforts and our attempts to balance our involvement in these activities. Finally, by discussing some, though clearly not all, of the major activities of APPIC at the present time, we hope to encourage an open and ongoing dialogue with each of you regarding future directions for APPIC and your potential role(s) in these expanded or new undertakings.

None of the activities described in this Newsletter would be possible without the enthusiasm, hard work, perseverance, and commitment to training and education of my colleagues on the APPIC Board, APPIC's Central Office, and APPIC's extended family. Therefore, I want to express my heartfelt appreciation and thanks to: (1) Current Board Members—Peggy J. Cantrell, Ph.D. (Past Chair), Nancy Garfield, Ph.D. (Vice Chair), Robert W. Goldberg, Ph.D., ABPP (Secretary), Gerald Leventhal, Ph.D. (Treasurer), Kathleen Boggs, Ph.D., Emil Rodolfa, Ph.D., and Patricia A. Hollander, Esq. (Public Member); (2) Central Office Staff—Connie Hercey; (3) Committee Chairs and Key Contacts—Robert Hall (APPIC Directory Editor), Jeannette Hsu, Ph.D.

(APPIC Directory Co-Editor); Philinda Hutchings, Ph.D. (Postdoctoral Membership); Greg Keilin, Ph.D. (Computer Match), Mary E. Jerkins, Ph.D. (Doctoral Membership), Mary E. Ohlert, Ph.D. (Doctoral Membership Review), J. Gordon Williams, Ph.D. (Webmaster), Carl Zimet, Ph.D., ABPP (Standards and Review); (4) Committee Members and Newsletter Contributors; and (5) APPIC liaisons—Shane Lopez, Ph.D. (American Psychological Association of Graduate Students), Frank L. Collins, Ph.D. (Council of University Directors of Clinical Psychology), Philip D. Farber, Ph.D. (National Council of Schools of Professional Psychology), Nancy Murdoch, Ph.D. (Council of Counseling Psychology Training Programs), and Kerry Mothersill, Ph.D. (Canadian Council of Professional Psychology Programs).

In closing, we hope that you find this Newsletter informative and that it addresses your question, "What is APPIC doing for me and the constituency group(s) that I represent?" In addition, we hope this Newsletter will help you to better articulate other activities and actions that you would like to see APPIC take in the future so that the organization better meets your needs. We are interested in hearing from each of you about how APPIC can have an even more effective collaboration with our members, subscribers, and other relevant groups, such as our students and our colleagues in other professional organizations. Please let us know your ideas as we begin to chart APPIC's course for the next decade and the new millennium.

Board Members Elected; Officers Chosen

Elected to the Board of Directors in last summer's ballot were Emil Rodolfa, Ph.D. and Robert W. Goldberg, Ph.D., ABPP.

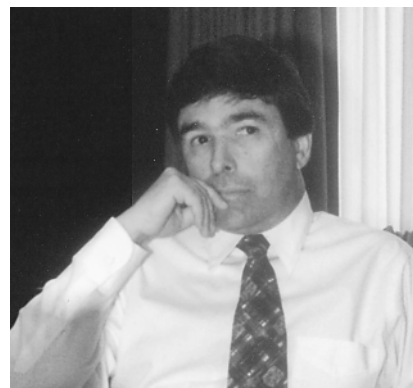
Joining the Board, Dr. Rodolfa is Director of Training at the University of California, Davis Counseling Center. He is currently President of the Association of Counseling Center Training Agencies (ACCTA), Chair of the Council of Chairs of Training Councils (CCTC), and a member of the State of California Board of Psychology.

Re-elected to the Board, Dr. Goldberg is Director of Training at the

Cleveland Veterans Affairs Medical Center, Corresponding Secretary of the American Board of Forensic Psychology, and Recorder Ex Officio for the American Board of Professional Psychology.

Officers of the Board of Directors for the next year are:

Nadine Kaslow, Ph.D., ABPP, Chair
Nancy Garfield, Ph.D., Vice Chair
Robert W. Goldberg, Ph.D., ABPP, Secretary
Gerald Leventhal, Ph.D., Treasurer



Dr. Rodolfa

Special Article

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tions whose functions and objectives relate to those of APPIC and to develop relationships with those associations.

APPIC's mission affects each training director in many ways. When you think of APPIC, you typically think of the *APPIC Directory*, but as you can see in the mission statement, APPIC is involved in doing much more for its members than just publishing the *Directory*. So what does APPIC do for you? Let's examine this question by referring to each element of the mission statement.

1. *To facilitate exchange of information among institutions and agencies offering doctoral internship and/or postdoctoral training in professional psychology:*

- Professional Newsletter serving as a voice in the professional training community
- Frequent surveys of APPIC Membership examining issues of concern to training directors
- APPIC Website which provides current information
- Three APPIC Listservs which provide information on various aspects of training:
 - APPIC-MATCH-NEWS
 - APPIC-MEMBER-NEWS
 - APPIC-WEB-NEWS
- Two APPIC Listservs which offer the opportunity to interact with APPIC members and others interested in training:
 - APPIC-MEMBERS-NETWORK
 - APPIC-TRAINING-NETWORK
- APPIC Directory
 - Helps members communicate with one another
 - Provides summary statistics of internship and postdoctoral training programs
- Consultation with developing internship and/or postdoctoral training programs
- Board members and committee chairs provide individualized consultation to members

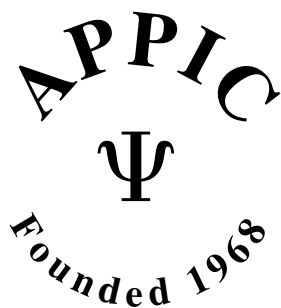
- Established a joint data base with APA to have more accurate data regarding supply and demand issues
 - Establishing a Research Committee to address psychology training issues
 - Maintains an archive of internship and postdoctoral APPIC Member records
2. *To develop standards for such training programs:*
- Monitors and influences national and international trends internship training
 - Defines minimal standards for internship and post-doctoral training programs
 - Doctoral Membership Committee, Doctoral Membership Review Committee, and Postdoctoral Membership and Review Committee review program structure and procedures for adherence to APPIC Membership criteria
 - Based on membership comment and guidance, develop, revise and update training standards
3. *To provide a forum for exchanging views, establishing policies, procedures and contingencies on training matters and selection of interns, and resolving problems and issues for which common agreement is either essential or desirable:*
- Membership conferences
 - Reduced registration fees and hotel rates for membership conferences
 - Professional Workshops to enhance training director skills
 - For new training directors
 - On current, relevant topics
 - Provides Continuing Education Credits through APA and California Psychological Association systems
 - APPIC Standards and Review Committee (ASARC)
 - APPIC Consortia Taskforce
 - APPIC/APA Supply and Demand Conference

4. *To provide assistance in matching students with training programs:*

- Established standard internship selection date
- Developed national computer match procedures
- Offers an Internship Clearinghouse active the same day as match notification
- APPIC Directory to advertise your program
- APPIC Uniform Application Form
- Fosters and supports new internships
- Members may purchase additional copies of the Directory at a reduced price

5. *To represent the views of training agencies to groups and organizations whose functions and objectives relate to those of APPIC and to develop relationships with those associations:*

- Advocacy for internship and postdoctoral programs
- NAFTA - Mobility: Meeting the Global interests
- Membership on
 - Council of Chairs of Training Councils (CCTC)
 - Psychology Executive Roundtable (PER)
 - Council of Credentialing Organizations in Professional Psychology (CCOPP)
 - Commission on Recognition of Specialties and Proficiencies in Professional Psychology (CRSPP)
- Liaison:
 - National Council of Schools and Programs in Professional Psychology (NCSPP)
 - Council of University Directors in Clinical Psychology (CUDCP)
 - Council of Counseling Psychology Training Programs (CCPTP)
 - Association of State and Provincial Psychology Boards (ASPPB)
- Internship and postdoctoral representation on Committee of Accreditation (CoA)



ASARC DEADLINE CHANGED

The deadline for complaints to the APPIC Standards and Review Committee regarding this year's Match has been changed to: post-marked APRIL 15, 1999.

1998 APPIC Annual Membership Survey

BY ROBERT W. GOLDBERG, PH.D., ABPP

1. If you are an internship director, would you like to change the Uniform Notification Day for internships?

Yes 73 (27%) No 193 (73%) N=266

Most favored no change. If another date was preferred, it was a later one, preferably early to mid-March.

If so, what date should it be?

Mid-Nov - 2 Feb. - 11 Apr. - 14

Jan. - 3 Mar. - 27 Later - 8

2. If you are a postdoctoral program director, should there be a uniform notification day for APPIC postdoctoral programs?

Yes 38 (43%) No 43 (49%) Unsure 7 (8%) N=88

If so, what date should it be?

There was uncertainty about this proposal, probably because of the diversity of programs represented, but surprisingly many positive responses. All 20 respondents to the question proposed a date later than internship UND, ranging from Feb. 25 to May 1. The most preferred date was mid-April.

Feb. - 1 Mar. - 5 Apr. - 13 May - 1

3. Do you favor the development of local/regional groups of APPIC Training directors that could meet to discuss matters of mutual concern or otherwise assist each other?

Yes 159 (65%) No 87 (35%) N=246

How might such groups be established and what might the benefit to training directors be?

A substantial majority of respondents favored development of local/regional subgroups of training directors. The basis for establishing these groups was given as:

Regional - 27

Local - 8 N = 54

By type of facility - 4

Other - 15 (No ())

Reasons given for establishing these groups stressed mutual support and exchange of information:

Support - 11 N = 47

Communication - 10

Share policies and procedures - 4

Other - 21 (No ())

Although the APPIC Board had anecdotal knowledge of this, it was gratifying to learn that such groups had spontaneously emerged already. Respondents reported that DOT groups exist in the New York City area, Southern California, Chicago, New York State, Colorado/Wyoming, Georgia, Virginia, among the Texas counseling centers, and with Boston area postdoctoral programs.

4. In what area(s) do applicants to your internship lack sufficient prior preparation?

Respondents could mention more than one area if they chose. An astonishing 93 respondents cited lack of applicant preparation in 'traditional' assessment areas, by far the most striking deficit.

(Responses citing lack of a battery approach, ignorance of projective testing, and inability to administer common individual tests were grouped in this category.) 'Report Writing' was considered a separate category if specifically mentioned by a respondent.

'Traditional' assessment	-	93
Use of supervision	-	14
Report writing	-	12
Seriously mentally ill	-	10
Long term psychotherapy	-	10
Lack of theory	-	9
Forensic	-	9
Multicultural issues	-	8
Brief therapy	-	7
Managed care	-	6
Neuropsychology	-	6
Crisis intervention	-	6
Consultation	-	5

Other deficit areas were cited by 4 or fewer respondents.

5. In what novel or emerging areas (other than psychotherapy or assessment) do you provide training for interns?

The new or emerging areas of training cited generally parallel reported growth areas for psychologists' professional activities. Respondents could list more than one area of training.

Consultation	-	35
Forensic	-	30
Health psychology	-	22
Supervision	-	20
'Outreach'	-	16
Pediatric/child	-	15
Multicultural	-	15
Program management	-	14
Geriatrics	-	12
Outcome research	-	10
Crisis/Emergency Room	-	10
Substance abuse	-	10
Managed care	-	10
Neuropsychology	-	10
Research	-	9

All other areas were cited 6 or fewer times.

6. What is your policy regarding on site interviewing of applicants?

N=275

Interview: Some? 159 (58%) All? 72 (26%)
 "Locals"? 6 (2%) None? 38 (14%)

Please describe.

Some respondents checked "All" erroneously, stating that they interviewed all applicants *after* a screening out of applications. These responses were recategorized as "Some." The most common process was interviewing a subset of applicants, after

screening out some by formal rating or qualitative selection by training committee members or the DOT.

What is your basis for inviting someone for an on site interview?

Responses to this question were insufficiently specific for tabulation. Responses such as "overall rating," "best fit," "general quality" pre-dominated. No more than 3 respondents cited any one specific basis for interviewing an applicant.

7. How did the change in APPIC ranking information policy ("no first choice information") affect your program?

Favorably 30 (11%)	Adversely 39 (15%)
Not at all 195 (74%)	N=264

Please explain your response.

An overwhelming majority felt that this policy change had no effect on their recruitment and selection process. Those feeling they were adversely affected cited difficulty in judging 'fit' of an applicant to their setting, uncertainty over how interested an applicant was, a chill on open interchange, and discomfort on UND. Several individuals "adversely affected" mentioned program behavior that they could no longer engage in that were actually potential violations! Those favorably affected generally cited less 'game playing' in the process.

8. If your internship is in the United States, how many students from Canadian Psychological Association accredited programs applied to your internship for the most recent selection process? How many of these students did you accept into your next internship class?

N=66 programs	N=12 programs
Applied 159	Accepted 14

159 applications were received by 66 programs, a mean of 2.4 applications per program for those programs that had any applications. But only 66 out of 218 internships (30%) had any applications. 12 internships accepted a total of 14 CPA applicants, and only 12 programs of 176 reporting (7%) accepted any Canadians.

9. If your internship is in Canada, how many students from APA accredited programs applied to your internship for the most recent selection process? How many of these students did you accept into your next internship class?

Applied 81	Accepted 7	N = 7
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Range of number of students who applied was 0 - 40 to a program, with 40 applying to just one program. Range of number of students accepted was 0 - 2.

10. APPIC is increasingly conducting organization business through electronic means of communication. Please answer the following:

a. Do you have web site access?

Yes 181 (64%)	No 104 (36%)	N=285
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b. Do you have e-mail?

Yes 226 (77%)	No 67 (23%)	N=293
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c. If your answer to a. or b. above is No, what obstacles stand in your way?

15 No computer	40 No link	35 No budget
14 Lack of skills	3 Fear	18 Other please explain

Having no budget and either no link and/or no computer were frequently associated. Government forensic facilities cited security requirements as precluding electronic communication.

d. In what ways might APPIC consult with you or assist you in developing more electronic capability?

There were relatively few responses to this question (N=27). Intervention with an internship's higher administration (N=6) and website development (N=5) were most frequently mentioned.

11. Would you join an APPIC-sponsored List Service Bulletin Board that was solely for the use of APPIC Member Training Directors?

Yes 188 (85%)	No 33 (15%)	N=221
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12. If you are the Director of a doctoral internship program, how many hours a week on average are you given to administer the training program?

11.9 hours	N=218
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13. If you are the Director of a postdoctoral program, how many hours a week on average are you given to administer the training program?

5.4 hours	N=29
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14. If you are responsible for directing both an internship and a postdoctoral program, how many hours a week on average are you given to administer them?

14.1 hours	N=32
------------	------

15. If you have a postdoctoral program, do your fellows provide individual supervision of the clinical work of other trainees?

Yes 46 (68%)	No 22 (28%)	N=68
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If yes, whom do they supervise? (check all that apply)

- 34 Psychology interns
- 24 Practicum/clerkship students in doctoral psychology program
- 12 Practicum/clerkship students in master's psychology program
- 1 Practicum students in master's program in social work
- 1 Peer counselors
- 9 Other (specify)

16. If your answer to question #15 is yes, what kind and how much supervision do they receive on their supervision? (check all that apply)

- 36 Individual supervision for 1.1 hour(s) a week average
- 5 Group supervision for 1.1 hour(s) a week average
- 3 No supervision
- 5 Other (specify) _____

17. In your postdoctoral program, does providing supervision count as service hours for the fellow?

Yes 28 (52%)	No 26 (48%)	N=54
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If yes, should there be an upper limit on the number of hours of supervision counted toward direct service?

Yes 15 (54%)	If yes, how many? 4.4 Avg.
No 13 (48%)	N=28

If supervision hours do not count as direct service for fellows, do you think that they should?

Yes 12 (40%)	No 9 (30%)
Unsure 9 (30%)	N=30

continued on page 8

Membership Survey continued from page 7

18. Is your postdoctoral program planning to apply for APA accreditation?

Yes 19 (29%) No 23 (35%) Unsure 24 (36%)
N=66

If Yes, when?

In the next year? 7
In the next 3 years? 7
In the next 5 years 3

19. What services might APPIC provide to postdoctoral member programs?

There were only a total of 15 responses from the 46 postdoctoral programs who submitted questionnaires, with only one 'service' receiving more than one mention (uniform postdoctoral application procedures, N=2).

20. Please recommend topics that you would like to have presented at an APPIC Membership Conference or Workshop.

This was our annual needs assessment with respect to continuing education for directors of training and internship supervisors. A total of 95 topics were suggested; a respondent could list more than one topic. Topics mentioned by at least four individuals were:

Supervision - 14
APA accreditation - 10
Internship models - 8
Funding - 7
Impaired Intern - 7

Managed care - 6
Supply and demand - 6
Measurement and evaluation of intern performance - 5
Transitioning interns to professional life - 4

Demographic Information

I am the training director of: N = 300
(73%) 244 an internship training program
(5%) 17 a postdoctoral training program
(12%) 39 internship and postdoctoral training programs

Please indicate setting (check one only) N = 300

(14%) 47 VA Medical Center
(7%) 24 State Hospital
(11%) 36 Community Mental Health Center
(11%) 35 Medical School
(21%) 70 University Counseling Center
(4%) 14 Children's Hospital
(4%) 15 Private/General Hospital
(2%) 8 Private/Psychiatric Hospital
(1%) 2 Military Hospital
(3%) 10 Correctional Institute
(7%) 18 Consortium
(6%) 21 Other

SECOND APPIC MEMBERSHIP MEETING & CONFERENCE

APPIC will hold its Second Membership Meeting and Convention in March 1999. Training Staff of APPIC Member and Subscriber programs as well as members of the professional psychology training community are cordially invited to attend.

Sessions on a variety of topics are planned, including Models of Training Programs under the new APA Accreditation Guidelines and Principles, Assessing Outcomes of Training Programs, Dealing with Impaired Trainees, Supervision, Issues on Consortia, and Special Topics on Postdoctoral Training such as APA Accreditation and creative financing. Opportunities will be provided for participants to meet with training staff in similar settings. A Business Meeting and update on APPIC activities are also on the program.

The meeting will be held in Orlando, the country's Number One family vacation destination. The newly remodeled Sheraton World Resort is next door to Sea World, and in the heart of the many attractions Orlando has to offer.

Additional information and registration materials will be mailed to APPIC Members and Subscribers in October 1998. They will also be available on the APPIC Web site at www.APPIC.org.

Accommodations will be \$110 per room plus tax (one rate for single, double or quadruple occupancy) For hotel reservations, call 1 (800) 327-0363 (outside Florida) or 1 (800) 341-4292 (inside Florida) for APPIC Conference.

So come join us at the
SHERATON WORLD RESORT
ORLANDO, FLORIDA
MARCH 25 - 27, 1999

Continuing Education Credits will be available.

APPIC at APA

BY ROBERT W. GOLDBERG, PH.D., ABPP

During its Thirtieth Anniversary Year, APPIC was particularly active in events associated with last August's APA Convention in San Francisco.

Prior to the Convention, on August 11 and 12, the Board of Directors held its Semi-Annual Board Meeting, to consider a range of issues, including results of the Membership Survey and its implications (see separate article), the upcoming Computer Match, budgetary matters, emerging areas needing attention (such as criteria for consortia in an era of more flexible and less traditional learning arrangements), and continued planning for the Second APPIC Membership Meeting and Conference, to be held in Orlando next March (see separate Announcement).

During the day on Thursday, August 13, two Continuing Education Pre-Convention Workshops were held. In the morning, Drs. Martha Dennis Christiansen and Robert W. Goldberg

presented a "Workshop for New Training Directors," and, in the afternoon, Drs. Nadine Kaslow and Eugene Farber presented a "Workshop on Clinical Supervision for Predoctoral Interns and Postdoctoral Fellows: A Developmental Approach." Despite the highly competitive pre-APA workshop environment, both offerings were well-attended and well received.

On Thursday evening, our Thirtieth Anniversary Reception in honor of the service of former APPIC Chairs and Board Members was held. Past Chairs regaled the assembled multitude with anecdotes from the founding days of the organization, nearly-forgotten times prior to appointment of an Administrative Director, when the 'central office' moved with the vagaries of each Board election, and—of course—the first mock 'computer match.' Past Chairs received pewter Jefferson cups in recognition of their contributions and all past Board

Members received certificates of appreciation.

And on Friday morning, August 14, the Annual General Membership Meeting was held, at which new Board Officers and newly elected Board Members were introduced. There was an update on the Computer Match, business reports from various Board Members in their areas of responsibility, and a concluding discussion led by Board Member Kathleen Boggs, Ph.D., on issues pertinent to consortia.

Minutes from the Board Meeting and the Annual Membership Meeting will appear in the archival March 1999 *Newsletter* issue.



Past Chairs and Board Members listen to Art Wiens at the 30th Anniversary Reception



Jim Stedman receives certificate of appreciation from Peggy Cantrell and Nadine Kaslow at Reception



Directory Editor Bob Hall updates Members on the latest edition during Annual Membership Meeting

Tips For Training Directors

BY MARTHA DENNIS CHRISTIANSEN, PH.D. AND ROBERT W. GOLDBERG, PH.D.

This is a list of tips for Training Directors, culled from our recent APPIC-sponsored "New Training Directors' Workshop," conducted in San Francisco prior to the APA Convention.

Getting Started

1. Prepare a monthly calendar of tasks.
2. Training retreats for your training staff are a great way to get everyone "on board"

Funding

1. Intern training is cost effective. See Schauble, P.G., Murphy, M.C., Cover-Paterson, C.E., and Archer, J. (1989) Cost effectiveness of internship training programs: Clinical service delivery through training. *Professional Psychology: Research and Practice*, 20, 1, pp. 17-22.

Curriculum

1. Take the time to discuss with your training staff what your model of training is and how you expect to accomplish what you are doing. Time well spent!

2. Train in what you are best at; what is consistent with the service environment in which you are embedded. You can't be all things to all people.

Supervision

1. Consider supervision matches that challenge both the supervisor and the supervisee.
2. Develop a system to preserve information on past interns' curriculum, % of time in service by modality, hours receiving supervision. Every state licensing board seems to require different information in different formats.

Dual Role Relationships

1. As Training Director, continually stay sensitive to the impact of power differential in relationships and evaluation anxiety of interns.
2. It can be valuable for a training committee to have an early discussion about how interns do get support and who provides it.
3. Be aware of your own role a—a continually overlapping one of manager,

supervisor, teacher, consultant, supporter, confidant, etc. Who supports you?

Intern Recruitment And Selection

1. Know what makes an applicant a 'fit' with your program.
2. Use and learn to 'decode' recommendations from clinical supervisors.

D.O.T. Etiquette

1. Talk straight to applicants; whatever you say—even if limited—needs to be factual and honest.
2. Recognize that YOU are responsible for your program and its reputation.

Due Process

1. What's fair is fair: Treat interns the way you would have wanted to be treated.
2. Read the APPIC material on Due Process.

Intern Evaluation/Impairment

1. Evaluate interns based on what they do (performance), not who you think they are (personality).
2. Always afford an opportunity for interns to rectify or improve performance deficits.

NEW MEMBERS 1998

The Board congratulates and welcomes the following internship programs which were recently recommended to the Board by the Doctoral Internship Membership Committee and approved by Board action.

Doctoral Psychology Internships

University of Michigan
Institute for Human Adjustment
Ann Arbor, MI

Provena Saint Therese Medical Center
Waukegan, IL

Mississippi State Hospital
Whitfield, MS

Rockford Health System
Rockford Memorial Hospital
Dept. of PM & R
Rockford, IL

Johns Hopkins University
Counseling Center
Baltimore, MD

Grand Prairie Services
Flossmoor, IL

The Metropolitan State College of Denver
Counseling Center
Denver, CO

Saginaw Psychological Services, Inc.
Saginaw, MI

CPC Health/Chestnut Lodge Hospital
Rockville, MD

DuPage County Health Department
Lombard, IL

Aurora Community Mental Health Center
Aurora, CO

University of Wisconsin-LaCrosse
Counseling and Testing Center
La Crosse, WI

Carl T. Hayden VAMC
Psychology Department (116B)
Phoenix, AZ

Virginia Beach City Public Schools
Virginia Beach, VA

Sisters of Charity of Ottawa Health Science
Elizabeth Bruyere Pavilion
Ottawa, Ontario, CANADA

Association for the Help of Retarded Children
New York, NY

Westborough State Hospital
Westborough, MA

FROM THE ASSOCIATE EDITORS

ADULT GENERAL PSYCHOLOGY



BY DAVID ARONSON,
PH.D., FACLINP

I enjoy writing these articles, once I get down to it. However, as your editor (Dr. Goldberg) would probably confirm, I sometimes procrastinate doing my job as the hardest part seems to be deciding what to write about. As I was pondering what to say, I re-read the letter of reminder/instruction that Dr. Goldberg always provides (one of my mottos is: "If all else fails, read the instructions.") In that letter he included the topic for this issue, which is "What APPIC is doing for you." This seems to be an appropriate topic given that the whole issue is focused on member services.

As I pondered what APPIC might be doing for me, my mind associated to the issue of admission of new interns. This annual ritual has always dominated a lot of time for our internship program. We would discuss and debate what application form we should use, what rating system we should use and how are we going to contact our desired interns as soon as possible after Uniform Notification Day starts without violating APPIC rules by (possibly) calling a minute too soon. The process was always time consuming, hectic and filled with some degree of anxiety.

Lately, APPIC has initiated some projects that are helping us with this issue. The first step was when APPIC decided to develop a standardized application for all interns applying to APPIC internships. We had the option of continuing with our own application as well as the option of using the APPIC application but adding some additional requirements (such as sample reports). We discussed and debated but (wisely) decided to go with the APPIC application (along with some supplemental items). This immediately reduced the amount of time we have to invest in the intern selection process. Now, whenever we get a letter requesting a copy of our application all we have to do is send a letter back which instructs the applicant to download the application from APPIC's web site. They can also download information about our own internship program, and application guidelines, from

our web site. For applicants who do not have access to the internet (really, what intern these days doesn't have access to the internet), we will send them a hard copy via "snail mail." This is not only a big time saver, it also dramatically reduces postage and secretarial costs. This is a big advantage of being an APPIC member.

A second aspect of the intern selection process that APPIC is addressing concerns the computer match program. While we have not yet seen how well it works, if successful, this program will also reduce the time, effort, energy and anxiety we expend on intern selection day. We will still review interns' credentials, interview them and evaluate them according to our procedures. However, then the big change takes place. All we have to do is send our prioritized list of interns who we want to APPIC at the same time that interns send APPIC their list of desired sites. APPIC puts all the information into their "black box" (remember Skinner?) and produces what will hopefully be a number of perfect matches. If the matching works, we will get the requested number of competent and qualified interns. While there may be some anxiety over whether it will actually work, we won't have to be involved in the hectic and chaotic procedures of the recent past. This seems to be a positive step forward, and another useful member benefit.

I did think of a downside to all these improvements in the selection process. The Internship Training Committee that I am a member of very much enjoys discussing and debating what procedure we should use for a particular situation. However, we are also mostly "mature" psychologists. As mature psychologists we tend to have problems with our memory (my youngest son keeps telling me my memory leaks out of the bald spot on the top of my head). Given our overall poor memory, we rarely remember all the decisions we have already made. This allows us to discuss and debate the issue again a month or two later. It is very enjoyable and allows us to get to know each other better. I am now worried that with all these improvements which APPIC is making we might lose our ability to discuss and re-discuss issues because APPIC has already taken care of them.

Oh well! I guess that is a risk of being an APPIC member.

CHILD CLINICAL PSYCHOLOGY



BY JON V. THOMAS,
PH.D.

In this edition of the newsletter I want to focus on a major development for children in regard to health care coverage. That development is the Child Health Insurance Program (CHIP) that was included in the most recent federal budget. This column will cover the rationale behind CHIP and some of the advantages and disadvantages for states and ultimately, child service providers.

The current federal budget allocated money to states specifically for making medical and behavioral health coverage available to "poor" children. States are allowed by federal rule to open up eligibility to children in families with income up to 200% of the federal poverty guidelines. Of course, the state must match that money in order to receive those federal dollars. Each state can then decide how to deliver their insurance product. Many have chosen the existing Medicaid system because the bureaucratic structure is already in place. Others have chosen to go with more of a managed care approach. In either case, it appears that kids benefit and behavioral health coverage is a requirement. But why all of a sudden has Congress seen the righteousness of caring for kids?

In the wake of the failed national health care proposal of the Clinton administration, a certain consciousness was raised among the voters about the number of uncovered lives in this country. Fearing the cost burden of a sweeping plan, legislators looked for an affordable way to satisfy the new consciousness created in their electorate. Actuarial data indicated that coverage for children is downright cheap compared to adults. What voter wouldn't be happy with helping children, assuaging the guilt of a nation, and doing so at a bargain price. Such a deal!

The positive scenario created for legislators, voters and children made it a "no-brainer." That does not mean however that legislators have now become child advocates. Nevertheless, it is a good deal that has some advantages and disadvantages.

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Some of the advantages have to do with the breadth of coverage, inclusion of psychologists as providers, and the number of children now eligible for coverage. The coverage includes medical, dental, optical and behavioral health. In many instances that is better coverage than most employers provide. Psychologists are included under federal rule as providers. The sheer number of child lives now covered will surely provide a preventative benefit in health, mental health and cost savings in the long run.

Some of the disadvantages have to do with making the working poor more vulnerable, and creating public agency dependency on CHIP dollars. As states ante-up their match for the CHIP program, there are fewer dollars left to help the working poor. As discretionary dollars are used up, states will have fewer options on how to serve kids who have no insurance or medical card.

Finally, for small agencies who serve a high percentage of CHIP clients, it leaves them in a vulnerable position if the funding rules change. This may be the business risk we have to accept for a program that benefits many.

For psychologists, this once again emphasizes an important training agenda. Internships must prepare interns to work with the large number of families who live in or on the edge of poverty. Those families present unique and challenging circumstances for all of us in child psychology.

FORENSIC PSYCHOLOGY

BY RANDY K. OTTO, PH.D., ABPP

Psychology & Law in the 21st Century

Recognizing the maturing of the field and its rapid growth in the past quarter century, the American Psychology-Law Society (AP-LS; Division 41 of the American Psychological Association) has recently allocated funding to support study groups to provide critical reviews of the various law-psychology interface areas. Organized and chaired by AP-LS's 1998-1999 President Jim Ogloff, JD, PhD, the study groups are to review, summarize and critique research in various psychology and law specialties (i.e., developmental, clinical, social, cognitive), and offer directions for future work in these key areas. A small working group will be organized for each

area, composed of a senior scholar, a junior scholar, and a post-doctoral fellow or senior graduate student. The groups will collaborate long distance at first, and then meet simultaneously during the course of a 3 day working session. The society plans to present the groups' conclusions and recommendations at various meetings and eventually publish the reviews in an edited book. Persons interested in the study group initiative should contact James Ogloff, JD, PhD, Dept. Of Psychology, Simon Fraser University, Burnaby, British Columbia, Canada, V5A 1S6.

At the August, 1998 meeting of the American Psychological Association, the Executive Committee of the American Psychology-Law Society (AP-LS, Division 41 of the American Psychological Association) voted to collaborate with the American Academy of Forensic Psychology (AAFP) in development of a petition to have Clinical Forensic Psychology recognized as a specialty area by the American Psychological Association. The petition will be developed by a committee of psychologists who represent AAFP, AP-LS, graduate training programs in law and psychology, internship training programs in forensic psychology, and fellowship training programs in forensic psychology. Kirk Heilbrun, Ph.D., of Allegheny University in Philadelphia, will chair this committee. Persons interested in learning more about the specialty petition and designation, and its implications for training, education, and credentialing can contact Dr. Heilbrun at Allegheny University, Law & Psychology Program, Mail Stop 626, Broad & Vine Sts., Philadelphia, PA 19102.

1998-1999 Training Calendar Set

The American Academy of Forensic Psychology has set its continuing education calendar for 1998-1999. Beginning in November, 1998 and extending through May, 1999, multiple workshops will be offered this year in St. Louis, Palm Springs, Philadelphia, Austin, Las Vegas, and Toronto. Topics are varied and include such areas as child custody, malingering and deception, sexual harassment, expert testimony, forensic applications of the MMPI-2, forensic neuropsychology, child maltreatment, sexual abuse, violence risk assessment, personal injury evaluation, workplace violence, jury selection, and capital sentencing. Reduced fees or fee waivers are available for some interns and advanced graduate students. For a copy of the training schedule contact Dr. Alan

Goldstein, 13 Arden Drive, Hartsdale, NY 10530 (914-693-4859) or access the AAFP's web page at www.abfp.com.

New Training Brochure

The American Psychology-Law Society is about to print a new, significantly expanded version of its brochure on graduate training in law and psychology. Persons interested in receiving a copy should contact Dr. Steven Norton, Federal Medical Center, Rochester, MN; e-mail: SKNort539@aol.com.

GEROPSYCHOLOGY

BY VICTOR A. MOLINARI, PH.D.



Geropsychology training was "in the air" at the APA convention in San Francisco this year. I had the honor to co-chair (with Dr. Greg Hinrichsen) a symposium on training in professional geropsychology. Dr. Michael Duffy presented material on geropsychology training at the graduate level, Dr. Hinrichsen at the internship level, Dr. Michele Karel at the postdoctoral level, and Dr. Sara Qualls at the continuing education level. Dr. Steve Zarit served as the discussant.

The major thrust of this symposium was that despite significant recent advances in geropsychology training, we have a long way to go in meeting the demands for psychological services with older adults. As Dr. Duffy pointed out, supervised exposure to the tremendous variability of geriatric patients, addressing both the normal and abnormal aspects of aging, often gets students invested in learning more about this area. Unfortunately, although there have certainly been increases in the number of programs offering specialized geriatric experiences at all levels of training, even now most newly fledged doctorates do not have the requisite expertise necessary to provide optimal psychological care to older adults. Given the aging demographic boom, it appears that geropsychology will need to "play catch up" and concentrate on training at the CE level.

The acceptance of clinical geropsychology as a proficiency area by the APA college has given a professional boost to those geropsychologists who have long recognized the unique expertise necessary in working with older adults. Division 12, Section 2 (Clinical Geropsychology) and Division 20 (Aging &

Human Development) are now sponsoring a joint survey of APA members to determine the level of interest and the training needs of those who may pursue clinical geropsychology as a proficiency area. The hope would be that more graduate programs with sub-specialties in geropsychology will eventually incorporate a core training curriculum that will lead to the achievement of proficiency status. Programs at the post doctoral-level might also use a core training module to guide their more in-depth, specialized geropsychological training.

With the OBRA legislation now allowing compensation for psychological services in LTC settings, there is a growing market for psychologists working in nursing homes. One way that the professionalism of geropsychology will be reflected is through our ability to assure high quality mental health care to such a fragile, needy population via rich and systematic training. My hope is that incentives will be extended for training in competent work with older adults at other geriatric settings as well.

ISSUES GERMANE TO UNIVERSITY POPULATIONS

BY ANNA BETH PAYNE, PH.D.

Today I read a story on the front page of the October 1 *Chicago Tribune* that angered and appalled me. It was about a young African American freshman at a small college in Michigan. The student "was the alleged victim of a racial hate note and a fire that erupted in his dorm room." He had been targeted after publicly reading a poem that expressed his wish to be seen as a man, not an ethnicity.

As I read more of the story, I understood that there was more to it than the unbridled racism that this young man experienced. There was also the response from the community. This response included having the university post a reward for information leading to an arrest, students writing messages of support throughout the campus, offers of a home away from the residence halls, and a speech directly to the students from the President. African American students addressed what I would call institutional racism, noting "It has attempted to be a diverse school, but it has yet to reach its potential," which is certainly a model of tact.

All of us know that both the racist attack and the attempt to respond directly and actively could happen on any cam-

pus in the United States. Where I surprised myself was noticing the surge of pride at being affiliated with a campus community, precisely because I know that we are able to act in the face of outrageous behavior. Our campuses may not always do it right, but there is always a community response.

What does this have to do with training? I bring it up because once again, it is the time of year when psychology graduate students seek information about where to do an internship. Once again, some of them will be told that a university internship means that they will be dealing with a restricted segment of the population, and with a "less pathological" clientele. Those of you reading this column who work in university training sites know all the appropriate responses that can correct the misperceptions.

I would like to emphasize a different perspective. The story in the *Tribune* reminded me of why what we do in training psychologists in our setting is unique and important. More than most settings, our interns must grapple with the interaction of the community and the individual. They see and learn interventions that might help the individuals involved, and also interventions that might help the community.

I don't know if this small college even has a counseling center. However, I do know that in any center large enough to have an internship, it is unthinkable that the agency would be left out of the university responses. At the very least, there would be a heightened preparedness for the psychological fallout. Consultations with administration, faculty, student groups and parents would undoubtedly happen. Programs would be developed, and psychologists would work cooperatively with other professionals. If there was argument and controversy about the response, the counseling center would be involved.

Our campuses give interns the unique opportunity to see how racism affects both its target and the community, and what they might do about it. They also see the impact of sexism, child abuse, domestic violence. Maybe they don't get the experience of seeing a caseload dominated by psychosis, nor do they generally see children and the elderly. But the opportunity they do get is worth celebrating. Try it for yourself: present this story to your interns, and see what they come up with as possible responses. You may find that they need more training, but they probably won't be surprised to consider they should have a response. Ask the same question as part of your in-

terview, and notice the difference, especially for students that have never had a practicum in a counseling center. That difference is the unique perspective that comes from our setting.

ISSUES CONCERNING THE SERIOUSLY MENTALLY ILL

BY SANDRA E. TARS, PH.D.

Addressing Consumer/Survivor Concerns in Training

The last weekend of August I found myself in the midst of a remarkable meeting sponsored by the Center for Mental Health Services. A group of about 20 psychologists and Consumers/Survivors/Ex-patients (CSXs) gathered in Washington, DC for a dialogue. The objectives of the meeting were to develop better mutual understanding and respect between consumers and psychologists present at the meeting; and to develop a set of recommendations regarding how consumers and psychologists can prepare themselves to achieve better mutual understanding and more therapeutic partnerships. CMHS will prepare a monograph describing the process and outcome of the meeting.

The initial hours of the meeting were filled with difficulties: many competing agendas, lack of familiarity with each others realities and organizations, many stereotypes on both sides, frequent frustration and misunderstanding. The final hours were very different, as the whole group came together to outline a large joint agenda, a significant part of which involved training and continuing education. This was a very powerful meeting for all concerned. For psychologist/trainers present, it raised many questions about how to ensure inclusion of the issues, concerns and insights of our CSX colleagues in our curricula and in our credentialing processes.

What emerged very clearly early in the meeting was the lack of a common basis for understanding between many CSXs and psychologists. For a number of psychologists in the room, it was the first time they had been involved in a dialogue with individuals who considered themselves to be "survivors" of mental health treatment. Some were unfamiliar with major issues and concerns of CSXs, with CSX literature, and with the full extent of the recovery and self-help movement.

Based on our discussions, a number of ideas regarding urgent training and continuing education priorities emerged.

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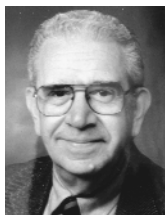
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These include the need: 1) for psychology doctoral, internship, and continuing education training programs to promote awareness of and sensitivity to the issues, concerns and insights of CXSs; 2) to develop partnerships with consumers and involve them in psychology training programs as trainers, faculty, and as students; 3) for collection and dissemination of CSX literature to training programs, psychologists and trainees; 4) for development of training modules; 5) for psychologists to teach and promote recovery and self-help concepts.

The group adopted the following consensus resolution: "Involuntary mental health interventions must be viewed as systems failures that indicate needed improvements. Alternative strategies, such as advance directives, mediation and peer supports must be developed and funded to prevent these interventions. Trauma resulting from involuntary interventions must be addressed, including the development of research, policy, planning, staff development and model procedures using the experiential knowledge of consumer/survivors." (Resolution passed by CMHS Meeting "Consumers and Psychologists in Dialogue," Washington, DC, August 30, 1998. This resolution represents the views of the individual psychologists and consumers participating, and not of any organization.)

Participating group members have committed themselves to follow-up efforts for which CMHS and the CAPP Task Force on SMI/SED will provide some support. I will work to promote inclusion of articles, dialogues and other information by both psychologists and consumers in future editions of the *APPIC Newsletter*. I'd like to hear your ideas about other ways in which to promote sensitivity to consumer issues and the development of active partnerships between psychologists and consumers. You can e-mail me at huisset@gw.omh.state.ny.us.



SETTING-RELATED ISSUES

BY ROBERT H. GOLDSTEIN, PH.D.

How Shall We Teach Professional Ethics in an Era of Managed Care?

The word oxymoron is derived from a Greek term which translates as "point-

edly foolish," and generally refers to the coexistence within a single expression of two or more incompatible or contradictory ideas. The comedian George Carlin has a routine about this concept in which he points out the foolishness of such a phrase as "jumbo shrimp" and, somewhat more bitingly, "postal service" or "military intelligence."

It may, therefore, seem fully oxymoronic to talk about managed care and professional ethics in the same breath. Most managed behavioral health systems depend for their profits on limiting the care that is given or, whenever possible, not giving any care at all. This is, after all, an industry which uses the phrase "loss ratio" when referring to the money spent on patient care. (I'm not kidding. You can look it up.)

So, how can one even begin to think about our profession's ethical principles when operating within such a system? And how can we help prepare our trainees to deal with this inherent contradiction when they are faced with the realities of the current health care world? We exhort them to keep uppermost in their mind the noble aspirations our ethical code demands, and yet expect them to function within an environment in which the pressures to compromise those principles are constant and intense.

As we all should know, the ethics that are passed on from one generation to the next are influenced less by what is said in sermonizing speeches than they are by the behavior that is modeled for others to see. So, as teachers, we have a particularly crucial role to play in helping our trainees form their ethical attitudes, and what we *do* when faced with the ethical challenges presented by managed care will have an even greater impact on our trainees' developing ethical base.

I recently had occasion to discuss with some trainees a situation with which I was currently dealing. I had been asked by a long-time colleague, a child psychiatrist, to conduct a psychological evaluation of a teen-ager whose behavior raised some difficult diagnostic questions. This bright young man from a well-educated and sophisticated family had been engaged in a pattern of acting out behavior, substance abuse, poor school performance and emotionally unstable moods accompanied by suicidal threats and actions. He had been hospitalized briefly, was facing legal problems due to his acting out and continued to struggle with his parents who were attempting to control his erratic actions.

The problem was that his family had insurance coverage through a local HMO and, in trying to arrange for cov-

erage of the testing workup, the HMO told me that they would pay for one hour of professional time. When I protested that this was hardly enough time to develop rapport with such a teen-ager, the reply was essentially that this was their policy and that they could perhaps stretch it to cover two hours. There was no doubt in my mind but that a full assessment, including contact with the school, with the parents and with other treatment sources as well as review of prior testings would require from five to seven hours of my time.

To complicate matters further, a rapid decision had to be made with regard to whether medication would be appropriate. Moreover, the school, the court and, as it turned out, the immigration authorities were all pressing for some feedback from the psychiatrist who had asked me to help with the assessment. I could, of course, appeal the HMO decision, but this would be a lengthy process, and I was under pressure to answer the question, "Well, can you see this patient?"

Now, that is where ethical issues come into focus. I could simply say that it would not be possible for me to see this patient since the HMO would not appropriately pay for my services and the parents, already hard-pressed with legal and hospital expenses, were in no position to do so. I could see the patient on a pro-bono basis, even though others providing professional services in the case were being compensated. I could agree to accept the HMO's minimal compensation and conduct the evaluation and, in doing so, assent to a gross undervaluing of my professional services. What would we tell our students is the appropriate thing to do in such a case?

As we struggle with such issues, some thinking is beginning to appear in the literature to help us work through these conflicts. Two recent articles, in particular, are worth recommending to trainees. One of these, entitled "Managed Health Care, Ethics and Psychotherapy" by Carol Austad, Robert Hunter and Thomas Morgan appeared in the Spring 1998 issue of *Clinical Psychology: Science and Practice* (V5, N1, pp. 67-76). It presents a thought-provoking review of a number of ethically-relevant topics, discussing each of them from both an anti-managed care and a pro-managed care perspective in a balanced manner. The authors conclude that much of our difficulty in formulating a clear ethical policy in this area stems from our society's not yet having determined on a coherent policy about whether health care is a business, to which business ethics apply, or a basic health right, in which case patient-

centered professional ethics should be applied.

A second paper, by Natalie Bilynski and Elizabeth Vernaglia, is in the Spring 1998 issue of the *Psychotherapy: Theory/Research/ Practice/ Training* journal (V35, N1, pp. 54-68), under the title "The Ethical Practice of Psychotherapy in a Managed-Care Framework." This article focuses on the ethical dilemmas posed by managed care systems with respect to the areas of client care, the handling of patient data and the whole matter of participation in a managed health-care organization. These authors present a number of clinical vignettes, consider the relevant principles in the APA Code of Ethics and use them as the basis for developing strategies for handling the problems they have described.

Both of these papers would form an excellent basis for a seminar discussion of ethical concerns.

Oh yes, what did I do about the testing case? I took a deep breath, concluded that the patient's needs were the most important consideration, did the work-up and sent the report.

From the perspective of "business" considerations, this may have been a foolish decision. A service was being rendered with no certainty that payment would be forthcoming. When looked at from a "patient-welfare" viewpoint, the decision was based on the fact that this teen-ager needed treatment, the nature of which would depend on the outcome of the diagnostic evaluation. Not to proceed would have meant that treatment would have, of necessity, be at least de-

layed and possibly based on less than adequate information.

So, where do things stand? The HMO has not agreed to cover all my time, and so I've filed an appeal, which has already been denied by the Medical Director and by the Appeals Committee. The next step is to present the issue again to the Appeals Committee on re-appeal and try to persuade them of the need to revise their policy on coverage of testing, based on the fact that the other large HMO in the area has a better and more realistic policy about paying for psychological testing. (I know that to be the case, because I drafted the other HMO's policy.) We'll see what happens. I guess the basic ethical principle here is "Illegit mi non carborundum." (You can look it up.)

Internships and the Law: Questions and Answers

BY PATRICIA A. HOLLANDER, ESQ.



requirement?

Q. Is it a violation of the Americans With Disabilities Act (ADA) to refuse to exempt liberal arts undergraduates with learning disabilities from a two-year foreign language

A. No. The court said that accommodating learning-disabled students does not require universities to alter fundamentally the nature of a program.

In this case, Boston University has a requirement that undergraduate liberal arts students take a foreign language for two years. A group of learning-disabled students said that this requirement was irrational, and created a hardship for students who could handle college-level work but lacked the capacity to master another language. The learning-disabled students sought, as an accommodation, to substitute a course in the history, literature, or art of another country for the foreign-language course.

The university refused, responding that a court-ordered study done by a university panel concluded that no such substitute course would give students the same "insider access" to another culture.

The court accepted the recommendations of the university panel that the strict foreign-language requirements stay intact. The court stated that universities have the right to set their own academic standards, ruling that a "liberal arts curriculum cannot be fit into a cookie-cutter mold."

The judge went on to say, "As long as an academic institution rationally, without pretext, exercises its deliberate professional judgment not to permit course substitutions for an academic requirement in a liberal arts curriculum, the Americans With Disabilities Act does not authorize the courts to intervene even if a majority of comparable academic institutions disagree." A number of colleges and universities now have either dropped the general foreign language requirement or permit course substitutions for learning-disabled students.

The New York Times, May 31, 1998, p. 12.

Additional Comments: Internships should take careful note of this court's decision that the ADA does not permit courts to substitute a court's judgment for that of a program as to what the content of a program should be. This applies so long as a program can show that its decisions as to content were made rationally,

without pretext, and as an exercise of its professional judgment.

Q. Must colleges and universities pay Social Security taxes on the stipends paid to medical residents?

A. No. In a case arising at the medical center of the University of Minnesota, Twin Cities campus, a federal appeals court found that medical residents are students, not employees, since the purpose of the stipends paid to them was primarily to further the residents' education and training rather than to pay them for providing services.

Therefore, the court upheld a lower court's ruling that the University of Minnesota does not have to pay Social Security taxes for its medical residents. This permits the university to keep about \$8 million the Social Security Administration said it owed for 1985 and 1986, and to recover about \$20 million the University and its students paid since 1990.

The Chronicle of Higher Education, July 17, 1998, p. A42.

Additional Comments: This ruling affects only Social Security taxes. Internships should seek further guidance regarding payment of Federal Income Taxes to the Internal Revenue Service.

Note: Readers are cautioned that the information contained herein is intended only to call attention to new legal developments and is not meant to be definitive in all circumstances or relied on without prior consultation with legal counsel.

The ASARC Corner

BY CARL N. ZIMET, PH.D., FACLINP; CHAIR, ASARC



ASARC has had a very busy year, but not because we were overwhelmed by formal complaints. In fact, the number of such complaints was the lowest since ASARC was first formed over ten years ago. I believe that the very strong statement by the APPIC Board of Directors regarding the "first choice issue" resulted not only in zero "first choice" formal complaints, but there were no informal complaints on that issue either. In past years there were often complaints regarding first choice pressures without bringing forward a written complaint. This year there were none. It was a very significant change indeed.

There were, however, lots of phone calls with questions, requests for consultation, and even some mediation. To give you a flavor of some of these issues, I thought that it would be useful to provide brief sketches of these and then an outline of some of the formal complaints.

Informal Items:

1. A student on a short list for an internship program traveled a considerable distance for interviews. At the site several of the interviews were of a very high stress nature. The student objected strenuously to such a procedure and reported having been considerably traumatized. In the phone call to ASARC the student indicated that after that experience the program was unacceptable because of the stress interviews and felt outraged at the considerable expenditure of money in order to visit the program. Obviously, it is each program's purview how to evaluate applicants, yet some thought should be given how that process is accomplished.

2. An intern who was doing satisfactory work, took an evening job that was nonprofessional and totally unrelated to psychology. The Training Committee at that site was strongly opposed to the trainee working outside the internship and requested the intern to stop. The intern refused. The issue came to ASARC for consultation. It turned out there had been no information provided by the program prior to the student's acceptance of the internship prohibiting such activity. Furthermore, it is unlikely that

an institution can specify what an individual can or cannot do on his/her own time. The Training Committee dropped the request for the intern to terminate the job.

3. An internship that had made a contract on UND with three students to start in September of 1998 was seriously considering terminating the program for the 1998-99 year. The Training Director and students got in touch with ASARC.

The information given to all of them was that no training institution, and there have been several who have tried, managed to close an internship training program after it had made a contractual obligation with the students. In previous situations of a similar nature it had never come to a court case. Each institution simply continued the program, at least for the contracted year. In this case, the Chair of APPIC, Dr. Cantrell, stood ready to write a strong letter to the institution indicating the legal threat it would face. The internship was continued, at least for the 1998-99 year.

Formal Complaints:

1. An academic Training Director filed a complaint on behalf of a student in his program. The student did not match on UND, but noted that a program described as "APA accredited" in the Clearinghouse had an opening. The student made contact with that program and was subsequently offered an APA accredited internship. With that information, the student withdrew an application from another APA accredited internship. The Internship Program Training Director later informed the student that the program was not APA accredited. The student subsequently turned this program down. The program is part of a consortium that is APA accredited, but the program itself is not and is so designated in the APPIC Directory.

The APPIC Board of Directors decided on expulsion of the program.

2. An intern, prior to accepting the internship, was informed by the State's Psychology Board that he/she would most likely be placed on probation because of being found guilty of a misdemeanor. The intern hoped that the final decision would not come until after the completion of the internship. That, however, was not the case. The state board

informed the intern that probation was to start in February. It would have required the agency to inform all clients of the intern's probationary status and require very close supervision with frequent reports to the state agency. The intern was terminated within seven days after informing the Training Director.

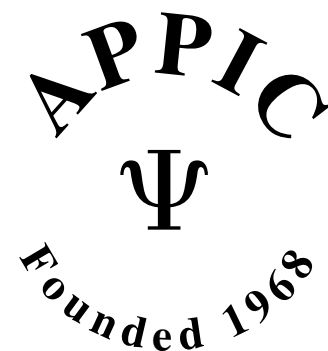
The complaint revolved around due process which the intern felt was not considered. The program indicated that it had due process procedures for internal issues, but given this external situation it believed it had every right to dismiss the intern.

The APPIC Board of Directors found no violation, but an educative letter regarding due process was sent.

3. The following complaint was submitted by a student who put a program on "hold" on UND. Apparently, by mistake, the program thought that that student had turned the program down. (With more than one person making offers, similar problems have arisen in the past.) When the program realized that it was a mistake that it had made, it offered the intern a variety of possibilities for a paid internship; nevertheless, the intern refused and took another internship. With computer matching, this type of UND glitch will be eliminated.

The APPIC Board of Directors recommended a Directive.

It is likely that we will see some previously unheard of problems arising with the computer match, but it is also clear that the many issues that have arisen on UND in the past will disappear. At the same time, it is important to keep in mind that the "first choice problem" is not eliminated by the computer match; it needs continued vigilance.



Guest Column:

APAGS' PERSPECTIVES ON INTERNSHIP TRAINING: ARE THERE MISSING COMPONENTS?

BY SHANE J. LOPEZ, PH.D., UNIVERSITY OF KANSAS



Typically I submit a brief piece to the *APPIC Newsletter* that highlights the student perspective on changes and improvements to the internship selection process and the general training system.

To update the APPIC membership I will again offer a few comments about what I have been hearing from students, but I would also like to express a supply and demand concern and discuss a few components of training that appear to be missing at the internship level.

In regard to student reactions to changes, the AAPI revision has been well-received by students and minor glitches have to be quickly addressed through great communication between internship aspirants and the APPIC board. Computer matching is producing less anxiety than I had anticipated given that this is a landmark change to the process. However, this makes some sense. Most students have never gone through the internship selection process, so the change is not viewed as a monumental one by them (and they were generally in favor of this change, so they view it as an improvement in the process). As always, many thanks go out to the APPIC board and membership for taking steps to improve the selection system.

Now on to my concern ... VA internships. When I discuss training with the VA training directors, I inevitably hear about the status of their reorganization and the instability of training programs due to its devaluation by VISNs. Given that VAs are one of the major suppliers of internships, "instability" is a word that has serious ramifications. I am aware that valiant efforts were made by individuals in 1996 to save some of the VA internships. Is there an organized effort to do the same this year and in years to come? Would APPIC, APA, APAGS, and consumer group advocacy affect the decisions of VISN directors? Given the gravity of this situation, psychology

needs an organized response to reorganization (as it affects training) and some measures to lessen the instability.

As I mentioned in my last newsletter article, quality of training sometimes gets lost in the supply and demand discussion. From a student perspective the quality issues also take a back seat to questions like "Will the VA offer an internship next year?". However, I did want to address two quality related issues that have recently resurfaced (not that they really ever went away).

Research ... is it a missing component of internship training? As the capstone clinical training experience, should internships include an emphasis on research? Given the current marketplace dynamics, it seems like the most adaptive psychologists will be the one who thinks like a behavioral scientist. Thus, integration of research into the clinical internship would seem a responsive move to changes in the field. However, organized research rotations could distract interns and training staff from duties that make them unique in a health care environment. So, I am left with the question, "Would a focus on research during internship improve the quality of the training experience?"

Changes in health care delivery systems also pose many challenges to internship programs. A resocialization of psychology interns may be needed to prepare them for work in today's market. But is this happening? Is the impact of managed care and the restructuring of health care systems being discussed on internship? Given the voluminous amount of evidence suggesting that health care systems are ever-changing, internship training could facilitate the adjustment of interns into the marketplace by addressing these issues through seminars and didactics. Incorporation of managed care survival training could be a quality of training issue that proves to be directly related to outcome (i.e., job placement ratio of interns, intern success on the job).

To summarize, students are pleased with changes in the selection process, concerned about the availability of in-

ternships, and uncertain about components of training that will make the marketable in the competitive health care workforce.

Please send any comments to the issues raised in this piece to me via email to sjlopez@ukans.edu so I can share them with APAGS members. As always, thank you for this opportunity to address the APPIC membership.

**APPIC
Re-Approved As
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APPIC has received full Five Year Sponsor Approval as a provider of Continuing Education from the American Psychological Association.



Treasurer's Report

BOARD OF DIRECTORS' MEETING AUGUST 11-12, 1998 SAN FRANCISCO, CA

1. Correction to 1998 Budget.

Total Inflows = \$424,125
(computational error)
Total Inflows minus
Outflows = \$103,087

2. Presentation of Second Quarter Report (to be published in next newsletter).

3. Review of Comparison Report (YTD 7/23/98).

Correction: Inflows/Misc. Income/
Difference should be \$1817

Inflows:

- a. Applications expected to be over projection for 1998. Currently \$6250 with fall application fees yet to come in.
- b. Interest earned expected go over projection for 1998. Maintaining larger than expected funds in Dreyfus account at present.
- c. Miscellaneous income (mailing labels) currently \$1800 over projection.
- d. Dues income may be below projection. Currently past deadline for dues payment. Anticipating dues income of \$29,701 below projected income.
- e. Workshop registrations at \$4130 (7/30/98) and slightly below projection.
- f. Projected income for 1998 anticipated to be 5 - 6% below projection (\$20,000 - 25,000).

Outflows:

- a. Most categories reflect expenses as expected at midpoint through fiscal year.
- b. Telephone and newsletter expenses may be modestly over projected expenses.
- c. Travel expenses appear to be on target.
- d. Improved budget management achieved by more detailed assignment of expenses to appropriate categories.

4. Account Balances as of 7/30/98

Dreyfus (Investment)	\$235,574
Riggs (Checking)	\$ 51,906

5. Continuing priorities supported by Board in 1998:

- Support of Computer Match.
- Cost containment in travel and new projects as appropriate given Board priorities.
- Goal of six month reserves maintained.

6. Proposals for consideration at August, 1998 APPIC Board Meeting to change APPIC Policies and Procedures for Authorization of Expenses (August 12, 1997)

- a. Need policy and procedure describing how new Board and Committee Chairs and members are fully informed of APPIC Fiscal Policy.
Recommended addition to APPIC Policies and Procedures for Authorization of Expenses (August 12, 1997):
General Policies:
Treasurer mails copy of APPIC Fiscal Policy to all incoming Board members; committee chairs and members; and APPIC members involved in projects having duties affected by fiscal policies. Mailing will occur at the point of election or appointment.
- b. Need tightening of policy and procedure to ensure that all APPIC expenses (including travel) are submitted at the end of the fiscal year to facilitate closing the books by January 31. Current policy is contradictory.

Current:

General Policies:

- No reimbursement will be made for requests submitted after January 31 for a prior year. Exceptions will be made to this policy only when necessitated by institutional billing cycles.

Travel Policy/Submitting Expense Reports:

- Travelers should submit expense reports to the Central Office within 30 days of the trip.

Proposed change:

General Policies

- No reimbursement will be made for requests submitted after December 31 for the current year. Exceptions will be made to this policy only as follows:
 - a. When necessitated by institutional billing cycles.
 - b. When expenses, including travel, have occurred during the last month of the fiscal year.
 - c. The Treasurer has been informed prior to the end of the fiscal year of the need for the exception.

Travel Policy/Submitted Expense Reports:

- Travelers should submit expense reports to the Central Office within 30 days of the trip. For exceptions, see General Policies.

7. Recommendations for consideration by Board and incoming Treasurer in 1998 - 1999:

- Closely monitor income from Subscriber fees given increase of services at no cost.
- Develop plan for goal of twelve month reserves.
- Prioritize funding of new projects after careful review of financial implications on goals of building reserves and possible reduction of income.
- Review APPIC income and expense pattern for appropriate designation of fiscal year, e.g., changing fiscal year from January 1.
- Consider for inclusion in 1999 Budget Proposal the following category changes:
 - a. Merge FICA and FICA2 categories (not paid as separate expenses).
 - b. Add new category—Board Office Expense/Conference Call Meetings.
 - c. Add new category—Special Projects/Consortia (alternatively, under Board Committees).
 - d. Develop investment strategies for Reserves (in addition to Dreyfus).
 - e. Develop short- and long-range plan for office equipment replacement, including rental vs. purchase considerations.

Respectfully submitted,
Martha Dennis Christiansen, Ph.D.
Treasurer (1997-1998)

Category Summary Report

1/1/98 Through 9/30/98

Category	1/1/98- 9/30/98	Category	1/1/98- 9/30/98
Inflows		Total Equipment	1,058.04
Applications	7,750.00	Insurance	1,813.00
Conf. Registr.:		Miscellaneous	64.05
ConfRegis(S&D)	200.00	Newsletter	11,964.74
Total Conf. Registr.	200.00	Postage	8,504.01
Directory Sales	49,736.00	Printing	640.95
Dues	247,691.35	Rent	9,400.00
Interest Earned	7,281.65	Salary	35,709.21
Misc Income	2,427.10	Salary2	7,134.00
Subscriptions	51,300.00	Special Proj:	
Wkshop Regist	4,950.00	AAPI	1,215.00
Total Inflows	371,336.10	APA Workshop	4,030.83
Outflows		Computer Match	15,609.77
Accountant	1,216.27	S and D Conf	476.05
APA CE	275.00	SpProjOthr/30th Recep/	1,096.03
Attorney	1,000.00	Website	9,593.78
Bank Charges	1,462.64	Total Special Proj	32,021.46
Benefits:		Storage Rental	1,000.00
Dis Ins	2,137.47	Supplies	2,136.40
FICA	4,652.32	Telephone	4,005.97
Health Ins	2,092.65	Temp	2,858.64
Health Ins2	1,876.50	Travel:	
Parking	1,755.00	Board Meetings	35,676.08
Prof Dev	590.00	Guest	3,903.92
Retirement	3,563.40	Liaison & Reps:	
Total Benefits	16,667.34	Liaison	3,895.95
Board Office Ex:		Reps	5,044.15
AOL	381.00	Total Liaison & Reps	8,940.10
Board Office Ex - Other	2,975.96	Office Mgmt.	70.82
Total Board Office Ex	3,356.96	Total Travel	48,590.92
Clearinghouse	1,106.98	Total Outflows	219,126.00
Committees:		Overall Total	152,210.10
ASARC	3,532.87		
Doctoral memshp	875.93		
Memshp Review	650.91		
Postdoc memshp	793.57		
Total Committees	5,853.28		
Director	21,286.14		
Equipment:			
Maintenance	94.64		
Rental	443.40		
Repair	520.00		

Respectfully submitted,
Gerald Leventhal, Ph.D.
 Treasurer (1998-1999)

THE APPIC DIRECTORY

FOR MEMBERS: APPIC members automatically receive the *Directory*, the *Newsletter*, and access to the APPIC Clearinghouse. Your program's listing in the *APPIC Directory* will be updated annually. Update forms will be mailed in the Spring to all current members. To assure that your listing is current and accurate, we request that you inform APPIC by mail of any changes in the listing as soon as they occur. Please do not communicate such changes by telephone, but convey them in written form clearly identifying your program in the letter. Mail to: 733 15th Street, NW, Suite 719, Washington, D.C. 20005.

FOR NONMEMBERS: Individuals, nonmember institutions and non-subscribers can obtain the *Directory* at a cost of \$35 per copy. Students can obtain the *Directory* at the reduced price of \$15, provided the graduate program in which the student is enrolled is an APPIC subscriber, and they submit their *Directory* order on graduate program stationery countersigned by their academic advisor or clinical training director. Non-APPIC members can become subscribers. Every Subscriber program receives a copy of the *APPIC Directory*, the *APPIC Newsletter*, and access to the APPIC Clearinghouse. The cost of a subscription for a doctoral psychology program is \$225 per year. Both Members and Subscribers may obtain additional copies of the *APPIC Directory* at a discount price of \$30 per copy and additional *Newsletter* copies for \$10 each. Orders for the *Directory* should state to whom, and to what address the *Directory* should be sent. Checks for subscriptions and for orders should be made payable to APPIC and mailed to APPIC's Central Office: 733 15th Street, NW, Suite 719, Washington, D.C., 20005; (202) 347-0022. **Prepayment is required prior to shipping.**

APPIC NEWSLETTER POLICY

APPIC encourages its members to contribute to the *Newsletter's* content. Contributions may take the form of essays, theoretical or data-based articles/studies, and brief reports on topics and issues directly related to internship training in psychology at the pre- and post-doctoral levels. APPIC reserves the right to accept or reject submissions for publication in the *Newsletter*. The opinions and statements in contributions selected for publication in the *Newsletter* are the responsibility of the author(s) and do not necessarily represent the endorsement, views, or policies of APPIC or the *Newsletter* Editor. It is suggested that the *APA Publication Manual* guidelines be followed for submissions. Please submit contributions (hard copy) to the APPIC *Newsletter* Editor at Central Office.

SUBMISSION DEADLINES: For submissions to be published in the *Newsletter*, manuscripts should reach the *Newsletter* Editor by May 15 for the July issue, by September 30 for the November issue, and by February 15 for the March issue.

APPIC NEWSLETTER

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